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Health Insurance System in the Republic of Macedonia

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The current health insurance system of the Republic of Macedonia was introduced by the Health Protection Law, which was adopted in 1991 and modified and supplemented by the amendments in 1993 and 1995. According to this Law, health insurance was established as an obligatory, supplementary obligatory, and voluntary insurance for certain kinds of health care. This report gives an insight into the specificities and practice of all three types of insurance in the Republic of Macedonia. A person can become an insured to the Health Insurance Fund on the basis of 23 modalities. More than 80% of the citizens are eligible to the obligatory health insurance, which provides a broad scope of basic health care rights. Payroll contributions are equal to 8.6% of gross earned wages and more than 70% of health sector revenues are derived from them. Besides some other basic resources and contributions for health financing, co-payments for health care expenses by users were introduced in 1993. Health financing and reform of the health insurance system are of high importance within the ongoing health care reform in the Republic of Macedonia. It is expected that the new Law on health insurance will strengthen the mechanisms for collecting revenues and introduce new methods of co-payment and risk-adjusted reallocation of the funds related to age structure and health status of the population.

Key words: health care; health expenditures; health insurance; health plan implementation; hospital costs; insurance, health; planning, health and welfare; Macedonia (FYR); resource allocation reform