



European Social Charter  
Charte Sociale Européenne



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## **EUROPEAN SOCIAL CHARTER**

2nd National Report on the implementation of the  
European Social Charter

submitted by

**THE GOVERNMENT OF SERBIA**

(Articles 3, 12, 13, 14, 23  
and 30  
for the period  
01/01/2008 – 31/12/2011)

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**CYCLE 2013**



**Revised European Social Charter**

**The Second National Report on the Implementation of the  
Revised European Social Charter in the Republic of Serbia**

**Report refers to Articles 3, 11,12, 13, 14, 23 and 30.  
(Group II Health, Social Security and Social Protection)**

**Reference period: January 1, 2008 – December 31, 2011**

**Belgrade, October 2012**

## **EUROPEAN SOCIAL CHARTER (revised)**

### **Article 3 – The right to safe and healthy working conditions**

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

1. to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;
2. to issue safety and health regulations;
3. to provide for the enforcement of such regulations by measures of supervision;
4. to promote the progressive development of occupational health services for all workers with essentially preventive and advisory functions.

#### **Appendix to Article 3§4**

It is understood that for the purposes of this provision the functions, organisation and conditions of operation of these services shall be determined by national laws or regulations, collective agreements or other means appropriate to national conditions.

### **Information to be submitted**

#### **Article 3§1**

1) Please describe the national policy on occupational health and safety and the consultation with employers' and workers' organisations in formulating this policy. Please specify the nature of, reasons for and extent of any reforms.

National policy toward the Republic of Serbia of 20 April 2006. which was made under the provisions of Art. 4 to 7 of the ILO Convention no. 155 (1981.), Recommendation No. 164 on Safety and Health at Work in the workplace (1981.), the UN Convention on the Elimination of Discrimination against Women - CEDAW and Article 3. Of the European Social Charter of 1996. was the foundation of the safety and health at work in the Republic of Serbia for the period from 2009. until 2012 (hereinafter: the Strategy) which is an act of government which is to comprehensively assess the situation in safety and health at work in the Republic of Serbia and the measures to be taken for its development, and defines the basic goals and directions for improving the area.

The strategy aims to create socio-economic motivation for all participants in work processes, so that an increasing percentage of business entities actively managed security and health at work, in order to achieve best practice in this area.

The strategy has its stronghold in the Law on Safety and Health at Work ("Official Gazette of RS "No. 101/05), ILO conventions, EU directives and the respect of key principles promoted therein.

Resolution on the Accession of the Republic of Serbia to the European Union ("Official Gazette RS "No. 112/04) and the National Strategy of Serbia for the Serbia and Montenegro's EU - June 2005. have generated a demand for the new system of health and safety at work in modern conditions. To this end it is necessary to introduce elements that influence creating safe and healthy working conditions, such as the introduction of the principle of prevention in avoiding the injuries and occupational diseases, active involvement of occupational health services, the introduction of the principle organizers of responsibility for the implementation of safety and health at work; elect

representatives for the safety of employees and Health at Work, the introduction of compulsory insurance against industrial accidents, occupational diseases and diseases related to the work of employees, to provide compensation.

The overall objective of the Strategy is to improve the health and preservation of the working population, and improvement of working conditions for the prevention of occupational accidents and occupational diseases and diseases related to work and their reduction to a minimum or eliminate occupational risks.

Application of preventive measures taken at all levels of work includes creation of circumstances in which the work of the organization and working process is done by assessing of risks and their elimination or reduction to the lowest possible level in order to avoid the risk of injury at work or occupational diseases of employees, which as far as possible creates the preconditions for preventing or eliminating the risk of possible injury, occupational disease or illness related to work and what is the goal of conditions for achieving full physical, mental and social well-being of employees.

The strategy is complementary with all strategic documents for the entire development and transition to a developed market economy.

The system of health and safety at work in the Republic of Serbia is regulated by the Health and Safety at Work regulations and other regulations in the field of safety and health at work 2. To create this law the requirements of Directive 89/391 EEC were applied on the introduction of measures to encourage improvements in the safety and health of employees at work, and other directives issued pursuant to this Directive. Reconciliation Act and regulations in this area, with ratified ILO Conventions and basic Directive 89/391 EEC and directives resulting from the primary directive have been carried out so that the greatest possible extent, and the accepted requirements that flow from them in proportion to the domestic conditions of the economy. Law on Safety and Health at Work continuously drives all activities in terms of taking preventive measures in order to avoid injury and occupational disease.

This strategy is based on these regulations arranged on the principles of achieving social dialogue at all levels between the representatives of employees, employers and representatives of the public interest. The strategy should include the entire socio-economic sphere, in order to achieve the vision of what we want to achieve - the full implementation of the regulations, high awareness, a socially responsible company and responsible society as a whole.

In determining the strategies applied are four guiding principles for its implementation, including:

1) Prevention: activities related to safety and health at work should focus on the prevention of occupational accidents, occupational diseases and ones which are work-related. Most of the injuries and illnesses that are related to work can be prevented, and prevention is the most cost effective way to proactively address issues of health and safety in the workplace;

2) Inclusion of all stakeholders: improvements in safety and health in the workplace and in the workplace may be the best way to accomplish if you engage all participants in the system of health and safety at work. In the workplace, it covers employees who perform work and their representatives on issues of health and safety at work. At the level of the economy and the whole country, that includes employers, unions, government agencies, non-governmental organizations, educational institutions, research institutions, and others;

3) Responsibility: Employers have the primary responsibility for safety and health at work. Duty of employers is to provide employees a safe and healthy workplace and to engage them in discussion on all issues related to safety and health at work. Employees have a responsibility for their own security, which is reflected in the way we act in a workplace;

4) feasibility: activities related to safety and health at work are based on raising the level of knowledge of current human resources and their applicability of minimum measures and the cost of these measures in order to achieve safe and healthy working conditions.

The vision of the Strategy is to support, in full measure, legislation in the area of health and safety at work, raising awareness in this area and establishing a culture of well-being and paving the

way to work and quality of life and health. The mission of the Strategy is to establish a system which ensures safe and healthy working conditions, and to the greatest extent possible means of reducing injuries, occupational diseases and illnesses which are work-related (healthy employees in safe and productive workplaces).

Strategy mission is directed towards all businesses, and especially to the small, medium enterprises and entrepreneurs creating conditions for a better application of the prescribed measures of health and safety at work, especially in high-risk industries (construction, wood processing industry, transport activity, chemical industry, agriculture, and others.) and as well as to the employees in particularly vulnerable groups (pregnant women, young people, older employees, people with disabilities, disabled workers, and others.).

The specific objectives of the Strategy are:

- 1) establish, maintain, progressively develop and periodically revise the system of health and safety at work in consultation with the most representative organizations of employers and employees;
- 2) the adoption of laws, regulations, collective agreements and other legal acts on safety and health at work (harmonization with EU regulations);
- 3) the adoption of mechanisms and procedures for the enforcement of safety and health at work (integrated labor inspection);
- 4) the introduction of special insurance against industrial accidents and occupational diseases;
- 5) implementation of information systems in the field of safety and health at work (register of work injuries and occupational diseases, etc..)
- 6) education relevant to tripartite bodies composed of representatives of state authorities, employers and employees responsible for safety and health at work in accordance with the law and practice;
- 7) setting priorities in addressing issues related to safety and health at work:
  - (1) small and medium enterprises,
  - (2) high-risk sectors (construction, wood processing, transportation, chemical industry, agriculture, etc..)
  - (3) vulnerable groups of employees (pregnant women, young people, older employees, people with disabilities, disabled workers, and others.)
  - (4) discrimination and harassment
  - (5) gender equality,
  - (6) the safety of the product, which applies to equipment, machinery and other resources for the operation and safety at work
  - (7) security services, especially the maintenance and repair of equipment, machinery and other equipment for the work;
  - 8) promoting a culture of prevention and good practice in the field of safety and health at all levels of organization of employers, employees, government and educational institutions (associations, trade unions, labor inspections, education, funds for pension and disability insurance and health insurance, etc. .);
  - 9) providing initiatives for the introduction of legal requirements in terms of defining the financial and budgetary resources in the field of safety and health at work;
  - 10) the initiative for the establishment of reference laboratories whose role should be to control the quality of legal entities licensed in the field of safety and health at work, and performing inspections and testing equipment for testing and work environment. Laboratory whose funding is secured from international donors would have a role of improving the quality of examinations and testing of work equipment and work environment which would, to a large extent, contribute to ensuring safe and healthy working conditions and more efficient implementation of measures by employers;
  - 11) initiative to establish a "Training Center" (employees, employers and individuals for health and safety at work, labor inspectors and others.) in the field of safety and health at work. Management of safety and health at work through the Center shall, in addition to all kinds of education in the field of safety and health at work, publish a variety of materials (brochures,

references, books, etc...) And to carry out public information about the security and health of workers at work and funding will be made from the funds received from grants and projects;

12) cooperation in the field of safety and health at work (for further cooperation at the international level and at the national level improved and enhanced inter-agency cooperation).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the national policy in consultation with employers' and workers' organisations.

According to the Strategy of health and safety at work in the Republic of Serbia for the period from 2009. until 2012. detailed rules and regulate certain measures and actions with deadlines, tasks, authorities and stakeholders responsible for the implementation of this strategy are is planned to be in the action plan for the implementation of health and safety at work in the Republic of Serbia for the period from 2009. to 2012. (hereinafter referred to as the Action Plan)

The Action Plan determined competent state authorities, social partners and other factors in the system of health and safety at work with specific individual goals and activities that elaborate the objectives and measures of the strategy of health and safety at work in the Republic of Serbia for the period from 2009. until 2012. (hereinafter: the Strategy), as the most important strategic document in the field of safety and health at work.

The overall objective of the Strategy is to improve the health and preservation of the working population and the improvement of working conditions for the prevention of occupational accidents and occupational diseases and illnesses related to work and their reduction to a minimum or eliminate occupational hazards. The Action Plan is a set of concrete measures and activities, which is the main objective of improving the health of the working population in order to reduce workplace injuries and occupational diseases.

In order to improve the health and preservation of the working population and the improvement of working conditions for the prevention of occupational accidents and occupational diseases and illnesses related to work and their reduction to a minimum or eliminate occupational hazards. Is defined through the goal, setting up, maintaining, developing progressively and periodically revising the system of health and safety at work in consultation with the most representative organizations of employers and employees

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Ministry of Labour and Social Affairs - Labour Inspectorate in cooperation with the Health and Safety at Work and the Department of International Cooperation, European Integration and Projects, prepared the project "Improvement of the safety and health at work in the Republic of Serbia", with a focus on the implementation of standards EU in the field of safety and health at work in the Republic of Serbia, whose donor is the Ministry of Foreign Affairs of the Kingdom of Norway. Among other things, this project has contributed to the cooperation with the representative associations of employers and employees and has improved the application of laws and regulations in the field of safety and health at work.

The implementation of the above two-year project, which is being implemented in two phases, began in November 2010. and includes training on safety and health at work (with particular reference to risk assessment in the workplace and in the workplace) of the representative for Safety and Health at Work, selected experts and people who have licenses for safety and health at work, representatives of the social partners in the business of construction, wood processing and

chemical industries, preparation of feasibility studies to define the modalities for the establishment of the Centre for Training in safety and health at work, preparation and implementation of the grant scheme, which relates to the provision of concrete assistance to employers (ten selected plants ) involved in the production of textiles, leather and footwear, and to improve working conditions in the workplace (improvement of air conditioning, ventilation, lighting, etc.) training of employees in the textile industry on the subject of health and safety at work and the application of OHSAS 18001 and OHSAS 18002, and a media campaign.

In the period from January to December 2011., the following activities were under the first phase of the project: completion of various preparatory activities, such as the signing of agreements and protocols, delegation of representatives of the various bodies within the organizational structure of the project, such as the Project Steering Committee, Project Implementation Team and Working group, the modules are designed to maintain the two-day workshop for 6 persons for safety and health at work in construction, wood processing and chemical industries in a wide use of standards related to safety and health at work in accordance with national regulations and standards; organized 2-day training experts in the field of safety and health at work in Serbia on the preparation of the risk assessment in accordance with the commonly used methodologies of risk assessment in the workplace (**26 trained experts**), preparations were made to organize a 3-day training for representatives of the representative associations of employers and trade unions in the construction , wood and chemical industries in Serbia, the Analysis - description of the situation in the field of safety and health at work in Serbia, and to prepare a feasibility study that will provide guidelines for the establishment of the Centre for Education in the field of safety and health at work (for persons in charge of safety and health at work, employers, employees, and others); organizational activities were carried out for a study visit to Austria, to get acquainted with their model of education in the area of health and safety at work, which is considered appropriate for Serbia, a two-day workshop was held for 6 persons for safety and health at work in construction, wood processing and chemical industries on a wide use of standards related to safety and health at work in accordance with national regulations and standards (**120 people trained for safety and health at work**) were organized and held three one-day trainings for **representatives of the representative associations of employers and trade unions (60 representatives trained), from construction, wood processing and chemical industries in Serbia**, a study visit to Austria, to get acquainted with their model of education in the field of safety and health at work; prepared the feasibility study, that provides guidelines for the establishment of the Centre for Education in the field of safety and health at work (for persons in charge of safety and health at work, employers, employees, and others) have also prepared various documents, such as guidelines for training in occupational safety and health, work for productive activities, Guide for training of risk assessors in the workplace and in the work environment, and a comparative analysis of risk assessment in the Western Balkans, activities have been carried out related to the media campaign, which will be to raise awareness of informing the public about the importance of security measures and health, and to promote the project activities.

The project has **established a coordinated cooperation between the Ministry of Labour and Social Policy of the Republic of Serbia with the social partners**, as well as with all institutions, whose programs include activities to reduce the number of workplace injuries and occupational diseases.

**Participation of representatives of the representative trade unions and employers' associations in the project strengthens social dialogue** and striving to improve the situation in the field of safety and health at work in Serbia. The purpose is to permit the employee to safe working conditions, and maintain the health and physical integrity, and for employers to work more efficiently and have less expenses for injuries and occupational diseases.

Consideration of all matters of interest to the employees and their unions, and employers, which are related to improvements in safety and health at work, made possible thanks to the participation of all the above-mentioned institutions in the project.



Labor Inspectorate in order to **strengthen social dialogue** in 2011., **organized** once a month a **meeting with trade unions and employers**, and worked more effectively to protect the rights of all market participants, employees and employers. The above measures are implemented from May 2011, in accordance with the socio-economic agreement in 2011. which is concluded on 29 April 2011. between the Government of the Republic of Serbia, the Serbian Association of Employers, Union of Autonomous Trade Unions of Serbia and UGS "Independence."

All the departments have organized meetings with the social partners, divisions and groups of labor inspection, to discuss the most important issues in the field of labor relations, safety and health at work and to take concrete actions to combat work "off the books" and reduce the number of accidents.

Also, members of the Labor Inspectorate have actively participated in all conferences, round tables, workshops and seminars, organized by the Association of Independent unions of Serbia, UGS "Independence" and the Serbian Association of Employers.

## **Article 3§2**

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

In accordance with the Strategy for Safety and Health at Work in the Republic of Serbia for the period from 2009. to 2012. and the Action Plan for the implementation of the strategy adopted the following regulations:

**Rule book on preventive measures for safe and healthy work in the workplace** ("RS Official Gazette", No. 21/09), (Council Directive 89/654/EEC of 30 November 1989. minimum requirements for the safety and health of employees at work place);

**Rule book on preventive measures for safe and healthy work in the use of work equipment** ("Official Gazette of RS", No. 23/09), (Council Directive 89/655/EEC of 30 November 1989. Minimum requirements for the safety and health of employees when using the work equipment in the workplace; Council Directive No. 95 / 63/EZ of 5 December 1995. amending Directive No. 89/655/EEC on the minimum safety and health requirements of employees when using the work equipment in the workplace; Directive No. 2001/45/EC of the European Parliament and of the Council of 27 June 2001. amending Council Directive 89/655/EEC on the minimum number of required safety and health of employees when using the work equipment in the workplace);

**Regulation on preventive measures for safe and healthy work with manual handling of loads**, ("Official Gazette of RS" No. 106/09), (Council Directive 90/269/EEC on the minimum number required for health and safety when manually transferring cargo where there risk of injury to the back of employees);

**Regulation on preventive measures for safe and healthy work in the use of equipment for work with display** ("RS Official Gazette", No. 106/09), (Council Directive 90/270/EEC of 29 May of 1990. Minimum requirements for the safety and health at work with equipment from the screen);

**Regulation on preventive measures for safe and healthy work when exposed to asbestos** ("RS Official Gazette", No. 106/09), (Council Directive 83/477/EEC on the protection of employees the risks caused by exposure to asbestos; Council Directive No. 91/382/EEZ amending Directive No. 83/477/EEC on the protection of employees from risks caused by exposure to asbestos; Directive No. 2003/18/EC of the European Parliament and of the Council amending Instruction Council No. 83/477/EEC on the protection of employees from risks caused by exposure to asbestos);

**Regulation on preventive measures for safe and healthy work when exposed to chemical substances** ("RS Official Gazette", No. 106/09), (Council Directive 98/24/EC on the protection of the safety and health of workers from the risks related to chemical agents at work

place; Commission Instruction No. 91/322/EEC on establishing indicative limit values applying to Council for the Protection of 80/1107/EEZ employees from risks caused by exposure to chemical, physical and biological agents; Commission Instruction No. 2000/39/EC on establishing the first list of indicative occupational exposure limits for the application of Council Directive 98/24/EC on the protection of health and safety employees of the risks caused by exposure to chemical agents at the workplace; Commission Instruction No. 2006/15/EC on establishing the second list of indicative occupational exposure limit values for the application of Council Directive 98/24/EC and amendments of Directive No. 91/322/EEC and Instructions No. 2000/39/EC);

**Law on Ratification of the Conventions of the International Labour Organization No. 187 Promotional Framework for Occupational Safety and Health at Work** (Official Gazette of RS ", No. 42/09);

**Law on Ratification of ILO Convention No. 167 on Safety and Health in Construction** (Official Gazette of RS ", No. 42/09);

**Regulation on preventive measures for safe and healthy work when exposed to noise** ("RS Official Gazette", No. 96/11) (Instruction no. 2003/10/EC of the European Parliament and of the Council of 6 February 21 2003 The minimum protection of employees from risks caused by exposure to natural effects (noise).

**Rule book on preventive measures for safe and healthy work when exposed to vibration** ("Official Gazette of RS", No. 93/11) (Instruction no. 2002/44/EC of the European Parliament and of the Council of 25 June 2002 The minimum protection of employees from risks caused by exposure to natural effects (vibration), **32002L0044**);

**Regulation on preventive measures for safe and healthy work exposure to carcinogens or mutagens and** ("Official Gazette of RS", No. 96/11) (Instruction no. 2004/37/EC of the European Parliament and of the Council of 29 April 2004. on the protection of employees from risks arising from the exposure to carcinogen mutagenic substances in the workplace, **32004L0037**).

The basis of the system of health and safety at work is the **Law on Safety and Health at Work** ("RS Official Gazette", No. 101/05) governing the implementation and improvement of safety and health at work of persons involved in the work process, as well as persons in the working environment, for the prevention of occupational accidents, occupational diseases and illnesses related to work.

In order to implement the Law on Safety and Health at Work and the application of preventive measures in the implementation of safety and health at work have been adopted in the following implementing regulations.

**Regulation on Safety and Health at work at temporary or mobile construction sites** ("RS Official Gazette", No. 14/09), (Council Directive 92/57/EEC of 24 June 1992. Implementation of the minimum requirements for safety and health at work at temporary or mobile construction sites);

**Rule book about the program, method and amount of cost preparation and examination of the performance of the coordinator for the project and the professional exam for conducting Coordinator work** (Official Gazette of RS ", No. 14/09) ;

**Ordinance on the conditions and the amount of costs for licenses to conduct business in the area of safety and health at work** (Official Gazette of RS "no. 29/06, 62/07 and 72/06);

**Regulations on the program, and the costs of taking the professional exam for conducting safety and health at work and job responsibility** ("Official Gazette of RS", no. 29/06 and 62/07);

**Ordinance on the conditions and the amount of costs for the issuance of licenses for the safety and health at work** ("RS Official Gazette", no. 29/06, 72/06 and 62/07);

**Rules on costs of the procedure of verifying whether the conditions prescribed in safety and health at work** ("RS Official Gazette", No. 60/06);

**Rules of Procedure for determining fulfillment of conditions of security health and safety** ("Official Gazette of RS", No. 60/06);

**Regulations on the procedure for the assessment of risks in the workplace** ("Official Gazette of RS", no. 72/06 and 84/06-correction);

**Ordinance on the content and form of publishing reports of injuries at work, occupational diseases and illnesses related to work** ("RS Official Gazette", no. 72/06 and 84/06-correction);

**Regulations on the review and testing of equipment for operation and testing of working environment** ("Official Gazette of RS", no. 94/06 and 108/06-correction);

**Rules on Evidence in the safety and health at work** ("Official Gazette RS ", No. 62/07);

**Rules on previous and periodical medical examinations of employees in workplaces areas with increased risk** ("RS Official Gazette", no. 120/07 and 93/08);

**Regulation on preventive measures for safe and healthy work in the use of resources and personal protective equipment at work** ("RS Official Gazette", No. 92/08).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.

Management of health and safety at work as a body within the Ministry of Labour and Social Policy, in accordance with the National Policy of the Republic of Serbia and the Action Plan for the implementation of health and safety at work in the Republic of Serbia, in the legislative process and by-laws, which are transpose the directives and regulations of the European Union to actively collect opinions from the public authorities and representatives of the trade union representative Federation of Independent Trade Unions of Serbia and the Trade Union Confederation, 'Independence', Socio - Economic Council of the Republic of Serbia and the Serbian Association of Employers.

To this end, the following activities were organized:

- The project, improvement of safety and health at work in Serbia "(funded by donations from the Government of Norway;

- Round table, steps to improve safety and health at work "in cooperation with the Trade Union Confederation, 'Independence', a project within the European regional cooperation Bridges Safety and Health at Work (ECB About HS), which is implemented in cooperation with Employers' Association of Turkey metal sector (ME SS);

- Advising on the topic, 'The rights of accidents in Serbia, Issues and Options' organized by technical support implementation team for decent work and the ILO Office for Eastern Europe (Kenichi Hiroze);

- A training has been held for the implementation of the Action Plan for Safety and Health at Work in the construction sector and organization of the Union of Serbia and IGM Trade Union building industry, building materials, timber industry and the travel industry, by the 'Independence' with the financial support of the ILO;

- Participation in the trainings for the representatives of the employees' health and safety at work, organized by the Independent Union of Metal Workers of Serbia, funded by SLA - Switzerland under the project, support of social dialogue in the Republic of Serbia ";

- Each year, in cooperation with the social partners the Day for Safety and Health at Work in the Republic of Serbia (April 28) is celebrated;

- The European Week for Safety and Health at Work with the participation of the European Agency for Safety and Health at Work;

- Regularly takes part in the celebration of August 8. The day of builders, in cooperation with the social partners;

- Participation in trade fairs in order to develop a culture of work in the field of safety and health at work.

### Article 3§3

1) Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.

In accordance with the provisions of Article 61 of the Law on Safety and Health at Work (Official Gazette No. 101/05) Labor Inspectorate shall supervise the implementation of the Act and the regulations made under this Act, technical and other measures relating to safety and health at work, as well as the implementation of safety and health at work provided by the general act of the employer, collective agreement or contract of employment.

2) Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the nature and type of sanctions imposed.

The Labor Inspectorate is composed of 28 separate departments, divisions and groups in the labor inspection districts and the City of Belgrade, as the two departments in the headquarters of the Labor Inspectorate. The Labor Inspectorate of the Republic of Serbia has a total of 281 employees, of which 259 labor inspectors - 144 lawyers, 113 engineers from different technical backgrounds, and two economists.

Inspectors have been working in the territory of the Republic of Serbia in the period from 2008. to 2011., taking measures and activities in the field of labor relations, safety and health at work with the primary goal to ensure the application of the provisions of the Labor Law and the Law on Safety and Health at Work, other laws, regulations and collective agreements, or to reduce the number of accidents, violations of the laws and regulations governing labor relations and occupational safety and health at work, as well as to suppress the work "off the books".

The above objectives are achieved by performing inspections of duty (full-time, control, supervision regarding work injuries) and the requests of the parties, as well as preventive measures (directly providing information to employers, employees, union representatives, as well as through the media, organizing roundtables to exchange information relating to the activities of labor inspectorates).

The aim of the inspection in the field of safety and health at work is primarily the prevention of occupational injuries and illnesses, and it is based on the launch of a series of activities in several areas of activity, such as the establishment of the employer's liability in all phases of the work, the application of preventive measures in all forms of work and technological phases of work, risk assessment and management of the same in all places of work, training in safe and healthy work, monitoring their health status and monitor the parameters of the working conditions and the like.

*In conducting inspections in the field of health and safety at work, labor inspectors, among other things, pay attention to monitoring the implementation of the institute of health and safety at work and those related to legal regulation in the field of safety and health at work, Risk Assessment Act, organizing safety and health at work, training in safe and healthy work, jobs with higher risk, use of funds and equipment for personal safety, the use of work equipment, the use of hazardous materials, work environment testing, inspection and testing of working.*

In the period from 2008. to 2011., the Labour Inspectorate has carried out **49,465** inspections **in the field of health and safety at work**, which included **1,100,229** employees. Also, during this period they brought **17,034** solutions on the elimination of defects, passed the **1.453** decisions on banning of the workplace, because of the dangerous effects that might endanger the safety and health of employees, **110** applications were submitted for the initiation of criminal proceedings against those responsible, reasonable suspicion of having committed a crime causing danger, not keeping measures of health and safety at work, as well as the **3670** requests for criminal proceedings (**2072** required for criminal proceedings against legal persons and responsible person in the legal entity, **1.125** against entrepreneurs, against **327** employees and **146** requests for criminal proceedings against a person in charge for Safety and Health at Work).

During this period, labor inspectors conducted **3690** inspections regarding work injuries. They are reported as follows:

- **100 oversight regarding deaths and injuries:**
  - o **41 in construction** activity
  - o **35 in business and industry**
  - o **7 in the transport activity, storage and communications**
  - o **5 in agriculture, hunting and fishing,**
  - o **5 in communal activities,**
  - o **3 in the repair of motor vehicles - equipment for household and personal use, or service activities,**
  - o **2 in the forestry sector,**
  - o **2 activity in the wholesale and retail**
- **3006 regarding the supervision of serious injuries,**
- **75 oversights regarding collective injuries,**
- **509 regarding control of light injuries.**

The largest number of deaths, serious, collective and light injuries reported to the labor inspection activities occurred in manufacturing, construction, transport, storage and communication, health and social work, wholesale and retail.

For the period from 2008 to 2011, the **average incidence of fatal work injuries (number of fatal accidents compared to 100,000 employees)** is **1.86** (in 2009 the incidence of fatal accidents was 1.99, 2010 - 1.98 and 2011 - 1.86)

#### **Article 3§4**

1) Please describe the occupational health services. Please specify the nature of, reasons for and extent of any reforms.

Provisions of Art. 41 and 43 of the Law on Safety and Health at Work are set for jobs that, in order to protect the health and safety of employees, the employer hires occupational health services. The following sub-regulations provide the exercise of medical supervision

**Regulation on preventive measures for safe and healthy work when exposed to carcinogens or mutagens** ("Official Gazette of RS", No. 96/11);

**Regulation on preventive measures for safe and healthy work with manual handling of loads,** ("Official Gazette of RS" No. 106/09);

**Regulation on preventive measures for safe and healthy work when exposed to noise** ("RS Official Gazette", No. 96/11);

**Regulation on preventive measures for safe and healthy work when exposed to vibration**

("Official Gazette of RS", No. 93/11);

**Regulation on preventive measures for safe and healthy work in the use of equipment for work with display** ("RS Official Gazette", No. 106/09);

**Regulation on preventive measures for safe and healthy work when exposed to asbestos** ("RS Official Gazette", No. 106/09),

**Regulation on preventive measures for safe and healthy work when exposed to chemical substances** ("RS Official Gazette", No. 106/09).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Operation of health services is based on the following laws and regulations:

1. The Law on the Health Protection, including the most important ordinances that go along with the Act:

Rules on detailed conditions for the performance of health services in health institutions and other forms of health service

Ordinance on conditions and the internal organization of health care institutions

2. Law on Safety and Health at Work, Article 41

According to these laws occupational health services predominantly performed preventive action in protecting and improving the health of workers.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Organization of services: Republic of Serbia established the National Institute of Occupational Health, Dr. Dragomir Karajović ". In addition to these institutions there are Institutes of Occupational Health, University Centre (Novi Sad, Kragujevac, Niš). Primary health care at the local level (health centers) are obliged to organize its structure in health services. In addition to these forms of organization of occupational health services they are organized by labor organizations as well as private health services. In the Republic of Serbia until 2005. the occupational health services were organized according to the classical concept of the unity of prevention and cure. This concept implies that a specialist of the occupational medicine staff provides preventive services and treatment of sick workers and their families. Since 2005 the transition health services in a purely preventive services had started, due to ill-defined obligations of employers in the area of preventive occupational health services who were included in the economic uncertainty that has resulted in the fact that a large number of occupational health specialists joined as a chosen doctor.

**Article 11 – The right to protection of health**

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

## Information to be submitted

### Article 11§1

1) Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

Health Care Development Plan of the Republic of Serbia (hereinafter referred to as the Plan) is a professional and a political document, on which the guide for the development of health systems in line with the overall development of society is based and adopted by the National Assembly of the Republic of Serbia, in November 2010. (the "Official Gazette" no. 88/10 23.11.2010). This document defines the objectives and directions for the development of health care in the Republic of Serbia and the result of expert-led consultative process. The adoption of this document is based on the general social importance of health and the need for the representatives of society as a whole to determine the goals and measures of health care.

The plan is an instrument for the further development of the health care system and the changes that should mark the health system in terms of promoting and establishing a balance between efficiency and effectiveness, and quality and safety of health care at all levels of the system, taking into account the circumstances of social trends, demographic changes, the level of educational and cultural achievements, health status of the population, as well as other factors that may affect the sustainable development of health care.

The plan is based on the analysis of the health status of the population, the need for healthcare, available personnel, financial and other features and is an integral part of all strategies, plans, activities, programs and measures necessary for the sustainable development of our country.

The plan is based on the already adopted strategies and national programs adopted by the Government, namely: Serbian Health Policy (2002), Poverty Reduction Strategy in Serbia (2003), National Millennium Development Goals in the Republic of Serbia (2006), Strategy for Healthy young people in the Republic of Serbia (2006), National Strategy on Ageing 2006-2015 (2006), Tobacco Control Strategy (2007), Development of Mental Health (2007), National Strategy for Sustainable Development (2008), Strategy for Combating Drugs (2009), Strategy for the Prevention and Control of Chronic Non-Communicable Diseases (2009), Strategy for the Advancement of the Gypsies (2009), Public Health Strategy of the Republic of Serbia (2009), the National Program for the Prevention of Cervical Cancer (2008), National Programme "Serbia against Cancer" (2009), the National Program for Prevention of Breast Cancer (2009), National Programme for the prevention of colorectal cancer (2009), Strategy for the continuous improvement of health care quality and patient safety (2009), A Strategy for Palliative Care (2009), Strategy for the availability of adequate quantities of safe blood and blood components in the Republic of Serbia (2009), National program of preventive health care for children with psycho-physiological disorders and speech pathology (2009), National program of preventive dental care (2009), the National Program for prevention and early detection of type 2 diabetes (2009), National Programme for Health Care of Women, Children and Youth (2009), Action Plan for the Environment and Children's Health (2009) and others.

The plan is based on the basic principles and values enshrined in international instruments adopted under the auspices of the World Health Organization (hereafter WHO), particularly in the Declaration of Alma-Ata (1978), the Ottawa Charter for Health Promotion (1986), the Declaration of Jakarta to introduce health promotion in the 21st Century (1997); policy framework for the region's "Health for All" (2005), the European strategy for the health and development of children and youth "From Resolution to Action 2005-2008" (2005); Declaration "Health in All Policies" (2007), the Tallinn Charter "health Systems for health and Wealth" (2008) and other internationally recognized documents, such as the United Nations Convention on the Rights of the Child (1989), the Revised European social Charter (1996), the European Charter of Patients' Rights (2002), and the documents adopted within the European Union (hereinafter: EU): the Lisbon strategy (2000),

the EU Action plan on Environment and health 2004-2010, (2004), White Paper, "Together for Health", Strategic Approach 2008-2013 (2007) and others.

The plan is based on the objectives of the health policy of the Republic of Serbia, and the implementation of the Plan is to provide continuity in the implementation of health policy for the next five years.

The objectives of the health policy of the Republic of Serbia are:

1. Preservation and improvement of the health status of the population of Serbia and strengthening the health potential of the nation;
2. Fair and equal access to health care to all citizens of Serbia, for the same purposes, and to improve health of vulnerable populations;
3. Set of users (patients) in the health care system;
4. Sustainability of the health system, with transparency and selective decentralization in the management of resources, and expansion of resources and funding;
5. Improve performance, efficiency and quality of the health system by defining specific national programs in the areas of human resources, networks, institutions, technology, and medical supplies;
6. Defining the role of the private sector in providing health services to the population;
7. Improving health care staff base (human resources for health).

Many health policy objectives to a significant degree have been achieved, such as the development of the network of health care institutions or the appropriate rate of provision of population health professionals, particularly in primary care, but it is necessary to continue to monitor and review their implementation, taking into account the new changes. Also, it is necessary to accelerate the implementation of certain objectives, such as coverage of the population by a chosen doctor, quality improvement, decentralization etc. and the beginning of the implementation of a number of objectives - financial sustainability of health care (new sources and methods of financing) or functional connection of the state and private health services.

The main objective of the Plan, whose basic premise contained in the objectives of health policy is to maintain and improve the health of the population of the Republic of Serbia and the sustainability of the health care system. In order to achieve this, solidarity and equality (between healthy and sick, rich and poor, young and old) is necessary, as well as gender equality, with a focus on vulnerable groups of the population, respecting the rights and obligations of citizens, pointing out to one's health. The health system must ensure physically, geographically and economically accessible, affordable, integrated (vertical links primary, secondary, and tertiary levels of horizontal connections in the system and to the local community) and quality health care (continuous quality improvement of health care and the right users choice of doctors and information), the development of health personnel, financial sustainability, decentralization of management and financing of health care and placing the citizen at the center of the health care system.

In recent decades, regarding the protection of public health there have been considerable changes. They were going together with a range of demographic changes, from an aging population, urbanization, migrations, changes in socio - economic relations, and to changes of environmental factors and environmental conditions. This led to the dominance of chronic non-communicable diseases of public health importance of the large and growing burden of health services in general. Despite this, there has been great improvement in knowledge about health and diseases, knowledge in the field of information and access to information as well as technical and technological capabilities that the healthcare system has. These changes have been occurring simultaneously with the changes in the organization of health services. However, the challenges they are facing as individuals and society as a whole, demands continued search for the best possible approach for maintaining and improving the health of the entire community as a core value of further socio-economic development of the country.

Always present contradictions related to health care - on the one hand, the public reason to call the constitutional and fundamental human and moral and ethical right to timely and quality health care, and the other, more expensive health care, leading to the need for a clear, public and coordinated strategy that would provide institutions accountable and responsible for the development of the health care system. The plan is based on the objectives and implementation



commenced and new activities, which should contribute to better health of the population of the Republic of Serbia.

Healthy citizens are the basis of the development of each country, because only healthy people contribute to social and economic development. In light of this, the health care system can not be regarded as expenditure but an investment in achieving the overall development of society.

Health has a very important impact on the ability of people to live everyday life, to contribute to the social and economic development and the overall success of the country. Therefore, health should be approached as an important national resource that deserves continued strategic development. In addition, the right to health and health care is a basic human right and everyone should enjoy the best of it - every person in the Republic of Serbia should have the opportunity to choose healthy lifestyles and life in an environment that supports health.

The Plan presents the current state of health care in the Republic of Serbia. The aforementioned presentation of the current situation is to investigate the basic characteristics of the Serbian population, socio-economic determinants of health, health status of the population through a detailed process leading causes of disease, disability and premature mortality in the Republic of Serbia. Investigated are the basic characteristics of the disease of chronic diseases, an analysis of risk factors, and disease of the analysis of infectious disease. Also covered are the basic characteristics of health services in the Republic of Serbia through the analysis of the basic organizational structure of the health care system. The provisions of this chapter give the main characteristics of the environment and their impact on human health. An analysis of health care financing in the Republic of Serbia, as well as the mode of distribution of financial resources and provider payment.

In the plan the priorities are set for the development of health care as defined by the preservation and improvement of public health and functioning of the health care organization. Population health is the goal and the result of the outcome of health care organization, operation and financing of health services, but it is also the responsibility of the whole society for health - health in all the policies.

Priority areas have been identified for conservation and improvement of health through prevention and control of chronic non-communicable diseases (reducing the morbidity and premature mortality from heart disease and vascular disease, malignant disease, diabetes, mental health care), prevention and control of infectious diseases (prevention and controlling diseases through vaccination, reducing morbidity and mortality from HIV / AIDS), health protection of vulnerable groups of the population (improving the health of women at reproductive age, improving the health of infants, young children, school children, improving the health protection of the elderly, the realization of the full potential of the health of persons with disabilities, health promotion and preservation of the active population and marginalized groups). For each of the stated objectives there have been defined activities whose implementation will lead to achieving the goals.

Areas of the organization and functioning of health care are identified and prioritized, primarily by increasing the level of integration of the health care system through integration of primary, secondary and tertiary levels, their further territorial-administrative decentralization, synchronized actions of the state and the private sector, human resources for health, integrated health information system, quality of care and patient safety, and financing.

The main objectives are aimed at strengthening the role of institutes of public health, increasing preference of the population for selected physicians in primary care, which should provide a resolution of the majority of the population needs for health care, as well as improving access to health services and accessibility of all users. Special attention is paid to human resources in the health system, which is the largest and most powerful resource in the health system that must constantly evolve. Furthermore, the provisions of this chapter, the main activities, objectives and measures to establish an integrated health information system, as well as in the improvement of health care quality and patient safety. The main objectives, activities and measures were determined in the financing of health care, which provides a balance between the pressure of increased costs and limited resources. Health care financing must be viewed solely from the standpoint of long-term sustainability of the system, by improving the efficiency through the quality of health services.

Key role in the implementation of the Plan lies with the Ministry of Health, which will be in the implementation of measures and activities to achieve the objectives of the Development Plan, work with other government agencies, as well as: Health Council of Serbia, the Republic Health Insurance Fund, the Republican Fund for Pension and Disability insurance Agency for medicines and Medical Devices Agency of Serbia, the Agency for accreditation of Health Care institutions in Serbia, bodies of autonomous provinces, the local authorities, institutes and institutes of public health, medical institutions at all levels of health care and private practice, social care institutions, universities schools and health care professions, health care workers chambers, chambers of medical institutions, the media, associations and international organizations dealing with health issues.

## Law on Health Care

Health Care Act (2005., Hereinafter the Act) regulates the health care system, the organization of health services, social care for the health of the population, the public interest in health care, rights and responsibilities of patients, healthcare foreigners, the establishment of the Agency for Accreditation of Health Care Institutions Serbia, supervision over the implementation of this law, as well as other issues of importance to the organization and implementation of health care.

Health care, in terms of this Act, is an organized and comprehensive effort of the society with the aim to achieve the highest possible level of health protection of citizens and family which includes implementing measures to preserve and improve the health of citizens, prevention, early detection and prevention of disease, injury and other health problems in a timely and effective treatment and rehabilitation.

A citizen of the Republic of Serbia (hereinafter: the Republic), and any other person who has permanent or temporary residence in the Republic has the right to health care, in accordance with the law, and the duty to protect and improve their health and other citizens, and environmental conditions and working environment.

The provision and implementation of health care in the Republic of participating citizens, families, employers, educational and other institutions, humanitarian, religious, sports and other organizations, associations, health service, health insurance organizations, as well as municipalities, cities, provinces and autonomous provinces and the Republic.

Health activity is the activity that provides health care for citizens, and that includes the implementation of measures and activities for human health, according to medical doctrine and the use of health technologies, used to preserve and improve the health of people, performed by a health service. Measures and health care activities must be based on scientific evidence, and must be safe, secure, efficient and in accordance with the principles of professional ethics.

Health services in the Republic are medical facilities and other forms of health care services (hereinafter referred to private practice), which are established for the implementation and provision of health care and health care workers and medical assistants, who perform health care activities in accordance with this Law .

The Act stipulates that the social concern for the health of the population is achieved at the national level, autonomous region, municipality, city, employer and individual. Within social care for the health of the population provides the health care that includes: health improvement, detection and control of risk factors for disease, knowledge and habits of a healthy lifestyle, prevention, prevention and early detection of diseases, timely diagnosis, timely treatment, rehabilitation of ill and injured, the information that the population or individual needs for the responsible and necessary treatment and for the right to health.

This law defines, among other things, the principles of health care in Serbia: accessibility, equity, comprehensiveness, continuity and continuous quality improvement of health care. These

principles are to a lesser or greater extent relating to human rights and the right to health and medical care in the Convention on the Elimination of All Forms of Racial Discrimination.

The principle of access to health care is delivered by providing adequate health care to the citizens of the Republic, which is physically, geographically and economically accessible and culturally acceptable, especially for health care at the primary level.

The principle of universality for health care is achieved by including all citizens in the health care system, with the implementation of integrated policies and procedures of health care that includes health promotion, disease prevention at all levels, early diagnosis, treatment and rehabilitation.

The principle of continuity of health care is delivered through the overall organization of the health care system that must be functionally linked and coordinated by level, from primary through secondary to tertiary levels of care, and providing continuous care to the citizens of every age.

The law expressly prohibits any form of discrimination in Article 20, which refers to the principle of equitable for health care. This principle is implemented prohibiting discrimination in the provision of health care on the basis of race, gender, age, ethnicity, social background, religion, political or other opinion, property, culture, language, type of diseases, mental or physical disability.

The law defines human rights and values in health care: "Every citizen has a right to health care and it is exercised with respect to the highest possible standards of human rights and values, and has the right to physical and mental integrity and the security of his personality, as well as an appreciation of his moral, cultural, religious and philosophical beliefs. Any child under the age of 18 has the right to the highest attainable standard of health and for health care. "

Patient rights defined by law, Article 26 to 40a are: entitled to availability of health care, the right to obtain information, right to choose, the right to privacy and confidentiality, and the right to self-determination, the right of access to medical records, the right of medical data confidentiality, the rights of a patient who is subjected to a medical trial, the right to appeal, the right to compensation and the right to respect patients' time.

The above rights of patients are based on the Universal Declaration of Human Rights, the European Charter of Patients' Rights in 2002. and other international documents relating to the matter.

The Act introduces the Institution of patient's rights protection, and every health institution is required to organize its working. In Article 39, which refers to the right to appeal complaint procedures from a patient who was denied the right to health care is prescribed, or the patient who is not satisfied with the health service or procedure or other health care workers in a medical institution. Protector of patient rights is independent in its work and his work and decisions can not be affected by the health institution or a director or other employee of the health center.

Duties of the patients were defined in Article 41 and 42 of the Law on Health Care.

Amendments to the said Act from 2011. improved the patients 'rights and patients' rights are fully compliant with the ratified international conventions (Rome Declaration on the Rights of patients), and to persons above the age of 15 who can make decisions about medical measures upon them, and that can impede access to medical records to parents to protect the confidentiality of information regarding their health.

## **HEALTH INSURANCE ACT (2005)**

This law defines, among other things, the principle of compulsory health insurance: compulsory, solidarity and reciprocity, transparency, protection of the rights of the insured and the protection of the public interest, to constantly improve the quality of compulsory health insurance and cost-effectiveness and efficiency of mandatory health insurance.

The principle of obligation is achieved by organizing and implementing a comprehensive mandatory health insurance for employees and other citizens of the Republic, which insures for them and their families that they are provided the right to health care and the right to compensation in accordance with this Law. The principle provides the mandatory obligation of employers and employees to pay contributions for health insurance, and other persons liable to pay contributions in

accordance with the law as a condition for the exercise of compulsory health insurance. The principle of obligation is realized and implemented through the overall organization of compulsory health insurance, which employees and other persons cover by this insurance, and it provides and guarantees the exercise of compulsory health insurance as prescribed by this Law and regulations adopted to implement this law.

The principle of public realizes the insured benefits to all kinds of information regarding the rights to compulsory health insurance and public bodies and departments of the Republic Fund for insured persons, agencies and organizations interested in the work of the Institute.

To human rights to the fullest extent related principle of solidarity and reciprocity and the principle of protecting the rights of the insured and the protection of the public interest.

The principle of solidarity and reciprocity is achieved by establishing intergenerational solidarity and reciprocity, solidarity and reciprocity between the sexes, between the healthy and the sick, as well as between persons of different financial status, the provision and use of compulsory health insurance. This principle is realized by establishing such a system of mandatory health insurance in which the compulsory health insurance costs borne by insurers and other payers contribution, in proportion to its finances, and the payment of contributions on earned income, with the right to compulsory health insurance benefits to a person who had occurring disease or other insured event.

The principle of protecting the rights of the insured and the protection of the public interest is achieved by taking measures and actions that allow the interest of the insured based on equitable access, on a system of mandatory health insurance, and the insured person as easily protect and realize their rights to compulsory health insurance noting that the exercise of these rights will not be at the expense of the rights and legal interests of other insured persons or contrary to the law laid down by the public interest. Republican Fund's obligations to the insured persons indicate the existence of a basis for the exercise of compulsory health insurance, as well as the obligations of the insured to exercise rights of compulsory health insurance. This principle is achieved by taking measures and activities for funding of compulsory health insurance in a way that allows funds that are secured by the payment of mandatory health insurance in followed by the insured to determine the insured property, or exercise of rights.

Amendments to the said Act from 2011. The opportunity was facilitated to exercise of the right of insured persons who do not have a certified health card due to non-legal obligations of the employer to pay the contributions for compulsory health insurance in the way that health care institutions will be obliged to the person who has an issued health card to provide needed health services, which will be invoiced for payment to the Republican health Insurance Fund, and the Fund of the Republic health Insurance company will take further measures to pay for the service of the employer. Also it is ensured the , advanced realization of compulsory health insurance in the part related to dental health care, the right of the insured to be accompanied, and improved the treatment of patients with rare diseases and others. It also simplified the process of obtaining the necessary documentation and treatments for Serbian citizens abroad during the tourist and other short trips, up to 7 days.

The following laws are passed which regulate and improve the health care field.

**The Law on Protection of Population from Communicable Diseases (2004)** regulates the protection of the population against infectious diseases, infectious diseases are determined by public health of the Republic of Serbia and their prevention and control is of common interest for the Republic of Serbia (hereinafter referred to as infectious diseases), measures to protect the population against these diseases, the method of implementation and the provision of funds for their implementation, supervision over the implementation of laws, and other issues relevant to the protection of the population against infectious diseases.

**The Public Health Law (2009)** regulates the exercise of public interest, creating the conditions for the preservation and improvement of public health through comprehensive social activities aimed at the preservation of mental and physical health of the population, environmental and working

environment, and the impact of prevention of risk factors of health disorders, illness and injury, methods and procedures, and the requirements for the organization and implementation of public health.

**Law on Sanitary Surveillance (2004)** regulates the sanitary inspection, methods and procedures of sanitary inspection, to determine the areas and facilities which subject to sanitary inspection and sanitary conditions that must be met by these facilities, as well as the powers, rights and duties of inspectors in the process of sanitary supervision. Sanitary surveillance inspection over the implementation of laws, regulations and by-laws and the implementation of the measures stipulated in the areas subject to sanitary control, including control of fulfillment of sanitary-hygienic and technical conditions which are to be met by buildings, premises, facilities, equipment, furniture, equipment and supplies, specialized vehicles and people subjected to sanitary surveillance in order to protect public health. Sanitary inspection specified in paragraph 1 of this Article is the health monitoring of food and objects of general use in production and trade, in accordance with the law. Sanitary inspection and health inspection at the border and at other places that are used for clearance of food and objects of general use when they are imported, and sanitary control of the passengers, their belongings and means of transport in international traffic at the border, in accordance with specific laws, ratified international treaties and international sanitary conventions.

**Law on Chambers of health workers (2005).** establishes chambers of health workers as independent, professional organizations, governing the membership of chambers of health professionals, businesses, organizations and chamber work, mediation of disputes and courts of honor, as well as other issues of importance to the work of the chamber. In order to improve the conditions for the exercise of the profession of medical doctors, dentists, pharmacists, pharmacists in medical biochemistry and medical doctors specialized in clinical biochemistry, nurses and medical technicians, and to protect their professional interests, organized participation in the promotion and implementation of health care and to protect the interests of citizens in realization of the right to health care established: The Serbian Medical Chamber, The Dental Association of Serbia, Serbia Pharmaceutical Association, the Chamber of biochemist nurses and medical technicians of Serbia.

**Law on Organ Transplantation (2009).** regulates the taking of organs or parts of organs from a living or deceased person for transplantation to the body of another person for treatment, supervision over the implementation of the law and other issues of importance to the organization and implementation of transplantation of organs or parts of organs. To perform certain activities of state administration in the field of transplantation of organs or parts of organs, cells and tissues, biomedical assisted fertilization procedures, and transfusion of blood, this Law establishes the Department of Biomedicine as a body within the Ministry of Health and establishes its authority.

**Law on transplantation of cells and tissues (2009.)** regulates the acquisition, donation, testing, processing, preservation, storage and distribution of human tissues and cells intended for use on humans; establishment of banks of cells and tissues, supervision over the implementation of this law and the performance of certain tasks state administration in the field of transplantation of cells and tissues, as well as other issues of importance to the organization and implementation of the transplantation of cells and tissues.

**Law on Blood Transfusion (2009).** regulates the methods, procedures, conditions and organization of blood transfusion, blood transfusion supervision over the activities in the territory of the Republic of Serbia, as well as state administrative operations that are performed in the Department of Biomedicine, which was established in accordance with the law governing organ transplants. Transfusion, under this law, includes planning, collection, testing, processing of blood and blood components, regardless of their purpose, as well as storage, management, distribution, supply and issuing blood and blood components intended for transfusion.

**Law on Protection from exposure to tobacco smoke (2010).** regarding the restrictive measures governing the use of tobacco products to protect people from exposure to tobacco smoke, tobacco control and supervision. Smoking is prohibited in all indoor workplaces and public space, according to this law, and in the space, in terms of this law, which is not enclosed public space, but is the functional part of the space in which business of health care is carried on, education, child welfare,

social security, including outdoor space, as well as open space for the maintenance of theaters, cinemas and other types of performances. Notwithstanding the foregoing, the employer may, in the indoor workspace specify a separate room exclusively for smoking where the activity can be performed, and where the employer is obliged to point out a sign that smoking in the room is allowed except in enclosed working space in which the following activities are performed: public administration and local government, healthcare, education, social care of children, social welfare, culture, sports and recreation, manufacture, control and trade of drugs, manufacture, storage and distribution of foodstuffs, canteens, and media space that is used for recording and broadcasting of public meetings. In addition smoking is prohibited in public transport, in the bus, tram, trolley buses, minibuses, taxis, lift cabins, airplane, train, boat, hydrofoil, ferry, barge, as well as all other means of transportation to be used as public vehicles and when used as official vehicles for the transport of passengers and goods, as well as in any indoor public space that serves as a waiting room, or the station for the arrival and departure of passengers in public transport. Law provides exceptions to the ban on smoking in indoor workplaces and public areas and in restaurants for food and drink, catering facilities and accommodation facilities for accommodation in special institutions.

**The new Law on Medicines and Medical Devices (2010).** Regulates the terms and procedure for obtaining marketing authorization, or entry of drugs into the registers maintained by the Agency for Medicines and Medical Devices Agency of Serbia, production and marketing of drugs and medical devices and monitoring in these areas, the Agency for medicines and Medical Devices Agency of Serbia and other issues relevant to the area of drugs and medical devices.

**Law of psychoactive controlled substances (2010.),** regulates the conditions for the production and trade of psychoactive controlled substances, conditions and procedures for issuing permits for production, sales, export, import and transit of psychoactive controlled substances, conditions for growing, processing and sale of plants which can get psychoactive controlled substance, use of psychoactive controlled substances, monitoring of the implementation of this law, as well as other issues in this area important for the protection of life and health (2010), the Law on Ratification of the Convention for the Protection of Human rights and Dignity of the Human Being with regard to the Application of Biology and medicine: Convention on Human rights, which is approved by the said Convention.

**Law on safety of general use (2011.)** Governs the requirements in terms of safety must meet the general use items intended for human consumption, which are produced in the Republic of Serbia or imported or exported for distribution, the conditions for supervision over the health safety of general use, as well as the duties and responsibilities of business in general use items. The provisions of this Act shall also apply to raw materials and additives for the production of general use, for general use, which are temporarily imported for processing, finishing and processing, as well as the plants that come in contact with food. The objective of this law is to ensure a high level of protection of human life and health and the protection of consumers' interests, ensuring rational and effective oversight to control health and safety of general use. Goals to be achieved by adopting this law are: a high level of protection of life and health and the protection of consumer interests, including in the principle of good faith in transactions of general use, create conditions for better and more effective approach to the control and monitoring of the health and safety of general use, more clearly defined corresponding duties and responsibilities of the business of general use; establishment of a traceability system, in order to enable tracking of objects of general guides, through all stages of production, processing or marketing and establishing a system of rapid alert system, to improve the exchange of information on the risks associated for general use and risks to human health and safety.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

The Government of the Republic of Serbia adopted the following programs and strategies, most of which were made before the adoption of the development of the health care Plan, and for some, the adoption and implementation of the activities is provided for in the plan: Serbian Health Policy (2002), Poverty Reduction Strategy in Serbia (2003) , National Millennium Development Goals in the Republic of Serbia (2006), Youth Health Development Strategy in the Republic of Serbia (2006), National Ageing Strategy 2006-2015 (2006), Tobacco Control Strategy (2007), Development of Mental Health (2007), National Strategy for Sustainable Development (2008), Strategy for Combating Drugs (2009), Strategy for the Prevention and Control of Chronic Non-Communicable Diseases (2009), Strategy for the Advancement of Gypsies (2009), Public Health Strategy of the Republic of Serbia (2009), the National Program for Cervical Cancer Prevention (2008), National Programme "Serbia against Cancer" (2009), the National Program for the Prevention of Breast Cancer (2009), the National Program for the Prevention of colorectal cancer (2009), Strategy for the continuous improvement of health care quality and patient safety ( 2009), A Strategy for Palliative Care (2009), Strategy for the availability of adequate quantities of safe blood and blood components in the Republic of Serbia (2009), National program of preventive health care for children with psycho-physiological disorders and speech pathology (2009), National program of preventive dental care (2009), the National Program for prevention and early detection of type 2 diabetes (2009), National Programme for Health Care of Women, Children and Youth (2009), Action Plan for the Environment and Children's Health (2009), National Programme for prevention, treatment and control of cardiovascular disease in the Republic of Serbia until 2020. (2010);

National program for prevention, treatment, and control of improving renal failure and dialysis in the development of the Republic of Serbia until 2020. (2011.), whose main goal is the improvement of the health care system for the prevention of disease, early detection and treatment of kidney patients to the recommended standards of the European Union, as well as a significant reduction in mortality and disability of patients, Strategy on HIV infection and AIDS (2011.) that focuses on the prevention and treatment of HIV infection and improve the quality of life of people living with HIV. The overall objective of the Strategy is to prevent HIV infection and other sexually transmitted infections, as well as providing treatment and support for those living with HIV and the strategic vision of the Republic of Serbia with no new HIV infections, and without discrimination of persons living with HIV.

**Regulation of the health institutions Network Plan shall** determine the network of health care institutions - the number, structure, capacity and spatial distribution of health facilities in state ownership (hereinafter referred to as the medical institution) and their organizational units at various levels of health care, the organization of the emergency, and other issues of importance to the organization of health services in the Republic of Serbia. The table of territorial distribution of hospital bed capacity and medical institutions in the Republic of Serbia is attached herewith and forms an integral part of this report. Health facilities are established and health activities are carried out in accordance with the law and this regulation. For the realization of the rights of citizens in the areas of health care, and for the administration of health care programs enacted in the Republic of Serbia (hereinafter: the Republic), the state-owned legal limit may be established by all kinds of health care facilities (health center, pharmacies, hospitals, Institutes, National Institute of Public Health, University Hospital, Institute of Clinical and Hospital Center and Clinical Center). Health facilities are established and adequately distributed throughout the Republic, depending on the activity of health care, the number of inhabitants that are provided, as well as the frequency and complexity of citizens.

The following bylaws are adopted:

## **2008:**

1. The Regulation of the method of determining and maintaining the sanitary protection of water sources

2. The Regulation of the method, procedure and conditions for the performance of additional work of health workers in health care institutions or private practices
3. Nomenclature of dental health services: primary, secondary health care level
4. The Regulation on medical examinations of persons seeking asylum on arrival at the asylum center

**2009:**

1. The Regulation amending the Regulation on determining the amount of monthly income as the threshold for obtaining insurance
2. The Regulation about the cost and method of determining the amount of the costs incurred in conducting inspections at the request of the party
3. The Regulation amending the Regulation on conditions for issuing, renewal and revocation of licenses of health professionals who are Chamber members
4. The Regulation on nomenclature of health services at the primary level of health care services
5. The instructions on the preparation of the report on activities and outcomes of the standards, on the implementation of general interest
6. The Regulation amending the Regulation on conditions and clinical trials, process and content of documentation for the approval of clinical trials
7. The Regulation amending the Regulation on conditions for the trade of medical devices sale in specialized stores
8. The Regulation on the form and content of permits issued for the import, export and transit of precursors of the first, second or third category
9. The Regulation amending the Regulation on establishing a list of substances used in the illicit production of narcotic drugs and psychotropic substances
10. The Regulation amending the Regulation on the content and labeling of outer and inner packaging of a drug and providing guidance for the patient user
11. The Regulation amending the Regulation on detailed conditions for the performance of health services in health institutions and other forms of health service
12. The Regulation on accreditation of health institutions

**2010:**

1. The Regulation on registration of medical devices into the Register and the contents of the application for the registration of medical devices into the Register
2. The Regulation on the form and content of an identity card of inspector's for drugs and Medical Devices



3. The Regulation of the form and content of the sign for banning smoking and smoking is permitted in certain area sign, highlighting how these signs are hanged, the report form when the smoking ban is violated, kinds of evidence about smoking and how they are collected and how the presence of smoke in the area where smoking is prohibited is detected, as well as the form of payment of the fine on the spot
4. The Regulation on advertising of medicinal products, or medical devices
5. The Regulation on safety of dietary products
6. The Regulation on the manner and for the acquisition of basic knowledge of food hygiene and personal hygiene
7. The Regulation of legitimizing the character and appearance of the uniform of sanitary Inspectors, as well as keeping records on issued identity cards
8. The Regulation amending the Regulation on conditions for issuing, renewal and revocation of licenses of health professionals who are Chamber members
9. The Regulation on amending the Regulation on detailed conditions for the performance of health services in health institutions and other forms of health service
10. The Regulation on indicators of health care quality
11. The Regulation amending the Regulation on internship and professional examination of health workers and associates
12. The Regulation on specialization and narrow specialization of health workers and associates

**2011:**

1. The regulations on registration, content and application costs entry in the register of laboratories that perform laboratory testing
2. The Regulation on the procedure for registration, content and application of cost entry in the register of producers of active substances
3. The Regulation on the content and labeling of outer and inner packaging of medicinal products, additional labeling, and providing the user instructions for the drug
4. The Regulation of the general classification of medical devices
5. The Regulation on how to control the quality of drugs and medical devices
6. The Regulation on the content of the request or documentation for approval of clinical trials and medical devices, as well as the manner of conduct of clinical trials and of medicinal products and medical devices
7. The Regulation on how to apply, collect and monitor adverse reactions to drugs
8. The Regulation on how to apply, collect and monitor adverse reactions to medical devices

9. The Regulation on the content and labeling of outer and inner packaging of medical devices, and provides guidance for the use of medical devices
  10. The Regulation on galenic drugs used in human medicine
  11. The Regulation the content of the form of certificates for applying the guidelines of Good Manufacturing Practice
  12. The Regulation the content of the form of certificates of Good Laboratory Practice, data entered in the register of certificates issued and the manner of keeping the Register
  13. The Regulation on detailed conditions and manner of registration in the register of traditional medicinal plants or homeopathic remedies
  14. The Regulation on nomenclature of health services at secondary and tertiary levels
  15. The Regulation of content of notification of a person who wants to give blood or blood components, the content of the questionnaire form and content of the consent of the person who is donating blood or blood components
  16. The Regulation amending the Regulation on safety of dietary products
  17. The Regulation on detailed conditions which must be met by the Red Cross of Serbia and health facilities for first aid training and organizing and conducting of exams
  18. The Regulation about the process of birth registration application form and the child's birth in a medical institution
  19. The Regulation of the procedure for issuing the death certificate and the death certificate form
  20. The Regulation on hoe to check the quality of work of health institutions, private practices, health workers and associates
  21. The Regulation on detailed conditions to be met by teacher-examiner of first aid, how to acquire a permit (license), the look and content of permits (licenses)
  22. The Regulation amending the Regulation on detailed conditions for the performance of health services in health institutions and other forms of health service
  23. The Regulation of the conditions to be met by health care facilities that perform the analysis of blood, urine, and / or other bodily substances for the purpose of determining the content of alcohol and / or other psychoactive substances in the body that are prohibited for use before and during driving
  24. The Regulation on specific health conditions to be met by drivers of certain categories of motor vehicles
- 3) Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).

#### INDICATORS OF HEALTH POLICY

- political support in the form of a declaration of the highest state authorities proclaimed goals

- reallocation of funds towards primary health care, or less developed areas (rural areas)
- degree of fairness in the allocation of health personnel (even distribution of labor between urban and rural areas)

#### SOCIO-ECONOMIC INDICATORS RELATED TO HEALTH

- Gross domestic product per capita (GPI) as a measure of well-being and funds allocated for health care
- working conditions are evaluated based on the unemployment rate, the participation of women in employment, the number of dependents from 15 and over 65 years of age
- adult literacy rate,% of the population over 15 years of age which are literate, and especially for women
- housing (apartment size per person, the presence of water and sanitation in the flat)
- demographic indicators such as age and sex structure of the population, indicators of natural and mechanical movement (birth rate, fertility, internal migration)

#### HEALTH CARE INSURANCE INDICATORS

- total population coverage of health care especially primary health care - 70%
- physical access (the average distance of people from the ambulance is about 1km to 3km across the city and in the countryside)
- economic accessibility (the ability of an individual to financially cover the costs of health care)
- availability of cultural (language barriers and religious barriers)
- quality of care in hospital care
- fatality index from a certain disease, the percentage of clinically diagnosed causes of death diagnosed by the percentage set by pathological examination or autopsy)

#### INDICATORS OF HEALTH

- the percentage of children born under 2500gr
- the infant mortality rate
- the mortality rate of children aged 1-4 years
- the mortality rate of children under 5 years
- life expectancy, maternal mortality ratio
- specific mortality rates by sex, age and type of disease, mortality rate
- morbidity, incidence, prevalence, mortality,
- subjective health indicators, based on subjective evaluation
- mental health indicators

- percentage of interpersonal conflicts
- the ratio of loss due to premature death and loss of healthy years of life

## **Article 11§2**

1) For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

The legislative framework is set out in the response to paragraph 1

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

In order to achieve the healthiest possible quality of life of individuals and population is necessary to consider health in accordance with the WHO definition as follows: "Health is a state of complete mental, physical and social well-being and not merely the absence of disease and disability." Such a broad definition of health requires comprehensive action by all segments of society. Most complete answer to our state with this requirement is contained in the Strategy for Sustainable Development of the Republic of Serbia (Official Gazette of RS, no. 57/08).

Long-term sustainable development concept involves sustained economic growth unless economic efficiency, technological progress, cleaner technologies, innovation across society and corporate social responsibility means of reducing poverty in the long run better use of resources, reducing pollution to a level that can withstand environmental factors, prevention of new pollution and improving health conditions and quality of life of residents.

Priority areas of preserving and improving the health of the population are those areas that are related to the prevention and control of chronic non-communicable diseases that present society has primarily affected, the prevention and control of infectious diseases because of the constant threat of new diseases and the spread of resistance to existing medication, and specifically, priority health needs of certain categories of people. The above priority areas are identified earlier and in order to solve certain problems and have adopted multisectoral strategies for health and special programs.

3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

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## **Article 11§3**

1) For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.

The legislative framework is described in paragraph 1

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.

In 2011. The Republican expert committee for the development and implementation of clinical guidelines of the Ministry of Health, with support from the Agency for Accreditation of Health Care Institutions in Serbia, created **eight new national guidelines for good clinical practice**. Preparation guide is one of the many initiatives undertaken by the Ministry of Health in terms of continuous improvement of health care quality and patient safety.

Clinical guidelines are systematically developed evidence that should help users and providers of health services in making the best decisions for the treatment of certain clinical conditions. Guides are primarily intended for physicians, to assist in the work, but the guide is transparent and accessible to the patient. Guides are made based on the study "Burden of Disease in Serbia", in order to help health care professionals to detect, evaluate, and use information, experiences and opinions on best medical practice. Many international studies have confirmed that with the help of a guide there are better treatment outcomes. Making guides is supported in the framework of the projects of the Ministry of Health "Delivery of Improved Local Services" (DILS) and "Serbia Health - additional funding" which are funded by loans from World bank.

- Guide to the diagnosis and treatment of arterial hypertension
- Guide to the diagnosis and treatment of depression
- Guide to the diagnosis and treatment of inguinal hernia in adults
- Guide to the diagnosis and treatment of ischemic heart disease
- Guide to the diagnosis and treatment of ischemic stroke
- Guide to the diagnosis and treatment of lung cancer
- Guide to the diagnosis and treatment of lipid disorders
- Guide to the diagnosis and treatment of disorders of the thyroid gland

3) Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

In Serbia in 2006. 33.6% of the adult population smoked and 15.5% of young people aged 15-19 years, 46.5% of the adult population had hypertension or potentially could become ill from high blood pressure, 18.3% of adults and 6.4% of children and adolescents aged 7-19 years were obese, 74.3% of adults were physically inactive, while 40.3% of adults daily or occasionally drank alcohol. The total number of smokers in comparison to 2000. decreased by 6.9% in adults and 7.4% in the young. The prevalence of hypertension in adults has increased by 2%. Also, obesity is more common among the young population by 2%. Worrying data is on the use of alcohol among young people because of the habit of drinking at least once a month, had 5.5% of young people in Serbia, while one in four children / adolescents (25.5%), aged 12-19 years, has been drunk at least once in their lives, nearly one in three boys and one in five girls.

Reducing the prevalence of smoking in the population, as the most widespread risk factors relating to the individual and its environment, is the best example of the effectiveness of the application of the model of intensive, integrated approach to health promotion of the responsible behavior of the inhabitants of Serbia.

RESULTS introducing the vaccination (%) in Serbia

In the period from 2008. to 2011. (Data downloaded from PHI)

Immunization coverage	2008	2009	2010	2011
DPT 3	98	97	97	98

vaccination				
3OPV vaccination	98	97	97	98
MMR vaccination	96	96	96	97
HB vaccination First year	94	95	95	96
HB vaccination 12th year.	78	62	76	87
Hib vaccination	97	96	97	97

## Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
  - a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
  - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

### Appendix to Article 12§4

The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply *inter alia* that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

## Information to be submitted

### Article 12§1

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The social security system in the Republic of Serbia is regulated by the Health Insurance Law, the Law on Pension and Disability Insurance, the Law on Employment and Unemployment Insurance Act on contributions for social insurance.

The social security system in the area of unemployment in the period 2008-2011. is regulated by the Law on Employment and Unemployment Insurance ("Off. Gazette" no. 71/03 and

84/04-other law), the Law on Employment and Unemployment Insurance ("Off. Gazette" no. 36/09 and 88/10, hereinafter referred to as the Act) and the Law on Compulsory Social Insurance ("Off. Gazette of RS", no. 84/04, 61/05, 62/06, 5/09, 52/11, 101/11 and 102/12-alligned).

Compulsory insurance was until May 2009. regulated by the **Law on Employment and Unemployment Insurance ("Off. Gazette" no. 71/03 and 84/04-other law)** as follows:

- Mandatory insurance law provided in case of unemployment, and monetary compensation, health insurance, retirement and disability insurance in accordance with the law, the second law. Under the compulsory insurance, it is considered a mandatory participation of an employee, the employer and the person running a private business to provide funds for the exercise of the right of unemployment. Means for the realization of compulsory insurance shall be provided by the compulsory insurance and other funds provided in accordance with the law.

- The right to unemployment benefits are compulsory insured persons entitled to compensation if they have been insured for at least 12 months continuously or intermittently over the past 18 months.

Cash compensation belongs to the unemployed since the first days of the termination of insurance, if the person registered with the National Service within 30 days of termination of employment or termination of the insurance.

The compensation is determined in such a way that it can not be higher than the average monthly salary earned in the Republic according to the latest data of the authority in charge of statistics or below the minimum wage set by law for the month in which payment is made

Compensation paid to the unemployed:

- 1) three months if the insured has insurance coverage from one to five years;
- 2) six months, if the insured has insurance coverage for more than five to 15 years;
- 3) nine months if the insured has insurance coverage of more than 15 to 20 years;
- 4) 12 months if the insured has insurance coverage of more than 20 years;
- 5) 24 months if the insured has at least 20 years of service and 61 years of age (men) or 56 years (women) or age and 38 years of service (men) or 33 years of service (women) and at least 51 years of age ;
- 6) 24 months if the insured person is older than 55 years and has more than 25 years of service.

The unemployed who have lost their right to compensation may exercise this right if they re-fill the requirements for entitlement to unemployment compensation, except that it the insurance coverage does not include the period for which they achieved last financial compensation, except that unemployed after termination of the last insurance has 25 or more years of service.

The user is entitled to compensation at retirement and disability insurance during the realization of the right to compensation.

**The Law on Employment and Unemployment Insurance ("Off. Gazette", No. 36/09 and 88/10 hereinafter the Act)**, is in force since 23 May 2009. as well as all laws necessary for the implementation of this law. Under these rules, among other things, to exercise their rights under the unemployment insurance - financial compensation from the unemployment insurance. these businesses, like the previous regulations on the implementation of the Act conferred the NES as a mandatory social security organization. This law regulates the terms and conditions for eligibility for unemployment benefits, the right length and height, as well as the reasons for the termination and suspension of rights, and the principles of obligation, reciprocity and solidarity. Unemployment insurance that is part of the mandatory social insurance are retirement and disability insurance and health insurance.

Compulsory insured person in case of unemployment is entitled to compensation if he was insured for at least 12 months continuously or intermittently over the past 18 months.

The unemployed are entitled to compensation in the event of termination of employment or termination of liability insurance on the basis of:

1. termination of employment by the employer, in accordance with the rules of procedure, including:

1) If as a result of technological, economic and organizational changes there is no need to perform a specific job or there is a decrease in business volume in accordance with the law, except for persons who, in accordance with the decision of the Government on the establishment of Redundancy in the process of rationalization, restructuring and preparation for privatization, voluntarily opted for a severance fee - to a greater amount than the one of severance pay determined by the Labor Law

2) if the employee does not achieve performance results and has the knowledge and skills to perform the work;

1. termination of employment, part-time, temporary service, probation;

2. termination of office of elected, nominated and appointed officials, if not accomplished the right of suspension of employment or salary compensation, in accordance with the law;

3. transfer of the founding of the owner or a member of the company;

4. bankruptcy proceedings, initiation of liquidation proceedings and in other cases, termination of employer, in accordance with the law;

5. relocation of spouse, in accordance with special regulations;

6. termination of employment abroad in accordance with the law and international agreements.

Financial compensation belongs to the unemployed since the first days of the termination of compulsory insurance, if he signs and submits a request to the National Employment service within 30 days.

The basis for determining the amount of compensation is the average wage or salary or wage compensation of the unemployed in accordance with the law in the past six months prior to the month in which termination of employment or insurance occurred. Compensation is determined by the extent of 50% of the base can not be higher than 160% or less than 80% of the minimum wage determined in accordance with the regulations on employment for the month prior to the payment of compensation.

Compensation paid to the unemployed:

1. three months, if the unemployed were insured from one to five years;

2. six months, if the unemployed were insured from five to 15 years;

3. nine months if the unemployed were insured from 15 to 25 years;

4. twelve months, if the unemployed were insured for more than 25 years.

Notwithstanding, the financial compensation belongs to the unemployed for 24 months if the unemployed is to meet the first condition for the exercising of the right to a pension in accordance with the pension and disability insurance, less than two years. Payment of compensation to be continued during the following:

1. additional education and training, in accordance with individual employment plan;

2. temporary inability to work as determined under regulations on health insurance, but no longer than 30 days from the date of the first day of temporary absence

3. maternity leave, leave for child care and absence from work due to special child care, according to the regulations on labor and other regulations governing leave of absence from work.

Compensation may be paid in a lump sum for self-employment, at the request of the unemployed, according to the National Employment General Act.

According to the **Law on Compulsory Social Insurance**, rates are calculated and paid, and the contribution rate for unemployment insurance is 1.5% of the basis on which those contributions are paid.

The health insurance system in the Republic of Serbia is based on compulsory social insurance and voluntary health insurance, which was first introduced by passing the Law on Health Insurance in



2005. In accordance with this law compulsory health insurance and voluntary health insurance, means:

- Mandatory health insurance is health insurance that employees and other citizens are covered by compulsory health insurance which provides the right to health care and the right to compensation in cases stipulated by the Law on Health Insurance;
- Voluntary health insurance is the insurance developing payment of cost of health care in accordance with the Act, ensuring that citizens are not necessarily insured, or which are not included in the mandatory health insurance, and insurance on a larger scale and other types of standard health insurance.

Compulsory health insurance is organized and based on the principles of reciprocity and solidarity, responsibility, transparency, protection of the rights of the insured and the protection of public interest, the continuous improvement of quality of compulsory health insurance, as well as the efficiency and effectiveness of mandatory health insurance.

**The health insurance system is regulated by following laws:**

Law on Compulsory Social Insurance ("RS Official Gazette", no. 84/04, 61/05 and 62/06) stipulates that employees and employers are liable for health insurance on the basis, as well as other payers of income, at the same rate and on the same basis as those insured persons (employees and employers pay contributions for health insurance in the amount of 50%, a rate of 12.3) - Article 8 of the Law.

Health Insurance Law ("Official Gazette of RS", no. 107/05 and 109/05-ammendment), which was enacted in 2005, and until now there has been only one amendment to this Law ("RS Official Gazette", No. 57/11).

Funds for financing compulsory health insurance are provided by the payment of mandatory health insurance from other sources, in accordance with the law, and the law governing contributions for Social Security and the income of the Republic Health Insurance.

Health Insurance Act provided for a system of compulsory health insurance, as well as the range of persons who are considered to be insured.

Compulsory health insurance covers:

- 1) insurance in case of illness or injury outside of work;
- 2) insurance in case of injury or illness.

The mandatory health insurance is:

- 1) right to health care;
- 2) the right to remuneration for temporary inability to work of the insured (hereinafter referred to as wage compensation);
- 3) the right to reimbursement of transportation expenses related to health care (hereinafter: compensation expenses).

Health insurance rights shall be exercised on the condition that health insurance contribution has been paid, unless the law provides otherwise.

Policyholders are people, who have compulsory insurance in accordance with the law. These are:

- 1) persons employed themselves or by a company, other legal entity, a state authority, local self-government and autonomous regions, as well as persons (hereinafter referred to as the employee);
- 2) civilian employees of the Army and the military units and military institutions;
- 3) elected, or appointed persons, if the performance of the functions generates earnings or pay or allowance;
- 4) persons who, in accordance with the Labor Law, perform work outside the employer's premises;

- 5) persons who, in accordance with the Labor Law, perform tasks of household help;
- 6) nationals who are in the territory of the Republic employed at foreign or international organizations and institutions, foreign consular or diplomatic missions or are employed by foreign companies or persons, unless an international agreement provides otherwise;
- 7) persons employed or employees assigned to work abroad, or an employee in a company or other legal entity which carries on business or services abroad, if not necessarily insured by the regulations of that country, or unless an international agreement provides otherwise;
- 8) employed parent, adoptive parent, foster parent or guardian who is absent from work until the child turns three years old, his rights and obligations are suspended from work, in accordance with the rules of procedure;
- 9) nationals working abroad for a foreign employer who does not have health insurance of foreign holders of health insurance or who are not insured under the regulations of the state, or if the health insurance rights under the regulations of the State, for themselves or their family members, may not be exercised or used outside its territory;
- 10) Foreign citizens and stateless persons who, in the territory of the Republic, are employed at foreign companies or persons, unless an international treaty provides otherwise, and with international organizations and institutions and foreign diplomatic and consular missions, if such insurance is provided by international contract;
- 11) nationals employed in the households of citizens employed abroad with the organization with its headquarters in the territory of the Republic;
- 12) Persons who are entitled to monetary compensation from unemployment according to employment regulations;
- 13) persons performing temporary and occasional work in accordance with the Labor Law (persons who are not employed, employees who work part-time - up to full-time work and retirement pension beneficiaries);
- 14) persons in accordance with the law who have temporary jobs through youth and student associations and are 26 years of age, or regardless of age if they are not in school;
- 15) persons upon termination of employment are entitled to remuneration for work related accidents or illness, in accordance with the law;
- 16) persons performing work under the contract, on the basis of author's contract, based on contracts for the placement of the regulations on social protection, as well as under other agreements in which the job is done for receiving compensation (hereafter contracted jobs );
- 17) persons who are the founders, members, or shareholders of companies (partnerships, limited partnerships, limited liability companies, joint stock companies and other legal form of companies and enterprises), who don't have in their employment commenced but perform certain tasks ( hereinafter referred to as the founders of companies);
- 18) Contractors who are registered to conduct lawful activities in a professional work independent of the activity, the activity of freelancers and independent artists, in accordance with the law (hereinafter referred to as entrepreneurs);
- 19) athletes, who in accordance with the law governing sport hold sports activities as self-employed;
- 20) priests and religious officials who perform these jobs as self-employed;
- 21) farmers over 18 years of age, who are engaged in agricultural activity as their only or main occupation, in accordance with the law, in case they are not: insured employees, performing self-activity, the insured under item 14) of this paragraph, pension beneficiaries, persons in training;
- 22) pension beneficiaries and the right to compensation of these rights is realized by the pension and disability insurance;
- 23) citizens of the Republic who receive retirement or disability benefits exclusively from foreign insurance carriers while staying or residing in the territory of the Republic, or who receive a pension from a country with which there is no bilateral agreement on social security or health insurance rights under the regulations of the state pension providers, for themselves or their family members may not use or exercise these rights outside the territory of that State;

- 24) foreigners working with local organizations and private employers on the basis of special agreement or agreements, exchange of experts on international technical cooperation;
- 25) foreigners during their education or vocational training in the Republic.

Insured, under this Act and under the conditions prescribed by this Law (Article 22) are the persons belonging to the population that is at increased risk of disease; persons whose health care needs are related to the prevention, early detection and treatment of diseases of major socio-medical importance, as well as persons who are in the category of socially vulnerable people, if they do not qualify for the status of the insured under Article 17 of this Act, or if they are not qualified for compulsory health insurance as family members of the insured, as follows:

- 1) children under the age of 18, school children and students until the end of regular education, but no later than age 26, in accordance with the law;
- 2) women when planning family, as well as during pregnancy, childbirth and motherhood to 12 months after delivery;
- 3) persons over 65 years of age;
- 4) people with disabilities, according to the regulations on pension and disability insurance, as well as mentally retarded persons;
- 5) persons in connection with the treatment of HIV infection or other diseases that are established by a special law governing the protection of the population against infectious diseases, malignant disease, hemophilia, diabetes, psychosis, epilepsy, multiple sclerosis, people with end-stage chronic renal failure, cystic fibrosis, systemic autoimmune disease, rheumatic fever, addiction, people with rare diseases, as well as those involved in health care related to giving and receiving tissues and organs;
- 6) priests and nuns;
- 7) materially unsecured people receiving welfare assistance, or who are beneficiaries of family disability, in accordance with social protection, or protection regulations of soldiers, veterans and civilian war invalids;
- 8) regular users of financial aid, and assistance for accommodation in social care or with other families, according to the regulations on social security;
- 9) the unemployed and other categories of vulnerable persons whose monthly income is below the income determined in accordance with this Law;
- 10) beneficiaries - whose family is doing military service;
- 11) Gypsies who due to their traditional ways of life do not have permanent or temporary residence in the Republic;
- 12) Victims of domestic violence;
- 13) victims of human trafficking.

Under insured persons shall be considered the insured and members of their families, which is in accordance with this Act and when the regulations adopted to implement this law provide the rights to compulsory health insurance. (Article 16 of the Act). The right to compulsory health insurance under this Law shall be provided to family members of the insured under Article 17 Paragraph 1 this Act, except in paragraph 1 item. 24) and 25) of this Article. Also, the right to compulsory health insurance under this Law shall be provided to the immediate family members of the insured under Article 22 Paragraph 1 item. 7) - 9) and 11) of this law, as well as under Article 23 Paragraph 1 this law, as well as the immediate family members of the insured referred to in Article 22 Paragraph 4 this law, under conditions laid down for those who qualify.

Considered under the immediate family members, are:

- Spouse or common-law partner of the insured is entitled to mandatory health insurance while the insured person is married or in a common-law marriage under the Family regulations .

- Divorced spouse to whom the court has found a right of support of compulsory health insurance if at the time the divorce was older than 45 years (women) or 55 years (men), or

regardless of age if at the time of divorce it is determined that a complete loss of ability to work in terms of regulations on pension and disability insurance has occurred. (Article 25 of the Law).

A child of the insured has a right to compulsory health insurance until the age of 18, or until the end of the specified secondary and higher education, but not later than 26 years of age. A child who has stopped going to school due to illness is entitled to mandatory health insurance for the duration of the illness, and if they continue their education it is entitled to mandatory health insurance after the age limit stipulated in paragraph 1 this article, but as long as the longest dropping out of school due to illness lasted. A medical board formed in accordance with this Law gives the justification of dropping-out due to illness.

If the child becomes unable to live independently and work in terms of regulations on pension and disability insurance before deadlines expire for education, it has the right to compulsory health insurance scheme while such disability continues. A child who becomes incapable of independent life and work in terms of regulations on pension and disability insurance after age stipulated in Paragraph 1 shall have the right to compulsory health insurance until such disability ends if it is supported by the insured due to a lack of their own income to support themselves. (Article 26 of the Act). Parents, siblings, step-father and step-mother, foster parents, who are provided for by the insured under the family regulations, because they do not have sufficient means of subsistence of compulsory health insurance if they are over 65 years of age, or if they are younger but they are unable to perform economic activity, meaning that they are incapable of an ability to work in terms of regulations on pension and disability insurance. Also, grandparents are insured by compulsory health insurance under the provisions of paragraph 1 under Article 27 Laws.

Persons who are insured can be included in the mandatory health insurance to provide for themselves and their immediate families by compulsory health insurance, under the conditions, manner, content and scope of the prescribed Law. These persons are the insured ones. The status of the insured is acquired or lost on the day of application. Persons who are insured pay a contribution from their own funds in accordance with the law governing contributions for social insurance.

The mandatory health insurance under this Law, only in case of injury or occupational disease, shall be for:

- 1) students who, according to law, are on mandatory production work, professional practice or practical training;
- 2) persons who, in accordance with the law, perform certain tasks for which they do not receive a salary or a contracted fee (on the basis of voluntary work);
- 3) persons who, in accordance with the law, are performing temporary and occasional work through youth and student associations up to 26 years of age, if they are in school;
- 4) persons who are in further education and training, directed by the organization responsible for employment;
- 5) persons who participate in organized public works of general interest;
- 6) persons involved in rescuing or protection during natural and other disasters;
- 7) persons engaged in fire departments, fire extinguisher training and fire extinguishers;
- 8) persons who are in training for defense and other forms of training for defense purposes;
- 9) persons who are engaged in the provision of public meetings, cultural and sporting events and other public gatherings of citizens;
- 10) persons who are serving a prison sentence while working in the Office of Management Unit prison (workshop, work site, etc..) And work elsewhere. (Article 23 and 28 of the Law on Health Insurance.)

Diseased or injured insured persons, depending on the medical indications and professional-methodological and doctrinal views, are provided with:

- 1) indicated medical emergency in the area of medical emergency or medical institution, or other form of health care - private practice;
- 2) an emergency medical transport for illness or injuries that are life-threatening for the insured person;
- 3) ambulance transportation that is not an emergency, when indicated and medically necessary;
- 4) examination and treatment in primary care, as well as in the home insured by selected physician;
- 5) patient consultations and treatment by a specialist, a physician selected by the instruction;
- 6) laboratory, X-ray and other diagnostic that is proposed by the chosen doctor or specialist, and medically necessary and reasonable for the diagnosis and treatment of illness or injury;
- 7) standardized treatment when it is reasonable and medically necessary, which includes the examination and treatment by a medical specialist, medical care, accommodation in a shared room or intensive care room and board, or a specific diet in inpatient medical institution;
- 8) the right of an insured person under 15 years to be accompanied or an older person who is harder mentally or physically handicapped during the development of patient treatment and medical rehabilitation, when it is medically necessary;
- 9) home treatment when it is reasonable and medically necessary.

### **Serbia's pension system includes:**

- a) **Public (state) mandatory pension and disability insurance**, which is based on: contributions paid on salaries, benefits that are achieved by ongoing financing (PAYGO) and pension calculation using a point basis. This system includes three categories of insured persons, namely: the insured employees, insured self-employed and farmers, but there is an opportunity for non insured persons to voluntarily participate in the mandatory pension and disability insurance.
- b) **The system of voluntary pension funds and pension plans**, which is based on the principle of voluntarism, individual accounts of the insured and capitalizing on investment.

In Serbia, there is no universal part of the pension system to cover the population that did not achieve pension on the basis of pension contribution. Protecting the elderly without income is conducted through the welfare system, which provides minimal security to the entire population, which is below the poverty line.

Compulsory part of the pension system in Serbia follows the philosophy of the Bismarck system. Is part of the social security system (in addition to the health insurance and unemployment insurance), in which the contributions are paid by all persons engaged in any economic activity and thus deliver compensation. The right of pension and disability insurance is realized by fulfilling the prescribed minimum requirements. The amount of rights depends primarily on the length of service and salary during the period spent in insurance, and also presents some degree of redistribution.

Law on Pension and Disability Insurance (Official Gazette of RS ", no. 34/03, 64/04, 84/04, 85/05, 101/05, 63/06, 5/09, 107/09 and 101/10), regulates the pension and disability insurance, which provides for the right of old age, disability, death, physical disability and care needs of the other person:

- for old age - the right to old-age pension;
- in case of disability - the disability pension;
- in case of death - the right to family pension and the right to compensation for funeral expenses;
- in case there is the existence of bodily injury caused by a work injury or occupational disease - the right to unemployment compensation;
- in case of the need for care by another person - the right to compensation.

The system of mandatory pension and disability insurance includes all persons, persons engaged in an activity, as well as persons engaged in agricultural activities. Thus, population that do not fall into these policyholders (housewives, students up to the 26 years of age, if they work through the youth cooperative and other unemployed and inactive population), are not covered by this system. However, the provision of Article 15 of the Law on Pension and Disability Insurance Act stipulates that persons who are insured under this Act, may be included in the mandatory insurance, signing a contract with the Fund for pension and disability insurance, and thus to secure the rights from this insurance under conditions, to the extent and in the manner prescribed by this Law.

For the current difficulties in the funding of the pension and disability insurance in Serbia, there are a number of reasons, some of which are inherited, while others are the result of current developments initiated by the global economic crisis.

At the same time it should be borne in mind that, as in most other European countries, the pension and disability insurance in Serbia is based on the current pension funding, (PAYGO) which means that all those who work and earn income (insured), the principle obligation, aside from contributions for pension and disability insurance funds to finance pensions (users). In this way, today's contribution payers (insurers) are entitled to their pensions in the future to be funded from the proceeds of future taxpayers and future policyholders.

In this regard, in the 90-ies of the last century, when there was a favorable age structure (the population was young, so it was a relatively high employment and relatively few retirees), and the system has been built much more favorable through decisions regarding requirements for retirement, pensions, social security, etc., as well as a number of more favorable rights provided greater security to the citizens. However, over time, the change in the system did not follow the changes in the age structure of the population, the labor market situation and the economic situation in the country. Also, the pension and disability insurance in recent decades is often used as a way to address the many social problems of unemployment, the existence of redundancy to injuries outside the workplace.

In addition, the crisis in the nineties of the last century, caused the disintegration of Yugoslavia, economic sanctions, bombing of Serbia and the Serbian economy transition to a market economy, further which adversely affected the financial situation of the pension system.

By the beginning of the reform of the pension system in 2001. these factors have caused increasing delays in the payment of pensions, and thus the accumulation of debts for unpaid pensions. Reform measures in the last decade have established regular payment of pensions and recovered almost all debt retired. However, the state's share in the financing of regular payment of pensions through direct budgetary transfers to the pension fund grows from year to year. The share of grants in financing expenditures of the pension fund is about 41% in 2011. In the years before the crisis, this share was moving at about 28-35%. In doing so, it should be noted that the pension fund expenses include expenses for retirees' health insurance, pension fund, which is paid at a rate of 12.3% on the amount of paid pensions. If these costs are excluded and referring only to expenditures for pensions, they are subsidized from the budget for pensions, in 2011. The amount is about 30% of the total income of the Fund.

The main problems that prevent the successful financing of pension payments related to the low level of employment, the growth of the gray economy, problems in the collection of contributions (reporting employees, the payment of tax-free salaries and wages, the existence of large debts in the name of contributions), numerous bankruptcy and liquidation of companies that are not accompanied by the establishment of new firms, unfavorable structure and underdevelopment of the

economy and other factors. Even with unfavorable demographic situation, as it is in Serbia, the system would now function without the need for assistance from State, if other factors had a positive effect. In the long run, however, the rapid aging of the population (and now Serbia is one of the oldest societies in Europe), will cause problems in the pension system, even assuming the elimination of the negative impact of the above mentioned factors. It is for this reason that the reforms started in this part of the pension system in order to adjust its parameters in a situation in which it operates.

The reform of the pension system began in 2001. At different stages, reform measures were undertaken to ensure the financial sustainability of the pension system, enabling regular payments of pensions to improve the standards of beneficiaries, the introduction of additional income opportunities in old age and the like. The most important measures taken in the process of reform include:

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

**1) Measures to reform the state system parameters mandatory pension and disability insurance:**

- **The general age limit**, as a condition for eligibility for retirement, was first increased in January 2002. from 60 to 63 years for men and from 55 to 58 years for women, and then, in the period from 2008. to 2011. gradually raised from six months to a year, with 63 to 65 years for men and from 58 to 60 years for women.
- It stipulated the **gradual change of the other conditions for entitlement to retirement** - for insured women the required insurance coverage rose from 35 to 38 years, in the period from 2013. to 2021., until the required age raised from 53 to 58 years of age, for both sexes by 2023.;
- **changed the method of calculating pensions** - introduced the points system, which is based on the calculation of personal points, which are determined on the basis of length of service and the payment of contributions of each insured person, and the general point, which is the same for all persons who are in a given period eligible to retire;
- **extended periods taken into account when calculating pensions** - Previously, the pension calculation was based on data from the best ten years of the insured. Since 2003. the pension is determined on the basis of the whole work experience, earliest since 1970.
- **changed the way of adjusting of pensions:** from January 1st 2002. the application was in the quarterly adjustment of pensions, with the percentage adjustments determined based on 50% of the movement of wages and 50% of the cost of living in the previous quarter (so-called Swiss formula "). Then, in the period from 2006 to 2009., a gradual transition is implemented with pension adjustments to four times a year „Swiss formula" on the alignment twice a year according to the cost of living. In order to protect the degraded standards of pensioners, pensions are extraordinarily increased by 10% in October 2008. However, due to the economic crisis, the adjustment of pensions was frozen in 2009. and 2010., only to be changed again in 2011. when pensions are adjusted twice a year, in response to the movement of consumer prices and GDP;
- **introduced a unique minimum pension amount**
- **changed the definition of disability** - provides that the requirement for eligibility for disability pension by the full disability. It is a much more stringent condition than the previous regulations governing the exercise of the right to a disability pension when it was enough to determine inability to perform suitable work, which dealt with the insured, and also abolished the right to compensation based on partial disability. These rights were transferred to the employment of persons with disabilities;

- **introduced is the obligation to pay contributions on all revenue generated by the exercise of an economic activity**, which means that they are involved in various contracts whose execution is realized through compensation - various agreements, author contracts, etc. In this way, the basis is extended for the payment of contributions for pension and disability insurance, which has had a positive effect on increasing revenue funds. Also, the possibility of evasion of contributions was reduced, the payment of contributions under this rule has a positive effect on the amount of pensions of such persons after exercising these rights;
  - **introduced is the possibility of voluntary participation in the mandatory insurance** for all persons who do not have insurance, and have a desire to make contributions for pension and disability insurance;
  - contribution rates for pension and disability insurance **were 32% on May 1<sup>st</sup> 2003. In order to reduce the tax burden on the economy, the rate for the period from May 1<sup>st</sup> 2003. until July 1<sup>st</sup> 2004. decreased to 20.6%, and thereafter raised to 22% as it is today.**
  - **established regular payment of pensions** to employee insurance (which were paid with a delay of one month and a half) and the farmers' insurance (which is 20.5 months late with the payment of pensions), with debts to pensioners turned into public debt, which has since been reconciled.
- 2) **Law on Compulsory Social Insurance** (Official Gazette of RS ", br.84/04, 61/05, 62/06, 5/09, 52/11 and 101/11), which began to take effect on September 1<sup>st</sup> 2004., in a unique way combines the entire financing of social security (pension and disability insurance, health insurance and unemployment insurance). This law transposes the provisions governing the issue of assessment and collection of contributions in all three systems.
  - 3) In addition to parametric reforms, implemented and **Pension Administration Reform** - former three pension funds, which had been organized by the insured (the Republic Fund for Pension and Disability Insurance, the Republican Fund for Pension and Disability Insurance for Self-Employed and the Republic Fund for Pension and Disability Insurance for farmers), since 2008. merged into a single Republican Fund for Pension and Disability Insurance, and from January 1<sup>st</sup> 2012. was assigned to them and the military's health insurance fund for the insured.
  - 4) **A system of voluntary pension funds and pension plans**, part of the pension system. In this way, it is possible for those who want to set aside additional funds for their retirement to do so.
  - 5) **The Central Registry of compulsory social insurance began working. It was formed** to improve the recording and collection of social security **contributions**.

Reform measures have been undertaken within the current economic and political situation, which in turn affected their performance.

The main objective of the reform is to establish a financially sustainable system of pension and disability insurance, regular payment of pensions and improving the standard of pension beneficiaries.

- 3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.



## Statistical data on compulsory insurance for 2011.:

### Number of Insured:

Employee insurance – 2,056,066  
Insurance of Self-Employed - 326,645  
Farmers Insurance – 217, 704  
TOTAL - 2,600,115

### Number of beneficiaries:

Employee insurance – 1,357,846  
Insurance of Self-Employed - 61,851  
Farmers Insurance – 218, 948  
TOTAL - 1,638,645 (1.6 insured per one retired)

### Size of the pension (in parentheses is the given percentage of the average wage in Serbia):

Insurance for Employees - 23,200 dinars (61.1%)  
Insurance of Self-Employed – 22, 722 (59.8%)  
Farmers Insurance – 9,142 (24.1%)

Pensions are calculated in Serbia and the paid amount is net. Therefore, for the calculated amount of pension contributions no tax is paid. For this reason, the pension is placed in relation to the net income.

Statistics on wages in Serbia are published by the National Bureau of Statistics on the basis of data on wages in the Republic.

### Adequacy of the system and combating pensioner poverty

When it comes to the adequacy of the system, we offer a table that contains data about the coverage of old-age pension income that shows what percentage of the population in certain age groups receives a pension:

	65 +	65-69	70-74	75-79	80-84	85 +
Men	87%	92%	92%	90%	75%	51%
Women	69%	75%	76%	70%	57%	45%
In total	77%	83%	83%	78%	64%	47%

Source: RZZS, PFPIO, Ministry of Labor and Social Policy

Coverage of the population with the lowest pension oldest population. Coverage increases in the population that is retired in the last 15-20 years, especially in men, so that over 90% of men aged between 65 and 79 years receive a pension. In women, this percentage is somewhat lower, but quite high (exceeding 75%), which is associated with high rates of employment prior to the nineties.

As for the poverty of the population, we point to the data, published in the second report on the implementation of the Poverty Reduction Strategy, the percentage of poor people living in households in which the head is retired equals to the average number of poor people in Serbia, and that share is 8.8%. In all other population groups, with the exception of those living in households where the head is employed, the share of the poor population is much higher than the average level in Serbia:

Participation of the poor by socio-economic status of the head of the household in Serbia in 2006.

	Self-employed	Staff	Unemployed	Retirees	Other inactive	In total
Percentage of poor	10.2%	5.2%	14.7%	8.8%	28.2%	8.8%

Source: Report on the implementation of the poverty reduction strategy

If we look at the poverty population from where it originates household basic income, households that have a basic income from agriculture, households where the main source is retirement income are the most exposed to the risk of poverty, and members of such households were poorer than average in Serbia:

	Public sector	The private sector	Agriculture	Retirees	Other	In total
Percentage of poor	4.8%	7.1%	11.5%	10.2%	26.3%	8.8%

Source: Report on the implementation of the poverty reduction strategy

Ten percent of the population aged 65 years and over were classified as poor, which is higher than the average of Serbia (8.8%), but higher than the participation of the poor in households with a pensioner wearing (also 8.8%), while it was on the level of participation of the poor in households where the main income comes from pensions (10.2%). It can be said that the income from pensions significantly reduced the poverty of the elderly.

## Article 12§2

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Answered in paragraph 1

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Answered in paragraph 1

3) Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of the European Code of Social Security.

Answered in paragraph 1

## Article 12§3

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The legislative framework is set out in the answers of preceding paragraphs.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

The process of the reforms of the pension administration in Serbia

A significant shift in the approach to economic policy in Serbia started in 2001. , the implementation of the economic program to liberalize the economy and improve macroeconomic stability. A closed, autarchic system, the Serbian economy reformed policies in order to build a modern economic system, which gradually adopts the values of market economy. One of the most significant policy reforms is the reform of the pension system which started in 2002.

The reform of the pension system has a goal to:

1. improve the efficiency of the collection of social security contributions and taxes on personal income,
2. improve the level of services for senior citizens and all taxpayers,
3. reduce the necessary administration for businesses and individuals,
4. reduce collection costs for all taxpayers and pensioners,
5. increase transparency and integrity in the management of pension and tax systems,
6. stimulate further development of the financial sector and capital markets.

The legislation which followed the current reform of the pension system is reflected in the adoption of the Law on Pension and Disability Insurance (2003) , which, among other things, introduced the change of age limit for entitlement to benefits and stricter conditions for the determination of disability, and the Law on Compulsory Social Security (2004) . In 2005. the Law on Voluntary Pension Funds and Pension Plans was adopted , which, starting from April 1<sup>st</sup> 2006, established the third pension pillar. This Act amended the reform of the system of compulsory state insurance and is given the opportunity to strengthen the system of voluntary pension funds.

The "Consolidated Collection and Pension Administration Reform in Serbia" Project

For further improvement of the process of reforms of the pension administration, the World Bank has provided interest-free loans for development (subjected to the conditions set by the International Development Association - IDA) for the implementation of the "Consolidated Collection and Pension Administration Reform in Serbia" (steed). Loan was in 2005. placed at the disposal of the Government of the State Union of Serbia and Montenegro (SCG), but the SCG has transferred the funds of the Republic of Serbia, under the Subsidiary Agreement on the loan for the Project. Ministry of Labor and Social Affairs and the Ministry of Finance of the Republic of Serbia are directly responsible for the project Implementation

Participation of the World Bank: \$ 25,000,000

Participation of the Government of the Republic of Serbia: \$ 384,000

## Objectives of the Project

The aim of the project is to develop a framework for the consolidation of all charges for compulsory social insurance and, if possible, the payroll tax citizens. In order to achieve the main objective, it is necessary to implement the specific objectives of the Project:

- increase the effectiveness and efficiency of the pension and disability insurance in Serbia
- modernization and simplification of procedures,
- making of a unique database user pension and disability insurance,
- raising the capacity of administration,
- raising public awareness and knowledge about the functioning of the pension and disability insurance.

## The description of the Project

The project includes four components:

### Part A: Consolidation of Collection and Reporting

Under this component of the project will develop a new billing system and reporting, through a capacity-building institution that deals with the collection, improves the control of collection, which will form the Central Registry of Insured and contributors, which will develop a data reporting and new models, as well as their testing and training employers to use the new system. Also, it will improve communication links with all data users and enhance their systems to allow the flow and processing of information.

### Component B: Institutional Strengthening and Consolidation of PAYGO pension funds

Under this component, three funds are supported by administrative consolidation, which are based on the-go (PAYGO), in line with the government's program, and pending and modernization of existing business practices and implementation of new strategies. Consolidation and strengthening of institutional pension funds, the Fund's activities are directed at a small number of key functions and their maximum efficient and safe implementation.

Components include:

1. consolidation of the three PDI Funds
2. improvement of IT technology,
3. planning and the reform of human resources and
4. improvement of public services.

### Part C: Analysis and development of pension policy

This component includes:

1. capacity building for policy analysis of the pension system which will support the development of capacity in the Department of Pension and Disability insurance at the Ministry of Labor and Social Affairs, which is responsible for the design, implementation and monitoring of pension policy and pension system as a whole;
2. support the development of the voluntary pension insurance, which will support the development of capacities for surveillance of voluntary pension insurance system in the National Bank of Serbia and the creation and implementation of a broad public awareness campaign on the subject of pension systems in general.

## Component D: Project Management and Coordination

Coordination and management of the project were given to the Council for the reform of the pension system and project management.

The function of procurement and financial management is conducted by the Agency for Deposit Insurance.

### Expected Results

1. Creating a smaller, more sustainable and more efficient system;
2. Creating a larger and more dynamic private sector and
3. Improving social security and access to public services.

In long term, these efforts should lead to the financial sustainability of the system, which is a key objective of the pension reform by the government. Expected benefits from the implementation of the Project are significant, and those arising from the efficient administration of the program, as well as incentives for better pay.

- 3) Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.

### Article 12§4

- 1) Please describe the general legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).

The Republic of Serbia coordinates its social security system through bilateral agreements with 27 countries: Austria, Slovakia, Czech Republic, Poland, Great Britain, France, Belgium, Holland, Denmark, Sweden, Germany, Libya, Switzerland, Romania, Bulgaria, Norway, Italy, Bosnia and Herzegovina, Panama, Slovenia, Montenegro, Macedonia, Luxembourg, Hungary, Cyprus and Turkey. Most agreements are based on the highest standards and principles in this area. All agreements are based on the principle of equal treatment of nationals of a Contracting State that is in the application of the legislation of one Contracting State, nationals of other States, Parties in achieving the equal rights of nationals of that State. Also, the social security systems in the Republic of Serbia are based on the principle of *lex loci laboris*, which means that a person is employed or carries on business in the territory of the Republic, but it is not a resident. Moreover, in terms of benefits to which the majority of agreements relate are the benefits for Old age, disability and death benefits for sickness and maternity, unemployment benefits, benefits in case of injury or occupational illness and child benefits. The exercise of all benefits under the treaty applies to the principle of adding periods of insurance or eligibility under the legislation of one Contracting State shall be taken into account, as appropriate, age and period of securing the territory of the other contracting state.

- 2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

The conclusion of the Agreement on Social Security State Party shall provide that, in order to efficiently and fully implement the agreement, the competent authorities or bodies to agree a









common connection or establish measures for their implementation. This is done by signing administrative agreements or arrangements.

Such acts are mostly made (signed) simultaneously with the main agreement and enter into force on the same date as the Agreement on Social Security. The names of these laws differ depending on the area of their coverage (pension, health, and unemployment insurance) and practices that States parties have when it comes to these document conclusions. Common names are Administrative implementation of the Agreement .... or Administrative arrangement for the implementation of the Agreement .....

The essence of the signed agreement (the agreement) on the implementation of the agreement is fast and high-quality implementation of certain provisions of the basic agreement, detailed rules and regulated the manner of law enforcement liaison, insurance carrier, policy holders and beneficiaries of the pension and disability insurance, health insurance and unemployment insurance.

In this category are the acts which conclude liaison bodies of the Contracting States. It may be that such instruments regulate compensation costs of health care, the use of certain documents during the implementation of agreements on social security and so on.

Agreements on Social Security which are concluded in the Republic of Serbia shall be published in the official gazette, publishing the Law on Ratification of the Agreement. However, the practice is that the agreements (contracts) of the implementation of the agreement are not published in the official gazette, although in some cases it is done simultaneously with the publication of the basic agreement, the publication of the Decree on Ratification of the Agreement.

	Austria	<u>Agreement on the Implementation of the Agreement on Social Security</u> <u>The agreement on compensation costs by paying lump sums</u>
	Bosnia and Herzegovina	<u>Administrative agreement for the implementation of the Agreement on Social Security</u> <u>Administrative Agreement amending the Administrative Agreement</u> <u>Agreement on the flat fee health care costs</u>
	Bulgaria	<u>Administrative Agreement on the Implementation of the Convention on social security</u>
	Montenegro	<u>Administrative agreement for the implementation of the Agreement on Social Security</u> <u>Agreement on flat-rate reimbursement of the costs of health care</u>
	Czech Republic	<u>Administrative agreement for the implementation of the Agreement on Social Security</u>
	Croatia	<u>General Administrative Agreement for the implementation of the Agreement on Social Security</u> <u>The administrative authority for agreement in the area of pension and disability insurance</u> <u>Administrative Agreement amending the Administrative Agreement, the relationship of the Pension and Disability Insurance</u> <u>Agreement on flat-rate reimbursement of the costs of health care</u>
	Cyprus	<u>Administrative agreement for the implementation of the Agreement on Social Security</u>
	Hungary	<u>Agreement on the Implementation of the Convention on the Organization of social security issues</u>



Macedonia	<u>Agreement on the Implementation of the Agreement on Social Security</u> <u>Agreement on the flat fee health care costs</u>
Germany	<u>Agreement on the Implementation of the Agreement on Social Security</u> <u>The liaison agreement</u>
Poland	<u>The agreement for the execution of the Convention on social security</u>
Slovakia	<u>Administrative Agreement on implementing the Convention on Social Security</u>
Slovenia	<u>Administrative agreement for the implementation of the Agreement on Social Security</u> <u>Agreement on compensation costs of health services and the content of bilingual forms</u> <u>The agreement on the use of the European health insurance card in the territory of the Republic of Serbia</u>
Switzerland	<u>Administrative arrangements on how to implement the Convention on Social Security</u>
Sweden	<u>Agreement on the Implementation of the Convention on social security</u>
Great Britain	<u>Agreement for the Implementation of the Convention on social security</u>

3) Please provide pertinent figures or any other relevant information, Please, indicate also the length of residence requirements when applicable.

Statistical data are enclosed to the Report.

### **Article 13 – The right to social and medical assistance**

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

## Appendix to Article 13§4

Governments not Parties to the European Convention on Social and Medical Assistance may ratify the Charter in respect of this paragraph provided that they grant to nationals of other Parties a treatment which is in conformity with the provisions of the said convention.

### Information to be submitted

#### Article 13§1

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

**The Law on Social Protection** ("Off. Gl. RS" no. 24 of April 4<sup>th</sup> 2011.) Entered into force on April 4<sup>th</sup> 2011. It was entered into force after nearly 20 years of the application of the previous law, which has undergone a number of amendments. It turned out that the former financial security and social assistance, as defined by the new law, was well targeted but included a relatively small number of users. In addition, costs were low, especially for large families.

The new law provided the introduction of partial flexibility in the amount of rights, (up to now the height of the MOP, in the term of the old law, was prescribed the same for all families with the same income and the same number of members - the new law provides the same basis for the individual or the holder of insurance, but different amounts as follows: for adult - 0.5 of the height of the base and children up to 18 years - 0.3 of the height of the base) or more of equivalence scale, which means larger amounts for large families and greater coverage for poor families, higher amounts prescribed for 20% of families in which all members are unable to work and single-parent families; introduced additional categories for those considered unfit for work, provided the obligation for relatives to participate in serving the user determined by the court, and not the Centre for Social Work and the amount for help for families with more than six members recognized the importance of six members (under prior law it was five members).

Also, the law acquires a proactive role and responsibility of the user, especially the ones able to work and opens the possibility of activating the user. Also, because of the flexibility, one of the provisions that were governed by the previous law is now transferred to the bylaws.

The right to social security, in accordance with Article 4 of the Law on Social Protection has "every individual and family in need of help and support to overcome their social and life's difficulties and create the conditions for satisfying basic human needs have the right to social security, in accordance with the law. Rights to social welfare service delivery are provided with social protection and financial support. "

**Beneficiary** receives financial support through monetary social assistance allowance for care and assistance of another person, plus extra for the help and assistance of other people, help for vocational training, one-time financial assistance, assistance in kind and other forms of material support, in accordance with the Law social protection and regulations adopted for its implementation.

Social Welfare Law provides the right to *cash welfare assistance* for an individual or family, who with their work, income from property or from other sources of revenue comes from a small amount of the social assistance established by this law.

Common-law partners and spouses, children and relatives in a straight line regardless of the degree, as well as relatives in the collateral line up to the second degree under the condition that they live in the same household, a child who does not live in the family and is in training - by the end of the period prescribed for such education, and until the age of 26 age and spouse, regardless of where in fact they live are considered as Family.



A perpetrator of domestic violence is not considered a family member, and his income and assets do not affect the rights of victims of domestic violence to achieve financial social assistance if they meet the other requirements of this law.

The right to Social Assistance an individual or family can make provided that they have no other real estate, other than the one they live in, which meets the needs of individuals and families and is the area of 0.5 hectares (for an individual who is unable to work or families whose all members are unable to work the threshold is to 1 ha), unless approval has been given for a mortgage to secure the settlement of claims, the individual or family member has not sold or donated the property or waived the right to inherit property or the property is sold, given away or waived the right to inheritance, so it could help provide security in terms of this Act; an individual or family member does not possess movable property whose use or disposal, without compromising the basic necessities of life, can provide funding in the amount of six times the welfare that is determined under this Act at the time of applying for Social Assistance and if an individual, or a family member has not concluded an agreement on lifelong care.

The right to Social Assistance can accomplish an able to work individual, or if a family member is in education or training for work in terms of this Act or if he is registered as unemployed, and has not refused an offer of employment, job hiring at temporary or seasonal jobs, professional training, retraining, additional training or basic education, if his employment is terminated upon his will, his consent or his fault, because of disciplinary or criminal liability, unless since the termination a year has passed or if the termination lead to the incapability to work, if the mentioned cares about your child with special needs so that he cannot be permanently employed.

Family member who is unable to work shall be entitled to welfare assistance if the family does not meet the above requirements.

The law defines who is considered unfit for work.

The right to Social Assistance is recognized for up to nine months in a calendar year, for an individual who is able to work, or a family in which the majority of members are of working age, and for the rest of the family is recognized for an indefinite period, provided that the compliance review conditions for the further realization of this right shall be in the month of May, on the basis of income earned in the previous three months.

The right to Social Assistance is recognized equal to the difference between the amount of the social assistance established in accordance with this Act and the amount of the average monthly income of an individual or family realized during the three months preceding the month in which the request for financial social assistance has been established.

Type of earnings and revenue that makes the average monthly income of an individual or a family, the way of determining the income and revenue and earnings and revenues that are not taken into account are prescribed in the ***Regulation of income and revenues that affect eligibility for financial social assistance*** that the Serbian government adopted and published in the "Official Gazette of the Republic of Serbia", No 36, May 27th 2011.

The amount of social assistance is determined by the individual, the right holder in the family has a base 1, every other adult in the family base level of 0.5 children and to 18 years, 0.3 from the height of the base, and the base is determined by the law or comply to the consumer price index over the past six months, according to statistics from April 2012. is 6774 dinars. The base is updated twice a year, on April 1<sup>st</sup> and October 1<sup>st</sup>.

An individual who is unable to work or families whose members are all unable to work and single-parent families are **entitled to increased Social Assistance**, which is determined by the corresponding amount of the social assistance for individuals and families increased by 20%.

Social Assistance is paid monthly, in amounts rounded in dinars. A family that has more than six members shall be entitled to unemployment allowances for six members. According to the data of the Ministry for December 2011., 86,502 families, which have 214,402 people, have the right to unemployment benefits welfare. Also, the Law on Social Protection provides that a person who, due to physical or sensory impairment, intellectual difficulties or changes in health needs assistance and care of another person in order to satisfy their basic needs may be entitled to an allowance for care and assistance of another person.

**The need for assistance and care of another person** shall be determined on the basis of regulations on pension and disability insurance. Monthly allowance for care and assistance of another person is 8526 dinars from April 2012.

Allowance for care and assistance of another person shall be adjusted with the consumer price index over the past six months, according to statistical data, twice a year, on April 1<sup>st</sup> and October 1<sup>st</sup>.

The user that needs care and assistance of another person, who exercised that right as a disabled child in the organization for pension and disability insurance, is entitled to an allowance for assistance and care of another person in the amount of the difference between the amount of the allowance for help and care for another person established in accordance with this law and the amount realized by compensation for the help and assistance of other people.

Social Welfare Law provides **the right to an increased allowance for care and assistance of another person**. This right can generate a user allowance for care and assistance of another person with whom was found to have physical damage or permanent organic neurological disorder 100% on the basis of one or more of the damage, or the damage level is at 70% or more percent for at least two reasons. The raised monthly amount for the help and assistance of other people amounted 22,997 dinars. starting from April 2012.

The amount of the increased allowance for care and assistance of another person shall be adjusted with the consumer price index over the past six months, according to statistical data, twice a year, on April 1<sup>st</sup> and October 1<sup>st</sup>.

A person who is on the pension and disability insurance, exercised their right to compensation for the help and assistance of other people may be entitled to the increased allowance for assistance and care of another person in the amount of the difference between the amount of the increased allowance for care and assistance of another person specified in accordance with this law and the amount of financial assistance for the care of another person acquired by the pension and disability insurance.

Eligible for assistance and care of another person and the right to an increased allowance for care and assistance of another person does not depend on the financial status of users. According to data of the Ministry for December 2011, 19,422 persons are eligible for assistance and care of another person, and 32,562 persons use a right to an increased allowance for care and assistance of another.

The total number of beneficiaries eligible for care and assistance of another person, and increased allowance for care and assistance of another person, in this period, is 51,984.

Implementation of the new legislation aimed at the vulnerable groups - exercising the rights to Social aid – provides a better coverage of the so-called multi-member households, using the equivalence scale, which in a better way emphasizes each additional household member and that makes a better distinction between adults and children within the same household.

An introduction of a completely new right in the law is for parents who are dedicated to a care for a child with disabilities and therefore are not able to work. Thus, if one parent is not working and cares for more than 15 years for a child he can use the right to an increased allowance for care and assistance of another person when he meets the age requirement under the general regulations of the pension system, which means 60 years for women and 65 for men, he may make ***a special life allowance in the form of monthly cash receipts*** at the amount of the minimum pension age when he turns a general condition for the exercise of pension regulations on pension and disability insurance, if he did not qualify for a pension. If parents exercise their right to retire after becoming entitled to a special allowance, they have the right to choose between retirement and special compensation.

In this way the state supports the remaining child with special needs in the family, but at the same time promotes responsible parenthood. In April 2012, although this is a completely new and unique right, there is a total of 241 users, who have gained this right in the past year since the adoption of the law.

***One-time assistance*** is provided to help a person who suddenly finds himself or is currently in a need, as well as the person being referred to residential care or foster care, and that there are no funds to provide clothing, shoes and transportation costs necessary for the implementation of housing. One-time assistance can be monetary or in-kind. *The provision of one-time assistance and in-kind care is under the jurisdiction of local authorities*

The procedure for the exercise and payment of one-time financial assistance is on social welfare center to implement, and the procedure for exercising the right of in-kind assistance administered by the authority, organization, or service of a particular act of the local government.

The Centre for Social Work shall decide the right to financial welfare of the individual or family eligible for assistance and care of another person and the right to an increased allowance for care and assistance of another person, which is the first instance body after the procedure. An appeal against the decision of the Center for Social Work solves the Minister responsible for social protection, appeals on the decision of the Centre for Social Work from the territory of AP Vojvodina provincial resolves an administrative body responsible for the protection and welfare of the appeal against the decision of the Center for Social Work with the city of Belgrade, City Hall. Against the final decisions an administrative dispute can be initiated.

**Law on Financial Support to Families with Children** (Official Gazette no. 16/02, 115/05 and 107/09) regulates the financial support to families with children.

Financial support to families with children, in terms of this Act, includes:

- 1) improving the conditions for meeting the basic needs of children;
- 2) a special incentive to have children;
- 3) support for financially disadvantaged families with children, families with children with disabilities and children without parental care.

The rights to financial support for families with children, according to this law, are:

- 1) salary compensation during maternity leave, leave for child care and leave for special child care – company employees and self-employed.

The right on compensation earnings during maternity absence and absence from work for child care shall be exercised in accordance with the Law on Work in duration of 365 days for first and second child, or two years, for the third and every next child from the day maternity leave

commenced, and absence from work for the sake special child care for up to five years of age of the child.

The pay rate is determined by the amount of the average employee's base salary for the 12 months preceding the month in which the absence occurred, plus time spent at work, for each full year of work achieved in the course of employment in accordance with the law, but no more than five times the average monthly salary in Serbia.

If a private business entity wages compensation it shall be equal to the average monthly contribution base for Social Security in the last 12 months preceding the month of the commencement of the absence, up to five times the average monthly salary in Serbia.

The full amount (100%) pay rate is achieved if an employee is employed or is a private business owner for more than six months, 60% of the employees or private business owners works for three to six months, and 30% if the employees or private business owners work to three months prior to the commencement of the continuous absence.

The number of the users monthly is 33,000.

2) parental allowance is a measure of population policy.

This right is exercised by the mother for the first, second, third, and fourth child, provided that she is: a citizen of the Republic of Serbia, resident in the Republic of Serbia, is entitled to health insurance through the Health Insurance, directly cares for the child for which it is applied, whose previous children are not placed in social care, foster care or given up for adoption and has not lost parental rights for previously born children.

Birth order is determined by the number of live births of the mother at the time of applying for the right to maternity benefits.

Request for the eligibility for maternity benefits with complete documentation is to be submitted no later than the child's sixth month.

Parental allowance cannot be achieved if the mother and the family they live in pay property tax to the tax base of more than 12,000,000 dinars or if the parents at the time of the submission are living and working abroad.

Payment of parental allowance for the first child shall be in one fold, and for the second, third and fourth child in 24 equal monthly installments.

Height of parental allowance is determined in relation to the date of birth of the child. Height of parental allowance is adjusted based on the statistical data from the consumer price parameter, and twice a year April 1<sup>st</sup> and October 1<sup>st</sup> of each year.

Amounts of the parental allowance from 1.3.2010:

first child – 32,630.61 RSD

second child - 127,598.00 RSD – monthly installment 5,316.58

third child - 229,665.90 RSD - monthly installment 9,569.41

fourth child - 306,217.98 RSD - monthly installment 12,759.08

In March 2012. the parental allowance is received by 60,756 users with 62,201 children. Funds expended in this month for maternity benefits are: 488,964,095.00 RSD.

3) Child benefit is a social policy measure.

This right is exercised by one of the parents, foster parents and guardians, who cares about the child directly, who is a citizen of the Republic of Serbia, resident in the territory of the Republic of Serbia and has the right to health insurance for the first, second, third and fourth child in order of birth in the family, from the date of the submission of the request.

A child is entitled to children's allowance until the age of 19, if it is a full-time student in school.

Under education it is meant the acquiring of education as a full-time student in elementary and high school, and in accordance with the regulations in the field of education.

Applicant and family members may not possess property other than adequate housing in which they live, which may not exceed the rule a room per household resident plus another room.

Applicant and members of the household may own agricultural land not exceeding two acres per household.

Applicant and family members cannot have cash and other liquid assets with a value greater than the amount of 30 child allowances per family member at the time of application.

Revenues in the three months prior to the month of application influence the exercise of the right of the child to allowance.

Threshold for the eligibility for child care payments for claims submitted in May 2012. amounted to 7149.37 dinars, and for single parents, foster parents, guardians and parents of a child with a disability who is placed in residential institutions (increased threshold) is 8579.24 dinars.

Threshold for earned income from agriculture in a mixed household (income on some basis and income from agriculture) is regular 2.35 or increased threshold to 2.82 dinars per household.

*Threshold for earned income solely from agriculture is regular 5.49 or increased threshold 6.58 dinars per household.*

*The amount of child allowance for April 2012.*

*The regular is 2280.61 or 2964.78 RSD increased.*

**The right to child allowance is recognized for the period of one year.**

**In the month of March 2012. the right to child benefit is exercised for 202,720 382,408 children users. Funds spent this month for child benefit are: 897,248,383.88 dinars.**

4) reimbursement of pre-school for children without parental care is a measure that aims to further protection of children without parental care in preschool, because it is a particularly vulnerable group of children. This right is exercised by guardians and foster parents of the child, if the child previously achieved the right to the allowance. For a child without parental care, which is placed in social care this right can be exercised without any conditions. In this way, it encourages their early integration into the peer group in the local community and in this way they are included in preschool education.

5) Reimbursement of pre-school for children with disabilities is a special measure of protection of children with mental and physical development for the purpose of inclusion in mainstream pre-school groups. This measure is to support a family for a child with a disability to remain in it, and in these conditions develop according to their abilities.

The rights of 1) to 5) in the first instance solves the municipal or city government in which the applicant resides, except the right to remuneration during maternity leave, leave for child care and leave for special child care, which solves the municipal or city government in which is the seat of the employer of the employee.

Child allowance is a social policy measure, and can be achieved if the statutory requirements have been met. There is no *unconditional* right to exercise the child allowance on the rights defined by the Law on Financial Support to Families with Children in the first instance decided by city-municipal service child care, while in the second instance (appeal) decided by the Ministry of Labor and Social Affairs and the Provincial Secretariat of AP Vojvodina

The health insurance system in the Republic of Serbia is based on compulsory social insurance and voluntary health insurance, which was first introduced by passing the Law on Health Insurance in

2005. In accordance with this law by compulsory health insurance and voluntary health insurance, it is understood:

- Mandatory health insurance is health insurance that employees and other citizens are covered by compulsory health insurance and it provides the right to health care and the right to compensation in cases stipulated by the Law on Health Insurance;
- Voluntary health insurance is the insurance risk of developing payment of cost of health care in accordance with the Act, ensuring that citizens are not necessarily insured, or which are not included in the mandatory health insurance, and insurance on a larger scale and standard and other types of health insurance rights.

Compulsory health insurance is organized and based on the principles of reciprocity and solidarity, responsibility, transparency, protection of the rights of the insured and the protection of the public interest, the continuous improvement of quality of compulsory health insurance, as well as the efficiency and effectiveness of mandatory health insurance.

The health insurance system is regulated by the following laws:

Law on Compulsory Social Insurance ("RS Official Gazette", no. 84/04, 61/05 and 62/06) stipulates that employees and employers are liable for health insurance on the base of income, as well as other payers, at the same rate and on the same basis as those insured persons (employees and employers pay contributions for health insurance in the amount of 50%, a rate of 12.3) - Article 8 of the law.

Health Insurance Law ("Official Gazette of RS", no. 107/05 and 109/05-ammendment), which was enacted in the 2005, and from then until now there has been only one amendment to the said Law ("RS Official Gazette", No. 57/11).

Funds for financing of compulsory health insurance are provided by the payment of mandatory health insurance from other sources, in accordance with the law, and the law governing contributions for Social Security and the income of the Republic Health Insurance.

Health Insurance Act provided for a system of compulsory health insurance, as well as for the persons who are considered to be insured.

Compulsory health insurance covers:

- 1) insurance in case of illness or injury outside of work;
- 2) insurance in case of injury or illness.

The mandatory health insurance is:

- 1) the right to health care;
- 2) the right to remuneration for temporary inability to work of the insured (hereinafter referred to as wage compensation);
- 3) the right to reimbursement of transportation expenses related to health care (hereinafter: compensation expenses).

Health insurance rights shall be exercised on the condition that the health insurance contribution has been paid, unless the law provides otherwise.

Policyholders are clients, who have compulsory insurance in accordance with the law, including:

- 1) a person employed or employed by a company, other legal entity, a state authority, local self-government and autonomous regions, as well as regular persons (hereinafter referred to as the employee);
- 2) civilian employees of the Army and the military units and military institutions;
- 3) elected, or appointed persons, if the performance of the functions generates earnings or pay or allowance;
- 4) persons who, in accordance with the law governing the work, perform work outside the employer's premises;

- 5) persons who, in accordance with the law governing labor, perform tasks of household help;
- 6) nationals who are in the territory of the Republic employed at foreign or international organizations and institutions, foreign consular or diplomatic missions or are employed by foreign companies or persons, unless an international agreement provides otherwise;
- 7) persons employed or employees assigned to work abroad, or an employee in a company or other legal entity which carries on business or services abroad, if not necessarily insured by the regulations of that country, or unless an international agreement provides otherwise;
- 8) employed parent, adoptive parent, foster parent or guardian who is absent from work until the child turns three years old, his rights and obligations are suspended from work, in accordance with the rules of procedure;
- 9) nationals working abroad for a foreign employer who does not have health insurance of foreign holders of health insurance or who are not insured under the regulations of the state, or if the health insurance rights under the regulations of the State, for themselves or their family members, may not be exercised or used outside its territory;
- 10) Foreign citizens and stateless persons who, in the territory of the Republic, are employed at foreign companies or persons, unless an international treaty provides otherwise, and with international organizations and institutions and foreign diplomatic and consular missions, if such insurance is provided by international contract;
- 11) nationals employed in the households of citizens employed abroad with the organization with its headquarters in the territory of the Republic;
- 12) Persons who are entitled to monetary compensation from unemployment according to employment regulations;
- 13) persons performing temporary and occasional work in accordance with the Labor Law (persons who are not employed, employees who work part-time - up to full-time work and retirement pension beneficiaries);
- 14) persons in accordance with the law who have temporary jobs through youth and student associations and are 26 years of age, or regardless of age if they are not in school;
- 15) persons upon termination of employment are entitled to remuneration for work related accidents or illness, in accordance with the law;
- 16) persons performing work under the contract, on the basis of author's contract, based on contracts for the placement of the regulations on social protection, as well as under other agreements in which the job is done for receiving compensation (hereafter contracted jobs );
- 17) persons who are the founders, members, or shareholders of companies (partnerships, limited partnerships, limited liability companies, joint stock companies and other legal form of companies and enterprises), who don't have in their employment commenced but perform certain tasks ( hereinafter referred to as the founders of companies);
- 18) Contractors who are registered to conduct lawful activities in a professional work independent of the activity, the activity of freelancers and independent artists, in accordance with the law (hereinafter referred to as entrepreneurs);
- 19) athletes, who in accordance with the law governing sport hold sports activities as self-employed;
- 20) priests and religious officials who perform these jobs as self-employed;
- 21) farmers over 18 years of age, who are engaged in agricultural activity as their only or main occupation, in accordance with the law, in case they are not: insured employees, performing self-activity, the insured under item 14) of this paragraph, pension beneficiaries, persons in training;
- 22) pension beneficiaries and the right to compensation of these rights is realized by the pension and disability insurance;
- 23) citizens of the Republic who receive retirement or disability benefits exclusively from foreign insurance carriers while staying or residing in the territory of the Republic, or who receive a pension from a country with which there is no bilateral agreement on social security or health insurance rights under the regulations of the state pension providers, for themselves or their family members may not use or exercise these rights outside the territory of that State;

- 24) foreigners working with local organizations and private employers on the basis of special agreement or agreements, exchange of experts on international technical cooperation;
- 25) foreigners during their education or vocational training in the Republic

Insured, under this Act and under the conditions prescribed by this Law (Article 22) are the persons belonging to the population that is at increased risk of disease; persons whose health care needs are related to the prevention, early detection and treatment of diseases of major socio-medical importance, as well as persons who are in the category of socially vulnerable people, if they do not qualify for the status of the insured under Article 17 of this Act, or if they are not qualified for compulsory health insurance as family members of the insured, as follows:

- 1) children under the age of 18, school children and students until the end of regular education, but no later than age 26, in accordance with the law;
- 2) women when planning family, as well as during pregnancy, childbirth and motherhood to 12 months after delivery;
- 3) persons over 65 years of age;
- 4) people with disabilities, according to the regulations on pension and disability insurance, as well as mentally retarded persons;
- 5) persons in connection with the treatment of HIV infection or other diseases that are established by a special law governing the protection of the population against infectious diseases, malignant disease, hemophilia, diabetes, psychosis, epilepsy, multiple sclerosis, people with end-stage chronic renal failure, cystic fibrosis, systemic autoimmune disease, rheumatic fever, addiction, people with rare diseases, as well as those involved in health care related to giving and receiving tissues and organs;
- 6) priests and nuns;
- 7) materially unsecured people receiving welfare assistance, or who are beneficiaries of family disability, in accordance with social protection, or protection regulations of soldiers, veterans and civilian war invalids;
- 8) regular users of financial aid, and assistance for accommodation in social care or with other families, according to the regulations on social security;
- 9) the unemployed and other categories of vulnerable persons whose monthly income is below the income determined in accordance with this Law;
- 10) beneficiaries - whose family is doing military service;
- 11) Gypsies who due to their traditional ways of life do not have permanent or temporary residence in the Republic;
- 12) Victims of domestic violence;
- 13) victims of human trafficking.

Under insured persons shall be considered the insured and members of their families, which is in accordance with this Act and when the regulations adopted to implement this law provide the rights to compulsory health insurance. (Article 16 of the Act). The right to compulsory health insurance under this Law shall be provided to family members of the insured under Article 17 Paragraph 1 this Act, except in paragraph 1 item. 24) and 25) of this Article. Also, the right to compulsory health insurance under this Law shall be provided to the immediate family members of the insured under Article 22 Paragraph 1 item. 7) - 9) and 11) of this law, as well as under Article 23 Paragraph 1 this law, as well as the immediate family members of the insured referred to in Article 22 Paragraph 4 this law, under conditions laid down for those who qualify.

Considered under the immediate family members, are:

- Spouse or common-law partner of the insured is entitled to mandatory health insurance while the insured person is married or in a common-law marriage under the Family regulations .

- Divorced spouse to whom the court has found a right of support of compulsory health insurance if at the time the divorce was older than 45 years (women) or 55 years (men), or



regardless of age if at the time of divorce it is determined that a complete loss of ability to work in terms of regulations on pension and disability insurance has occurred. (Article 25 of the Law).

A child of the insured has a right to compulsory health insurance until the age of 18, or until the end of the specified secondary and higher education, but not later than 26 years of age. A child who has stopped going to school due to illness is entitled to mandatory health insurance for the duration of the illness, and if they continue their education it is entitled to mandatory health insurance after the age limit stipulated in paragraph 1 this article, but as long as the longest dropping out of school due to illness lasted. A medical board formed in accordance with this Law gives the justification of dropping-out due to illness.

If the child becomes unable to live independently and work in terms of regulations on pension and disability insurance before deadlines expire for education, it has the right to compulsory health insurance scheme while such disability continues. A child who becomes incapable of independent life and work in terms of regulations on pension and disability insurance after age stipulated in Paragraph 1 shall have the right to compulsory health insurance until such disability ends if it is supported by the insured due to a lack of their own income to support themselves. (Article 26 of the Act). Parents, siblings, step-father and step-mother, foster parents, who are provided for by the insured under the family regulations, because they do not have sufficient means of subsistence of compulsory health insurance if they are over 65 years of age, or if they are younger but they are unable to perform economic activity, meaning that they are incapable of an ability to work in terms of regulations on pension and disability insurance. Also, grandparents are insured by compulsory health insurance under the provisions of paragraph 1 under Article 27 Laws.

Persons who are insured can be included in the mandatory health insurance to provide for themselves and their immediate families by compulsory health insurance, under the conditions, manner, content and scope of the prescribed Law. These persons are the insured ones. The status of the insured is acquired or lost on the day of application. Persons who are insured pay a contribution from their own funds in accordance with the law governing contributions for social insurance.

The mandatory health insurance under this Law, only in case of injury or occupational disease, shall be for:

- 1) students who, according to law, are on mandatory production work, professional practice or practical training;
- 2) persons who, in accordance with the law, perform certain tasks for which they do not receive a salary or a contracted fee (on the basis of voluntary work);
- 3) persons who, in accordance with the law, are performing temporary and occasional work through youth and student associations up to 26 years of age, if they are in school;
- 4) persons who are in further education and training, directed by the organization responsible for employment;
- 5) persons who participate in organized public works of general interest;
- 6) persons involved in rescuing or protection during natural and other disasters;
- 7) persons engaged in fire departments, fire extinguisher training and fire extinguishers;
- 8) persons who are in training for defense and other forms of training for defense purposes;
- 9) persons who are engaged in the provision of public meetings, cultural and sporting events and other public gatherings of citizens;
- 10) persons who are serving a prison sentence while working in the Office of Management Unit prison (workshop, work site, etc..) And work elsewhere. (Article 23 and 28 of the Law on Health Insurance.)

Diseased or injured insured persons, depending on the medical indications and professional-methodological and doctrinal views, are provided with:

- 1) indicated medical emergency in the area of medical emergency or medical institution, or other form of health care - private practice;
- 2) an emergency medical transport for illness or injuries that are life-threatening for the insured person;
- 3) ambulance transportation that is not an emergency, when indicated and medically necessary;
- 4) examination and treatment in primary care, as well as in the home insured by selected physician;
- 5) patient consultations and treatment by a specialist, a physician selected by the instruction;
- 6) laboratory, X-ray and other diagnostic that is proposed by the chosen doctor or specialist, and medically necessary and reasonable for the diagnosis and treatment of illness or injury;
- 7) standardized treatment when it is reasonable and medically necessary, which includes the examination and treatment by a medical specialist, medical care, accommodation in a shared room or intensive care room and board, or a specific diet in inpatient medical institution;
- 8) the right of an insured person under 15 years to be accompanied or an older person who is harder mentally or physically handicapped during the development of patient treatment and medical rehabilitation, when it is medically necessary;
- 9) home treatment when it is reasonable and medically necessary.

Entitled to a remuneration from the mandatory health insurance:

- 1) employees under Article 17 Paragraph 1 item. 1) - 7) of this Act;
- 2) entrepreneurs under Article 17 Paragraph 1 Item 18) of this Act;
- 3) priests and religious officials under Article 17 Paragraph 1 Item 20) of this law.

Salary compensation during temporary inability to work belongs to the policyholders under Article 73 of this law, if the state of health of the insured or a member of his immediate family is as such that the insured is unable to work for reasons specified in the law, regardless of the payer's pay rate, and if he is:

- 1) temporarily unable to work due to illness or injury outside of work;
- 2) temporarily unable to work due to occupational illnesses or injuries;
- 3) temporarily unable to work due to illness or complications associated with the maintenance of pregnancy;
- 4) temporarily unable to work because of the required measures of isolation as a carrier of a disease or infectious diseases occurrence in his surroundings;
- 5) temporarily unable to work due care of a sick family member, under the conditions stipulated herein;
- 6) temporarily unable to work due to voluntary organ and tissues other than blood donation;
- 7) temporarily unable to work because of a sick companion set for the insured person referred to treatment or medical examination in second place, respectively, while remaining as a companion to a stationary medical institution, in accordance with the general act of the Institute.

The length of the temporary inability to work evaluates a professional medical authority of the Republican Institute, or affiliates on medical doctrinal standard for determination of temporary inability to work.

Medical doctrinal standards in paragraph 2 shall be determined on the basis of Republican proposals of the republic expert commissions for certain types of diseases.

It is forbidden for a selected physician or medical professional and a member of the Republican Institute authorities, affiliates or parent to determine that the insured is in a temporary inability to work on the base of the conditions of paragraph 1 item. 1) - 6) of this Article.

In the exercise of the right to health care from the compulsory health insurance under Art. 34 - 44 Act, insured persons are provided with:

- 1) 100% payment of the cost of health services from the mandatory health insurance:
  - Preventive measures and early detection of disease;

- Examination and treatment in the case of family planning, pregnancy, childbirth and the postnatal period, including termination of pregnancy for medical reasons;
  - Examinations, treatment and medical rehabilitation for illness and injury of children, pupils and students at the end of regular education until 26 years of age or older individuals who are severely physically or mentally retarded;
  - Examination and treatment of dental diseases among persons specified in Article 41 item 1), 10) and 11) of the Law, as well as women in connection with pregnancy and 12 months postpartum;
  - Examinations and treatment related to HIV and other infectious diseases for which the law requires the implementation of measures to prevent their spread;
  - Examination and treatment of malignant disease, hemophilia, diabetes, psychosis, epilepsy, multiple sclerosis, progressive neurons-muscular disease, cerebral palsy, paraplegia, quadriplegia, permanent renal failure, which is indicated for dialysis or kidney transplantation, cystic fibrosis, systemic autoimmune disease, rheumatic disease and its complications;
  - Examinations and treatment in connection with the taking, giving, and sharing the tissues and organs for transplantation from the insured and other persons for providing health care for insured persons;
  - Examinations, treatment and rehabilitation for occupational diseases and injuries at work;
  - The provision of emergency medical and dental assistance, and emergency medical transport;
  - Medical-technical devices, implants and medical devices, in connection with the treatment of diseases and injuries of this clause;
- 2) At least 95% of the health services in the mandatory health insurance:
- Intensive care in in-patient health care institution;
  - Surgical procedures that are performed in the operating room, including implants for the most complex and expensive health services;
  - The most complex laboratory, X-ray and other diagnostic and therapeutic procedures (MRI, scanner, nuclear medicine, etc.)
  - Treatment of insured persons who were sent abroad;
- 3) at least 80% of price of the health services in the mandatory health insurance for:
- Examination and treatment by a physician selected and a specialist;
  - Laboratory, x-ray and other diagnostic and therapeutic procedures that are not included in point 2) of this article;
  - Home Treatment;
  - Dental examinations and treatment related to the injury of the teeth and facial bones, and dental checkups and dental treatment before heart surgery and kidney transplants;
  - Treatment of dental caries in children and adolescents, extracting teeth as a result of tooth decay, as well as the development of movable orthodontic appliance;
  - Inpatient treatment and rehabilitation in-patient health care institution;
  - Examinations and treatment in a day hospital, including surgical procedures outside the operating room;
  - Medical rehabilitation on an outpatient basis;
  - Medical-technical devices, implants and medical devices, which are not included in point 1) of this article;
- 4) At least 65% of the health services in the mandatory health insurance:
- Diagnosis and treatment of infertility;
  - Making total and subtotal acrylic prosthesis for persons over 65 years of age;
  - Eye and hearing aids for adults;
  - A sex change for medical reasons;
  - Ambulance transportation that is not urgent.

It follows that the insured person is not obliged to pay for the services referred to in point 1) of this article that is not too burdened by participation in other services.

The right to health protection provided by the compulsory health insurance covers:

- 1) Measures of prevention and early detection of disease;
- 2) Examinations and treatment related to pregnancy, childbirth and the postnatal period;
- 3) Examinations and treatment for illness and injury;
- 4) Examinations and treatment of diseases of the mouth and teeth;
- 5) Medical rehabilitation in the event of illness or injury;
- 6) Medical Devices;
- 7) prostheses, orthoses and other mobility aids, standing and sitting, aids to vision, hearing, speech, dental fees, and other supplies (hereinafter the medical-technical aids).

Republican Fund may prescribe prior consent of First Instance medical commission for health care under paragraph 1 this article, and especially types of diagnostic and therapeutic procedures, inpatient treatment or residential care.

Republican Fund has the right to refuse to pay the costs of health care providers for medical services rendered, medical-technical equipment, drugs, medical devices, implants, and other types of health services that are not defined as a right of compulsory health insurance, or that do not comply the content, scope and standards of health care from the compulsory health insurance (Article 58 of the Law).

Insured persons within the compulsory health insurance does not provide the health care that includes 5) use of health care in contrast with the way the procedure and access to medical care prescribed by this Act and the regulations adopted to implement this Law. Services in this case, the insured person pays out of their resources at prices determined by the provider of health care services. (Article 61, paragraph 1, item 5) and paragraph 2)

- In procedure implementation of compulsory insurance of the health, insured persons have the right to appeal (Article 161 and 162). The first instance against the medical board reviews when it was taken without doctor's assessment of the selected insured person who is dissatisfied with the assessment of the medical commission Trial, Appeals can be filed with the medical commission within three days of notification medical committee reviews the first instance.

Opposition to the medical board review first instance should be submitted orally or in writing for the record the first instance against the medical commission that reviews the complaint states. The Commission shall, together with the subject of the complaint promptly deliver medical Appeals Commission. The complaint may be submitted in writing directly to the second level medical commission.

Medical Appeal Committee is obliged to immediate take the complaint procedure, to give your rating.

If a complaint is lodged against provisional assessment of incapacity for work, medical Appeals Commission that the insured shall immediately call for review. In other cases, the Commission provides an assessment based on medical records, and may, if necessary, to call the insured person for review. If the Commission considers that it is necessary to complement medical treatment, it will be determined without delay necessary medical tests.

The rating given by the Appeal Medical Commission regarding an opposition to score first instance medical board is final.

The second level medical assessment committee to notify the insured person in writing, Trial medical board, against which a complaint, the parent branch, or an employer follows assessment.

If the insured person is not satisfied with the grade of second level medical commission, may require the subsidiary to issue a decision.

Against the final act of the Health Insurance, which decided on the right to health insurance, can be initiated (Article 175 of the Law).

- Compulsory health insurance is provided and implemented in the Republic Health Insurance Fund and the organizational units of the Republican Fund – branches. Specify jobs after the mandatory health insurance are being carried out in the Regional Health Insurance Fund in accordance with the law.

Voluntary health insurance conducted by the Republic Health Insurance Fund and other entities, in accordance with the law.

Republic is the guarantor for the performance of the obligations of the Republic Fund in the implementation of compulsory health insurance (government guarantee), for emergency medical assistance and health care to be provided in health institutions insured persons, which are established as priority, in accordance with Article 59 of Law.

The Ministry of Health (Article 234 of the Law) implements supervision of the work of the Republic Institute of Health Insurance.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

For the application of the provisions of the Law on Social Protection, in part related to financial social assistance, *Decree on earnings and revenues that affect eligibility for Social Assistance* ("Official Gazette of the Republic of Serbia", No 36, May 27<sup>th</sup> 2011), ***Rules of the forms in the process of exercising the right to financial social assistance*** ("Official Gazette of the Republic of Serbia" no.39 of June 3<sup>rd</sup> 2011) and the ***Regulations on the settlement of claims paid by the Social Assistance*** ("Official Gazette of the Republic of Serbia" No 58 August 5<sup>th</sup> 2011).

The social security system in the strict sense, financial compensation is paid through the Postal Savings Bank, opened a special account for the payment of such rights, and the allowance for care and assistance of another person, and increased allowance for care and assistance of another person, selected by the user - the delivery home address, via postal savings banks - to open a separate account for the payment of such rights or have already opened a personal account of beneficiaries of Post Office Savings Bank.

Accessibility of the system is ensured by the user of the financial benefit attributable amount of financial support can be collected from any post office in the territory of the Republic of Serbia and it takes only having ID cards as identification documents, while users of the allowance for care and assistance of another person and increased allowance for assistance and care of another person can choose how they will be effected payment of benefits. The efficiency of the system is provided by the exercise of these rights payments from the central level at the same time for all users on a regular basis, later this month, for the previous month.

Payment of parental and child support is done through the Postal Savings Bank, the personal account of user rights, and if it does, to a special account opened for the payment of these rights. For the implementation of the Health Insurance Act, or the exercise of rights under this law, the Government of the Republic of Serbia and the Republic Health Insurance Fund, made the following laws:

- 1) Regulations on the content and scope of the right to health care under the mandatory health insurance on participation, which are developed for each calendar year;
- 2) Regulations on the procedure for exercising the right to health insurance;
- 3) Regulations of the amount of monthly income as a census for the acquisition of an insured person;
- 4) Regulations on medical - technical tools that can be funded by compulsory health insurance;
- 5) Regulations on medical rehabilitation in inpatient health care facilities specializing in rehabilitation;

- 6) Regulations of Nomenclature of health services at the primary health care level;
- 7) Regulations of Nomenclature of health services at secondary and tertiary levels;
- 8) Regulations on the norms and standards of work and cost of health services for the prevention, treatment and checkups dental diseases that can be funded by compulsory health insurance;
- 9) Regulations on organization and operation of medical commissions;
- 10) Regulations on standards for dialysis materials that can be funded by compulsory health insurance;
- 11) Regulations on standards for the application of specific chemotherapeutic agents and other drugs to treat cancer, which can be funded by compulsory health insurance;
- 12) Regulations on conditions and referral to treatment of insured persons abroad;
- 13) Regulations on the document on health insurance and a separate document for health care;
- 14) Regulations on the criteria, methods and procedures for placing, or removal of drugs from the list of drugs that are prescribed and dispensed at the expense of the compulsory health insurance;
- 15) Regulations on Medical - doctrinal standards for establishment of temporary inability to work;
- 16) Regulations on setting the base for the calculation and payment of contributions for mandatory health insurance for persons involved in compulsory health insurance;
- 17) Regulations on the types and standards of medical devices that are implanted in the human body, at the expense of the compulsory health insurance;
- 18) Regulations on voluntary health insurance;
- 19) Regulation on common methodological principles for keeping the records

3) Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

The amount of social assistance is determined by the individual, or the right holder in the family has a base 1, every other adult in the family base level of 0.5 children and 0.3 to 18 years, from the height of the base, and the base is determined by the law or comply the consumer price index over the past six months, according to statistics from April 2012 is 6774 dinars for each additional adult in the family 3387 dinars for children up to 18 years 2032 dinars.

#### **SOCIAL ASSISTANCE** for the month: April 2012

The basis for payment 6774.00 RSD.

<b>Number of family members</b>	<b>Number of families</b>	<b>The total amount</b>	<b>Total persons</b>
1 member	29.423	209.633.894,48	29.423
	29,423	209,633,894.48	29,423
2 members	17.108	155.972.087,57	34.216
	17,108	155,972,087.57	34,216
3 members	12.194	130.847.084,32	36 .582 36
	12,194	130,847,084.32	.582
4 members	13.187	160.556.858,07	52.748
	13,187	160,556,858.07	52,748
5 members	6.827 6827	94.770.567,18	34.135
		94,770,567.18	34,135
6 members and more	4.731 4731	73.779.204,69	28.386
		73,779,204.69	28,386

<b>TOTAL</b>	<b>83.470</b>	<b>825.559.696,31</b>	<b>215.490</b>
	<b>83,470</b>	<b>825,559,696.31</b>	<b>215,490</b>

**Child Allowance for the month April 2012.**

*Regular amount of child support is 2280.61 dinars and increased 2964.78 RSD*

Firstborn		Second born		Third born		Fourth born		Total number of beneficiary	Total number of children	Total amount
no	amount	no	amount	no	amount	no	amount			
168.793	407.810.827,28	143.282	341.459.485,44	54.095	129.444.013,19	16.425	39.633.030,23	202.795	382.595	918.347.356,14

**Parental allowance in the order of birth for the month 04.2012.**

Firstborn 32.630,61 dinars		Second born Instalment – 5.316,58 dinars		Third born Instalment – 9.569,41 dinars		Forth born Instalment – 12.759,08 dinars		Total number of beneficiary	Total number of children	Total amount
no	amount	no	amount	no	amount	no	amount			
2.328	74.059.938,00	43.691	231.984.020,00	12.273	117.392.320,00	3.296	40.786.882,00	60.161	61.588	464.223.160,00

**SUMMARY OF USERS AND THE RIGHT TO WITHDRAW FINANCIAL SUPPORT FOR FAMILIES WITH CHILDREN IN THE PERIOD JANUARY - MAY 2012.**

NAME OF LAW	NUMBER OF USERS	PAID
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	monthly average	ASSETS
1	2	3
Fee income mothers employed	33,879 33.879	9,062,765,014
Parental allowance children <i>Users</i>	63,012 63.012 61,580 61.580	2,384,655,216
Children's allowance children <i>Users</i>	392,266 392.266 207,511 207.511	4,621,818,093
Children at preschool (children without parental care and children with disabilities)	300	5,781,073
<b>TOTAL</b>	<b>489,457 489.457</b>	<b>16,075,019,396</b>

Healthcare compulsory insured persons and persons who were involved in the mandatory health insurance are provided in accordance with the Law on Health Insurance, based on contributions for compulsory health insurance.

For persons - insured from the Article 22 of the Health Insurance Law, or persons for whom the funds for the payment of contributions provided in the budget of the Republic of Serbia, the basis for the mandatory health insurance from the budget of the Republic, the monthly contribution base, which is the amount of 15% of the average monthly salary in Serbia, paid per employee in the previous year, according to published data of the body in charge of statistics (Article 35b of the Law on Compulsory Social Insurance).

In accordance with the above provisions of the unsecured financial entity, or for the unemployed and other categories of vulnerable persons, and whose monthly income is below the income determined in accordance with the Act, the funds for the payment of contributions provided in the budget of the Republic of Serbia.

Persons who are not necessarily provided or which are not included in the mandatory health insurance are entitled to emergency medical care in accordance with the Act.

In the Republic of Serbia, according to fund data for health insurance, with 31<sup>st</sup> December 2011, was obligatory health insurance for 6,852,820 people.

Also, according to fund data for health insurance, and insurance on various grounds, in the Republic of Serbia has secured employment on the basis of 2,850,962 people, which is 41.60% of total insured must, on the basis of the employee's retirement - retirees secured to 1,893,339 persons, compulsory insured persons for whom the funds for the payment of contributions provided in the budget of the Republic of Serbia has 1,268,995 people, or 18.52% of total compulsory insured persons in the territory of the Republic of Serbia, unemployed people receiving benefits - Mandatory is 87,592 insured persons, on the basis of self employment compulsory insured persons was 284,151, based on agricultural activity covered by mandatory insurance was 317,639 persons, persons insured by any other insurance basis is 150,142 persons.

By age, based on data of the Health Insurance in the Republic of Serbia has 1,365,409 insured persons under the age of 20 years, 1,143,021 insured persons between 20 and 35 years, 1,328,383 insured persons between the ages of 36 to 50 years, 1,547,466 insured persons between the ages of 51 to 65 years, and 1,469,541 insured is older than 65



## Article 13§2

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The Law on Social Protection in Article 24 prescribes *the principles of respect for the integrity and dignity of users* that read: "Member, in accordance with the law, has the right to social security that is based on social justice, responsibility and solidarity, which provides him with respect to his physical and psychological integrity and security, as and with respect to its moral, cultural and religious beliefs, according to the guaranteed human rights and freedoms."

The Article 25 the same law stipulates the *principle of non-discrimination*: "Discrimination of social protection on the basis of race, gender, age, nationality, social origin, sexual orientation, religion, political, trade union or other opinion, property, culture, language, disability, nature of social exclusion or other personal property. "

The Article 35 Social Welfare Law stipulates that the beneficiary has the right to participate in the assessment of their situation and needs, and in deciding whether to accept service, and receives all the information he needed to do, including a description, objectives and benefits of the proposed services as well as information on available alternative services, and other information relevant to the provision of services.

The same article states that "Without the consent of the user or his legal representative, shall not be provided any service, except in cases specified by law. Child has the right, in accordance with the age and maturity, and to participate freely express their views in all actions that decide on his rights."

In addition, the law requires (Article 37) that the user has the right to confidentiality of all private information from the documents to be processed for the purposes of, or records, including those related to his personality, behaviour and family circumstances, and usage of social protection. From the users' rights to confidentiality may be waived only in cases prescribed by law. Article 38 provides users the right to privacy when providing social services. Not considered a violation of the right to privacy of information seeking or taking actions necessary for the provision of services or the provision of consumer rights.

*Law of Residence of citizen* ("Official Gazette" no. 87/2011) in Article 11 item 4 is specified that a citizen can apply for permanent residence based on property rights to the apartment, lease agreement or other legal basis.. If a citizen can not apply for permanent residence thereof, the competent authority of his decision establishing permanent residence at the institution where he is permanently housed or *the centre for social work in the territory of which, with the application of the citizen that facility or centre that will be his address at institution or centre*. Stated enable persons without residence to exercise this right to the address of the centre for social work, which further ensures the exercise of various rights and services in the field of social security, and other guaranteed rights.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

The drafting of the bylaw with the Social Welfare Law: Rules of evidence and documentation of service providers in social welfare, which closely regulates the right to privacy and confidentiality and data protection and the rights of users of services in the field of social protection, in accordance with the Law on the protection of personal data.

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

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### **Article 13§3**

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

In Article 3 Social Welfare Law defines the objectives of social protection:

- 1) Achieve or maintain the minimum financial security and independence of individuals and families in meeting basic needs;
- 2) ensure the availability of services and the exercise of the right to social security;
- 3) To create equal opportunities for independent living and to promote social inclusion;
- 4) Preserve and improve family relationships, and improve the family, gender and intergenerational solidarity;
- 5) Prevent abuse, neglect or exploitation, or eliminate their effects.

Social protection objectives are realized by providing social services and other activities that they prevent reduce or eliminate dependence on individuals and families on social services.

Article 4 Law on Social Protection entitled: *The right to social security* in the first paragraph provides that "Every individual and family in need of help and support to overcome their social and life's difficulties and create the conditions for satisfying basic human needs have the right to social security, in accordance with the law." Paragraph 2 provides that "The right to social security provided by providing social services and financial support."

Article 5 of the Law defines the term social services and financial support. "Social protection services, activities and support to help individuals and families to improve and preserve the quality of life, eliminate or mitigate the risk of adverse life circumstances, as well as creating opportunities to live independently in the community. Entitled to various types of financial support is implemented to ensure the subsistence level and user support social inclusion."

Article 6 of Law provides that beneficiaries of social protection of citizens of Serbia. In addition, ***users of social protection can be foreign nationals and stateless persons***, in accordance with the law and international treaties.

In Chapter 2: Social Welfare Law (Articles 24 and 33 of the Act) lists the principles of social protection:

*The principle of respect for the integrity and dignity of beneficiaries* (Article 24) Beneficiary, in accordance with the law, has the right to social security that is based on social justice, responsibility and solidarity, which provides him with respect to his physical and psychological integrity, security, and with respect to its moral, cultural and religious beliefs, according to the guaranteed human rights and freedoms.

*The principle of non-discrimination* (Article 25) Discrimination of social protection on the basis of race, gender, age, nationality, social origin, sexual orientation, religion, political, trade union or other opinion, property, culture, language, disability, nature social exclusion or other personal property.

*The principle of the best interests of beneficiaries* (Article 26) Social protection services are provided in accordance with the best interests of users, taking into account its life cycle, gender, ethnic and cultural background, language, religion, lifestyle factors, development needs and the need for additional support in daily .

*The principle of least restrictive environment* (Article 27) Social protection services are provided primarily in direct and least restrictive environment, with services that are chosen to allow to remain in the community.

*The principle of effectiveness of social protection* (Article 28) Social protection is achieved in a way that ensures the best possible results in relation to the available funds.

*The principle of timely social protection* (Article 29) Social protection is implemented in a manner that ensures timely identification of user needs and service provision in order to prevent the development of conditions that affect the safety and satisfaction of life needs and hinder social inclusion.

*The principle of unity of social protection* (Article 30) Social protection services are provided in accordance with its function, connected and aligned, so that provides comprehensive social protection to people at every age.

*The principle of improving the quality of social protection* (Article 31) Social protection services are provided in accordance with the principles and standards of modern professional social work practice. Quality of social services to improve the application of modern achievements of science and profession, and professional support to improve the professional competence of professional staff and the quality of control.

*The principle of transparency* (Article 32) The ministry responsible for social protection, the competent authorities of the autonomous province and local self-government on its Internet site, in the media and in other ways y in accordance with the law, inform the public about Social Security and provide other information required by law. Social care institutions and providers of social services provide access to information about their work.

*The principle of accessibility and the individualization of social protection* (Article 33) Provision of social services are organized in a way that ensures their physical, geographical and economic accessibility, taking into account cultural and other differences. Social services are provided so that the user provides individualized approach and technical workers in charge of the work on this case (case manager).

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

The concepts of the old law in the area of social protection, which is no longer in effect, promoted the rights (e.g. the right to the user to be placed in an institution), and the new law on social protection promotes the concept of service, a plurality of service providers and users participation and activation. Currently, in the Republic of Serbia have over 420 social services in the community that are funded at the local level. Also, within the delegated tasks of public authority, in 140 centres for social work, case management methods, are evaluated needs of individuals and families, and in each case, often immediately, send the user to the right to various types of financial assistance whenever necessary. The process is also reversed, and in each case, an individual or family use rights in the field of material support, if there is a need for the team, using the methods of case management, and provide any other rights or make use of the services, either within the system Social protection any other systems in the community (education, health care, etc.)

The greatest number of services at the local level (about 420 in the community at present) set up a project or donations, during the ten year period of reform, but switched to funding by local

governments and thus ensured their sustainability. Established services are followed targets that are specified by local social protection strategies and action plans for their implementation.

For those municipalities and cities that do not have the funds to run social services, from the national level to start an entirely new mechanism - *specifically transfers* (Article 207 of the Law on Social Protection). Specific transfers in accordance with the law governing the financing of local government, from the Republic of Serbia can be funded:

- 1) the servant of social protection under this Act funded local government - the local government in which the degree of development, as determined in accordance with the regulations governing the classification of local government by level of development - below the national average;
- 2) social services in local authorities in whose territory the institution of residential care accommodation in the transformation, including the costs of transformation of these institutions;
- 3) innovative services and social services of particular importance for the Republic of Serbia.

The government determines the amount of categorical transfers, criteria for allocation to local government units, the criteria for participation in local government and the dynamics of the transfer of funds, as well as social service of great importance for the Republic of Serbia. This means that the local self-government that meet these criteria will be temporarily available funds for the establishment and funding of community-based services, only for these purposes.

The drafting of the regulation will be more closely defined issue of earmarked transfers.

Ministry of Labour and Social Affairs supported the development of strategic documents in the area of social protection in 122 local communities, and support the development of local services for the users in order to remain in its natural environment and to prevent the departure of the institution. Goal is to be in the next five years of financial funds intended for residential institutions for encouraging direct transformation of these institutions and the development of open forms of protection that are in the best interest of the beneficiaries. Repurposing capacity to accommodate to the intended capacity establishment of community supports the process of deinstitutionalization and social inclusion.

How is 2011 passed the new Law on Social Protection, and a number of local strategies for social protection has expired, the local government expects the process of harmonization of local strategic documents to the Law on Social Protection. The quality of strategies is measured by whether it applies or not, and the involvement of different actors is not a guarantee, but it increases the chances that the strategy is implemented. Recommendations are and doing the action plan with strategies to operate the goals, objectives and activities defined strategy

- 3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

Currently, in the Republic of Serbia has over 420 social services in the community that are funded at the local level. Services information collected Republic Institute for Social Protection.

<http://www.zavodsz.gov.rs>

#### **Article 13§4**

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Article 6 of Social Welfare Law provides that beneficiaries of social protection of citizens of Serbia, but on social welfare can be foreign nationals and stateless persons, in accordance with the

law and international treaties. It should be emphasized timeliness principle of social protection (Article 29 Law).

Article 41 of Social Welfare Law stipulates that **beneficiary of rights or social welfare services** is an individual or family who is facing obstacles in meeting the needs, which is why he cannot attain or maintain AD and quality of life, or that there are not enough resources to meet their basic needs, and cannot achieve them with their work, income from property or from other sources.

The minor (child) and an adult to 26 years of age (young adult, youth, or youth) is the user when he is due to family and other living conditions, poor health, security and development, or if it is certain that without the support of the social protection cannot achieve the optimal level of development, and in particular:

- 1) If it is deprived of parental care and whether the risk of losing parental care;
- 2) If the parent, guardian or other person having the care of him just is not able to discuss it without the support of the old social security system, due to health reasons, mental illness, intellectual disability or unfavourable socio-economic circumstances;
- 3) If there is interference in the development (Physical, intellectual, mental, sensory, speech-language, social-emotional, multiple), and its need for material security and care beyond the capabilities of the family;
- 4) If it is in conflict with parents, guardians and the community, and if their behaviour threatens themselves or others;
- 5) If you are facing difficulties due to the abuse of alcohol, drugs or other intoxicants;
- 6) If there is a danger of becoming a victim or is the victim of abuse, neglect, violence and exploitation, or if his physical, mental, or emotional well-being and development of the acts or omissions affected parent, guardian or other person who has care of it immediately;
- 7) If a victim of trafficking;
- 8) If a foreign citizen or stateless person, unaccompanied;
- 9) If his parents argued over how the exercise of parental rights;
- 10) If there are other needs for the use of social security.

Adult from age 26 to 65 years and persons aged 65 years is the user when it is the well-being, safety and productive life in society threatened risk because of age, disability, illness, family and other life circumstances, and in particular:

- 1) If a physical, intellectual, sensory or mental disabilities or difficulties in communication, and when, due to social or other barriers, have luck with functional limitations in one or more areas of life;
- 2) If there is a danger of becoming a victim or if the victim is self-neglecting, neglect, abuse, exploitation and violence;
- 3) If you are facing difficulties because of broken family relationships, alcohol, drugs or other intoxicants or other forms of anti-social behaviour and other causes;
- 4) If a victim of trafficking;**
- 5) If it is a foreign citizen and stateless persons in need of social protection;**
- 6) If there is a need for dorm housing and other needs for the use of social security.

Social Welfare Law provides that people are entitled to access to services and, Article 56 if the social services can be provided in the form of immediate intervention to ensure safety in situations that threaten the life, health and development, and **provide** users **24 hours a day**. The Centre provides immediate urgent intervention services for Social Work with mandatory cooperation with other relevant bodies and agencies. The Republic of Serbia and the autonomous provinces provide services of urgent intervention

- 2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Social Welfare Law provides immediate assistance to be provided to a person who suddenly finds himself or currently in need and it can be monetary or in-kind. About one-time assistance is provided by local governments.

Social welfare beneficiaries are citizens of the Republic of Serbia, and may be foreign nationals and stateless persons, in accordance with the law and international treaties.

Child allowance as a measure of social policy achieves one of the parents, foster parents, guardians, who just cares about him, who is a citizen of the Republic of Serbia, resident in the territory of the Republic of Serbia and have the right to health insurance through the Health Insurance for the first, second, third and fourth child in order of birth in the family, from the date of submission of request. Foreign nationals are entitled to child benefit in accordance with the conditions set by international agreement

Child allowance as a measure of social policy cannot be achieved unless the conditions stipulated by the Law on Financial Support to Families with Children

3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The structure of the socio-economically disadvantaged users in 2011 who have the right made to unemployment and social assistance who are holders of rights					
Types of Social Assistance	The age group of users of copyright				
	Children	Young	Adults	Senior	In total
<i>Right to Social Assistance</i>	8983	5009	40444	4927	59363
			40,444		59,363
<i>Entitled to increased Social Assistance</i>	2532	1803	15862	8351	28548
			15,862		28,548
<i>Right on time-limited financial social assistance</i>	1690	2575	31803	825	36893
			31,803		36,893
<i>Entitled to one-time financial assistance</i>	9111	9620	61543	17404	97678
<b>TOTAL<sup>1</sup></b>	<b>22316</b>	<b>19007</b>	<b>149652</b>	<b>31507</b>	<b>222482</b>

#### Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

#### Article 14§1

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

<sup>1</sup> Data of Social Service Centre - Annual Report of Labour for 2011

The new Law on Social Protection provides a mechanism to extend assistance to the poor through higher transfers and social safety net that includes the most vulnerable groups of citizens who have had difficulties to benefit from social security. The law also implements strategic objectives relating to the reform of social services, governing law, types of services, facilities and service providers, user groups, mechanisms for quality control, competence in establishing and funding. Reform of Social Services have aims to ensure institutionalization, development of new services and alternative forms of social care in the community and the involvement of different actors in the provision of services. The Law establishes a system based pluralism and licensing of providers and professionals.

The law promotes a variety of stimulating the development and introduction of new social services and community involvement in the provision of services as many different actors. Solutions offered support and promote the family as the best framework for the protection of vulnerable groups, and promoting the development of foster care, adoption, day care services in the community, home care, and other social services. This law in social care services grouped by similarity, such as: 1) a planning and assessment, 2) the daily services in the community, 3) support services for independent living, 4) advisory e-therapy and social and educational services, and 5) a accommodation<sup>2</sup>. Services provided on a temporary, occasional and / or continuously, in accordance with the needs and best interests of the beneficiaries. Social services are organized as services for children, youth and family services for adults and older users.

The law stipulates that centres for social work, and other entities to protect can provide social services. Social welfare system, service providers can be both natural and legal persons. Law stipulates that activity in social welfare, social services or some Protection may, in accordance with the law, and to provide an association, an entrepreneur, a company or other form of organization established by law.

Also, the Law on Social Protection stipulates that servants in the assessment and planning, is the centre for social work in the exercise of public power, a more immediate intervention is, services that provide facilities for Children and Adolescents and z AVOD for social protection in the exercise of public authority and **foster care services exclusively provided by social protection established by the Republic of Serbia, autonomous province or local self-government.**

Competent level of government or competent authority, in accordance with this law, the services provided to its jurisdiction by establishing social welfare institutions, but also by public procurement of services, in accordance with the law. This provides a new legal provision of needed services, and services primarily in the community, as well as the required quality of service through competition authorized (licensed) organizations who want to come forward as a provider of social services.

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<sup>2</sup> Law on social protection (Article 40), social services are divided into the following groups:

1) assessment and planning services - assessment of the situation, needs, strengths and risks of customers and other significant people in his environment; assessment guardians, foster parents and adoptive parents, the development of individual or family plan to provide services and legal protection measures and other assessments and plans;

2) the daily services in the community - a living room, home help, inn, and other services that support users in the family room and the immediate environment;

3) support services for independent living - supported housing, personal assistance, training for independent living and other support necessary for active participation of users in the company;

4) counseling and therapy, and social and educational services - intensive support services to families in crisis, counseling and support for parents, foster parents and adoptive parents; support a family that takes care of your child or adult family member with a disability, maintenance of family relationships and reunification of the family, counseling and support in cases of violence, family therapy, mediation, helplines, activation, and other advisory and educational services and activities;

5) a lodging - accommodation in kinship, foster or foster family for adults and seniors; residential care accommodation, shelter and other types of accommodation

Users should be allowed to use the appropriate services, whether or not already use and other rights in social protection, such as material support (Social Assistance, etc.).

Users can refer to the use of one or more services, with referral agencies and others involved in the selection of appropriate services to users, manage the information from the (holistic) assessment of their needs as well as the principle of efficiency.

None of the risk, or lack of behaviour should not be a reason to exclude the availability of services to the user, but also for providing specific conditions that enable communication and personal safety of users, and eliminating other barriers related to achieving the full results predicted by providing such services

Local self-government is that it is expected to develop local social services and to initiate the process of determining the priority needs of the citizens and vulnerable groups and to state services can meet those needs. Important prerequisite for the development of services that are prioritized for needs of the citizens in the community is development of local strategic plan for the development of social protection.

From the budget of the local government are financed:

- 1) Daily Services in the Community;
- 2) The servant of support for independent living, unless supported housing services for people with disabilities;
- 3) housing services to support people with disabilities in local government in which the degree of development, as determined in accordance with the regulations governing the classification of local government by level of development - above the national average;
- 4) Counselling -therapy and socio-educational services except counselling and training of foster parents and adoptive parents;
- 5) The other social services to meet the needs of local government;
- 6) One-time assistance and other forms of assistance;
- 7) Programs of the institution founded by the local government;
- 8) Improvement of social protection programs in the local government;
- 9) Innovation services.

Depending on user needs, social services can be provided at the same time combined with services that provide educational, health and other institutions (cross – sector services). Aligned of providing cross-sector services is provided by signing a protocol on cooperation.

Even before the adoption of the new Law on Social Protection, Republic of Serbia, individuals are able to provide social services to the citizens. Mainly, there are accommodation services - homes for elderly housing.

Law on Social Welfare introduced a **quality system** that includes defining basic standards of social services, the application of these standards and the introduction of a system of accreditation for training and treatment programs, and licensing of service providers (organizations and legal professionals and individuals-individuals) whether the public any private or civil society. This means that only licensed providers will be able to compete for budget resources that help socially vulnerable.

Quality system significantly and establish a system of career advancement through continuous application of the concept of lifelong learning - this is because the service needs to provide competent authorized service providers.

Organization providing services license (license) issued by the Ministry of Social Protection, and licensed professionals of Commerce social protection - which was established by law on social protection.



In the area of social protection, in the beginning of the reform process (2001) question to education in the field of human rights and fundamental freedoms is given special importance, which is leveraged in numerous training programs and training that are, in the last ten years, and implemented. To the question of development, i.e., improving competency of employees in the social protection system solved, Social Welfare Development Strategy (2005) is defined by the introduction of an accreditation training program for employees in this area. Thanks to the efforts of the Ministry of Labour and Social Policy, this process began in 2007; project, with a plan to issue training employees through defined process for accreditation of training programs to be formally regulated legal matter. Preparation of guidelines and standards for the process, to define the requirements for training programs to be submitted to the accreditation complies with the modern concept of human rights of social protection.

The adoption of the Law on Social Protection, the accreditation process becomes an important element of establishing a quality system. Bylaw - the Regulation of the accreditation (which is under construction), precisely defines the organizational structure of the accreditation, the standards for accreditation of programs, as well as practices and procedures covered by the accreditation process. Accreditation of training programs, or programs of service in terms of this Act, is "proceeding to evaluate whether the training program or program designed to provide a professional staff and support staff meet established accreditation standards" (Article 191 LSP).

Accreditation of training programs for staff in social care, through the Committee on Accreditation, performs Republic Institute for Social Protection.

So far, 110 programs are accredited to intended social welfare system. Since some programs, meanwhile, have not renewed the accreditation the current number of accredited trainings are 97.

The largest number of accredited training programs in whole or in modules addressing issues related to human rights and fundamental freedoms, review of available instruments, the promotion of understanding, tolerance, equality, social inclusion of vulnerable groups and service users at risk.

Overview of the areas of social protection to which they relate training facilities, as follows: protection of adults and the elderly (7), Protection of Children and Youth (31) Protection of Persons with Disabilities (17), and marginalized groups (4), Support for families (19), development of generic competencies in social care (19).

Total number of students who have attended accredited programs until 2012, is **6153**, of which only in 2011 were **2.769** participants.

Information on accredited programs are stored in paper and electronic form, and regularly entered into a database. They are available to all interested parties on the website of the Republic Institute - [www.zavodsz.gov.rs](http://www.zavodsz.gov.rs)

Social welfare services (Article 64 of the Law) provides that the Republic of Serbia, autonomous province or local government, for which there is a need, and they cannot provide in sufficient quantity social welfare institutions established by the Republic of Serbia, autonomous province or local government, purchased from a provider of social services for which it is licensed through the procurement of social services, in accordance with the law governing public procurement, the law and regulations issued to implement them.

Cannot be procured through the procurement: assessment and planning services provided by the Centre for Social Work in the exercise of public authority; immediate intervention services, services that provide facilities for Children and Adolescents and Department of Social Welfare, in exercise of public authority, a family residence.

Depending on the socio-economic status of users, payment service in Article 68 Paragraph 1 this law may be (Article 72 of the Law):

- 1) In its entirety from the user, his relatives or any third party;
- 2) with some help from the user, his relatives, a third party or the Republic of Serbia, autonomous province or local self-government;
- 3) In the whole of the Republic of Serbia, autonomous province or local self-government.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

It is in progress the preparation of the ministry responsible for social protection for the development of the new Social Welfare Development Strategy for the period 2012-2020. First Social Welfare Development Strategy adopted in 2005 for the period until 2009 and it is one of the few in the Republic of Serbia, which is almost entirely met its objectives. Implementation of this strategy has enabled many solutions to test in practice and after that check at present contained in the Law on Social Protection.

By the Law of Social Protection in the drafting of a number of laws, which are necessary for its full implementation, and a number have already been adopted:

**Document adopted by June 2012:**

1. Regulations on the organization, norms and standards of the Centre for Social Work: 59/2008, 37/2010, 39/2011 (Dr. Code), 1/2012 (Dr. Code)
2. Regulation on the network of social protection: 16/2012
3. Regulation of earnings and revenues that affect eligibility for financial social assistance: 36/2011
4. Regulations on prohibited conduct of employees in Social Security: 8/2012 Rules on minimum work process during a strike in social welfare institutions established by the Republic of Serbia: 2/2012 Regulation on the form and content of the official identification of social welfare inspectors: 1/2012 Regulation on the form and content of official identification centre professionals for social work: 1/2012 Regulation of professional jobs in social welfare: 1/2012 Regulations on the settlement of claims paid by the Social Assistance: 58/2011 Rules on forms in the process of exercising the right to financial social assistance: 39/2011 The solution of the nominal amounts of financial social assistance (of determining eligibility for April 2012.): 46/2012 The solution of the nominal amounts of financial social assistance (of determining eligibility for October 2011.): 81/2011 The solution of the nominal amounts of financial social assistance (of determining eligibility for April 2011.): 28/2011

**Document expected to be adopted:** Regulations on the organization, norms and standards of the Centre for Social Work Decree on etc. for earmarked transfers (Article 207, paragraph 2 LSP)

3. Regulations on criteria for allocation of funds for the construction, maintenance and equipment USC financed from the budget of RS (Article 211, paragraph 1 LSP)
4. Regulations on criteria for the participation of users in the payment of social welfare services (Article 72, paragraph 1 and 2 of Article 213 of the LSP)
5. Regulation on the pricing methodology of social services, which are financed from the budget of the Republic of Serbia (Article 210, paragraph LSP)
6. Regulation on the structure, content, and other issues of importance to developing annual work programs of institutions, for: 1) CSR - the part of public authorities, 2) establishment of residential care accommodation established by RS and AP, 3) RZSZ, 4) whose CPSU Founder of RS, 5) Institution for the Education of Children and Youth, 6) Chamber - the part of public authorities, 7) other institution established by the RS (Article 206, paragraphs. 2-4. LSP)

7. Instructions for the procurement of social services (Articles 64-67. LSP) - with a focus on services that are financed from the budget of RS
8. Participation in the development of activation - inputs for instruments for activation (in conjunction with Art. 80 paragraph 4 and 5 LSP)
9. Regulations on minimum standards of social protection
10. Regulation on minimum standards for group counselling and therapy, and social and educational services. Higher quality standards for residential care accommodation of the elderly. Regulations for the placement of families. Standards for the provision of social and health care institutions (Article 60, paragraph 3 of the LSP)
14. Regulation on the format and content of the guidelines for use of social services. (Article 71 of the LSP). Regulations on licensing of professionals in social care. Regulations on licensing organization of service providers in social care.
17. Regulation on the registration and documentation of providers of social welfare services (Article 23, paragraph 4 LSP) Regulations on Accreditation (Article 195 LSP) Regulation on the manner of supervision of professional work (Article 167 paragraph 5 LSP) Instructions on the inspection of social care Instructions for service providers in the social welfare of the complaints of service users
22. Regulations on assessment, professional advancement and reward professionals and professionals in social welfare institutions financed from the budget of RS
23. Labour discipline and behaviour - Model for regulation at the level of the employer (Article 150, paragraph 3, LSP)

It should be noted that in the course of a major reform of keeping updated data base and documentation in the system of social protection, as well as ways of collecting information about users and the services offered, or exercised rights, and ways of processing and reporting. An analysis requirements contained in the guidelines of international treaty bodies of the UN system for monitoring the implementation of international agreements and of the Council of Europe and the recommendations from the analyze, relating to monitoring the status of vulnerable groups, included in these activities, which are relevant in the course.

3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).

Currently in the Republic of Serbia has a total of 86 private homes for the elderly in Serbia proper, and 13 homes in the territory of AP Vojvodina which are licensed by the Ministry of Labour and Social Affairs and the Secretariat for Social Policy and Demography given individuals.

### **INDICATION OF THE NUMBER OF LOCAL SOCIAL SERVICES (For which local governments are making decisions on funding)**

In the Republic of Serbia organized a total of 33 different local social services

<i>Type of service</i>	<i>Number of services</i>
Services for children and young people	<b>15</b>
Services for adults and the elderly	<b>9</b>
Services that are equally used by all user groups, or services that are classified as family support services,	<b>9</b>

and support services to victims of trafficking and victims of domestic violence	
<b>Total</b>	<b>33</b>

In the Republic of Serbia in March 2012 in decisions about the expanded rights and the budgets of local governments is a total of 412 different social services.

	<b>Number of local governments different in type and by target group and provider</b>	<b>Number of services (usually a living room, help and care at home and support for independent living)</b>
Local governments in which to organize social services	<b>137</b>	<b>412</b>
Local governments that fail to organize a no social services	<b>37</b>	<b>//</b>

1. When it comes to services for **children and young people**, usually organized following services

<b>Type of services for children and young people</b>	<b>Number of local governments</b>
Living for children and youth with disabilities	<b>64</b>
Housing support for young people who have grown	<b>19</b>
Living for children and youth with physical disabilities	<b>14</b>
<i>TOTAL</i>	<b>97</b>

2. Among the services are intended for **adults and the elderly**, the most common are:

<b>Types of services for adults and older</b>	<b>Number of local governments</b>
Help and home care for adults and older	<b>82</b>
Club for Elderly	<b>30</b>
Shelter for adults and older	<b>12</b>
<i>TOTAL</i>	<b>124</b>

3. Representation services for the **whole family**

<b>Type of Family Services</b>	<b>Number of local governments</b>
Counselling for Marriage and Family	<b>17</b>
Social housing in protective terms	<b>11</b>
Safe House (and shelter) for women and child victims of domestic violence	<b>5</b>
<i>TOTAL</i>	<b>33</b>

When it comes to **service providers**, the data show that the local government has often trust to social welfare institutions in the public sector than in the civilian sector organizations

<b>The service provider</b>	<b>Number of services</b>
Centre for Social Work	<b>201</b>
Social welfare institutions	<b>112</b>
Civil society organizations - associations	<b>99</b>

<i>Total</i>	<b>412</b>
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## Article 14§2

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
- 2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
- 3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

The answer to all three questions related to this position

Inspection of the work of social protection and social protection service providers conducted by the Ministry of Social Protection, social security, through inspectors (Article 168 Law of Social Protection). Inspector social protection (Article 169 of the Law) is an independent work within the powers laid down the law and regulations governing enforcement of the law and is personally responsible for their work. Social welfare inspector is obliged to act conscientiously and impartially in performing inspections, to keep confidential the information obtained in the course of monitoring, particularly data from the user documentation.

Inspector social welfare ministries in charge of social protection against the authorities entrusted with the inspection, has the right and duty to: 1) to provide direct supervision of their work, 2) to issue mandatory instructions for the enforcement of laws and regulations and to monitor their execution, and 3) the power to revoke the inspector who does not perform timely, professional, legal and conscientiously and to propose accountability in the agency which is entrusted with the inspection, 4) to organize joint activities with the inspectors of the authority entrusted with the inspection, 5) to conduct an immediate inspection if it is not made by the bodies entrusted with; 6) to request reports, data and information on the performance of delegated tasks inspection.

In carrying out social welfare inspector may:

- 1) That temporarily prohibit operations or certain activities in social care and the providers of social services if they are performed contrary to the provisions of this Act, a minimum of 30 days and a maximum of six months from the date the act that received the measure imposed;
- 2) To determine the minimum work for the duration of the ban;
- 3) to temporarily ban social welfare activities or certain activities from the social security employee carrying out social welfare contrary to the provisions of this Act and the regulations adopted to implement this law, at least 30 days and a maximum of six months from the date when the document was received that the measure was imposed;
- 4) That temporarily prohibit the independent work of professional employees to whom the competent Chamber imposed the temporary ban on independent work;
- 5) To prohibit the independent work of professional employees who did not get or renew a license to practice independently, or whose license is revoked for independent work;
- 6) suggest that the Comoros to confiscate license professional employees for reasons specified by law;

- 7) to report the crime, economic offenses and request for criminal proceedings if it suspects that the actions or inaction of social care and social services provider committed a crime, economic crime or misdemeanour;
- 8) To send an employee to review the purpose of assessing the health capacity in the event of suspected loss of fitness to safely and successfully perform in social welfare.

The drafting of the by-law regarding the inspection area of social protection.

### **Article 23 – The right of elderly persons to social protection**

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

- to enable elderly persons to remain full members of society for as long as possible, by means of:
  - a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;
  - b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them;
- to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
  - a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;
  - b. the health care and the services necessitated by their state;
- to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

#### **Appendix to Article 23, paragraph 1**

For the purpose of the application of this paragraph, the term “for as long as possible” refers to the elderly person’s physical, psychological and intellectual capacities.

### **Information to be submitted**

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

Adopted and entered into force the new Law on Social Protection (2011) in line with the strategic framework and modern European standards. Law fully supports the realization of the concept of integrated social protection and achieving two specific objectives: (1) enhancement of the poorest subsistence level and providing a more effective system of benefits, and (2) developing a network of community services, and evaluation of integrated community planning, quality system, territorially and functionally available services. The law provides greater protection for the poor and elderly in rural areas and encourage growth with social services in governmental and private sectors. MLSP has a leading role in supporting the development of non-governmental organizations that provide social services. In the area north of Kosovo where Serbs live significantly reduced access to health care and social services for the elderly. In practice, the biggest challenge of

improving the availability of social services in rural and remote areas as well as in enhancing awareness on the rights of older people themselves.

National Strategy on Ageing (adopted in September 2006) was inspired and contributed to the introduction of the phenomenon of aging into development plans and its objectives have been ported to many other strategic documents, both at local and national level (e.g. the Sustainable Development Strategy of the Republic of Serbia - 2009). Progress is that the Serbian government for more than 20 strategic documents (laws and more) in a variety of areas that include the interests of senior citizens (e.g. Employment Strategy, Strategy for preventing and combating violence against women in the family and in relationships, Strategy to improve the status of women and promoting gender equality strategy for palliative care, Strategy of HIV infection and AIDS, Strategy for Resolving the Problems of Refugees and IDPs, Strategy of protection and rescue in emergency situations, restitution of property, etc).

In the fight against discrimination, in the 2009 was passed *Law to prevent discrimination* specifically identified the phenomenon of discrimination based on age. Established an office of the Commissioner for Equality which has began operation in 2010. The regular system of social protection of older records that have been exposed to domestic violence at the national level shall be in accordance with the Family Law since 2006. In the period 2007-2010 the average annual in Serbia, there are about 800 elderly victims of domestic violence who received social support services or otherwise.

Sensitization of the public on the topic of discrimination against the elderly has become a continuous activity of the NGO network HumanaS. The network consists of 15 non-governmental organizations of which have headquarters and five more branches in Serbia so that the network covers the entire territory of RS.

A new law on social protection is fully edited financing mechanism of social services for the elderly binding local government to call a public procurement of services in the county, and transfers from the national level to poor municipalities.

The current policy of aging in Serbia is the result of reforms initiated and implemented actions and measures since 2002 in several areas, but, above all, the labour market, pension and disability insurance, health and social care. Aging policy in the Republic of Serbia is defined primarily national policy documents but also at the level of legislation, policies and programs are implemented in practice<sup>3</sup>. The national strategy on aging or NSS (for the period from 2006 to 2015) is in full compliance with the European strategy for the implementation of the Madrid International Plan of Action related to aging. It covers all areas of social life over the 10 directions of activities (or at European level - 10 commitments) or, in areas where activities are implemented recommendations: 1. Introducing or taking care of aging appear in all development policies (mainstreaming aging) 2. Integrating the elderly in society (social involving) 3. Safety of older (macro-economic distribution) 4. Customizing social welfare consequences of aging, 5. Customizing the aging of the labour market, 6. The introduction of continuing education for the elderly, 7. Customizing health consequences of aging, 8. Promoting gender equality older, 9. Support a family that cares about and nurtures older, and, 10. Strengthening international cooperation, NGOs and research programs of aging.

In other adopted, the national strategic documents (and laws) entered the issues related to aging and to the following areas: poverty reduction, social protection, employment, sustainable development of the country, discrimination, domestic violence, in the area of health care and patient safety , control and prevention of chronic disease, palliative care, mental health, dealing with the issue of

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<sup>3</sup> Contribution to the report: Demographic Indicators RSO 2011th , Indicators of poverty, labor market indicators, the National Strategy on Ageing in electronic form (English), Law on Social Protection 2011th (English)

refugees and displaced persons, protection and rescue in emergency situations, strengthening relations with the Diaspora, development of official statistics and other strategies.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

In Serbia according to the Law of Social Protection local government is responsible for the provision and funding of social services in the community. Of the more than 160, in a number of local governments to provide for the families of the elderly following services: one-off financial assistance, in-kind assistance, assistance at home and use the club for the elderly and at least one third of municipalities and cities in addition provides a living room meals in public kitchen for the poor, subsidies for utilities, transportation subsidies, subsidies for the purchase of medicines. In Belgrade, is permanent financial aid increased by 17% and public transport (and some other) for citizens 65 +, free. The implementation of the functions of social protection of the family public service sector is gradually losing once dominant position and more in the provision of social services equal partner humanitarian organizations and NGOs. And private sector providers of social services are developing very dynamically. In most towns and municipalities in recent years regularly commemorative programs for the elderly marks October 1<sup>st</sup> (lectures, preventive medicine services, recreational, cultural, artistic programs).

In order to meet the needs of the family, for the development of local government services and MLSP established the Fund for Social Innovation, which is in the period 2007/10 just to support the families of the elderly, supported 117 projects (of which UNDP 34) in 71 municipalities with a total value of 3,5 million. There were dominated the services as home assistance, a daily residence, the development of clubs for the elderly, assistance in the procurement of supplies. In addition MLSP in collaboration with DFID has supported 82 projects that were in the local communities are mostly in the 40 less developed municipalities introduced a home help for the elderly and disabled people and several living rooms.

The Red Cross of Serbia in 2010 started the project "Caring for the elderly in the local community," which is being implemented in partnership with NGOs Yanos Public Health in the Netherlands. The direct beneficiaries are the elderly who need constant care and attention in the three municipalities, the indirect family members (informal caregivers), Red Cross volunteers, members and relevant services in the community structure. The project resulted in the development of day care centres in the three municipalities of the project and is also strengthened family environment.

The IPA project "Civil Society Dialogue on issues of elderly in the Western Balkans", which is being implemented in Albania, Bosnia and Herzegovina, and Serbia is one of the most important activities is the development of self-help groups. These groups aim to motivate and empower older people themselves as independently to solve their problems that they identify. In Serbia, a network of non-governmental organizations and the Red Cross HumanaS Serbia initiated the organization of 48 self-help groups that bring together 462 senior citizens in 27 municipalities. Kragujevac is the first town where the local government in collaboration with health care, social services and NGOs developed the concept of long-term care for the elderly that is, socially-integrated elderly healthcare. HBO ,, NGO "Victoria" from Kragujevac developing family support services (service for washing, ironing, craft services, supplies) to Kragujevac - 80 user (donor MLSP) The psycho-social support - 150 users (donor MLSP); Program Public Works - Training for Gerontology and employment for 6 months, for 30 people, (donor NES), a program of self-help groups, Kragujevac municipality and 3 adjacent and covers about 200 elderly (donor Diaspora).



The NGO sector is actively involved in policy-making and aging. With a view to more effective cooperation between government and non-government sector in 2010, the government established a special office for cooperation with 12 NGOs. The most intensive cooperation is in protecting the poorest. NGOs are becoming more and more direct providers of social services for the elderly in the community (free estimates that in 2010 there are more than 60 such NGOs in Serbia). For example, a home care program Karitas-living centre in 2010 has 2128 users and 110 volunteers. "Philanthropy," the project "Mobile Medical Service household" in Belgrade and Kragujevac for 40 to 50 people.

In recent years, intensive development and the private sector in the fields of health care services and accommodation services to the home. According to the data registered by the MLSP private homes since 2007 the number of homes has risen nearly ten times (in 2011-82 private home) and the capacity of the private homes of about 2000.

The policy of integration into society over a clearly defined strategic framework and the level of law and in practice is usually based on the actions and initiatives of NGOs. To this end the organization's network "HumanaS" and the Gerontological Society of Serbia since 2008, on the occasion of the international day of older, organized activities for the elderly called "Olympics of sport, health and culture of the third age" (500 participants in 56 cities). Since then, the program is being implemented at the beginning of October each year, for 3 days, in Soko Banja spa holiday in the south of Serbia. For several years, this program integration of the elderly and intergenerational solidarity in the society has grown into a movement (2011 - Olympic movement in elderly Serbian) popular among the elderly and is very widespread potential events over the field of sport, health and culture. In 2011 was held with more than 750 participants from 70 cities, and 150 volunteers, students who participated in its organization ([http:// olimpijada3d.org /](http://olimpijada3d.org/)

Government Council for Ageing and age recommended to the Government that the Action Plan on Ageing Strategy initiate legal actions for long-term care for the elderly. The recommendation is particularly focused on the regulation of issues of cooperation in protecting the elderly from health care and social welfare at the local level (2011). Otherwise, for two-thirds of the municipalities and cities have Services social services (home help) and also the health centres (centres for primary care) are increasingly developing community nursing service for seniors.

Serbian Red Cross for ten years implemented and provides funding for its program of care for the elderly. The emphasis is on the most vulnerable elderly population. The goal of the program is that the older people to stay as long as possible in their environment and thereby reduce the need for various forms of institutional support. The program is implemented preventive health activities through home care, psychosocial support and senior club activities. In 2011 the program was active in 53 municipalities in Serbia, it is on a voluntary basis and it works about 1000 volunteers of the Red Cross. These volunteers are 70% of the elderly - providing services to a population of approximately 6200 vulnerable elderly person. In addition to these (53), in 20 other Red Cross organizations have developed programs for the elderly through the funding of local government, the Ministry of Health and other donors for about 250 users. Red Cross Vojvodina is educated 20 trainers for the training of family members for home care and psychosocial support to patients in 8 municipalities (2011).

3) Please provide pertinent figures, statistics or any other relevant information on measures taken to ensure that elderly persons have access to adequate benefits in cash or in kind; on the level of public expenditure for social protection and services for the elderly; on the accessibility of measures and the number of elderly people benefiting from them; on the number of places available in institutions for elderly persons; on the number of elderly living in such institutions, and on whether a shortage of places is reported.

Although developing more and more services that are within the local community at the same time helping elderly households are full and waiting lists.

Some action for help families were realized in the provision of health care services. Support for informal carers and greater assistance to the family care of the very old and sick people will be one of the great challenges in the future.

Capacity of public sector institutions in the system of social protection for older users is at 140 CSWs, 37 elderly centres and homes for the elderly.

<b>Residential care accommodation</b>				
<b>Organizational unit</b>	<b>Capacity</b>	<b>Total number of customers in 2011</b>	<b>New customers in 2011.</b>	<b>Number of users 31.12.2011.</b>
<i>Residential care accommodation</i>	<b>8832</b>	<b>11427</b>	<b>32 6 5</b>	<b>7967</b>

Source: Republic Institute for Social Protection

<b>Additional activities of institutions for elderly housing</b>				
<b>Organizational unit</b>	<b>Capacity</b>	<b>The total number of users in 2011</b>	<b>New customers in 2011.</b>	<b>Number of users 31.12.2011.</b>
<i>Shelter for (adult) older</i>	<b>41</b>	<b>125</b>	<b>94</b>	<b>36</b>
<i>A reception centre</i>	<b>29</b>	<b>234</b>	<b>115</b>	<b>14</b>
<i>Club for Elderly</i>	<b>4625</b>	<b>18496</b>	<b>1583</b>	<b>16249</b>
<i>Other</i>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>

Source: Republic Institute for Social Protection

<b>Other services provided by institutions for the elderly</b>				
<b>Types of Services</b>	<b>Capacity</b>	<b>The total number of users in 2011</b>	<b>New users in 2011</b>	<b>Number of users 31.12.2011.</b>
<i>Living for the elderly</i>	<b>355</b>	<b>923</b>	<b>201</b>	<b>1015</b>
<i>Help and home care for the elderly</i>	<b>875</b>	<b>1175</b>	<b>266</b>	<b>812</b>
<i>Home assistance for the elderly</i>	<b>1283</b>	<b>3344</b>	<b>547</b>	<b>2837</b>
<i>Shelter for the elderly</i>	<b>0</b>	<b>63</b>	<b>9</b>	<b>58</b>
<i>Meals on wheels for the elderly</i>	<b>331</b>	<b>491</b>	<b>66</b>	<b>438</b>
<i>Food service for the elderly</i>	<b>35</b>	<b>51</b>	<b>16</b>	<b>10</b>
<i>Laundry service for the elderly</i>	<b>435</b>	<b>339</b>	<b>72</b>	<b>148</b>
<i>Something else</i>	<b>375</b>	<b>9868</b>	<b>87</b>	<b>3297</b>

Source: Republic Institute for Social Protection

<b>The quality and size of accommodation facilities for users in institutions for the elderly</b>		
<b>Quality accommodation</b>	<b>Number of units</b>	<b>Seats / beds in this category</b>
<i>Single apartment</i>	<b>8</b>	<b>8</b>
<i>Double apartment</i>	<b>132</b>	<b>266</b>

<i>Multi-bed apartment</i>	22	80
<i>Single studio</i>	564	564
<i>Double studio</i>	424	848
<i>Multi-studio</i>	57	174
<i>Single room</i>	396	396
<i>Double room</i>	1090	2194
<i>Triple Room</i>	660	1989
<i>Quadruple Room</i>	342	1364
<i>-Write-number - bedded rooms</i>	125	655
<i>-Write-number - bedded rooms</i>	15	114
<i>- -Write-number - bedded rooms</i>	23	180
<b>Total</b>	<b>3858</b>	<b>8832</b>

Source: Republic Institute for Social Protection

Users according to age and gender						
Age	Female		Male		Total	
	Total in 2011	No. 31.12.2011.	Total in 2011	No. 31.12.2011.	Total in 2011.	No. 31.12.2011.
to 50 years	148	115	165	135	313	250
51-64 years	631	534	719	574	1350	1108
65-70 years	787	543	582	396	1369	939
71-80 years	2655	1970	1393	955	4048	2925
81-90 years	2748	1775	1143	707	3891	2482
over 90 years	315	189	141	74	456	263
<b>TOTAL</b>	<b>7284</b>	<b>5126</b>	<b>4143</b>	<b>2841</b>	<b>11427</b>	<b>7967</b>

Source: Republic Institute for Social Protection

Users by reasons for placement in the home						
Reason accommodation	The age structure					
	To 79 years			80 and more		
	M	F	Total	M	F	Total
<i>User has no close relatives children, spouse / vanbr. partner</i>	479	654	1133	198	550	748
<i>Family guide is not ready / no condition to take care of him</i>	362	534	896	184	443	627
<i>Difficulties in the organization of daily living due to old age and illness</i>	1028	1793	2821	512	1388	1900
<i>Endangerment / domestic violence</i>	12	32	44	7	46	53
<i>Socio-vulnerability of the family (and users)</i>	318	380	698	127	220	347
<i>Personal user choice</i>	534	634	1168	240	394	634
Others	105	133	238	37	83	120
<b>TOTAL</b>	<b>2838</b>	<b>4160</b>	<b>6998</b>	<b>1305</b>	<b>3124</b>	<b>4429</b>

Source: Republic Institute for Social Protection

<b>Waiting List - Records required to accommodate the functional dependence</b>			
<b>(Those whose pension has not yet been implemented due to a lack of available places)</b>			
<b>Number of users</b>	<b>Functionally independent</b>	<b>Functionally dependent</b>	<b>Total</b>
<i>People who are waiting for housing</i>	71	104	175

Source: Republic Institute for Social Protection

<b>Services established within the institution and provided in 2011</b>								
<b>Name of service</b>	<b>Number of services</b>	<b>Number of users from the institution in 2011</b>			<b>Number of users from the local community in 2011</b>			<b>Total</b>
		<b>M</b>	<b>F</b>	<b>Total</b>	<b>M</b>	<b>F</b>	<b>Total</b>	
<i>Living for the elderly</i>	21693	535	518	1053	102	230	332	1385
<i>Help and home care for adults and older</i>	54129	16	64	80	447	885	1332	1412
<i>Home assistance for the elderly</i>	921	10	70	80	216	485	701	781
<i>Shelter for the elderly</i>	0	0	0	0	0	0	0	0
<i>Clinic</i>	0	0	0	0	0	0	0	0
<i>SOS</i>	0	0	0	0	0	0	0	0
<i>Something else</i>	506	255	198	453	1621	2336	3957	4410
<b>Total</b>	<b>77249</b>	<b>816</b>	<b>850</b>	<b>1666</b>	<b>2386</b>	<b>3936</b>	<b>6322</b>	<b>7988</b>

Source: Republic Institute for Social Protection

<b>Cultural, entertainment, recreational and occupational activities in 2011.</b>							
<b>Program Title / + column-number of events, sessions, events</b>	<b>Number of permanent corps involved</b>			<b>Број пов. Number of conf. Укључених кор. Corps involved.</b>			<b>Total included</b>
	<b>M</b>	<b>F</b>	<b>Total</b>	<b>M</b>	<b>F</b>	<b>Total</b>	
<i>Film screenings</i>	1234	1749	2983	800	893	1693	4676
<i>Theatre performances</i>	437	630	1067	190	283	473	1540
<i>Religious holidays</i>	1339	2435	3774	652	1114	1766	5540
<i>Public holidays</i>	1159	1734	2893	549	772	1321	4214
<i>Trips, visits to cultural and historic monuments</i>	553	794	1347	480	757	1237	2584
<i>Group work</i>	13072	11363	24435	5465	5423	10888	35323
<i>Workshop work</i>	5544	3906	9450	2347	1561	3908	13358

Strategic framework that supports the transformation of the Serbian economy to reduce poverty arises from the Poverty Reduction Strategy (2003) overall strategies in the area of social policy. Then were 14% of the population or approximately one million people lived below the absolute poverty line. A special part of this strategic document was dedicated to retired and elderly poverty and restore social functions and PDI system.

**Implementation took place at six RS ministries: the Ministry of Finance, Ministry of Economy, Ministry of Labour and Social Affairs, the Ministry of Education and Science and the Ministry of Health. A special government unit in charge of poverty reduction prepare answers to the questions of determining and monitoring poverty phenomenon. RSO has introduced a regular annual survey of household consumption and the labour market (2006).**

Level of functioning in society solidarity pension system has provided social and financial security for the majority of older people - pensioners. Key effects of the international crisis in Serbia are insolvent, decline in production and exports, reduced employment and rising unemployment, falling living standards and rising poverty. In such conditions, expenditures for pensions were doubled from 2005-2010 and represent 13.8% of GDP. Although pensions are not really great, in June, 2011 the average pension is 206 EUR or 55% of the average wage (source: Bulletin of the Ministry of Finance 2011). Improving the sustainability of pension fund system will be the biggest challenge for the future.

The Republic of Serbia has made progress in reforming the pension system previously disturbed, ensuring regular payments and tightening the criteria for granting the status of pensioners. For pensions, however, still separates the important part of public expenditure, 13% of GDP, a weak relationship between the number of those who pay contributions in respect of users, require budget transfers to cover more than 40% of the difference. Reform must continue to pension system improve sustainability. (Source: Towards a framework for active aging, Kara Stern, Gov. RS, SIPRI, 2011).

The long action for the introduction of social pensions, led by local NGOs (HumanaS) and international support (HEI, Help the Aged) contributed to the result - that the social pension enters into strategic action plans specifically in Strategy sustainable development of Serbia 2009.

In addition to the Fund for the pension and disability insurance in Serbia is also a private, voluntary insurance, although with significantly fewer insured. For the elderly that the system of compulsory pension and disability insurance in the period since 2007 to 2011 continuous the reform of the pension system, which began in 2001. (1) The age limit as a condition for entitlement to old-age pension (Law 2005) was gradually raised to two years in the period since 2008 to 2011. (Retirement age for men was increased from 63 to 65 years and for women from 58 to 60, while keeping the additional condition of at least 15 year of the contribution period). (2) The age limit for the survivor's pension was raised in the same period, for men from 53 to 55 years and for women from 48 to 50 years of age. (3) Due to the economic crisis, the pension is frozen at the level in October 2008 until December 2010 when they increased by 2%. For 2011 and next year's planned pension adjustment twice a year according to a formula that includes the movement of two new parameters: the movement of real GDP and consumer price trends.

In late 2010 were adopted amendments to the Law on Pension and Disability Insurance, which is the next stage of reform of the system. (1) Further gradually raising the conditions for entitlement to old-age pension from 35 years of service (women) or 40 (men) and at least 53 years of age in five years, the level of the 58 years of age, in the period since 2011 to 2023. The condition of 35 years of service for women will be raised to 38 years. (2) Increasing the conditions for entitlement to a survivor's pension gradually for three years, from 2012 to 2017 at the level of 58 years for men and 53 years for women. (3) In addition to legislative changes, it should be noted that

all pension recipients who receive a pension of less than 30,000 RSD or 300 EUR (approximately the average wage in Serbia), paid a one-time Republican support in the amount of 5,000 RSD (50 EUR), October 2010. In Belgrade were also pensioners with the lowest pensions (fewer than 140 USD) to help at the end of the year get another amount of their pensions.

. District social welfare consequences of aging are gradually adapting and successfully. The state supports the development of the NGO sector and supports the growth of private sector services for the elderly. The success in the development of various social services for the elderly in the local community has been the dynamic growth of the number and types of service offerings for independent living in their own household. In just three years (2007 to 2010) number of older people who use social services in local areas has doubled. Given the large number of requests to be recorded, it can be expected that this trend continues and that the offer increasingly include NGOs and private service providers.

(<http://www.zavodsz.gov.rs/PDF/naslovna/god-izvestavanja/IZVESTAJ%20CSR%202010%20-%20FINAL.pdf>)

. Primarily to improve access to social and health *services for the elderly Gerontology Centre* in Belgrade in early 2011, he formed a special info-centre to provide information to the elderly from Belgrade and throughout Serbia, in the field of social welfare, health care, CEO, culture, counselling, support emergencies, etc..

In order to improve housing and living conditions of the country introduced the mechanism of social housing (adopted strategic framework and the Social Housing, 2009). The problem of housing over 65 years, which otherwise cannot solve the housing problem is solved now using this service. Today, the 404 apartments in more than 40 communities, living about 2000 people including some 25% of people over 65 years and mostly in single person households. From IPA funds during 2011 and 2012 were planned to build another 140 new housing units

Amendments to the Law on Health Care, 2011 and the adoption of the Law on Social Protection of 2011 provided the mechanisms of control of health services and social services to reduce inequalities in access to quality services and compensates for the level of quality of health and social services throughout the country.

Improving training for service providers in social care is carried out by introducing accreditation of programs at the national level.

Republican Institute for Public Health of Serbia "Dr Milan Jovanovic Batut" (Centre for Health Promotion), in cooperation with 23 county public health institutes have activities for prevention and health promotion of older persons in Serbia - Republic level through professional and methodological support and cooperation with the district institutes. In the period 2007-2010 was held 85 conferences, with more than five thousand medical and other workers. At the district level, the district institutes work with institutions of preventive health care, media and retail, at the community level - Health (161) connecting all sectors and organizations which provide primary health services and conduct activities for the population.

With the introduction of the quality system of evaluation of the development of the service users, the reforms in health and in social care are required by the laws of health and social care.

### **Article 30 – Everyone has the right to protection against poverty and social exclusion**

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- |  |
|--|
| <ol style="list-style-type: none"><li>a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;</li><li>b. to review these measures with a view to their adaptation if necessary</li></ol> |
|--|

### Information to be submitted

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

The answer on the availability of services and the right to social protection has been given in previous issues.

In Section III Social Welfare Law titled: The rights of users provision 34 Paragraph 1 defines *precisely the information P*, which reads: "User has the right in accordance with their abilities and needs to be informed of all information relevant to the assessment of its social needs and how those needs can be met".

Also, the Social Security Act provides that everyone is responsible for meeting their own basic needs and the needs of their families, as well as the individual who is able to work in labour legislation and the Pension and Disability Insurance, or pursuant to the regulations of the Vocational Rehabilitation and employment of persons with disabilities have the right and obligation to participate in activities that allow overcoming its negative social situation and the implementation of measures to ensure its social inclusion and social inclusion measures prescribed by the Government. Centre for Social Work may conclude an agreement with the user on the active material support to overcome its negative social situations, which contains the activities and responsibilities of such reductions and the possibility of termination of the financial support in the event of unjustified failure to meet obligations under the agreement (individual plan activation and the appearance of content prescribed by the Minister for Social Protection, this document is under development). Full implementation of these provisions can be expected when economic conditions improve and increase employment.

The legal framework of employment policy is the **Law on Employment and Unemployment Insurance** ("Official Gazette of RS", No. 36/09 and 88/10), which entered into force on May 2009. Until the entry into force of this Law, the applicable law on employment and insurance in case of unemployment and in 2003. The new law provides an adequate, comprehensive and flexible legal framework for the planning and implementation of active labour market conditions in the transition to the labour market in the Republic of Serbia, and provides a better balance between active and passive employment policies.

This Law, which belongs to the category of the unemployed tend to employ people may have priority or special rights in the implementation of certain programs and active labour market policies. Less employable unemployed is unemployed due to health conditions, insufficient or inadequate education, socio-demographic characteristics, regional or occupational mismatches between supply and demand in the labour market, or some objective circumstances is difficult job. National employment action plans on an annual basis, defines this category of persons, as well as measures and activities to improve their employability. Unemployed persons in this category include: people with disabilities, Roma, refugees and internally displaced persons, rural, long-term unemployed, women, youth, the elderly, single parents, victims of domestic violence, human trafficking victims, users of financial social assistance, have priority to engage in active labour market measures.

It also introduces the obligation to sign individual employment plans, regulates the performance goals of the National Employment Service, introduced a system for monitoring and evaluation of active labour market policy, as well as forecasts of future needs of employers.

Provisions of suitable employment (which is bound to accept the unemployed under the threat of removal from the register) are adapted to raise the activity of unemployed persons and their abilities and desires. In particular are regulated arrangement and position of the National Employment Agency and Employment and incentive mechanisms provided for the active involvement of provinces and local governments in the implementation of active employment policy.

The text of the new regulation is consistent with the principles, directives, guidelines and recommendations of EU employment policy, as well as the requirements and standards contained in the relevant conventions concluded under the auspices of the International Labour Organisation.

Passed the **Law on Vocational Rehabilitation and Employment of Persons with Disabilities** ("RS Official Gazette" No. 36/09) (May 23<sup>rd</sup> 2009) which ensures completely redefining relationships between people with disabilities as potential employees and their work environment and employers.

With this Law is estimated: determining the status of persons with disabilities who did not have this option in accordance with the previous regulations (suffering from systemic diseases - multiple sclerosis, various forms of muscular dystrophy, paraplegia, quadriplegia, etc., As well as persons who have acquired disability before turning to the world of work) and assessment of work capacity and the possibility of employment or maintaining employment consideration in working skills and employment opportunities for everyone face this year alone, according to the EU criteria, defining vocational rehabilitation, certain measures and activities, and the holders of these jobs; measures of active employment policy persons with disabilities; obligations of employment of people with disabilities by all employers in a number of the total number of employees, the employment of people with disabilities under special conditions - in the company of professional rehabilitation and employment of people with disabilities, social enterprises and organizations or work centres.

In practice, prior to the enactment of this Act, a perceived lack of legislation that would regulate the field of vocational rehabilitation and employment of persons with disabilities, and to enable participation in the world of work and time, and other social trends, in accordance with applicable European legislation and the intention of the Republic of Serbia for the harmonization of legislation with the European Union. Obligation to adopt legislation regulating the field of vocational rehabilitation and employment of persons with disabilities is caused by the ILO Convention No. 159 on Vocational Rehabilitation and Employment of Disabled Persons, which was ratified by the Republic of Serbia in 2000.

The Law is based on the following principles:

- 1) Respect for human rights and dignity of persons with disabilities;
- 2) Inclusion of persons with disabilities in all spheres of social life on an equal basis - in accordance with professional skills;
- 3) encourage the employment of people with disabilities in appropriate jobs and in appropriate conditions;
- 4) Prohibiting discrimination against people with disabilities, in accordance with the law;
- 5) Equal rights and obligations;
- 6) Gender equality for persons with disabilities.

With the Law governs professional rehabilitation of persons with disabilities as the organization and implementation of the program of measures and activities in order to qualify for a suitable job, employment, maintain employment, promotion or change careers.

Professional rehabilitation of persons with disabilities is carried out by applying the measures and activities that include:

- 1) Career guidance, vocational information, counselling and individual employment plan;
- 2) Job training, vocational training, retraining and programs for the acquisition, maintenance and improvement of working and working and social skills, and abilities;
- 3) Individual and group, general and customized programs for improving work and social integration;



- 4) Development of motivation, technical assistance, technical assistance, monitoring and evaluation of vocational rehabilitation;
- 5) Individual counselling, which includes help in accepting own disability from opportunities to participate in work and some measures of vocational rehabilitation;
- 6) Education and training seminars for employers, experts for training and vocational rehabilitation of disabled persons and other persons;
- 7) Proposals for training and application of appropriate technical and technological solutions in order to improve the efficiency of people with disabilities in learning and work and support services;
- 8) Other activities.

Holders of professional rehabilitation, in addition to the organization in charge of employment, may be the company for vocational rehabilitation and employment of persons with disabilities, educational institutions and other organizations that meet the requirements, criteria and standards for the implementation of measures and activities of vocational rehabilitation.

Measures and vocational rehabilitation activities that relate to: job training, vocational training, retraining and programs for the acquisition, maintenance and improvement of working and working and social skills, and abilities of persons with disabilities, individual and group, general and customized programs for improving work and social integration persons with disabilities; education and training seminars for employers, experts for training and vocational rehabilitation of disabled persons and other persons; proposals and training for the implementation of appropriate technical and technological solutions in order to improve the efficiency of persons with disabilities in education and work, and support services are carried out by the holders of professional rehabilitation, if are fulfilled followed standards:

- 1) Building - Technical standards;
- 2) Standards y in view expert workers;
- 3) Standards in view of equipment;
- 4) Standards in view contents program training.

The costs of vocational rehabilitation of persons with disabilities, with an operating capacity has been reduced due to injuries or illness occurring after the effective date of this Act, shall be borne by the employer where people with disabilities are employed at the time of the injury or occupational disease.

Other costs of vocational rehabilitation of persons with disabilities shall be borne by the organization in charge of employment.

In accordance with a law on vocational rehabilitation and employment of persons with disabilities in the room with disabilities employed under general or under specific conditions.

Employment of persons with disabilities under general conditions is considered to be employed by an adjustment without jobs, job or business and the workplace.

Employment of persons with disabilities under special conditions shall be deemed to be employed by customization jobs or works and the workplace.

Under the adaptation of work includes the adaptation of processes and jobs.

Under adapting the workplace involves the technical and technological equipment for the job, agents for work space and equipment - in line with the capabilities and needs of people with disabilities.

Adaptation can also provide technical assistance as well as support for people with disabilities at the-job or in the workplace, through counselling, training, service assistance and support in the workplace, monitoring at work, personal development methods and evaluate the effectiveness.

The Law was introduced and obligations of employment of persons with disabilities and an obligation of every employer with at least 20 employees have employed a number of people with disabilities.

An employer that has 20 to 49 employees is obliged to have employed a person with a disability.

An employer who has 50 or more employees is required to have employed for at least two persons with disabilities, and started coming every 50 employed by a person with a disability.

Special forms of employment and the employment of people with disabilities, aimed at employment and work engagement and improve the quality of life for people with disabilities, can be organized as:

- 1) Enterprises for vocational rehabilitation and employment of persons with disabilities;
- 2) Employment centres;
- 3) Social and enterprise organizations.

Company for professional rehabilitation and employment of people with disabilities is a legal person hire and professional rehabilitation of persons with disabilities.

Company for professional rehabilitation and employment of persons with disabilities may be established by the Republic of Serbia, autonomous province, local self-government, a company, an association of people with disabilities or other legal or natural person, for the purpose of job creation and employment of people with disabilities.

Company for professional rehabilitation and employment of persons with disabilities may engage in activities provided that:

- 1) have employed at least five full-time people with disabilities;
- 2) that, in relation to the total number of employees, has employed full-time at least 50% of persons with disabilities, of which at least 10% of people with disabilities who cannot find jobs only under specific conditions;
- 3) that there is adequate space and appropriate technical and other equipment for the training and work of persons with disabilities;
- 4) have employed experts for training and vocational rehabilitation of persons with disabilities, if the company employs more than 20 people with disabilities, and professionals involved if the company employs fewer than 20 people with disabilities, including:
  - one person for practical classes and training for the jobs that enable people with disabilities,
  - one person in the business of providing professional assistance to disabled employees,
  - one person - counsellor for integration in the workplace;
- 5) 5 that has permission to perform activities.

Work Centre is a special form of institution that provides work engagement as a working therapeutic activity person with disabilities who cannot be employed or hold a job under general or under specific conditions, and whose performance is less than one third of the employee's performance in a typical workplace.

Work Centre can perform activity provided that engages the front therapeutic exercise at least five people with disabilities, or to engage in therapeutic work activities at least 80% of people with disabilities in relation to the total number of persons employed and employees.

Social enterprise in terms of this Law is a company that is established to carry out activities which are aimed at meeting the needs of people with disabilities, and that, regardless of the total number of employees employed at least one person with a disability.

Social organization is another form of organization that is established to carry out activities which are aimed at meeting the needs of people with disabilities and who employs at least one person with a disability.

Social enterprise and organizations are part of the income generated from activities invest in improving working conditions, job skills, social integration, living standards and meet the needs of people with disabilities

System Education in Serbia o includes Pre-primary, primary, secondary and highly education. His basic structure, characteristics and mechanisms crossing with level on level are regulated by Law on o the basics Education System ("Official Gazette RS", No. 72/09 and 52/11), Law on Preschool Education ("Official Gazette RS ", No. 18/10), Law on Primary Education ("Official Gazette RS ", no. 50/92, 53/93, 67/93, 48/94, 66/94, 22/02, 79/05, 101/05,72/09), Law on Central Education ("Official Gazette RS ", no. 50/92, 24/96, 53/93, 67/93, 48/94, 23/02,

25/02,101/05, 72/09) Law on Higher Education ("Official Gazette RS ", no. 76/05,100/07, 97/08, 44/10).

According to the *Law on Basic Education* stipulates equal rights and access to education for all, including equal opportunities for education at all levels and types of education in accordance with the needs and interests of children, students and adults without barriers to change; continuation and completion of education and training throughout life, opportunities for children, students and adults with developmental disabilities, and, despite its own financial conditions have access to all levels of education in the institutions and the rights to education, without compromising the rights of the child and other human rights. The law regulated the elementary education outcomes that are the result of the whole process of education to ensure that children, students and adults acquire the knowledge, skills, attitudes and values that will contribute to their growth and success, growth and success of their families, communities and society as a whole.

In addition to pre-school and primary education, the Law on Basic Education System is regulated by:

\* **Adult education** takes three to five years and is organized by grade, from first to eighth grade (typically, 2 grades in 1 year). In Serbia, there are only 14 schools for adult education, which does not suit their needs. They are territorial and unevenly distributed. Mainstream primary schools may teach adult education programs. A student who has attained the age of 15 stops the obligation to attend school expiration of that school year. The school may, at the discretion of the Director, the student who has attained 15 years of age, and had not acquired basic education; provide education to the age of 17 years, if required by the student or his parent. Adults' certificate is issued on completion of each class and the testimony of acquired primary education. Secondary schools can exercise special curriculum for adult education, vocational education and training. Other organizations and individuals are able to exercise special programs in the areas of adult education if they meet the required standards for the exercise of special programs and obtain approval from the Ministry. Law on Basic Education has opened the possibility to entrust the education of adults and other institutions, organizations and individuals who meet the eligibility standards.

\* **Secondary education** is not compulsory and comprises the population of students aged 15 to 19. After completion of compulsory primary education, students can enrol in a different school and secondary school programs for three or four years. In the first year of high school, include persons with acquired primary education and passing the exam. After completing secondary education in high school can enrol the person for prequalification, education specialist and master education. Secondary education is implemented as general secondary education in four years (high school) and vocational and artistic education for three or four years (vocational and art schools). Secondary education includes programs of education and gifted students, students with disabilities and adult education.

It is important to note that *vocational education* acquired in vocational schools that prepare students for work in 15 areas of work (agriculture, forestry, geology, trade, economy, health, art, personal services). In the vocational school, students acquire and develop general and specialized knowledge and skills for further education or work. In these schools, the duration of education is different: education and training for up to one year, training for a period of two years, mid-year and four-year education, education specialist and master (after two years) for a period of one to two years. Vocational schools also implement retraining and additional training Practical classes are conducted in workshops and employers. At the end of three-year educational program to take, the final exam at the end of a four-year educational program lays the Matura. After this course specialist, or master of education, shall be a specialist or master's exam, and shall be issued a certificate. Employers in the reform of vocational education participated in the development of new curricula and in 56 pilot programs in 13 areas of work. During the school year 2010/2011, the number of students attending the experimental profile has risen to 17% of the total number of students in vocational schools. In the field of agriculture, food production and 7 educational backgrounds is reflected moved from the system, and in the field of electrical engineering and construction for an educational profile.

We emphasize that the *secondary education of students with disabilities* is organized in three main forms: schools for students with disabilities, special classes in regular schools, classes in regular schools where children with disabilities and special needs are educated with other children. In schools for students with disabilities hitherto abbreviated program of this year apply to individual education plans.

\* **Higher education** in Serbia is carried out in universities and colleges. Serbia joined the Bologna Process in 2003 year and thus began a gradual process of reform that has received support for its legal 2005 bringing a new Law on higher education. From 2007/8 all new enrollees in the study reformed according to new study programs at all higher education institutions. Higher education system has two types of studies: studies being undertaken at universities and vocational, career-oriented, studies that take place at high schools and vocational studies can be carried out in universities. Institutions of higher education in Serbia is studying 235 940 (2008/ 0 9) students of which 63% studying at state universities, 16% at private universities, 19% of the public high schools and vocational studies, and the remaining 2% of students studying at private colleges. All institutions of higher education prior to receiving a license issued by the Ministry of Education must be accredited. Private higher education institutions (not founded Republic), which are in the education system RS, are in the same status as the institution of higher education established by the Republic. Each academic year, the proposal of the National Council for Higher Education of the Government approves budget-funded students in higher educational institutions founded by the Republic of Serbia. Students who study at private higher education institutions pay fees as determined by the higher institutions. All students who finish their studies first and second levels of the Master receive no payment required and the Diploma Supplement in Serbian and English. Institutional framework through a number of legal acts (the Act on Basic Education, the Anti-Discrimination Against Persons with Disabilities, the Poverty Reduction Strategy, Strategy for improving Roma education) provides access, non-discrimination and the requirements for quality education for all citizens regardless of their RS physical, intellectual, age, religious, cultural, ethnic and other characteristics. However, it remains largely a problem with the inclusion of the additional education and learning, and particularly the poorest and most vulnerable members.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

During the reporting period, the Republic of Serbia adopted the National Employment Strategy for the period 2011-2020 an action plan for its implementation, which is done annually.

In line with the key development, goals of Serbia, and the first strategic document issued in the previous period (the National Strategy for Business for the period 2005-2010. was committed the objectives of employment policy, as follows:

1. Growth of total employment;
2. Increase quality and productivity;
3. Social cohesion and inclusion in the labour market.

Based on the Employment Strategy, adopted the first **National Employment Action Plan for the period 2006-2008** ("Official Gazette of RS", No. 45/06).

In 2008 were implemented and **active labour market programs in the Republic of Serbia for 2008** ("Official Gazette of RS", No. 7/08), whose objectives and priorities were the development of a flexible and efficient labour market, economic development and business climate, as well as an increase in the employment rate of 1.5% per year.

The **National Employment Action Plan for 2009** ("Official Gazette of RS", No. 17/09), the active employment policy priorities were:

1. Hold the employment on level in 2008 the resolution of the legal status of redundancy;
2. Increase in formal employment in the private sector and reduction of regional disparities;
3. Matching supply and demand in the labour market by implementing active employment policy;

4. Promotion of social dialogue and increasing the efficiency of the National Employment Service.

In addition, in 2009 adopted an **Action Plan for the implementation of youth employment policy for the period 2009-2011**. ("Official Gazette of RS", No. 78/09) which, given the high rate of youth unemployment and disadvantage, the goals and effects of the action plan, resources, responsible, coordinating monitoring and evaluation of the results achieved. The objectives of the action plan are:

1. Strengthening of the labour market in accordance with EU standards;
2. Promote youth employment by strengthening employability;
3. Promoting youth employment development of the private sector;
4. Improving the prospects of creating an acceptable job for the young;
5. Promote the inclusion of heavier-employ young people into the labour market by making targeted employment measures.

In February 2010 was adopted **The National Employment Action Plan for 2010** ("RS Official Gazette", No. 7/2010) which defines the priorities and objectives of employment policy in 2010 were as follows:

- Support for the creation of new jobs, reduce the impact of the economic crisis on existing jobs and encourage formal employment in the private sector, with significant involvement of the social partners;
- reducing youth unemployment and promoting employment of young people, especially those who are affected by the possibility of employment;
- Decentralization of employment and encourage the development of regional and local employment policies proactive approach to local government;
- greater investment in human resources by improving education and training for matching supply and demand in the labour market;
- Promoting social inclusion and equal opportunities in the labour market.

In 2010 the programs and active labour market measures were aimed at encouraging youth employment, the approximation of the position of women and men in the labour market and creating the conditions for social inclusion and employment of people with disabilities, Roma, refugees and internally displaced persons, returnees under the readmission agreement, victims of trafficking people and beneficiaries of financial support.

July 2010 was passed by the **National Employment Action Plan for 2011** ("RS Official Gazette", no. **55/10**, 4/11 and 79/11), which defines the objectives of active labour market policy in 2011 were as follows: increased employment, investment in human capital, and social inclusion and employment policy priorities: matching supply and demand in the labour market, creating jobs, improving education and training in order to develop a skilled workforce, encourage employment of less employable persons and vulnerable groups, decentralization and encouraging the development of regional and local employment policies.

In 2011, the harder employ persons were long-term unemployed, unemployed unskilled or low skilled, redundancies, people with disabilities, Roma, refugees and displaced persons and returnees under the readmission agreement. With regard to the indicators and labour market conditions in particular were disadvantaged and persons belonging to the so-called "vulnerable groups" that includes the young, the elderly, women, victims of domestic violence and human trafficking, customers and other financial benefits.

In May 2011 was adopted the **National Employment Strategy for the period 2011-2020** ("Official Gazette of RS", No. 37/11) main goal of employment shown in the National Employment Strategy to the Republic of Serbia until end of 2020 the establishment of an effective, stable and sustainable growth trend in employment and that employment policies and labour market institutions fully comply with the EU acquits. Priority activities will be related to the increase in employment and investment in human capital and greater social inclusion. At least 80% more expensive active programs and measures (subsidies and training) in the first half of the decade will be aimed at the most vulnerable groups in the labour market, and in the second half of the decade and 90%.

Strategy defines individual objectives include: encouraging employment in the less developed regions and the development of regional and local employment policy, improving the quality of human capital, institutional capacity building and expansion of active labour market programs, reducing duality in the labour market.

In October 2011 was adopted a **National Action Plan for Employment for 2012** ("Official Gazette RS", No. 79. / 11 and 13/12), which defines the goals for 2012 as follows: encouraging employment in the less developed regions and the development of regional and local employment policies; improving the quality of labour, matching supply and demand in the labour market and encourage job creation, improvement of labour market institutions, promotion of employment tend to employ people and more social inclusion of vulnerable groups.

In order to reduce regional disparities active employment policy measures are directed at disadvantage areas and to provide more funding for subsidies for job creation in those areas.

By active policy measures were promote employment in the private sector.

Active employment policy measures are aimed at unemployed people from the category of less employable. In order to encourage more equal status of persons in the labour market, these persons have priority for inclusion in some measure as to encourage the employment of Roma people and people with disabilities and special announce the public calls.

In 2012 as a new measure, is implemented a program to acquire practical knowledge intended for persons with no qualifications in order to approach the employer and the world of work.

The Performance Agreement concluded by the ministry responsible for employment and NES also annually regulates monitoring effectiveness of implementation of active labour market measures in the action plan. In February 2012 is signed the **Performance Agreement NES in 2012**.

**Decentralization and encouraging the development of regional and local labour market** is one of the priorities of employment policy. Law on Employment and Unemployment Insurance Act provides the opportunity for greater local involvement and promotes the work of local employment councils and the development of local action plans for employment through co-financing of programs and measures envisaged by the action plans from the budget of the Republic of Serbia.

Decision on the financing of programs and active labour market measures in 2010 the included 10 municipalities. Total funds allocated from the budget of the Republic of Serbia amounted to RSD 68,614,374.57, while the funds that the municipality planned to allocate from its own resources to fund programs / active labour market measures amounted to 78,969,000.00 dinars.

In 2011 were approved co-funding 122 programs and active labour market measures in 121 local governments and the Province. For these purposes has been allocated 892 million dinars from the budget of the Republic of Serbia, which is 22.87% of the funds allocated for the implementation of active labour market measures. Supported requires 65 units (53.28% of 122 requests) belonging to underdeveloped communities and providing less than half of the funds needed to finance programs and active labour market policies.

*Funds appropriated from the RS budget by level of development of municipalities 2011*

The degree of development	Devastated Area	Group IV (without devastated)	Group III	Municipalities KIM	Other municipalities	AP Vojvodina
Number of municipalities	26	6	27	6	56	
The funds in the RSD	145.410.967	44.398.452	129.118.065	22.169.000	351.331.000	199.900.000

Source: MERR

In February 2012 was adopted the decision was made to co-financing programs and active labour market policy at the local level in 2012, which is supported by 134 local employment action plans and provincial action plan. From budget, the local self-governments units and provincial budget for the implementation of programs and active policy employment provided local employment action plans provided a total of 786 million dinars. In deciding it was took account of available resources and the level of development of the municipality so that the priority for participation in the financing had underdeveloped municipalities. In this way, supported participation in the financing of local employment action plans in 82 municipalities and undeveloped for them is secured 51.91% of the budget of the Republic of Serbia, in relation to the total funds appropriated for this purpose.

Care of State for difficult on employment categories population implies introduction **System Integrated service** from field education, social protection, employment and take care on young people, as for the sake of prevention, so and for the sake of shortening period but incurred unemployment. Thus client get adequate, efficient, timely and complete service and support, and state reduced costs who there is when Institutions act partially and unrelated.

In Serbia, the Law on Employment and Unemployment Insurance found that **active employment policy** is a system of plans, programs and measures aimed at increasing employment and reducing unemployment.

**Measures of active employment policy** operations conducted by the National Employment Service are:

- ✓ **Active job** - motivating and training the unemployed in skills needed for the job (job club, self-effectiveness, etc..) and job fairs;
- ✓ With the aim of acquiring new knowledge and skills in order to increase employment and employability through training for independent work in the profession, labour market training, training at the request of the employer, retraining, functional adult education and others.;
- ✓ **Employment subsidies** - which include self-employment subsidies and subsidies for job creation;

In order to support self-employment to unemployed persons are granted subsidies for self-employment as a lump sum.

In order to increase employment subsidies are given to employers for hiring the new job. Amounts of funds intended for the subsidy to employers depends on the degree of development of the area, or larger amounts are opting for employment in the devastated areas and the most vulnerable, and thus achieving greater regional consistency. In addition, higher amounts of subsidies are granted to employers in case of employment of people with disabilities.

- ✓ **Public Works** – Organized for the purpose of employment of less employed unemployed and unemployed in need, preserving and improving the working skills of the unemployed, as to achieve a specific social concern.

**Funding programs and active labour market policy** can be from the Serbian budget, the budget of territorial autonomy and local self-government, by means of gifts, donations, bequests, loans, as well as the contributions to unemployment insurance and other sources.

Encouraging employment and vocational rehabilitation of unemployed persons with disabilities, reimbursement of salaries of persons with disabilities employed in the company for vocational rehabilitation, improvement of working conditions, improved product lines, the introduction of standards, improving the quality of goods and services, customization and more jobs, funded by revenues **Budget Fund for professional rehabilitation and employment of persons with disabilities**. Revenues from this fund shall consist of fund of the Republic of Serbia, the means of payment and means of penalty payments to the participation in the funding of salaries persons with disabilities employed in the company for vocational rehabilitation and employment of people with disabilities, social enterprise or organization.

Schedule program of using funds from the budget of the Republic of Serbia, total funds allocated to individual active measures and determines the dynamic of their use.

In 2008, the committed funds for RSD 3,014,000,000.00 intended to implement active labour market measures implemented by the National Employment Service.

In 2009 the budget for active labour market measures amounted to 3,500,000,000.00 dinars and increased funds that have been spent exclusively in Vojvodina, as the Executive Council on the proposal of the Secretariat for Labour, Employment and Gender Equality program funded trainees, public works and employment subsidies in its budget due to large privatization revenues from the sale of the Oil Industry of Serbia

In 2010 has provided funds for 700,000,000.00 dinars third in the Serbian budget for the implementation of active labour market measures. These assets are higher than the previous year, but they are still much lower than needed, making it necessary to good planning and optimal use of resources, to the measures included a large number of different target groups.

For active labour market, measures in provided there were 5.55 billion, of which \$ 3.9 billion dinars in the RS budget, and an additional 1.65 billion in revenue contributions for unemployment.

Allocations for active labour market measures in 2012 the budget of the Republic of Serbia 3,400,000,000.00 dinars, which is about 0.1% of GDP and a reduction in funding in the 2011 when spending on active labour market measures amounted to 0.17% of GDP (RS budget funds and additional funds from contributions for unemployment).

*Inspection of the example is active Employment in Republic of Serbia*

Year	The amount of funds, in USD	% Share in GDP
2008	3.014.000.000,00	0,11%
2009	3.500.000.00 0,00	0,12%
2010	3.700.000.000,00	0,12%
2011	5.550.000.000,00	0,17%
2012	3.400.000.000,00	0,1 0 %

Source: MERR

**People with Disabilities**

According to estimates in the Republic of Serbia, there are over 500,000 people with various types of disabilities, but only 19,712 registered with the National Employment Service (April 2012.).

In accordance with the Law on Vocational Rehabilitation and Employment of Persons with Disabilities, an organization in charge of employment carries out activities to encourage the employment of persons with disabilities as follows:

- 1) **Affirmation of equal opportunities for persons with disabilities in the labor market;**
- 2) **Organizing and implementing the policies and activities of vocational rehabilitation;**
- 3) Exercising the right of active labour market measures, or measures to encourage self-employment and employment of people with disabilities;
- 4) Technical and financial support for adaptation activities, job or business and the workplace, including the technical and technological aids in order to increase job opportunities and maintain employment of persons with disabilities;
- 5) Monitoring the effects of labour and social inclusion of persons with disabilities;
- 6) cooperation with organizations and associations of people with disabilities, employers and other agencies and organizations in order to stimulate employment and inclusion of people with disabilities;
- 7) and other activities that are performed in order to increase employment and inclusion of people with disabilities into the labour market.

In order to stimulate employment and vocational rehabilitation of unemployed persons with disabilities, reimbursement earnings of people with disabilities employed in the company for vocational rehabilitation and employment of persons with disabilities, improve working conditions, improvement of production programs, the introduction of standards, improving the quality of goods



and services, adapting the workplace and for other purposes, by the Law in 2010 Budgetary Fund was established to encourage vocational rehabilitation and employment of persons with disabilities. The fund will finance measures and programs of vocational rehabilitation and employment of persons with disabilities.

At the same time, it is made the compliance status of the organization and the company by-laws for vocational rehabilitation and employment of persons with disabilities. There were made and printed three booklets: "To support employers in hiring people with disabilities," "The obligation of employment of people with disabilities - to equal opportunities in the labour market" and "Vocational rehabilitation of persons with disabilities."

Also, in 2010 began with the work of the Centre for Vocational Rehabilitation and Employment of Persons with Disabilities, which should contribute to improving the situation of people with disabilities in the labour market through the implementation of programs and activities NES. Centre performs professional o - analytical, organizational and operative tasks of rehabilitation and employment of persons with disabilities, which include the development of standards and operational guidelines in the assessment of working ability, knowledge and skills, individual counselling and mediation in employment and vocational training of people with disabilities.

National service as the holder of measures and professional rehabilitation activities, in all organizational units, educate and provide technical assistance to employers who hire people with disabilities, professionals to the company for the professional rehabilitation and employment of persons with disabilities and the employer, as well as other interested parties, bodies or organizations that contribute to inclusive and uniform treatment of persons with disability on the principles of non-discrimination, employment incentives and promotion of equal opportunities and respect for human rights in all aspects of social life.

Measures of active labour market of people with disabilities are:

- 1) Reimbursement of costs adjustment workplace;
- 2) Wage subsidies to disabled people without work experience;
- 3) Support for self-employment;
- 4) Measures and activities of vocational rehabilitation, and
- 5) Other measures.

An employer who employs a person with disabilities under special conditions, which is due to the type and severity of disability need to adjust business, workplace or business and the workplace, may be entitled to reimbursement of appropriate costs.

An employer who hires full-time disabled person with no work experience, is entitled to subsidized wages for that person for a period of 12 months, the amount of the minimum wage determined in accordance with the rules of procedure.

People with disabilities can exercise the right to self-support under the conditions and in the manner provided in support of self-employment of the unemployed, but the inclusion of this measure, as well as others that are aimed at all unemployed, have an advantage.

The legal obligations of employment of people with disabilities, according to report Tax Administration (the authority responsible for monitoring the performance of employment duties), since June 2010 until January 2012 by employers obeyed the following:

- Employing 10,666 people with disabilities;
- Implementation of the agreement on technical cooperation with the firm for professional rehabilitation and employment of persons with disabilities for 140 people with disabilities;
- Participation in the financing of paying wages in the 5672 Budget Fund for Persons with Disabilities;
- The payment of penalties in budgetary fund for 227 people with disabilities.

According to the Government Programme, the Budget Fund in 2011.year was used for:

- Promotion of employment and vocational rehabilitation of unemployed persons with disabilities through active labour market measures through the National Employment Service, in the amount of 356,365,709.25 dinars, which resulted in the employment of people with disabilities 1969 (subsidized self-employment 186 persons, granting subsidies employers to create new jobs

240 persons, wage subsidies for hiring persons with disabilities without experience for an indefinite period and involving 264 persons in the 1279 Public Works, refund of cost adjustment workplace for people with disabilities who are employed under special conditions and reimbursement of costs providing professional support to people with disabilities who are employed under special conditions provided funds for 41 people with disabilities), while the measures and activities of vocational rehabilitation (training, professional practice) included 272 persons with disabilities;

- Reimbursement of salaries of persons with disabilities employed in enterprises for vocational rehabilitation and employment of persons with disabilities in the amount of 364,193,384.00 dinars (about 1,700 employed persons with disabilities);

- Improvement of working conditions, improved product lines, the introduction of standards, improving the quality of products and services provided to these companies for 560,441,740.82 dinars.

Continued assessment process and the ability to work or maintain employment opportunities for employment of persons with disabilities. In 2011 were submitted in total 6495 requirements, on which the first-instance decision issued 5133, which was invested 290 complaints and issued 250 appellate decisions. In 2012 were filed in 1089 request and requires the expertise is now completed and issued 136 decisions, in which it invested 28 appeals. Thus, after the application of the said law, passed about 10,000 determinations which is about 400 complaints have been filed.

In the process of establishment, there are five companies for vocational rehabilitation and employment of persons with disabilities. In 2011, procedure was completed for the establishment of an enterprise.

In 2011 were brought 39 approval for the implementation of measures and activities of vocational rehabilitation (training program) as follows: 18 companies for professional rehabilitation and employment of persons with disabilities, 5 companies in the foundation and 16 educational institutions, and in the period October 2011 - April was issued 7 approvals.

Continuously keep workshops and presentations on law enforcement in cooperation with the social partners and civil society.

Opened two new centres for vocational rehabilitation and employment of persons with disabilities in Kragujevac and Novi Sad, in which unemployed people with disabilities and employers in one place can get information about the measures and programs of vocational rehabilitation, and financial incentives for the employment of people with disabilities. In the centre is practiced individual counselling with persons with disabilities.

Overview of the number of people with disabilities involved in active labour market measures is given in Table 1 in the response to item 3.

### **Young (15-24)**

In order to promote full employment of young, productive, and freely chosen employment RS Government in 2009 adopted an Action Plan for Youth Employment for the period 2009-2011. The main objectives of the action plan are: strengthening of the labour market in accordance with EU standards, promoting youth employment by strengthening employability, promoting youth employment by developing the private sector, improving prospects of creating an acceptable job for teens, promoting the inclusion of less employable groups of young people into the labour market by making targeted measures employment.

In addition, during 2009 project "YEM" (Youth employment and migration) and the project "Promotion of Youth Employment," the NEA has established the Youth Employment Fund in order to help those young people who need special support, such as people with no qualifications or low qualifications, people with disabilities, Roma, the readmission of returnees and displaced persons and refugees. Addition to funds from the national budget, which is designed for active employment measures, the Fund is funded by donations from the Spanish Fund for the achievement of the Millennium Development Goals, grants from the Italian Government and the Open Society Institute. Fund assets are used to finance active labour market programs aimed at young people, such as different types of training (in an institution or on the job), employment subsidies and

assistance in starting their own business. There is the possibility of combining the use of measures and the use of multiple measures.

The National Employment Action Plan for 2010 as one of priorities has encouragement of youth employment. A particular problem is the transition of youth from school to the working world and the issue NAPE pays special attention in terms of providing support and monitoring of specific indicators of youth employment. Action plan to introduce measures to encourage professional practice of students and graduate students, as a way to introduce young people to the world of work, work experience and job preparation. Specifically if appropriate measures for those young people who leave school early, and whose skill level is low, with the aim of further education and training has been particularly overcome the shortage and raise their level of competence.

In addition, in accordance with the guidelines and objectives established employment action plans and programs of the National Employment Agency, defined as annual measures of additional education and training, as follows: functional education of adults, interns and volunteers, professional practice, and the noise of the labour market or a specific employer. In 2009 and 2010, the additional education and training focused on the implementation of vocational training and employment of young people, "First Chance" and training programs for the labour market and the specific employer.

The programme "First Chance" is the training and employment of young people under 30 years of age, with no work experience, and is intended for private sector employers with the opportunity to engage trainees to claim for refund of income and expenditure of social security contributions.

Since 2010 the conduct measure of professional practice, which involves training individuals to work independently in profession, without employment. This measure lasts no longer, than 12 months, during which it is being paid to persons engaged and helps, perform the calculation and payment of contributions for a work-related accident and occupational disease and bear more costs and examination.

The project "Youth Employment and Migration" in 2010 included various measures of active employment policy 943 young people under 30 years old and up to second degree of professional qualification.

In the framework of the project "Promotion of Youth Employment" (ILO / SOROS) in 2010 the 330 persons aged under 30 years were included in the various measures of active employment policy design.

In addition, through the project "Inclusion of vulnerable groups in the labour market" (PRO), which began in September 2010 the measures included faces 33 to 30 years of age.

Display the number of young people involved in active labour market measures is given in Table 2 in the response to item 3.

### **Older people (55-64)**

The Government of the Republic of Serbia, in order to resolve the consequences of privatization and restructuring result of which the largest number of elderly people lost jobs, brought the program to address redundancies in the process of rationalization, restructuring and preparation for privatization, (" Official Gazette of RS", no. 64 / 05, 89/06, 85/08, and 90/08-corrective15/09).

The program provides that an employee who is determined to be excess shall be terminated when one chooses to exercise the right, which is the best for him, as follows:

1. Fee for wages in the economy of the Republic, according to the latest data of the authority in charge of statistics - for employees who have more than 10 years of service;
2. Fee for equivalent EUR 100 per year of service, the average exchange rate on the date of delivery of the lists by the employer
3. Severance pay in accordance with the Labour Law, for employees who lack up to two years to be entitled to a pension in accordance with the pension and disability insurance,
4. Special allowance for employees in the company in the process of restructuring that are identified as surplus, and that the fulfilment of the first condition for the exercise of the right

to a pension in accordance with the pension and disability insurance, short of 5 years. Special Cash compensation is the sum of six times the average monthly salary for the economy of the Republic, according to the latest data of the authority in charge of statistics, and the number of months remaining products to meet the first condition for eligibility for retirement, and 60% of the average monthly salary for the economy of the Republic, according to the latest data of the authority in charge of statistics.

Employees who received severance pay in accordance with the Labour Law, and who lack up to two years to be entitled to a pension in accordance with the pension and disability insurance after termination of employment are required to report to the register of the National Employment and shall be entitled to financial compensation, in accordance with the regulations on employment, the retirement age.

During the realization of the right to unemployment compensation benefits, the user has the right to health, retirement and disability insurance.

Employees who exercise their right to special compensation, employment terminated on the day of payment to them six times the average monthly salary for the economy of the Republic, according to the latest data of the authority in charge of statistics, and then appear in a special register of the National Employment Service and the same is made monthly payments of the remaining amount of the special cash compensation equal to 60% of the average monthly salary for the economy of the Republic, according to the latest data of the authority in charge of statistics, the acquisition of the first retirement.

In addition, users of financial compensation may be paid cash compensation in one lump sum for self-employment (investment and start their own business).

This right can achieve compensation beneficiaries independently of age.

In addition, the Law on Compulsory Social Insurance ("Official Gazette", No. 84/04, 61/05, 62/06 and 5/09) and the Law on Personal Income Tax, are defined in terms incentives and tax contributions for the employment of certain age groups.

View the number of older people involved in active labour market measures is given in Table 3 in the response to item 3.

### Wives

One of the goals National Employment Action Plan for 2010 ("RS Official Gazette", No. 7/10) is the equalization of women and men in the labour market through the following measures: the creation of systemic preconditions for equal opportunities policy, gender-responsive budgeting at the national level, the promotion of flexible forms of work which enable alignment work and family life and paving the way for greater involvement of women, and encouraging women's entrepreneurship and self-employment.

In 2008, the Provincial Secretariat for Labour, employment and Gender Equality in cooperation with NEA has implemented a program of awarding grants for self-employment and new employment of single mothers in the territory of AP Vojvodina. The 18 applications were approved for self-employment and 27 requests for new employment.

Ministry of Economy and Regional Development also conducts activities to:

- Encouraging in the establishment of social services and employment of women in that service. The development of social services offers not only a function of empowerment of women in terms of support services, but also opens up employment opportunities. Female employment in these sectors would encourage diversification of the rural economy, and thus rural development and enter a new life in rural communities offer varied content;
- In 2010 the National Employment Agency has implemented training for jobs that are considered art and traditional crafts and cottage industry activities, as follows: independent handicraft producers (the noise for ceramics and pottery in the 15 persons, but the noise of the z 40 лица, o бука за ткањ е за 5 5 лица, o бука за нецањ е за 40 people, the noise of weaving is the 5 5 person, the noise of the е несанј 5 лица, o бука за пустовање вун е за 3 0 лица, o бука за златове з за 2 0 лица). 5 persons, about the noise pustovanje vun for e 3 0 persons, the noise of

gold for z 2 0 face). Укупно је овим обукама обухваћено 165 лица; In total, the training involved 165 people;

- Encouraging cooperative association of women in cooperatives in strengthen the economic potential of women for self-employment and Entrepreneurship. Woman cooperative identified in the Draft Law on Cooperatives;
- Development of rural tourism and angelic this year may represent a significant sector of employment of women and contribute to the overall diversification of the rural economy and rural development. Ministry of Economy and Regional Development and the Ministry of Agriculture, Trade, Forestry and Water Management announces a competition for the allocation of grants and loans to rural tourism projects;
- Lending to women entrepreneurship - the Development Fund of Serbia predicted Agenda in 2012 the special funds for lending to women entrepreneurship.

Overview of women's participation in the implementation of active labour market measures is given in Table 4 in the response to item 3.

### **People without and with lower levels of education**

Unemployed unskilled or low skilled, and as a category tend to employ people, priority shall be included in all measures of active employment policy and the specific measures intended that category.

Public Works, as well as active labour market measures were first implemented 2006 are focused towards lower qualified persons and under-developed regions. Those are conducted in the areas of social, humanitarian and cultural activities, maintenance and renewal of public infrastructure, maintenance and protection of the environment and nature.

Public works aimed at encouraging employment of unemployed persons (particularly long-term unemployed, unemployed with no qualifications or low-skilled, people with disabilities, members of the Roma minority, refugees and displaced persons, returnees under the readmission agreement, redundancy), preserving and developing work skills , raising the level of knowledge, skills and abilities, socialization, and increase motivation and responsibility of the unemployed.

Also, for those without and with lower education levels, implementing a program of functional adult education. The program allows these individuals to complete their primary education and started to continue their education, either through a system of continuous training for the labour market or through a system of secondary education for programs that are appropriate to the needs of adults, with the aim of acquiring functional literacy and the first qualification, which would to increase their competitiveness in the labour market. In this sense, the implementation of the project "Second Chance - Development of the system for functional adult education in Serbia ", which aims to create a system of m or a term functional adult education in Serbia that will effectively contribute to more employable workforce grains, as well as poverty reduction, social cohesion and economic recovery of the country.

View the number of unqualified persons engaged in active labour market measures is given in Table within the responses in Section 3).

### **Long-term unemployed**

The Law on Employment and Unemployment Insurance provided measures of active employment policy as activities aimed at improving employment, are implemented and when it comes to long-term unemployed. The annual action plan for employment chooses which category of unemployed persons are considered more difficult to employ, so that individuals from these categories have the advantage of participation in active labour market measures.

So, the National Action Plan for the period 2006-2008 as one of the priority tasks of the anticipated inclusion unemployed people who are on records NES longer than 12 months in programs training. Trainings are included programs: basic IT Training, training for foreign languages, retraining for Labour Market needs, known employer, and Virtual companies. These

National Action Plans states hire for 2009 and 2010 in the same manner the inclusion of long-term unemployed people in active employment policy.

National Employment Strategy for the period is 2011 -2020 the special attention to the prevention and long-term unemployment and integration and unemployed people before entry in long-term unemployment.

In frame of the activities on prevention long-term unemployment by its importance stand and measures of professional training, the instruction and retraining. Basic aim of this type of a active policy Labour market is to increase employability and productivity Unemployed persons through work offers adapted requirements employers, or the provision of opportunities unemployed persons with increased risk of long-term unemployment that gain relevant work experience, working habits and relevant practical skills who to increased their chances for employment. Trainings can be directed to individuals or groups, formal classrooms or in enterprises, when takes form training on business.

As a way to prevent long-term unemployment is foreseen preference individuals that have larger risk of falling in long-term, unemployment was by on individual or statistics (group) characteristics, Expand in strengthening of individually a Plan *employment*. Individual Employment Plan as a document containing the measures to be taken for the purpose of employment of the unemployed and the basis for the financing and implementation of active employment policy towards the unemployed.

Summary of long-term unemployed participating in active labour market policy is given in Table 6 in the answers in Section 3).

### **Roma population**

Four years in a row (since 2009) Gipsies in national employment action plans, which are prepared on an annual basis, defined as a category tend to employ people (because of insufficient formal education, lack of motivation, attitude towards work, etc..) In addition, as such, they have priority inclusion in all programs and active labour market measures, and to plan and specific programs and measures aimed at promoting employment and improving employability of Gipsies.

Thanks to the enhanced database of unemployed Roma, which was established in the NES, and the fact that since 2010all data on the number of unemployed Gipsies, as well as information about the persons involved in the active employment policy of gender-disaggregated, overcome the problem of monitoring the implementation of measures and programs aimed at Gipsies.

### **Number of unemployed Roma registered with the NES**

As of 31 <sup>st</sup> December	<b>2009 2</b>	<b>2010</b>	<b>2011</b>
	13,416 persons (6571 women)	15,867 persons (7637 women).	19,398 persons (9180 women)

Number of Gipsies that are registered as unemployed changes and varies in response to the person employed, or deleted from the records if they are not active job seekers (absence or non-compliance). Data on the increase in the number of Gipsies registered as unemployed NEA points to a positive change of attitudes towards the Gipsies labour and employment. Obviously, employment promotion and awareness campaigns on the importance and benefits of employment and work of social assistance have positive results.

In 2010 were recorded 23,949 cases, using some of the active employment policy measures by the Gipsies in 201122,479. It is important to note that a person may use a variety of active measures (e.g., job search training, program interns, etc.), as well as to provide funds not only from the Republic of Serbia, but also from donations.

The national employment action plans are regularly plan special programs and measures designed to encourage employment of Gipsies. For example, the National Employment Action Plan for 2012 in order to encourage employment of persons less employable and greater social inclusion of vulnerable groups (Section 1.5) is planned: promoting the importance of the employment of

Gypsies, Gypsies motivating the unemployed to engage in active job search as well as in additional education and training, encourage entrepreneurship, encouraging employers to hire Gypsies awarding subsidies for job creation, and the creation and implementation of specific measures aimed at helping Gypsies women and Gypsies associations applicants and public works projects, which mainly engage in the drafting of the Gypsies.

In order to encourage employment of the Gypsies National Employment Service in addition to regular public calls for three consecutive years (2010, 2011, 2012) Announces a unique public calls intended for persons of Gypsies ethnicity as follows:

- granting subsidies to employers to create new jobs for the employment of unemployed Gypsies,
- granting subsidies for self-employment of the unemployed Gypsies.

It is important to note that 2760 Gypsies (of which 1022 are women), which was in 2011 the National Employment instructed employers to record employment for the unemployed, employed Roma 1935, of which 715 women. It is also evident, with most programs and active labour market measures, increasing the participation of Roma and their greater participation in active labour market measures.

Overview of Gypsies involved in active labour market measures is given in Table in the answers in Section 3).

- Relying on Strategy for the Development of professional Education, Adult Education Development Strategy and Action Plan for its implementation, the Law on the Foundations of Education, provides that the Council for Vocational and Adult Education among others, propose to the Minister of Education for the *National Qualifications Framework* level vocational education, training, and other forms of professional education and preparation NCC performed by the Centre for Vocational and Adult Education at the Institute for the Advancement of Education. September 2010 the Council for Vocational and Adult Education has adopted a decision to draft the NQF level of vocational education, training and other forms of vocational education, which began the process of applying the principle of lifelong learning in the vocational education system. ATIONAL N NQF Serbia for Higher Education (NOKS) adopted the National Council for Higher Education 2010 qualification that covers the higher education system of the Republic of Serbia, based on the Higher Education Law and regulations. NOKS defines the general learning outcomes, and the program of study within the higher education system established knowledge, skills and competencies, appropriate educational and scientific fields, and areas where the program belongs.

- Medium expert school problem undeveloped system informal education bridge over pilot program for different training. There defined procedures for the development, implementation and validation these program in schools - they are recognized and Certificates are publicly valid. Good example for successfully organization these forms education are Regional Centres for continuously education generated through the EU Programme for Serbia in frame of the "*CARDS - Program Reform Middle Professional education*" and 07 IPA - *The modernization of the VET system*, which is aimed at supporting the professional and adult education. Regional training Centres for adults are leading regional Institutions for professionally education, training and training adult at why 5 centres developed over 50 programs expert training, which for result have publicly recognized certificates. Training programs, which are accredited by the Ministry of Education and Science, are recognizable for the National Employment Service. Centres through programs so far have passed about 3000 participants who completed different trainings through which are acquired skills that needs on the labour market. An increasing number employed after those.

- Activities relating to vocational guidance and involvement of youth in the world of work implemented by the National Employment Agency (NEA), and the Ministry of Sport and youth deals r career guidance. *System of career guidance and counselling* has been developed in part because, in 2010 is defined strategy and action plan for career guidance and counselling in the RS. It is intended for further develop existing and new centres for information and professional advice for all customers NES, in order to better integrate the unemployed and beneficiaries

belonging to vulnerable target groups. Transition from school to work takes place in Serbia and fast enough with inadequate systemic support young people. During 2009 for the first time were conducted poll on entry of young people into the labour market, along with regular poll about Labour force. Republic institute conducts Poll for Statistics and the poll found that about 40% of young people waiting for a first job for more than two years, on the other hand, about 30% of young people have managed to find a job in the first 6 months after graduation. This leads to the need for more intensive support youth employment precisely in the period immediately after the first 6 months of their stay in the labour market.

- Ministry of Education and Science of each school year to student loans for high school students in the RS who are studying for the educational profile - short supply, which is determined according to the National Employment Service. User student loans, within six months becomes employed by the employer, with whom he had previously entered into a contract on future employment, and remained employed for at least half the time for which he received credit, relieve the obligation to repay the loan. For the school 2009/10 year granted, 398 student loans, and for 2010/11, school year approved 392 loans for student short supply. Applications for work experience as a volunteer and employment as interns. During volunteering young people without experience, get financial aid and internships in the finance intern salary with all the contributions for up to 12 months. The transition is realized in most of the NES through the *project "First Chance"* to be implemented starting in 2008.

- Every year in the planning process of enrolment in high school Ministry of Education and Science organizes and supports local and regional consultation of the social partners in order to offer adequate educational backgrounds in order to create the core of a future model predictions need for knowledge and skills. Monitoring the implementation of pilot educational backgrounds it was noted that employers prefer to hire young people who perform them with practical education to increasingly support employment uses faster method of volunteering, Youth and casual labour practices by employers who accept students on practice. Mediation cases were observed in the high schools organized summer youth work in hotels, restaurants, travel agencies, shops, farms and the like. This occurs most often in the local labour market, but more and abroad based on our cooperation with foreign schools or schools in the form of cooperation between cities.

- The pouring of youth is much higher in the three than in four years education in order to reduce the occurrence of dropout students, especially in the three-year education, the state's new regulations taken several important measures:

- \* **Free emergency training** of persons older than 17 years, in order to gain first qualifications. Admission of these persons is implemented with a public campaign and invites all who are discontinued secondary educations at any time to be in secondary schools approximately the residence. This process is under development and every year recorded higher turnout and higher planned occupation of the schools. Ministry of Education and Science in the field of flexible leads policy so that in the event of a need to expand the local level provided quotas schools and certain *occupations*.

- \* **Increasing educational programming offers and creating a program, in varying duration** in part of formal systems. New legal regulations it is giving opportunity to high schools to exercise by school programme basic, professional and artistically education and:

- o Program training for work in two years, which is acquired qualification for lower professionally education
- o Program of professional training for up to one year
- o Program training for needs of Labour market up to one year after who complete this form education, received the certificate on training for certain jobs on Labour market
- o Program specialist and a master of education

- \* All persons who have completed only primary school can participate in **the training programs for occupations** in demand on the labour market or any of the accredited training programs implemented regional training centres or other vocational schools in collaboration with other organizations. Candidates take the examination of qualification or training after



which acquire professional qualifications for specific professions and jobs. These programs are developed in close cooperation with employers, the National Employment Agency and other relevant partners. Business of developing short training programs for the labour market needs, development of standards, and the ministry entrusted to the relevant professional institution, the Institute for the Advancement of Education, and the implementation of vocational schools and other organizations that meet the standards for this work.

- **Customization of programme for individual needs of young people in the education system.** In order to raise the efficiency of education and providing equal opportunities to all categories of students the schools, the new laws, given the opportunity to exercise, depending on the needs and:

- o Individual Education Plan for students and adults with disabilities
- o Individual programs for language minority students who do not know the language of instruction
- o School programme for adult education

- \* **Increasing the level of competence of teachers in vocational education**

Professional development of teachers in professional schools are implementing with improved supply of vocational education teachers, which is significantly affected by the raising of teachers' competence to apply modern methods of teaching and learning as well as teacher training students for an individualized approach. A number of training programs has been developed through various projects funded by the EU and other partners. Coverage of teachers who work with advanced competencies makes 1/3 of the total number of teachers working in vocational education.

- \* **The IMPROVE legislation in the area of enrolment policy**

New legislation has enabled students in the next academic year pass up exam not passed during the regular school in the previous year, and to be placed under correctional exam, but that started in the school year, to enrol in the next grade as part-time students. These students are able to return to regular school next school year. Previous legislative solutions are not allowed to transfer the exam next year, which resulted in the abandonment of the education of students or grade repetition.

- \* **Construction of education system for adult and developing various custom programs of functional, flexible basic education for adults.**

How educational deficit is is most expressed at Gypsy's population construction system for adult education who should return to persons who have left their education, the Ministry of Education and Science started to needs this target Group as of most vulnerable category population. Through the project, *Functional basic education of Roma* has developed a methodology specific functional, flexible basic education for Roma. Adults Gypsies through this program complete primary education and simultaneously are training for one deficient occupation on labour market. Regional training centres, which are formed through the CARDS program, it has a key role in testing the necessary skills to labour market, module design - training and training in the implementation of professional. This model and an example of good practice and the benefits and the creation of programs for other target groups of adults who left primary school through 08 IPA project "Second Chance."

- \* **Enabling network of primary and secondary schools to work with adults** Ministry of Education and Science has a number of primary and secondary schools in the past few years has given approval for the implementation of advanced programs aimed at adults, primarily of functional elementary education of Roma and accredited (published) training program for the labour market. Established a network of primary and secondary schools (80 primary and 75 secondary schools) for the implementation of the IPA 2008 "second chance" for all adults who have left the system of primary and secondary education. This program has been completed concept basic adult education and production curricula for adult education, and production criteria for selecting schools that can deal with basic adult education and training of teachers to work with adults. Program involves students in 4000 completion of primary education, and in 2000, students have passed professional training program and prepare for jobs in the labour

market. In late 2011 established a system for functional education and training of young people who have left school early, and by the end of 2012 is expected to be fully functioning 80 centres in elementary and secondary schools to provide this type of service.

- The promotion of *entrepreneurship* is one of the goals outlined by the Education Foundations of Education, which provides that the education system have to provide all the conditions for children, students and adults running and ready to accept change, taking responsibility and have an entrepreneurial approach and a clear orientation towards achieving the goals and success.. This goal is being realized through the curriculum in primary and secondary education, or through other activities, including projects implemented with the support of donors. The area is now the highest in the framework of *vocational education* where the school year 2002/03 year began implementation new pilot profiles in which entrepreneurship as a key competence developed through curricular, using active teaching methods, students' practical activities and cooperation with the business community. Through *entrepreneurship subject* in the final year teaching students discover their own preferences for doing business, learn how to make a business plan for a selected idea and how it was presented, they meet with entrepreneurs and inform the institutions with which the local and national level, cooperation is possible. School year 2010/11 the entrepreneurship as a subject is being implemented in 217 secondary vocational schools. In *adult education*, the nine schools that implemented the program functional adult education, students acquire skills and active job and the skills and knowledge about starting and running their own businesses through subject *basis entrepreneurship and employment*. Supported by the Norwegian implemented a project for the development of entrepreneurship as a key competence in high schools within which enhanced professional competence management staff and teachers in 15 high schools and 14 school boards. USAID Serbia Competitiveness is also contributed to promoting formal education in the field of entrepreneurship at universities as one of the key factors for improving entrepreneurship in Serbia by creating a professional with the necessary knowledge and skills.

- System for the recognition of informal learning has not been established. Planned to ACIN recognition of informal and non-formal learning is regulated by the adult who is in parliamentary procedure. Higher education is observed by many skills needed in successful graduates joining the job, but not included in the study programs. Here are some of them: leadership skills, decision-making skills, analytical skills, organizational skills, and skills to work under pressure, skills, teamwork, communication skills, and negotiation skills. Mastering these skills, students are organized in a series of workshops, seminars and other forms of informal learning at the Centre for Career Development and Student Counselling.

- In the field of *higher education*, contribute to the development of lifelong learning achieved by implementing the Tempus project, *development of lifelong learning in Serbia "2009-2012* which is supported by the European Union. During 2010 prepared a draft strategy for lifelong learning in universities, organized the conference "*Bologna Process and Lifelong Learning*" and "*Development of Lifelong Learning : Challenges Learning: Challenges for The Education System* ", and launched a social dialogue between representatives of industry, local governments and educational institutions in Kragujevac, Belgrade, Novi Sad, Nis and Novi Pazar. Investigations were carried out on the employers' needs for various forms of training, based on which are defined modules and courses. Established five centres for lifelong learning in universities, prepared plans and training programs under the system of short courses and started the implementation of training. During the curing process of university centres at the national level and their integration into regional and international networks. Through the project, "*Master program for vocational training of unemployed with higher education*" universities in Novi Sad, Belgrade, Kragujevac and Nis developed by two master programs at the request of state enterprises and institutions that have the need for this type of frame. The project provided equipment for teaching, paid the accreditation of study programs, teachers have been trained, and enrolled the first students, only to suffer the minimum costs, since thanking the financing of the project did not have to pay the usual fees.

- 3) Please provide pertinent figures, statistics or any other relevant information: on the nature and extent of poverty and social exclusion, including the number of persons or households who are socially excluded or live in poverty; and on the methodology followed or criteria used to measure poverty and social exclusion, bearing in mind that the Eurostat at-risk-of-poverty rate before and after social transfers is used as a comparative value to assess national situations.

Expenditures intended Social Protection amounts 18.2% of GDP in 2008 and their largest part make up Expenditures for pensions (Almost 70%). In 2009 realistic is highlighted 3.2% more for Social protection, while are expenditures on pensions realistic increased almost 8% (although are during 2009 pensions were frozen, growth pension to which is their end 2008 influenced is on great growth rate between 2008 and).

Social transfers contributed are reduction risk poverty in 2009 for 7,9% (with 19,1%, in was in hypothetical case absence social transfer except pension at 17,7%), which is incomparably less of effect that social transfers have on reduction poverty in EU (32%). Largest effect social transfers had are on reduction poverty children to 18 years.

Risk poverty most are was exposed inactive person, except pensioners (47,4%), unemployed (30,5%), self-employed (26,5%), of who live in households with three and more dependent children (32,7%), households with single parent with one or more dependent children (30,6%), followed by elderly one-person households (26,5%), as and children to 18 years (22,1%)<sup>4</sup>.

On passive measures of Labour Market (Before all fees for unemployment) in last three years leaves e more of 80% of total allocations for programs of Labour Market or about 20 billion on annual level. On all active programs leaves about 4 billion CSD a year. The structure active a program in last two years dominates: a program First chance and Program public works. During the 2009 with Support Fund for 3 Employment Youth over 1.500 young from sensitive group is on in measures active policy employment. In 2010 is increased interest Gypsies for inclusion in measures active policy employment. Works a formalizing labour - legal status Gypsies, being introduced interest "Collector secondary raw materials" in single Nomenclature of occupations.

Of entry on force Law on Professional Rehabilitation and Employment person with disabilities, records National Service for Employment is employed 5430 people with disabilities. Apart program public works and smaller program intended people with disabilities, active programs more always not enough directed on members vulnerable groups.

Social Welfare Law provides mechanisms for widening help poor through council amounts transfer and increase number users, especially among multi-member households and households in which are all members incapable for operation. Law also includes strategic goals that the relations on reform social services, and edited rights, types services, facilities and providers service user, group mechanisms for control quality, competence in establishment and financing.

Changes are especially great in institutional and regulatory sphere –introduction Chamber of Commerce Social protection, licensing expert workers and providers, services introduction Institute public Procurement service, reformulation function, control professional supervision and inspection. Addition, the predicted are dedicated transfers from Budget Republic of Serbia for funding service in community in jurisdiction unit local government.

## **PROJECTS**

(1) Duration of the implementation of the project "**Delivery of Improved Local Services' (Integrated Delivery of Local Services - DILS)**". The aim of the project in the area of social protection is to strengthen the institutions of social protection - the duration of the project since January 2009 until December 2012. The development of the entire IT environment in all the centres for social work in the Republic of Serbia (total 140) and facilities social care for beneficiaries. Main

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<sup>4</sup> *The first national report on Social Inclusion and Poverty Reduction in Serbia - Overview and status of social exclusion and poverty for the period 2008 - 2010 with priorities for the next period, March 2011*

goal is to improve access to and assistance in the development and expansion of innovation in service delivery. For this, first, we need better information systems, with a combined customer base and precise. Currently, the system contains data for over 1,000,000 users, of whom about 700,000 active users who receive one or more rights to social protection.

(2) **The project "Small home communities"** - As part of the project, the implementation of which is from December 2009 until December 2012, implemented a number of activities at the national level, including the sensitization of the public on issues of social inclusion and strengthening the role of parliaments in promoting the status of children with special needs and disabilities.

Local level activities implemented predominantly in **south-eastern Serbia** and they represent a direct support to the **institutionalization of children with disabilities who are placed in a residential facility in Kulina** and their integration into community life.

This process involves coordinated work on:

- Strengthening preventive function of medical institutions and to support interagency linking the development of local services and educational function of social inclusion,
- Immediate intensive support development of specialized foster care and the establishment of small dormitory community, including the program of preparation of the child for the transition from large residential institutions into new forms of protection.

*The process of transition of children from institutions in the Kulina family environment* includes implementation of the following steps:

- Development of individual plans and programs prepared for each child based on a careful and comprehensive functional assessment and assess the emotional and social development, adaptability and independence;
- Several months of intensive preparation for crossing the everyday child in a family environment through support for the development of life skills;
- Work on strengthening the capacity of employees at the facility for enhanced individual work and support the process of preparing the child to go out;
- Creating conditions for the return of the child to the biological family (when realistically achievable and aligned with the best interests of the child);
- Work on the mobilization, selection and preparation of foster parents and the child's gradual adaptation to the new environment;
- Involvement in child support services in the community.

*The process of moving children out of institutions into the newly formed small Kulina home communities* includes:

- - Developing programs prepare children for the transition to the individual needs and functional assessments for each child;
- - The implementation of several months preparing a child for the transition to the new environment;
- - Development and implementation of training programs and preparation of employees in small home communities for individual work with children with severe disabilities and severe according to the principles of functioning of the model-like family;
- - Support staff in developing an individual plan of daily activities and work program for each child;
- - Activities in support of the revival of broken relationships with their biological families;
- - Support the personalization of space in which the child will be like;
- - Support for linking small dormitory community with available services in the community, especially with schools, health centres / development counselling, and civil society organizations. In addition, it includes a connection to higher education institutions in order to provide long-term support mechanisms for the voluntary work.

As a result, total activities so far:

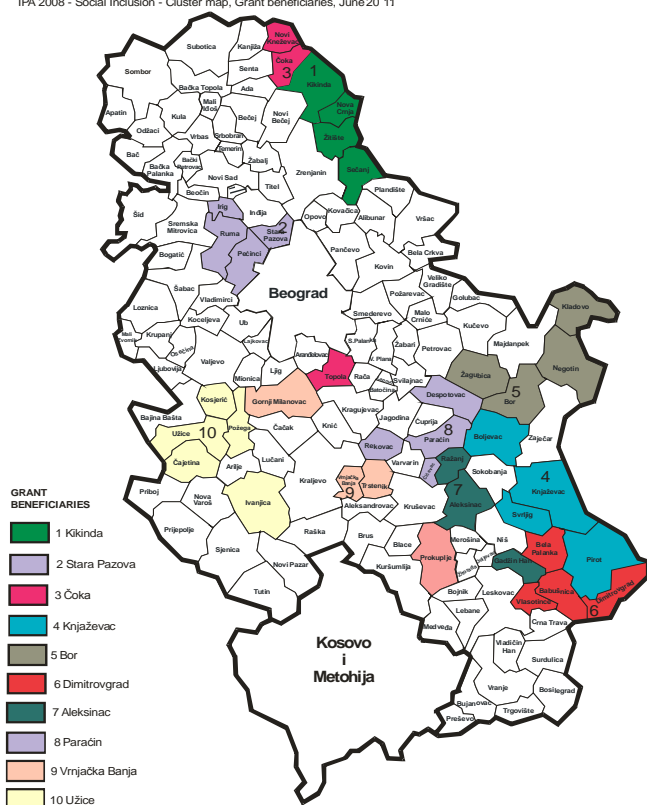
- - 16 children with moderate disabilities from institutions in Kulina moved into specially prepared foster parents, and one child was returned to his biological family.
- - The pupils were 3 small home communities for a total of 36 children with severe and severe disabilities in institutions for children and youth" Dusko Radovic in Nis," Christine"

- Markešić Aleksinac" and" Stanko Paunovic Negotin.. In each of them placed the first group of six children from the institution in Kulina, while the other group go implemented in June.
- -. During the preparations for the two, small home communities, one in Belgrade and one in Koviljaca spa, which will operate under the same model.

Small home communities develop gradually through the process of transforming homes for children and young people and the establishment of a new individualized approach that applies a model-like family based on the principle of inclusion.. Support the development of small dormitory community also includes the development and connections with other local community services, linking with the education system, as well as strengthening the capacity of newly established regional centres for foster care and adoption. This holistic approach has to ensure continuity of care to allow final passage of children from small communities in the dormitory biological, adoptive or foster family or in an environment, which best suits their needs.

3) The project "**Development of local services for children with disabilities and their families**" - Through instrument for before - assistance (IPA 2008, Social Inclusion) European Union government support Ministry work and Social policy with the aim of contributing to social inclusion and poverty reduction the most vulnerable groups in society and through rationalization and decentralization of social services and the development of alternatives in the community. The purpose of this project is to reduce the number of children with special needs and disabilities in large residential institutions by supporting and strengthening community-based services. *Integral part of this process is a grant scheme that provides a two-year EU Delegation financial support municipalities (organized in clusters) in the development of community services for children with disabilities. In addition to financial support, in cooperation with UNICEF, municipalities and provides direct technical support to the development process, and in the process of implementation of local projects.*

IPA 2008 - Social Inclusion - Cluster map, Grant beneficiaries, June 20 11



Implementation of projects in **41 municipalities** began in late June 2011 and their total value is 3,364,789.51 EUR, of which 88.7% is covered by IPA funds (2,984,900.11 EUR), while the share of municipalities ensure their own budgets, with 11.3% (379,889.40 Euros). Municipalities involved in the project are organized into 10 clusters; each cluster direct holder is one leading municipality, namely: Kikinda, Stara Pazova, Coka, Knjaževac, Pine, Dimitrovgrad, Aleksinac, Paracin, Vrnjacka spa and Uzice.

The project supports a total of **52**, of which:

- 29 home assistance (56%),
- 18 day care centres (34%),
- 4 respite services (8%) and
- 1 rehabilitation services (2%).

These services are implemented by a total of **43 service providers** that are selected through the procurement process in accordance with the terms and provisions of the Competition Act on Social Welfare. From total number services, 39 (75%) were completely new services in their communities, while 13 (25%) are the services that are already established, and through this process is accomplished contribution to their improvement and sustainability.

. Approved projects **planned total coverage of the first 212** children with disabilities. **Coverage achieved so far is 812**, of which the number of **new users 673**. It is about children and their families for the first time using local social services.

**Professional support** is implemented through thematic training and individual work at two levels:

1. Support to municipalities to improve the capacity of project management, procurement and monitoring of local services,
2. Support service providers in the construction / improvement of facilities for the establishment and implementation of services so that they are consistent service standards.

(4) Project "**Social Inclusion children with Fault in development - media and campaign for n lifting consciousness**" funded Delegation European Union in Republic of Serbia and implemented Ministry of Labour and Social policy. Main goal of Project is that raise consciousness and understanding public on usefulness Social inclusion, and on rights children with Fault in development in Serbia. More information on the website and campaigns: [www.sv.adeca.rs](http://www.sv.adeca.rs).

(5) Training "**Developing the capacity of civil society organizations to provide social services in the context of the new Law on Social Protection**", which organizes the Group 484 in the project EASIER II –Social and economic integration of refugees and internally displaced persons, in cooperation with the Ministry of Labour and Social Policy, one of the first of its kind aims to close newspapers participants in the social policy founded on a new law on social protection, but also to provide the necessary knowledge and skills to all the representatives of civil society organizations (CSOs) to provide social services. During 2011, the 4 modules for a total of 8 days, the training is successfully completed 32 participants, representatives of 25 leading civil society organizations in this field. During this training, there is a need to provide training modified and representatives of local governments in Serbia, and in May and June 2012 several trainings were held, at which he participated, 42 cities and municipalities with more than 70 participants. In this way, local governments are preparing for the process of providing social services (in accordance with the Law on Social Protection), which is their legal obligation.

*Table 1 Number of persons with disabilities included in the active employment policy in the period 2008-2011*

Active labour market measures	2008	2009	2010	2011
Training in job search - ATP 1	... ..	349	310	1.150
Job club	... ..	79	54	169
Self-effectiveness - ATP 2	... ..	135	52	129
Job Fairs	310	1.298	1.773	2.569
Interns and Volunteers	... ..	... ..	3	12
Professional Practice	/	/	/	48
Training	86	217	348	264
Educational programs for entrepreneurship development	... ..	... ..	72	308
Subsidies for self-employment	... ..	... ..	30	201
Subsidies for opening les, and new jobs	87	... ..	74	304
Public Works	... ..	... ..	171	1.418
Subsidies under Article 45b of the Law on Compulsory Social Insurance	113	93	312	333

Symbols and abbreviations: / No entry

... ..data not available

Source: National Employment

*Table 2 Number of young people (15-30 years) participating in active labour market measures in the period 2008-2011*

Active labour market measures	2008	2009	2010	2011
Training in job search - ATP 1	22.077	21.481	19.100	21.861
Job club	1.568 1568	1.918 1918	2.220 2220	2.324 2324
Self-effectiveness - ATP 2	375	300	281	366
Job Fairs	26.060	21.528	22.310	21.566
Interns and Volunteers	5.495	17.150	17.175	10.728
Professional Practice	//	//	//	6.551
Training	2.138	1.789	1.964	2.391
Educational programs for entrepreneurship development	... ..	3.652	3.622	3.064
Subsidies for self-employment	912	798	516	957
Subsidies for opening and equipping of new jobs	3.758	1.326	1.752	2.446

<b>Public Works</b>	3.055	... ..	1.752	1.565
<b>Subsidies under Article 45a of the Law on Compulsory Social Insurance</b>	6.386	2.434	1.732	1.227

Symbols and abbreviations: / No entry  
... ..data not available

Source: National Employment

**Table 3. The number of older people (over 50 years) engaged in active employment policy in the period 2008-2011**

<b>Active labour market measures</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Training in job search - ATP 1</b>	1.828	1.705	1.298	1.525
<b>Job club</b>	94	131	95	96
<b>Self-effectiveness - ATP 2</b>	351	450	469	461
<b>Job Fairs</b>	7.143	5.976	6.711	5.173
<b>Training</b>	209	123	64	528
<b>Educational programs for entrepreneurship development</b>	...	2.178	2.429	2.477
<b>Subsidies for self-employment</b>	487	276	333	924
<b>Subsidies for opening and equipping of new jobs</b>	1.080	502	622	1.158
<b>Public Works</b>	...	...	1.150	1.136
<b>Subsidies under Article 45 of the Law on Compulsory Social Insurance</b>	3.509	1.942	1.302	945

Symbols and abbreviations: / No entry  
... ..data not available

Source: National Employment Service

**Table 4 Women's participation in the implementation of active labour market over the period 2008-2011**

<b>Active labour market measures</b>	<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>	
	<b>Total persons</b>	<b>Of women</b>	<b>Total persons</b>	<b>% Of women</b>	<b>Total persons</b>	<b>% Of women</b>	<b>Total persons</b>	<b>% Of women</b>
<b>Active Job Search</b>	105.765	61,7%	93.377	59,2%	89.911	57,8 %	86.822	55,8 %
<b>Program and further education and training</b>	10.298	57,4%	20.515	56,9%	21.872	53,2 %	23.060	58,3 %
<b>Subsidies for Employment</b>	12.054	46,7%	11.732	21,8%*	8.843	35,4%*	11.222	44,8 %
<b>Public Works</b>	10.184	...	10.160	...	5.604	38,5%	6.557	40,9%

Symbols and abbreviations: ... data not available



Note: Data for 2009 and 2010 the total data on the participation of individuals in the NES measures implemented and funded from the budget of the Republic of Serbia, Vojvodina budget, the budgets of local government funds and projects.

\* For 2009 and 2010 we are unable to for all persons involved in the active employment policy measures, funded from various sources, display characteristics, i.e. division by gender.

Source: National Employment

**Table 5. The number of unskilled individuals (I and II level of education) involved in active labour market measures in the period 2008-2011**

Active labour market measures	2008	2009	2010	2011
Training in job search - ATP 1	2.816	2.924	2.356	2.993
Job club	58	88	183	172
Self-effectiveness - ATP 2	118	186	219	298
Job Fairs	11.700	8.730	8.735	6.780
Training	464	282	702	725
Functional adult education	101	72	65	1.160
Educational programs for entrepreneurship development	...	2.601	2.793	2.180
Subsidies for self-employment	675	442	353	657*
Subsidies for opening and equipping of new jobs	2.519	826	1.187	1.742*
Public Works	3.234	5.184	2.710	2.171*

Symbols and abbreviations: ... data not available

NOTE: Data for 2011 the total data on the participation of individuals in the NES measures implemented and funded from the budget of the Republic of Serbia, Vojvodina budget, the budgets of local government funds and projects.

\* In 2011 we are unable to for all persons involved in the active employment policy measures, funded from various sources, display characteristics, i.e. educational facial structure.

Source: National Employment

**Table 6 Long-term unemployed (looking for work for 12 months and longer) involved in 2008-2011 active labour market measures in the period 2008-2011**

Active labour market measures	2009	2010	2011
Training in job search - ATP 1	4.007	5.455	7.504
Job club	548	824	946
Self-effectiveness - ATP 2	1.177	1.285	1.460
Job Fairs	12.633	22.516	19.881
Interns and Volunteers	1.989	5.172	3.396
Professional Practice	/	/	2.368
Training	1.783	2.060	2.394

<b>Educational programs for entrepreneurship development</b>	2.940	4.979	4.418
<b>Subsidies for self-employment</b>	972	1.024	2.251*
<b>Subsidies for opening and equipping of new jobs</b>	1.227	1.905	3.037*
<b>Public Works</b>	...	2.329	2.122*

Symbols and abbreviations: / No entry

... data not available

Note:

Data for 2008 are not available, because the NES followed in turn measures seekers jobs for more than 24 months.

Data for 2011, the total data on the participation of individuals in the measures implemented by the NES, a financed from the budget of the RS budget of AP Vojvodina, the budgets of local governments and resources projects.

\* In 2011 we are unable to for all persons involved in active politics employment, with funding from various sources, display characteristics, i.e. long-term unemployment persons.

Source: National Employment

**Table 7 Number involved Gipsies programs and measures envisaged in the National Action Plans for Employment 2009, 2010 and 2011**

	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Name of measure</b>	<b>Total number of persons / women</b>	<b>Total number of persons / women</b>	<b>Total number of persons / women</b>
Employability and individual employment plan	/	/	14.722 / 6.486
Making faces at the employer	/	/	2.760 / 1.022
Training in job search and job club	248	387/153	340/183
Job Fairs	778	934/363	716/231
Motivational training for unemployed Gipsies		825/365	1.545 / 663
Inclusion in further education and training	76	82/32	88/36
Functional Basic Education			441/244
Information and advice for the development entrepreneurship	134	740/211	440/145
Training for Entrepreneurship		470/139	247/78
Subsidies to employers for job creation and employment of Gipsies	18	67	7/3
Subsidies for self-employment	14	103/33	40/14
Grants of compulsory social insurance	/	54	32/12
Public Works	359	510/120	287/63

Source: Report on the implementation of the NES NAEP 2009, 2010 and 2011

Improving the availability and improving the quality of education for children from marginalized groups-"Education for All", in preschools and elementary schools in Serbia were engaged on 307 pedagogical assistants. Developed and implemented training for more than 600 teachers and principals. The students and professional development programs for employees at 180 facilities in which they are engaged pedagogical assistants. At the four-day seminar was attended by 540 teachers, educators, school and pre-schools, educational counsellors.

- In high school, he is about 96% of graduated students of compulsory primary education. Progression through secondary education both horizontally and vertically is enabled but requires satisfying additional conditions:
  - A student who goes to another school on completion of education started in the same sentence, taken supplementary examinations in subjects who were not identified by the curriculum that the student started to get over, the deadlines set in the decision, according to the general act of the school.
  - The student enrolled in a school for retraining, tested, vocational subjects specified larger school teacher.
  - The student enrolled in a school for retraining laid supplementary exams whose contents are the same, the subjects who were not identified by the curriculum and examinations of the final grade, a decision of the larger school teacher.
- Geographical distribution facilities for adult education is very unfortunate, especially for a population that lives in rural areas, because most institutions in cities - 90% of the adult education schools located in Central Serbia and Vojvodina, while other parts of Serbia under the covered institutions. A number of institutions in the field of formal adult education have been reduced to a small number of schools for adult education. Serbia has in 14 schools for adult education. Mainstream primary schools may teach adult education programs. Basic adult education takes three to five years and is organized by grade, from first to eighth grade (typically, 2 grades in 1 year).

#### Conclusion:

. Given the present educational structure of the population and vast unemployment, the Ministry of Education and Science and the Government of the Republic of Serbia public through legislation to create the conditions in primary schools, adult education schools and vocational schools, the implementation of functional programs of basic education and training that respond to the needs of the knowledge and skills of illiterate persons and persons without basic education, people without jobs and qualifications, unemployed, redundant workers, the rural population, the population of ethnic minority groups, particularly Roma people This fact has led to a number of primary and secondary schools to implement programs for adult basic education has increased significantly in recent years. Ministry of Education and Science through projects financed from IPA expands network of primary and secondary schools to implement programs aimed at adults. In the period from 2010 – 2013 80 primary and 75 secondary vocational schools will be trained to implement these programs for more than 4000 participants.