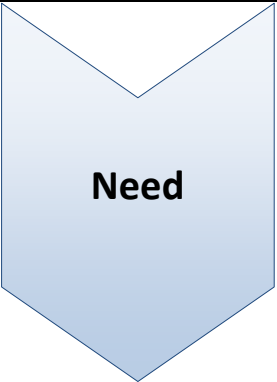
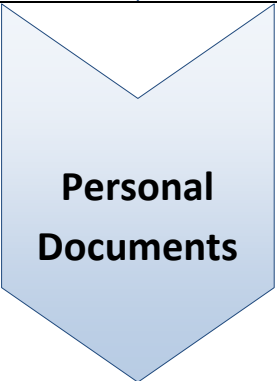

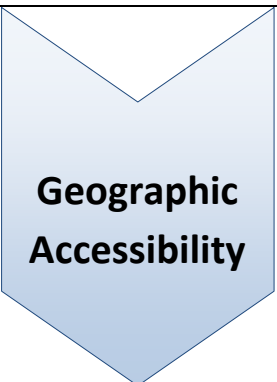





	Process to Access Primary Healthcare Services	Population Affected
 <p>Need</p>	<p>The number of children less than 5 years who presented with an ARI in the previous 2 weeks</p>	<p>Total Population: The occurrence of acute respiratory infection is quite high across the general population, Roma and poorest quintile.</p> <p>The Roma: Roma children are much more likely to present with symptoms of acute respiratory infection than either the general population or poorest quintile.</p>
 <p>Personal Documents</p>	<p>In order to obtain a health insurance card, one needs to register with the authorities and obtain an ID card (Lične Karta).</p> <p>The following documentation is required;</p> <ul style="list-style-type: none"> - Proof of residence (a permanent Serbian address) <p>AND one of the following;</p> <ul style="list-style-type: none"> - Birth certificate - IDP card - Work booklet - Marriage certificate - Citizenship card 	<p>Total Population: Access to personal documents is adequate across the general population and poorest quintile.</p> <p>The Roma: The Roma are less likely to have personal documents.</p> <p>Subgroups of Roma: Within the Roma population, rural dwellers are worse off.</p>
 <p>Availability</p>	<p>It is assumed that a family doctor will have access to the knowledge, diagnostic tests, and equipment that are required to diagnose and treat ARI.</p> <p>Therefore the proxy for availability is whether a child has a family doctor.</p>	<p>Total Population: The proportion of population with a family physician is low for the general population, poorest quintile and Roma.</p> <p>The Roma: The Roma are not disproportionately affected.</p> <p>Subgroups of Roma: Within the Roma population, the following groups are less likely to have a family physician:</p> <ul style="list-style-type: none"> - males, - urban dwellers, - those with incomplete high school, and - the employed.
 <p>Geographic Accessibility</p>	<p>In order for an ARI to be treated by a physician, the child must present to either a general practitioner or a primary care centre (dom zdravlja).</p> <p>They can travel via public transport, private transport, or on foot.</p>	<p>Total Population: Coverage is excellent with a large majority of the general population, poorest quintile, and Roma living within 5km of a primary care centre or family physician</p> <p>The Roma: The Roma are still disproportionately affected with more Roma living further than 5km from a primary care centre, family physician or polyclinic.</p> <p>Subgroups of Roma: Within the Roma population, the following groups are less likely to be further than 5km from a primary care centre (dom zdravlja):</p> <ul style="list-style-type: none"> - the rural population - the unemployed
 <p>Affordability</p>	<p>Affordability of Medical Services:</p> <ul style="list-style-type: none"> - The parents of children must pay a small user fee <p>Affordability of Medications:</p> <ul style="list-style-type: none"> - Parents must be able to afford to purchase the antibiotics for their ill children 	<p><u>Affordability of Medical Services:</u></p> <p>Total Population: most of the general population, poorest quintile, and Roma are able to afford health services.</p> <p>The Roma: The Roma are disproportionally affected with more Roma not being able to afford health services</p> <p>Subgroups of Roma: Within the Roma population, all Roma are affected equally.</p> <p><u>Affordability of Medications:</u></p> <p>Total Population: The number of persons that can afford to purchase medications is very low among the general population, poorest quintile and Roma.</p> <p>The Roma: The Roma and poorest quintile are disproportionately affected by the cost of medications.</p> <p>Subgroups of Roma: Within the Roma population, the following groups are less likely to be able to purchase medications:</p> <ul style="list-style-type: none"> - those who have not completed high school, and - the unemployed.

 <p>Acceptability</p>	<p><u>Acceptability to Provider:</u></p> <ul style="list-style-type: none">- Providers should not discriminate against Roma children. <p><u>Acceptability to Patient</u></p> <ul style="list-style-type: none">- Parents must recognize that ARI is a serious infection that they should seek treatment for.- Parents must find the treatment culturally acceptable.	<p><u>Acceptability to Provider:</u></p> <p>Total Population: No quantitative data currently exists on the extent of discrimination within the health system</p> <p>The Roma: From case studies, the Roma appear to be disproportionately discriminated against.</p> <p>Subgroups of Roma: Within the Roma population, there is no data on whether certain subgroups are more discriminated against.</p> <p><u>Acceptability to Patient</u></p> <p>There is no statistical difference between the three population groups with regards to whether parents sought any form of treatment including herbal teas, holding a religious ceremony, and consulting a family member or friend.</p> <p>There is no data on any population group regarding the acceptability of antibiotics as a treatment for ARI.</p>
 <p>Effectiveness</p>	<ul style="list-style-type: none">- <u>Diagnostic Accuracy:</u> Providers must correctly diagnose a child with ARI and only prescribe antibiotics for bacterial infections- <u>Efficacy:</u> The antibiotics should show high rates of efficacy in treatment of ARI- <u>Adherence:</u> Children should adhere to the full course of antibiotics prescribed	<p>The Roma: There are limited studies however it appears that efficacy is the same across all three population groups, however diagnostic accuracy is lower in the Roma population.</p>

EFFECTIVE COVERAGE