

Family Medicine Development in Bosnia and Herzegovina: a 7 year retrospective



Queen's University Family
Medicine Development Program in
the Balkans Region*



*A CIDA- Funded Project



Project background:

- Goal: to establish Family Medicine as the foundation of the primary care system in BiH through the development of educational programs and supportive policies
- Project development 1995-97
- 3 Phases of funding from CIDA totaling \$CDN 14 Million
- Queen's University Dept. of FM is implementing agency
- Partners: MOHs, Medical Faculties, Cantonal-regional health institutions in BiH



Project activities:

1. Technical assistance to MOHs and other health officials: strategic plans, policies, regulations, professional and public education about Primary Care reform
2. Undergraduate medical education
3. Family Medicine specialty program development
4. Departments of Family Medicine: future educators
5. Program of Additional Training for GPs and nurses (Phase 3)
6. Regional primary care activities in Montenegro, Serbia (Phase 3)



Challenges: Bosnia and Herzegovina

- Post-war/post-communist country re-inventing itself within the terms of Dayton Peace agreement
- Destruction of health system, loss of personnel
- Very weak institutional and individual capacity to work as effective partners
- Weak economy, high unemployment
- Pervasive corruption: government, institutional, individual



Challenges: Bosnia and Herzegovina

- Persistent ethnic divide that colors all decisions
- Political instability: “ownership” of all public institutions by political parties leading to post-election handouts
- Vast number of NGOs (same in Kosovo)
- Poor coordination of international assistance by internationals
- 50 years of progressive fragmentation of primary care system



Results to date:

- Strategic plans and new Health Laws that emphasize Family Medicine development
- Strong inter-entity connections through consistent programming and regulations
- Regulated plans and programs and certification procedures for FM
- 4 Departments of FM
- Undergraduate teaching in FM at all Medical Schools since 1998



Results to date:

- 19 Family Medicine Teaching Centers and satellites in 6 cities affiliated with University Depts. of FM
- 60 certified specialists in FM and 200 residents in FM in training programs
- Training program for FM nurses in teaching centers
- Association of FM
- Strong coordination with World Bank health projects and other major players (EU-PHARE, ICRC, DFID etc)



Lessons learned:

- Over-estimated local capacity to work as effective partners: make capacity-building an early priority
- Under-estimated powerful influence of ethnic/nationalistic forces: need long-term, flexible approach
- Naiveté about extent of corruption: way of life
- Importance of credibility to build stakeholder support: inception-development phase during and immediate post-war
- “Program” vs. “Project” mentality



Lessons learned:

- Necessity for constant presence on the ground: information gathering, trust-building, stabilizing influence, role modeling, peace-building
- Need to find better ways to coordinate international presence in post-conflict countries: wasted investment, duplication, competing mandates, weak local capacity/desire to coordinate.
- Early, creative and constant efforts at hand-over for sustainability