

Investing for a safe and healthy Serbia

WHO Health Emergencies Programme
at the country level



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WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Serbia: The case for action

Serbia is highly exposed to floods and has medium to high exposure to earthquakes. In recent years, Serbia has seen outbreaks of measles and vector-borne diseases, such as West Nile Fever. While Serbia has a strong public health system, there are areas where its health emergency capacities need to be further strengthened. The Ministry of Health is working with WHO to address these, which is why the Serbia is one of the WHO Health Emergencies (WHE) Programme's priority countries in the European Region.

The WHE Programme will continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

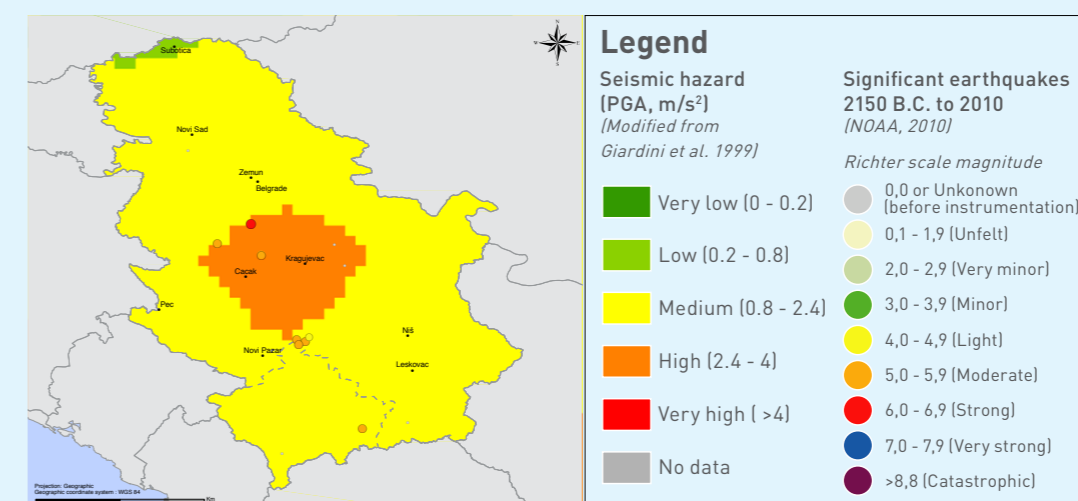
1 BOX

Key emergency threats in Serbia

- Earthquake and flood hazards (Maps 1 and 2)
- Outbreaks of measles
- Outbreaks of vector-borne diseases
- Serbia has become a significant transit country for irregular migrants heading for the European Union

1 MAP

Serbia: Seismic hazard map²



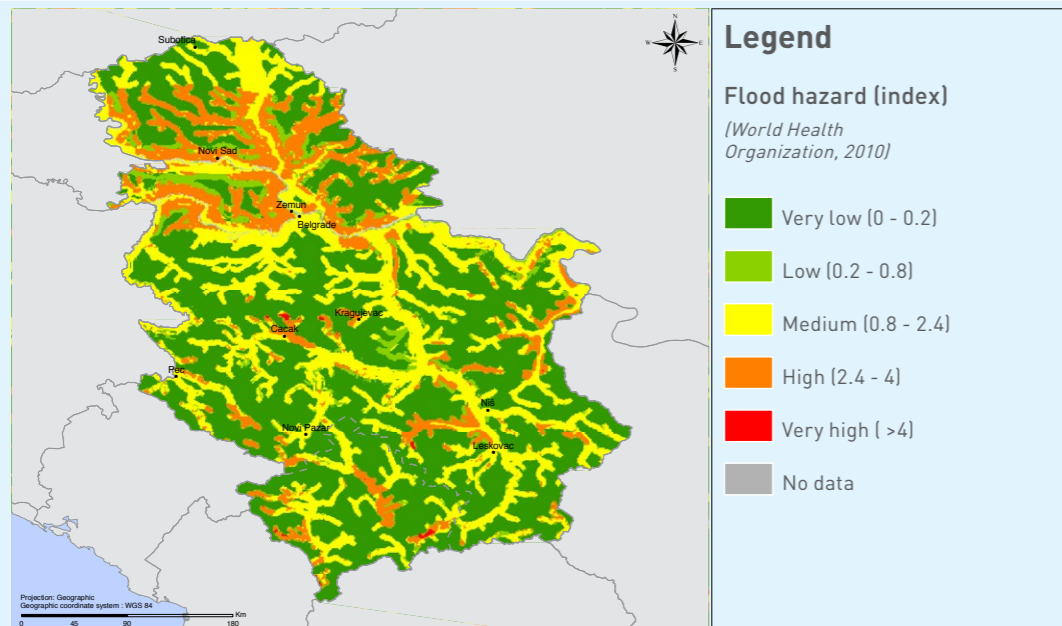
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2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the-volume-1-exposure-to-natural-hazards-version-2.0>, accessed 23 August 2019).

Serbia: Flood hazard map³**Disclaimer**

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Serbia is striving to achieve Universal health coverage (UHC), in line with the UN's Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country's progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.

³ Ibid.



WHO experts visiting a shelter for displaced people during the floods in 2014
Photo credit: WHO



“Universal health coverage
and health emergencies
are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system's ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2
BOX**Investing in emergency preparedness makes economic sense**

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023⁴

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

⁴ WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

3
BOX**Investing in health emergency preparedness is key to achieving the SDGs**

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).



WHO Serbia staff inspect the clinic for tropical and infectious diseases part of the Clinical Centre of Serbia Photo WHO Serbia. Photo credit: WHO

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the core capacities needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR Core Capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Serbia's emergency preparedness and response capacities

6
BOX

Overview of IHR monitoring and evaluation in Serbia

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities.⁵ The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019
- Joint External Evaluation: 2018
- After Action Reviews: 2019
- National Action Plan for Health Emergency Preparedness

Recommended:

- Simulation exercise (SIMEX)

7
BOX

Highlights from Serbia's 2019 self-assessment report on its IHR core capacities

Analysis of Serbia's annual reporting data for 2019 shows the IHR core capacities with the most room for improvements in Serbia are currently:

- Laboratory
- Surveillance
- Radiation emergencies
- Health Service Provision

The Ministry of Health is showing political commitment and leadership on Serbia's health emergency capacities. In the context of implementing the IHR (Box 4), it volunteered Serbia to undergo a Joint External Evaluation (JEE) of its health emergency core capacities, which took place in 2018.

Following the JEE, Serbia prepared a National Roadmap (IHR-PVS) to strengthen collaboration and coordination between animal health & public health service in 2019.

⁵ WHO. IHR Monitoring and Evaluation: A Key Element for Public Health Emergency Preparedness and Response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1, accessed 23 August 2019).

Key findings from the Joint External Evaluation of Serbia's IHR core capacities⁶

Strengths of Serbia's public health system:

- Long history in public health: Serbia's first medical laboratory was established in 1900. Later, Serbia was among the first countries to eradicate smallpox.
- Strong framework of public health laws and legislation.
- Strong emergency response system, shown in the effective response led by the Ministry of Interior/emergency management sector to the floods emergency in 2014.
- Strong immunization systems, including capacity to manufacture vaccines.
- National Health Emergency and Preparedness Plan approved in 2018 (following the JEE).

Areas for intervention:

- Human resources: the public health workforce is ageing. Unless the health sector is able to train, hire and retain the skilled staff it needs, its capacities will start to erode.
- Cross-sectoral divisions of responsibility and processes are agreed between technical experts but need to be codified in Standard Operating Procedures (SOPs).
- Multisectoral collaboration and coordination need to be further improved both on preparedness and response.
- Surveillance systems need to move to real-time electronic reporting.

Key recommendations:

- Clarify mechanisms for whole-of-government coordination in pre-emergency phase.
- Develop SOPs for technical areas not currently covered by written strategies and procedures.
- Review and realign national workforce strategy for health sector.
- Move towards a systems of web-based real-time reporting of surveillance data.

Serbia's health emergency preparedness initiatives

Emergency preparedness

Following the devastating floods in Serbia in 2014, WHO supported the Ministry of Health to develop an all-hazards National Health Emergency Preparedness and Response Plan and a specific contingency plan for floods. National experts have been trained on public health emergency management.

Pandemic influenza preparedness

Through support from Global Action Plan for Influenza Vaccines (GAP), Serbia will have capacity to develop influenza vaccines (from 2019) and thus will have the potential to become a regional supply hub for pandemic influenza vaccines. National investment in the coming years is crucial to maintain/expand production.

⁶ WHO. Joint External Evaluation of IHR Core Capacities of Republic of Serbia. Geneva: World Health Organization; 2019. (<https://apps.who.int/iris/bitstream/handle/10665/311186/WHO-WHE-CPI-2019.36-eng.pdf?sequence=1>, accessed 3 September 2019).

One Health

A National Bridging Workshop on the IHR and the World Organisation for Animal Health (OIE) Performance of Veterinary Services Pathway was organized in 2019.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance, in Serbia a National IPC programme is available. It is in accord with the WHO IPC core components guidelines, and IPC plans and guidelines are implemented nationwide. In 2018, Serbia conducted an EU-based Point Prevalence Survey of health care associated infections and antimicrobial use.

Risk communication

The Regional Office has launched an Emergency Risk Communication (ERC) five-step package⁷ for tailored support to each enrolled country to scale up their capacity in this area, by developing, testing and adopting their ERC national plan under the IHR. Serbia completed steps 1 to 3 of the ERC capacity-building package including training, capacity mapping and plan writing.

⁷ WHO. Emergency risk communication (ERC) 5-step capacity-building package [online]. Copenhagen: WHO Regional Office for Europe. (<http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package>, accessed 23 August 2019).

Opportunities for further progress

Serbia shows a high level of political commitment to health emergency preparedness and response. A National Action Plan for Health Emergency Preparedness was approved at the end of 2018. This puts in place a long-term strategy for maintaining and further reinforcing its IHR core capacities.

WHO, national and international partners are ready to support the Ministry of Health in:

- implementing the National Health Emergency Preparedness Plan along with contingency plans for specific hazards;
- mobilizing the domestic resources needed to implement these plans.

Implementing the National Health Preparedness Emergency Plan through mostly domestic resources will make it sustainable. International partners may be able to offer valuable experience or technical expertise to Serbia in areas such as strengthening multisectoral collaboration or implementing web-based real-time reporting of surveillance data.

Success stories

Cooperation on laboratory capacity

The Serbia's national public health laboratory system has cooperative agreements with European Centre for Disease Prevention and Control (ECDC) and the US Centers for Disease Control and Prevention (US CDC). It has potential to become a centre of excellence for the Balkans region.

Evaluating emergency response to major floods

WHO evaluated Serbia's response to major floods in 2014. It found the response was rapid, effective and saved many lives.

Serbia: the hub for the Balkans

Serbia is the hub for the Balkans of the WHE Programme. WHO's Country Office, the WHE hub and partners organize regular training sessions, After Action Reviews and emergency simulation exercises to help Serbia and neighbouring countries maintain and further strengthen their capacities.

Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.

2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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