MONTENEGRO
Ministry of Health

HEALTHCARE DEVELOPMENT STRATEGY FOR 2023-2027

WITH THE ACTION PLAN FOR 2023-2024

Document proposal

Content

LIST OF ABBREVIATIONS

AMR – Antimicrobial resistance

CVD – Cardiovascular diseases

COSI – WHO European Childhood Obesity Surveillance Initiative (COSI)

EC – European Commission

EHR – Electronic Health Record

EU – European Union

HIF – Health Insurance Fund of Montenegro

HIS – Health Information System

IHME – Institute for Healthcare Metrics and Evaluation

IPH – Institute of Public health of Montenegro

IHIS – Integrated Health Information System (IHIS)

CCMNE – Clinical Center of Montenegro

MIS – Multiple Indicator Survey

MONSTAT – Directorate for Statistics of Montenegro

MLSW – Ministry of Labor and Social Welfare

NCD – Non-Communicable Diseases

NHDS – National Healthcare Development Strategy 2023-2026

PHC – Primary Health Care

PoE – Point of Entry

SDG – Sustainable Development Goal

SEE –South Eastern Europe

SOP – Standard operational procedure

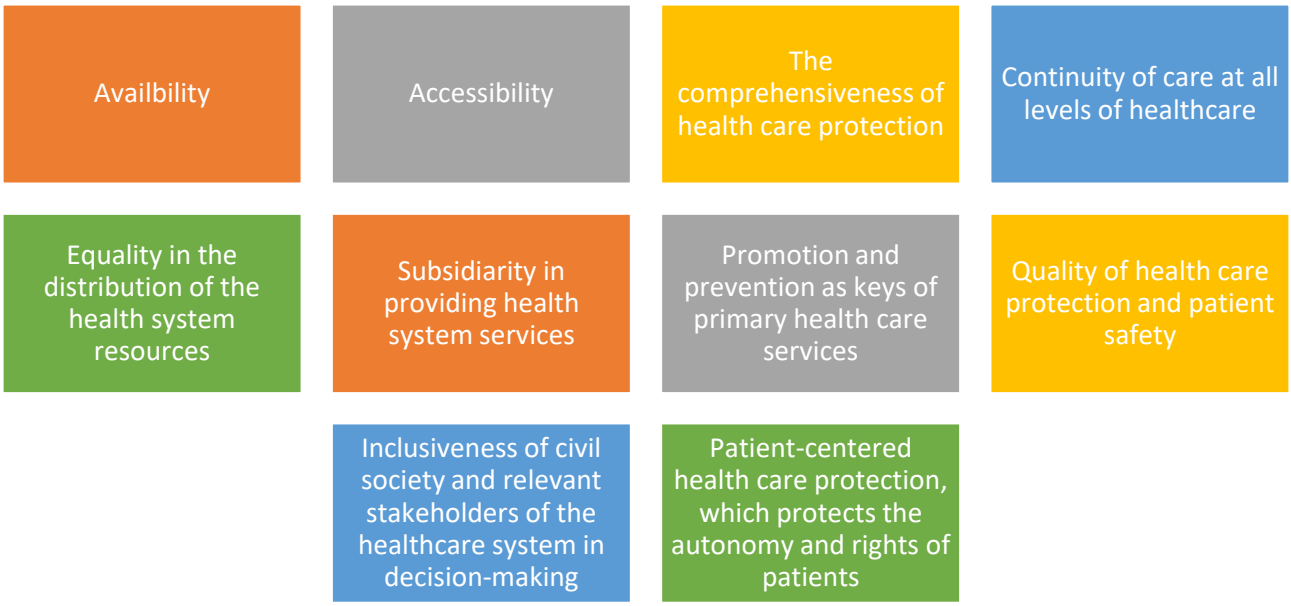
UHC - Universal health care

WHO EUROPE – Regional Office for Europe of the World Health Organization

1. INTRODUCTION

The National Healthcare Development Strategy (hereinafter: NHDS) defines strategic priorities for the health system of Montenegro for the time period 2023 - 2027. The Strategy defines the framework for actions with the aim of strengthening the performance of the health care system, along with improving the health of the population by giving descriptions of specific goals and implementing appropriate measures focusing on managing the burden of disease through implementation of a new model of health care while prioritizing primary health care level; furthermore, through enhanced multisectoral and intersectoral action including the "One Health" approach aiming to improve the health of the population; in order to strengthen emergency prevention, preparedness and response; and to assure providing of better quality and efficiency of health care on all levels.

NHDS is based on the key values in the health system of Montenegro, which support right on health care as a right entitled to all citizens and which must be respected in accordance with the highest possible health standards and achievements of modern medical theory and practice. The values of the healthcare system of Montenegro are based on the following guiding principles:



The Strategy reaffirms the commitment to decrease health inequalities. It aims to improve the availability of healthcare services for displaced and internally displaced persons, including Roma and Egyptians, persons without regulated legal status and other minorities, the elderly, persons with mental health problems, persons with disabilities and populations in rural or remote areas.

The Strategy was created through an inclusive process, consisting of several phases, including technical support from the World Health Organization (WHO/EUROPE) Regional Office for Europe and including:

1. An overall survey (led by WHO/Europe), based on national and international data sources and reports, that establishes the current situation of the health system, as well as the health of the population in the country;

2. Several consultative meetings performed with leading officials and experts from WHO, the Institute of Public health (IPH) of Montenegro, the Health Insurance Fund (HIF), as well as representatives of other health institutions, both in public and private sectors.
3. National multi-sector dialogue which brought together members of the Working Group for creation of the Strategy, key actors in society and political leadership, aiming to provide additional necessary inputs and feedback on the draft version of Strategy; generating consensus on strategic priorities and proposed concrete goals; and ensuring political will and commitment of the Strategy;
4. The final phase contained revision of inputs that were provided and consolidated, results of consideration given trough political dialogue as well as consultation with all representatives of the relevant institutions that have contributed to the Strategy creation.

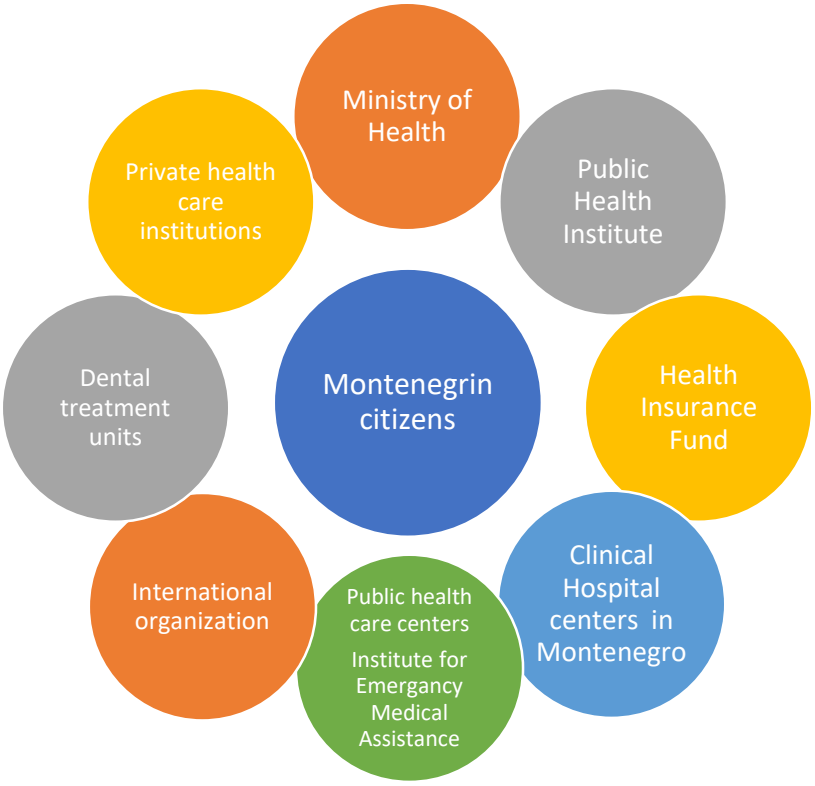
The key element of the vision of a healthier life and decrease of health inequalities in Montenegro implies high quality healthcare system, which is efficient, capable to promote the health of citizens of all ages. This goal can be achieved by reaching the following goals: life extension; improving health-related quality of life; reducing health inequalities; improvement of financial protection. Establishing a sustainable and integrated healthcare system, placing citizen in the center of healthcare system. The principles of solidarity, universality, equality, availability and quality are essential. The aforementioned principles are indeed the backbone of a socially oriented European health system, which Montenegro strives for, as a country in the process of integration into the European Union.

According to existing legal framework Ministry of Health is in charge for health policy management, regulation and supervision. Other relevant institutions within health system are: the Health Insurance Fund (HIF), which is the sole buyer of health services, responsible for the implementation of health policies related to health insurance, while the Institute for Medicines and Medical Devices is institution in charge for supervision of pharmaceutical policy. Health Institution Pharmacy of Montenegro "Montefarm" carries out Procurement and distribution of medicines.

Health system is highly centralized at a national level. The Ministry of Health is responsible for the development and implementation of policy frameworks, legislation and regulation of special aspects of public health, creation and implementation of development strategies, as well as all other aspects of managing the health care system.

Local authorities do not play a significant role in the health system performance. Exceptions are some local governments that finance certain aspects of health care provision at the primary health care level.

With regards to this, it is important to emphasize overall structure of all interested parties whose contribution will be crucial for the achievement of goals and activities represented in this strategic document. Their synergistic approach will enable the setting up of a functional, sustainable and high-quality healthcare system, with the citizen of Montenegro as the ultimate beneficiary of the quality healthcare. Stakeholders are as follows:



1.1. STRATEGIC FRAMEWORK IN MONTENEGRO

1.1.1. MAIN STRATEGIC DOCUMENTS

The next sub-chapter will provide an overview of the level of compliance of health policies with the most important national and umbrella (main) strategic documents in Montenegro.

Government of Montenegro Mid-term Work Program 2022-2024 (MTWPG)[1]

The development of the strategic document is entirely based on the achievement of the key objectives represented in the MTWPG, with an emphasis on the following achievements:

Objective 3.1. To ensure continuity in provision of health services and equal access to all patients.

Within this goal, a special emphasis is given to the improvements of the health system at all levels, as listed below:

- Decreasing the number of patients' complaints regarding their satisfaction towards provided health care services;

[1] Med-term work program of the Government of Montenegro 2022-2024 (MTWPG), https://wapi.gov.me/download-preview/1cf876c8-3bd2-4e28-acf2-abcbd5261ad6?version=1.0

- Decreasing the number of waiting days for specialist examinations;

- Improving the infrastructure of the healthcare system through increasing the number of adapted microbiological laboratories, opening the Clinic for infectious diseases and the Clinic for dermatovenerology and the Emergency Operations Center (EOC) with an improved IT system in the area of data collection and crisis management;

- Reconstruction and adaptation of health institutions in Bijelo Polje, Berane, Plav, Andrijevica, Žabljak, Cetinje, Podgorica, Nikšić, Kotor, Bar, Ulcinj;

- Construction and equipping of the Pljevlja General Hospital;

- Construction and equipping of the Emergency Center in Podgorica;

- Construction and equipping of the Clinic for Hematology with a PET scanner;

- Construction and equipping of the Health Center in the City Quarter;

- Construction and equipping of the Tissue and Cell Bank and the Human Milk Bank within the CCMNE;

- Transformation of Berane General Hospital and Kotor General Hospital into Clinical Hospital Centers, aiming to provide tertiary level services for clearly defined Clinics, for the northern and southern region

Objective 3.2. Improving coordination and control in the area of prevention of chronic non-communicable diseases, through:

- Continuous and high-quality work with patients, providing of quality health care that encourages healthy lifestyles, aiming to reduce the percentage of deaths caused by chronic non-communicable diseases in relation to the total number of deaths to 65%, by the end of 2024 (in relation to 75% in 2020).

Objective 3.3. Strengthening the integrated approach to detection, diagnosis, prevention and social integration of people suffering from rare diseases and their families, through:

- Improvement in diagnosing rare diseases, which will result in an increase in the percentage of confirmed cases suspected to have rare diseases in 2024.

National Sustainable Development Strategy until 2030 (NSDS)[2]

The NSDS strategy is one of the overall strategic documents that is of significant importance for the implementation of the UN Sustainable Development Goals, which emphasizes the achievement of the strategic goal to improve the health of citizens of all ages and decrease health inequalities. This specific objective will be achieved through a series of measures that are incorporated in the framework of the Healthcare Development Strategy, with an emphasis on:

- 1.2.1: Improving the health care for mothers and newborns, as well as other sensitive and vulnerable groups - SDG 3 (3.1, 3.2 and 3.7)

[2] National Sustainable Development Strategy until 2030 (NSDS), https://wapi.gov.me/download/6852d215-af43-4671-b940-cbd0525896c1?version=1.0

- Focus on promotion of healthy lifestyles, prevention and control of diseases - SDG 3 (3.4, 3.5 and 3.6)

- Improvement of the efficiency of the health system and the quality of health care – SDG 3 (3.8 and 3.c)

Montenegro Economic Reform Programme 2022-2024 (ERP)[3]

The Strategy is complied with ERP, especially in the segment referring to development of reform measures for improvement of availability and quality in providing the health care, and health care digitalization. In this manner, the aim is to mutually link this strategic document with PER and the Digital Transformation Strategy, which also emphasizes the strengthening of digital services in the field of healthcare. PER is primarily oriented towards the development and implementation of a central information system - a unique CIS system, along with the implementation of the necessary hardware and software infrastructure. Therefore, additional focus is placed on the development of telemedicine systems - Development of protocols and procedures for the optimal application of telemedicine, as well as conducting the trainings intended for medical personnel in charge for using digital systems. There is a special emphasis on the implementation of the system that will contain and exchange medical data, which will be achieved through:

- Signing of contracts with regional reference medical centers for the purpose of exchanging digital medical data,
- Connecting CIS with the reference medical center information system for the purpose of exchanging digital medical data.

Fiscal strategy 2021-2024[4]

When it comes to the fiscal policy of Montenegro, it focuses on the necessity to undertake measures in order to increase excise taxes on tobacco and tobacco products. These specific measures will have an impact on suppressing the negative effects of the use of tobacco products on the health of citizens. It is also necessary to continue with policy of introduction of excise duties on sugar and coca

According to the data from the diabetes registry maintained at the Institute of Public health, diabetes is one of the most common metabolic diseases of modern life, with the frequency of this disease at 12%, Montenegro is at the very top of Europe. By introducing aforementioned mechanism of taxation products containing sugar it is planned to reduce the negative trend, and to use funds collected on this basis in order to improve the health system. In this regard, in addition to the planned increase in excise taxes on carbonated and non-carbonated drinks with added sugar or other means for sweetening or flavoring, it is proposed to introduce a new excise taxes on sweets, which will amount to €0.5/kg

This strategic document is in fact a core Strategy for entire healthcare system in Montenegro, containing a whole series of related sectoral strategic documents, starting with the **Development Strategy of the Integral Health Information System and E-health 2018 - 2023[5]**. The primary emphasis of the strategic document is placed on the improvement and further development of CIS, and the development of e-health through the following:

[3] Montenegro Economic Reform Programme 2022-2024, https://wapi.gov.me/download/157ad4de-1237-4b85-98fd-a2b586c7b07e?version=1.0

[4] Fiscal strategy 2021-2024, https://wapi.gov.me/download/02f8c410-f87b-4004-96fa-a8eb7eb20b32?version=1.0

[5] Development Strategy of the Integral Health Information System and E-health 2019– 2023, https://www.gov.me/dokumenta/e9e9bafb-e9cd-429d-b7b5-6f1a1280257a

- Strengthening capacities for planning, coordination and implementation of the national CIS and e-health activities,
- Providing a legal, ethical and normative framework as the basis for further development of CIS and adequate application of e-health services,
- Improving the quality of health information by strengthening capacities in the field of data collection and data management,
- Wider use of information to support evidence-based decision-making at all health care levels and in all health care sectors,
- Expanding the use of digital technologies in order to improve the quality, availability and continuity of health care, as well as the quality and timeliness of health information in order support decision-making in health care,
- Strengthening the national ICT infrastructure and the necessary capacities to enable the effective, safe and reliable use of information technologies in healthcare.

Improving the mental health of the Montenegrin population is one of the key priorities of the health policy in Montenegro, that is also defined in the **Strategy for the Protection and Improvement of Mental Health in Montenegro 2019-2023**[6]. The aforementioned strategic document addresses issues related to:

- Development of activities for the promotion of mental health and prevention of mental disorders with special emphasis on the most vulnerable groups and those who are most exposed to risk,
- Establishing and developing accessible, safe and effective mental health care services, in accordance with the needs of the community, which meet the psychological, physical and social needs and expectations of persons with mental health problems and their families,
- Creating the conditions to fully respect, protect and promote human rights of people with mental health problems, and to ensure that they have the opportunity to achieve the best possible quality of life, while reducing stigma and discrimination,

The Healthcare Development Strategy 2023-2027 strives to build a health care system based on improving the quality of health care and patient safety, which is in line with the goals represented in all valid strategic documents in the field of health care. It is important to point out that the strategy contains a separate chapter that addresses each of the areas represented in the relevant strategic documents, starting with the Strategy for Improving the Quality of Health Care and Patient Safety 2019-2023[7]. The conformity of these two documents is reflected in the clearly defined need to strengthen the institutional framework for quality in healthcare, primarily through:

- Establishing a National Authority in charge for healthcare quality,
- Establishing a formal structure for quality management in healthcare institutions,
- Implementation and assessment of health technologies,
- Establishing an internationally recognized healthcare accreditation procedure,
- Strengthening capacity for quality management,

[6] Strategy for the Protection and Improvement of Mental Health in Montenegro 2019-2023, https://wapi.gov.me/download/60af25aa-a65e-4957-84d8-e77a3182ab9b?version=1.0

[7] Strategy for Improving the Quality of Health Care and Patient Safety 2019-2023, http://www.gov.me/ResourceManager/FileDownload.aspx?rId=370687&rType=2

- Systematic measurement of quality and safety improvement through the development of a better patient safety monitoring system

Strengthening the response of the health system for combating HIV/AIDS, is the essence of the **Program for the fight against HIV/AIDS for the period from 2021 to 2023[8],** where a special emphasis is placed on improving the social position of people living with HIV, through activities related to:

- Raise the level of condom use,
- Provided sustainable, easily accessible services to people living with HIV and people at risk in relation to HIV, based on confidentiality and a friendly approach,
- To make available new prevention methods for people living with HIV and for people at risk in relation to HIV,
- Improve the path from diagnosis to treatment,
- Facilitated implementation of comprehensive HIV surveillance,
- Created an adequate mechanism for monitoring the implementation of programs related to HIV Reduction of stigma and discrimination of people living with HIV,
- Reduction of stigma and discrimination of people who are at increased risk of HIV (GMT, people who use/inject drugs, SR, prisoners and other people at risk of social exclusion),
- Increasing the rate of HIV testing,

Program for the prevention of harmful alcohol use and alcohol-related disorders in Montenegro 2022-2024[9]

The prevention of harmful use of alcohol is an integral part of the Health Development Strategy of Montenegro 2023-2027, all with the aim of defining adequate solutions, through:

- Raising the awareness of the citizens of Montenegro about the harmful use of alcohol and alcohol-related disorders,
- Improving the monitoring and support system for people with alcohol abuse problems,
- Establishing an effective system of supervision over the consumption and advertising of alcoholic beverages,
- Improvement of regulations in the area of harmful effects of alcohol.

As an umbrella strategic document in the field of healthcare in Montenegro, the strategy foresees solutions related to the problems identified within the **Program for the Control of Bacterial Resistance to Antibiotic resistance control program for 2022-2024[10]**, which primarily related to the need to monitor the level of consumption of antimicrobial drugs and resistance bacteria to antibiotics, as well as to strengthening the quality and use of antimicrobial drugs in human medicines.

Strategy for Digital transformation of Montenegro 2022-2026[11]

[8] Program for the fight against HIV/AIDS for the period from 2021 to 2023, https://wapi.gov.me/download/60814eac-222a-441b-ab52-83411fecdcec?version=1.0

[9] Program for the prevention of harmful alcohol use and alcohol-related disorders in Montenegro 2022-2024, https://wapi.gov.me/download/66372405-d535-482d-8b16-f7b4b54d29f6?version=1.0

[10] Antibiotic resistance control program for 2022-2024, https://wapi.gov.me/download/bf0b2164-ab92-45b8-8233-1a0c6815555c?version=1.0

[11] Strategy for Digital transformation of Montenegro 2022-2026, https://wapi.gov.me/download/b70528ed-0bba-4140-a576-addab76998e4?version=1.0

As indicated in the previous section, the strategic document is aligned with the policies of digital transformation in Montenegro, with a special emphasis on the development of activities related to:

- Development of e-services for citizens in the field of health and health care provided by the Health Insurance Fund. The services are available on the eZdravlje portal (www.ezdravlje.me) and include the following digital tools: ePharmacy, eFinding, eOrdering, as well as numerous other possibilities that will be developed and made available to the citizens of Montenegro.

- In particular, it is necessary to highlight the work on the development of digital services related to eInsurance, ePrescription, eScheduling, Public Health Institutions - a service that provides a list with contact information of all public health institutions in the health system of Montenegro, Medical Commissions - a service that allows the review of medical commissions by cities in Montenegro, Medicines - a service that displays a list of prescription drugs and drugs that are used in health care institutions, Private health care institutions - a service that provides a list with contact information of private health care institutions with which the Fund has concluded a Service Provision Agreement

Health tourism development program of Montenegro 2021-2023 [12]

The construction of a quality and sustainable system of health tourism in Montenegro is not possible without strengthening the cooperation between all subjects of importance for this policy, where the Ministry of Health recognizes its role through the contribution to the development of the capacities of health institutions that can be used for health tourism, but also through the strengthening of capacities and education of medical personnel to provide this type of health services. In addition to the above, it is necessary to work on providing a strategic framework for the development of health tourism, as well as creating qualitative assumptions for international competitiveness, through linking with all national, regional and international entities that can influence the strengthening of Montenegro's image as an attractive destination for health tourism.

Strategy for improving the quality of life of LGBTI persons in Montenegro for 2019-2023 [13]

In terms of compliance with policies related to the protection of the LGBTI population in Montenegro in the field of health, the focus is on the development of activities for the organization of education for medical workers with the aim of raising the level of their knowledge about the human rights of LGBTI persons and developing a sensitive approach in working with to them. During the implementation of the education, the even geographical spreading of the target group will be considered, as well as their even spreading through the primary, secondary and tertiary sectors of health care protection. Education will be carried out until the number of trained medical workers reaches the level of 10% in Montenegro.

In addition, the Ministry of Health, in coordination with NGOs, and in communication with the Protector of Human Rights and Freedoms of Montenegro and the Protector of Patients' Rights, will prepare guidelines for the treatment of medical staff with transgender and intersex persons. The guidelines will indicate to the medical staff an adequate approach in contact with transgender and intersex persons, as well as the normative framework for the protection of their rights in terms of access

[12] Health tourism development program of Montenegro 2021-2023, https://wapi.gov.me/download/a67c5ddf-6e20-4553-a9d0-27c6d74c8b4e?version=1.0

[13] Strategy for improving the quality of life of LGBTI persons in Montenegro for the period 2019-2023, https://www.gov.me/dokumenta/b78cc299-7d34-4338-af1e-e6effc866986

to health services and protection against discrimination. The measure will be implemented once and will contribute to a better approach in the work of medical staff with transgender and intersex persons.

National strategy for gender equality 2021–2025[14]

The strategic document contains a detailed analysis of the position of women within the entire healthcare system of Montenegro, with planned activities that are aligned with national policies for gender equality. In particular, it is necessary to highlight compliance with the goals and activities related to the need:

- Improvements in the availability of gender-sensitive health care (strategic goal). In particular, it is necessary to point out the measures that will be taken in order to:

- Improve, prevent and early detect malignant diseases prevalent in women in Montenegro.
- Improve measures to preserve the reproductive health of all women and girls.
- Increase the awareness of health workers about gender-sensitive health care.
- Improve the response of the health system in terms of recognition and response in cases of violence.

Strategy of social inclusion of Roma and Egyptians in Montenegro 2021–2025[15]

Considering the vulnerable position of the Roma and Egyptian community in Montenegro, which is particularly reflected the health care protection, the strategic document highlights the necessity to develop activities aimed at improving the health care protection of the Roma and Egyptian community and increasing the access of this community to quality health care and social services. In particular, it is necessary to emphasize the compliance with the performance indicators from the strategy in question in the part that refers to the increase in the average life expectancy of members of the RE community from the current 55.9 years to 61 years, which is planned to be achieved by the end of 2025, as well as undertaking specific activities to reduce the level of discrimination faced by members of this community when using health services.

Strategy for the protection of persons with disabilities from discrimination and promotion of equality the period 2022-2027 [16]

Persons with disabilities face significant obstacles and different forms of discrimination when using the services of the health system of Montenegro, which is why this strategic document emphasizes the need for:

- Reduction of the level of discrimination and barriers faced by persons with disabilities when accessing health care protection and health services. The goal is to decrease the percentage of discrimination from the existing 43.8% to 39%, by 2027. Also, the goal is to reduce the level of physical obstacles and barriers faced by persons with disabilities in the field of healthcare to 28% by 2027.

[14]National strategy for gender equality 2021–2025, https://wapi.gov.me/download/d6af2ee6-9e36-406d-911a-fc700784c6d1?version=1.0

[15] Strategy of social inclusion of Roma and Egyptians in Montenegro 2021–2025, https://wapi.gov.me/download/6b8d8041-d233-4a84-9f35-8b1c53187f98?version=1.0

[16] Strategy for the protection of persons with disabilities from discrimination and promotion of equality 2022-2027, https://wapi.gov.me/download/255de844-5e6d-4a4b-bac6-a6c2f0c3dd97?version=1.0

COMPLIANCE WITH THE OBLIGATIONS FROM THE NEGOTIATION PROCESS WITH THE EU

Considering the health policies at EU level, EU member states themselves have primary responsibility for organizing and providing health services and medical care. EU health policy serves to supplement national policies, to ensure the representation of health care in all EU policies and to work on strengthening and connecting cooperation in the healthcare between EU member states.

EU policies and actions in public health aim to:

- protect and improve the health of EU citizens,
- provide support for modernization and digitalization of health systems and infrastructure,
- improve the resilience of the European healthcare systems,
- strengthen the capacities of EU member states to prevent and solve future pandemics such as the COVID-19 virus in a better.

The EU may regulate the health segment in accordance with the Treaty on the Functioning of the European Union: Article 168 (protection of public health), Article 114 (single market) and Article 153 (social policy). Areas where the EU has adopted laws include:

- the rights of patients in cross-border health care protection,
- pharmaceutical products and medical devices,
- health safety and infectious diseases,
- Digital Health and Care,
- Tobacco
- organs, blood, tissues, and cells.

The report of the European Commission for Montenegro for 2022[17]

The report of the European Commission for Montenegro for 2022 states that in the previous period there were significant institutional changes in the health system, related to the establishment of the Directorate for the Prevention of Drug Abuse in the Ministry of Health, in which the National Drug Observatory is embedded. However, the report stated that the Directorate does not have sufficient capacities and budget autonomy necessary to reach EU standards in the area of drug abuse prevention, while the capacities related to the effective implementation of the coordination function are also missing. The Institute of Public health, the Forensic Laboratory and other institutions (including NGOs) dealing with drug-related issues have good technical and scientific capacities. However, the collection of data related to drug safety is not in line with EU standards; there is a lack of linked national databases related to safety, where these data are not submitted to the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) in the required form and by the stipulated deadlines.

In terms of public health, national healthcare legislation remains partially aligned with the acquis. The report indicated that in 2021 the budget for healthcare was 6.811% of GDP. It was pointed out that the health care system is not adequately connected when it comes to primary, secondary and tertiary levels.

[17] The report of the European Commission for Montenegro for 2022 https://neighbourhood-enlargement.ec.europa.eu/montenegro-report-2022_en

Despite some actions by competent institutions/bodies, the issue of antimicrobial resistance is still insufficiently addressed. Regarding the implementation of EU guidelines for reducing the use of antibiotics, Montenegro adopted the Program for the Control of Bacterial Resistance to Antibiotics for the period from 2022 to 2024 in June 2022 and has established a surveillance system for antimicrobial resistance in humans. In general, it is indicated that antibiotics and other drugs in 2021, iodine, were prescribed to patients less than in previous years.

It is important to emphasize that the report indicates that the tobacco control system, the national legislation on smoking in public places and the sale of tobacco and tobacco products to minors is still not sufficiently developed.

The report specifically indicated that the Institute for Blood Transfusion adopted criteria for the selection of blood donors after immunization with the vaccine against COVID-19, which are aligned with the recommendations of the European Center for Disease Prevention and Control (ECDC). In the area of substances of human origin, Montenegro has adopted and implements special legislation with the aim of further harmonization with the relevant legal acquis of the EU.

The national legislation on the rights of patients in cross-border healthcare protection is partially aligned with the acquis of the EU. In the area of serious cross-border health threats and infectious diseases, the Institute of Public health continued its activities related to COVID-19. IPH, the Ministry of Health and other health institutions were active in conveying information to citizens about prevention measures and the importance of immunization.

Regarding health inequalities, access to health services remains available for all vulnerable groups, with the exception of persons without regulated legal status, including Roma and Egyptians, as well as the population living in remote rural areas. The report pointed out that the health care of children with developmental disabilities is not at the required level. Due to the lack of staff in health care institutions, children with developmental disabilities cannot receive adequate treatment within the required time frame.

Instrument of pre-accession support 2021-2027 (IPA III)

Within IPA III 2021-2027 health policy has the place (within Area 3: Green agenda and sustainable connectivity), with an emphasis on the development of digital solutions and strengthening the technological equipment of health centers in Montenegro. The COVID-19 virus pandemic had clearly shown the need for fast and ubiquitous digital connectivity across the EU, in order to provide all citizens with access to digital technology. Strengthening digital connectivity and digital transformation of the health system (with a special focus on e-health), has a great impact on growth, productivity, innovation and, ultimately on people's lives. Digital connectivity should be safe and resilient, mitigating risks in networks and preserving the privacy and integrity of citizens. In this regard, it is important to include Montenegro as a beneficiary of IPA III in the EU's efforts to accept technological changes and to avoid the growing digital gap between Montenegro and the EU, with a special emphasis on the development of digital technologies in healthcare.

As it was emphasized, the COVID-19 crisis has shown that health systems are of key importance for the safety of society as a whole. IPA III can contribute to strengthening the capacity of the health system in Montenegro, as one of the beneficiary countries of IPA III. It is also important to point out the role of the EU Strategy for the Adriatic and Ionian Region (EUSAIR)[18] and the EU Strategy for the Danube

[18] EU Strategy for the Adriatic and Ionian Region (EUSAIR)

Region (EUSDR)[19], which contain activities related to a balanced recovery and equal conditions for reducing regional differences and increasing cohesion and convergence.

Montenegro seeks to develop activities that will fit into IPA III support for the development and modernization of health insurance financing mechanisms. The development of a system of precise evaluation of public policies and the review of public expenditures in the field of health would have an impact on improving the efficiency of the system itself. Targeted policies to improve social cohesion will also be necessary in the context of recovery from COVID-19.

IPA III will also support, where needed, the harmonization and implementation of the acquis in public health, including health security. It should also contribute to the reforms of the health system in terms of raising the coverage and standard of care provided to the population as a whole, paying attention to the elderly and people belonging to vulnerable groups. In addition, in light of the lessons learned in the fight against the COVID-19 pandemic, IPA III will support beneficiaries in strengthening their public health system's preparedness and resilience to cross-border health threats.

OTHER INTERNATIONAL COMMITMENTS

Adopting the Thirteenth General Work Program of the WHO (2019-2023) and the European Work Program for 2020-2025. "United for better health", Montenegro committed itself to systematically work on the achievement of three key priorities defined by these documents:

- the achievement of universal health care,
- efficient protection and response to health emergencies,
- better health and well-being for all citizens during their lifetime.

Starting from the goals and principles defined in these program documents, Montenegro took an active part in the process of defining the Roadmap for better health and well-being in the countries of the Western Balkans (2021–2025), which offers an innovative framework for strengthening the health system and positioning health at a high level on the political and development agenda, while at the same time it represents a platform for resource mobilization and their investment in crucial segments of the health system in the country. By adopting these documents, Montenegro committed itself to systemically invest in health as an integral segment of the economic, social and environmental dimensions of sustainable development.

Montenegro is a signatory of the International Health Rulebook (IHR 2005). With the entry into force of this regulation (year 2007), a new legal framework was provided for better management of the collective defense system in order to detect diseases and provide an effective response to public health risks and emergency situations. This regulation represents the backbone of the global health security system. By ratifying the rulebook, Montenegro committed itself to invest and work on strengthening capacities for prevention, detection, preparedness and response to events that pose a threat to public health at the global level.

1.1.2. THE LEGISLATIVE FRAMEWORK OF MONTENEGRO

According to the Constitution of Montenegro, as an act of the highest legal force, with which all laws and documents must be harmonized, Montenegro is defined as a civil, democratic, ecological and

[19] EU Strategy for the Danube Region (EUSDR)

social state based on the rule of law. The Constitution guarantees equal protection of human rights and freedoms, including health care, which is prescribed by Article 69 of the Constitution. When we talk about the most important laws in the field of health, the primary emphasis is placed on:

The Law on Health care protection (Official Gazette of Montenegro No. 3/2016, 39/2016, 2/2017, 44/2018, 24/2019, 82/2020, 8/2021, 3/2023), which regulates organization, implementation and provision of health care protection, rights and duties of citizens in the provision of health care, social care for the health of citizens, rights and obligations of health workers and health care associates, quality of health care, as well as other issues of importance for the functioning of health care. In accordance with this law, the implementation of the health policy as well as priority health care measures aimed at preserving and improving the health of citizens, such as activities aimed at raising the level of health of citizens, health education, monitoring food and water safety parameters, prevention and protection from environmental factors harmful to health, prevention, timely detection, treatment and suppression of infectious and chronic non-communicable diseases, vaccinations, health care of children and young people, women, over 65 years of age, veterans, disabled soldiers, protection of the mental health of citizens, persons who are on a dialysis program. A special type of mental health protection is achieved through the establishment of the National Center for Autism and the National Registry for Persons with Autism. The entire health activity is, in accordance with this law, divided into health activities performed at the primary, secondary and tertiary levels of health care protection. Also, in order to realize the public interest and realize health care, this law stipulates that the Health Network be adopted. Health institutions perform health activities within the Health Network and outside the Health Network. This law defines the types of healthcare institutions, as well as which institutions provide protection at the primary level, which at the secondary level, and which at the tertiary level.

The Law on Patients' Rights (Official Gazette of Montenegro No. 40/2010, 40/2011-1), which prescribes that any person, sick or healthy, who requests or is provided with health services in a health institution with the aim of preserving and improving health, disease prevention, treatment and health care in accordance with the state of health, has the rights established by this law in accordance with generally accepted professional standards and ethical principles, with the right to relief of suffering and pain at every stage of disease and state, at all levels of health protection. This law also guarantees patients the right to freely choose a medical or dental doctor, the right to information and notification, the right to self-determination (free choice), the right to inspect medical documentation, the right of the patient to refuse to be the subject of scientific examination and research, the right to other professional opinion, on privacy and confidentiality, on timely health care, on compensation for damages and complaints, on leaving the health care facility on your own.

The Law on Compulsory Health Insurance (Official Gazette of Montenegro No. 145/2021), which regulates the rights from compulsory health insurance and the exercise of those rights, the provision of health care protection through health service providers, the financing of compulsory health insurance and other important issues for the exercise of rights from health insurance, which are provided under equal conditions by the Health Insurance Fund of Montenegro in accordance with this law.

In addition to the above, it is important to emphasize the following relevant legal acts, namely:

- Law on emergency medical assistance (Official Gazette of Montenegro No. 49/2008, 40/2011, 80/2020)
- Law on data collections in healthcare (Official Gazette of Montenegro No. 80/2008, 40/2011),
- Law on Medicines ("Official Gazette of Montenegro", number 3/2016, 39/2016, 2/2017, 44/2018, 24/2019, 82/2020 and 8/2021),

- Law on medical devices ("Official Gazette of Montenegro" number 24/2019),
- Law on medically assisted fertilization (Official Gazette of Montenegro No. 145/2021),
- Law on taking and transplanting human tissues and cells for the purpose of treatment ("Official Gazette of Montenegro" number 57/2015, 86/2022)
- Law on Inspection Supervision (Official Gazette of Montenegro No. 76/2009, 57/2011, 18/2014, 11/2015 and 52/2016),
- Law on Health Inspection ("Official Gazette of Montenegro" No. 30/2017, 80/2020),
- Law on occupational health and safety ("Official Gazette of Montenegro" number 34/14 and 44/18),
- Labor Law (Official Gazette of Montenegro No. 74/2019, 8/2021, 59/2021, 68/2021, 145/2021),
- Law on Pension and Disability Insurance (Official Gazette of Montenegro No. 54/2003, 39/2004, 61/2004, 79/2004, 81/2004, 29/2005, 12/2007, 13/2007, 14/2007,79/2008,7/2010,14/2010,78/2010,78/2010,24/2011,40/2011,66/2012,36/2013,38/2013,61/2013,6/2014 ,60/2014-I,60/2014-II,10/2015,44/2015,42/2016,55/2016,80/2020, 145/2021-I, 145/2021-II, 86/2022),
- Law on the Environment (Official Gazette of Montenegro No. 52/2016, 73/2019),
- Law on the prohibition of abuse at work ("Official Gazette of Montenegro" number 30/2012, 54/2016),
- Law on waste management (Official Gazette of Montenegro No. 64/2011 and 39/2016),
- Decision on the network of health care institutions ("Official Gazette of Montenegro" number 84/2021),
- Regulation on the scope of rights and standards of health care from mandatory health insurance ("Official Gazette of Montenegro", No. 79/2005, 18/2013),
- Decree on the scope of rights and standards of health care from mandatory health insurance at the secondary and tertiary level of health care ("Official Gazette of Montenegro", No. 18/2013),
- Decree on criteria for adding or removing a medicine from the basic and supplementary list of medicines ("Official Gazette of Montenegro" number 2/2023),
- Decree on criteria for setting maximum prices of medicines ("Official Gazette of Montenegro" No. 130/2021, 9/2022).

1.1.4. COMPLIANCE WITH THE GENDER EQUALITY PRINCIPLE

During the work on the health development strategy, the Working Group took into consideration a gender perspective with regards to the subject matter of the document. The Strategic document, within an analysis of the situation, and in the form of a specific sub-chapter, contains all available data on health of women and men in Montenegro, as well as data separated by gender on the general level of healthcare used by women and men.

First of all, wherever possible, data were separated by gender, but also by other relevant characteristics (e.g. ethnic origin, socio-economic status, etc.). When analyzing the situation, the working group specifically discussed the gender dimensions of the observed problems, considering both the female and male perspectives, and sought to address the consequences of different gender perspectives on the problems the strategy seeks to address. The gender structure of the working group that worked on the development of the strategy is presented in the annex to the Strategy.

II SITUATION ANALYSIS

THE PREVIOUS TIME PERIOD OF IMPLEMENTATION OF HEALTH POLICIES IN MONTENEGRO

Regarding the situation in the healthcare system in Montenegro in the period preceding this strategic document, it is significant to emphasize the lack of precise data and research on the level of success the implementation of the previously valid strategy. However, the development of the Health Development Strategy 2023-2027 was preceded by research performed by the Ministry of Health in cooperation with the World Health Organization (WHO), which gave a special overview of the level of achievement of the goals in the field of health represented in the National Strategy for Sustainable Development until 2030, which showed that Montenegro has taken important steps in achieving various SDG goals. Montenegro has achieved specific targets for preventing the death of newborns and children under the age of five (SDG 3.2) and has made slight progress in the areas of maternal mortality, NCDs, mental health and well-being (SDG 3.4), as well as UHC (SDG 3.8). However, there are still significant challenges, especially in relation to reducing premature mortality from NCDs (SDG 3.4) and achieving UHC (SDG 3.8), where current trends are not so favorable for Montenegro. Providing access to universal sexual and reproductive care services (SDG 3.7) is still great challenge. More precisely, the percentage of women of reproductive age who reported their need for family planning met by modern methods was only 27.8% in 2018. Moreover, despite a dramatic decline in the period from 2000 to 2018, from 22.9 at 10.0 per 1,000 women aged 15-19, the adolescent birth rate remains high.

Table 1: Selected sub-goals of SDG 3. Color legend: green (SDG accomplished), yellow (challenges remain), orange (significant challenges remain) and red (major challenges remain).

SDG goals[20]	Target value	Indicators (Montenegro)
3.1	By 2030, decrease the global maternal mortality rate to less than 70 per 100,000 live births. An additional goal is for each country to decrease its maternal mortality rate by at least two-thirds of its 2010 baseline by 2030	▪ The maternal mortality ratio was reduced from 12.0 per 100,000 live births (2000) to 6.0 per 100,000 live births (2017).
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, as all countries aiming to decrease neonatal mortality to at least 12 per 1,000 live births and mortality of children under 5 years of age to at least 25 per 1,000 live births.	▪ The under-5 mortality rate dropped from 14.2 to 2.4 deaths per 1,000 live births from 2000 to 2020. ▪ The neonatal mortality rate dropped from 9.0 to 1.7 deaths per 1000 live births from 2000 to 2018.
3.3	By 2030, reduce by one third premature mortality from NCDs through prevention and treatment	▪ The risk of dying between the ages of 30 and 70 from one of the four major cardiovascular diseases (NCD, cancer, diabetes or chronic respiratory disease)

[20] For brevity, some SDG 3 targets were excluded when the health issues they addressed were not high priorities or needs in Montenegro's context (e.g., tropical diseases, etc.) or if there was no data available for their indicators.

	and promote mental health and well-being.	decreased from 25.7% in 2000 to 20.6% in 2016 and increased again to 22.30% in 2019. ▪ The suicide death rate has dropped negligibly from 10.4 to 10.3 deaths per 1,000 inhabitants from 2000 to 2016.
3.4	Strengthen the prevention and treatment of substance abuse.	▪ Alcohol consumption per capita among the population aged 15 years and above was 11.1 litres of pure alcohol in 2015, rising to 12.2 in 2018. This is an increase in consumption of almost 10% in these 3 years.
3.5	By 2020 the global number of deaths and injuries in road traffic accidents divided in half	▪ The fatality rate from traffic injuries fell from 14.2 to 10.7 deaths per 100,000 inhabitants from 2000 to 2016.
3.6	By 2030, ensure universal access to sexual and reproductive health services.	▪ The proportion of women of reproductive age who have a need for family planning met by modern methods was 27.8% in 2018. ▪ The adolescent birth rate declined from 22.9 to 10.0 per 1,000 women aged 15-19 from 2000 to 2018.
3.7	Achieve universal health coverage (UHC)	▪ The UHC service coverage index increased from 52.0 in 2000 to 68.0 in 2017. ▪ The proportion of the population with healthcare expenditures above 10% of total expenditures or household income increased from 8.6% in 2005 to 10.3% in 2015.
3.8	By 2030, significantly decrease the number of deaths and diseases from hazardous chemicals and pollution and contamination of air, water and land.	▪ The standardized mortality rate attributed to household air pollution was 41.0 deaths per 100,000 population in 2016, and ambient air pollution was 43.0 deaths per 1,000 population in 2016. ▪ The mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene was 0.0 deaths per 1,000 inhabitants in 2016. ▪ The mortality rate attributed to unintentional poisonings fell from 1.0 to 0.5 deaths per 1,000 population from 2000 to 2016.

Along with the abovementioned, previous EC reports on Montenegro pointed to significant problems that exist in the healthcare system of Montenegro and that are primarily reflected in the fact that the available budgetary resources for health are not sufficient to implement various preventive and public health measures.

In terms of accessibility, access to health services remains available to almost all vulnerable groups. Those without access to all health services are displaced and internally displaced persons, as well as persons without regulated legal status. Montenegro should continue to improve access to health services for vulnerable categories of society, including Roma and Egyptians, persons with disabilities and the population living in rural and remote areas.

Although Montenegro's legislation is largely aligned with the EU acquis on the control of the use of tobacco products, it is not adequately implemented in public places. Also, the sale of tobacco products to persons under the age of 18 is prohibited by law, but controls are not at a satisfying.

Bearing in mind that the Healthcare Development Strategy for 2023-2027 is a comprehensive strategic document in the field of health in Montenegro, it is also significant to emphasize the need for related issues from other sectoral strategies to be addressed by this document. Montenegro has a Strategy for the Protection and Promotion of Mental Health (2019-2023) with Action Plans for the period 2019-2020, as well as 2021-2023. However, the operationalization of this strategy has passed evaluation, and the strategy is followed by annual reports (Ministry of Health, 2021a) indicating significant delays and obstacles to implementation, especially due to pandemic-related disruptions. Additionally, solutions need to be found for patients' rights when it comes to cross-border healthcare. Develop treatment options for people who use drugs, and coverage of all categories of drug users. In addition, it is needed to develop activities with the aim to reduce use of alcohol and preventing alcohol-related disorders.

Considering the abovementioned, the key element of the new strategic document is the vision for the development of the healthcare system in Montenegro, i.e. the construction of a quality and efficient health system, which will provide a better quality of life for citizens at all ages. The vision until 2030 also recognises that people in vulnerable situations need special attention and affirms that people's health is a key factor enabling an economically stronger and socially healthier society.

In this regard, the situation analysis of the new strategic document contains the following areas to be analysed and for which adequate solutions are envisaged in the form of strategic and operational objectives.

Organisation of the healthcare system
Healtcare protection services
Healtcare system resources
Digitalization of the health system
Life expectancy
Inequalities in the healthcare protection
Cronic non-communicable diseases
Nutrition and diet
Communicable diseases
Prevention of drug abuse
Mental health
Antimicrobal resistance
Transplantation
Health tourism
Health emergencies
Paliative care

The process of preparation of this document was done using a SWOT analysis of the situation in Montenegro was applied, which identified strengths, weaknesses, opportunities and threats.

STRENGHTS	WEAKNESSES
➢ PHC available in all cities; ➢ General hospitals exist in every major city; ➢ The availability of tertiary level health care protection on the territory of Montenegro; ➢ Access to education for doctors, nurses and technicians; ➢ Availability of specialization programs and subspecialisations; ➢ Territorially small country with relatively good infrastructural connectivity; ➢ Good cooperation with other countries in terms of providing services that are not available in Montenegro;	➢ The scope of patients' rights is not defined; ➢ Lack of standards of quality of care; ➢ Lack of guidelines and protocols for treating patients; ➢ Underdeveloped IT system and infrastructure, disconnection between different levels; ➢ Limited availability of data and information and limited capacity to use data, information and evidence for decision-making; ➢ The uneven distribution of personnel; ➢ Lack of incentive to perform well; ➢ The burden of administrative work; ➢ Limited capacity to respond to health emergencies; ➢ Insufficient level of knowledge of health management.
OPPORTUNITIES	**THREATS**
➢ More efficient use of existing human resources; ➢ Strengthening the primary and secondary levels; ➢ Expansion of existing services; ➢ Access to international funds, strengthen cooperation through high level inter- and inter-sectoral and political dialogue; ➢ The establishing of a public-private partnership; ➢ Investing in the digitalisation of the health system; ➢ Creating conditions for the expansion of the number of specialized programs at the Faculty of Medicine of the University of Montenegro; ➢ EU accession prospects, which motivate the health sector to align with EU standards; ➢ High interest in regional cooperation through various cooperation mechanisms available in the Western Balkans.	➢ Democratic changes; ➢ Aging of the population; ➢ High burden from NCD; ➢ Time needed by the health sector for preparedness, prevention and response; ➢ Very low immunization coverage rate; ➢ Outflow of Health workers/ skilled personnel;

2.2. ORGANIZATION OF THE HEALTHCARE SYSTEM IN MONTENEGRO

2.2.1. Coverage policy and financing of the health system

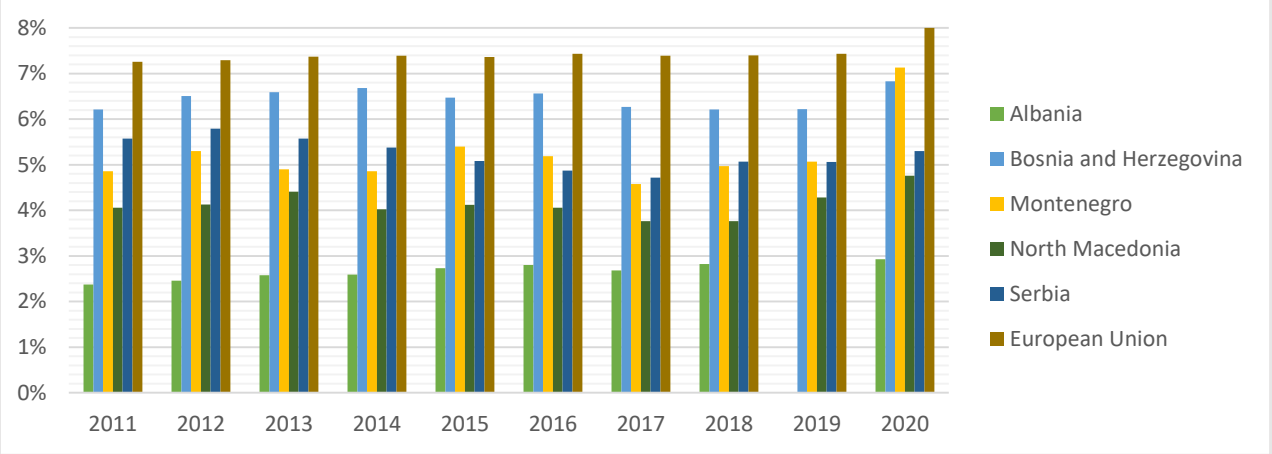
The legal regulations in force for the healthcare sector provide to all citizens right to equal access to health services. Following the revision of the Law on Health Insurance in 2017, which entitled all residents to health benefits, almost 100% coverage of the population is now theoretically insured (WHO, 2022a). This does not include persons without regulated legal status. De facto access in Montenegro remains unequable, especially in remote, rural and northern areas (WHO, 2021a). This is clearly visible in the high costs of medical transportation to higher-level institutions. The availability of health care protection for children with disabilities is not at a satisfactory level due to the shortage of skilled personnel, which leads to long waiting period for specialist examinations. This issue has a major impact on children with disorders who need pediatric, neurological and psychiatric support, as well as the services of a defectologist, speech therapist and oligo-phrenologist (European Commission, 2022). Moreover, even when such services are available, the high costs of direct payments by citizens pose a significant barrier (WHO, 2022a).

Until December 2021, healthcare protection was financed through health insurance contributions paid with salaries (primary) and through transfer of funds by the Government of Montenegro. As of January 2022, the state budget is the only public source of financing for healthcare. More specifically, the previous system of financing through contributions was abolished by amendments to the Law on Contributions to Compulsory Social Insurance, and the health system is financed entirely from the state budget.

In 2019, spending on healthcare in Montenegro was 8.33% of GDP. This is under the average of EU Member States (9.92%), but is similar to levels in other Western Balkan states such as Bosnia and Herzegovina (9.05%), North Macedonia (7.25%) and Serbia (8.67%) (WHO, 2022b). However, during 2020, at the midst of the COVID-19 pandemic, Montenegro substantially increased healthcare spending from 8.33% in 2019 to 11.4% of GDP during 2020. However, this happened in the context of a huge decline of the annual GDP growth rate from 4.1% to -15.33% from 2019 to 2020 (World Bank, online). This is contrary to developments in current health spending in other countries in the region and with the EU average, which remain stable or have increased slightly.

The trend of GDP allocations to health expenditure with regards to the Western Balkan countries and the average in the European Union (EU) is shown in Chart 1.

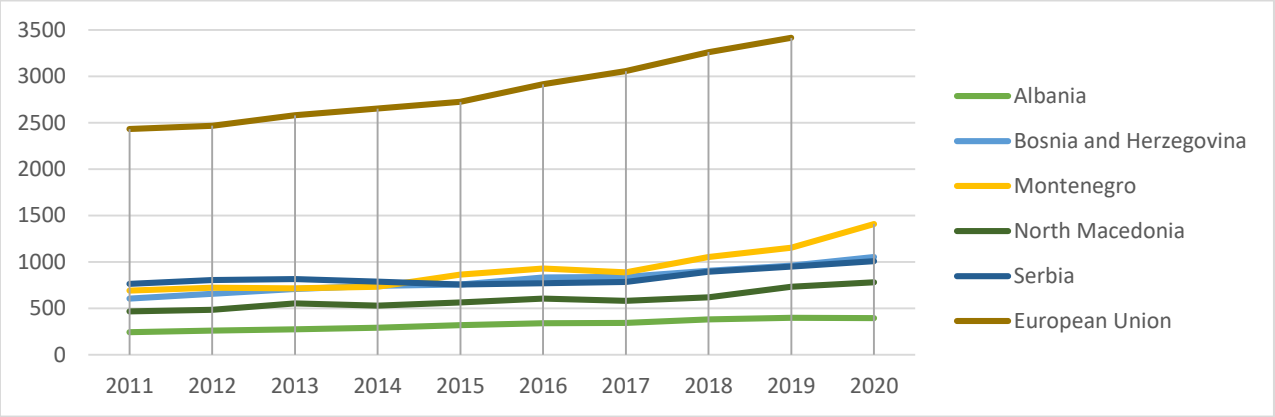
Chart 1: Public health expenditure as a proportion of GDP (%)



Source: WHO, 2022b.

Considering the government expenditure on healthcare per capita (PPP, current international $) over the period 2011 to 2019, Montenegro's spending was consistently and significantly lower than the EU average (Table 2 in Annex i 2). However, there was a sudden increase during this period, from 699.02 during 2011 to 1408.78 during 2020 (latest available data; WHO, 2022b). Since 2015, Montenegro has spent more per capita than all the Western Balkan countries combined (Table 2 in the Annex and Chart 2). Although all countries in the region increased healthcare spending per capita in the period between 2019 and 2020, with the exception of Albania, the increase in Montenegro was more significant (255,04) (WHO, 2022b). However, it should be reiterated that as a proportion of economic resources, Montenegro's spending on healthcare until 2020 was for many years lower than in most countries in the sub-region and is still below the EU average. (Chart 2 at the beginning of this article.)

Chart 2: Government spending on health per capita, PPP (current international $)

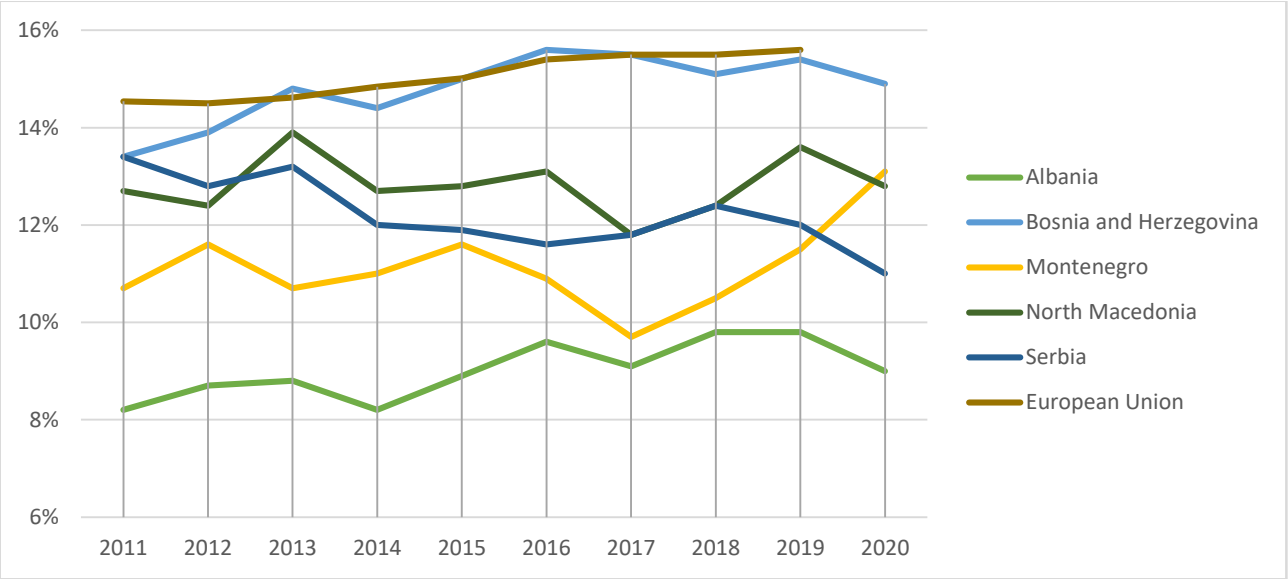


Source: WHO, 2022b.

Despite higher PPP spending on healthcare compared to neighboring countries in the subregion, when we speak about public healthcare spending data as a percentage of all government expenditures, it shows lower spending in Montenegro than in other Western Balkan countries: 2019 data shows lower expenditures in Montenegro than in Bosnia and Herzegovina, North Macedonia and Serbia (from 0.71 to as much as 4.09 lower spending in Montenegro compared to neighboring countries; data for Albania are

not available) and compared to the EU (4.29% lower spending, see Chart 4, WHO, 2022b). Regarding Montenegro's spending, the data for the period 2011 to 2019 (the latest available) indicate modest fluctuations - both increases and decreases - during those years, but with a higher percentage of health spending during 2019 compared to 2011 (11.32 during 2019 vs. 10.73 during 2011) (Table 3 of the Annex, and Chart 3 of the WHO; 2022b).

Chart 3: Public spending on health as a percentage of all government expenditures (current international $)



Source: WHO, 2022b.

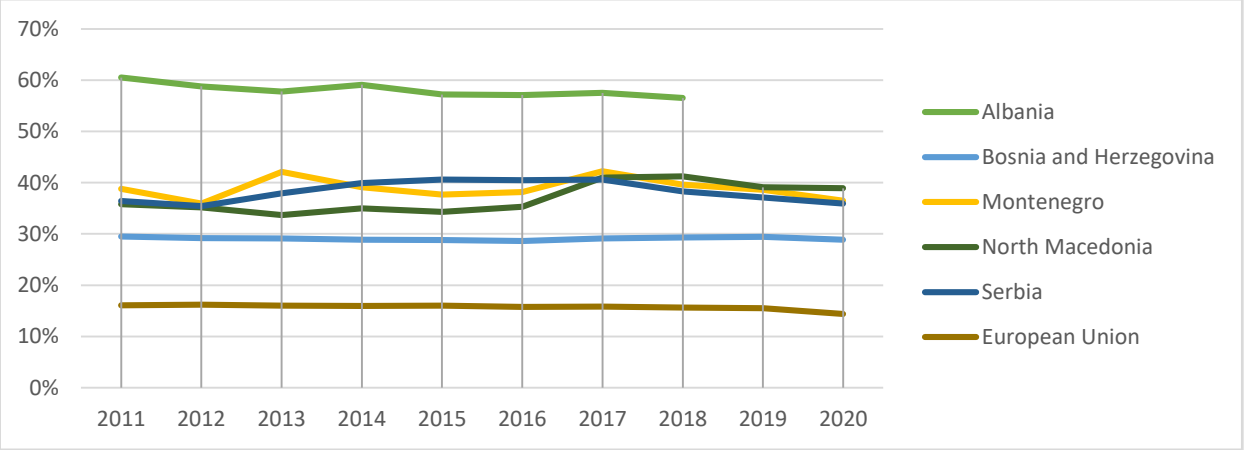
When it comes to spending by type of health care protection, there is mainly lack of data. According to national estimates (reported by WHO 2022a), curative care, medical devices and preventive care represent 42.6%, 8.9%, i. e. 1.2% of total health expenditures in 2019. Clearly, there is a significant imbalance between investment in curative health services versus spending on preventive ones.

Available data and estimation refer to a large share of so-called 'out-of-pocket payments' (OPP) by citizens in the financing of health services, which represents a large burden for citizens and their households. Over the past decade, citizens' direct payments (OPP) expressed as a percentage of current health expenditure have varied, but during 2020 (36.5%) were two percentage points lower than in 2011 (38.8%) (Eurostat, 2022, WHO, 2022,b). However, Montenegro was second in this rate in the Western Balkans in 2020, and its rate was significantly higher than the EU average in the same year (14.4%). Costs for medicines including supplements, as well as dental and outpatient services makes the largest share of so-called 'out-of-pocket payments' (OOP) (WHO, 2022b). In the case of dental care, income inequalities play a large role in the sense that lower-income citizens do not satisfy their need for dental services to the same scope as higher-income citizens. (Eurostat, 2021).

As for outpatient care, the percentage of citizens' participation in the payment of outpatient services varies from 20% in primary health care to 40% in secondary and tertiary. They participate significantly in the payment of medicines (i.e. €0.36 for each prescription and medicines on the supplementary list of medicines) and medical products (the percentage of citizens' participation in payment varies from 20% to 60%). Citizens' fixed contribution to the payment is about €1.5 for both

diagnostic tests and hospital care (WHO, 2022a; WHO Barcelona Office for Health Financing Systems, press release).

Chart 4: Direct payments by citizens (OOP) (% of current health expenditure):



Source: Eurostat, 2022; WHO, 2022b.

Through the EU-funded WHO Regional Project for the Western Balkans, data have been generated and they indicate that high level of 'out-of-pocket payments' (OOPs) pose serious financial barriers to healthcare delivery and the satisfaction of health needs, especially among lower-income citizens (WHO, Barcelona Office for Health System Financing, press release). These figures clearly show the following:

- approximately 9.4% of all households reported high health expenditure during 2017;
- the poorest households are most affected by the high share of 'out-of-pocket payments';
- medicines purchased by patients are a generator of financial constrains;
- dental health care is the main cause of unmet health needs.

Strong reliance on 'out-of-pocket payments' (OPP) and the lack of clinical protocols for patient care have been considered as key factors for the under-use of health services for a long time and the impoverishment of citizens and households in Montenegro (WHO, Regional Office for Europe, 2019a; WHO 2022a; WHO, Barcelona Office for Health Systems Financing, press release).

2.2.2. Medicines and Medical Devices

HI (Health institution) Pharmacies of Montenegro “Montefarm“ performs import, procurement, storage and distribution of medicines and medical devices to healthcare institutions founded by the state, as well as retail marketing of medicines and medical devices in all organizational units in all municipalities. Also, pharmacies owned by national or foreign physical or legal person carry out retail medicines market/sales trade.

In accordance with the Law on Medicines (“Official Gazette MNE“, No 3/2016, 39/2016, 2/2017, 44/2018, 24/2019, 82/2020 and 8/2021), the Institute of Medicines and Medical Devices maintains a register of medicines authorized for marketing in Montenegro. In addition, the Institute collects and processes data on medicines market and consumption and publishes annual consumption reports on the

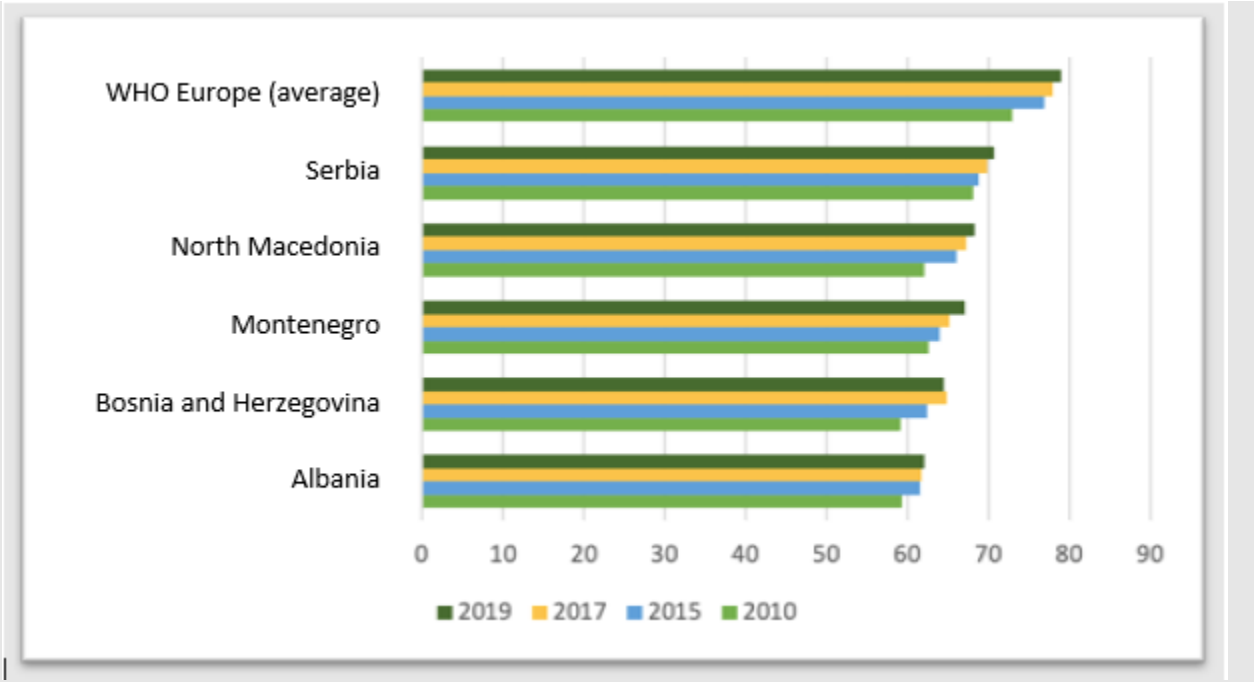
Institute's website. In 2021, €112,740,285.8 was allocated to public health institutions for medicines, representing 81% of the total funds spent on medicines for that year (HIF, online).

The proportion of medicines spending in the health budget according to the Health Insurance Fund data, in 2021 was 28.10%, and in 2022 31.43%. Such high consumption poses a serious challenge from the perspective of the sustainability of the healthcare system and requires careful consideration of various aspects related to the practice of prescribing by healthcare providers, assessment of health technologies, application of protocols for treating diseases, capacity to regularly medicines consumption controls, updating the list of medicines with a special focus on generic drugs.

2.2.3. De facto coverage

Considering de facto coverage of health services, the index of health protection services – HPS, which tracks medical interventions in the field of reproductive health, maternal, newborn and child health, communicable diseases, non-communicable diseases, and service delivery capacities and access to services, among the general and most vulnerable population (COR 3, target 3.8.1) shows that Montenegro increased access to services from 62.67 in 2010 to 67.16 in 2019 (WHO, 2022a, latest available data). This figure is below the average of the WHO European Region (79), North Macedonia (68.41) and Serbia (70.7) in 2019, and above the average of Albania (62.16) and Bosnia and Herzegovina (64.61) (see Annex, Table 5 and Figure 8 below; WHO, 2022a). To this date, the scope of health services falling under secondary and tertiary care far exceeds the measures taken in the field of prevention in the field of PHC in Montenegro (the chapter Health Services Package). This limits the full potential of the PHC, further exacerbating health inequalities (WHO, 2020).

Chart 5: Index of coverage of HPS



Source: WHO 2022a.

2.2.4. Women and men in the Healthcare System of Montenegro

In terms of the average age of the population, according to MONSTAT's data from the last official census in 2011, women, who are currently the majority of the population of Montenegro, are predominantly represented in the category of population over 65 years, while men are the minimal majority between 15 and 64.

	Population in total		%	
	Men	Women	Men	Women
Montenegro	307,555	314,318	49,5	50,5
0-5	22,957	21,224	52,0	48,0
6-15	38,952	35,751	52,1	47,9
15-19	20,604	19,164	51,8	48,2
0-17	70,303	64,656	52,1	47,9
18 +	237,252	249,662	48,7	51,3
0-14	58,104	53,371	52,1	47,9
15-64	207,472	205,921	50,2	49,8
65 +	41,979	55,026	43,3	56,7

Data by age groups in Montenegro

The fact that in the youngest population group there are more boys (52%), while in the oldest population group (over 65 years) there are more women (56.7%) is particularly significant. According to data obtained from MONSTAT, for the past twenty years the annual birth rate has averaged 109 boys to 100 girls. In 2009 alone, 113 boys were born to every 100 girls. In Montenegro there is a deficit of three thousand women in reproductive age. Projections state that in less than 20 years, there will be 8,000 fewer women than men.

Regarding the mortality rate of women and men in Montenegro in 2021, mortality reached a new peak in March, when compared to the pre-pandemic period it was higher by 68%, then decreased, and by June it reached the pre-pandemic average level. During the 2021 summer season, the upward trend continued, with the number of deaths in August increasing by 40%, and in September by 60% compared to the pre-pandemic average of COVID-19. Increased mortality rates were observed in October and November 2021 (55%) and (57%). The increase in mortality during the pandemic, especially in the 60+ age group, caused a decrease in life expectancy in Montenegro by 9.6 months. Life expectancy for women was reduced by 8.4 months, while for men it was reduced by 9.6 months, resulting in a reduction in total life expectancy from 76.7 to 75.9 years.

The COVID-19 pandemic had a significant impact on mortality rates in the past few years, Institute of Public health data showing a higher number of men dying compared to the total number of women dying.

GENDER	YEAR			
	2020	2021	2022	TOTAL
Men	472	1046	240	1758
Women	210	683	140	1033
Total	**682**	**1729**	**380**	**2791**

The Institute's data also indicate a significantly higher number of women who tested positive for COVID-19 compared to the total number of positive men.

GENDER	YEAR			
	2020	2021	2022	TOTAL
Men	24214	58141	50577	132932
Women	23888	65266	61839	150993
Total	**48102**	**123407**	**112416**	**283925**

Regarding the general health status of women in Montenegro, the Gender Equality Index uses three different indicators:

- the percentage of the population who self-reportedly say that their health is good or very good,
- life expectancy at birth, and
- the number of healthy years expected at birth.

Access to the health domain showed the least difference between Montenegro and the EU-28 average. However, the conclusion at EU level also describes the situation in which Montenegro finds itself "Women live longer, but less healthy". Life expectancy at birth for women in Montenegro is 79.4 years, and for men 74.1 years. Both men and women should expect an average of 50 healthy years at birth. This means that a woman born in 2017 expect to live 29 years in poor health, compared to expected 24 years for a man. The difference in favor of women in Montenegro is 5 years, while in the EU it is 6 years. In contrast, women perceive themselves as less healthy than men. In the SILC survey 65.3% of women rated their health as good or very good compared to 73.2% of men.

Also, based on 2017 data, GEI shows that 47.9% of newborns are female. The UN Population Fund stated that Montenegro ranks among the countries with the greatest imbalance in male-female births in the Europe-Central Asia region. In fact, according to this source, an average of 100 girls are born to 110 boys in Montenegro, while the coomon ratio is 100 to 102-104. It should be noted that selective abortion in Montenegro has been banned since 2009, and the misuse of prenatal sex determination of the unborn child is treated as a criminal act.

The National Reports on Human Rights Practices 2021, by the U.S. State Department, show that there were no reports of forced abortion or forced sterilization by Montenegrin authorities. However, the report indicates that Montenegro still requires sterilization in order for transgender people to receive legal recognition of gender identity. During the period when healthcare was available to citizens free of charge, the cost of healthcare was a barrier for non-citizens of Montenegro, and those without identification documents to access regular prenatal care. Because of poor living conditions, Roma women and Egyptian women rarely visited doctors. Although there were no legal obstacles to contraception, a 2020 UNFPA report pointed out that Montenegro has adopted only 37 percent of the laws and regulations necessary to ensure full and equal access to contraception services. According to non-governmental organizations, there was a lack of publicly available information and appropriate educational programs, and economic status and restrictions by partners were barriers preventing women from using contraception.

Data show that breast and cervical cancer results in high mortality rates among women in Montenegro. Breast cancer, the leading cause of cancer death in women, is diagnosed mostly in advanced

stages, when palliative care is the only option. Cervical cancer is the fourth most common form of cancer affecting women worldwide. One of the specific programs related to women's health is early detection of cervical cancer, which started in Podgorica in 2016. As of 2018, the Program is implemented at the national level in all healthcare centers in Montenegro. In 2020, the target group for the implementation of the National Cervical Cancer Screening Program was women aged 30 to 49, which is a wider range of age groups compared to the previous year when it was 30 to 42 years. The implementation of the Breast Cancer Early Detection Program started in 2015 in four municipalities: Cetinje, Danilovgrad, Kolašin and Podgorica. In 2020, the target groups were women aged 50 to 69 in the four mentioned municipalities.

The Institute of Public health data show that a total of 4970 girls (born between September 27, 2012 and December 31, 2013) received the HPV vaccine. 1,012 girls have been vaccinated with the first dose and the current coverage of vaccinated girls is 20.36%. The attention was particularly put on girls born in the period 01.01.2013 - 31.12.2013, where a total of 3906 girls were vaccinated, and 821 were vaccinated with the first dose.

Research on the impact, performance and capacity of the WHO European Primary Healthcare Tool in Montenegro shows that stroke and ischemic heart disease are the leading causes of death in men and women.

- Ischemic heart disease is the number one cause of overall mortality in men, and stroke is the number one cause in women. After cardiovascular disease, cancer is the leading cause of death in both men and women. Death rate from lung cancer in Montenegro is three times higher in men than in women; 2,506 versus 833 per 100,000 population, respectively. In 2017, respiratory diseases were not among the 10 leading causes of disability or mortality. However, chronic obstructive pulmonary disease is the leading cause of disability, with mortality from respiratory conditions rising significantly between 2000 and 2017. This change is particularly expressed among men, and raising up to 3% of total years of life with disability (an increase of 18% from 2000 to 2017), while women also up to for 3% of total years of life with disability (an increase of 6% from 2000 to 2017).

Depressive disorders have been ranked at 12th for men (3% of total life years with disability) and fifth leading cause for women (4% of total life years with disability) in 2017. The percentage of total years of life with disability for depressive disorders for men and women is slightly lower (4% of total years of life with disability) than the WHO European Region average (5% of total years of life with disability).

Considering these data, it is important to highlight the density and spreading of doctors, medical staff and associates among municipalities in Montenegro:

Municipality	Number of doctors	% doctors per 1000 citizens	Medical staff	% medical staff per 1000 citizens	Population estimate for 2020
Andrijevica	**4**	**0,88**	**27**	**5,96**	**4532**
Bar	**107**	**2,42**	**325**	**7,38**	**44057**
Berane**	**100**	**3,18**	**386**	**12,20**	**31638**
Bijelo Polje	**93**	**2,23**	**345**	**8,28**	**41642**
Budva	**26**	**1,16**	**87**	**3,89**	**22387**
Cetinje	**60**	**3,99**	**213**	**14,16**	**15046**
Danilovgrad	**16**	**0,87**	**53**	**2,90**	**18287**
Herceg Novi	**26**	**0,85**	**88**	**2,89**	**30480**
Kolašin	**11**	**1,54**	**40**	**5,61**	**7132**
Kotor	**104**	**4,58**	**454**	**19,92**	**22793**
Mojkovac	**10**	**1,35**	**53**	**7,15**	**7415**
Nikšić	**142**	**2,06**	**560**	**8,15**	**68736**

Plav**	**19**	**1,55**	**82**	**6,68**	**12282**
Pljevlja	**65**	**2,45**	**248**	**9,34**	**26556**
Plužine	**1**	**0,39**	**11**	**4,31**	**2551**
Podgorica**	**744**	**3,66**	**2952**	**14,55**	**202877**
Rožaje	**28**	**1,22**	**96**	**4,18**	**22982**
Šavnik	**1**	**0,66**	**9**	**5,89**	**1527**
Tivat	**15**	**0,99**	**51**	**3,35**	**15205**
Ulcinj	**25**	**1,24**	**74**	**3,68**	**20128**
Žabljak	**2**	**0,65**	**8**	**2,62**	**3053**
IEMC on the national level	**127**				
TOTAL	1726	2,77	6162	9,92	621306

Also, it is important to emphasize that women are the majority of employees in the healthcare system in Montenegro. According to the latest MONSTAT data, the percentage of women working in health care system is 73%.

2.2.5. Purchase and Provision of Services

With regards to the costs of services directly covered by the HIF, the healthcare system is specific for a customer-provider relationship: the HIF finances services provided predominantly by public healthcare institutions within the framework of the Network of Healthcare institutions (defined for a period of 5 years, Decision on the Network of Healthcare Institution "Official Journal MNE", No 3/16, 39/16, 2/17, 44/18, 82/20 and 8/21). Private providers tend to be concentrated in the dental sector and focused on certain specialist health services. HIF signs contract with private service providers in accordance with the Provisions of the Law on Compulsory Health Insurance ("Official Gazette MNE" No. 145/21). They have the same rights and responsibilities as all institutions operating within the Network (Healthcare Act; "Official Gazette MNE", no. 3/2016, 39/2016, 2/2017, 44/2018, 24/2019 - other law, no. 24/2019 - other law, no. 82/2020 and 8/2021).

2.2.6. Services in the private health sector

With regards to the financing of services provided by private healthcare institutions, the preliminary reports of the HIF (based on invoices documented in the HIF for 2022) indicate a total value of € 2,101,839,46 in invoices issued by private healthcare institutions for the period January - December 2021 (This is illustrated in Table 1 below). This is €87,756.16 less than the total amount for 2020, when the invoice amounted to €2,189,595.62 (HIF, online).

Table 1: Total amount of private sector invoices by specialization issued in 2021

Specijalizacija	Iznos
Ophthalmology (outpatient)	259.803,25 €
Ophthalmology (hospital)	142.335,00 €
Magnetic resonance	950.553,00 €
In Vitro Fertilization	616.444,28 €
Pathological anatomy and histology	127.528,33 €

Hyperbaric oxygen therapy	5.175,60 €
Total	2.101.839,46 €

Source: HIF, online.

2.3. HEALTH CARE PROTECTION SERVICES

Citizens in Montenegro are provided with the healthcare protection at three levels: primary, secondary and tertiary.

The intention is that up to 70% of healthcare needs are met at the level of primary health care (PHC). The primary health care provider is the chosen physician or a team of chosen doctors in the health care facility. Organizationally, a health care facility has three basic units:

- Outpatient units of the chosen physician, or the team of chosen doctors (the chosen doctor for children, the chosen doctor for adults and the chosen doctor for women);
- Support centers for chosen doctors are organized through diagnostic centers, prevention centers, and can facilitate or provide support to the chosen team or doctor through the center for lung diseases and tuberculosis, the center for mental health, the center for children with special needs, the day center;
- Patronage units, primary level physical therapy and medical transport.

In accordance with the Decision on the Network of Health Care Institutions ("Official Gazette MNE", No. 3/16, 39/16, 2/17, 44/18, 82/20 and 8/21), PHC is provided in 18 health care facilities across the country and by IPH. Secondary and tertiary health care is provided in the Montenegrin Clinical Center, two clinical-hospital centers, five general and three special hospitals. Other institutions within the Network are: Institute for Emergency Medical Care, Pharmacies of Montenegro "Montefarm", Institute of Public health of Montenegro and Institute for Blood Transfusion. The service provider that ensures the realization of the right to medical and technical aids is Rudo Montenegro Ltd., Podgorica.

2.3.1. Primary healthcare protection

PHC represents a priority area in the development of the healthcare system, and within it the promotion of healthy lifestyles and preventive health care protection. This priority has already been defined by the Master Plan for Health Development of 2015 (Ministry of Health, 2015). The current approach to the provision of PHC started in 2005, and is regulated by a set of laws and by-laws.

There are 18 institutions (health care facilities) for the provision of PHC services in Montenegro within which support units and centers are located. A primary healthcare institution is a healthcare unit that provides primary level healthcare from the activities of diagnosis, pulmonary diseases and tuberculosis, protection and promotion of mental health, health care of children and young people with physical and mental health disorders, physical therapy and rehabilitation, patronage activities, preventive medicine activities, hygiene, epidemiology, ophthalmology, internal medicine, immunization against infectious diseases and sanitary transport. It can provide support or provide primary healthcare level for child and youth, adult and women's healthcare activities through a chosen team or a chosen doctor and a chosen gynecologist. it may provide health care for occupational medicine, sports medicine, as well as other activities determined by the Ministry of Health. Teams of chosen physicians, i.e. doctors and nurses,

are the main providers of PHC services. In 2022, according to HIF records, 484 chosen physicians were engaged in Montenegro.

Patients can choose their physician as follows:
- Insured persons up to 15 years of age choose a doctor specialized in pediatric medicine;
- Insured persons over 15 years of age choose a doctor for adults;
- Insured persons may choose a doctor of their choice specialized in women's health (gynecologist and obstetrician);
- Insured persons under 18 years and over 65 years of age may choose a dentist of their choice.

Chosen physicians/chosen teams of doctors are responsible for a significant number of administrative tasks. For example, research published by the WHO in 2020 showed that the main responsibility of nurses working in PHC in Montenegro is related to administrative work, which resulted in the provision of limited or completely negligible number of services, beyond consulting services (WHO, 2020). Furthermore, it is estimated that chosen doctor processes between 10% and 50% of total contacts with patients without referral to other health professionals (WHO, 2020).

Among many services provided by chosen physicians/teams of chosen doctors, in addition to preventive and curative services are: determining temporary incapacity for work, prescribing therapy, determining the need for treatment at the secondary and tertiary level, referring patients to the secondary and tertiary level, issuing travel orders for implementing the right to health care protection, determining the need for treatment and home care, as well as transportation of patients, referral to the medical council and commissions that determine disability, as well as rehabilitation, collection and recording of documentation on health insurance and treatment (Government of Montenegro, online). Chosen physicians/teams of chosen doctors also provide a range of counselling and follow-up services.

Until now, primary health care protection has not been used in full capacity, especially due to the limited range of primary health care providers, including services related to non-communicable disease risk detection, smoking cessation and mental health services. As a result, the healthcare system suffers from high rates of referral to specialist services, even for conditions that could easily be resolved at the PHC level. In addition, the previous model of paying physicians at PHC level was focused on quantity (i.e. number of patients) rather than quality (e.g. allocation of time for prevention and achievement of clinical goals). That caused a decrease of the quality of care and increased the costs associated with over-reliance on secondary and tertiary levels of protection and the overlap of diagnostic tests, especially between public and private sector providers. Also, a detailed analysis of the services provided at the primary level detected that there is space to expand services, in order to increase the powers of the chosen physician so he/she could carry out a series of therapeutic and diagnostic services at the primary level, so that patients shouldn't be referred to a higher level. Furthermore, one of the reasons for the poor functionality of the primary level lies in the fact that there is no defined scope of rights for patients, and it is not known which services are financed by HIF for insured citizens of Montenegro.

2.3.2. Secondary and Tertiary Health care protection

Provision of health care protection at the secondary and tertiary level is conducted in general and special hospitals, clinical-hospital centers and the Clinical Center of Montenegro (see Box 1 below), through the activities of hospital, specialist-consultative and conciliar health care protection, as well as

the most complex forms of health care protection for activities from a certain branch of medicine, i.e. dental medicine. Access to secondary health care protection financed from public funds requires a referral from a chosen physician. Furthermore, the current PHC model is suitable for referral to specialist services, even for conditions that can be easily resolved at the primary level, such as pneumonia, angina, chronic obstructive pulmonary disease (COPD), ear, nose and throat infections, complications caused by diabetes and hypertension, etc.

Frame 1: Overview of the Clinical Center of MNE

The Clinical Center of Montenegro (CCMNE) is a hospital with more than 750 beds, a medical scientific research center and a teaching base for clinical subjects at the Faculty of Medicine. CCMNE, clinical-hospital centers and IPH provide healthcare services at the tertiary level. CCMNE provides hospital, specialist-consultative and conciliatory health care activities, as well as the most complex forms of health care for activities from a certain branch of medicine i.e. dental medicine, diagnostic and therapeutic procedures, specialized laboratory diagnostics and diagnostics of genetics and disorders of the immune system.

CCMNE also serves as the teaching base of the Faculty of Medicine for nurses, medical students, specialists. It employs 495 medical specialists and subspecialists. Within its educational programs, it participates in the development of medical doctrines, protocols and guidelines for prevention, early detection, treatment and rehabilitation of certain diseases, in cooperation with the Ministry of Health, the Medical Chamber of Montenegro, the Faculty of Medicine and other professional bodies.

As a scientific institution, CCMNE's research objectives are in line with the Strategy of Scientific and Research Activities of Montenegro for the period 2017-2021, published by the Ministry of Science. The Strategy supports all activities aimed at increasing the participation of research institutions in the EU-supported projects and increasing their cooperation with international research institutions.

Source: The European Commission, online

According to data received from this institution, the workload of the Clinical Center of Montenegro, mostly relates to the internal medicine (159,989 services in 2022) and surgical branch of medicine (196,628 services in 2022) which general hospitals cannot perform in the current situation when it comes to highly diagnostic and sophisticated surgical therapeutic methods (services provided at the tertiary level of healthcare). In this regard, in the context of the initiated and planned reforms through regulatory amendments, a greater degree of control, large capital investments, it is necessary to enter the process of decentralization of the health system without any further delay, in order to reduce the influx of patients to the Clinical Center of Montenegro, but also strengthen certain institutions that, according to the current condition analysis, and their functioning in the previous time period, were found to have capacities for performance.

By analyzing the healthcare system and the fluctuations within, it was determined that there is a need for decentralization, and provision of two more institutions that can provide certain tertiary level services. When it comes to the southern region, it is the General Hospital in Kotor, while for the northern region it is the General Hospital in Berane. Through a detailed analysis of capacity, internal organization, scope of services they provide, equipment, as well as the opportunities to improve all of this, it has been determined that these institutions have enough capacity to provide certain services; specific internist and surgical services are provided at the tertiary level of health care protection for the population of the northern and southern regions, through the status of clinical-hospital centers. In the previous time period,

these healthcare institutions significantly improved their functioning, and positioned themselves as institutions with the highest quality, as well as the scope of provided healthcare services for patients from the territories they cover. It is particularly significant to emphasize that there is a great perspective for improving and expanding the scope of these services with quality strategic planning.

2.3.3. Emergency health care

The foundation in legislature for emergency medical care provision in Montenegro is the Law on Emergency Medical assistance (Official Gazette of MNE, number: 49/2008,40/2011 and 80/2020), adopted in 2009. According to the law, emergency services should generally provide services at the PHC level. The main service provider is the Institute for Emergency Medical Assistance of Montenegro, a public institution that provides services 24 hours a day, 365 days a year; the number of citizens in the area of Montenegro that gravitates towards the Institute is 625,266. 150 medical teams have been organized by the Institute and additionally 46 teams for medical transport in Montenegro. The number of teams per city depends on the number of citizens in them. The team in the emergency unit and the substation consists of a doctor, two nurses, or medical technicians, one of whom is a driver.

The emergency assistance is provided at the spot, during the primary medical transport, as well as in the emergency units, 24 hours a day.

The Institutes services include:

- reception, examination and triage of patients according to the urgency;
- resuscitation and monitoring of basic life functions;
- monitoring the patient's condition after resuscitation;
- the provision of appropriate therapy, primary treatment of wounds and injuries;
- vaccine and serums administration according to indications, antibiotics, analgesics and other indicated medicines;
- referral of the patient to a healthcare institution of secondary and tertiary level;
- medical monitoring of the patient (observation) for possibly necessary additional diagnostic procedures in order to establish an accurate diagnosis;
- ultrasound and laboratory diagnostics;
- stopping of bleeding, treatment of fractures, immobilization;
- provision of advice to patients about their health condition;
- receiving calls from citizens by employees of the Emergency Dispatch Centre;
- triage of calls according to the urgency and directing of emergency teams to provide emergency assistance;
- monitoring and analyzing emergency assistance measures in Montenegro and reporting to competent institutions;

- formation of the doctrine in the field of emergency health assistance;
- proposing programs of healthcare measures in the scope of its activity;
- establishing standard operational procedures for all forms of emergency assistance and harmonizing the application of standards in the provision of emergency assistance;
- participation in the draft and implementation of specific health care protection projects in emergencies;
- continuous medical education of healthcare workers, medical assistants, students, medical school students and other staff;

- cooperation with the Institute of Public health, healthcare institutions, the state administration body responsible for internal affairs and police, the Army of Montenegro, the Red Cross of Montenegro, the operational units for protection and rescue, domestic and international non-governmental organizations dealing with emergency assistance, international professional medical institutions;
- the medical assistance of public assemblies and sports events, the medical transportation of sick persons at home and abroad by vehicle, helicopter or airplane, and
- other duties in accordance with the Law and the Act on the establishment of the Institute.

The previous implementation of the Law on Emergency Medical assistance proved shortcomings in practice due to an inadequately organized system of primary health care protection, and after its reform in 2008. It is all reflected in the increased number of patients from the primary level of health care due to the length of the waiting period for an examination with the chosen doctor, but also because of the long wait for a specialist examination at the Clinical Center (where there are waiting lists) which results in the coefficient of emergency conditions being over 1 and favoring the fact that patients from both the primary and tertiary levels of health care are examined in the Emergency Department.

The experience until now shows that the current model of organization of the Institute for Emergency Medicine of Montenegro needs to be reorganized. The lack of pre-hospital diagnostic and therapeutic protocols seriously raises the question of the quality of medical service provision, and thus endangers the patient's health, and results in very risky and stressful work of the staff. The absence of a clear vision of the work and development of emergency medicine on the territory of a country can seriously threaten the healthcare system, because pre-hospital medicine is a pillar of medicine in countries with a quality healthcare system.

The backbone of treatment in the 21st century includes protocols - both clinical and pre-hospital - so that the provided medical assistance is adequate, and risks and complications are reduced to a minimum. There are no outpatient protocols for acute coronary syndrome (heart attack) in Montenegro, as the leading cause of death in the developed world, and because of it 1,440 people are affected annually in the country, according to the latest available data from the Registry of Acute Coronary Syndrome. Also, there is no possibility of prescribing metalysis, a life-saving therapy for myocardial infarction in remote rural areas, given that only in the Clinical Center in Podgorica there is a primary PCA (coronary angiography) room.

There are no records of successful resuscitations that indicate about the time that elapses from the call to the start of resuscitation in Montenegro. There is no trauma protocol, even though trauma is one of the leading causes of mortality in the developed world. The trauma system is a program of organized and coordinated treatment for all those injured in, e. g. disasters, traffic accidents, according to pre-defined protocols. Well-formed trauma systems and protocols reduce overall injury mortality by about 15%.

Professional implementation of basic and advanced measures of cardiopulmonary resuscitation, both within the clinic and outside, and adequately organized emergency services can have a significant impact on reducing mortality. In the Institute for emergency medicine, a number of successful resuscitations with minimal complications in post-reanimation, have been performed, however, in the absence of adequate records the true overview is not available.

In addition to the Institute for Emergency, this service is also provided at the secondary and tertiary levels. Providers of emergency medical assistance services at the secondary level of health care protection are general hospitals, special hospitals. Providers of emergency medical assistance services at

the secondary and tertiary level of health care protection are the Clinical Center of Montenegro and clinical-hospital centers.

2.3.4. Provision of dental medicine services

Oral and dental care at the level of primary health care protection is provided in private dental institutions which have a signed contract with HIF in accordance with the Law. The provider of oral and dental healthcare protection services at the secondary and tertiary level is the Clinical Center of Montenegro.

The Law on Compulsory Health Insurance ("Off. Gaz. of Montenegro" No. 145/2021) enables the following dental services: medical treatment of dental and facial bone injuries, including primary reconstruction with osteosynthetic materials, treatment of oral and dental diseases prior to cardiac surgery or organ transplantation, as well as the treatment of oral and dental diseases as part of the preoperative and postoperative treatment of malignancies of the maxillofacial area. Furthermore, the Regulation on the scope of rights and standards of healthcare protection from compulsory health insurance ("Off. Gazette of Montenegro", No. 79/2005, 18/2013,103/2020) establishes the right to emergency dental services comprising: trepanations, incisions and extractions, including local anesthesia, treatment of acute local infections of the mouth cavity and treatment of lesions of the jaw and mouth cavity. It also defines a wider range of health services available to children up to 15 years old, people over 65 years old, pregnant women and persons with disabilities (Annex, Box 4).

Dental services are often provided by chosen dental medicine doctors. The relatively small number of dentists working in the public health sector (37 dentists out of 667 licensed professionals in 2021) reflects the change in the organization of oral health services that occurred in the late 2000s. More precisely, in January 2008, Dental Health services were moved from primary health care centers and in the same year were organized as private sector services. Since then, dental services have been provided through teams of chosen dentists, whom the HIF have signed contracts with. In 2019, the contract was signed with 173 teams of chosen doctors of dental medicine for the period from 2019 to 2020, while for 2021/2022, a total of 208 contracts were concluded with private general and orthodontic private facility.

2.3.5. The occupational medicine

Occupational medicine is regulated by a large number of laws and regulations and is mainly provided and financed by employers and the Health Insurance Fund. Employers are strictly responsible for preventive activities, while the HIF finances curative services. Currently, there are 28 institutions in Montenegro that provide services in the occupational medicine (OM, 2021), of which 17 are public institutions. With regards to the provision of services, occupational health specialists are mainly responsible for conducting work ability assessments and informing on the development of certain health conditions at the workplace.

However, there is still no data on the number and types of services actually performed by occupational medicine specialists. Available data indicate that visits and risk assessment in the workplace are limited (ILO, 2021). This indicates a drastic shortage of occupational medicine personnel in the country. According to recent data from the International Labor Organization (ILO, 2021), out of a total of 34 specialists working in public health institutions, 22 are employed as chosen doctors due to a stable source of funding.

The strategy for improving occupational medicine in Montenegro, 2015-2020 (Ministry of Health, 2015) identified seven main challenges. First, the lack of communication between service providers. Second, insufficient cooperation between those who perform activities in the field of health and safety of employees. Third, the absence of a central institution that could act as a coordinator in activities related to research, education and training, data generation, consultancy and coordination in general. Fourth, the lack of supervision over the implementation of the law. Fifth, the absence of a formal system. Sixth, the lack of an adequate funding model for occupational health services. Finally, incomplete harmonization and standardization of the rules for the implementation of the requirements established by EU directives. The main goal established by the Strategy was related to the improvement and preservation of workers' health through the development and implementation of a new organizational model, strengthening of professional capacities, new technologies, management systems and improvement of working conditions. However, limited progress has been made in achieving this goal until now.

2.3.6. Private sector

Article 58 paragraph 1 of the Law on Health Care protection stipulates that the founder of a healthcare institution can be the state, municipality, national and foreign legal entity and physical entity. At the end of 2022, 942 institutions were registered in Montenegro, the founder of which is a national or foreign physical or legal entity. These establishments in the private sector are registered to provide various specialist and narrowly specialized services, pharmacy services, dental medicine services, etc. The private sector has been expanding in the last 15 years, and its development has not been adequately monitored by the state, so that it is exploited in the right way and efficiently, and in correlation with the public sector contributed to the provision of better health care to patients. There are several significant problems facing the private sector. First of all, system mapping has not been performed, which would enable quality planning and an even distribution of activities and services, in such a way that they are equally accessible to citizens at the level of the entire territory. Furthermore, such concentrated institutions are not connected with other private and public institutions, so there is no database on the basis of which it would be possible to determine which services are provided in private institutions, in what scope and of what quality. Therefore, there is no record of the number of services provided in the private sector, so it is difficult to make projections and overview of the situation, and to determine the exact number of patients who received health care in the same. Also, patients cannot be given medicines prescription in private institutions, nor can they be referred to a higher level of health care protection, which results in the fact that even though a diagnosis has been made, the patient must receive therapy or a referral for secondary care through the competent health center or the tertiary level of health care protection, which certainly additionally affects the workload of health centers and chosen physicians. Another problem is the disparity in prices for the same services in the private and public sectors, given that prices in the private sector for the same services, often with the same doctors, are significantly higher than in the public sector. Moreover, one of the problems affecting the stability and potential of the private sector is the lack of human resources, specifically doctors, which are predominantly concentrated in the public sector. Doctors are allowed to work additionally in private institutions. However, such a situation leads to the fact that doctors from public institutions predominantly treat patients in the private sector, which is certainly an additional burden for them, and ultimately affects the quality of their work. In addition, in order to establish a quality public-private partnership, it is necessary to further strengthen the private sector, so that it would be a partner of the state and contribute significantly more to the provision of better-quality healthcare protection for the citizens of Montenegro, but also of the region,

given the great potential in terms of developing health tourism and expanding the services provided in Montenegro at a quality level. Finally, there is a noticeable negative trend when it comes to the establishing of staff in private institutions, considering that the professional development of staff is predominantly through the public sector, while private institutions are very rarely interested in financing specializations and narrower specializations. The reason for this is certainly the time it takes to, first of all, finish the specialization, as well as the costs it entails. However, the private sector needs to produce significantly more staff to reach the level needed to establish a public-private partnership.

2.4. HEALTHCARE SYSTEM RESOURCES

2.4.1. The Infrastructure

In Montenegro, the state is the founder of 18 health centers, five general hospitals, three special hospitals, two clinical-hospital centers, the Clinical Center of Montenegro, the Institute of Public health of Montenegro, the Institute of Emergency Medical Assistance of Montenegro, the Institute for Blood Transfusion of Montenegro, as well as the "Montefarm" pharmacies. Each of these provides different levels of health care protection (primary, secondary and tertiary) in accordance with predetermined responsibilities. The total number of hospital beds in 2021 was 2,364, which is a total of 3.82 hospital beds per 1000 citizens, which is lower than the EU average of 5.3.

2.4.2. Human resources in the healthcare sector

The number of healthcare workers in Montenegro, per 10,000 citizens in 2021, was 108.5.

Table 2 below shows the total number of employees in public health institutions in the country in 2021. In total, there were 8,591 employees, 6,729 of which were medical workers and 1,862 were non-medical workers. Among all employees, 20.2% were doctors of which 68.26% were specialists; 1.71% were pharmacists; 8.92% were health associates; and 47% were workers with university and high-school professional training. In terms of personnel by sector, 5,003 employees worked in inpatient institutions (general and special hospitals and a clinical center), of which 3,847 were medical workers. Outpatient facilities (Emergency Medical Care, Institute of Public health, Primary health care centers) had 3,050 workers, of which 2,451 were medical workers (IPH, 2022a).

Table 2. Employees in public health institutions in 2021

Healthcare staff		Healthcare institutions									
		Primary helathcare institution	Healthcare stations	Emergency healtcare assistance	Institute of Public health	General Hospital	Special hospital	Clinical center	Institute of blood transfusiod	Farmaceutical institutions	**Total**
Doctors	general practice.[21]	109	1	74	0	2	1	-	2	-	**189**
	On specialization	113	1	12	6	82	14	133	3	-	**364**
	Specialists	343	1	18	54	296	51	406	16	-	**1185**
Total		565	3	104	60	380	66	539	21	0	**1738**
Dentists		-	-	-	3	-	1	32	-	1	**37**
Pharmacists		1	-	-	1	6	1	6	-	132	**147**
Healthcare associates		206	1	23	44	159	35	295	4	-	**767**
Healthcare workers and associates with university and high-school professional qualifications		1144	20	212	74	987	252	1088	62	201	**4040**
Total medical workers		1916	24	339	182	1532	355	1960	87	334	**6729**
Total non-medical workers		447	11	91	40	486	132	538	31	86	**1862**
Total workers		**2363**	**35**	**430**	**222**	**2018**	**487**	**2498**	**118**	**420**	**8591**

Source: IPH, 2022a.

As for the dental sector, there were 37 dentists, representing 0.43% of the workforce employed in public health institutions in Montenegro in 2021. However, this figure refers to dentists employed only in the public sector at secondary and tertiary level.

2.4.3. Financing of the Healthcare System

The legal framework of the health sector stipulates that all persons have the right to equal access to health services through compulsory insurance. Following the amendments to the Law on Health Insurance from 2017, which gave all residents the right to health benefits, almost 100% coverage of the population has now been achieved (WHO, 2022a). This does not include persons without a regulated legal status. De facto access in Montenegro remains uneven, especially due to insufficient services and infrastructure in remote, rural and northern areas (WHO, 2021a). The availability of protection for children with developmental disabilities is particularly lacking due to staff shortages, resulting in long waiting

[21] Doctors without specialization

periods for specialist examinations. In addition, where services are available, the role of high direct patient expenditure represents a significant barrier to their use (WHO, 2022a).

Until December 2021, healthcare was funded by insurance contributions from salaries (primarily) and government transfers. As of January 2022, the state budget is the only source of funding for healthcare. In particular, the previous system of financing through joint contributions between workers and employers (total 10,8%) was abolished by amendments to the Law on Contributions to Compulsory Social Security. However, the practical application of the new funding model remains to be seen, and the prospects for its long-term financial sustainability depend to a large extent on the establishment of a sound fiscal space within which the health system can thrive (WHO, 2022a).

The health system is specific for a client-provider division for the costs of services directly covered by the HIF: the HIF procures services from predominantly public providers defined within the Network of Health Care Institutions (established for a period of 5 years; see the Decision on the Network of Health Care Institutions, „Official Gazette of MNE" No.: 3/16, 39/16, 2/17, 44/18, 82/20 i 8/21). Private providers, although relatively few, are usually concentrated in the dental sector and in a few specialized institutions. Private service providers are contracted by the HIF in accordance with a special law, and they have the same rights and obligations as all institutions operating within the Network (see the Law on Health Care Protection; "Official Gazette of MNE, No. 3/2016, 39/2016, 2/2017, 44/2018, 24/2019 – second law, No.: 24/2019 – second law, No.: 82/2020 and 8/2021)

2.5. DIGITALIZATION OF THE HEALTHCARE SYSTEM

The process of digitalization of the healthcare system began in 2000 in Montenegro in the field of health insurance, with the development of information (IT) support for the business processes of the Health Insurance Fund. This served as a foundation for further upgrading of the system, in accordance with the National Project of Digitalization of the HIF. By 2004, projects of electronic recording of insured persons (and contributors) as well as control, distribution and consumption of medicines were implemented (Ministry of Health, 2018). By May 2018, the information systems of the following institutions are integrated into the IISH:

- HIF;
- Pharmacies of Montenegro "Montefarm"
- Primary health care protection (PHC) – primary health care institutions
- General hospitals;
- Special hospitals;
- Institute for Emergency Medical Assistance of Montenegro;
- Institute of Blood Transfusion of Montenegro;
- Institute of Public health of Montenegro;
- Institute for Medicines and Medical Devices (CinMED);
- Primary healthcare institution of the Security Forces of Montenegro;
- Private dental institutions that are part of the health network;
- Private pharmacies that are part of the health network;
- Private health institutions that are part of the health network.

The information systems of the following healthcare system institutions are only partially connected to IISH:

- The Clinical Center of Montenegro;

- Ministry of Health; and
- Other healthcare providers.

With regards to the latest developments, the Ministry of Health in cooperation with the United Nations Development Program (UNDP) is implementing the project "Strengthening the health care system in Montenegro", which digitalized the Clinical Center of Montenegro (CCMNE) and the Institute for Emergency Medical Assistance (IEMA). In operation from January 2022, the CCMNE information system combines data on births, deaths, blood transfusions, radiological images, hospital infections, the disease registry (e.g. breast and ovarian cancer, hemophilia, rheumatology, etc.), administrative work, and other data. As of November 2022, the implementation of the CCMNE information system is in the final stages. The completion of the information system from which data from existing information systems will be retrieved, consolidated and distributed is expected in the upcoming period, and its main objectives are to provide data to users, inform health policies and record statistics.

Other projects currently under development are (1) telemedicine (i.e. pilot projects in three hospitals, development of new regulations), (2) digitalization of information on substances of human origin – blood, tissues, cells, reproductive cells, organs (SOHO), (3) electronic health records, (4) mobile health (mHealth) and (5) tracking system (track & trace) of medicines, equipment and supplies (e.g. Medical Inventory platform). The COVID-19 pandemic has also launched initiatives in this area, with the introduction of new services, such as Covid-19 surveillance – clinical management, which collects data on the clinical treatment of COVID-19 cases in hospitals, as well as an application for issuing COVID-19 certificates of testing.

2.6. LIFE EXPECTANCY

Montenegro has continued to move further to improve life expectancy at birth, increasing the average from 74.1 years in 2000 to 75.9 years in 2020 (Eurostat, 2020). This was at the level of the average for South East Europe (SEE) (about 75.5 years, excluding Croatia and Bosnia and Herzegovina), (EUROSTAT 2020), but below the average for the WHO European Region (78 years in 2017) and the EU (80.4 years) in 2020 (Eurostat, 2020). In Montenegro, there is still a significant gender gap, with an average life expectancy at birth of 78.8 years for women versus 73.2 years for men in 2020 (Eurostat, 2020). This gap of 5.6 years is slightly lower than in the WHO European Region (6.3 years in 2017) and the same as in the EU (5.6 years in 2020) (Eurostat, 2020).

2.7. INEQUALITIES IN OF THE HEALTHCARE PROVISION

Populations most at risk of exclusion are displaced or internally displaced persons without legal status and other minorities, older persons, persons with disabilities, children from socially vulnerable families and children with developmental disabilities, as well as the population in rural or remote areas. The COVID-19 pandemic crisis has led to further deterioration in relation to these categories of persons.

Data on prenatal protection for women in Montenegro show significant differences between the general population of women aged 15 to 49 and Roma women of the same age group. More specifically, while 97 percent of women aged 15 to 49 who gave birth to a live-born child in the last two years received

prenatal care from a qualified service provider (doctor or nurse/midwife), only 91% of Roma women received professional care (UNICEF, 2019). Regarding certain types of prenatal services, 91% of women in the general population aged 15 to 49 had their blood pressure measured and urine and blood samples taken during pregnancy, in contrast to only 78% of Roma women. As for prenatal HIV testing, screening in the general population aged 15 to 49 was low – only seven percent – and for Roma women it was not at all (UNICEF, 2019).

Persons with disabilities are a particularly vulnerable group that is often marginalized and heterogeneous, and the causes of disability vary from congenital to acquired physical, sensory, intellectual and emotionally reduced abilities. Due to numerous obstacles, these people have difficulties in accessing health services, partly due to physical inaccessibility, but also due to insufficient quality of services provided.

Although there are centers for children with special needs and physical therapy (primarily for children with special needs, but also for persons with disabilities) at the PHC level in Montenegro, persons with disabilities still face significant barriers in using healthcare in the country. The absence of a register of persons with disabilities is also a major problem, which makes it very difficult to analyze the needs of this category of persons, as well as to create policies and future activities in order to provide more accessible and affordable healthcare protection. Of this group, children with developmental disabilities face serious barriers in accessing quality health, education, social protection and childcare services and suffer from limited inclusion in society (European Commission, 2021, 2022).

According to the reports of the European Commission (EU, 2022), actions need to be taken in order to:

- Improve the provision of medical assistance in the reception centers for migration in the country and establish an integrated system of services for asylum seekers, in order to reduce its reliance on donor assistance;
- Strengthened integration measures for persons under international protection;
- Established victim support services in the health and social sectors and family support services and field services, as planned by the National Strategy for the Prevention and Protection of Children from Violence;
- Established strategies to address multiple discrimination against women and girls with disabilities;
- Established strategies addressing deinstitutionalization and sustainable financing of family and community services for children with developmental disabilities and their families;
- Introduced parent education programs on reproductive health and family planning, as well as to increase Roma health mediators.

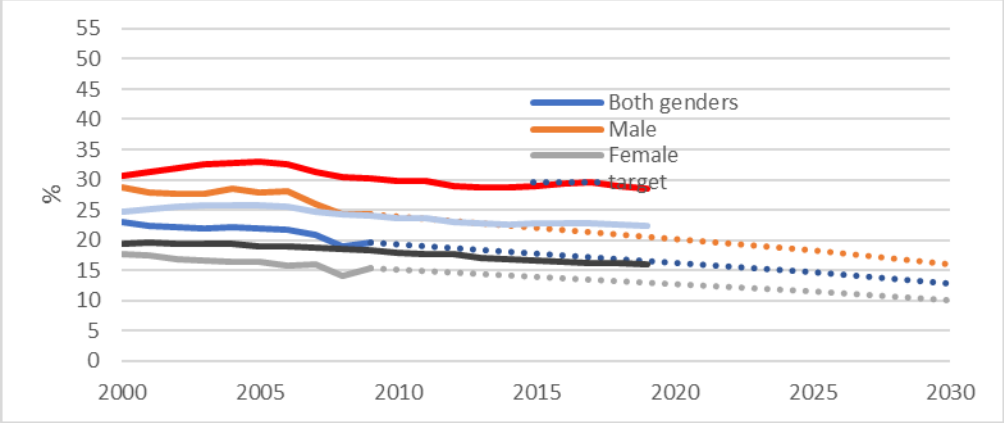
In this regard, greater investments in the capacities of service providers are especially needed in order to build the primary health care protection sector so that it can serve as the first address for the prevention and treatment of chronic non-communicable diseases, as well as a simple entry point for care in hitherto neglected areas. The latter requires: (a) the expansion of screening services and treatment options for mental health disorders by primary health care protection providers in the community, facilitating early detection and reducing high reliance on hospital care; (b) the increase of information resources and prescribing services available to primary health care providers for modern contraceptives and women's sexual and reproductive health; (c) the increase of awareness and capacity of service providers for the early detection and treatment of rare diseases; and (d) palliative care at the level of the PHC to facilitate access to and early use of services for people with life-threatening/terminally ill

conditions, thereby improving the quality of life of patients and families and avoiding unnecessary hospitalizations.

2.8. CHRONIC NON-COMMUNICABLE DISEASES

Montenegro is not on the right path to achieve a decrease of premature mortality from non-communicable diseases (i.e. defined as death before 65 years of age) by one third by 2030 (Picture 1). Mortality rates remain high, with one in five people dying from one of the four major noncommunicable diseases before the age of 70. The rates of premature mortality from noncommunicable diseases among men are almost twice as high as among women. Cardiovascular disease (CVD) caused approximately twice as many premature deaths as cancer in 2009 (WHO, Office of Noncommunicable Diseases 2019).

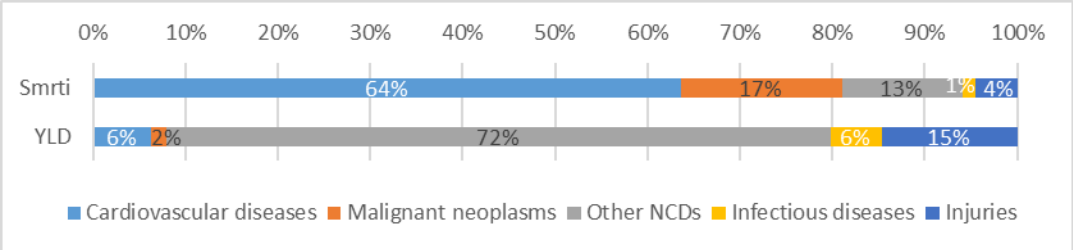
Picture 1: Premature mortality (reported, targeted, assessed)



Source: WHO, Office for NCD 2019.

Non-communicable diseases cause 94% of deaths and 80% of the years lived with disabilities in Montenegro and are the leading causes of illness, disability and premature death and total deaths in Montenegro, with 80% of all deaths. Ischemic heart disease, cerebrovascular disease, lung cancer, affective disorders (unipolar depression) and diabetes are chronic non-communicable diseases that are responsible for almost two-thirds of the total burden of diseases (Government of Montenegro, 2016; Picture 2).

Picture 2: The disease burden for Montenegro, 2019



Source: Global diseases burden of Montenegro - GBD 2019. (IHME, Online)

According to data from the Institute for Health Metrics and Evaluation (IHME) between 2009 and 2019, the three leading causes of all deaths were stroke, ischemic heart disease, and lung cancer, while

the largest increase in causes of death and disability between 2009 and 2019 was associated with diabetes (about 18%), falls (about 9%) and lung cancer (about 6%) (IHME, Online).

Unhealthy diet, smoking and alcohol consumption are the main threats to public health in Montenegro. Behavioral risk factors, which include tobacco use, physical inactivity, alcohol consumption, and unhealthy diet, increase the risk of illness and death from noncommunicable diseases.

Tobacco use in Montenegro is very high: among persons aged 15 and over, the prevalence of smoking is estimated at 32.8% for 2020. This value exceeded the prevalence found in the WHO European Region (25%), SEE countries (29,8%) and the EU (24,7%). In contrast to almost all other countries in Europe, the prevalence of smoking is higher among women (33.9% in 2020) than among men in Montenegro (31.6%) (WHO, 2022d).

Tobacco and unhealthy diet are the main risk factors for mortality in the country. After high systolic blood pressure, which is estimated to be responsible for almost 34% of all deaths in 2019, tobacco and dietary risks emerged as the second and third major risk factors responsible for an additional 28% and 23.3% of all deaths respectively (IHME, 2019). The report on elimination of trans-fatty acids published by WHO (2021b) showed that the proportion of deaths from coronary heart disease due to intake of trans-fatty acids (>0.5% of energy) was 2.04% in 2019 for Montenegro.

Obesity shows significant consequences for both the health of the population and the economy in Montenegro as the main risk factor for many chronic non-communicable diseases. The last Multiple Indicator Cluster Surveys in Montenegro (MICS) and Montenegrin Roma settlements was conducted in 2018 by the Institute of Statistics of Montenegro (MONSTAT) as part of the Global MICS Program (UNICEF, 2019). Data show that in Montenegro, seven percent of children under the age of five lag behind in development. Seven percent of children under the age of five are overweight.

Regarding alcohol, the total consumption per person per year for people aged 15 and over was estimated at 12.2 liters of pure alcohol per capita (15+) in 2019, an increase from 11.1 in 2015. and is also much higher than the WHO European Region average for 2019 of 9.5 liters (WHO, 2022c). Alcohol consumption in 2018 was much higher among men (18 liters) than among women (5 liters) (World Bank, 2022b). A 2018 WHO study on health determinants also highlighted that dietary issues such as high sugar consumption and salt intake are behaviors that also need to be addressed to reduce non-communicable diseases in Montenegro (D'Elia et al., 2019).

2.9. NUTRITION AND DIET

The Ministry of Health adopted the Program of Measures for the Improvement of the State of Nutrition and Diet with the Action Plan 2021-2022, which arose as a need to continue aligning national activities with the regional recommendations adopted by the World Health Organization for the European region (European Action Plan for Food and Nutrition 2015-2020), but also to adopt the recommendations highlighted in the Final Report on the Implementation of the Action Plan for the Implementation of the Program of Measures for the Improvement of the State of Nutrition and Dietetics in Montenegro for 2020. Increased body mass (body mass index > 25 kg/m2), increased intake of food with a high energy value, intake of saturated fat, trans fat, sugar and salt, as well as a diet with a low intake of fruits, vegetables and whole grains are the leading risk factors and priority problem, which this program wants to solve.

Research on the nutritional status of children under the age of five in Montenegro was conducted as part of the research "Survey of multiple indicators of the social and health status of children and women

in Montenegro (Multiple Indicator Cluster Survey - MICS) in 2018. According to this study, in Montenegro, 7% of children under five years old are stunted, while 10% of children aged 0 to 5 months are stunted, compared to 2% of children aged 48 to 59 months. It found that 4% of children under the age of 5 are malnourished while 7% of children under the age of 5 are obese. The European Childhood Obesity Surveillance Initiative (COSI), organized by the WHO, stated that Montenegro is at the very top of the countries in the European region when it comes to obesity in school children, and that urgent public health actions are necessary in order to reversed the trend of the increase in the number of overweight and obese children.

2.10. COMMUNICABLE DESEASES

In 2019, 26 new HIV/AIDS cases were registered in Montenegro, so the incidence of newly discovered infections in 2019 is 4.2/100,000 inhabitants. At the time of diagnosis of HIV infection, 10 newly registered persons were diagnosed with AIDS (incidence of cases 1.6/100,000), while 15 persons were enrolled at the stage of asymptomatic HIV infection. One person was registered in the phase of acute retroviral syndrome. In 2020, four AIDS deaths were registered, and the mortality rate is 0,6/100.000 inhabitants. Two newly registered cases of HIV/AIDS are female. According to data from received reports, in 15% of all newly registered HIV/AIDS cases in 2020, the route of transmission of the infection is heterosexual contact, in 58% of cases it is homosexual or bisexual contact (MSM), while in seven people the route of transmission of the infection is unknown.

Advances in the development and use of vaccines, therapeutic treatments, and overall improvements in public hygiene have successfully contributed to reducing the number of people infected and dying from infectious diseases. HIV prevalence as a percentage of the total population aged 15-49 was below 0.1% in 2021 – a value lower than that of the WHO European Region (0.5% in 2019) and the EU (0.2% in 2020). As for tuberculosis, the incidence of patients diagnosed with infection was 16 per 100,000 people in 2021. This figure is somewhere between the values of the WHO European Region and the EU, which were 25 in 2020 and 9.6 in 2019 (WHO, 2021).

2.11. PREVENTION OF DRUG ABUSE

With regards to the drug abuse prevention, Montenegro has adopted two strategic documents until now – the Strategy of Montenegro for 2008 to 2012, which was the first strategic document in this field, and the Strategy of Montenegro for the Prevention of Drug Abuse for the period from 2013- in 2020 which was in line with the EU Drug Strategy for the period 2013-2020 and starts from two key dimensions of drug policy: reducing the demand for drugs and reducing the supply of drugs, and was supplemented with the international cooperation, data and information network, research and intersectoral cooperation and coordination. From the analysis of the status of the implemented activities that were foreseen in the aforementioned Strategy, it was determined that in the areas of drug demand reduction (within the framework of which four priority areas were defined: prevention of drug abuse, therapy/treatments, rehabilitation of drug addicts, reintegration into society and recovery, reducing risks and harmful consequences caused by drug abuse), reducing the supply of drugs (police and customs priority areas), information and data systems, research, international cooperation, cooperation and coordination, a positive trend was achieved in achieving the set indicators.

With regards to the status of implementation of the planned activities in this area, which are foreseen in the Action Plan for 2020, out of a total of 34 activities, 26 (76%) were implemented, 5 (15%) were partially implemented, and 3 (9%) activities were not implemented. After the implementation of the mentioned activities and the implementation of the mentioned strategic document, to a certain extent, and the improvement of the situation in the field of drugs, Montenegro is still facing problems and consequences of drug abuse, which should be dealt with adopting a new strategic document in this area.

2.12. MENTAL HEALTH

Mental health disorders are a major threat to public health which has been made worse by the COVID-19 pandemic, particularly due to disruptions in the availability and continuity of mental health services. Namely, self-harm decreased by a share of 8% in between these years, thus dropping it from the list of ten leading causes of death in 2019. However, disorders in protection are likely to be the main cause of the decline in primary health care protection (estimated total falling from 1488 patients in 2019 to 1193 patients in 2021) and depression-related hospital discharges (from 11.9% of all patients dismissed in 2019 to 10.9% in 2021) (Tables 6 and 7 below; IPH, 2022b, c) in the last three-year period. Meanwhile, the analysis of the figures on the use of services for the first visits to a chosen physician (by diagnostic categories) during the period from 2019 to 2021 indicates a high level of need for protection, probably due to the pandemic, the use actually decreased during that period: while in 2019., a total of 17,764 first visits were made for various diagnostic categories, that number decreased to 17,059 in 2020, and again a stronger decrease to 13,139 in 2021 (Table 8 below; IPH, 2022c). This indicates even a higher level of unfulfilled need for healthcare protection in Montenegro at a time when services are most critical for resolving mental health issues associated with the psycho-social and economic consequences of the pandemic.

Table 6: Estimated number of patients diagnosed with "depressive episode'' (F32) and "recurrent depressive disorder "(F33) in primary health care protection in 2019-2021.

Year	Gender		total
	male	female	
2019.	562	926	1,488
2020.	406	685	1,091
2021.	449	744	1,193

Source: IPH, 2022b.

Table 7: Number discharged patients diagnosed with "depressive episode "(F32) and "recurrent depressive disorder "(F33), in the period 2019-2021

Year	Number of discharges			Percentage of discharges due to F32 i F33 in the total number of discharges due to diagnostic group F00-F99
	male	female	Total	
2019.	76	92	168	11,9%
2020.	42	61	109	10,3%
2021.	49	89	138	10,9%

Source: IPH Montenegro, 2022b.

Table 8: Number of first visits to the chosen physician due to mental and behavioral disorders (F00-F99 – ICD 10) in the period 2019-2021

Diagnosis	2019.	2020.	2021.
Mental disorders and behavioral disorders caused by using psychoactive substances (F10-F19)	1322	1340	1216
Schizophrenia, schyzopypal and delusional disorders (F20 - F29)	3520	3706	2904
(Affective) mood disorders (F30-F39)	3702	3518	2551
Neurotic disorders, stress related disorders and somatoform disorders (F40-F48)	5584	5272	3668
Other mental and behavioral disorders	3636	3223	2800
Mental and behavioral disorders (F00-F99)	**17.764**	**17.059**	**13.139**

Source: IPH, 2022c.

In terms of inpatient mental health services during the period 2019 to 2021, the number of discharged patients has varied over the past three years from a high of 1,406 in 2019 to 996 in 2020 and 1,267 in 2021. This correlates with trends in hospitalization rates (per 1,000 citizens) that ranged from 2.3 in 2019, to 1.6 in 2020 and 2.1 in 2021. Opposite to this, length of hospital stays (number of days) steadily decreased from 49,085 in 2019 to 44,866 in 2020, and 43,080 in 2021. This cannot be said for average length of stay (in days) for which the figures rose sharply from 34.9 in 2019 to 45 in 2020 before falling again to 34 in 2021 (Table 24 below; IPH of Montenegro 2022c).

Table 9: Number of discharged patients, hospitalization rate, number of hospital days and average duration of treatment due to mental and behavioral disorders (F00-F99 – ICD 10) for the period of 2019-2021

	Number of discharged patients	Hospitalization rate (per 1.000 citizens)	Length of stay (number of hospital days)	Average length of stay (number of hospital days)
2019.	1406	2,3	49085	34,9
2020.	996	1,6	44866	45,0
2021.	1267	2,1	43080	34,0

Source: IPH, 2022c.

A brief overview of human resources in mental health sector in public hospital and outpatient healthcare in 2021 is provided in Table 10 below. As it could be seen, the largest proportion of human resources in primary health care protection or the secondary and tertiary health care protection sector consists of psychiatrists (26 and 39), followed by psychologists (20 and 19), sociologists/social workers (8 and 4), special education teachers (2 and 9), speech therapists (7 in primary care, and unknown in secondary/tertiary health care) (IPH, 2022a). In this context, it is important to point out that primary health care providers have limited options to prescribe medications for the treatment of mental disorders. They can only prescribe drugs in accordance with the therapies that were initially prescribed (and documented) to patients by psychiatrists.

Table 10: Human resources in the field of mental health in 2021

Personnel	Primary healthcare protection	Secondary and tertiary healtcare protection	Total	Rate per 100.000 citizens
Psychiatrists[1]	26	39	65	10.5
Psychologists	20	19	39	6.3
Sociologists/Social workers	8	4	12	1.9
Special education therapists	2	9	11	1.8
Speech therapists	7	-	7	1.1

Source: IPH, 2022a.

Despite the efforts to improve mental health and well-being in the country made in recent years, Montenegro still faces many challenges related to the poor state of mental health in the general population, as well as the high incidence of mental disorders among children and young people. In the Master plan for the development of healthcare in Montenegro for the period 2015-2020 (Ministry of Health, 2015) mental health was recognized as a priority for improving the health and well-being of the population. This priority later culminated in the adoption of the current Strategy for the Protection and Improvement of Mental Health in Montenegro for the period 2019-2023 (Ministry of Health, 2018) which includes a special focus on risk and vulnerable groups. Operationalization of the strategy, shown in the Action Plan for the Improvement of Mental Health in Montenegro for 2019-2020, has undergone an evaluation since then (Ministry of Health, 2021) which indicates significant delays and obstacles in implementation, especially due to disruptions related to the pandemic. As a consequence, the Montenegrin mental health system is still characterized by: fragmentation and weak integration of health and social services; lack of promotional and preventive activities; insufficient capacities for early diagnosis, treatment and rehabilitation; weak data collection capacities to monitor mental health status and outcomes needed to generate evidence to guide clinical decision-making and policy; lack of human resources; absence of continuous medical education and updated guidelines for specialists; as well as excessive concentration of care within hospitals, with few opportunities for people to access treatment in community or primary health care facilities (Ministry of Health, 2021).

2.13. ANTIMICROBIAL RESISTANCE

Montenegro has the highest consumption of antibacterial medicines among the countries in Europe. In 2018, Montenegro recorded the fourth highest rate of consumption of antimicrobial medicines per capita in the WHO European region, after Greece, Turkey and Cyprus. In addition, a more detailed analysis of data on the total consumption of antibacterial medicines for systemic use (ATC class J01) indicates an increase from 26.48 DDD (daily defined doses or DDD/1,000 citizens per day) in 2018 to 27.05 DDD (DDD /1,000 citizens per day) (Sahman-Zaimovic et al. 2020). Despite this, rates of antimicrobial resistance (AMR) are reportedly lower in Montenegro than in many other countries in Europe. In 2020, the rate of bloodstream infections caused by ticillin-resistant Staphylococcus aureus (MRSA) was significantly lower for Montenegro than the combined average for the EU and the European Economic Area (9.7% compared to 16.7%) (WHO, 2022a). However, as a result of data quality limitations, reported resistance rates should be interpreted with caution and may not necessarily be generalized to any patient with an invasive infection in Montenegro, especially in the case of patients with community-acquired infections (WHO, 2022a).

2.14. TRANSPLANTATIONS

The issue of organ transplants is regulated by the Law on Taking and Transplanting Human Organs for the Purpose of Treatment ("Official Gazette of Montenegro 43/16 and 67/19).

In order to improve the field of transplantation, the Ministry of Health established the Directorate for Biomedicine and Transplantation, and in order to implement the regulations, it initiated activities and took all necessary measures to establish a system of issuing donor cards with chose physicians. In all health care centers in Montenegro, citizens interested in this can take their donor card and give written voluntary consent for organ donation, all in accordance with the procedure prescribed by law.

The development of the transplantation program, and especially the development of the so-called cadaveric organ transplantation program, i.e. the transplantation of organs from a deceased donor (cadaveric donor), is the backbone of the development of the transplantation program in Montenegro. Cadaveric transplantation is a method of treating patients with irreversible loss of function of vital organs, by transplanting organs from deceased donors who have suffered brain death.

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The professional, scientific and medical communities are moving towards promotion of transplantations from deceased (cadaveric) organ donors as the most significant and medically and professionally widely accepted form of organ donation and providing the necessary organs for patients who are terminally losing the function of certain organs and for whom this type of treatment is possible.

Healthcare institutions that perform hospital activities should take appropriate measures and activities to recognize and maintain a deceased donor, in order to implement the procedure of preserving and taking organs for transplantation, including the preparation, notification and optimal

care of the donor, as well as the assessment of the suitability of the donor and the organ, in accordance with the law. Organs from a deceased person can be taken for transplantation to another person, after his/her death has been determined and confirmed with certainty, according to medical criteria and in the prescribed manner.

Raising the awareness of citizens about the importance and significance of organ donation is of great importance for the development of this transplantation program.

The Ministry of Health, with the support and mutual cooperation of healthcare institutions, healthcare workers and healthcare associates who are involved in organ transplantation procedures, as well as educational institutions, the media and other organizations, will work on the successful implementation, promotion, dissemination and health education of citizens about the importance of organ donation for transplantation.

The dissemination of organ donation will be carried out continuously in Montenegro and will involve familiarizing the public with medical, legal, social, ethical and other aspects that are important for organ donation.

Thus, the Ministry of Health will conduct a continuous media campaign to raise citizens' awareness of the importance of cadaveric organ donation - organ donation from a deceased donor as the most significant and medically and professionally widely accepted form of organ donation for patients for whom this is the only cure. In particular, the awareness raising campaign will be carried out by promoting donor cards that can be taken from the chosen physician.

In 2018, the Ministry of Health concluded a contract with Eurotransplant on the possibility of exchanging organs from cadaveric donors with the Eurotransplant system. This contract implies the allocation of organs to countries that are members of Eurotransplant, the essence of the contract is the exchange of organs, the exchange of organs from cadaveric donors with the Eurotransplant system, according to the principle of reciprocity. In order for the contract to be fully implemented, it is necessary to develop our own organ transplant program, i. e. to increase the number of cadaveric organ donors in Montenegro.

Precisely in order to continue cooperation with Eurotransplant, in February 2022 an Agreement was signed between the Klinikum rechts der Isar der Technischen Universität München, the Ministry of Health of Montenegro and the Clinical Center of Montenegro, which established the agreement for the training of doctors of the Montenegrin healthcare system to perform kidney transplant procedures, which requires financial resources. It is planned to train specialist urologists and nephrologists to perform kidney transplant procedures, as well as to train specialists in neurology and anesthesiology to determine brain death in intensive care units. Upon the implementation of the aforementioned agreement, i.e. the completion of the training of doctors to perform kidney transplant procedures, Eurotransplant will provide support for the training of doctors to perform procedures of other organs (liver, lungs, heart) by referring the Ministry of Health to other institutions with which it should further establish the same cooperation.

When it comes to harmonizing the legislation from the SOHO area with the regulations of the European Union, it is implemented according to the plan, dynamics and deadlines provided by the Program for the Accession of Montenegro to the European Union. The SOHO area is an area that is

covered by Negotiating Chapter 28 - Consumer and Health Protection, and the obligations of Montenegro in the subject area are foreseen within this chapter. In order to implement legal regulations in the field of substances of human origin, in 2021, the Ministry of Health implemented a project to develop the SOHO Network of the information software system, which was financed as part of the Pre-accession Assistance Instruments - IPA III, the contracting authority of the work was the Ministry of Finance, and the beneficiary was the Ministry of Health. The goal of Project SOHO was to create preconditions for investment in the development of IT support systems, with the aim of applying the legislative framework in the area of substances of human origin (blood, organs, tissues, cells and reproductive cells) in the Ministry of Health, as well as providing analysis, guidelines and support for software development. The results achieved within the SOHO project are: a detailed improvement plan for the SOHO network information system as a basis for law enforcement in the area of SOHO, as well as for ensuring the safety of standards for blood, organs, tissues and cells and reproductive cells, and notification of the occurrence of adverse events and adverse reactions; analysis of the current situation through reports, submission of TOR - conditions and references for developing the SOHO information software system network, with cost estimation. On the basis of the above-mentioned project, an amount of 300,000 euros was applied for and approved from the IPA funds mechanism through the sub-fund of the Office for European Integration for the development of SOHO network information system software, which will connect the SOHO area (blood, tissues, cells, organs, reproductive cells) with software, and all in order to implement the legal regulations from the SOHO area and to fulfill the obligations that Montenegro has within the negotiation chapter 28.

2.15. HEALTH TOURISM

Health tourism is a touristic activity that focuses on the travel of people with the aim of improving or preserving health, primarily travel for the purpose of medical treatment, recovery and rehabilitation. In the health development strategy, we want to emphasize the importance and potential that Montenegro possesses in the further development of health tourism. Since Montenegro has natural potentials for the development of this type of tourism, the planned mapping of healthcare institutions is also extremely important, which will define, among other things, the areas that can be developed into spas, such as the so-called "spa towns". The development of spa towns in Montenegro will contribute to the creation of new jobs, increased income and the overall development of the local community.

The current Strategy for the development of health tourism includes the identification of key markets and target groups, improvement of the quality and availability of medical services, development of specialized health programs, promotion and marketing, and establishment of cooperation between the tourism and health sectors. In order to achieve success in health tourism, it is crucial to ensure high quality medical services, professional and safe access to patients and a pleasant experience of staying in the destination. It is also important to ensure adequate infrastructural and logistical conditions for patients and adapt the tourist offer to the needs of the target group.

The Institute for Physical Medicine, Rehabilitation and Rheumatology "Dr. Simo Milošević" Igalo is the backbone of the development of health tourism in Montenegro. The Institute is known for its high level of expertise and the quality of services provided, and is a pioneer in the application of new technologies and innovative approaches to rehabilitation. With its reputation, expertise, innovative approaches and contribution to the local community, the Institute is a key factor in creating a recognizable image of the destination and providing health tourism services. However, the Institute has issues with

business activities, therefore a multi-sectoral approach is needed to find a sustainable solution to overcome the current situation.

2.16 PALLIATIVE CARE

Palliative care is an approach that improves the quality of life of patients and their families, faced with the problems of incurable, advanced diseases, by preventing and alleviating suffering, pain and other problems: physical, psychosocial and spiritual.

Palliative care includes the patient, family and community, and strives to preserve the best possible quality of life until death. When the course of the disease reaches a stage where active treatment can no longer prolong life (terminal stage), then the focus of care shifts from curative to palliative.

The Law on Health Care Protection (Official Gazette of Montenegro No. 3/2016, 39/2016, 2/2017, 44/2018, 24/2019 - second law, 24/2019 - second law, 83/2020 and 8/2021) in article 23, point 22 stipulates that the health activity performed at the primary level of health care protection includes health care, including palliative care. Article 42 of this law stipulates that healthcare institutions that provide hospital health care protection can organize both long-term and extended hospital care, rehabilitation and palliative care for patients in the terminal phase of the disease. On this issue, no significant progress has been achieved in Montenegro until now.

In order to improve palliative care in Montenegro, the Ministry of Health formed an expert body - the Council for the Implementation and Monitoring of Palliative Care, which aims to create conditions for the establishment of palliative care in Montenegro. Within that, it will be necessary to form multidisciplinary teams that will take care of the patient and his/her family. By establishing palliative mobile teams, the quality of palliative patient care is increased, hospital treatment costs are reduced, and resources are rationalized. The most optimal solution would include the existence of inpatient facilities, day care centers, as well as support at home. According to some surveys in the region, more than two thirds of patients want to spend the last days of their lives in their own home, which the palliative teams that take care of these patients can help them with. The chosen physician is the one who will be at the head of the multidisciplinary team, which consists of different specialists of a certain branch of medicine, depending on the pathology of the patient, with the support of a social worker and a visiting nurse. Such teams will be formed for the first time in Montenegro, which will significantly improve the quality of care for patients in the terminal stage of the disease.

Services for specific palliative care will be formed at the primary level of health care protection within the Primary Healthcare Centers, through visiting teams, as well as in PHCs that have inpatients (Plav, Rožaje, Kolašin, Mojkovac, Ulcinj) where inpatient care for such patients can be provided. In the future, we should think about the formation of hospices and national centers for palliative care.

3.1. HEALTHCARE EMERGENCIES

The COVID-19 pandemic has shed light on the shortcomings of the Montenegrin healthcare system, especially considering the data on the mortality rate. By October 20, 2022, the cumulative total number of deaths from COVID-19 (per 100,000 population) reached 443.27 people in the country. This is almost twice as high as in the WHO European Region (226.09 deaths per 100,000) (WHO, 2022a). In addition, the pandemic has disrupted access to healthcare services in all areas. This is mainly due to the

cancellation of specialist consultations and elective surgeries, financial constraints and fear of seeking care (UN, 2020). In addition, existing inequalities in health have worsened among vulnerable groups (UN, 2021).

Namely, the pandemic has also made worse the already declining childhood vaccination rates noticed in Montenegro over the last decade – especially for tuberculosis (BCG), polio (POL3), measles (MCV1) and hepatitis B (HEPBB3) vaccines. BCG vaccination coverage decreased from 93% in 2018 to 67% in 2020 (WHO, 2022h), and only 12% of all children born in 2020 received the first dose of measles, mumps, and rubella vaccine (UNICEF, 2022). In addition, the cancellation of screening programs at the beginning of the pandemic led to a coverage rate of only 30% of the eligible population (WHO, 2022i), and there was a decline in primary care consultations (WHO, 2022a).

III STRATEGIC GOALS, OPERATIONAL GOALS WITH COMPLEMENTARY SUCCESS INDICATORS

The Healthcare development strategy for 2023-2027 with the Action Plan for 2023 to 2024 was created as a necessity to improve the situation in the field of healthcare. In accordance with the defined challenges stated in the Analysis of state, this strategy defines strategic goals, operational goals with performance indicators and are presented in Table no. 1.

Table 1: Strategic goals, operational goals with performance indicators

STRATEGIC GOAL 1: A new model of health care provision, which promotes quality health care protection with the citizen at its the centre, with a focus on primary health care, established	
OPERATIONAL GOAL 1.1: Optimize the health care protection delivery model	**Performance indicator 1:** Decrease premature mortality in CNB
	Performance indicator 2: Decrease the proportion of unjustified referrals to the secondary level of health care protection
	Performance indicator 3: Decrease hospitalization for ambulatory-care-sensitive conditions (ACSC)
OPERATIONAL GOAL 1.2: Improve the level of financial protection of citizens in the provision of healthcare services	**Performance indicator 1:** Proportion of hospitals not generating an annual deficit (%)
	Performance indicator 2: Proportion of private out-of-pocket payments
OPERATIONAL GOAL 1.3: Improve the processes of functioning and managing the healthcare system based on evidence, with a focus on strengthening digital health	**Performance indicator 1:** Proportion of doctors trained to certify deaths
	Performance indicator 2 The MoH information system established
OPERATIONAL GOAL 1.4: Human resources in healthcare	**Performance indicator 1:** Number of healthcare workers (doctors and nurses/technicians) per 1000 citizens

OPERATIONAL GOAL 1.5: Improve the regulatory and institutional framework for providing quality and equally accessible health care protection	**Performance indicator 1:** Legal and strategic framework established
STRATEGIC GOAL 2: ***Efficient health promotion and disease prevention through control of risk factors, improvement of multisectoral cooperation with the inclusion of the whole society***	
OPERATIONAL GOAL 2.1: Strengthen public health capacities with the competencies needed for developing, implementing and monitoring public health policies	**Performance indicator 1:** The percentage of participants of the advanced training program in the field of field epidemiology who successfully completed the two-year training
OPERATIONAL GOAL 2.2: Strengthening the capacity of citizens and communities for efficient healthcare management	**Performance indicator 1:** The number of users of counselling services who are satisfied with the quality of the services provided
OPERATIONAL GOAL 2.3: Antimicrobial resistance control through evidence-based interventions and good practice	**Performance indicator 1:** Consumption of antibiotics in DDD/1000 citizens/day
STRATEGIC GOAL 3: ***Strengthened capacity for preparedness and response of the healthcare system to health emergencies***	
OPERATIONAL GOAL 3.1: Provide conditions for efficient communication and coordination of resources for managing health emergencies	**Performance indicator 1:** IPH capacities for efficient response to public health threats through a functional Operational Centre for Emergencies (PHEOC)
OPERATIONAL GOAL 3.2: Improve the functional and structural safety of healthcare institutions	**Performance indicator 1:** Degree of implementation of infrastructural solutions
	Performance indicator 2: Percentage of decreased referrals from surgical and internal medicine areas from the northern and southern regions towards CCMNE

IV KEY ACTIVITIES FOR THE IMPLEMENTATION OF OPERATIONAL GOALS

Health development strategy for the period from 2023 to 2027 with the Action Plan for the period 2023-2024 has 3 strategic goals, with clearly defined operational goals and performance indicators.

With regards to the implementation of Strategic Goal 1: A new model of health care protection provision was established and it promotes quality health care protection with the citizen in the center of attention as the backbone of the integrated provision of healthcare services throughout life, with a focus on primary health care protection, the action plan envisages the implementation of 5 operational goals, as following:

1.1) **In order to implement Operational Goal 1:** Optimize the health care protection delivery model, it has been planned to implement 22 activities.

The strategic commitment of the Government of Montenegro is to achieve universal health care protection through systemic strengthening of the healthcare system, with a focus on primary health care protection as the foundation of efforts to optimize health care, in which the citizen and its needs will be at the center. In order to achieve this priority, it is necessary to implement a set of systemic interventions:

- Review and redefine the list and scope of rights and services provided at different levels of health care protection, including promotion, prevention, treatment and palliative services;
- Strengthening the capacity of the PHC and expanding the powers of the teams of chosen physicians, in order to successfully solve a significant part of the pathology at the primary level and reduce the rate of hospitalizations that could have been avoided with the timely and efficient involvement of the PHC. Through the optimization of the health care protection provision model and insistence on quality control, influence the reduction of the volume of unjustified referrals to the secondary and tertiary level of health care at the level of Montenegro will be made;
- Continuously work on updating and consistent implementation of clinical guidelines and protocols based on evidence and the latest scientific findings with a special focus on chronic non-communicable diseases;
- Work on the establishment of an operational quality control system through different levels of health care protection;
- Broader authorizations for pharmacists in providing health care protection;
- Expand the authorizations with recommendations, define coefficients and further education for nurses/technicians;
- Create a working environment that provides prospects for improvement in the profession based on achieved results and adequate financial compensation within the public health system, which will additionally motivate healthcare workers to improve their productivity;
- Considering various limiting factors (personnel capacities, financial availability, rights guaranteed by the Constitution, etc.) it is necessary to work on the creation of a public-private partnership model with the aim of achieving universal health care protection;
- Efforts to reduce inequality in access to healthcare services for persons with disabilities and other vulnerable groups of citizens, including displaced or internally displaced persons, Roma and Egyptians, persons without regulated legal status and other minorities, the elderly, persons with mental health problems. Put a special focus to meet the healthcare needs of the population in rural or remote areas;
- Assessing the emergency medical care delivery model and defining a sustainable model through their stronger integration into the existing health care protection system. This intervention will require a thorough assessment of the existing personnel, technical-technological and financial resources for the provision of emergency services, in order to identify resource gaps, especially those needed for rapid diagnosis and treatment of acute conditions such as stroke and heart attack;
- Optimization of the existing hospital care should be done in accordance with the priorities of the healthcare strategy and the healthcare needs of citizens, especially in the context of the increase in comorbidities and the aging;
- Work on developing plans for the establishment of daycare hospitals in order to reduce unnecessary hospitalizations;
- Develop clinical-hospital centers in the north and south, in order to implement the decentralization of the healthcare system, relieve the Clinical Center of Montenegro, and allow patients to obtain health care faster and more efficiently in terms of the largest number of services.

1.2) In order to achieve implementation of Operational Goal 2: *Improve the level of financial protection of citizens in the provision of healthcare services, 7 activities are planned to be implemented.*

A crucial aspect for improving health outcomes is providing adequate protection of citizens from financial difficulties when using health care protection. Adequate financial protection presupposes the provision of greater fiscal space for health, increasing efficiency through innovations in the health system, including a new PHC model. In order to ensure adequate financial protection, the Strategy envisages the following interventions:

- Carefully review the strategic framework for ensuring the sustainability of financing the health system in the context of changes in the system and sources of financing;
- Analyze information on financial risk protection, capital and health expenditures and use this data to monitor progress and provision of information while making decisions;
- Improve the quality of data on funding and expenditures in healthcare in order to monitor trends and manage resources in accordance with strategic priorities in a better way;
- Redefine the payment model for services provided at different levels of health care protection, in order to promote the performance of health care providers, and contribute to achieving the priorities of the healthcare system in terms of improving the quality of health care protection and efficient use of available resources;
- Integrate therapeutic options into clinical guidelines and protocols for patient treatment;
- Work on the introduction of new therapeutic options when it comes to generic medicines;
- Consideration of the possibility of introducing supplementary health insurance;
- Consideration of possibilities for centralization of public procurement of health services and goods within the healthcare sector;
- Addressing the problem of corruption in the healthcare sector through the introduction of a higher level of transparency in work and the implementation of measures to fight corruption.

The implementation of the above-mentioned activities and the insistence on the above-mentioned and similar interventions will contribute to the reduction of unmet needs for health care and health inequalities, as well as to further improve access to services for displaced or internally displaced persons, including Roma and Egyptians, persons without regulated legal status and others minorities, the elderly, people with pre-existing mental health problems, people with disabilities and populations in rural or remote areas.

1.3) ***In order to achieve implementation Operational Goal 3:*** *Improve the processes of functioning and management of the healthcare system based on evidence, with a focus on strengthening digital health, the implementation of 4 activities is planned.*

Montenegro recognizes the opportunities for digital technologies to be used to promote health and social change and to strengthen the accountability of service providers to ensure that no one is left behind. The implementation of digital solutions must be preceded by the construction of a strong health information system (HIS).

In the upcoming period, it is necessary to focus activities towards the improvement of digitalization and the application of international standards in the collection and exchange of data in order to provide support to the healthcare system, and contribute to the achievement of greater efficiency, effectiveness, quality and safety. The improvement and connection of the existing HIS will enable the rapid flow of data between different levels of health care protection. Digitalization will make health care protection more accessible and affordable for patients in remote and hard-to-reach areas, and provide

decision makers with reliable data as a basis for creating appropriate policies and directing interventions where they are really needed.

In order to improve healthcare data and digitalization, and in accordance with the recent WHO Health Information System Assessment, this strategy envisages:

- Establishing an institutional framework for the coordination of HIS at a high level;
- Creation of an updated strategy for HIS with long-term goals and outcomes, a road map, clearly defined roles and responsibilities of all subjects and a plan for monitoring and evaluation;
- Strengthening the capacity and competence of the Directorate for Digital Health in the Ministry of Health;
- Building capacity for coding according to the International Classification of Diseases (ICD), data analysis, reporting and transfer of knowledge into concrete solutions;
- Improving and updating statistical data on mortality by training doctors on ICD coding;
- Conducting an analysis of available data, health and demographic statistics that are available and information on health inequalities;
- Improving national and international reporting by selecting policy-relevant indicators used to monitor population health;
- Establishing a clear and concise data flow and data exchange plan;
- Expanding the existing Electronic System in Healthcare to include other centers for secondary and tertiary healthcare in Montenegro, by establishing interoperability standards for integration;
- Improving the secondary use of data through the development of a plan for standards and monitoring of quality control and data exchange.

1.4) ***In order to achieve implementation of Operational Goal 4:*** *Strengthen human resources in healthcare, 7 activities are planned.*

Achieving the defined strategic goals presupposes greater and systematic investment in the capacities of service providers in order to build the PHC sector that will serve as the first instance for the prevention and treatment of chronic NCDs and meeting the health needs of the citizens of Montenegro.

Above all, this requires further insistence and greater investment in the program of formal education, but also continuous medical education in order to improve the knowledge and practical skills of healthcare workers needed for the successful performance of assigned tasks and tasks at all levels of health care protection. It is highly important to increase the competence and capacity of PHC providers. If physicians at the PHC level are to take on more medical tasks in the healthcare system, to reduce over-reliance on secondary and tertiary levels of health care protection and facilitate access to services for patients, then they must also be given greater support through skilled nursing teams and technicians who can assume a greater role in providing healthcare protection to patients. This requires a series of short-term and long-term measures to improve the competence of nurses, the optimal distribution of tasks between nurses, selected doctors and specialists and the reduction of the administrative burden on doctors and nurses through non-medical staff in order to provide administrative and organizational support (e.g. conducting health assessments, prescription of medicines, patient education and psycho-social counseling).

Investing and planning the redefinition of roles and responsibilities within PHC teams, followed by redistribution of incentive measures, new models of training and education for doctors and nurses, can

help create a more efficient and effective model of care, which meets the healthcare needs of the community in a much better way.

Additionally, greater integration and increased capacities of healthcare workers in occupational medicine can serve to improve the health and well-being of workers through the introduction of routine screening and prevention measures, as well as promotion of health and health literacy, which can reduce the workload of doctors and nurses in PHC as a result.

These challenges can be summarized as follows: lack of capacity (especially in specialized services); dependence on larger, adjacent countries to cover essential services; limited capacities for analysis, evaluation and research; lack of competition and choice (jobs, promotion, etc.) due to the small market; professional and career stagnation due to limited opportunities for internal mobility; loss of healthcare workforce due to external migration; management issues related to difficulties in regulating the engagement of doctors in multiple positions within and outside the public health sector.

In order to solve these and other challenges, multiple, systemic interventions aimed at strengthening the capacity of the existing and future workforce in healthcare have been planned:

- Expanding and strengthening cooperation between the Ministry of Health, the Clinical Center of Montenegro, professional chambers, the Faculty of Medicine and other professional bodies in order to (routinely) continuously gain up-to-date medical education and training in accordance with the most modern standards and the growing healthcare needs of the population;
- Promotion of employment and retention of healthcare workers, especially in PHC of rural areas and in the public health sector in general;
- Increasing the number of specialists in occupational medicine through the development of a human resources development plan in healthcare;
- Expanding the scope of clinical practice for nurses;
- Creating capacities for the collection and analysis of epidemiological and demographic data and information on the healthcare workforce for strategic planning through the expansion of the health strategy and a retrospective approach to its planning and advising on policies to support and plan, regulate and manage the health workforce, including migration flows workforce;
- Conducting a labor market analysis to assess supply and demand, as well as the current availability of healthcare workers;
- Researching appropriate mechanisms for regulating the engagement of doctors in multiple positions, as well as other healthcare workers, with the aim of improving access to healthcare services, the range of services offered and the satisfaction of doctors;
- Work on improving the methodological basis for planning efficient continuous medical education of healthcare workers and healthcare managers, as well as evaluating the achieved effects, in order to justify the funds invested in strengthening the capacity of healthcare workers. Professionalization of the management of healthcare institutions in order to provide capacities for the management of integrated multidisciplinary teams and the coordination of prevention, promotion, treatment and rehabilitation services.

1.5) In order to achieve Operational Goal 5: *Improve the regulatory and institutional framework for the provision of quality and equally accessible health care protection, 21 activities have been planned.*

In order to achieve this operational goal, a number of normative and strategic documents have been planned for the next period.

The Strategy envisages the improvement and strengthening of the existing normative and strategic framework for the development of the health care system, which will provide citizens with even better and more accessible health care protection. With regards to this, the revision of the Law on Compulsory Health Insurance, the Law on Medicines, the Law on Pharmacy Practice, the Law on the Restriction of the Use of Tobacco Products, the Law on the Removal and Transplantation of Human Organs for the Purpose of Treatment, the Law on the Removal and Transplantation of Human Tissues and Cells for the purpose of treatment, the Law on Emergency Medical Assistance, the Regulation on the scope of rights and standards of health care protection from compulsory health insurance, the Rulebook to meet the requirements for providing services in the health tourism, as well as the adoption of a series of new regulations that will prescribe requirements regarding equipment, space and staff for the establishment of health institutions, shall be initiated.

Considering the strengthening of the strategic framework, several documents that will cover the areas of chronic non-communicable diseases, mental health, digital health, tobacco and tobacco products, alcohol, drugs, HIV/AIDS, monitoring and control of vectors, early child development, rare diseases, have been planned for preparation.

One of the further steps that will be taken with the aim of developing health tourism is to map the health care institutions that can provide certain services in the field of health tourism through the standardization of the services of certain branches of medicine in the health care system. Moreover, it is necessary to define the normative framework that the Ministry of Health is planning through the adoption of the Law on Health Care Protection, while further elaboration of the normative framework in the field of health tourism is planned through the preparation of the "Regulations to meet the requirements for the provision of services in the field of health tourism", which will describe and define, in detail, the requirements that service providers in this area must meet in order to provide quality service to the field.

In order to achieve Strategic Goal 2 – Efficient promotion of health and disease prevention through control of risk factors, improvement of multisectoral cooperation and involvement of the whole society; the action plan envisages the completion of 3 operational goals, i. e:

2.1) In order to achieve Operational Goal 1: *Strengthen public health capacities with the competencies needed for the development, implementation and monitoring of public health policies; the implementation of 6 activities has been planned.*

During the past decade, the Government of Montenegro has been active in developing numerous strategies and plans for addressing chronic non-communicable diseases. Ischemic heart disease, cerebrovascular diseases, lung cancer, affective disorders (unipolar depression) and diabetes are chronic non-communicable diseases that are responsible for almost two thirds of the total disease burden in our country, while unhealthy diet, tobacco and alcohol consumption are the main threats to public health.

Social inequalities and environmental pollution also have a significant impact on the health and well-being of the population. Efforts have largely focused on health service interventions that have targeted health-related behaviors rather than underlying social determinants of behavior and lifestyles, such as education, work and working conditions, poverty and housing (UN, 2020). The latter requires more detailed research (and monitoring) of the health status of the population, as well as specific environmental

and social conditions that impact the health of citizens. To this end, it is necessary to strengthen the role of the Institute of Public health in monitoring health trends, including risk factors and determinants of health. In order to strengthen public health capacities with the competencies needed for the development, implementation and monitoring of public health policies, this strategy proposes the following:

- preparation of the strategic development plan of the Institute of Public health;
- implementation of training in order to strengthen institutional capacities for managing health data from the priority area with a focus on preparation of analyzes (health impact assessment) and identifying relevant national indicators for health status monitoring and policies implementation;
- redefining and providing a functional set of advanced knowledge and skills for interventional field epidemiology;
- conducting a situational analysis of health needs and inequalities in the population of persons with disabilities, with recommendations for reducing inequality measured through greater coverage, level of protection in case of an emergency, improvement of inclusivity through preventive services (immunization), etc.;
- development of recommendations for improving availability/accessibility of health care protection for persons with disabilities;
- Draft analysis of the existing medical waste management model with recommendations for improving cost effectiveness and efficiency;
- conducting a national survey on the level of health and frequency of risk factors with anthropometric measurements.

2.2) In order to achieve Operational Goal 2: *Strengthening the capacity of citizens and communities for efficient health management; the implementation of 3 activities has been planned.*

The core of improving health is empowering individuals, their families and communities to participate in managing their own health. Strengthening health literacy is a strategic tool in the fight against non-communicable diseases. Evidence suggests that low health literacy is associated with lower health outcomes, such as more hospitalizations, greater use of emergency rooms, less preventive services (e.g. evidence-based screening for noncommunicable diseases), poorer ability to take medications correctly, lower ability to interpret health-related labels and messages, and lower health status and higher mortality rates with the elderly. In order to strengthen the capacities of citizens and communities for effective health management, this strategy proposes the following:

- Draft analysis of the effectiveness and degree of implementation of priority programs for the work of counseling centers in support centers within primary health care centers;
- Development of a modern program for the work of counseling centers in support centers within primary health care centers, including strengthening the capacity of patients to effectively adopt and practice healthy life styles;
- Assessment and implementation of health literacy on prevention and control of CND.

2.3) In order to achieve Operational Goal 3: *Antimicrobial resistance control through interventions based on evidence and good practice, implementation of 4 activities has been planned.*

The high consumption of antimicrobials in Montenegro is a serious threat not only to current efforts to prevent and treat infections among the population, but also to the future capacities of the health care system to respond to still unknown and potentially highly resistant strains of bacterial pathogens.

The implementation of the National Strategy for the Control of Bacterial Resistance to Antibiotics was made difficult by the COVID-19 pandemic, which led to the diversion of funds from the plan, as well as the postponement of meetings and public awareness campaigns. However, it is important to emphasize that during this time period the Government successfully established guidelines for the treatment of patients with COVID-19 in primary health care in order to reduce the use of antibiotics and regularly held educational seminars in order to achieve effective treatment in accordance with the guidelines. In terms of hospital care, antimicrobial management programs need to be strengthened, including the establishment of reserve antibiotic lists and teams that approve the use of such antibiotics.

Taking these trends into account, Montenegro has yet to meet the WHO national monitoring goal that at least 60% of the total consumption of antimicrobials should be from the access category in 2018, which indicates the need for stronger management of antimicrobials.

In order to strengthen capacities for antimicrobial resistance control through evidence-based interventions and good practice, this strategy proposes:

- conducting a study to assess the prevalence of hospital infections and the rational use of antibiotics;
- improvement of the operational system for monitoring bacterial resistance to antibiotics;
- preparation of the Plan for prevention and control of hospital infections.

With regards to the implementation of Strategic Goal 3: Strengthened capacity for preparedness and response of the health care system to health emergencies; implementation of two operational goals has been foreseen, i. e:

3.1) In order to achieve operational Goal 1: *Provision of conditions for efficient communication and coordination of resources for the management of health emergencies; the implementation of 6 activities has been planned.*

The country's capacity in terms of preparedness and response to emergency situations (measured on the basis of 15 indicators) is still significantly behind the European and global WHO average values (in 2021, all average values and capacities were 53%, 74%, 64%, for Montenegro, WHO/EURO and the world, respectively) (WHO, Online a).

The main issue affecting this Montenegro's capacity concerns the lack of strategies, guidelines and standard operational procedures (SOP) required for an efficient response to emergencies. Since the country is small, many operational and communication procedures are informal and achieved through personal interaction. During emergencies, when circumstances often change rapidly and staff shortages are more likely to occur, written guidelines or formal SOPs are crucial for maintaining services, security of border crossings and conducting risk assessments (WHO, 2020). However, this is only possible by providing sufficient and competent human resources for preparedness and efficient response in emergencies.

With regards to strengthening national capacities for prevention, preparedness, and response to emergencies, the Strategy envisages a series of interventions:

- Establishment of a public health operational center for emergency response as a center for coordination of information and resources in supporting activities planned for crisis management in the public health. Specifically, the first steps for the establishment of the center have begun, the facility is in the final phase, the IPH is being prepared organizationally, and in the upcoming years activities on its formal establishment and continuous improvement of work will be taken;
- Taking the necessary steps in legislature and planning for the functioning of the Public health operational center for emergency response;
- Draft of an operational plan for emergency response, including the necessary institutional arrangement, with a set of standard operational procedures;
- Work on strengthening personnel capacities mobilized within the Public health operational center for emergency response;
- Establishing operational arrangements for control of poisoning;
- Conduction of the safe hospitals for better health initiative;
- Promotion of subregional cooperation within the framework of the Western Balkans in order to establish a mechanism for joint procurement of medicines, vaccines, provision of cross-border support for emergency situations, implementation of supervision.

3.2) In order to achieve Operational Goal 2: *Improvement of the functional and structural safety of health institutions; 4 activities have been planned for implementation*

Strengthening the infrastructural and technical capacities of health care institutions in Montenegro is a great challenge, yet a priority in the work of the Ministry of Health in the current and future time periods. Investments in infrastructure, as well as equipping facilities, require the provision of significant financial resources in the state budget. In order to secure funding and ensure continuity for the started and planned activities, the Ministry of Health used the possibility of EU funds in the amount of over 12 million euros. Being aware of the benefits that this type of assistance provides to the country and the health care system itself, the Ministry of Health has expressed its interest in support through the new program period for the next time period as well.

The aim of the activities in the action plan is to improve the functional and structural safety of health institutions, which will result in an improved quality of health care in Montenegro, all in accordance with modern medical achievements and innovative technologies. The construction/reconstruction/adaptation and equipping of healthcare facilities will primarily contribute to increasing the capacity of healthcare institutions to provide healthcare, and therefore its availability to citizens throughout Montenegro, which will ultimately contribute to improving the quality of the healthcare system as a whole.

The construction of certain facilities, such as the Urgent Center in Podgorica, will enable the provision of urgent surgical procedures, as well as interventional cardiovascular procedures. Furthermore, following the demographic trends and population structure in certain regions and parts of cities, the construction of new facilities will be initiated, which will adequately provide fast and efficient health care protection.

Intensive activities are being carried out to ensure the conditions for as many facilities as possible to be included in the project related to the improvement of energy efficiency in healthcare institutions. The goal is both to improve conditions in facilities and to reduce energy costs, i.e. more efficient use of resources in the healthcare system.

By obtaining the status of clinical-hospital centers, the general hospitals in Kotor and Berane will carry out an internal reorganization that will establish internal clinics and surgical clinics in these institutions that will further provide certain services of the tertiary level of health care protection, in addition to already existing departments. The aforementioned health care institutions will become regional centers for municipalities in the north and south of the country. All of this implies continuous personnel and spatial strengthening of these institutions, with significant investments towards providing additional equipment. Moreover, these reforms are significant in several other aspects, specifically the development of certain services from the spectrum of oncology, hematology, gastroenterology, as well as cardiovascular invasive diagnostic and therapeutic procedures, laparoscopic surgery and urology in the domain of oncology, which are predominantly provided in tertiary level institutions.

The pandemic of the Covid 19 virus affected all health care systems both in the world and in Montenegro, and emphasized the importance of the preparedness of the health care system for future responses to health crises. In this regard, it is necessary to create a preparedness plan and conduct simulation exercises to test the preparedness of hospitals for a health crisis.

Financial framework for the implementation of the Strategy

The table below provides an overview of the financing of the entire strategic document for the following five-year period, in which the main sources of financing are:

- Budget of Montenegro,
- Donor support,
- Funds received from IPA funds.

YEAR	BUDGET FUNDS	DONOR SUPPORT	IPA FUNDS	TOTAL
2023	387,400 EUR	625,000 EUR	13,150,000 EUR	**14,162,400 EUR**
2024	3,664,400 EUR	1,041,000 EUR	6,990,000 EUR	**11,695,400 UR**
2025	4,436,900 EUR	100,000 EUR		
2026	1,420,000 EUR			
2027	1,420,000 EUR			
TOTAL	**11,328,700 EUR**	**1,766,000 EUR**	**20,140,000 EUR**	

The funds listed above represent the projection of the necessary funds for the implementation of health care policy in Montenegro. The pace of providing and spending these funds will depend on the success of the implementation of the planned activities, primarily for the Action Plan for 2023 and 2024. Based on the successful implementation of AP 2023-2024, the definition and provision of additional funds needed for the implementation of public policy will started by the end of 2027.

V DESCRIPTION OF THE ACTIVITIES OF THE COMPETENT AUTHORITIES AND BODIES FOR MONITORING THE PROGRAM IMPLEMENTATION

The Ministry of Health is responsible for the overall implementation of the Health Development Strategy. Monitoring, as a regular ongoing process of collecting and analyzing data on the achievement of goals and results during the implementation of activities, is related to the Action Plan and refers to the annual monitoring of the level of realization of activities foreseen by the Action Plan.

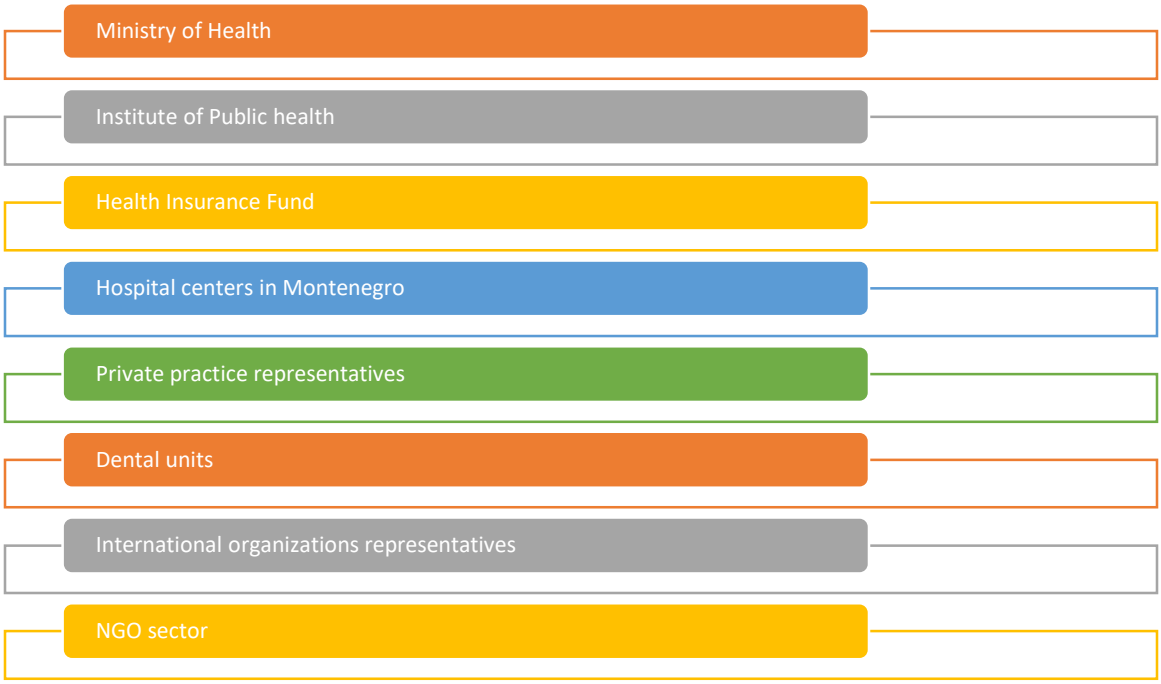
A working group that will be in charge of monitoring the implementation of this strategy will be formed as a measure to ensure adequate monitoring and coordination of all activity holders involved in the implementation of the aforementioned strategy and action plans on an annual level.

Monitoring of the Health Development Strategy refers to the monitoring of specific activities, deadlines, fulfillment of indicators and fulfilled goals. Monitoring of the Strategy will be carried out by the Ministry of Health, on the basis of data and reports that will be collected from all activity holders, upon which a report on the performed monitoring will be drawn up. The report will be made upon the completion of the implementation of the action plans that will follow the strategy, with the obligation to send the report to the Government of Montenegro and publish it on the website of the Ministry of Health.

VI REPORTING AND EVALUATION METHOD

The mechanism for monitoring and reporting on the implementation of **the Health Development Strategy 2023-2027** is primarily based on the work of the **Operational body for monitoring the implementation of the strategic document**. The Operational body consists of representatives of the institutions that are responsible for the activities represented in the Action Plan, as well as representatives of all subjects whose contribution is necessary and crucial for the successful implementation of health policies in the period 2023-2027.

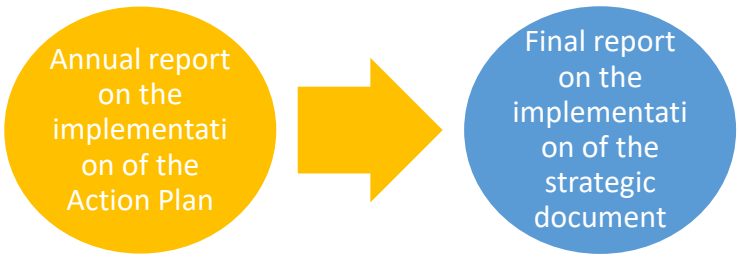
The Operational body is composed of representatives of:



The Ministry of Health is the institution responsible for coordinating the work of the operational body, drafting, implementing and reporting on the implementation of the strategic document. The strategic document in question is followed by an Action Plan that will be prepared for a two-year time period.

The Health Development Strategy 2023-2027 is a strategic document, the implementation of which requires the involvement of all stakeholders, including state administration bodies and local self-government units, NGO organizations that deal with the position and rights of users of all forms of health care in Montenegro, and international organizations which have a significant impact on the development of these policies. Accordingly, these institutions will assume obligation to submit information on the activities they implement within the framework of the action plan, and for the purpose of timely and adequate data collection for the preparation of annual and final reports, as well as the measurement of the degree of achieved performance, but also the identification of challenges that may arise during the implementation of planned activities.

The core responsibilities of the operational body are reflected in the preparation of two types of reports, i. e:



The operational body will meet at least four times a year, i. e. it will hold at least one meeting during each quarter, considering the significance, scope and complexity of the area that requires more

frequent meetings of the operational body. This way, the policy implementation process will be considered in a timely and continuous manner, as well as possible obstacles and challenges that institutions may face during the implementation of activities. The data necessary for the preparation of the report will be collected during the entire year and will be submitted quarterly to the Ministry of Health, as the coordinating body of the work of the operational body. At the last annual meeting, the data will be reviewed and possibly amended in order to ensure the necessary quality of the report.

The Ministry of Health will be responsible for collecting and unifying the data relevant for the preparation of the report, as well as for the coordination and work of the operational team. Apart from this, all potential problems and obstacles that may arise during the implementation of the strategic document will be addressed by the operational body at regular quarterly meetings.

In order to ensure the transparency of the strategy implementation process, the reports will be published on the website of the Ministry of Health.

Evaluation

The evaluation of the implementation of the strategy will be carried out in the form of an ex post evaluation. The evaluation will be conducted by external experts in the field of health policies, primarily due to the complexity and coverage, but also to ensure a greater degree of objectivity. **Funds for implementation will be provided by the budget of the Ministry of Health or donor organizations, i. e. possible donor support that will be provided during the later stages of the implementation of the strategic document. The aforementioned funds will be defined within the last action plan for the implementation of the strategic document that will be prepared.** It is planned that the ex post evaluation process will begin in the second half of 2026 and be completed by the middle of 2027, in order to timely provide the evaluation findings, which will be presented in the final report, but also with the aim of providing adequate grounds for creating potentially new strategic documents. The findings of the evaluation will give a clear and precise presentation of the success of the implementation of health policies through a unified strategic document. This way, an effort to determine whether the planned effects are achieved through joint action, i. e. whether the implemented activities lead to the improvement of the position of health care users in Montenegro is made.

VII ACTION PLAN FOR 2023-2024

STRATEGIC GOAL 1	**A NEW MODEL OF PROVIDING HEALTHCARE PROTECTION THAT PROMOTES QUALITY HEALTHCARE WITH THE CITIZEN AT ITS CENTER, AND A FOCUS ON PRIMARY HEALTHCARE PROTECTION, WAS ESTABLISHED**					
OPERATIONAL GOAL 1	**OPTIMIZE THE MODEL FOR PROVISION OF HEALTHCARE PROTECTION**					
PERFORMANCE INDICATOR 1.1: Decrease premature mortality in CNCD[22]	**Initial value: Current percentage of mortality in CNCD to 22.3%**	**Transitional value: Decrease percentage of mortality in CNCD to 21.6%**	**Target value: Decrease percentage of mortality in CNCD to 20.6%**			
PERFORMANCE INDICATOR 1.2: Share of unjustified referrals at the secondary level of health care protection	**Initial value: There is no database on the current percentage of referrals to the secondary level of health care protection**	**Transitional value: A database containing precise information about the share of referrals was created**	**Target value: Share of referrals decreased by 15% compared to the value of 2025**			
PERFORMANCE INDICATOR 1.3: decrease hospitalization for conditions treated at the ambulatory care-sensitive conditions (ACSC) level	**Initial value: min 50%[23]**	**Transitional value: 10% decreasing trend**	**Target value: hospitalizations decreased by 25%**			
Activity that impacts the implementation of the operational goal	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**
1.1.1. Development of norms and standards for	A document which established the basic	MOH, health care institutions	IV Q 2023	IV Q 2024	Liquid assets	Budget

[22] CNCD – chronic non-communicable diseases
[23] WHO Report 05_mne_report_phc-impact.pdf (who.int)

the provision of health care services at all levels of health care protection	standards for the provision of health care services at all levels of health care protection was adopted					
1.1.2. Comprehensive analysis of health needs in Montenegro with a plan for the development of human resources in health care and service providers by level of health care, taking the impact of climate change into consideration	An analysis of health care needs was prepared	MOH, IPH	IV Q 2023	IVQ 2024	Liquid assets	Budget
1.1.3. Development of a proposal for a network of health care institutions with a development and investment plan (short-term, medium-term and long-term), based on the analysis of all factors and projections that impact and/or may impact the implementation of the health care protection program. Analysis and optimization model of the integration of service provision in the private and public sector	A proposal for a network of health care institutions was developed	MOH, Fund	IV Q 2024	IV Q 2024	Liquid assets	Budget

1.1.4. Preparation of a functional analysis for the field of healthcare with a focus on salaries and personnel policy in healthcare	An analysis with suitable recommendations was prepared	MOH, Fund, MPA, MOF, SH	IV Q 2023	III Q 2023	N/A	Budget, donations, projects
1.1.5. Development of a set of recommendations with explanations regarding the stimulation of health care workers who provide health care services in remote and/or rural areas	A coefficient for calculating the salary of health care workers who provide health services in remote and/or rural areas was established	MOH, Fund	IV Q 2023	I Q 2024	Liquid assets	Budget
1.1.6. Development of a model of organization and provision of palliative services	Model was developed	MOH, MOF, MRSS	IV Q 2023	IV Q 2024	Liquid assets	Budget
1.1.7. Development of a model for strengthening health care in hospitals	Multidisciplinary and multisectoral team for model development was formed Model was developed	MOH, Ministry of Education, health care institutions	IV Q 2023	IVQ 2024	Liquid assets	Budget
1.1.8. Analysis of the system of procurement, reception, storage, distribution and consumption of medicines and medical devices in the healthcare system of Montenegro, including a functional analysis of the role of	Tenders were transferred to the Fund from 1.1.2024. An analysis with appropriate recommendations was prepared	MOH, Fund, Montefarm	IV Q 2023	II Q 2023	Liquid assets	Budget

Montefarm in the entire process						
1.1.9. Adopt uniform documents on internal organization and systematization in institutions at all levels of health care protection	Number of documents	MOH, Health care institutions	IV Q 2023	IVQ 2024	Liquid assets	Budget
1.1.10. Conduct further education of health care managers	Goal - 29 educated managers	MOH, WHO	IV Q 2024	III Q 2024	N/A	Budget, donations and WHO projects
1.1.11. Preparation of analysis of availability, sustainability and quality of IEMC service provision, with recommendations for improvement and optimization and financial sustainability	An analysis of the availability, sustainability and quality of IEMC service provision was prepared	MOH, IEMC	IV Q 2023	II Q 2024	Liquid assets	Budget
1.1.12. Evaluation of the emergency medical care service organization model with recommendations for optimization	An analysis with recommendations was prepared	MOH, Institute for emergency medical care	IV Q2023	III Q2024	10 000€	Budget, donations and WHO projects
1.1.13. Preparation of an analysis with recommendations of which type of specialty would be optimal at the primary level/per municipality from the	Model of specialist services provided at the primary level was prepared	MOH, primary health care centers	IV Q 2023	III Q 2024	Liquid assets	Budget

perspective of availability and quality (occupational medicine)						
1.1.14. Preparation of a sustainable model of integrated provision of services in the domain of occupational medicine through the promotion of a multidisciplinary and multisectoral approach	Model was adopted	MOH Health care institutions Ministry of labor and social welfare, IPH	IV Q 2023	IVQ 2024	10,000 – 12,000 for consultants	Donations, projects
1.5.15. Strengthening of institutional capacities for the control of temporary incapacity for work and injuries at work	Number of conducted trainings and reports on conducted controls	MOH, IPH, Center for Occupational Medicine at a primary health care center, HIF	IV Q2023	IVQ 2024	Liquid assets	Budget
1.1.16. Revision of authorizations of chosen physicians to provide health care (diagnostic services, prescription of therapy) at the primary level	Number of referrals to specialist examinations	MOH, PHC, HIF, Professional Association for Family Medicine	IV Q 2023	I Q 2024	Liquid assets	Budget, donations, WHO, projects
1.1.17. Preparation of a model that will enable wider authorizations for pharmacists in the provision of health care	Model was developed	MOH, Pharmaceutical chamber	IV Q 2023	IVQ 2014	Liquid assets	Budget
1.1.18. Define the responsibilities and tasks of nurses/technicians with the aim of expanding their authorizations with recommendations for	Rulebook on nurses on regulations on the provision of health care services was prepared	MOH, Chamber of nurses	IV Q 2024	IV Q 2024	Liquid assets	Budget

defining their coefficients, further education	Number of services provided					
1.1.19. Preparation of a model for optimizing the provision of dental services in order to improve dental health with a focus on children	Model for optimizing the provision of dental services was prepared	MOH, Dental chamber	IV Q 2023	III Q 2024	Liquid assets	Budget
1.1.20. Define conditions and procedures for the mobilization of specialists between HI with hospital health care at the national level in more details, with clearly defined time duration, diagnoses and indicators for monitoring results, all with the aim of improving availability, quality and cost efficiency through the revision of referral protocols by levels of health care protection Analysis of referrals between and within levels of health care protection and transport, especially for medical emergencies with recommendations	Revised protocol	MOH, Fund	IV Q 2023	III Q 2024	Liquid assets	Budget

1.1.21. Preparation of a model for the accreditation of health institutions at the primary level	Model of accreditation was developed	MOH	IV Q 2023	IV Q 2024	Liquid assets	Budget
OPERATIONAL GOAL 1.2	**IMPROVE THE LEVEL OF FINANCIAL PROTECTION OF CITIZENS WHEN PROVIDING HEALTH SERVICES**					
PERFORMANCE INDICATOR 2.1: The share of hospitals that do not generate an annual financial deficit	**Initial value: Currently, there is no precise data on the new financial deficit generated by the hospital system in Montenegro**	**Transitional value: Analysis of the financial sustainability of the hospital system of Montenegro**		**Target value: Share of hospitals with annual expenditure at the level of planned funds with deviations of + 10%**		
PERFORMANCE INDICATOR 2.2: Share of private out of pocket payments	**Initial value: 40% OOPs (private out-of-pocket payments)**	**Transitional value: Decreased percentage of private out-of-pocket payments to 35%**		**Target value: Percentage of private out-of-pocket payments decreased to 33%**		
Activity that impacts the implementation of the Operational Goal	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**
1.2.1. Preparation of a functional analysis of the roles, responsibilities and tasks of the Health Insurance Fund in terms of health care and the exercise of rights from compulsory health insurance for insured persons	Analysis was prepared	MOH, HIF	IV Q 2023	III Q 2024	Liquid assets	Budget

1.2.2. Development of a payment model for PHC and SHC	Model was developed	MOH, HIF, PHC	IV Q 2023	IV Q 2024	Liquid assets	Budget
1.2.3. Preparation of a cost-effectiveness study of existing procurement models with recommendations for optimization, at the primary and secondary level, which would apply to medical and non-medical consumables, except for the procurement model of medicines and medical devices	Contracts for the procurement of 85% of consumables were prepared	MOH, MOF, HIF, Montefarm	IV Q 2023	IVQ 2024	N/A	Budget, donations and projects
1.2.4. Preparation of a supplementary health insurance model	Model was prepared	MOF, HIF, MOH	IQ 2024	IVQ 2024	N/A	Budget, donations and projects
1.2.5. Preparation of recommendations to decrease the level of private out-of-pocket payments	Recommendations prepared	MOH, HIF	I Q 2024	III Q 2024	N/A	Budget, donations and projects
1.2.6. Development of a strategic framework for sustainable healthcare financing	Strategic framework for sustainable healthcare financing was adopted	MOH, MOF, HIF	I Q 2024	IV Q 2024	N/A	Budget, donations and projects
1.2.7. Revision of the list of services and scope of health care rights	A new list of services with a redefined scope was adopted	MOH, IPH, HIF	IV Q 2023	II Q 2024	Liquid assets	Budget

OPERATIONAL GOAL 1.3.	IMPROVE THE FUNCTIONING AND MANAGEMENT PROCESSES OF THE HEALTH CARE SYSTEM BASED ON EVIDENCE WITH A FOCUS ON STRENGTHENING DIGITAL HEALTH		
PERFORMANCE INDICATOR 1: Proportion of coroners trained to certify deaths	**Initial value:** **The current number of coroners trained to certify deaths is 0**	**Transitional value:** **Min. 50% of coroners trained in death certification**	**Target value:** **100% of coroners trained in death certification**
PERFORMANCE INDICATOR 2: Established MOH information system	**Initial value:** **There is currently no data management software in MOH**	**Transitional value:** **Conceptual solution for software was drafted**	**Target value:** **Established and functional MOH information system**

Activity that impacts the implementation of the Operational Goal	Result indicator	Competent authority	Start date	Planned completion date	Funds planned for the implementation of activities	Source of financing
1.3.1. Defining the institutional arrangement for the permanent management of the National Health Account according to EU directives and preparation of an annual report through the National Health Account management mechanism	Institutional arrangement adopted Report published	Monstat, HIF, MOH	IV Q 2023	IVQ 2024	Liquid assets	Budget
1.3.2. Establishing a central electronic health record	Established and functional central electronic health record	MOH, HIF, IPH, Health care institutions, UNDP	IV Q 2023	IVQ 2024	400.000€	Budget, donations and projects
1.3.3. Establish an operational mechanism to improve the undisturbed exchange of relevant health data	A report with a set of recommendations for improving data exchange was prepared	MOH, IPH, Health care institutions, Faculty of Medicine	IV Q 2023	IIIQ 2024	Liquid assets	Budget

*An inter-institutional multidisciplinary team from the health sector was formed with regular meetings and an analysis of the current situation, a proposed plan of measures to improve data exchange and a monitoring and evaluation methodology.						
1.3.4. Develop a mortality statistics management model with a defined profile of executors, payment mechanism and regulatory norm	Mortality statistics management system was established	MOH, IPH, IEMC	IV Q 2023	IVQ 2024	Liquid assets	Budget
OPERATIONAL GOAL 1.4.	**STRENGTHEN HUMAN RESOURCES IN HEALTHCARE**					
PERFORMANCE INDICATOR 1: Number of health workers (doctors and nurses/technicians) per 1000 citizens	**Initial value:** **2.9 doctors per 1000 citizens** **5.9 nurses/technicians per 1000 citizens**	**Transitional value:** **3.2 doctors per 1000 citizens** **6.5 nurses/technicians per 1000 citizens**		**Target value:** **3.5 doctors per 1000 citizens** **7 nurses/technicians per 1000 citizens**		
1.4.1. Define motivational measures for retention and work at the level of primary health care (awarding recognitions for work, scholarships, etc.)	Measure to promote the retention of healthcare workers was adopted	MOH, professional associations of PHC, Chamber of Medicine	IVQ 2023	IIQ 2024	Liquid assets	Budget PHC, Chamber of Medicine

1.4.2. Create a new CME planning methodology with criteria, process and performance indicators, as well as expected results of CME implementation in cooperation with professional regulatory bodies (chambers)	Methodology of the CME Plan and Program was adopted	MOH, chambers	IVQ 2023	IIQ 2024	Liquid assets	Budget
1.4.3. Strengthening of institutional capacities for the needs of CME planning in institutions	Number of conducted trainings in institutions	MOH, Faculty of Medicine, IPH, Chamber	IQ2024	IVQ 2024	Liquid assets	Budget
1.4.4. Define conditions and procedures for the mobilization of specialists between PI with hospital healthcare at the national level in more details, with clearly defined time duration, diagnoses and indicators for monitoring results, all with the aim of improving availability, quality and cost efficiency	Number and duration of supervisory visits, disaggregated by gender of healthcare workers who were sent to assist Number of health institutions where supervisory support was implemented	MOH, CCMNE, IPH, Primary health care center Podgorica	IVQ 2023	IVQ2024	Liquid assets	Budget
1.4.5. Establish a multisectoral team with the aim of affirming high school students in order to continue their further	A team was established Number of meetings	MOH, Ministry of education, Faculty of Medicine	IQ 2024	IVQ2024	Liquid assets	Budget

education in the field of medicine						
1.4.6. Development of an analysis of the labor market in the health care sector with a plan for the development of human resources in order to ensure equal health care protection	The Plan for the Development of Human Resources in Healthcare was adopted Percentage of distribution of health care workers	MOH, IPH, Chamber	IQ 2024	IIQ2024	Liquid assets	Budget
1.4.7. Develop the institutional capacities of professional regulatory bodies for the collection and analysis of data for the purpose of providing input for the strategic planning of human resources.	License management registers were established Number of healthcare workers registered with professional regulatory bodies Rate of healthcare workers engaged in "dual practice" (total number of healthcare workers with dual practice - total number of healthcare workers)	MOH, chambers	IV Q 2023	IIQ 2024	Liquid assets	Budget

OPERATIONAL GOAL 1.5.	**IMPROVED REGULATORY AND INSTITUTIONAL FRAMEWORK FOR PROVIDING QUALITY AND EQUALLY ACCESSIBLE HEALTHCARE PROTECTION**		
PERFORMANCE INDICATOR 1: **Legal and strategic framework established**	**Initial value:** **Strategic documents and normative acts governing the entire health care protection system in Montenegro are in the drafting procedure**	**Transitional value:** **60% of the planned documents drafted and adopted by the end of 2025**	**Target value:** **100% of the prepared documents of the planned documents prepared and adopted by the end of 2025**

Activity that impacts the implementation of the Operational Goal	Result indicator	Competent authority	Start date	Planned completion date	Funds planned for the implementation of activities	Source of financing
1.5.1. Program for control of the use of tobacco products in Montenegro with the Action Plan 2023-2025	Document adopted	Ministry of Health, Health care institutions Institute of Public health National Commission for Tobacco Control, Ministry of education, Directorate for Inspection Affairs, Revenue and Customs Administration	IV Q 2023	I Q 2024	816.000,00e	Budget, projects and donations
1.5.2. Program for monitoring and control of vectors in Montenegro 2023-2025 with Action Plan 2023-2025	Document adopted	Ministry of Health, Health care institutions Institute of Public health Biotechnical faculty Specialist veterinary laboratory, Local authorities DDD companies	IV Q 2023	I Q 2024	47.700,00e	Budget, projects and donations
1.5.3. National strategy for control and prevention of chronic non-communicable diseases for 2023-2030, with the Action Plan 2023-2025	Document adopted	Ministry of Health, Health care institutions Institute of Public health Ministry of education Ministry of sports and youth Ministry of culture and media NGO	IV Q 2023	I Q 2024	N/A	Budget, projects and donations
1.5.4. Program for the fight against HIV/AIDS for the period from 2024 to	Program adopted	Ministry of Health, Health care institutions Institute of Public health	IV Q 2023	I Q 2024	N/A	Budget, projects and donations

2026 with the Action Plan from 2024 to 2026		IECS NGO				
1.5.5. Program for improving mental health in Montenegro 2024-2026 with Action Plan 2024 to 2026	Program adopted	Ministry of Health, Health care institutions Institute of Public health Ministry of education NGO	IIQ 2024	IVQ 2024	N/A	Budget, projects and donations
1.5.6. Preparation and adoption of the Early Childhood Development Strategy 2023-2027	Strategy adopted	Ministry of Health. Health care institutions UNICEF	IVQ 2023	I Q 2024	N/A	Budget, Funds from projects
1.5.7. Preparation of the Strategy for the prevention of drug abuse for 2023-2026 with Action Plan for 2023-2024	Strategy adopted	Ministry of Health Health care institutions, Ministry of Internal Affairs-Police Directorate, Revenue and Customs Administration, Institute of medicines and medical devices, NGO etc.	IVQ 2023	IQ 2024	N/A	Budget, Funds from projects
1.5.8. Preparation and adoption of the Program for Rare Diseases 2024-2026 with Action Plan 2024-2026	Program adopted	Ministry of Health Health care institutions Health Insurance Fund	IVQ 2023	IVQ 2024	N/A	Budget, Funds from projects
1.5.9. Preparation and adoption of The National Strategy for the Development of Digital Health in Montenegro for the	National strategy adopted	Ministry of Health Health Insurance Fund Health care institutions Ministry of Public Administration	IVQ 2023	IQ 2024	N/A	Budget, Funds from projects

2024-2029 with the Action Plan for the Implementation of the Strategy for the Development of Digital Health in Montenegro for 2024-2026						
1.5.10. Law on Amendments to the Law on Medicines	Amendments adopted	Ministry of Health Institute of medicines and medical devices	IQ 2024	IVQ 2024	Liquid assets	Budget
1.5.11. Law on Amendments to the Law on Pharmacy Practice	Amendments adopted	Ministry of Health Montefarm Institute of medicines and medical devices	IQ 2024	IVQ 2024	Liquid assets	Budget

1.5.12. Law on amendments of the Law on Compulsory Health Insurance	Amendments were adopted	Ministry of Health, Health Insurance Fund of Montenegro	IVQ 2023	IVQ 2024	Liquid assets	Budget
1.5.13. Law on amendments of the Law on the Restriction of the Use of Tobacco Products	Amendments were adopted	Ministry of Health, Health institutions	IVQ 2023	IIIQ 2024	Liquid assets	Budget
1.5.14. Law on amendments the Law on the Removal and Transplantation of Human Organs for the Purpose of Treatment	Amendments were adopted	Ministry of Health, Health institutions	IVQ 2023	IVQ 2024	Liquid assets	Budget
1.5.15. Law on amendments of the Law on the Removal and Transplantation of Human Tissues and Cells for the purpose of treatment	Amendments were adopted	Ministry of Health, Health institutions	IVQ 2023	IVQ 2024	Liquid assets	Budget
1.5.16. Law on amendments of the Law on data collections in the healthcare	Amendments were adopted	Ministry of Health, Health Insurance Fund of Montenegro	IVQ 2023	IVQ 2024	Liquid assets	Budget
1.5.16. Law on amendments of the Law on Emergency Medical Assistance	The process of amending started	Ministry of Health, Institute for Emergency Medical Assistance, Health Insurance Fund of Montenegro	IVQ 2024	Continuation in 2025	Liquid assets	Budget

1.5.17. Law on breastfeeding	Law was adopted	Ministry of Health	IVQ2023	IIQ 2024	Liquid assets	Budget
1.5.18. Amendment of the Decree on the scope of rights and standards of the healthcare protection from the compulsory health insurance	Decree was adopted	Ministry of Health Health Insurance Fund of Montenegro Clinical Center of Montenegro Institute of Public Health	IVQ 2023	IVQ 2024	Liquid assets	Budget
1.5.19. Decree on the scope of rights and standards of health care from mandatory health insurance at the secondary and tertiary level of health care	Decree was adopted	Ministry of Health Health Insurance Fund of Montenegro Clinical Center of Montenegro Institute of Public health	IVQ 2023	IVQ 2024	Liquid assets	Budget
1.5.20. Development of the Program on the fulfillment of the conditions for providing services in health tourism	Development of Regulation/Program for development of Health Tourism for 2024-2027	Ministry of Health, Ministry of Economic Development and Tourism	IVQ 2023	IIIQ 2024	Liquid assets	Budget
1.5.21. Establishment of a unique operational register of all health institutions in Montenegro	Register management conditions was defined in details	Ministry of Health	IVQ 2023	IVQ 2024	Liquid assets	Budget
STRATEGIC GOAL 2	**EFFICIENT HEALTH PROMOTION AND DISEASE PREVENTION THROUGH CONTROL OF RISK FACTORS, IMPROVEMENT OF MULTISECTORAL COOPERATION AND INCLUSION OF THE WHOLE SOCIETY**					
OPERATIONAL GOAL 2.1.	**STRENGTHENING PUBLIC HEALTH CAPACITIES WITH COMPETENCES NEEDED FOR THE DEVELOPMENT, IMPLEMENTATION AND MONITORING OF PUBLIC HEALTH POLICIES**					

PERFORMANCE INDICATOR 1: Percentage of participants in the advanced field epidemiology training program who successfully completed the two-year training	**initial value: 0%**	**Transitional value: At least 45% of participants successfully completed the two-year training**	**Target value: At least 70% of participants have successfully completed the two-year training**

Activity that impacts the implementation of the operational goal	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**
2.1.1. Development of a strategic development plan for the Institute of Public Health	Development plan/strategy was completed	MOH, IPH	IVQ 2023	IVQ 2024	10,000-12,000€	Budget of the Institute of Public Health
2.1.2. Conduct trainings in order to strengthen the institutional capacities for managing health data from the priority field with a focus on creating analyzes (health impact assessment) and identifying relevant national indicators for monitoring the health status and implementation of policies	Pilot analysis for a chosen priority filed was conducted	IPH,HIF	IVQ 2023	IVQ 2024	Liquid assets	Budget of the Institute of Public Health
2.1.3. Conducting a national survey on the level of health and frequency of risk factors with anthropometric measurements	National survey conducted, results available	IPH	IVQ2023	IVQ2024	450000€	World Bank
2.1.4. Redefining and providing a functional set of advanced knowledge and skills for interventional field epidemiology	Advanced training completed A set of advanced knowledge and skills recognized in standardized Acts on the internal organization and systematization of working places within health institutions	IPH	IVQ 2023	IVQ 2024	N/A	Pandemic Fund

2.1.5. Conducting a situational analysis of health needs and inequalities in the population of persons with disabilities, with recommendations for decreasing inequality measured through greater coverage, level of protection in case of an emergency, improvement of inclusiveness with preventive services (immunization), etc. Development of recommendations for improving approachability/accessibility of health care for persons with disabilities	Situational analysis with recommendations completed	MOH, PHI, MOWA	IVQ2023	IIIQ2024	N/A	Budget, projects and donations
2.1.6. Conducting of an analysis of the existing model of medical waste management with recommendations for improving cost effectiveness and efficiency	Analysis containing appropriate recommendations conducted	MOH, HIF, CCMNE, MF	IV Q 2023	IQ 2024	Liquid assets	Budget

OPERATIONAL GOAL 2.2.	**STRENGTHENING THE CAPACITY OF CITIZENS AND COMMUNITIES FOR EFFICIENT MANAGEMENT OF HEALTH**		
PERFORMANCE INDICATOR 1: **The number of users of counseling services satisfied with the quality of the provided services**	**Initial value:** **There is no existing data on the current level of user satisfaction with the quality of services provided by the health care system**	**Transitional value:** **Conducted analysis of the level of user satisfaction with the quality of services provided by the health care system/** **50% of users of the health care system of Montenegro are satisfied with the services provided**	**Target value:** **70% of users of the health care system of Montenegro are satisfied with the services provided**

Activity that impacts the implementation of the Operational Goal	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**

2.2.1 Conduct an analysis of the work of counseling centers with recommendations for optimizing the counseling centers' work as a support centers at public health centers	Mapped counseling centers with recommendations for optimizing counseling centers' work	MOH, IPH, HIF, PHC	IVQ 2023	IQ 2024	Liquid assets	Budget
2.2.2. Development of a modern program for the work of counseling centers in support centers at primary health centers, including strengthening the capacity of patients to adopt and practice healthy life styles in an efficient manner	Methodological instructions with defined thematic packages and guidelines for the implementation of health education work in Counseling Centers at the primary health care level developed	MOH, IPH, PHC	IV Q 2023	IVQ 2024	Liquid assets	Budget
2.2.3. Assessment and implementation of health literacy on the prevention and control of chronic non-communicable diseases (NCD)	Survey with recommandations conducted Number of media campaigns (Media Coverage)	IPH	IV Q 2023	IVQ 2024	Liquid assets	Budget
OPERATIONAL GOAL 2.3.	**CONTROL OF ANTIMICROBAL RESISTANCE THROUGH EVIDENCE-BASED INTERVENTIONS AND GOOD PRACTICES**					
PERFORMANCE INDICATOR 1: Consumption of antibiotics in DDD/1000 citizens/day	**Initial value:** **26.6 DDD/1000 citizens/day**	**Transitional value:** **25.6 DDD/1000 citizens/day**			**Target value:** **24.6 DDD/1000 citizens/day**	
Activity that impacts the implementation of the Operational goal	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**
2.3.1. Conducting of an assessment of the prevalence of hospital-acquired infections and the rational use of antibiotics	Report was published	MOH, IPH, Health Institutions, WHO	IV Q 2023	IQ 2024	20,000€	WHO

2.3.2. Improvement of the operational system for monitoring bacterial resistance to antibiotics	Number of blood cultures performed per 1,000 hospital days/number of isolates delivered Report on the importance of resistance mechanisms with recommendations (for amending/supplementing the guidelines and preventing infections)	IPH	IV Q 2023	IVQ 2024	Liquid assets	Budget
2.3.3 Develop a Plan for prevention and control of nosocomial infections	Plan was adopted Number of prescribed, targeted ABs	IPH	IV Q 2023	IVQ2024	Liquid assets	Budget
2. 3. 4. Development of a micro-plan for raising the level of coverage of priority immunizations (MMR, HPV) with special focus on the RAE group	Plan was developed	IPH	IQ 2024	IIQ 2024	Liquid assets	Budget

OPERATIONAL GOAL 3	**STRENGTHENED CAPACITY FOR PREPAREDNESS AND RESPONSE OF THE HEALTH SYSTEM TO HEALTH EMERGENCIES**		
OPERATIONAL GOAL 3.1.	**PROVISION OF CONDITIONS FOR EFFICIENT COMMUNICATION AND COORDINATION OF RESOURCES FOR MANAGEMENT OF HEALTH EMERGENCIES**		
PERFORMANCE INDICATOR 1: **The capacities of the Institute of Public Health to efficiently respond to**	**Initial value:** **2020 e-Spar indicators: Health Emergency Framework (HEF) 60%; Human resources (HR) 60%; Crisis Communication (RC) 60%**	**Transitional value:** **Health Emergency Framework (HEF) 61.5%; Human resources (HR) 61.5%; Crisis Communication (RC) 63%**	**Target value:** **Health Emergency Framework (HEF) 63%; Human resources (HR) 63%; Crisis Communication (RC) 63%**

public health threats through a functional Emergency Operational Center (PHEOC)						
Activity that impacts the implementation of the Operational goal	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**
3.1.1. Defining the legal basis for the introduction of the Public Health Operational Center (PHEOC) as an integral part of the healthcare system	Amendment to the Law on Infectious Diseases and the Act on Systematization of the Institute of Public health prepared	Ministry of Health, Public Health Institute	IV Q2023	IVQ2024	EUR	EU, WHO
3.1.2. Creation of manuals for PHEOC including definition of internal procedures/SOP, concept of operations, duties and tasks of employees in PHEOC, as well as definition of instruments for the implementation of routine functions of PHEOC	Manual with SOPs was created	Ministry of Health, Institute of Public Health	IV Q2023	IVQ2024	EUR	EU, WHO
3.1.3. Strengthening of institutional capacities for dealing with emergency situations (WHO training for personnel who will be in charge of duties and tasks within the PHEOC)	Report on conducted trainings	Ministry of Health, Institute of Public Health	IV Q2023	IVQ2024	EUR	EU, WHO
3.1.4 Developing IT support (software applications) for the completion of	Published tender for developing a software application for PHEOC	Ministry of Health, Public Health Institute	IV Q2023	IVQ2024	EUR	EU, WHO

assignments and work tasks of PHEOC.						
3.1.5. Procurement of IT equipment (hardware) for PHEOC	Published tender for the procurement of IT equipment	Ministry of Health, Public Health Institute	IV Q2023	IVQ2024	EUR	EU, WHO
3.1.6. Develop a sustainable model of the organization and integrated control of poisoning in the country	Model was developed	Ministry of Health, insitute of Public Health Clinical Center of Montenegro	IV Q2023	IV Q 2024	12 000EUR	MOH, WHO
OPERATIONAL GOAL 3.2.	**Improve the functional and structural safety of healthcare institutions**					
PERFORMANCE INDICATOR 1: **Level of implementation of infrastructural solutions**	**The initial value:** **There is no existing data on precentage (%) of implemented infrastructural solutions**		**Transition value:** **60% of planned infrastructural solutions is implemented**		**Target value:** **100% of planned infrastructural solutions is implemented**	
PERFORMANCE INDICATOR 2: **The percentage of decreased number of referrals in surgical and internal medicine from the northern and southern regions to the Clinical Center of Montenegro**	**Initial value:** **Number of referrals in the period from April 12, 2022 to April 14, 2023** **Surgical clinic: 2247 patients** **Cardiology Clinic: 2262**		**Transitional value:** **Percentage of decreased number of referrals** **Surgical clinic for 5-10%** **Cardiology Clinic: 5-10%**		**Target value:** **Percentage of decreased number of referrals** **Surgical clinic for 10-15%** **Cardiology Clinic: 10-15%**	
Activity that impacts the implementation of the Operational Objective	**Result indicator**	**Competent authority**	**Start date**	**Planned completion date**	**Funds planned for the implementation of activities**	**Source of financing**

3.2.1. Strengthening the infrastructure of health care institutions in order to improve health care protection	The Clinic for Infectious Diseases and the Clinic for Dermatovenerology built and made operational	MOH, CCMNE, ACP	IV Q 2023	IV Q2024	8.833.068,76€	IPA funds
	The Clinic for Mental Health built and made operational	MOH, CCMNE, ACP	IV Q 2023	IV Q 2024	7.134.390,72€	State capital budget
	The Center for Control and Prevention of Infectious Diseases with the Operational Center for Emergency Situations built and made operational	MOH, CCMNE, ACP	IV Q 2023	IV Q 2024	2.193.991,25€	IPA funds
	9 microbiological laboratories in health care institutions adopted and equipped	MOH, HI, ACP	IV Q 2023	II Q 2024	2.081.343,77€	IPA funds
	Development and revision of the main project for the construction of a general hospital in Pljevlja	MOH, GH PLJEVLJA, ACP	IV Q 2023	II Q 2024	500.000,00€	State capital budget
	Announcing a public tender for the conceptual architectural solution for the construction of the Urgent Care Center in Podgorica	MoH, CCMNE, MESPU	IV Q 2023	IV Q 2024	90.000,00€	State capital budget
	Announcement of a public competition for the conceptual architectural solution for the construction of the Health care center, City quarter in Podgorica	MOH, PHC PODGORICA, MESPU	IV Q 2023	IVQ 2024	100.000,00€	State capital budget
	Announcement of a public competition for the main project and works on the "design and build" principle for the Reconstruction of the old	MOH, CCMNE, ACP	IV Q 2023	III Q 2024	N/A	State capital budget

	oncology facility project (for the needs of the Hematology Clinic with PET CT center)					
	The old oncology facility (for the needs of the Hematology Clinic with PET CT center) reconstructed and made operational	MOH, CCMNE, ACP	IV Q 2023	IV Q 2024	5.500.000,00€	State capital budget
	Creation of a feasibility study for the improvement of energy efficiency in 3 health institutions in Montenegro (Clinical Center of Montenegro, general hospital Bijelo polje and General Hospital Cetinje)	MOH, health institutions	IV Q 2023	IV Q 2024	N/A	The European Bank for Reconstruction and Development (EBRD)
3.2.2. Strengthening of personnel capacities with a focus on newly formed clinics at General Hospital Kotor and General Hospital Berane	Amended acts on the internal organization and systematization of the General Hospital Kotor and General Hospital Berane Number of announced specializations and subspecialties					
3.2.3. Creation of a model of the preparedness plan for health crisis response at the hospital level	The preparedness plan	MOH, hospital level	IV Q 2023	IVQ 2024	12000€	Budget, WHO
3.2.4. Conducting a simulation exercise to test the preparedness of hospitals for a health crisis	The number of hospitals where the exercises were carried out	MOH, hospital level	IV Q 2023	IVQ 2024	4000€	Budget, WHO

VIII INFORMATION FOR THE PUBLIC ON THE OBJECTIVES AND EXPECTED EFFECTS OF THE PROGRAMME IN ACCORDANCE WITH THE COMMUNICATION STRATEGY OF THE GOVERNMENT OF MONTENEGRO

During the cycle of planning and conduction of the strategic document, the communication of reform activities is an integral part of the implementation phase of the planned activities. Informative policy instruments include the implementation of various campaigns, training, various PR activities, the creation of informative leaflets and brochures, writing publications, in order to affirm the importance of the given public policy, i. e. the solutions offered by the strategic document in question. The strategy also plans promotional activities in order to achieve the goals.

Finally, it is of great importance to provide information to the target groups as well as the general public, through the portals and social networks of the Ministry of Health, the Institute of Public Health, health institutions, and other entities involved in the implementation and implementation of the planned activities.

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