

COVID-19 and Residential Care in the Republic of Serbia

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Demographic data

- The percentage of people over 65 in Serbian population is 20.7%, and over 80 is 4.33%.
- Between 2002 and 2019, the Ageing index increased from 99.1 to 144.1
- According to the projections based on 2011 Census data, 4.9% of the over-65 population need support in performing activities of daily life and 15-18% need support in performing instrumental activities.
- The risk of disability and chronic conditions increases with age, but in Serbia only 4.5% of the 65+ population and 10.3% of the 80+ population are covered with some of the services or disability allowances.

Long Term Care Services in Serbia

- Long-term care services for older people in Serbia are fragmented and are scattered between the systems of social welfare, healthcare and pension insurance
- **The system of social welfare** provides the following services for older people in need: institutional accommodation, home care, foster families as well as two distinct forms of financial allowances available for older people: social welfare as well as disability-related financial support.
- **The healthcare system** provides long-term care services in secondary and tertiary healthcare through departments for extended treatment and care. Palliative care and home visits are provided through services for home treatment and care through health centers
- **The pension fund** provides options to receive disability-related financial support, including persons residing in institutional accommodation. The amount of this support is approximately 120 EUR per month and approximately 76,000 older persons receive it at the moment.
- The most frequently used service among the population over 65 is home care (69%) followed by residential care – 47.8% of all beneficiaries of residential care services are over the age of 65.

Residential Care Services in Serbia

- There are 74 public residential care institutions in Serbia with the capacity of 14,512 persons (65 of which are exclusively for older persons)
- There are additional 229 private ones with the capacity of 8,617 persons
- Public residential care facilities have on the average twice as many employees as private ones, however persons over the age of 80 are more likely to pick private ones over public ones while younger cohorts give advantage to public ones

Residential Care Services in Serbia During COVID-19 Crisis and Lockdown

- In Serbia the measures of protection in residential care institutions included **ban on visits, total restriction of movement for residents, severe restriction of movement for staff (two week shifts), isolation of potential cases and admission of new residents only after testing.**
- Still there are cases of COVID-19 infections in several residential care institutions: **currently 202 residents and 123 staff**
- **1,099 residents and 455 staff have survived COVID-19 since beginning of the crisis, but there is no official data on mortality**
- Additional pressure was put on the older persons who are beneficiaries, but also on staff of residential care homes due to epidemiological measures that prevented visitors from entering and residents from leaving the premises, and recommended the staff to stay at their workplace for two-week long shifts.
- Separation from their families for both residents and staff, added to the other dimensions of psychological stress that increased the risk of mental health issues.

Residential Care Services in Serbia During COVID-19 Crisis and Lockdown

- In residential care settings, introducing social distancing and isolation as measures to prevent infection also contributes to loneliness and potentially increases the risk of depression, anxiety and suicide.
- The volume of work in these institutions increased with the need to apply measures to prevent the infection in the facility and, in cases it happened anyway, to prevent it from spreading to more residents.
- In many cases staff were required to work in two-week shifts, staying at the workplace for two weeks, which, while decreasing the risk of infection, simultaneously increased the psychological pressure related to separation from their families and the burden of care.
- This increased the risk of burnout, anxiety and stress as well as the **potential risk of neglect and abuse of residents**

Residential Care Services in Serbia During COVID-19 Crisis and Lockdown

- Serbia was the first country to do the Intra-action review of long term care facilities for COVID-19
- A group comprised of the representatives of the Ministry of Labour, Employment, Veteran and Social Affairs, institutions of social protection, medical sector, academic community, World Health Organization and other international organizations coordinated the preparation of the review.
- Review was looking into successful and less successful practices during the lockdown with a view of improving future measures.
- Key recommendations to improve readiness and response to public health threats within institutions for social protection include 24 activities/measures within five areas

Recommendations

- Ensuring availability of data to the public, especially the public health actors, to make sure public health decisions are data driven. This will allow for recognising patterns, risk factors and safe practices that will allow maintaining social contacts but minimise the risk
- Improving cooperation between healthcare and social welfare institutions
- Introducing additional services that help preserve the mental health of residents and staff in residential care institutions including regular testing for a range mental health issues (depression, anxiety...)
- Ensuring sufficient quantities of personal protective equipment for staff and residents, as well as the PCR tests for both to ensure regular testing
- Regular risk assessment surveys for all staff to minimise the risk of them bringing the infection to the institution if exposed to potentially risky contacts
- Access to timely and accurate epidemiological information for both staff and residents, including communicating all the known risks to them

Recommendations

- Use of digital technology to maintain social contact of residential care institutions' residents and staff with their families, friends and the outside world thus minimising the risk of infection as well as lowering the risk of mental health issues linked to isolation. Staff should keep families regularly informed of the situation, including prevention arrangements. This can be done through telephone calls, text messages and email.
- Use of digital technology to support public health measures especially those technologies that can help in providing safe and remote care to patients, sharing reliable information with the public and helping people understand the disease, and in supporting a range of response measures
- Staff should support residents in maintaining regular daily routine using all the safety precautions and measures.
- COVID-19 measures should not compromise access to regular healthcare services for residents with chronic conditions

Thank you

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