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Citizen-oriented Public Administration in Serbia – Reality or Wishful Thinking?

The current process of public administration reform in Serbia is conditioned by the process of European integration, and thus the reform process represents the harmonization of legislative framework and public administration functioning in Serbia with European principles and good practice. Accordingly, the emphasis is on developing citizen-oriented public administration, which has become a strategic direction of the Serbian Government. However, even though the latest report of the European Commission gives Serbia a predominantly positive assessment in the area of public administration reform (PAR),¹ it also reveals its concrete deficiencies.² In other words, public administration in Serbia faces numerous challenges and difficulties, some of which are reflected in the lack of capacity, but some also in the reluctance of the Government and the administration to adapt to new demands.

The research in the area of primary healthcare regarding the perception of citizens' satisfaction with healthcare services indicates the systemic problems that public administration is faced with in Serbia when providing services, but also points to the need for continuous monitoring of PAR by civil society. At the same time, the results show a need for greater commitment from the Ministry of Health to the development of citizen-oriented public services.

European standards in public service delivery

Even though public administration has always been an internal issue of the European Union (EU) member states, there is justified interest by the EU in the administrative capacities of member states in order to not only ensure the application of the *acquis*, but also to guarantee the equal treatment of all citizens. As a result, SIGMA programme³ has developed the Principles of Public Administration that today constitute the basis for good governance and therefore serve as the requirements that candidate countries need to fulfil in the process of EU integration. The Principles of Public Administration rely on EU legislation, such as the Charter of Fundamental Rights, but also on benchmarks and good practices from the Organisation for Economic Co-operation and Development (OECD) countries,⁴ and today can be considered as an informal *acquis* of the Union representing standards in different aspects of public administration management. One of six key areas of PAR in the Principles is the area of public service delivery.⁵

¹ European Commission, Serbia Report 2016, 9 November 2016, Brussels, 9-12. https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/pdf/key_documents/2016/20161109_report_serbia.pdf

² Lazarevic Milena and Vladimir Mihajlovic, (Un)successes of Public Administration Reform in Serbia, European Policy Centre, Belgrade, November 2016. <http://cep.org.rs/publications/ne-uspesi-reforme-javne-uprave-u-srbiji/>

³ SIGMA is a joint initiative of the OECD and the European Union and its key objective is to support strengthening of public administration and implementation of governance reforms in EU enlargement and neighbouring countries.

⁴ OECD/SIGMA. The Principles of Public Administration, OECD, 2015. 67.

⁵ The focus of the Principles is on six key areas: strategic framework of public administration reform, policy development and co-ordination, public service and human resource management, accountability, service delivery i public financial management.



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When it comes to public services, the focus is primarily on the effectiveness of the public service delivery process, where special attention is paid to the protection of individuals in administrative proceedings. The emphasis is on the demand for efficient service delivery, with an equal emphasis on the necessity to ensure equal access to services for all citizens. The Principles clarify that service delivery can be defined very broadly as all contact between citizens and businesses with public administration when they seek information, handle their affairs, pay taxes, etc. In this context, orientation towards citizens needs to be understood as encompassing all contact and all tasks performed by the public administration that affect citizens.⁶

A key requirement in the area of service delivery is citizen-oriented public administration, ensuring the quality and accessibility of public services, as the table 1 below shows.

Table 1: Principles of Public Administration in Service Delivery

Key requirement: Administration is citizen-oriented; the quality and accessibility of public services is ensured.
Principle 1: <i>Policy for citizen-oriented state administration is in place and applied.</i>
Principle 2: <i>Good administration is a key policy objective underpinning the delivery of public service, enacted in legislation and applied consistently in practice.</i>
Principle 3: <i>Mechanisms for ensuring the quality of public service are in place.</i>
Principle 4: <i>The accessibility of public services is ensured.</i>

In 2015, a detailed methodology for the assessment of public administration in the Western Balkan countries was developed, where service delivery was measured through 16 indicators, of which 3 were qualitative and 13 were quantitative indicators. In 2016, the methodology for measurement has been improved to put a greater focus on implementation and results. First of all, indicators have been altered to better reflect Public Administration Principles, they consist of multiple sub-indicators, using combined methods, data triangulation, and expressing values for each indicator on a scale from 1 to 5.

Towards citizen-oriented public services in Serbia

Service delivery is the highest rated area by SIGMA in the latest 2015 report, with emphasis on strategic orientation for customer-oriented service delivery, and the “guillotine” project⁷ along with the introduction of e-services.⁸ However, a more detailed analysis of this document points to the deeper problems that public administrations is facing in service delivery. Therefore, the aforementioned report with previously defined principles of public administration can serve as a broad framework for assessing the quality and accessibility of public services, in consultation with existing reports of civil society organizations (CSOs) and independent institutions.

⁶ SIGMA. The Principles of Public Administration, OECD Publishing, 2015. 66.

⁷ Lessening administrative burdens by reducing the number of legislative acts or simplifying them.

⁸ SIGMA. Baseline Measurement Report Serbia 2015. OECD Publishing, Paris 2016. 72.



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SIGMA indicates that policies for citizen-oriented public administration are in place in Serbia, including the development of e-services, which are used by citizens and businesses.⁹ In other words, the current Public Administration Reform Strategy recognizes "citizen-oriented public administration capable of delivering a certain level of services to citizens and business"¹⁰. Also, the Strategy for Development of E-Government states the need for establishing a user-oriented public administration that will enable delivery of quality services to citizens and businesses through simplification of procedures and introduction of e-government.¹¹ Nevertheless, despite the strategic framework, specific public policies aimed at improving the quality and availability of public services are still lacking.¹² In addition, there are legal barriers that prevent consistent simplification of procedures in practice.¹³

Furthermore, the question of good administration - the second SIGMA principle – essentially is a question of the quality of the administrative procedure and how many rights it provides to citizens. The new Law on General Administrative Procedure (LAP) that regulates this area was adopted in 2016.¹⁴ Its full implementation started on June 1, 2017 and it has completely replaced the previous LAP, which had been in force since 1997. The LAP regulates principles and standards according to which public administration acts toward citizens, i.e. provides the delivery of services. For the citizens, the most important novelty of the new LAP is related to the official obligation of the administrative bodies to exchange between themselves the data kept on official records, such as a birth or citizenship certificate, which should facilitate the obtaining of personal documents.¹⁵ Although the law was not a subject of the 2015 SIGMA report, a general assessment can be provided based on the defined requirements that call for the existence of a codified administrative procedure that brings special procedures to a minimum. Hence, there are a large number of regulations in Serbia that define various aspects of the administrative procedure and special administrative procedures, which are necessary to harmonize and which can be a source of legal uncertainty after the beginning of the application of the new LAP, which is also emphasized in the European Commission report.¹⁶ Additionally, monitoring of the implementation of the Law indicates its unequal implementation by public officials, who in a certain number of cases do not act ex officio and do not provide timely information to citizens.¹⁷ On the other hand, the analysis also signifies that the competent ministry does not adequately perform its supervision over the work of the administrative bodies.¹⁸

⁹ SIGMA. The Principles of Public Administration, OECD Publishing, Paris 2014. 66.

¹⁰ Public Administration Reform Strategy, Republic of Serbia

<http://www.mduls.gov.rs/doc/Strategija%20reforme%20javne%20uprave%20u%20Republici%20Srbiji.pdf>

¹¹ Strategy for E-Government Development, Republic of Serbia

<http://www.mduls.gov.rs/doc/Strategija%20razvoja%20eUprave%20sa%20AP%202015-2018.pdf>

¹² SIGMA. Baseline Measurement Report Serbia 2015. OECD Publishing, Paris 2016. 75.

¹³ Ibid.

¹⁴ On February 29, 2016, the National Assembly adopted a new Law on General Administrative Procedure, which entered into force on 1 June 2017, with the exception of certain provisions (Article 103) whose implementation began from June 2016.

¹⁵ Art. 103 of the Law on General Administrative Procedure which entered into force in June 2016.

¹⁶ European Commission. Serbia 2016 Report. Brussels, November 2016, 12.

¹⁷ Praxis/UNHCR. Analysis of the Procedures for Determining the Date and Place of Birth and for the Exercise of the Rights to Citizenship and Registration of Permanent Residence, Praxis, Belgrade, December 2016. 23.

https://www.praxis.org.rs/images/praxis_downloads/Izvestaj_UNHCR_2016_-_28.11.pdf

¹⁸ Ibid.



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In addition, SIGMA indicates a lack of a policy for improving the quality of public services.¹⁹ In other words, Serbia has neither a competent body responsible for quality assurance, nor the mechanisms for monitoring the quality of services. At the same time, public institutions do not collect data on citizens' satisfaction that should be consulted in policy making regarding service delivery.

Regarding the availability of public services, there are no official data regarding to what extent public institutions are physically accessible, and to what extent websites are adapted to blind and visually impaired people.²⁰ A special report of the Commissioner for Equality Protection from 2013 points out that most institutions do not have access adapted to people with disabilities, which prevents them from using a wide range of public services in many spheres, such as health, education, social services, and the like.²¹ Moreover, the 2016 Annual Report estimated that "people with disabilities not only do not have access to services, but do not have access to institutions either".²² In terms of one-stop-shops, Serbia also did not achieve great results. Nevertheless, the most important progress has been made with the „Baby, welcome to the world“ service where several disassociated services (registration in the birth register, registration of residence and health insurance) are merged into one simple procedure that is performed at the maternity ward, after which parents receive all documents at their home address.

Bearing all this in mind, it could be said that there is a strategic commitment by the Serbian Government to reform public administration towards better service of citizens, which has been recognized by SIGMA and resulted in a high mark in the field of public service delivery. Namely, Serbia got a score of 4 out of 5 on two qualitative indicators, one concerning the existence of a policy to design public services around the needs of the user; and the other related to the policies and legal framework to deliver electronic services. However, SIGMA's estimate was based on a superficial analysis of these several strategic documents and it can be expected that the results of the new assessment carried out in 2017 will be much more realistic and thorough.²³

What is lacking in Serbia are particular policies aimed at developing mechanisms for monitoring citizens' satisfaction, as well as the work of the administrative authorities.

¹⁹ SIGMA. Baseline Measurement Report Serbia 2015. OECD Publishing, Paris 2016. 76.

²⁰ Workshop with local OCD was held from 18-20 May in Kovacica. <http://www.mojauprava.rs/blog/2017/05/29/organizovana-radionica-na-temu-pruzanje-usluga/>

²¹ ²¹ Special Report on Discrimination against Persons with Disabilities in Serbia, Commissioner for Protection of Equality, Belgrade, April 2013, 52-53. <http://bit.ly/2s8VYMG>

²² Regular Annual Report of the Commissioner for the Protection of Equality, Belgrade, March 2017, 76. <http://bit.ly/2rcsBs5>

²³ Since individual countries apply very different approaches to defining the notion of public administration, SIGMA is determined to examine the delivery of services only at the central government level, with the establishment of certain "links" to subnational levels of government (especially to local self-government) and to the judiciary. Moreover, the limitation of SIGMA's approach, also caused by different approaches to defining public administration, is seen in the fact that it includes only administrative services, and not other public services, such as education or health. Therefore, the project (within which this policy is developed) covers an area that belongs to the classic type of administrative service (the issuance of personal documents) and two areas that fall within what SIGMA calls "specialized" services. This approach allows not only to pay more attention and improve services that are extremely important for the broadest population, but also provides complementarity with the SIGMA approach, i.e. compensates for the limitations mentioned above.

Therefore, the results of the survey on citizens' satisfaction with primary health care services presented in the next section are not just an example of the constructive role that civil society organizations should and could have in the process of monitoring PAR, but are also an indicator of the situation in service delivery in Serbia within the critical and general area of health care.

Satisfaction with service delivery in primary health care

In order to enable two-way communication between citizens and public administration authorities and to emphasize the role of civil society organizations in monitoring the PAR process, during December 2016 the project partners conducted a quantitative research on the citizens' perception of quality of services in primary health care throughout the whole territory of Serbia, focusing on public health care centres.²⁴ In addition, in order to make the research as comprehensive as possible, a survey on the attitudes of employees, i.e. health care professionals, was conducted in order to measure not only the satisfaction of users, but also the perception of service providers. In addition, two focus groups were held in Belgrade and Nis, which provided the analysis of the results of the quantitative research with a qualitative dimension.

The analysis focused on five relevant areas in terms of citizens' satisfaction with health services at the level of primary health care: efficiency and quality, satisfaction and expectations, abuse, discrimination, and information.

Chart 1: Primary Health Care Efficiency

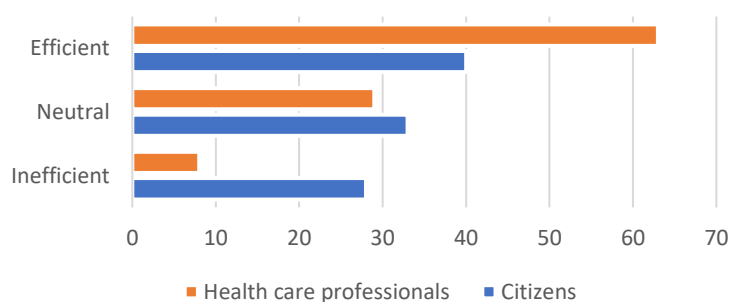
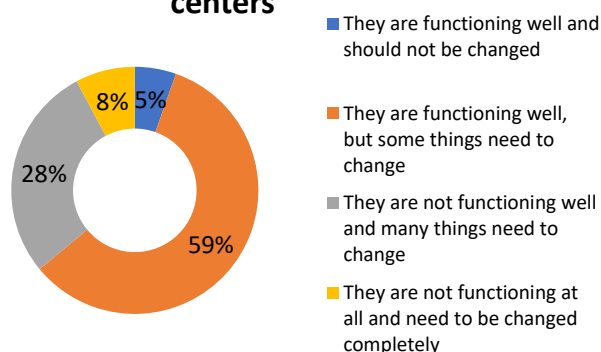


Chart 2: Functioning of health centers



Regarding the efficiency of the provision of services, the survey shows that slightly less than one third, i.e. 28% of citizens, rated their experience with the overall health care system as ineffective, and this perception is highest for the primary level of health care. At the same time, it is interesting that health care providers rated the primary system as the most effective, compared to the secondary and tertiary levels. A comparative presentation of citizens' attitudes and health care

professionals regarding the efficiency of primary health care is presented in Chart 1.

Almost half of the citizens, i.e. 46%, believe that health centers provide **quality services**, while one third (32%) believe that the quality of service is mostly or extremely poor.

²⁴ The survey was conducted by ProPozitiv agency between December 16 and December 29, 2016, on a representative, random and stratified sample that covered the entire territory of Serbia, without Kosovo.



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The highest level of dissatisfaction with the quality of services (43%) is in Belgrade, comparing to the rest of Serbia. On the other hand, over 85% of health care professionals consider the service to be high quality, indicating profound differences in attitudes between users and service providers.

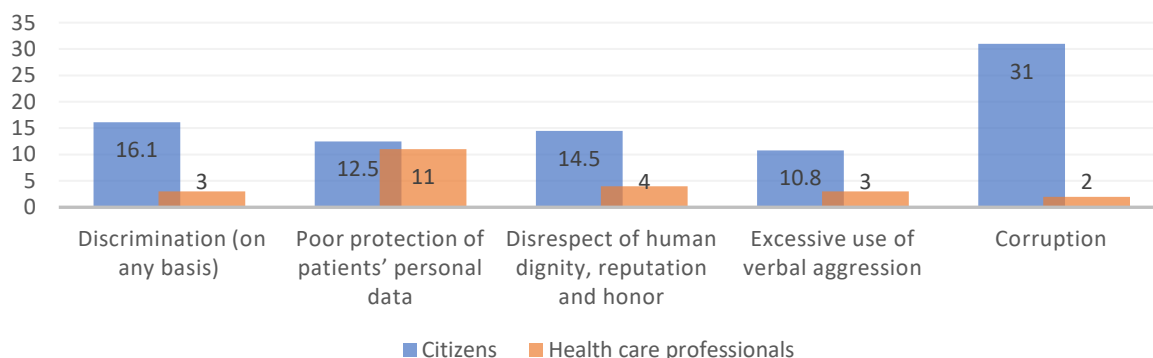
Despite the prevailing positive attitude regarding the functioning of health centers, more than one third of the citizens (36%) think that the health centers are functioning badly or not functioning at all (Chart 2). **The biggest problems identified in the work of the primary health care system are waiting times and lines (24%), poor system of scheduling physical examinations (14%) and insufficiently equipped facilities (8%).** In addition, as the most present problems, citizens see poor communication by auxiliary medical staff, as well as non-motivated doctors. During the focus groups, citizens identified the lack of commitment to patients as one of the biggest problems.

On the other hand, health professionals themselves recognize the inadequate number of doctors as the most significant problem in the work of health centers. Then, there is extensive administrative work and insufficient equipment of the institutions. However, while only 4% of medical personnel recognize waiting and queues as the biggest problem in the functioning of health centers, compared to 24% of citizens, **an inadequate number of doctors is the cause of waiting and queues - therefore it can be concluded that both sides recognize the lack of capacity of health centers as the biggest challenge in their functioning.**

Also, the research showed a **significant difference between the satisfaction level with health services between different age groups.** Namely, young people are much more dissatisfied with health services than older people. For example, while only 8% of those over 45 years of age say that they are dissatisfied with the swiftness of service delivery, among the younger population the percentage of those who are dissatisfied with this issue is 26%. Additionally, every fourth citizen younger than 30 years of age is not satisfied with the simplicity of procedures, compared to every tenth citizen over the age of 45 years. Also, 40% of young people are dissatisfied with the waiting times for physical examination, compared to less than 20% over 45 years of age.

Corruption is seen by citizens as the most common type of abuse in public health care, while for health care workers corruption is the least represented type of abuse, which again indicates a completely opposite perception of service providers on the one hand, and citizens on the other, as Chart 3 below shows.

Chart 3: Representation of various aspects of abuse in the public health care system





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Additionally, there is widespread belief among citizens that it is necessary to reach for connections in order to get the appropriate services in the health centers. As a result, 37% of the total number of citizens think that it is necessary to contact relatives/friends working in health institutions in order to get a proper physical examination in the public health center, and an alarming 78% think that people use private acquaintances to get the necessary health services faster, while 52% of citizens consider connections and informal payments or gifts as necessary to obtain fast and efficient services.

Also, although the aforementioned reports of the Commissioner for the Protection of Equality point to the difficulty disabled persons face in accessing health institutions and their inability to access certain services (dental, gynaecological), **respondents of all ages, all levels of education, and from all parts of Serbia, consider persons with disabilities to have easier access to the necessary health services compared to the average citizen.** Additionally, 78% of health care professionals consider people with disabilities to have easier access to the necessary health services. The mentioned data indicates the lack of awareness of both citizens and officials of the disadvantage of persons with disabilities in terms of access to most services.

More than half of citizens think that they are not sufficiently informed about patients' rights. More precisely, 65% of citizens believe that they need additional informing, compared to 34% of those who think they do not need informing, and there are no significant deviations by region. Citizens, generally, consider that more informing should be done primarily through doctors, media (TV and newspaper articles) and nurses. It is alarming that almost half of citizens (48%) do not know who to contact if they have been deprived of their patients' rights.

Bearing in mind that, during the process of receiving citizens' responses, the replacement of old paper health cards with new health insurance cards was, and still is, in effect. Thus, it was interesting to explore the attitude of citizens about the substitution procedure, but also to compare it with the attitude of the employees themselves. Most citizens are satisfied with the replacement procedure, and the greatest dissatisfaction is still in Belgrade. On the other hand, most doctors and nurses are not satisfied with the replacement procedure and report that there is no preference for the introduction of new health insurance cards. As the biggest drawbacks of the new system, the poor technical equipment of the health centers is highlighted, as well as the lack of information on the cards itself – these are the issues that the citizens in the focus groups pointed out as the main disadvantages.

Civil society and public administration - How to proceed?

Therefore, even though the research has shown that the citizens of Serbia are mostly satisfied with the services, certain trends have been noticed that point to deeper problems that directly reflect the flaws mentioned in the first part of the text. Focus group findings point to the conclusion that the (unexpected) level of citizen satisfaction can be interpreted, primarily, by low expectations and citizens' lack of information regarding established standards. Namely, the general practitioner (MD) can be seen as an administrator whose role was reduced to the issuing of prescriptions, while most participants in the focus group think that they are not sufficiently informed about their rights of patients and that they are not familiar with the relevant laws.²⁵ On the other hand, there is noticeable dissatisfaction of health professionals with novelties that are introduced into the service delivery system.

²⁵ The focus group was held in Belgrade, on March 16th, 2017.



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Therefore, Serbia has committed itself to improving the delivery of health services, and there are measures in the health sector - such as the introduction of new health insurance cards - which should improve and make the service delivery system more efficient for citizens. However, in order to respect the needs of citizens, and to avoid the potential resistance of employees within the system, it is important that CSOs are involved in the overall reform process, as well as the inclusive approach of the Ministry of Health. Specific suggestions on how this should be achieved in practice are presented in the recommendations for CSOs and the Ministry of Health below.

Recommendations for CSOs:

- ✚ It is necessary that CSOs be more involved in **monitoring the work of the public administration in health care area** in order to influence the improvement of the quality and accessibility of public services. Through regular monitoring of the work of health centers and other health institutions, especially at the local level, it would be possible, on the one hand, to provide more control of health care professionals' work and their transparency and, on the other hand, identify problems and omissions, which would create the basis for creating additional recommendations for improving their work
- ✚ Civil society organizations should **develop tools and mechanisms as the basis for monitoring and collecting data** on the quality of health services, which would be particularly important given the lack of capacity of the institutions themselves to provide quality measurement. In addition, the mentioned role of CSOs would be valuable for reporting purposes for organizations such as SIGMA/OECD, which would make the PAR status assessment more comprehensive and recommendations for improvement better.

Recommendations for the Ministry of Health:

- ✚ It is necessary to work on the introduction of **mechanisms for regular quality control** in primary health care, including a more systematic way of collecting citizens' feedback in order to improve and eliminate the problems they face. This would enable two-way communication between citizens and administration and improve the transparency and accountability of officials.²⁶ Technologies such as text messages, web-sites, various applications and online forums, today can greatly facilitate the collection of responses from users without investing large funds.²⁷ This would enable continuous understanding of citizens' needs with more effective responses to potential discrimination, i.e. inequalities in access to services.

²⁶ The Public Service Improvement Manual developed in the framework of the Open Government Partnership in May 2017 highlights the importance of applying the principles of open administration, such as the transparency and involvement of citizens in the area of delivering services as a prerequisite for good governance. More at: <https://www.opengovpartnership.org/resources/improving-public-services-guidance-developing-ogp-commitments>

²⁷ The web-site Mojauprava.rs is an example of good practice, where through their anecdotal stories citizens' experience with public services in three areas are gathered (primary health care, enrollment of children in preschools and primary schools, and administrative police service), on the basis of which it is possible to identify the most common problems that citizens face and whose findings will be forwarded to the Ministry of Health, the Ministry of the Interior and the Ministry of Education, Science and Technological Development.



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- ✚ It is important to create the conditions for an **evidence-based and inclusive policy-making process** in the Ministry, which would, on the one hand, include health care professionals and professional associations in decision-making on changes in the health service delivery system, but also, on the other, ensure the participation of CSOs and enable citizens' needs to be considered. This implies the involvement of all stakeholders in the overall process of policy-making from the formulation phase, with the aim of improving the delivery of services. Also, evidence-based policy-making involves taking into account the findings obtained from the collection of citizens' satisfaction data, when regulating certain areas in order to make the services user-oriented and adapted to their needs.
- ✚ It is necessary to **inform citizens in a timely and high-quality manner** about changes in the system of health services delivery, primarily through the media, but also through health professionals during medical visits to healthcare institutions. As our research has shown, citizens feel that they are not informed and they prefer to receive information from health professionals and through media campaigns. When implementing reform processes, such as the introduction of health insurance cards or, earlier, a system of scheduling for physical examinations, it is necessary that the Ministry of Health considers the need for additional, proactive informing.
- ✚ Accordingly, the Ministry of Health should work to **strengthen and promote the institution of the Advocate for Patients' Rights Protection**, whose role is to act on complaints from citizens and provide necessary information. Strengthening the independence and capacities of this institution would make it possible for citizens to use an independent and effective mechanism to protect patients' rights.
- ✚ It is necessary to **strengthen the capacities of the institutions themselves** for efficient and quality service delivery throughout the territory of Serbia. This implies not only improvement of health institutions' technical equipment, but also improvement of human capacities and reduction of health professionals overloading.