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# Document on focused cooperation for Bosnia and Herzegovina and the World Health Organization, 2024–2029



World Health  
Organization

European Region

**Document number:** WHO/EURO:2025-11388-51160-77945 (PDF); WHO/EURO:2025-11388-51160-80182 (print)

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Joint visit of WHO and the International Organization of Migration to a temporary reception centre for asylum seekers and refugees.

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# Contents

<b>Abbreviations</b>	<b>iv</b>
<b>Foreword</b>	<b>v</b>
<b>Executive summary</b>	<b>vii</b>
<b>Chapter 1. Introduction</b>	<b>1</b>
<b>Chapter 2. Situational analysis</b>	<b>3</b>
2.1 Country profile	3
2.2 The health and health equity situation	4
2.3 Health and development agenda	5
2.4 Partnership environment	6
<b>Chapter 3. Priorities for focused cooperation</b>	<b>7</b>
3.1 Prioritization process	7
3.2 Priorities for focused cooperation	8
<b>Chapter 4. Implementation</b>	<b>14</b>
<b>Chapter 5. Monitoring and evaluation</b>	<b>15</b>
<b>References</b>	<b>17</b>
<b>Annex 1. Theory of change</b>	<b>19</b>

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# Abbreviations

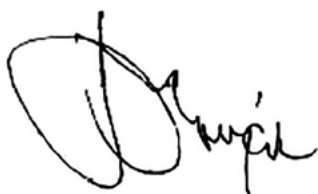
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COVID-19	coronavirus disease
EU	European Union
GDP	gross domestic product
NCD	noncommunicable disease
PHC	primary health care
UHC	universal health coverage
UN	United Nations
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization

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# Foreword



**Ms Dubravka Bošnjak, PhD**  
Minister of Civil Affairs of  
Bosnia and Herzegovina

The health authorities in Bosnia and Herzegovina and the World Health Organization (WHO) are pleased to present this *Document on focused cooperation for Bosnia and Herzegovina and the World Health Organization, 2024–2029*.

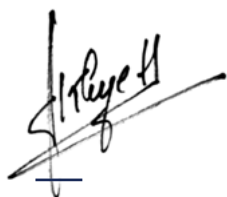
This Document sets out the framework for collaboration between the three levels of WHO and Bosnia and Herzegovina and provides strategic direction in health for the next six years, in line with mutually agreed priority areas to further strengthen the health systems in Bosnia and Herzegovina, to improve population health and to reduce health inequalities.



**Dr Erwin Cooreman**  
WHO Special Representative  
WHO Country Office in Bosnia  
and Herzegovina

The Document emphasizes a commitment to ensure all people in Bosnia and Herzegovina are given the opportunity for a healthy and active life, regardless of their age, gender, educational level or geographical residence, and that their health and well-being are maintained and supported through a living environment that encourages healthy choices.

Furthermore, it aims to support country efforts to further strengthen the health systems in Bosnia and Herzegovina to provide sustainable, people-centred, integrated care at an affordable cost, where and when it is needed.



**Dr Hans Henri P. Kluge**  
WHO Regional Director for Europe

Through this Document, WHO commits to improving the health of the people in Bosnia and Herzegovina, will support the delivery of the health goals set out by the Member State and develop new efficient and effective ways of working, ensuring that the reduction of health inequalities stays at the heart of every activity.



Health workers discuss the importance of immunization during a workshop for primary health care staff.

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# Executive summary

This *Document on focused cooperation for Bosnia and Herzegovina and the World Health Organization, 2024–2029* is a joint product that defines collaboration for the period 2024–2029. It is a consolidating tool for existing priorities, offering a collaborative framework to direct and align the support provided by WHO with the health priorities and development agendas of the Member State. It also considers existing projects and programmes initiated or supported by other partners, providing a comprehensive overview of ongoing efforts in Bosnia and Herzegovina.

The Document:

- addresses the health and well-being needs of the population;
- backs the country's commitments with WHO, ensuring continuity in collaborative efforts;
- identifies areas of engagement;
- establishes a platform that unites health objectives from diverse partners and relevant institutions; and
- creates opportunities for the exchange of expertise and sharing of best practices, extending to other Western Balkan countries and beyond.

As a result of the consultation process and comprehensive literature review of existing frameworks, four priority areas have been identified for collaboration:

1. Reduce inequality and advance universal health coverage;
2. Foster a health-promoting culture and environment;
3. Digitize and transform the health-care systems; and
4. Enhance the contribution of Bosnia and Herzegovina to subregional and global health.

Bosnia and Herzegovina and WHO will collaboratively work towards achieving the defined priorities within the scope of available resources and expertise. They will implement mutually beneficial activities at the global, Regional and domestic levels, generating value for each other's health agenda.



Testing in a reference laboratory upgraded with support of WHO.

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# Chapter 1.

# Introduction

This *Document on focused cooperation for Bosnia and Herzegovina and the World Health Organization, 2024–2029*, (henceforth “Document”) outlines a medium-term plan for policy advice and technical cooperation. It serves as a guiding framework for collaborative efforts with and within the country and is a first of its kind for Bosnia and Herzegovina.

Aligned with the health and development agendas in the country, the Document establishes mutually agreed-upon priorities for collaboration with WHO. It is rooted in WHO’s General Programme of Work (1) and re-evaluates existing connections with the health-related policy frameworks in the country. The Document considers ongoing subregional initiatives, existing projects and available or expected resources. It serves as a guide to facilitate efficient planning, resource allocation and the formation of partnerships to achieve shared health objectives.

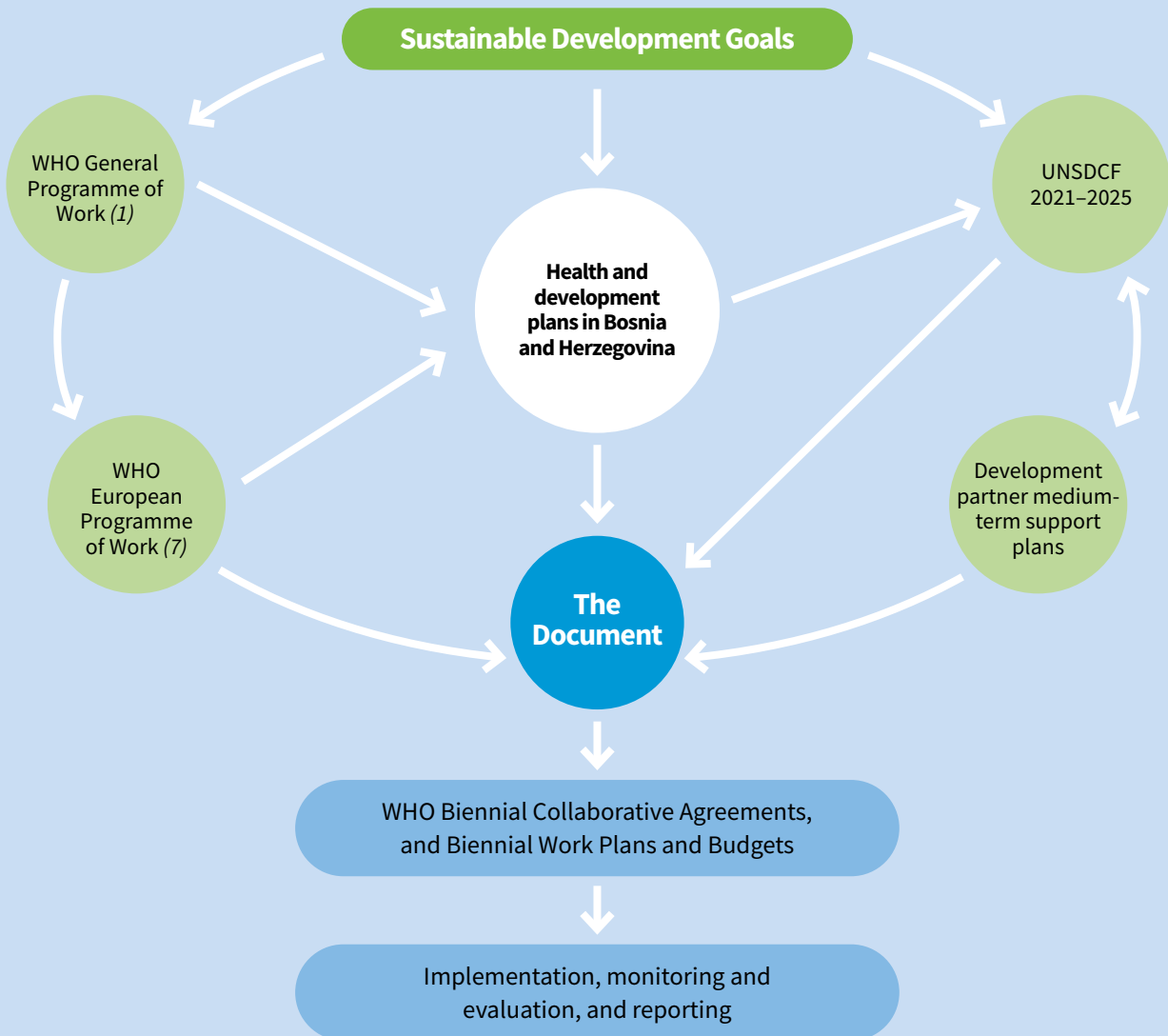
The Document was developed through a consultative process, engaging representatives from all three levels of WHO and health authorities in Bosnia and Herzegovina (Ministry of Civil Affairs of Bosnia and Herzegovina, Ministry of Health of the Federation of Bosnia and Herzegovina, Ministry of Health and Social Welfare in the Government of the Republika Srpska and the Department of Health and Other Services of Brčko District of Bosnia and Herzegovina). The process involved a thorough analysis of health-related policies and alignment with WHO’s leadership priorities (Box 1). It is integrated with the country’s United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021–2025 (2) and other relevant collaborative agreements. The Document functions as a unifying mechanism, ensuring cohesion and coordination across various health-related initiatives and frameworks (Fig. 1).

## Box 1.

### Strategic documents underpinning the Document

- *Development Strategy of the Federation of Bosnia and Herzegovina 2021–2027* (3)
- *Republic of Srpska Policy for Enhancing the Health of the Population up to 2020* (4)
- *Biennial Collaborative Agreement between Bosnia and Herzegovina and the Regional Office for Europe of the World Health Organization 2022/2023* (5)
- *A Partnership for Sustainable Development: Bosnia and Herzegovina and the United Nations Sustainable Development Cooperation Framework 2021–2025* (2); and
- *Roadmap for Health and Well-being in the Western Balkans (2021–2025)* (6)

**Fig. 1.** Integration of existing policy documents and frameworks in the development and implementation of the Document



In adherence to the principles guiding WHO cooperation in countries, this Document is designed to:

- grant ownership of development in Bosnia and Herzegovina;
- strengthen Bosnia and Herzegovina’s health systems in support of the identified priorities;
- harmonize the work of United Nations (UN) organizations and other partners, directing their support and resources toward existing or new projects and initiatives; and
- facilitate collaboration as a two-way process that encourages the contribution of Bosnia and Herzegovina to the global health agenda.

The Document reviews the political and demographic landscape as well as the health status of the population. It revisits the existing challenges and barriers to population health, reviewing past commitments, their achievements and lessons learned. By offering a comprehensive analysis, this Document becomes a platform for fostering international collaboration. It facilitates intersectoral collaboration, and calls out to various partners and the ministries involved in health projects or in projects with impact on the health of the population.

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# Chapter 2. Situational analysis

## 2.1 Country profile

The responsibilities of Bosnia and Herzegovina are stipulated in Article III of the *Constitution of Bosnia and Herzegovina* (8) which is an integral part of Annex 4 of the *General Framework Agreement for Peace in Bosnia and Herzegovina* (9), and they are stated as: foreign policy; foreign trade policy; customs policies; monetary policy as provided in Article VII; finances of the institutions and for the international obligations of Bosnia and Herzegovina; immigration, refugees and asylum policy and regulation; international and inter-Entity criminal law enforcement, including relations with Interpol; the establishment and operation of common and international communication facilities; regulation of inter-Entity transportation; and air traffic control.

Therefore, health care is under the jurisdictions of the Federation of Bosnia and Herzegovina and the Republika Srpska. The State, in matters of health care taken care of by the Ministry of Civil Affairs of Bosnia and Herzegovina, is responsible for carrying out tasks that are within the competence of Bosnia and Herzegovina and which relate to determining the basic principles of coordinating activities, harmonizing the plans of Entity authorities and defining strategies on an international level.

As of December 2022, Bosnia and Herzegovina has been granted candidate status for the European Union (EU) and in March 2024, all EU member countries gave approval to open accession negotiations.

In the Federation of Bosnia and Herzegovina, there are 11 ministries in charge of health and 11 health insurance funds (federal and cantonal); in the Republika Srpska there is one ministry in charge of health and one health insurance fund; while the Brčko District of Bosnia and Herzegovina has a Department of Health and Other Services and one health insurance fund.

The main source of public funds for the health systems in Bosnia and Herzegovina is mandatory health insurance contributions collected and pooled in the health insurance funds. The benefits packages are relatively comprehensive, but coverage is not universal and entitlements are somewhat different across health systems (10).

## 2.2 The health and health equity situation

Bosnia and Herzegovina demonstrates positive overall health outcomes given its income level. Notable disparities, however, persist, particularly among minority populations (11). While health and social welfare systems are unified in the Republika Srpska, the presence of fragmented health systems in the Federation of Bosnia and Herzegovina has resulted in a health-care governance structure characterized as inefficient and costly and may have contributed to unequal health outcomes. Moving forward, there is a need to enhance the equity and financial sustainability of its social protection systems.

An ageing demographic situation and unhealthy lifestyle choices, such as insufficient physical activity, tobacco consumption and an unbalanced diet, translate into the country's growing burden of noncommunicable diseases (NCDs). While there has been a slight decrease in tobacco use in the last decade, Bosnia and Herzegovina remains one of the top-ten countries globally with the highest smoking rates (12).

In 2021, the universal health coverage (UHC) index was estimated at 66 for Bosnia and Herzegovina (5,13): the second lowest in the Western Balkans. While this composite indicator reflects an average level of coverage, it does not capture its distribution: the latter being critical in the context of Bosnia and Herzegovina. The UHC index score also indicates a historical progress in essential areas of health service delivery, notably in reproductive, maternal, newborn and childcare, as well as communicable disease control.

Ongoing health sector reforms and investments in strengthening primary health care (PHC) have led to a slight shift in deploying the trained health workforce towards PHC (14). However, health systems continue to face challenges with a lower number of health professionals, particularly due to the emigration of the skilled health workforce. This is particularly challenging given the increasing health-care demand from the ageing population.

Mental health conditions not only strain health sector resources but also impact economy and society as a whole. Ongoing initiatives have promoted the involvement of other sectors and civil society in improved governance and investment in mental health (15).

Box 2 and 3 provide an overview of the country's economic, socioeconomic and health indicators.

### Box 2.

#### Economic and socioeconomic indicators

- Mid-year population (2022): 3 233 526
- Population aged 0–14 years (2021): 14.9%
- Population aged 65+ years (2021): 18.1%
- Urban population (2020): 49.0%
- Unemployment rate (2015): 25.4%
- Gross domestic product (GDP): US\$ 6 916.44 per capita
- Total health expenditure (2017): 8.9% of GDP
- Total health expenditure (2014): US\$ 957.40 per capita
- Public expenditure on health (2014): US\$ 681.45 per capita
- United Nations Development Programme Human Development Index (2015): 0.75

Source: European Health for All database (15).

### Box 3.

#### Health indicators

- Life expectancy at birth (2016): 76.3 years (male: 73.8 years, female: 78.7 years)
- Infant deaths (2019): 6.75 per 1000 live births
- Maternal deaths (2019): 0
- Prevalence of tobacco smoking among people aged 15 years and over, WHO estimates (2020): 35.5%
- NCD mortality (2016): 94% of all deaths
- Diabetes prevalence (2019): 9% of the population
- Obesity prevalence (2019): 26.5% (male: 24%, female: 29%)
- Public-sector expenditure on health, WHO estimates (2014): 6.8% of GDP
- Out-of-pocket spending on health (2014): 27.9% of overall health spending
- Out-of-pocket payments (2014): 96.9% out of total private spending on health
- Number of physicians (2013): 1.9 per 1000 population

Source: European Health for All database (15).

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## 2.3 Health and development agenda

With the *Joint Socio-Economic Reforms for the Period 2019-2022 (16)* endorsed by the Government of the Federation of Bosnia and Herzegovina and the Government of the Republika Srpska, major health sector reforms, with a focus on achieving sustainable health financing and optimization of health-care service delivery have been envisaged.

Furthermore, the *UNSDCF 2021-2025 (2)* was developed and endorsed by the Council of Ministers of Bosnia and Herzegovina in May 2021. Quality, accessible and inclusive education, health and social protection have been explicitly recognized as key strategic priorities for cooperation in Bosnia and Herzegovina. These priorities align with the targets of the 2030 Agenda for Sustainable Development (17) and are harmonized with the three core priorities of *WHO's European Programme of Work, 2020-2025 - "United Action for Better Health" (7)*. The *Roadmap for Health and Well-being in the Western Balkans (2021-2025) (6)* provides collective opportunity to advance the subregion as a whole.

### **Federation of Bosnia and Herzegovina**

The Federation of Bosnia and Herzegovina is administratively divided into 10 self-governing cantons, 74 municipalities and six cities. The health system of the Federation of Bosnia and Herzegovina is decentralized and unequal between the cantons. Each of the 10 cantons has its own health insurance fund and corresponding cantonal ministry in charge of health.

The comprehensive nature of the *Development Strategy of the Federation of Bosnia and Herzegovina 2021-2027 (3)* priority "Improve outcomes of the health system", does not only define development priorities and policies in the Federation of Bosnia and Herzegovina, but also reflects contributions to the international obligations of Bosnia and Herzegovina, stemming from the process of the EU integration and UN membership. The Strategy resonates with the globally accepted Agenda 2030 and the Sustainable Development Goals (17). Four major pillars have been identified within the framework, encompassing conscientious management, services, resources and financing.

### **Republika Srpska**

The Republika Srpska consists of 54 municipalities and 10 cities. It has a centralized structure with a single Ministry of Health and Social Welfare and one health insurance fund.

To promote alignment with international strategies, guidelines and regulations, the *Policy for Improvement of Health of the Population in the Republic of Srpska by the year 2020 (4)* was built upon policy documents of the WHO Regional Office for Europe (18) and EU regulation.

NCDs, health security, healthy choices, mental health, maternal and child health, elderly care all are high standing in the political agenda. Documents, such as the *Strategy for Enhancing Mental Health in Republic of Srpska 2020-2030 (19)*, improve existing and develop new ways of protecting mental health not only of individuals, but also of society as a whole.

## 2.4 Partnership environment

A broad partnership of institutions, organizations and individuals essential for improving the health of the population is already in place. Some partnerships that will guide the work of WHO in Bosnia and Herzegovina over the next years have already been defined (Box 4).

It is envisaged that various international donors will collectively fund health reform programmes, designed by WHO, the United Nations Children’s Fund and the World Bank, ensuring alignment with the competent directions of action and valid laws in the Federation of Bosnia and Herzegovina and the Republika Srpska.

The WHO Country Office in Bosnia and Herzegovina is the focal point for WHO activities in the country. This includes offering guidance, building up local relationships for the implementation of technical cooperation, formulating standards and agreements, and ensuring the coordination and implementation of public health measures during crises (20).

### Box 4.

#### **Main ongoing projects related to health and international partners**

- Realizing the Potential of Primary Health Care-driven Health Systems Reforms in Bosnia and Herzegovina – EU Support to the health sector reform in Bosnia and Herzegovina;
- Health Systems Improvement Project and Health Sector Development Policy Financing – World Bank;
- Coronavirus disease (COVID-19) emergency response in Bosnia and Herzegovina – EU and United States Agency for International Development;
- subregional project, Strengthening Health Systems Resilience in the Western Balkans (2021–2024) – WHO-EU/Directorate-General for Neighbourhood and Enlargement Negotiations;
- projects related to health supported by the Swiss Agency for Development and Cooperation; and
- projects related to health supported by other UN agencies (United Nations Food and Agriculture Organization, International Organization for Migration, United Nations Development Programme United Nations Population Fund, United Nations Children’s Fund, United Nations Economic Commission for Europe, United Nations Office for Drugs and Crime).

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# Chapter 3. Priorities for focused cooperation

## 3.1 Prioritization process

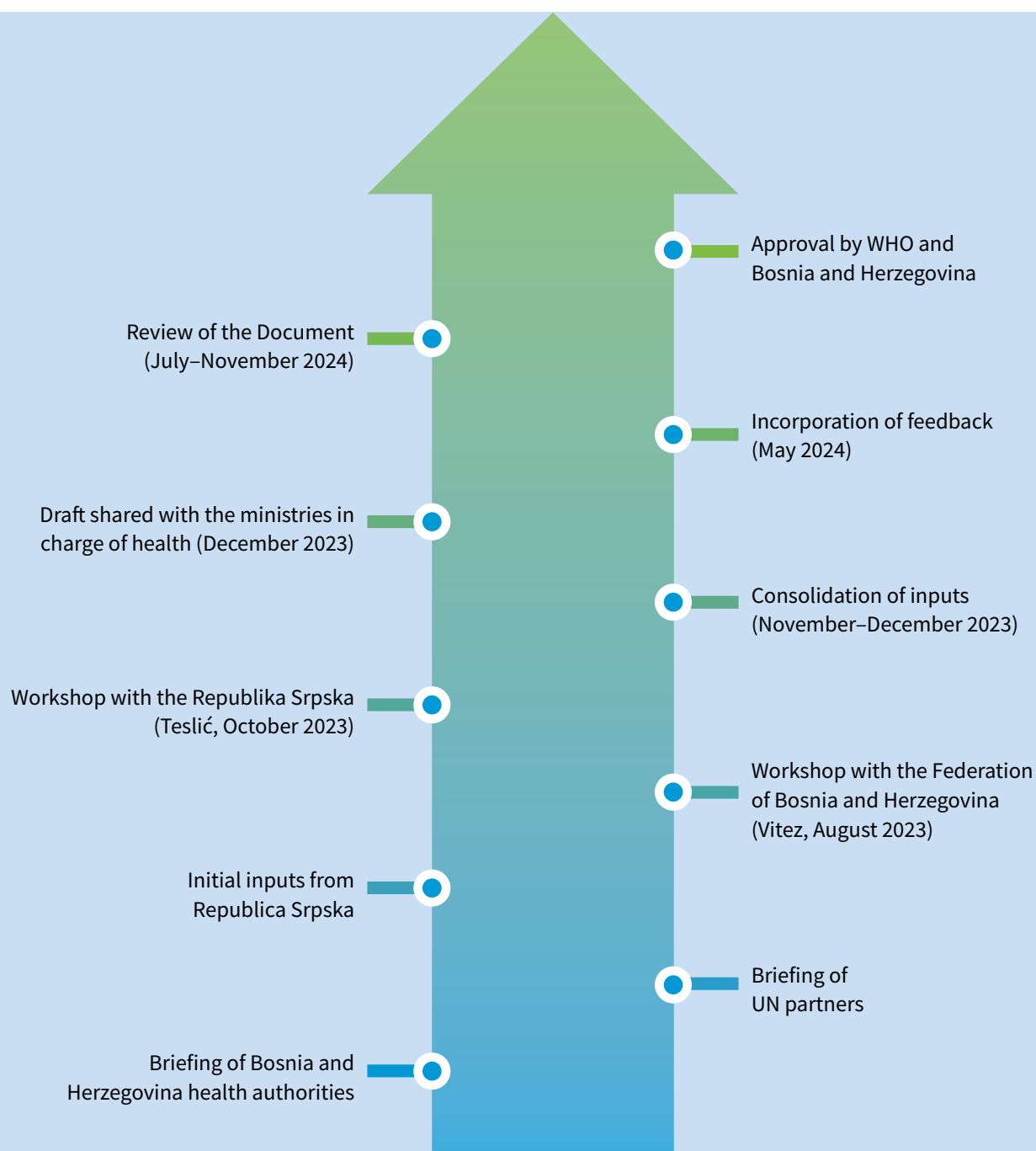
The Document was developed through a consultation process and comprehensive literature review of existing frameworks.

Ministries in charge of health, as well as partners, were briefed by WHO on the concept of this Document. Two consultation meetings were conducted: a workshop in the Federation of Bosnia and Herzegovina (Vitez, August 2023) and a workshop in the Republika Srpska (Teslić, October 2023) (Fig. 2).

The Document takes into consideration Bosnia and Herzegovina's status as a candidate for EU accession, reflecting a commitment to meeting the criteria and expectations set forth by the EU, and thereby harmonizing cooperation between Bosnia and Herzegovina and WHO with the broader goals and standards, as reflected in various documents.

This Document prioritizes vulnerable populations; transformation and modernization of the health-care systems; coordination; and improved connection between stakeholders in the country. The priorities focus on addressing the most significant gaps and advocate for the redistribution of resources to accelerate progress. They aim to foster a positive environment of change and cultivate healthy communities.

**Fig. 2.** Development of the Document



## 3.2 Priorities for focused cooperation

The identified priorities for focused cooperation serve as a framework to coordinate and direct resources, efforts and partnerships towards achieving common health objectives. The Theory of Change (Annex 1) elaborates the expected results if all proposed interventions are implemented. WHO's support to Bosnia and Herzegovina will fall under four areas of focused cooperation (Fig. 3). The priorities are non-binding and can be adapted to the diverse subsystems of Bosnia and Herzegovina.

**Fig. 3.** Priorities for focused cooperation for Bosnia and Herzegovina and WHO, 2024–2029



Addressing the country’s health issues, such as the “brain drain” or tobacco control, among others, can be done through specific strategies, but can also benefit from subregional approaches as envisaged in the *Roadmap for Health and Well-being in the Western Balkans (2021–2025)* (6).

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## Priority 1

### Reduce inequality and advance UHC

Reducing inequality and advancing UHC, is one of the priorities in Bosnia and Herzegovina. The decentralized health-care system in the Federation of Bosnia and Herzegovina in compliance with measures adopted by law, and financial inequality between cantons, are just some of the crucial problems to be addressed.

The lack of a human resource register prevents efficient and sustainable distribution of resources. Doctors and nurses are emigrating in search of better working or living conditions. High out-of-pocket expenses, variable access to certain services and other impediments may prevent individuals from seeking necessary protection and care.

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Proposed mitigation measures for Priority 1 are listed below:

- Effective health governance through public health reforms and enhancing financial sustainability of the health sector.
- Access to high-quality health services and essential medicines without imposing financial hardships.
- Strengthen capacity building and human resources for health.
- Address the needs of vulnerable populations to bridge gaps in UHC.

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Developing health equity programmes that are relevant, actionable, measurable and based on the latest data will not only improve overall health outcomes and social well-being, but also contribute to strengthening the economy. These primarily target vulnerable populations, including mothers, children and youth, minorities and those living in rural areas, migrants, the elderly, persons with disabilities and persons coping with mental health issues.

Steps have been undertaken to improve the quality of care, such as established health-care accreditation agencies to monitor quality and safety indicators. Up-to-date policies for human resources for health; training opportunities and attractive incentives: safety norms, standards and regulation, all aim to improve access to health services.

Capacity building is the crucial driver of progress and aligns with all four priorities outlined in this Document. Intersectoral capacity building must occur at all levels and involve various stakeholders of the health systems, including high-level decision-makers, health-care management, doctors, nurses, and administrative and information technology staff, as must communication and advocacy campaigns for the population.

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## Priority 2

### Foster a health-promoting culture and environment

Fostering a health-promoting culture and environment is key to achieving more equitable health opportunities and alleviating strain on available health resources. Preventive health care, however, is underfunded. Political reluctance to significantly increase investments in prevention, where outcomes may be visible only after many years, poses a challenge.

Clinical disease management must coexist with robust preventive strategies, addressing major population health risks and behaviours such as tobacco use, imbalanced diets and inadequate physical activity levels. Ensuring a health system environment resilient to public health emergencies necessitates ongoing intersectoral efforts, which are further complicated by the impact of climate change events and the declining efforts for routine and targeted vaccine campaigns (2).

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Proposed mitigation measures for Priority 2 are listed below:

- Roll out NCD action plans.
- Promote a culture of prevention at PHC level.
- Strengthen health literacy and individual responsibility for personal health.
- Promote community health through intersectoral initiatives.
- Establish age-friendly environments at community level.
- Build resilient health systems in the face of emergencies, including those related to climate change and vaccine-preventable or other disease outbreaks.

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The country's existing community-oriented and family medicine-based PHC networks provide a solid foundation for reinforcing community services and redirecting efforts towards preventative care, including regular screening programmes for children and high-risk adults. Creating a supportive environment for reproductive and maternal health, and fostering community support for positive mental health, has the potential to enhance satisfaction with the existing health systems.

Enhancing health literacy, improving public perception and attitude, and fostering individual responsibility for personal health are essential to understanding the value of preventative care, including immunization. These measures not only attract human resources in health but also build trust within the population. Additionally, they contribute to cultivating a society that caters to vulnerable populations, particularly the growing elderly population, promoting improved attitudes, opportunities and accessibility to a normal life and social activities.

Creating a health-promoting environment is vital for ensuring the health security of the population. This involves adapting an integrative and cooperative approach across various sectors and governing levels to environmental threats. Additionally, efforts should focus on increasing awareness and knowledge among all stakeholders, including the protection and sustainable use of resources, to respond effectively to climate change and its health consequences.

Adapting health-care institutions to dynamic environmental changes and evolving attitudes towards health is crucial for establishing resilient and responsive health systems. Collaborative support from other UN agencies, leveraging their connections with various sectors, especially the education system, can enhance the effectiveness of these initiatives.

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## Priority 3

### Digitalize and transform the health-care systems

Digital health holds the potential to significantly influence health outcomes. The digitalization of the health sector can enhance efficiency and cost-effectiveness in care delivery, paving the way for innovative business models (21), and relieving the burden on existing resources.

Currently, health systems in Bosnia and Herzegovina lack comprehensive and adequately disaggregated information. The exchange of data collected across different institutions is not yet adequately consolidated to maximize use for decision-making. The digitalization of health information systems in Bosnia and Herzegovina has not been completed (5).

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Proposed mitigation measures for Priority 3 are listed below:

- Monitoring and evaluation of health sector performance.
- Guarantee continuity of care through a modernized service delivery model.
- Digitalization of emergencies and crisis management.

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Conducting a comprehensive analysis of the current health-care systems is important. Such analysis should provide the information needed to improve infrastructure and processes deployed to deliver an efficient, cost-effective and sustainable system for the monitoring and evaluation of the health sector performance. The establishment of such a system will offer opportunities for monitoring and evaluating health sector performance, as well as identifying internal organizational issues. Developing systems should be aligned with international standards. Adequate data exchange between the multiple information systems and information availability can enhance the utilization and quality of health services.

Digitalized health-care systems can facilitate continuity of care across different levels of health service delivery and throughout the life course. The transformation to digital systems opens opportunities for sustainable and resource-efficient practices, including telemedicine. The implementation of electronic patient records and an accessible, centralized database has shown to improve access to care in similar contexts, placing the responsibility and ownership of health on the individual.

Furthermore, for coordination in emergencies in the Federation of Bosnia and Herzegovina and in the Republika Srpska, digitalization has the potential to improve risk management and emergency response by better tracking and managing available assets and identifying gaps between subsystems (in case of the Federation of Bosnia and Herzegovina), thereby strengthening health sector responses to health security threats. Digitalization contributes to better emergency forecasting, modelling and planning, and facilitates the identification and removal of legal and regulatory barriers to more effective and efficient emergency management.

Implementing these changes would require comprehensive capacity-building activities to enhance the information technology skills of health-care workers and provide training to data analysts to effectively interpret new data.

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## Priority 4

### Enhance contributions to subregional and global health

Collaborative and coordinated efforts with other countries, especially Western Balkan countries, which share common cultural and behavioural aspects, social barriers and markets, can facilitate the exchange of best practices and mutual learning from the implementation of various projects.

The Document creates a platform to facilitate the exchange of experience, good practices and innovation with other countries in the subregion and beyond. It has potential to create an impactful community of practice and provides opportunity to highlight successes in Bosnia and Herzegovina as a contribution to global health.

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Proposed mitigation measures for Priority 4 are listed below:

- Improve connection and coordination between key stakeholders, partners, other Western Balkan countries and beyond.
- Share lessons learned from the COVID-19 pandemic to reshape health service delivery.
- Strengthen leadership in mental health and other initiatives.

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The experience with COVID-19 crisis management has highlighted some important systemic issues (5), but also demonstrated the flexibility and opportunities within the health structures in Bosnia and Herzegovina. It sets the foundation for enhancing emergency preparedness capacities, standardizing practices and integrating new technologies both within the country and across the subregion.

Moreover, the roll-out of the COVID-19 vaccination programmes in Bosnia and Herzegovina could inform the reassessment of routine immunization programmes. Attitudes around the COVID-19 vaccine deepened understanding of the social, cultural and behavioural factors influencing vaccine acceptance or hesitancy in the country.

Building on the flagship project of the South-Eastern Europe Health Network,<sup>1</sup> health ministries in the subregion are dedicated to advancing mental health reform. In this transition from the old psychiatric hospital system to establishing community mental health centres, Bosnia and Herzegovina plays a pivotal role through hosting of the Regional Health Development Centre on Mental Health (22). This commitment aims to strengthen collaboration among South-Eastern Europe Health Network countries and improve mental health policy and practice through initiatives, such as promotion, prevention, advocacy, publications, research, policy development and fostering collaboration and networking.

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<sup>1</sup> The South-Eastern Europe Health Network comprises the following countries: Albania, Bulgaria, Bosnia and Herzegovina, Israel, Montenegro, North Macedonia, Republic of Moldova, Romania and Serbia.

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# Chapter 4. Implementation

This Document is non-binding, and it does not have an associated budget. Instead, the budgetary aspects are developed in specific workplans, operational planning and project grants.

The health authorities in Bosnia and Herzegovina (the Ministry of Civil Affairs of Bosnia and Herzegovina, the Ministry of Health of the Federation of Bosnia and Herzegovina with its cantonal ministries in charge of health, the Ministry of Health and Social Welfare in the Government of the Republika Srpska, and the Department of Health and Other Services of the Brčko District of Bosnia and Herzegovina) and the WHO Secretariat jointly commit to work together to mobilize resources required to deliver interventions outlined in this Document.

The health authorities in Bosnia and Herzegovina and the WHO Secretariat jointly commit to disseminate this Document to relevant ministries and local governments, partners, public health institutions and stakeholders working on health issues, and promote its agenda in joint activities and programmes.

Within WHO, the WHO Country Office in Bosnia and Herzegovina will act as the coordinating agency in the implementation of this Document. It will ensure reference to the identified priorities of focused collaboration in new initiatives and operational planning. The WHO Country Office in Bosnia and Herzegovina, in coordination with the WHO Regional Office for Europe and WHO headquarters, as well as in collaboration with other UN agencies and key health partners, will work to avoid redundancy in country efforts and enhance the overall impact of health initiatives in the country.

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# Chapter 5. Monitoring and evaluation

This Document will serve as basis for cooperation between the health authorities in Bosnia and Herzegovina and WHO over the next six years.

Mid-term and final evaluations, led by the WHO Country Office in Bosnia and Herzegovina, are expected to be carried out in collaboration with the health authorities, wherever feasible, harmonized with other monitoring and evaluation processes, such as the UNSDCF 2021–2025 (2).



Photo exhibition in Sarajevo "75 years of WHO"

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# Annex 1. Theory of change

The below strategic priorities were identified following a series of consultations and discussions with the health authorities in Bosnia and Herzegovina and other stakeholders and are based on critical analysis of the country's needs and WHO's comparative advantage in addressing those needs. Table A1 sets out a detailed description of the theory of change of the *Document on focused cooperation for Bosnia and Herzegovina and WHO, 2024–2029* (Document) and indicates how its four strategic priorities, with corresponding strategic deliverables, key activities and indicators, will contribute to the delivery of country health targets.

**Table A1.** Overall theory of change of the Document

Strategic Priority (and the key health challenges they address)	Strategic deliverable	Key activities/ interventions	Outcome-level indicators
<p><b>1. Reduce inequality and advance universal health coverage</b></p> <p>to address high out-of-pocket payments, financial protection, unmet need for medical care and scarcity of financial and human resources that all hinder the access and quality of services</p>	<p>Effective health governance through public health reforms and enhancing the financial sustainability of the health sector</p>	<p>Develop/update pro-universal health coverage (UHC) health policies/regulatory frameworks</p> <p>Engage in continuous strengthening of fiscal dialogue and budgetary processes to ensure reasonable levels of public funding for health and financial protection for people consuming health services</p>	<p>Pro-UHC health policies/regulatory frameworks developed/updated</p> <p>↑ Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (%)</p> <p>↑ GGHE-D as percentage of current health expenditure (%)</p> <p>↓ Out-of-pocket expenditure as percentage of current health expenditure (%)</p>
	<p>Access to high-quality health services and essential medicines without imposing financial hardships</p>	<p>Further develop and strengthen fit-for-purpose primary health care (PHC) systems, capable of meeting community health needs by providing comprehensive, quality-assured, essential care for all</p> <p>Progressively reduce/remove barriers for access to PHC services for all, related to population entitlement, the benefits package and user-charges (co-payments) policies</p>	<p>↑ Sustainable Development Goal (SDG) 3.8.1 (UHC Service Coverage Index)</p> <p>↓ SDG 3.8.2 (Proportion of population with household expenditures on health &gt;10% and &gt; 25% of total household expenditure or income (%))</p> <p>↓ Catastrophic health spending (Proportion of households with out-of-pocket health expenditure &gt; 40% of capacity to pay for health care (%))</p>
	<p>Strengthen capacity building and human resources for health</p>	<p>Align human resources for health education with population needs and health service requirements (update, regulation, accreditation)</p> <p>Strengthen continuing professional development to equip the workforce with new knowledge and competencies (standards and approaches)</p> <p>Expand the use of digital tools that support the workforce (digital competencies)</p> <p>Develop strategies that attract and retain health workers in rural and remote areas (policy dialogues, and recruitment and retention plans)</p>	<p>SDG 3.c.1 (Health worker density, per 1000 population)</p> <p>↑ density of physicians</p> <p>↑ density of nursing and midwifery personnel</p> <p>↑ density of dentistry personnel</p> <p>↑ density of pharmaceutical personnel</p>
	<p>Address the needs of vulnerable populations to bridge gaps in UHC</p>	<p>Progressively reduce/remove barriers for access to essential PHC services for all, related to population entitlement, the benefits package and user-charges (co-payments) policies</p> <p>Organize targeted immunization campaigns for vulnerable groups (e.g. Roma children and migrants)</p>	<p>↑ Vaccination coverage in Roma children and migrants</p> <p>↑ Proportion of PHC facilities providing community-based services for persons with disabilities (mental health, physical rehabilitation) (%)</p>

Strategic Priority (and the key health challenges they address)	Strategic deliverable	Key activities/ interventions	Outcome-level indicators
<p><b>2. Foster a health promoting culture and environment</b></p> <p>to address high rates of behavioural risk factors that contribute to premature mortality and morbidity and to increase emergency preparedness to be better prepared for future health emergencies</p>	<p>Roll out of noncommunicable disease (NCD) action plans</p>	<p>Implement, monitor/ evaluate and renew existing NCD action plans (1,2)</p>	<p>United Nations Sustainable Development Cooperation Framework 2021–2025 (3) indicator:</p> <p>Extent of implementation of Action Plans for prevention and control of NCDs (SDG 3.4.1) (Rating: 1-4)<sup>3</sup></p> <p>↓SDG 3.4.1 (mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease)</p>
		<p>Strengthen implementation of the WHO Framework Convention on Tobacco Control (4), as appropriate</p>	<p>↓ SDG 3.a.1 (age-standardized prevalence of tobacco use among persons aged 15 years and older)</p>
	<p>Promote a culture of prevention at PHC level</p>	<p>Institutionalize and roll out community-based PHC facility-located Centres for Health Promotion and Disease Prevention to provide person-centred services and population prevention programmes</p>	<p>↑ Utilization of health promotion/disease prevention programmes and individual services provided in PHC facilities</p>
	<p>Strengthen health literacy and individual responsibility for personal health</p>	<p>Use regulatory frameworks to promote evidence-based health education and individual or group-based self-management training programmes</p> <p>Promote skills-oriented health education programmes in schools</p> <p>Increase community and mass media health education campaigns</p> <p>Promote participation of citizens and patients in health-oriented groups, consumer organizations, local government</p> <p>Provide personalized and comprehensive decision-making aids, including computer-based and web-based health education packages.</p> <p>Engage citizens and patients in policy-making for health.</p> <p>Establish regulatory frameworks for the development of patient’s rights and responsibilities.</p>	<p>↑ Utilization of health promotion/disease prevention programmes and individual services provided in PHC facilities</p> <p>↑ School health education programmes</p> <p>↑ Community and mass media health education campaigns</p> <p>↑ Utilization of mobile health tools for self-care, increasing adherence to medicine and communication</p> <p>Regulatory frameworks for development of patients’ rights and responsibilities (e.g. Charter of Patient Rights and Responsibilities developed and widely communicated)</p>
	<p>Promote community health through intersectoral initiatives</p>	<p>Support local intersectoral initiatives and investments which promote the health and well-being of communities, including partnering with civil society, private and non-profit sectors and the people, and inclusive, decentralized cooperation</p>	<p>↑ Number of local communities joining international networks (e.g. WHO European Healthy Cities Network (5))</p> <p>Establishment of domestic networks (e.g. Healthy Municipalities/Cities Network, Standing Conference of Towns and Municipalities)</p> <p>↑ Number of local communities joining domestic networks</p>
	<p>Establish age-friendly environments at community level</p>	<p>Establish and roll out centres for healthy ageing in municipalities and integrate these centres into existing PHC networks</p>	<p>↑ Number of municipalities with functional centres for healthy ageing</p>

3 Rating scale: 1. Not/poorly implemented; 2. Inadequately implemented; 3. Partially implemented; 4. Fully implemented.

Strategic Priority (and the key health challenges they address)	Strategic deliverable	Key activities/ interventions	Outcome-level indicators
<p><b>2. Foster a health promoting culture and environment</b></p> <p>to address high rates of behavioural risk factors that contribute to premature mortality and morbidity and to increase emergency preparedness to be better prepared for future health emergencies</p>	<p>Build resilient health systems in the face of emergencies, including those related to climate change and vaccine-preventable or other disease outbreaks</p>	<p>Draft emergency preparedness and response plans for the health sector and hospitals</p>	<p>Number of emergency preparedness and response plans tested through simulation exercises in cooperation with partners (Red Cross Society and Civil Protection Agencies). Target: 4</p> <p>Percentage of hospitals with updated emergency preparedness and response plans. Target: 60%</p> <p>Number of Emergency Medical Teams certified according to WHO <i>Classification and minimum standards for emergency medical teams</i> (6). Target: 2</p>
		<p>Equip health authorities to analyse air quality</p> <p>Develop guidelines and update policies related to air quality</p>	<p>Number of institutions with capacity to use AirQ+ WHO tool (7) to calculate the effects of short-term changes in air pollution and the effects of long-term exposure. Target: 5</p>
		<p>Build the capacity of vaccine-preventable disease surveillance and immunization focal points on the investigation and management of suspected cases</p> <p>Build capacity of health workers on vaccine safety and contraindications</p>	<p>↑ Timely investigation and management of vaccine-preventable disease suspected cases and adverse effects following immunization</p> <p>↑ Vaccination coverage</p>
<p><b>3. Digitalize and transform the health-care systems</b></p> <p>to enhance efficiency, effectiveness and cost-effectiveness in care delivery and relieve the burden on existing services</p>	<p>Monitoring and evaluation of health sector performance</p>	<p>Establish and implement an eHealth strategy with a clear governance structure and a roadmap for eHealth development</p>	<p>eHealth strategy and development roadmap established/implemented</p>
		<p>Complete the digitalization of health management and information systems</p>	<p>↑ Number/percentage of health-care providers using digital technologies for reporting and health data/information exchange</p>
		<p>Fully develop performance monitoring and management frameworks for health-care providers and integrate these in quality assurance and improvement programmes</p>	<p>↑ Number/percentage of health-care providers participating in quality assurance/ accreditation programmes</p>
	<p>Guarantee continuity of care through a modernized service delivery model</p>	<p>Develop and implement integrated care pathways with integrated clinical decision support systems</p>	<p>↑ Number of functional integrated care pathways</p>
<p>Digitalization of emergencies and crisis management</p>	<p>Improve quality and efficiency to promote and transform the emergency management system with digital solutions and communication</p>	<p>↑ Number/percentage of digital solutions introduced in emergency and crisis management</p> <p>↑ Number/percentage of early warnings communicated to the public</p>	

Strategic Priority (and the key health challenges they address)	Strategic deliverable	Key activities/ interventions	Outcome-level indicators
<b>4. Enhance contributions to subregional and global health</b>  to facilitate the exchange of best practices and mutual learning from the implementation of various projects	Improve connection and coordination between key stakeholders, partners, other Western Balkan countries and beyond	Organize and chair periodic health coordination meetings, including key domestic and international stakeholders and partners investing in health developments	Health coordination meetings held periodically
		Actively and collaboratively participate in implementation, coordination, monitoring and evaluation/review and renewal of existing WHO subregional and regional initiatives <sup>4</sup>	Relevant WHO subregional and regional cooperation initiatives adopted and implemented
	Strengthen leadership in mental health and other initiatives	As a subregional (Western Balkans) leader in mental health, actively and collaboratively participate in the coordination, implementation, and monitoring and evaluation of mental health development initiatives organized by the Pan-European Mental Health Coalition of the WHO Regional Office for Europe (8)  Enhance subregional collaboration, research and exchange in family medicine training and education ( <i>The Banja Luka Declaration of Strengthening Family Medicine in Higher Medical Education</i> [2024] (9))	↑ Participation and exchange of experience and evidence in the initiatives organized by subregional (Western Balkans and South-Eastern Europe Health Network) and Regional (Pan-European Mental Health Coalition) fora

Notes: GGE: general government expenditure; GGHE-D: domestic general government health expenditure; PHC: primary health care; SDG: Sustainable Development Goal; UHC: universal health coverage.

<sup>4</sup> *Roadmap for Health and Well-Being in the Western Balkans (2020–2025)* (10), the South-Eastern Europe Health Network and the European Programme of Work (2020–2025) – “United Action for Better Health” (11).

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<sup>5</sup> All references were accessed on 17 October 2023.



WHO staff addressing the press to highlight the importance of a policy dialogue organized by WHO.

## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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### World Health Organization Regional Office for Europe

UN City, Marmorvej 51,  
DK-2100, Copenhagen Ø, Denmark  
Tel.: +45 45 33 70 00  
Fax: +45 45 33 70 01  
Email: [eurocontact@who.int](mailto:eurocontact@who.int)  
Website: [www.who.int/europe](http://www.who.int/europe)

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