



**POLICY  
ANSWERS**

## **POLICY REPORT: HEALTH POLICY CONSIDERATIONS IN THE WESTERN BALKANS (Edition 2025)**

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## **POLICY REPORT: HEALTH POLICY CONSIDERATIONS IN THE WESTERN BALKANS**

This Policy Report presents a comprehensive analysis of Health Policy issues in the Western Balkans, addressing various dimensions including infrastructure, skills, governance models as well as strategic, legal and regulatory frameworks.

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\* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

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# 1 Introduction

This Policy Report provides an in-depth analysis of health and public health issues in the Western Balkans (WB) economies, which encompass Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia. It focuses on the challenges and opportunities within the health sector, aiming at the region's transition towards more effective, equitable, and sustainable health and public health policies.

We use the term “health” with the aim of ensuring that the population becomes healthier and more productive, as well as making health systems healthier and more efficient. Additionally, the healthcare sector itself, which is a significant consumer of resources, must be sustainable and aware of its role and contribution to pollution, while adhering to the Green Agenda<sup>1</sup>. The POLICY ANSWERS project is a positive example of a project that considers the health in addition to digitalisation and sustainability. Also, within the health sector, it emphasises the importance of both digitalisation and the Green Agenda.

The report examines how the region can improve health outcomes through strategic reforms, policy frameworks and strengthened governance structures as well as by addressing the key health determinants that affect populations today.

The rapid pace of demographic, economic and environmental changes in the Western Balkans has created significant public health challenges, including rising burden of non-communicable diseases, air and water pollution, mental health issues and a growing burden from climate-related health risks. These issues are compounded by fragmented healthcare systems, inadequate infrastructure, health workforce mobility and resulting lack of health personnel, limited access to quality healthcare services in some areas, the unresolved relationship between private and public healthcare sectors and the challenges of health insurance. As a result, the region faces increasing pressure to implement robust and inclusive health policies that address both existing health problems and emerging threats.

In response to these challenges, the Western Balkans are increasingly recognising the need for a comprehensive approach to public health that encompasses disease prevention, health promotion and improvements to the overall health system.

The transition towards better policies is essential for achieving improvements in health outcomes, reducing health disparities and ensuring that healthcare systems are resilient and sustainable in the face of future challenges.

This report highlights key health issues in the region, including the need for stronger public health infrastructure, the importance of mental health services, the integration of health considerations into broader policies and the focus on prevention as a core component of health policy. By examining the current health landscape, the report provides an analysis of the policy frameworks in place and of the necessary reforms to address health needs more effectively.

The Policy Report is based on extensive research, including individual interviews conducted for each WB economy, as well as insights gathered from discussions held during the Policy Dialogue Conference organised in Sarajevo in 2023<sup>2</sup>. It is the result of the engagement of the regional

<sup>1</sup> European Commission. (2020). Guidelines for the Implementation of the Green Agenda for the Western Balkans. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: An Economic and Investment Plan for the Western Balkans. EUR-Lex52020SC0223. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020SC0223>. Accessed 8 April 2025.

<sup>2</sup> See chapter 5.2 of this report for more details. POLICY ANSWERS Stakeholder Dialogue. Conference website. <https://eu-wb-policy-dialogue-stakeholder.b2match.io/page-4531>. Accessed 6 April 2025.

experts focused on health, aiming to address the major challenges of health issues and their connection with sustainability and digitalisation.

Drawing from extensive research, including interviews with health professionals, experts and stakeholders as well as including insights from policy dialogues and documents, this report outlines actionable recommendations for decision-makers in the Western Balkans. These recommendations are aimed at improving healthcare access, addressing public health challenges, and advancing policies that will contribute to better health outcomes for the region's populations.

Finally, this report serves as a roadmap for strengthening public health policies in the Western Balkans, ensuring that health remains a central focus of the region's broader development agenda.



## 2 Data collection and situation analysis

### 2.1 Demographic data for all six Western Balkans economies (in short)

This data provides the essential background for understanding the health challenges and policy needs based on the population structure. When we talk about health, we primarily refer to the human population. The development of a community and its environment depends on the health status of the population, demographic conditions and the security and efficiency of healthcare delivery. Therefore, the situational analysis begins with demographic data. Demographic data are crucial for further analysis and research on health policies. The Western Balkans face significant demographic challenges that are reshaping health policy priorities across the region. These challenges include aging populations, declining fertility rates and high levels of emigration, particularly among the youth<sup>3</sup>.

An overview of key demographic trends<sup>4</sup> highlights the following points:

- **Aging Populations:** Western Balkans economies such as Bosnia and Herzegovina, Serbia and North Macedonia are experiencing rapid population aging, with median ages approaching or exceeding the European Union (EU) average of 44.5 years<sup>4</sup>.
- **Declining Fertility Rates:** Fertility rates have fallen below the replacement level of 2.1 children per woman in all Western Balkans economies, contributing to natural population decline.
- **Migration:** The region faces significant outmigration, leading to a "brain drain" and reduced healthcare workforce, which puts pressure on the health system's ability to provide services. A significant portion of the youth population is emigrating in search of better opportunities, leading to a "brain drain" that depletes the region's human capital<sup>5</sup>.

The total population of the six Western Balkans economies - Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia - is shown in Figure 1.

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<sup>3</sup> Ármás, Julianna. (2023). Lost Generations Losing Generation: The Consequences of the Demographic Crisis in the Western Balkans. *Foreign Policy Review*, 1(1), 109-120. <https://doi.org/10.47706/KKIFPR.2023.1.109-120>

<sup>4</sup> Wankiewicz, Paulina. (2025). The vanishing Balkans. The region's demographic crisis. OSW Commentary. Centre for Eastern Studies. 647. [https://www.osw.waw.pl/sites/default/files/OSW\\_Commentary\\_647.pdf](https://www.osw.waw.pl/sites/default/files/OSW_Commentary_647.pdf). Accessed 8 April 2025.

<sup>5</sup> Icoski, Marjan. (2022). Toward a New Youth Brain-drain Paradigm in the Western Balkans. <https://www.gmfus.org/news/toward-new-youth-brain-drain-paradigm-western-balkans>. Accessed 9 April 2025.



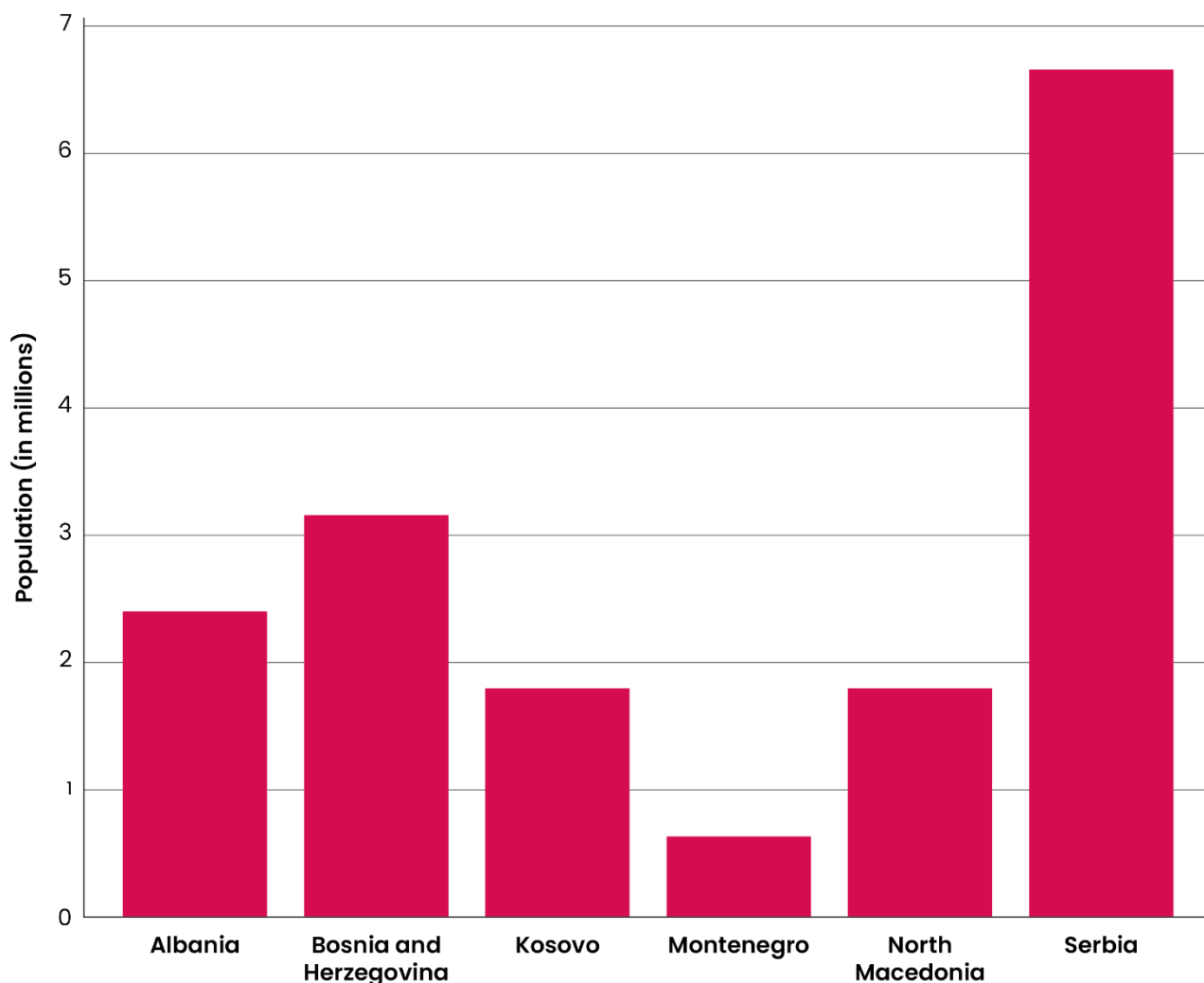


Figure 1: Population of Western Balkans economies (2023 population estimates).

The graph is based on the following population figures<sup>6,7</sup>:

- Albania: approximately 2.4 million
- Bosnia and Herzegovina: approximately 3.1 million
- Kosovo: approximately 1.8 million
- Montenegro: approximately 0.6 million
- North Macedonia: approximately 1.8 million
- Serbia: approximately 6.7 million

<sup>6</sup> Eurostat dataset. [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Main\\_Page](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Main_Page). Accessed 10 April 2025.

<sup>7</sup> Wankiewicz, Paulina. (2025). The vanishing Balkans. The region's demographic crisis. OSW Commentary. Centre for Eastern Studies. 647. [https://www.osw.waw.pl/sites/default/files/OSW\\_Commentary\\_647.pdf](https://www.osw.waw.pl/sites/default/files/OSW_Commentary_647.pdf). Accessed 8 April 2025.

A comprehensive health policy approach for the Western Balkans will have to consider the following implications:

- Increased demand for care for older people: The aging population necessitates a shift toward long-term care services, geriatric healthcare and policies that support the elderly<sup>8</sup>.
- Workforce shortages: The emigration of young professionals, including healthcare workers, exacerbates staffing shortages, impacting the quality and accessibility of health services<sup>9</sup>.
- Focus on preventive healthcare: With a declining and aging population, there is a growing emphasis on preventive measures to reduce the burden of chronic diseases and manage healthcare costs effectively<sup>10</sup>.

Addressing these demographic challenges requires comprehensive health policy reforms that focus on sustainable healthcare financing, the retention of skilled professionals and the adaptation of services to meet the needs of an aging population.

## 2.2 Healthcare system profiles in the Western Balkans economies

This section details the specific characteristics and functioning of health systems across the Western Balkans.

### 2.2.1 Albania

As an initial step toward universal coverage, free accessibility to preventive services for the entire population including uninsured citizens was introduced in January 2017. The Ministry responsible for Health remains the major funder and provider of healthcare. It has been reorganised in 2017 and continues to assume the lead role in most areas of healthcare.

Two public administration reforms in 1993 have preceded these steps in the healthcare system: the creation of twelve regional prefectures, which have assumed some of the central government's administrative authority, as well as the strengthening of the role of local governments, a change which shifted some responsibility for primary healthcare to rural areas<sup>11</sup>.

The introduction of social health insurance in 1995 involved the establishment of the Health Insurance Institute, a national statutory fund, which is gradually extending coverage of services in planned stages.

Albanian healthcare services are financed through a mix of taxation and statutory insurance. The bulk of financing comes from the state budget, but the tax base is problematic due to low incomes, a large informal economy and problems collecting taxes.

<sup>8</sup> Dakić, Božidar, Tijana Veljković, Olivera Vuković, Nataša Todorović, and Milutin Vračević. (2023). Long-term care in the Western Balkans. [https://www.age-platform.eu/content/uploads/2023/11/LTC\\_in\\_the\\_Western\\_Balkans-report2023-longVersion.pdf](https://www.age-platform.eu/content/uploads/2023/11/LTC_in_the_Western_Balkans-report2023-longVersion.pdf). Accessed 8 April 2025.

<sup>9</sup> Mara, Isilda. (2023). Health Professionals Wanted: The Case of Health Professionals from Western Balkan Countries to Europe. *Central and Eastern European Migration Review*, 12(2), 33-52. <https://doi.org/10.54667/ceemr.2023.24>.

<sup>10</sup> 4th Western Balkans Inter-country/area meeting "Strengthening primary health care models to manage complex chronic conditions in the Western Balkans". (2024). <https://www.cei.int/news/9995/strengthening-primary-health-care-models-to-manage-complex-chronic-conditions-in-western-balkans>. Accessed 8 April 2025.

<sup>11</sup> European Observatory on Health Systems and Policies. Albania. <https://eurohealthobservatory.who.int/countries/albania>. Accessed 8 April 2025.

The provision of healthcare services differs between rural and urban areas. In rural areas, a typical health centre is staffed by up to three primary healthcare doctors, plus nursing staff. Most of these doctors have not been trained in primary healthcare. In urban areas, large polyclinics provide specialist outpatient care and are also used by patients as the first point of contact with medical care.

The referral system formerly in place is no longer functioning. Hospitals remain publicly owned, mostly by the Ministry responsible for Health. Inpatient secondary care is mainly provided by district hospitals, which provide a minimum of four basic services: internal medicine, paediatrics, general surgery, obstetrics and gynaecology.

In Albania, publicly financed health coverage for the entire population is delivered through a compulsory health insurance scheme.

In conclusion, key points for Albania are:

- Universal Health Coverage (UHC) introduced with free access to preventive services since 2017.
- Health services are funded through a mix of taxation and statutory insurance, though the tax base faces challenges due to low incomes and a large informal economy.
- Public health services are delivered by a combination of regional prefectures, local governments and health centres in both rural and urban areas<sup>12</sup>.

## 2.2.2 Bosnia and Herzegovina

Bosnia and Herzegovina has a complicated and decentralised system of governance. It consists of two entities, each with a high degree of autonomy: the Federation of Bosnia and Herzegovina (FBiH) and the Republika Srpska (RS), as well as the self-governing District of Brčko (DB), which operates under the direct authority of the state-level government.

The FBiH is divided into ten cantons that have their own governments and administrative structure. As a result, Bosnia and Herzegovina is governed by 14 executive governments and 14 prime ministers (one at the state level, two at the entity level, ten at the cantonal level and one for the District of Brčko). Health system administration is decentralised and very often fragmented, with lacking coordination between healthcare sub-systems<sup>13</sup>.

Funds for healthcare are derived mainly from payroll contributions, in addition to a small portion of taxes on other personal income, canton and municipality budgets, international donations and other sources.

Contribution rates and methods of calculating and paying contributions for compulsory health insurance are determined by the Federal Ministry of Finance and by the Law on Contributions. Cantons determine the level of (and guidelines for) co-payment in public services, which depends on the user's social status and available resources.

Primary healthcare has traditionally been provided through two kinds of institutions: health centres and health stations ("Ambulanta"). Health centres are outpatient clinics providing not only basic care, but also a range of specialised services.

<sup>12</sup> European Observatory on Health Systems and Policies. Albania. <https://eurohealthobservatory.who.int/countries/albania>. Accessed 8 April 2025.

<sup>13</sup> European Observatory on Health Systems and Policies. Bosnia and Herzegovina. <https://eurohealthobservatory.who.int/countries/bosnia-and-herzegovina>. Accessed 12 April 2025.

Services are provided on an inpatient or outpatient basis after a patient is referred (with the exception of emergency care). Specialised personal health services are also provided in institutes for blood transfusion, occupational medicine, sports medicine, physical medicine and rehabilitation.

In conclusion, key points for Bosnia and Herzegovina are:

- A decentralised and fragmented healthcare system with two entities (FBiH and RS) and one self-governing district (District of Brčko), each having high autonomy represents a challenge.
- Health funding is mainly derived from payroll contributions, with varying co-payment rates by the canton.
- Health services are delivered through health centres, health stations and specialised institutes for rehabilitation<sup>14</sup>.

### 2.2.3 Kosovo

Kosovo has a young population, the death rate is almost half of the European average, accompanied by a low life expectancy of 72 years for females and 68 years for males<sup>15</sup>. Kosovo has launched wide-ranging and ambitious healthcare reforms built on the introduction of a mandatory health insurance system, reforming the functions of the Administration of Health, establishing chambers of healthcare professionals and changing the organisational structure of the health system<sup>16</sup>.

According to the Kosovo Agency of Statistics' (KAS) estimations, the resident population is approximately 1.78 million. Of this population, 28 % are under 14 years old, and 7 % are over 65. Life expectancy at birth in 2011 was 74.1 years for males and 79.4 years for females<sup>17</sup>.

In conclusion, key points for Kosovo are:

- Kosovo has a young population and ambitious health reforms, including mandatory health insurance.
- The population has a low life expectancy compared to European averages.
- The health system is being reformed, with changes to the Administration of Health and organisational restructuring<sup>18</sup>.

<sup>14</sup> European Observatory on Health Systems and Policies. Bosnia and Herzegovina. <https://eurohealthobservatory.who.int/countries/bosnia-and-herzegovina>. Accessed 12 April 2025.

<sup>15</sup> Zotaj, Elda. (2021). Contribution of partner countries to EU Youth Wiki. Chapter 7 Kosovo. Health and well-being. [https://pjp-eu.coe.int/documents/42128013/113172485/YouthWiki\\_Chapter\\_7\\_Kosovo.pdf/1f1ef207-93b0-cc2a-bb8b-b0c0536a8d30](https://pjp-eu.coe.int/documents/42128013/113172485/YouthWiki_Chapter_7_Kosovo.pdf/1f1ef207-93b0-cc2a-bb8b-b0c0536a8d30). Accessed 8 April 2025.

<sup>16</sup> Osmani, Ademi, Marušić, Dorjan, Halimi, Ramadan, Muharremi, Robert, Prevolnik Rupel, Valentina. (2017). Healthcare Innovations in Europe. *Eurohealth*, 23(1), 20-23. <https://iris.who.int/bitstream/handle/10665/332655/Eurohealth-23-1-20-23-eng.pdf?sequence=1&isAllowed=y>. Accessed 8 April 2025.

<sup>17</sup> Statistical Yearbook of Kosovo. (2016). <https://askapi.rks-gov.net/Custom/b546dc3e-8560-4c6c-b14c-34ffaa59dd34.pdf>. Accessed 8 April 2025.

<sup>18</sup> Osmani, Ademi, Marušić, Dorjan, Halimi, Ramadan, Muharremi, Robert, Prevolnik Rupel, Valentina. (2017). Healthcare Innovations in Europe. *Eurohealth*, 23(1), 20-23. <https://iris.who.int/bitstream/handle/10665/332655/Eurohealth-23-1-20-23-eng.pdf?sequence=1&isAllowed=y>. Accessed 8 April 2025.

## 2.2.4 Montenegro

The health system of Montenegro is based on a social health insurance system, with more than 95 % of the population being covered by social health insurance. Additional funds come from the state budget, as well as substantial Out-of-Pocket (OOP) payments, with the latter amounting to 40 % of current health expenditure in 2018<sup>19</sup>.

The Ministry responsible for Health, the Health Insurance Fund (HIF) and public and private healthcare institutions are responsible for healthcare service delivery. The Health Insurance Fund is responsible for the implementation of health policy related to health insurance. For the implementation of pharmaceutical policy, Montenegro has set up the Agency for Medicines and Medical Devices (CALIMS).

Healthcare providers in the public sector include 18 health centres, seven general hospitals, three specialised hospitals, the Clinical Centre of Montenegro, the Institute for Public Health, the network of emergency services, the Blood Transfusion Institute and the Pharmacies of Montenegro “Montefarm”. Primary care is provided by the chosen doctor in the health centre. Secondary and tertiary healthcare is provided through specialised clinics and hospital wards.

In conclusion, key points for Montenegro are:

- Social health insurance covers over 95 % of the population, supplemented by state funds and substantial OOP payments.
- Health services are managed by the Ministry responsible for Health and the HIF)<sup>20</sup>.

## 2.2.5 North Macedonia

North Macedonia has a compulsory insurance-based health system with near universal coverage (although with coverage gaps for the Roma population). The current benefits package is considered to be comprehensive.

The government and the Ministry responsible for Health provide the framework for operation and stewardship, and the Health Insurance Fund is responsible for the collection of contributions, allocation of funds and the supervision and contracting of providers.

The Ministry’s core functions focus on health policy formulation and implementation, priority-setting and monitoring of the health system’s performance.

In the compulsory health insurance system, the funds generated by the collection of contributions represent the main source of financing of the health sector. Co-payments by insured individuals and transfers from the state budget constitute additional, though rather small, sources of revenue. Co-payments must be made by insured individuals for using health services and drugs (specified on a list) at all levels of care.

Healthcare is delivered through a system of healthcare institutions, covering the country’s territory relatively evenly<sup>21</sup>. Health facilities range from healthcare stations and centres at the

<sup>19</sup> European Observatory on Health Systems and Policies. Montenegro. <https://eurohealthobservatory.who.int/countries/montenegro/>. Accessed 8 April 2025.

<sup>20</sup> Ibid.

<sup>21</sup> European Observatory on Health Systems and Policies. North Macedonia. <https://eurohealthobservatory.who.int/countries/north-macedonia/>. Accessed 8 April 2025.

primary healthcare level and specialist-consultative and inpatient departments at the secondary level, to university clinics and institutions at the tertiary level.

In conclusion, key points for North Macedonia are:

- A compulsory, insurance-based system provides near-universal coverage, though gaps exist, particularly within the Roma population.
- Health financing is mainly based on compulsory contributions, with additional revenue from co-payments and the state budget.
- Healthcare is organised into primary, secondary and tertiary levels<sup>22</sup>.

## 2.2.6 Serbia

Almost the entire Serbian population (98 %), according to public data, is covered by health insurance<sup>23</sup>. Serbian citizens, as well as people with permanent or temporary residence, have the right to access publicly financed health services. The health system's administrative structure is characterised by centralised state governance, with a largely unregulated private sector<sup>24</sup>.

Prior to 2019, Serbia had transferred ownership of primary care facilities and equipment to local administrations, along with responsibility for the management, capital investment, and for the development of specific healthcare plans and local public health programmes aligned with the needs of the local population. However, the recently approved Health Care Law (2019) envisions re-centralisation by transferring ownership of buildings and equipment of primary care institutions to the national level.

Compulsory health insurance contributions from the National Health Insurance Fund of the Republic of Serbia (NHIF RS) represent the largest share of total health revenue from public sources (94 %). At present, the system of social health insurance financing is highly regressive, placing most of the financing burden on public employees and the smallest portion on the self-employed, who are often the wealthier segments of the population.

Healthcare is organised at three levels (primary, secondary and tertiary), which are closely interconnected. Services at the primary level are provided by a state-owned network of primary healthcare centres.

Primary care is provided by a chosen doctor (who is either a medical doctor or a specialist in general medicine, in occupational medicine, in paediatrics, in gynaecology or a dentist). Patients are assigned to the primary care centre in the area where they live.

Secondary care includes outpatient or inpatient care in hospitals. Tertiary care has the most specialised personnel and technological equipment and provides diagnostic and curative services.

In conclusion, key points for Serbia are:

- Serbia features a nearly universal health insurance coverage (98 %), with the system largely financed through compulsory health insurance contributions from public employees

<sup>22</sup> European Observatory on Health Systems and Policies. North Macedonia. <https://eurohealthobservatory.who.int/countries/north-macedonia/>. Accessed 8 April 2025.

<sup>23</sup> Social Health Protection Network (P4H). Resources & tools. <https://p4h.world/en/resources-tools/documents/>. Accessed 12 April 2025.

<sup>24</sup> European Observatory on Health Systems and Policies. Serbia. <https://eurohealthobservatory.who.int/countries/serbia/>. Accessed 16 April 2025.

- The healthcare system is organised in three levels: primary, secondary and tertiary care. Primary care is delivered through state-owned (public) health centres<sup>25</sup>.

## 2.3 Health Policies in the Western Balkans economies: similarities and differences

Health systems in the Western Balkans economies are diverse, reflecting the varying political, economic and social contexts of the region. While the Western Balkans economies share several common challenges, such as limited resources, the impact of demographic changes and the need for health system reforms, their health policies also differ significantly in terms of structure, financing and priorities. Below is an analysis of the similarities and differences across the health policies of the Western Balkans economies:

### 2.3.1 Similarities in health policies of Western Balkans economies

Western Balkans economies share several key features in their health policies, reflecting common goals such as achieving UHC, strengthening primary care and adapting to demographic and systemic challenges. Similarities can be stated in the following aspects:

#### UHC goals

Most Western Balkans economies, including Albania, North Macedonia, and Serbia, have made strides toward achieving UHC. This system aims at providing healthcare access to all citizens, often with a focus on primary care and prevention. These Western Balkans economies have implemented health insurance schemes aimed at broadening access, with varying degrees of effectiveness. The sustainability and effectiveness of these systems vary, with challenges related to financing, infrastructure and equitable access, which affect their long-term viability.

#### Public sector dominance

Health services in all Western Balkans economies are primarily publicly funded, with centrally provided budgets and compulsory health insurance contributions serving as the main sources of financing.

Healthcare is predominantly delivered through a centralised or mixed governance system, with public providers (hospitals and clinics) playing a dominant role in all the Western Balkans economies, though there is also a private sector that is growing.

#### Primary healthcare focus

There is a shared emphasis on strengthening Primary Healthcare (PHC), which is seen as a means to improve efficiency and reduce the burden on secondary and tertiary care. This includes increasing the role of family doctors or chosen doctors in most Western Balkans economies.

Prevention is increasingly integrated into health policies, though implementation often remains inconsistent.

#### Health reform agenda

All Western Balkans economies are working on healthcare reforms, often with the help of international organisations like the World Bank, the EU and the World Health Organization (WHO).

<sup>25</sup> European Observatory on Health Systems and Policies. Serbia. <https://eurohealthobservatory.who.int/countries/serbia/>. Accessed 16 April 2025.



These reforms focus on increasing efficiency, improving quality of care and expanding health coverage.

#### Impact of demographic changes

All WB economies face the challenges of aging populations and the out-migration of young people, which necessitates policy adjustments such as a focus on care for older people and chronic disease management.

### **2.3.2 Differences in health policies of Western Balkans economies**

While the Western Balkans economies share overarching health policy goals, significant differences exist in how each economy finances, organises and delivers healthcare – reflecting their distinct political, economic and demographic contexts. The following categories demonstrate these differences:

#### Health financing models:

Serbia and Montenegro have compulsory health insurance schemes, where the majority of financing comes from social health insurance contributions (e.g., from employees and employers), while Albania and Kosovo have a mixed financing model combining taxes and social insurance. This leads to differences in the financial sustainability of the health systems.

Bosnia and Herzegovina has a more decentralised system, with each entity (FBiH and RS) managing its own health system, which leads to inconsistencies in service delivery and financial resource allocation.

#### Access to healthcare:

Montenegro, with over 95 % coverage of its population under social health insurance, enjoys relatively high access to health services compared to some other Western Balkans economies, where there are gaps in coverage (e.g., the Roma population in North Macedonia and Kosovo).

Kosovo has made significant reforms in health insurance but still faces challenges with service quality and funding.

#### Role of the private sector:

The private health sector is growing in many Western Balkans economies, especially in Serbia and Albania, where private healthcare providers are seen as a way to reduce waiting times and improve access to specialised care. However, there is still a large reliance on public healthcare.

In contrast, Bosnia and Herzegovina and Montenegro have relatively limited private sector involvement in healthcare, relying more on the public system for service delivery.

#### Quality and efficiency:

Health systems in some Western Balkans economies, such as Serbia and North Macedonia, face challenges in terms of service quality and inefficiency, with outdated facilities and underfunded health services being significant problems.

For example, Albania has made progress in improving healthcare infrastructure, but it still faces a shortage of healthcare professionals and unequal access to services, particularly in rural areas.

#### Health outcomes and focus areas:

Western Balkans economies like Serbia, Bosnia and Herzegovina and North Macedonia face a higher burden from Non-Communicable Diseases (NCDs) like cardiovascular diseases, diabetes and



cancer. These Western Balkans economies focus more on chronic disease management and older people care.

Kosovo and Montenegro, with younger populations, focus more on maternal and child health, mental health and infectious disease prevention.

#### Regional coordination and EU integration:

The prospect of EU integration has influenced health policies, with Western Balkans economies like Serbia and Montenegro working closely with the EU on harmonising their health systems with EU standards and regulations. However, Western Balkans economies like Kosovo and Bosnia and Herzegovina face more challenges due to political fragmentation (in the case of Bosnia and Herzegovina) or non-recognition (in the case of Kosovo), affecting their ability to align their health policies with EU norms.

In conclusion, while health policies in the Western Balkans economies share common goals such as improving universal healthcare access, strengthening primary care and addressing demographic challenges, they differ in terms of financing models, the role of the private sector, service delivery quality and specific health priorities. These differences reflect the unique political, economic and social contexts of each Western Balkans economy, which must be taken into account when designing and implementing health policies. As the region continues to face challenges such as aging populations, migration and chronic disease burdens, a coordinated effort is required to reform health systems, enhance efficiency and ensure equitable access to quality care across all Western Balkans economies in the region<sup>26,27,28</sup>.

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<sup>26</sup> World Bank. <https://www.worldbank.org>. Accessed 11 April 2025.

<sup>27</sup> World Health Organization (WHO). <https://apps.who.int/iris>. Accessed 11 April 2025.

<sup>28</sup> European Observatory on Health Systems and Policies. <https://eurohealthobservatory.who.int/overview>. Accessed 16 April 2025.

## 3 Comparative analysis of health systems in the Western Balkans

This comparative analysis is based on expert data and findings, identifying similarities and differences in health systems, policies and challenges.<sup>27</sup> Interviews with experts on health topics from different Western Balkans economies (see the Acknowledgment section for details) were very useful.

The six Western Balkans economies share a socialist legacy in healthcare but have evolved their systems in different ways over the past decade. They aspire to provide UHC, yet they differ in organisation, financing and outcomes. The following chapter examines their health system structures, financing mechanisms, public health outcomes, recent reforms, key challenges and notable innovations from approximately 2015 to 2025. The analysis draws on recent data from the WHO, the World Bank and on economy-level sources to support academic and policy research. All Western Balkans economies' health systems are structured around public provision of care at primary, secondary and tertiary levels, but governance arrangements vary significantly.

### 3.1 Main governance health issues

This section provides an overview of the main governance and financing issues shaping health systems in the Western Balkans, highlighting structural differences, funding models and persistent challenges in ensuring equitable, efficient and high-quality healthcare across the region.

- **Governance and organisation:**

Albania, Montenegro, North Macedonia and Serbia have centralised health authorities overseeing most services, whereas Bosnia and Herzegovina is highly decentralised. There, health governance is split between the FBiH and RS (and Brčko District), each with its own central health authority and insurance funds, leading to fragmentation. In contrast, Serbia's system is nationally coordinated, with the Ministry responsible for Health setting policy and budgets, as well as monitoring state-run institutions. In Kosovo, healthcare operates under the central authority for health and under municipal health authorities but lacks integration due to its nascent institutions.

- **Public vs private healthcare:**

The public sector dominates hospital care in all Western Balkans economies. For example, Serbia's public network includes 158 primary care centres, 40 general hospitals, 34 specialty hospitals and several clinical centres. Similarly, Albania has 413 public primary and secondary clinics and 42 public hospitals. However, private healthcare has grown, especially in outpatient services. Albania now has 13 private hospitals and numerous private diagnostic clinics in urban areas. In Serbia, about 10 % of physicians practice in the private sector, reflecting a trend of patients paying OOP for faster access to specialists or diagnostics. Despite this, primary care is largely delivered through public clinics or contracted family doctors. North Macedonia, for example, pioneered a model of privately operated primary care practices which are contracted by the public insurance fund, improving access in the 2000s, which was further enhanced by a national e-health appointment system. All systems maintain three tiers of care - primary health centres for first contact, secondary-level hospitals, and tertiary care at university or specialised institutions. Long-term and palliative care services remain underdeveloped regionwide, often handled informally by families or Non-Governmental Organisations (NGOs).

- **Coverage and insurance structure:**

Five of the six Western Balkans economies use a social health insurance model, whereas Kosovo is an outlier. Serbia, North Macedonia, Montenegro, Albania and Bosnia and Herzegovina all have compulsory health insurance funds that pool contributions and central budget transfers to finance services. For example, Serbia's system is financed by mandatory insurance contributions (around 10 % payroll tax) and budget support. Montenegro and North Macedonia similarly have a national HIF. Albania's insurance fund covers primary care, reimburses drugs and contracts some private providers. In Bosnia and Herzegovina, each entity (and in the FBiH, each of the ten cantons) runs its own insurance fund, leading to 13 separate funds, which results in fragmentation, uneven benefits and administrative inefficiency.

Kosovo, however, does not yet have an operational central insurance scheme. Its health system is predominantly tax-funded and supplemented by donors. A Health Insurance Law was passed in 2014 but has not been implemented, so most people in Kosovo lack formal coverage and rely on central facilities and OOP payments. As a WHO brief<sup>29</sup> noted, Kosovo's health system is funded mainly through general taxation and had the lowest public health spending in the region.

Despite structural differences, all Western Balkans economies formally guarantee universal access in their constitutions or laws. In practice, coverage gaps exist, especially for the uninsured in Albania before recent reforms or for certain services in Kosovo. Vulnerable groups sometimes face barriers to care, even where coverage is officially universal, due to informal payments or patchy service availability. Overall, the Western Balkans economies' health systems remain predominantly public and centrally organised, with growing but still limited private sector roles.

- **Health financing**

Health financing patterns show both common challenges and notable differences across the Western Balkans:

- **Total health expenditure:**

All six Western Balkans economies are upper-middle-income, but health spending as a share of Gross Domestic Product (GDP) varies widely. Montenegro and Serbia spend the most on health, at around 9-10 % of GDP in recent years. According to WHO data<sup>30</sup>, Serbia's current health expenditure reached 10.0 % of GDP in 2021, and Montenegro's reached 10.5 % - levels comparable to some EU countries. Bosnia and Herzegovina also spends a relatively high share (9.5 % of GDP in 2021) on health, reflecting its extensive but fragmented system. In contrast, Albania and Kosovo spend considerably less. Albania's health expenditure was estimated at only 6-7 % of GDP in 2018, and Kosovo's spending is the lowest of all, at just 2.5 % of GDP in 2018 (with a total spending around 5 %, including private OOP expenses, which is far below its neighbours). These differences partly reflect prioritisation and fiscal space, but also show under-reporting in Western Balkans economies with large informal sectors such as Albania.

- **Public vs private financing:**

A significant portion of health financing in the region comes directly from patients' pockets. OOP payments are high in all Western Balkans economies, indicating gaps in financial protection. In Serbia, private spending (mostly OOP) accounted for 42.4 % of total health expenditure in 2017. Albania's OOP share is even higher, around 60 % of total health spending in 2018. Other Western Balkans economies fall between these extremes: Montenegro and Bosnia and Herzegovina have

<sup>29</sup> Osmani, Ademi, Marušić, Dorjan, Halimi, Ramadan, Muharremi, Robert, Prevolnik Rupel, Valentina. (2017). Healthcare Innovations in Europe. *Eurohealth*, 23(1), 20-23. <https://iris.who.int/bitstream/handle/10665/332655/Eurohealth-23-1-20-23-eng.pdf?sequence=1&isAllowed=y>. Accessed 8 April 2025.

<sup>30</sup> World Health Organization. Montenegro country data. <https://data.who.int/countries/499>. Accessed 8 April 2025.

OOP shares of approximately 30-40 %, while North Macedonia's is around one-third OOP. High OOP expenditure suggests that many people pay for medications, private consultations or pay unofficial fees, raising equity concerns.

- Insurance models:

Social Health Insurance (SHI) is the dominant model (except in Kosovo). Serbia's mandatory insurance covers the majority of the population, funded by payroll contributions (10.3 % tax split between employer and employee). In North Macedonia, the HIF covers all citizens, and some categories are state-subsidised (e.g., the unemployed). Montenegro similarly uses a SHI model with contributions and budget transfers. Albania has moved toward tax-funded universal coverage, expanding coverage for uninsured citizens since 2013. Bosnia and Herzegovina's multiple insurance funds collect contributions separately; coverage is tied to employment status in each jurisdiction, resulting in disparities between cantons. Kosovo's health financing relies on a general central revenue scheme as well as on external aid (without an insurance fund, there is no pooling of contributions, leading to underfunding and heavy reliance on direct payments).

- External and donor funding:

In the 1990s and early 2000s, international donors and development banks played a major role in rebuilding and reforming the Western Balkans economies' health systems, and this influence is still continuing for specific projects. Serbia's health reforms, for example, have been supported by loans and grants from donor agencies and development banks. The World Bank and the EU have funded health infrastructure and primary care projects in Albania and North Macedonia. While donor funding now constitutes a small share of total health expenditures, it remains important for capital investments (e.g., hospital renovations) and capacity-building programmes. Kosovo's health budget still depends heavily on donor-supported programmes for certain services and system improvements, given its limited domestic resources.

Overall, financing remains a vulnerable aspect of health systems in the Western Balkans. High OOP costs point to insufficient financial risk protection and to low public investment. This is particularly evident in Albania and Kosovo, where such limitations significantly affect the quality of services and access to care.

Kosovo's public health expenditure was only 2.5 % of GDP in 2018. Total spending of approximately 5 % is an estimate, including private OOP expenses, as Kosovo has no central insurance to pool funds. Albania enjoys the highest life expectancy among the Western Balkans (approaching 79 years), while Kosovo lags significantly behind (around 72-73 years).

Health spending patterns correspond partly to outcomes; those Western Balkans economies investing a higher share of GDP in health (such as Bosnia and Herzegovina, Montenegro and Serbia) tend to have better indicators than those spending less (Albania, Kosovo).

Table 1: Selected health indicators for Western Balkans economies<sup>31</sup>.

Western Balkans economy	Life expectancy at birth, total (years)			Infant mortality rate (per 1,000 live births)			Current health expenditure (% of GDP)	
	2021	2022	2023	2021	2022	2023	2021	2022
Albania	76.8	78.8	79.6	7.1	7.0	6.9	7.4	6.2
Bosnia and Herzegovina	74.6	76.8	77.9	4.7	4.6	4.5	9.6	8.7
Kosovo	75.0	77.6	78.0	7.5	7.1	6.8	6.4**	~3.6***
Montenegro	73.8	76.2	77.6	1.1	1.0	1.0	10.6	10.9
North Macedonia	73.2	74.4	75.3	2.6	1.9	1.4	8.5	7.6
Serbia	72.8	75.2	76.2	3.3	3.3	3.2	10.0	9.7

\*\*Total health expenses (% of GDP) of Kosovo<sup>32</sup>. \*\*\*Healthcare expenditure (% of GDP) of Kosovo<sup>33</sup>.

However, all Western Balkans economies spend below the EU average in per capita terms, and all face challenges translating expenditures into outcomes (Serbia, for example, spends a similar percentage of GDP as some EU countries but still has lower life expectancy).

### 3.2 Public health outcomes and facts

Overall health outcomes in the Western Balkans have improved over the past decade, but they remain below EU averages, and important disparities persist. Key indicators illustrate both progress and gaps:

- **Life expectancy:**

Life expectancy at birth has trended upward across the region. By 2019, life expectancy ranged from roughly 77-78 years in Albania and Bosnia and Herzegovina, up to about 75-76 years in Montenegro, North Macedonia and Serbia, and only to 72.5 years in Kosovo. These figures are still a few years lower than the EU average (up to 80+ years). The lower life expectancy in Kosovo (the lowest in the Western Balkans) reflects a heavy burden of disease and post-conflict constraints. Factors such as poverty and limited healthcare access contribute to this gap. Notably, Albania stands out with the highest life expectancy, reaching up to 78.5 years, a notable achievement given its lower spending – this may be influenced by a younger population structure and historically strong primary care outreach. It's worth mentioning that COVID-19 caused a temporary drop in

<sup>31</sup> World Bank. World Development Indicators. <https://databank.worldbank.org/source/world-development-indicators>. Accessed 4 May 2025.

<sup>32</sup> Kosovar health sector strategy 2025-2030. (2024). <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Healt49443676.2903.pdf>. Accessed 4 May 2025.

<sup>33</sup> International Monetary Fund. European Dept. (2023). Request for stand-by arrangement and an arrangement under the resilience and sustainability facility-press release. *IMF Staff Country Reports*, 2023 (200). 103. <https://doi.org/10.5089/9798400244940.002>

life expectancy in 2020-2021 in some Western Balkans economies; for example, Bosnia and Herzegovina saw a decline from 76.8 years (2019) to about 74.6 years in 2021 due to pandemic-related mortality.

- **Infant and maternal mortality:**

The Infant Mortality Rate (IMR) has decreased significantly over the last decades, reflecting improvements in maternal-newborn care and immunisation. Today, most Western Balkans economies have IMRs in the single digits (per 1,000 live births). Serbia's IMR fell to 4.8 per 1,000 by 2018, comparable to some EU13 Member States. In Bosnia and Herzegovina, the rate is around 5-6 per 1,000. Montenegro and North Macedonia have slightly higher rates (estimated at approximately 6-8), while Albania has been able to reduce its infant mortality down to high single digits (from double-digit levels in early 2000s). Kosovo has the highest infant mortality, estimated in the low double digits (roughly twelve per 1,000 in recent years), which aligns with its lower health system capacity. Maternal mortality in all Western Balkans economies is relatively low (often fluctuating in the range of 5-20 per 100,000 live births. For instance, Serbia's maternal mortality ratio was twelve per 100,000 in 2017 - more than double the EU average, but still indicating that only a handful of maternal deaths occur annually. Other Western Balkans economies report similar low-double-digit maternal mortality, though reliable data for Kosovo are scarce.

- **Disease burden and epidemiological profile:**

The Western Balkans have completed the epidemiological transition to Non-Communicable Diseases (NCDs) as the dominant health burden. Cardiovascular diseases (heart disease, stroke) are the leading causes of death in each Western Balkans economy, followed by cancer. For example, Serbia's cancer mortality rate was 310 per 100,000 in 2017 - the highest among comparable Western Balkans economies, suggesting gaps in early detection and treatment. Similarly, high rates of cardiovascular mortality persist, linked to prevalent risk factors (tobacco, unhealthy diet, hypertension) and strained specialty care.

- **Health inequalities:**

There are notable disparities in health outcomes within the Western Balkans economies. Rural and remote populations generally experience poorer access and worse health status than urban residents. In Serbia, for example, there are "wide differences... among districts in health resources (physicians, beds) and outcomes<sup>34</sup>." Vulnerable groups, such as the Roma minority, have substantially worse health outcomes (e.g., lower vaccination rates and higher infant mortality) than averages in the respective Western Balkans economies. These inequities point to the need for targeted public health interventions.

### 3.3 Major reforms and health policy changes (2015-2025)

Each Western Balkans economy has pursued health sector reforms in the last decade, with varying scope and success. Key reforms and policy changes include:

- **Albania** pursued ambitious health reforms to move toward UHC and made notable progress in expanding coverage, improving health financing and modernising its health system.

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<sup>34</sup> Milić, Nataša, Stanisavljević, Dejana, Krstić, Maja, Jovanović, Verica, Brcanski, Jelena, Kilibarda, Biljana, Ljubičić, Miljan, Živković Šulović, Mirjana, Boričić, Katarina, Živanović Radnić, Tatjana, Milanković, Jasna, Ogrizović Brašanac, Mirjana, Jordanovski, Gordana, Bjelobrk, Gordana. (2019). The 2019 Serbian national health survey. <https://publikacije.stat.gov.rs/G2021/pdfE/G20216003.pdf>. Accessed 13 April 2025.

- **Bosnia and Herzegovina:** Major health reform has been hampered by the country's complex political structure. However, efforts to strengthen primary care and improve coordination have continued with international donor support.
- **Kosovo's** health reforms have been shaped by its post-war reconstruction needs, with key efforts focused on implementing an economy-based HIF, on strengthening primary care and on improving essential medicines supply.
- **Montenegro** focused on optimising resources and aligning with EU standards, including the introduction of e-health services and reforming health financing.
- **North Macedonia** implemented reforms, particularly in e-health with the "Moj Termin" platform and is continuing efforts to improve primary care access and to expand insurance coverage.<sup>35</sup>
- **Serbia:** Significant legislative reforms were undertaken from 2016–2019 to modernise its health system, including a new Public Health Law (2016) and new Health Care and Health Insurance Laws (2019). These laws aim at strengthening preventive care, clarify governance and improve health financing transparency.

In summary, the past five to ten years have seen significant health policy activity across the Western Balkans economies, with each of them taking different paths to address longstanding challenges. The impact of these reforms is still unfolding, but they represent efforts to improve the healthcare systems in the Western Balkans.

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<sup>35</sup> The European Observatory on Health Systems and Policies. (2022). Health Systems in Action North Macedonia. <https://iris.who.int/bitstream/handle/10665/362345/9789289059169-eng.pdf>. Accessed 13 April 2025.



## 4 Main challenges in health policies across the Western Balkans economies

Despite reform efforts, the Western Balkans economies' health systems and policies face persistent challenges that hinder performance and equity and reflect both regional and structural issues, as well as the legacies of past political and economic systems.

### 4.1 Fragmented health systems and governance

In Bosnia and Herzegovina, the health system is highly fragmented due to its complex governance structure. Health responsibilities are split between different entities (e.g., the FBiH and RS), leading to inefficiencies, inequality in access to services and to difficulties in implementing WB economy-level health policies.

There is a lack of integration of healthcare systems in some Western Balkans economies. In Kosovo, for instance, the healthcare system is still emerging and therefore lacks strong integration. The absence of an economy-level health insurance scheme, combined with fragmented administrative structures, hinders the development of an efficient and equitable healthcare system. Particularly in Bosnia and Herzegovina (and to a lesser extent in Kosovo due to parallel public and private systems), fragmentation of the health system is a barrier. Bosnia and Herzegovina's multiple insurance funds and authorities result in duplication, inefficiency and unequal standards. Coordination between the FBiH and RS on public health or health information is weak, which was evident during COVID-19 when data reporting and response measures were not uniform. Even in less fragmented systems, weak coordination between levels of care can be problematic - e.g., referrals from primary care to specialists might be inefficient or health and social care services might not be well linked for care of the older people. Strengthening integrated care pathways is an ongoing challenge. Governance issues like corruption and lack of transparency have plagued some health systems. In Albania, the government openly acknowledged in 2017 that the existing health financing system "feeds corruption"<sup>36</sup> and needed an overhaul. Informal payments to providers, though reportedly declining, still undermine trust in the system in several Western Balkans economies. Tackling these systemic governance issues is critical but difficult.

### 4.2 Inadequate health financing

Another challenge is represented by inadequate health financing. Despite significant reforms, limited public investment in healthcare spending remains relatively low compared to EU standards. For instance, Kosovo spends only about 2.5 % of GDP on healthcare, which is far below the EU average. In some Western Balkans economies, such as Albania, OOP expenses are high, making healthcare financially inaccessible for vulnerable populations.

As for health financing and sustainability, underfunding and high OOP costs for medicines, diagnostics, or private consultations can be catastrophic for low-income households. Although all systems aim at universal coverage, the reality of high OOP costs remain problematic. Public spending is limited by economic constraints and competing budget priorities.

Heavy dependence on OOP payments poses another problematic situation. In some Western Balkans economies, including Serbia and Albania, a large portion of health expenditure comes

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<sup>36</sup> Zegali, Romeo. (2015). Albania - health overview. [https://health.ec.europa.eu/document/download/8afd1a79-92cc-4ab1-affa-ec788df294b2\\_en#:text=left%20behind%2C%20simply%20because%20they,to%20receive%20essentially%20vital%20services](https://health.ec.europa.eu/document/download/8afd1a79-92cc-4ab1-affa-ec788df294b2_en#:text=left%20behind%2C%20simply%20because%20they,to%20receive%20essentially%20vital%20services). Accessed 25 April 2025.



from OOP payments, which exacerbates health inequalities and hinders financial protection for the population.

### 4.3 Workforce challenges

Migration of healthcare professionals to EU countries is a significant issue across the Western Balkans. This "brain drain" reduces the availability of qualified healthcare workers, particularly in rural areas, and affects the quality and accessibility of care. A critical issue is the emigration of health professionals. Thousands of doctors and nurses from the Western Balkans have left to work in Western Europe over the last decade, exacerbating domestic staff shortages. In Bosnia and Herzegovina, for example, around 300-400 doctors left in 2016 alone, and similar numbers continued to depart each year after<sup>37</sup>. The situation is comparable in Serbia, where the National Medical Council issues about 800 certificates per year for doctors seeking jobs abroad<sup>38</sup>. Kosovo and North Macedonia also report hundreds of doctors and many nurses emigrating annually. Losing skilled health workers threatens the sustainability of services, leading to longer waiting times and overburdened remaining staff. All Western Balkans economies are grappling with this issue: Economy-level administrations have tried responses like raising health worker wages, offering scholarships for medical graduates who serve at home, and improving work environments, but migration continues to pose a major challenge to the health system capacity.

Underdeveloped workforce capacity is also a challenge: In many of the Western Balkans economies, there is a shortage of trained healthcare professionals, compounded by insufficient investment in continuing education and professional development. Moreover, there is a lack of effective strategies for retaining healthcare professionals in the region.

### 4.4 Access to care and equity issues

The Western Balkans economies face challenges in providing equitable access to healthcare due to geographic barriers, particularly in rural and remote areas. Rural areas are hence faced with unequal access to essential services, such as primary care, specialist consultations and emergency care.

Rural-urban and regional disparities are also linked with inequitable access. Rural areas and less developed regions face shortages of healthcare providers and facilities. For instance, in Albania, doctors are concentrated in Tirana and a few cities, leaving remote northern districts underserved. In Serbia, the density of physicians and hospital beds varies widely by district, with some areas having half the per-capita doctors of Belgrade<sup>39</sup>. Patients in under-resourced regions often must travel long distances for specialty care. This urban-rural divide is compounded by infrastructure (poor roads can impede access to care in mountainous regions) and by the migration of young people out of rural areas, leaving behind an older population with fewer local services. In Bosnia and Herzegovina, disparities also occur across ethnic and administrative lines, e.g., residents of poorer cantons may not have the same range of services or available drugs covered as those in the

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<sup>37</sup> WOW-Europe, the Independent Trade Union Federation of Workers in Financial Organizations (SSRFOFBiH) and European Centre for Workers' Questions (EZA). Event "The future of work in the Western Balkans and EU Candidate Countries: How to tackle the workforce and skill shortage?" <https://www.wow-world.org/the-future-of-work-in-the-western-balkans-and-eu-candidate-countries-how-to-tackle-the-workforce-and-skill-shortage/>. Accessed 28 April 2025.

<sup>38</sup> Balkan Insight. (2020). Media release. <https://www.balkaninsight.com/2020/01/13/time-for-policy-change-on-western-balkans-emigration/>. Accessed 8 April 2025.

<sup>39</sup> Bjegovic-Mikanovic, Vesna, Vasic, Milena, Vukovic, Dejana, Jankovic, Janko, Jovic-Vranes, Aleksandra, Santric-Milicevic, Milena, Terzic-Supic, Zorica, Hernández-Quevedo, Cristina. (2020). Towards equal access to health services in Serbia. *Eurohealth*, 26(1), 25-28. <https://iris.who.int/bitstream/handle/10665/332482/Eurohealth-26-1-25-28-eng.pdf>. Accessed 8 April 2025.

Sarajevo canton, due to fragmented funding. Ensuring equitable distribution of health services and resources is thus a major challenge.

Vulnerable groups, such as the Roma community, refugees and migrants, face significant barriers to healthcare access. These include discrimination, lack of proper documentation and inadequate outreach by public health services.

It is important to consider the new demographic trends and changes in the population structure - whether temporary or permanent - throughout the Western Balkans, which presents an additional challenge for health systems, particularly in terms of preventive measures, which are undoubtedly lacking.

## 4.5 Chronic disease burden and non-communicable diseases

Similar to the EU, the region has seen a shift from infectious diseases to chronic diseases, such as cardiovascular diseases, diabetes and cancer, which are now the leading causes of death. These diseases put immense pressure on healthcare systems and require long-term care, early detection programmes and investment in prevention strategies.

Insufficient preventive health programmes is one of the very present challenges. While some WB economies such as Albania and Serbia have launched preventive health initiatives (cancer screening programmes), these efforts remain insufficient and need to be scaled up. The lack of comprehensive preventive care programmes at economy level is a significant gap in the Western Balkans' health policies.

The rising burden of Non-Communicable Diseases (NCDs), the epidemic of NCDs cardiovascular disease, diabetes, cancer, is a slow-burning crisis that Western Balkans are struggling to manage. High rates of smoking (Western Balkans economies historically have among Europe's highest tobacco use), unhealthy diets and low physical activity contribute to obesity and hypertension. While life expectancy has improved, it could be higher if NCDs prevention and management were better. Primary care systems often do not do enough proactive screening or early management of NCDs. For example, only 9 % of Serbian women at the age between 50 and 69 had a mammogram in the past two years as of 2018, far below EU average, leading to late cancer diagnoses<sup>40</sup>. Similarly, many diabetics or hypertensives are undiagnosed or poorly controlled. This challenge requires shifts toward preventive care, patient education and chronic disease management programmes. These are areas that are underdeveloped but slowly being addressed through reforms, like Albania's free check-ups, or Serbia's new public health law focusing on prevention. Without stronger NCDs control, health systems in the Western Balkans will face growing costs and mortality in the coming years.

## 4.6 Infrastructure and equipment gaps

Decades of under-investment have left many public hospitals with outdated facilities and equipment. Although there have been recent investments, often via loans or Public Private Partnerships (PPP), there are still hospitals in the region that lack advanced diagnostic machines, or where patients must wait a long time or travel abroad for certain treatments. For instance, radiotherapy for cancer is limited in some Western Balkans economies: patients from Kosovo often

<sup>40</sup> World Bank and United Nations Children's Fund (UNICEF). (2022). Toward a more effective, efficient, equitable and resilient health system in Serbia.  
<https://www.unicef.org/serbia/media/23221/file/Toward%20a%20more%20effective,%20efficient,%20equitable%20and%20resilient%20health%20system%20in%20Serbia.pdf>. Accessed 8 April 2025.

had to be referred to hospitals in North Macedonia or in Türkiye for advanced cancer treatment until new capacities were built.

Maintenance of medical equipment is another issue; some facilities have modern machines but lack funds for upkeep or consumables. Moreover, the primary care infrastructure, especially in rural areas, may be in poor condition, e.g., old clinics, irregular electricity or water supply in some remote posts. While donors like the EU have funded new clinics and telemedicine units in under-served areas, maintaining these investments and expanding them is an ongoing challenge.

## 4.7 Digital health and health information systems

A slow digital transformation is taking place. While some Western Balkans economies like Montenegro and North Macedonia have made strides in digital health (e.g., telemedicine and electronic health records), many others are still lagging behind in adopting digital tools. The lack of integrated health information systems means that health data is often fragmented, reducing the ability to coordinate care across different levels of service.

Data privacy and security are weak. As digital health tools are rolled out, concerns about the security and privacy of health data are increasingly important. The Western Balkans economies' health systems are still in the early stages of developing robust data protection mechanisms.

Many Western Balkans economies face issues with fragmented and outdated health information systems. For instance, Bosnia and Herzegovina has a decentralised structure, which leads to difficulties in sharing health data across entities and cantons.

Digital literacy is an important topic both for patients and health professionals, and a lack with that regard can be stated for both groups. In Western Balkans economies like Kosovo, the use of digital tools in healthcare is still in its early stages, and there is resistance to adopting e-health systems. Infrastructure gaps are also present. While some Western Balkans economies like North Macedonia have made strides in e-health (e.g., the "Moj Termin" appointment system), the infrastructure is not fully developed across all sectors, particularly in rural and underfunded areas.

## 4.8 Policy alignment with EU standards

Although the Western Balkans have made significant efforts to align their health policies with EU standards, the process of policy alignment remains slow. Key areas such as health financing, health technology assessments, and quality of care are still evolving. The lack of full integration into EU mechanisms and the absence of a common health policy framework hinder the implementation of a unified health approach across all Western Balkans economies.

As they strive to meet EU membership requirements, health policy alignment with the EU becomes crucial. The Western Balkans economies need to prioritise compliance with EU health-related regulations, such as the EU Digital Health Strategy and the European Health Union<sup>41</sup> initiative, to meet EU standards for public health, medical devices and healthcare services.

## 4.9 Greening healthcare

Environmental health policies are not widely respected or effectively implemented in the Western Balkans. While some Western Balkans economies have made progress in addressing environmental

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<sup>41</sup> Digital Health Europe. Recommendations on the European Health Data Space. [https://digitalhealthurope.eu/wp-content/uploads/DHE\\_recommendations\\_on\\_EHDS\\_July\\_2021.pdf](https://digitalhealthurope.eu/wp-content/uploads/DHE_recommendations_on_EHDS_July_2021.pdf). Accessed 28 April 2025.

health issues, such as reducing air pollution and promoting sustainable healthcare practices, much work remains to align with the EU Green Agenda<sup>42</sup>. Although several Western Balkans economies have begun to tackle environmental health challenges, these efforts remain fragmented and insufficient to achieve long-term, sustainable change.

For example, Serbia has made strides in improving air quality in major cities through efforts to reduce industrial emissions and increase the use of cleaner technologies. However, air pollution levels remain high, and regulations aimed at limiting emissions from transportation and household heating are not always enforced. Similarly, Montenegro has begun to introduce policies aimed at improving waste management in healthcare facilities, but large-scale implementation remains a challenge, with significant gaps in recycling infrastructure.

One notable initiative amongst the Western Balkans is the ongoing efforts to decarbonise healthcare services. For instance, some hospitals in Bosnia and Herzegovina have started implementing energy-saving measures, such as retrofitting old buildings with insulation and energy-efficient lighting. However, such measures are often limited to pilot projects, and more widespread adoption is required across the healthcare sector to significantly reduce carbon dioxide emissions.

Moreover, improving energy efficiency in hospitals has been a focus in some areas, such as North Macedonia, where energy audits are being conducted in healthcare facilities. Yet, the adoption of renewable energy sources, like solar panels, remains limited despite the potential for such solutions to reduce both carbon footprints and operational costs in healthcare facilities. Efforts to reduce waste, such as improving medical waste disposal systems, have been implemented in some cases, but these remain isolated efforts rather than systematic changes across the Western Balkans economies considered here.

These examples highlight that, while progress has been made in some areas, the Western Balkans still face significant challenges in implementing effective environmental health policies. The region must take more decisive action to meet EU standards, decarbonise healthcare services, improve energy efficiency and develop sustainable waste management practices (especially in pharmaceutical waste). Ultimately, achieving these goals will require stronger regulatory frameworks, better enforcement of existing laws and increased investment in green technologies and sustainable practices.

Climate change and environmental health risks, such as extreme heat, floods and air pollution are increasingly affecting public health in the Western Balkans (e.g., floods in Serbia in 2014<sup>43</sup>). The region is experiencing more frequent and severe heatwaves, which exacerbate existing health conditions, especially for vulnerable population groups such as the elderly and those with respiratory issues. Flooding, often triggered by intense rainfall, leads to the spread of waterborne diseases and disrupts healthcare services, making it harder to provide adequate care in affected areas. Air pollution, as already mentioned stemming particularly from industrial emissions, transportation and from biomass burning, continues to pose significant risks, contributing to respiratory diseases, cardiovascular conditions and premature deaths. These climate-induced health challenges are placing additional strain on already under-resourced healthcare systems in the region, highlighting the urgent need for comprehensive climate adaptation strategies and enhanced environmental health policies.

<sup>42</sup> European Commission. (2020). Guidelines for the Implementation of the Green Agenda for the Western Balkans. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: An Economic and Investment Plan for the Western Balkans. EUR-Lex52020SC0223. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020SC0223>. Accessed 8 April 2025.

<sup>43</sup> Serbia floods 2014. Post-disaster needs assessment. <https://www.gfdrr.org/sites/default/files/Serbia%20rna%20report.pdf>. Accessed 28 April 2025.

## 4.10 Crisis response and preparedness

External shocks and unpreparedness have led to a low health system resilience. For example, the COVID-19 pandemic severely tested health systems in 2020-2021 worldwide, including those of the Western Balkans economies. It exposed weaknesses in emergency response, supply chains, and health information systems. During the early stages of the pandemic, Western Balkans economies faced shortages of Intensive Care Unit (ICU) beds, ventilators and Personal Protective Equipment (PPE). The Western Balkans eventually mobilised field hospitals, international aid and lockdown measures to cope with the crisis. However, the pandemic disrupted essential services: for example, in Kosovo during the first wave (March-May 2020), all non-urgent health services were suspended, including elective surgeries and routine chronic care<sup>44</sup>. This resulted in delays in care and poorer health outcomes for patients with non-COVID conditions. This situation highlighted the importance of building health system resilience through emergency preparedness, flexible staffing and robust health information systems. While progress is being made (e.g., economy level emergency operation centres, stockpiling of medical supplies, etc.), the challenge remains to ensure that future crises (whether pandemics or natural disasters) do not derail basic health services.

These challenges of crisis situations are interconnected - for instance, workforce shortages feed into regional disparities and financing constraints make it harder to address infrastructure gaps. Policy makers in the Western Balkans are aware of these issues and have been working (often with international partners) on strategies to mitigate them.

In conclusion, health systems in the Western Balkans face numerous challenges that require comprehensive and coordinated policy reforms. Addressing these issues – ranging from fragmented health systems and inadequate financing to workforce shortages and chronic disease burdens – will require sustained political will, increased investment in healthcare infrastructure and greater regional cooperation.

Collaborative efforts, such as those facilitated through the South-Eastern Europe Health Network (SEEHN) and the EU Framework Programme Horizon Europe, provide promising models for addressing shared challenges and aligning the Western Balkans with EU health standards. The success of these initiatives will depend on continued political commitment, effective policy implementation and active engagement with international partners.

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<sup>44</sup> Tahirukaj, Ardita, Koryak, Sergy, Humolli, Isme, Rexhepi, Bujar, Tille, Florian. (2021). WHO Health Services Learning Hub. Covid 19 - Action brief. [https://hlh.who.int/ab-detail/action-brief-kosovo---deep-dive?utm\\_source=](https://hlh.who.int/ab-detail/action-brief-kosovo---deep-dive?utm_source=) Accessed 26 April 2025.

## 5 Looking for policy answers in health policies

Given the complexity of the health component, which can be observed from various perspectives, this analysis focuses on four key areas that are significant for the transition and cooperation among the Western Balkans economies. These four important areas for consideration are:

- Health workforce challenges, organisational factors, Human Resources and financing instruments;
- Financing and organisation of health systems, the relationship between private and public healthcare;
- Sustainable healthcare: an implementation of the Green Agenda<sup>45</sup> in healthcare;
- Digitalisation of health systems (including the potential use of artificial intelligence in the near future).

### 5.1 Methodological approach: expert interviews for health policy analysis

The data for this analysis was derived through structured expert interviews conducted across various Western Balkans economies. The interviews aimed at gathering comprehensive insights into the health status, healthcare system performance and policy challenges faced by the Western Balkans economies, as well as the opportunities for improvement and collaboration in the region.

Experts were selected out from all Western Balkans economies (see the Acknowledgment section for details) based on their deep knowledge and active involvement in the healthcare sector, including areas of public health, health system management, healthcare financing and policy development. They represented a range of stakeholders, including healthcare providers, policy makers, educators and private sector representatives. Each expert was invited to share their views on specific issues that impact the healthcare system, with a focus on identifying both challenges and opportunities for reform.

The interviews were guided by a structured questionnaire designed to cover key areas of health policy, with particular emphasis on the following themes:

- Demographic data and its implications for health policy
- Human resources in healthcare, including workforce development and education
- Organisation of the healthcare sector and potential improvements
- Financing and planning for healthcare sustainability
- Role of the private sector in healthcare and public/private sector integration
- Digitalisation and artificial intelligence in healthcare
- Primary healthcare, patient satisfaction and challenges to accessibility
- Sustainability and the Green Agenda, including decarbonisation efforts in healthcare.

The interview and the related questionnaire were designed to elicit both qualitative and quantitative data, enabling experts to provide detailed comments and examples from their Western Balkans economies' healthcare systems. It allowed experts to elaborate on specific

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<sup>45</sup> European Commission. (2020). Guidelines for the Implementation of the Green Agenda for the Western Balkans. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: An Economic and Investment Plan for the Western Balkans. EUR-Lex52020SC0223. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020SC0223>. Accessed 8 April 2025.



challenges they face, cite positive examples and propose solutions for system improvements. The inclusion of questions on mobility, health professional satisfaction and the impact of demographic shifts also provided insights into broader social determinants of health.

The conclusions regarding challenges, positive examples and potential solutions were derived from

- expert opinions on the structural and functional aspects of healthcare systems;
- real-world examples of successful initiatives and strategies implemented in some Western Balkans economies; and
- policy suggestions focused on overcoming systemic barriers and improving healthcare access, sustainability and quality.

The results of these interviews provided valuable insights into the current state of healthcare systems in the Western Balkans, including the integration of digital solutions, the role of the private sector and the importance of sustainability and the Green Agenda. The experts' input helped in formulating policy recommendations that aim at addressing the existing challenges while capitalising on opportunities for regional collaboration in healthcare.

The results of the interviews have been incorporated into the comparative analysis and recommendations. Findings from the expert interviews were systematically integrated into the subsequent sections of the report, especially the comparative analysis and recommendations chapters. The recommendations chapter offers targeted suggestions for policy reform and development based on the insights gathered from regional experts. This approach allows the report to offer a well-rounded, evidence-based perspective on the current state of healthcare in the Western Balkans, while also highlighting the specific actions needed to align with broader European health and sustainability goals.

## 5.2 Health topics at the Policy Dialogue conference in Sarajevo

The following sections offer additional direct insights from experts and events, giving a deeper understanding of the region's healthcare challenges and opportunities. A pivotal event in this context was the conference **“Policy Dialogue on Aligning Priorities in the Western Balkans - Vision 2030 - Digital, Green, and Health Pathways”**<sup>46</sup>, held in Sarajevo in September 2023. The conference aimed at fostering collaboration between the Western Balkans and the EU in aligning regional priorities with EU initiatives. It focused on three transformative areas: Digital Transformation, Green Deal and Healthy Societies.

The conference offered experts and specialists the chance to engage with these topics using the world café methodology. This approach created an interactive and collaborative environment, allowing participants to discuss each theme in detail, share ideas and propose potential solutions. After the discussions, the insights were analysed to identify common themes, emerging challenges and areas for improvement across the region.

The main topics examined – discussed through four thematic tables – were:

- **Thematic table 1:** Digitalisation process and use of artificial intelligence in health
- **Thematic table 2:** Sustainable financing for healthcare - exploring strengths and opportunities of private healthcare
- **Thematic table 3:** Driving healthcare progress: Infrastructure, sustainability and the Green Agenda in healthcare

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<sup>46</sup> POLICY ANSWERS Stakeholder Dialogue. Conference website. <https://eu-wb-policy-dialogue-stakeholder.b2match.io/page-4531>. Accessed 6 April 2025.

- **Thematic table 4: Health workforce challenges: Organisational factors, Human Resources and financing instruments.**

These topics served as inspiration for a constructive dialogue on barriers, challenges and opportunities.

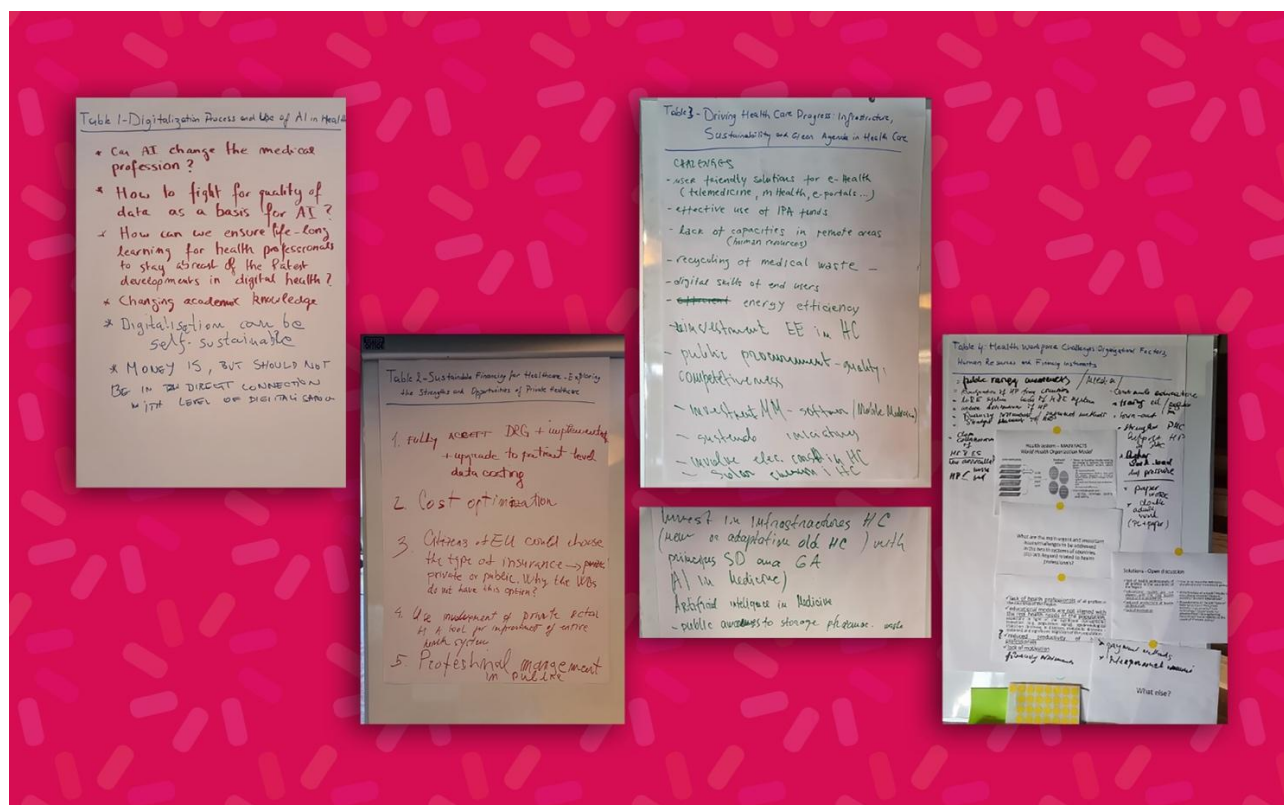


Figure 2: Pathway towards health. Selected outputs from the world café sessions at the Policy Dialogue Conference in Sarajevo 2023<sup>47</sup>.

An overview on the main outcomes of thematic tables reflects the discussions:

### Thematic table 1: Digitalisation process and use of artificial intelligence in health

- Continued collaboration and knowledge sharing with our neighbours and European partners. Serbia led the way in adopting digital solutions, like telemedicine and e-prescription, during the pandemic and beyond. Let's share and learn from successes of our friends.
- The future won't wait for us! Healthcare software and AI are now integral parts of daily medical practice. We must strengthen the digital skills of our healthcare workforce by incorporating digital education in high school and university curricula.
- The Western Balkans have made progress in implementing digital healthcare solutions, but there is still room for improvement in recognising the importance of high-quality data and data standards.

<sup>47</sup> POLICY ANSWERS Stakeholder Dialogue. Conference website. <https://eu-wb-policy-dialogue-stakeholder.b2match.io/page-4531>. Accessed 6 April 2025.



**Thematic table 2:** Sustainable financing for healthcare – exploring the strength and opportunities of private healthcare

- Digitalisation, AI, telehealth services, robotisation as opportunities
- Focus on screening programmes and prevention
- Professional management to lead hospitals
- Use existing private sector resources to reduce waiting lists
- Public health insurance reform to determine the cost of each service - "money should follow the patient"
- Promote entrepreneurship in healthcare as a way to retain healthcare workers in the WB
- Relax communication between Western Balkans economies
- Recognition of diploma between counterparts in the WB
- Work permits through the same ID number in the WB

**Thematic table 3:** Driving healthcare progress: Infrastructures, sustainability and the Green Agenda in healthcare

- Based on the presented experiences and practices of the health systems of WB economies in achieving the goals of sustainable development and the principles of the Green Agenda, an opportunity is created to work more visibly on improving the strategic and legislative framework at both the economy-level and across all Western Balkans.
- The possibility to promote innovative activities in the provision of healthcare with a low carbon footprint, in accordance with the principles of the Green Agenda, both on economy-level and across all Western Balkans economies, by engaging potential partners (Western Balkans, EU, WHO...).
- The possibility of organising trainings, webinars, meetings and joint access to writing projects for healthcare systems that are in line with the principles of the Green Agenda of the Western Balkans economies.
- Promotion of projects within health systems that have advanced the efforts to tackle the climate change or achieved results in increasing energy efficiency and decarbonisation, in order to overcome problems of providing additional financial resources for their continuation from partners from the Western Balkans, the EU and the WHO.

**Thematic table 4:** Health workforce challenges: Organisational factors, human resources and financing instruments

- The ability of the health system to provide good and appropriate services, as well as to respond appropriately to new challenges it faces, is conditioned by the availability of health professionals with the right skills and knowledge in sufficient numbers, located where they are needed, and working in an environment that motivates and engages them.
- The Western Balkans economies need to develop policies that will ensure – provided the availability of sufficient numbers of healthcare professionals, by profile and quantity – with relevant skills, competencies and motivation to provide health services to the population.
- Focus on vital areas of education and training for the health workforce, migration and retention strategies and effective execution and management.

- Healthcare professionals: From a management standpoint, the workforce framework focuses on modulating the role of the labour market and economy-level action in key decision making.
- Workforce input: Preparation of the workforce through strategic investments in education and the practices of effective and ethical employment.
- Workforce: Strengthening healthcare delivery through better management of workers in both the public and private sectors.
- Workforce exit: Managing migration to reduce wasteful loss of human resources.

## IMPORTANT

- ☐ More health policy implementation, less politics
- ☐ More implementation at strategy level and individual level
- ☐ Using principles of health in all policies, and insist on Green Agenda and digitalisation in health

## For the future: WB as a client who know how to save health

- Healthier organisational culture
- Healthier leadership
- Healthier environment for workplace in healthcare
- Educational process and curricula richer by digital and AI issues
- Sustainable healthcare by respecting and implementing energy efficiency and environmental issues

Figure 3: Pathway towards health. Summary from the Policy Dialogue Conference in Sarajevo 2023<sup>48</sup>.

<sup>48</sup> POLICY ANSWERS Stakeholder Dialogue. Conference website. <https://eu-wb-policy-dialogue-stakeholder.b2match.io/page-4531>. Accessed 6 April 2025.



Figure 4: Impressions from the Policy Dialogue Conference in Sarajevo 2023<sup>49</sup>.

#### Key outcomes and recommendations:

- Integration of health priorities into EU frameworks

The discussions highlighted the need for Western Balkans economies to integrate health priorities into broader EU frameworks, such as European Partnerships and Smart Specialisation Strategies (S3). This integration is vital to align regional health policies with EU standards and to promote sustainable development across the region.

- Enhancement of stakeholder engagement

The conference underscored the importance of active stakeholder engagement in the policymaking process. Involving a diverse range of stakeholders including policy makers, researchers and the civil society ensures that health policies are inclusive, equitable and responsive to the needs of all community sectors.

- Promotion of cross-sectoral collaboration

Participants recognised the significant value of cross-sectoral collaboration in tackling complex health challenges. By fostering partnerships between the health, environment and digital sectors, the Western Balkans economies can develop integrated and comprehensive strategies to address the broader determinants of health.

- Development of a regional health policy roadmap

The conference served as an important platform for initiating the creation of a regional health policy roadmap. This roadmap will guide the Western Balkans economies in aligning their health policies with EU directives, focusing on key areas such as the digital health transformation, environmental health and sustainable healthcare systems.

<sup>49</sup> POLICY ANSWERS Stakeholder Dialogue. Conference website. <https://eu-wb-policy-dialogue-stakeholder.b2match.io/page-4531>. Accessed 6 April 2025.

- Establishment of the EU-Western Balkans Policy Dialogue Stakeholder Platform

A major outcome of the conference was the establishment of the EU-Western Balkans Policy Dialogue Stakeholder Platform. This platform is intended to facilitate ongoing collaboration by providing a space for stakeholders to share best practices, address challenges and co-develop innovative solutions to advance healthcare systems in the region.

In conclusion, the conference marked a significant step towards aligning health policies in the Western Balkans with EU standards. By focusing on integration, stakeholder engagement, cross-sectoral collaboration and the development of a cohesive policy roadmap, the event laid the groundwork for a sustainable and inclusive health policy framework in the region.

Discussion emphasised the need for more health policy implementation and less politics, with greater focus on implementation at both the strategic and individual levels. It also highlighted the importance of applying the principles of the approach “Health in All Policies”, reinforcing the Green Agenda and digitalisation in health as essential pillars for future development.

## 6 Health - best practices, initiatives, examples

The Western Balkans economies have made some notable steps in healthcare reform and innovation, particularly in areas such as primary healthcare, digital health, and public-private collaboration. Amid the challenges and difficulties, the Western Balkans economies have developed several best practices and innovations in health system delivery and policy. As a result of the expert interviews held and based on information from various sources, several examples are provided below.

### 6.1 Primary healthcare reform initiative

The WHO has played a pivotal role in supporting PHC reforms in the Western Balkans. These reforms have focused on improving service accessibility, ensuring quality care and strengthening health systems across the Western Balkans economies. This initiative has led to the implementation of reforms that focus on strengthening primary healthcare systems, improving service delivery, and ensuring better health outcomes for populations across all Western Balkans.

One of the success stories in strengthening PHC has been the widespread establishment of the family medicine model of PHC (Bosnia and Herzegovina, North Macedonia, Kosovo). They re-trained general practitioners and nurses as family health teams to serve as the first point of contact. This has improved access to basic services. For example, in Bosnia and Herzegovina over 70 % of the population is now registered with family medicine teams, leading to more organised management of chronic conditions at the primary level. In North Macedonia, the contracting of private family doctors (paid per capita) in the 2000s led to competition and extended hours in primary care. By the late 2010s, patient satisfaction with PHC had improved. Maintaining strong PHC is considered a best practice for managing NCDs and providing equitable care, and the Western Balkans experience in rolling out family medicine (often cited in WHO case studies<sup>50</sup>) is a model for other post-socialist health systems.

### 6.2 Health policy and governance improvements

There have also been innovations in the so-called “soft” aspects of health systems - policy and management. Serbia’s reform of its pharmaceutical sector introduced an electronic procurement system and a positive list of drugs that is updated with cost-effectiveness criteria, improving transparency. Bosnia and Herzegovina implemented accreditation for hospitals and primary care centres with international standards, which has begun to drive quality improvements; several hospitals have now been accredited by the International Society for Quality in Health Care ISQua<sup>51</sup>. Montenegro and North Macedonia have integrated EU best practices by establishing Health Technology Assessment (HTA) bodies to evaluate new treatments before adoption, which is innovative in the regional context and helps ensure rational use of resources. Community health programmes have also emerged, such as community nursing in Serbia for older people care, with partner local administrations with health centres; this is an example of cross-sector innovation to address demographic shifts.

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<sup>50</sup> World Health Organization and the United Nations Children’s Fund (UNICEF). (2020). Operational Framework for Primary Health Care Transforming Vision Into Action <https://iris.who.int/bitstream/handle/10665/337641/9789240017832-eng.pdf>. Accessed 28 April 2025.

<sup>51</sup> International Society for Quality in Health Care. <https://www.isqua.org/>. Accessed 10 April 2025.



## 6.3 Health projects and initiatives

There are some important health projects in the Western Balkans dedicated to workforce, innovations, complementary solutions and infrastructure:

- Horizon Europe Project AHEAD<sup>52</sup> and Medical Deserts Network (MDN): Addressing health workforce challenges, focusing on medical deserts and workforce shortages in underserved areas across Europe. It promotes collaboration and knowledge exchange to ensure equitable healthcare worker distribution and sustainable solutions for medical deserts. This initiative strengthens policies to attract and retain healthcare professionals, focusing on underserved areas and rural regions.
- Regional Collaboration on Health Workforce: the South-Eastern Europe Health Network (SEEHN)<sup>53</sup> facilitates regional cooperation to address health workforce shortages and migration issues, and to develop joint strategies for recruitment, retention and training.
- Health Worker Incentive Programmes<sup>54, 55</sup>: Albania and Kosovo offer financial incentives and scholarships to retain healthcare professionals in underserved regions. These programmes encourage healthcare workers to stay and work in rural areas, ensuring access to essential services.
- Telemedicine and Digital Health Initiatives<sup>56</sup>: North Macedonia implements telemedicine and an Electronic Health Records (EHR) system to improve healthcare access, especially in rural areas. These initiatives alleviate workforce pressures by offering consultations remotely, enhancing healthcare delivery efficiency.
- The South East European International Institute for Sustainable Technologies (SEEIIST)<sup>57</sup>: This project will be implemented around the idea of the real international cooperation in the South East European (SEE) region, bringing together scientists, engineers, medical doctors, young people and technicians within the joint research infrastructure with the mission “Science for Peace”. The institute will be a regional (SEE) Centre of Excellence based on the state-of-the-art sustainable technology, ensuring high competitiveness to the rest of Europe. It will promote collaboration across the SEE region in the fields of science, technology and industry, and advance a knowledge-based economy.
- BIO4 Campus<sup>58</sup>: Serbia is now building on its ICT success and strong life sciences sector to establish itself as a new bioeconomy hub in Europe.

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<sup>52</sup> Action for Health and Equity: Addressing medical Deserts (AHEAD). Medical Deserts Network (MDN). <https://ahead.health/md-network/>. Accessed 8 April 2025.

<sup>53</sup> South-Eastern Europe Health Network. <https://seehn.org/>. Accessed 8 April 2025.

<sup>54</sup> Duka, Brikena, Dervishi, Arjan, Grosha, Ervin, Ivziku, Denada, Rocco, Gennaro, Stievano, Antonio, and Notarnicola, Ilaria. (2025). Inequalities in the Distribution of the Nursing Workforce in Albania: A Regional Analysis Using the Gini Coefficient. *Nursing Reports*, 15(2). <https://doi.org/10.3390/nursrep15020030>

<sup>55</sup> Percival, Victoria, and Sondorp, Egbert. (2010). A case study of health sector reform in Kosovo. *Conflict and Health*, 4(7). <https://doi.org/10.1186/1752-1505-4-7>

<sup>56</sup> Haxhihamza, Kadri, Stavric, Katarina, Nikolova, Suzana, Soleski, Kiril, Arsova, Slavica, Bajraktarov, Stojan, Dimov, Nikola, Ismaili, Bekim, and Vasoviq, Sanja. (2024). Telemedicine in service of family doctors in North Macedonia: search for the new frontier for medical professionals. *Telemedicine and e-Health*, 30(5). <https://doi.org/10.1089/tmj.2023.0640>

<sup>57</sup> The South East European International Institute for Sustainable Technologies (SEEIIST). <https://www.seeiist.eu>. Accessed 25 April 2025.

<sup>58</sup> Bio4 Campus in Serbia. <https://bio4.rs/discover/bio4-campus/>. Accessed 24 April 2025.

## 6.4 Digital health

Montenegro has been at the forefront of integrating digital health solutions in the region. The establishment of digital innovation hubs and a National Digital Health Strategy has facilitated the adoption of several key initiatives:

- Electronic Health Records (EHR): These records have improved healthcare data management and reduced errors.
- Telemedicine: Expanding healthcare access in remote and rural areas, ensuring patients can receive medical consultations without having to travel long distances.
- Health data exchange: Facilitating efficient management and access to health data, contributing to better health system management.

These initiatives have led to a more efficient healthcare system, particularly in areas where access to traditional healthcare facilities was limited. Montenegro's efforts have positioned it as a model for digital health transformation in the region. The development of digital health strategies and digital innovation hubs has facilitated the adoption of electronic health records, telemedicine and other digital tools. These advancements have improved healthcare delivery, especially in remote areas, and have contributed to more efficient health system management<sup>59</sup>.

Embracing digital innovation is a growing trend and a clear best practice in the region. As another example, North Macedonia's "Moj Termin" e-health system is frequently cited as an innovative model. It has created a centralised electronic system for scheduling appointments, referrals, and even collecting health data. This system improved efficiency by reducing duplicate appointments and no-shows, and has provided health authorities with valuable data on service utilisation.

Albania has been at the forefront of digital reforms by implementing e-prescriptions and electronic health records nationally, it has increased transparency in pharmaceutical use and made it easier for patients to get medications refilled without paper slips. Plans for telemedicine are also underway, particularly to serve remote communities (e.g., tele-consultations in mountainous areas of Albania and tele-radiology between smaller hospitals and capital city centres in Montenegro). These digital solutions are improving access and quality; for example, patients in Albania can now obtain their prescription drugs more easily and have their medical history accessible at different levels of care due to the digitised records<sup>60</sup>.

Serbia has made significant strides in digitalising its healthcare system through the development of the Integrated Health Information System (IHIS)<sup>61</sup>. This ambitious initiative aims at creating a comprehensive, interconnected platform that will link primary care centres, secondary care hospitals and tertiary medical institutions. The IHIS is designed to streamline healthcare delivery by enabling electronic referrals, e-prescriptions and the efficient sharing of patient information across different levels of care.

The IHIS aims at centralising health data from various healthcare providers, ensuring that patient information is consistently updated and accessible. This reduces the risk of fragmented care and

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<sup>59</sup> Regional Cooperation Council (RCC). Regional Digital Innovation Hubs workshop in Podgorica. <https://www.balkaninnovation.com/news/171/regional-digital-innovation-hubs-workshop-in-podgorica>. Accessed 25 April 2025

<sup>60</sup> International Trade Administration. U.S. Department of Commerce. Healthcare resource guide - Albania. <https://www.trade.gov/healthcare-resource-guide-albania>. Accessed 8 April 2025.

<sup>61</sup> Veličković, Jasmina, Lutovac, Mitar, Jokić, Mia. (2024). Integrated Health Information System in the Republic of Serbia. *Annals of Nursing*, 2(1), 24-39. <https://doi.org/10.5937/annnur2-50117>

ensures that healthcare professionals have real-time access to accurate patient data, enhancing decision-making.

One of the main components of the IHIS is the introduction of electronic referrals and e-prescriptions. This shift to digitalisation eliminates the need for paper-based systems, reducing administrative burden and improving accuracy. E-referrals allow for seamless transfers of patient information between healthcare providers, ensuring that patients receive timely and appropriate care. E-prescriptions facilitate the process of prescribing medications and enable pharmacists to verify prescriptions electronically, reducing errors and improving medication safety.

The IHIS is designed to ensure interoperability between primary, secondary, and tertiary healthcare levels, which was previously a challenge in Serbia's health system. By linking hospitals, clinics, and outpatient care centres, the system allows for better coordination of care, particularly for patients with chronic conditions who require ongoing management across multiple levels of healthcare. The introduction of digital health solutions such as e-health records, e-prescriptions and e-referrals will ultimately enhance the patient experience. Patients can benefit from faster and more accurate diagnoses, reduced waiting times, streamlined care processes and better access to their own health data, thereby increasing transparency and enabling them to be more involved in their treatment plans<sup>62</sup>.

While challenges exist, such as ensuring data security and training staff, the commitment to e-health is a positive trend. Cooperation amongst the Western Balkans on digital health, sharing software solutions and standards, is also emerging, with Western Balkans economies participating in EU digital health initiatives.

## 6.5 Preventive health initiatives

The Western Balkans economies have launched proactive public health programmes to improve health outcomes. A notable example is Albania's free preventive check-up programme. Starting in 2015-2016, Albania offered annual free medical check-ups for citizens aged from 35 to 70 (covering blood pressure, cholesterol, blood sugar, etc.). This programme, implemented via a PPP, successfully screened hundreds of thousands of people each year, identifying individuals at risk for heart disease or diabetes and referring them for follow-up. It is one of the largest population health screening efforts in the Western Balkans and represents a best practice in prioritising prevention.

Another example is Serbia's campaign to improve cancer screening; Serbia introduced organised breast and cervical cancer screening programmes, for example mammography and Pap smear invites, in the past decade. While uptake is still low, the infrastructure for population screening is now in place.

Immunisation remains an area of past success. Historically, the Western Balkans economies had a very high vaccine coverage, virtually eliminating polio, controlling measles, etc., and they are working to sustain this achievement. For instance, Montenegro maintained a near 95 % coverage for DTP (diphtheria, tetanus and pertussis) vaccine and other vaccines through targeted outreach by patronage nurses, an approach that can be emulated elsewhere.

Additionally, economies have started addressing risk factors through policies: all Western Balkans economies have laws on tobacco control (Serbia and North Macedonia have enforced indoor smoking bans in healthcare and educational facilities, for example) and are considering measures on alcohol and food labelling in line with EU norms.

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<sup>62</sup> Radenović, Žarko, Milovanović, Slavoljub, Milovanović, Goran. (2017). Heliant Health Information System as a Support to Electronic Business of Healthcare Organizations in Serbia. *Facta Universitatis - Series: Economics and Organization*, 14(3), 265-279.  
<https://doi.org/10.22190/FUEO1703265R>



Examples of outcome improvements demonstrated some innovations have clearly yielded measurable benefits. Through concentrated efforts, immunisation in Montenegro remained high, and the country avoided the measles outbreaks that hit some neighbours – a testament to strong public health outreach as a best practice. In North Macedonia, the introduction of the HPV (human papillomavirus) vaccine into the national immunisation programme in recent years is expected to greatly reduce cervical cancer rates in the future – a preventive innovation supported by strong political will and public education. Another positive outcome is the significant reduction in tuberculosis across the region, thanks to adherence to the WHO-recommended Directly Observed Treatment, Short-course (DOTS) strategy and cross-border tuberculosis control projects. Bringing tuberculosis incidence to very low levels is a public health success that other regions look to emulate.

## 6.6 Public-private healthcare collaboration

The World Bank has highlighted the importance of PPPs in enhancing healthcare services in the Western Balkans. Collaborations between public institutions and private entities have led to improved healthcare infrastructure, increased investment in health services and better access to quality care for citizens.

PPPs and service delivery innovation:

Several Western Balkans economies have experimented with PPPs to expand capacity and introduce new services. Albania's use of PPPs is a prominent case: by contracting private firms to provide dialysis, laboratory diagnostics and imaging services, Albania managed to increase the availability of these services relatively quickly. For instance, before the PPP, dialysis centres were limited; now dialysis is available in more locations, run by a private partner but paid by the public fund, increasing access for patients with kidney failure. Similarly, a PPP for laboratory services has modernised equipment and networks of labs. Kosovo is also exploring PPPs - it opened its first Radiotherapy Centre through a blended finance approach, reducing the need for cancer patients to travel abroad. Montenegro partnered with the private sector to build a modern wastewater treatment facility for its main hospital, illustrating an infrastructure PPP that improves public health. While PPPs must be managed carefully to ensure cost-effectiveness, they have in some cases filled gaps in service delivery and can be considered an innovative approach when public funds and expertise are limited.

## 6.7 COVID-19 vaccination campaigns

The Western Balkans economies adopted strong vaccination strategies, with varying levels of success. During the COVID-19 pandemic, Albania took a proactive approach by securing multiple vaccine supplies through bilateral agreements and EU assistance. This strategy enabled Albania to roll out vaccines quickly and achieve widespread vaccination coverage, significantly mitigating the impact of the pandemic and safeguarding public health.

Albania's swift and efficient vaccination rollout allowed it to vaccinate a significant portion of its population, helping reduce the spread of the virus and prevent severe cases. High vaccination rates were thus achieved, contributing to improved public health outcomes. Albania's commitment to solidarity extended beyond its borders, as it provided the neighbouring Western Balkans economies with vaccine supplies, demonstrating regional unity in the fight against COVID-19 and promoting collaboration within the Western Balkans. Albania's vaccination approach serves as a best practice, not only for the Western Balkans economies but also as a model for other nations confronting similar challenges.

Bosnia and Herzegovina faced challenges due to political fragmentation, but vaccination efforts were supported by international assistance and EU funding. By the end of 2021, around 35 % of the population had received at least one dose of the vaccine. Efforts were made to increase vaccination uptake, but vaccine hesitancy remained a challenge in some regions.

Kosovo faced challenges with vaccine supply and distribution but made strides by securing vaccines through EU assistance and international partnerships. By 2022, around 40 % of the population had received at least one dose, with efforts focused on increasing vaccine access in rural and underserved areas.

Montenegro also made significant progress, with around 50 % of the population vaccinated by late 2021. Montenegro prioritised vaccinating high-risk groups and achieved relatively high vaccination rates in urban areas, although outreach to rural populations remained a challenge.

North Macedonia's vaccination campaign was primarily supported by the COVID-19 Vaccines Global Access (COVAX)<sup>63</sup> and bilateral agreements. By the end of 2021, North Macedonia had achieved a vaccination rate of around 40 %. While vaccination rates were lower than in some neighbouring Western Balkans economies, the government focused on securing vaccine supplies and distributing them as efficiently as possible.

Serbia led the region with a high vaccination rate, securing vaccine supplies through multiple channels (EU, but also China and Russia). Serbia's vaccination campaign achieved widespread coverage, ensuring that a significant portion of the population was vaccinated by mid-2021. As of 2022, Serbia's vaccination rate reached over 50 %, making it one of the top countries among the Western Balkans for vaccine coverage.

To conclude, the COVID-19 vaccination efforts across the Western Balkans reflect a collective commitment to fighting the pandemic. Albania's approach, including securing vaccines through multiple channels and providing support to its neighbours, has set a strong example. Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia also made significant progress, although challenges related to vaccine hesitancy, distribution and political fragmentation remained. The regional cooperation demonstrated during the pandemic, including shared vaccine supplies and mutual aid, is a model for future health emergencies. By continuing to strengthen these cooperative efforts and improve access to vaccines, the Western Balkans can build a more resilient health system for future challenges<sup>64</sup>.

## 6.8 Cooperation among the WB for health system strengthening

The Western Balkans economies, recognising their common challenges, have engaged in collaborative efforts. Through the SEEHN and other fora, they have shared best practices on topics like immunisation, mental health and emergency preparedness. One tangible outcome has been joint procurement initiatives for vaccines and medicines - by pooling demand, small economies like those in the Western Balkans can negotiate better prices. In 2019, some Western Balkans administrations explored joint procurement of high-cost drugs (e.g., oncology medicines) with support from WHO, which is a promising strategy to improve affordability. Another collaborative success was the response to COVID-19 among the Western Balkans, where economies exchanged protocols and even provided mutual aid: Serbia and Albania donated vaccines and medical supplies

<sup>63</sup> World Health Organization. COVAX. <https://www.who.int/initiatives/act-accelerator/covax>. Accessed 26 April 2025.

<sup>64</sup> European External Action. (2021). Media release. [https://www.eeas.europa.eu/eeas/covax-vaccine-deliveries-have-started-western-balkans\\_and\\_en](https://www.eeas.europa.eu/eeas/covax-vaccine-deliveries-have-started-western-balkans_and_en). Accessed 26 April 2025.

to neighbours in 2021, showcasing solidarity. These cooperative efforts, while not directly improving one Western Balkans economy's system alone, represent an important innovation in approach, leveraging regional strengths to overcome individual weaknesses.

Another context of cooperation among Western Balkans is their participation in the EU's Horizon Europe Framework Programme. Participation is well-established across the Western Balkans economies, so this active involvement presents valuable opportunities for regional collaboration on research and innovation (R&I), especially knowledge exchange to address common challenges in advancing medical research and public health initiatives.

Through participation in EU-funded projects, Kosovo has achieved increased research capabilities. Collaboration with European research institutions has enhanced Kosovo's ability to contribute to international scientific research and has supported the implementation of evidence-based policies, improving the effectiveness of its health system and advancing public health goals.

Serbia's participation in Horizon Europe not only enhances its healthcare infrastructure but also facilitates its integration into the broader European R&I community. Serbian universities, research institutions, and healthcare providers are gaining valuable experience with the latest healthcare technologies and innovations, contributing to the overall advancement of the Western Balkans economies' healthcare systems. Through these projects, Serbia has been able to improve its healthcare policies, enhance medical research capabilities and implement more efficient healthcare delivery models. Collaboration with EU partners also helps Serbia align its healthcare standards with those of the EU, further preparing the country for future EU membership.

In conclusion, the Western Balkans economies have demonstrated resilience and creativity through these best practices. From Albania's bold UHC reforms and digital leap, to North Macedonia's e-health integration, to regional pooling of resources – these innovations show that, despite constraints, progress is being made. Scaling up these successes and learning from each other's experiences will be crucial for the Western Balkans as they continue reforming their health systems.

Over the past five to ten years, the health systems of the Western Balkans have navigated a complex path of reform, facing legacy challenges while also achieving important gains. All six economies have reaffirmed the goal of universal health coverage and made strides in areas like primary care and public health. Structural differences persist – from the fragmented governance in Bosnia and Herzegovina to Kosovo's still-emerging system – yet, each economy has identified reforms suited to its context.

A comparative analysis shows that increasing health investments, both in financial and human resources, and improving efficiency are common needs across the Western Balkans. Public health outcomes have generally improved (people are living longer and healthier lives than a decade ago), but the pace of progress could be accelerated with more effective policies to tackle non-communicable diseases and health inequities.

The Western Balkans economies have diverse health system trajectories but share a common imperative: to build efficient, equitable and resilient health systems that can deliver quality care to all citizens. Policy makers can draw on the comparative insights outlined in this report: successes to replicate, pitfalls to avoid and strategies to address lingering challenges. With sustained commitment and joint cooperation, the next decade could see the Western Balkans closing the gap with EU health standards, ensuring better health and well-being for their populations.

The Western Balkans economies have shown resilience and creativity in the face of healthcare challenges. Despite facing economic constraints, they have demonstrated significant progress in areas like primary care, digital health, preventive care and public-private partnerships. However,

significant challenges remain, including the brain drain of healthcare professionals, high OOP costs and regional health disparities.

Continued investments in healthcare infrastructure, human resources and health information systems will be crucial for the future success of healthcare systems in the Western Balkans. Cooperation across the Western Balkans and shared learning will be critical as they work toward aligning with EU health standards and achieving the United Nations' Sustainable Development Goals (SDGs). By scaling up successful projects and learning from each other's experiences, the Western Balkans can continue improve their healthcare systems and ensure equitable, high-quality care for all citizens.

## 7 Health policy opportunities and recommendations in the Western Balkans

Health systems in the Western Balkans face numerous challenges, from fragmented services to insufficient financing, workforce shortages and rising rates of NCDs. However, these challenges also present significant opportunities for improvement. This chapter outlines a systematic approach to identifying health policy opportunities in the region, focusing on key areas such as cooperation on economy-level, workforce retention, health financing, preventive care, sustainability and digital transformation. By strategically addressing these areas, the Western Balkans can build a more resilient, equitable and sustainable healthcare system.

### 7.1 Strengthening cooperation and integration

Strengthening cooperation across the WB and integration of health systems offers a strategic approach to addressing the fragmented healthcare landscape in the Western Balkans. By fostering greater collaboration, resources can be shared more efficiently, data exchange can be streamlined and coordinated public health responses can be implemented more effectively.

One key policy response could be the establishment and enhancement of platforms such as the SEEHN to improve cross-border collaboration on health issues. This may involve expanding joint health initiatives, pooling resources and sharing best practices in public health management. Additionally, the Western Balkans economies could work together to harmonise healthcare policies, improve the interoperability of health data systems and standardise healthcare quality indicators.

The SEEHN could successfully serve as a collaborative platform for addressing regional health issues, including the management of infectious diseases, non-communicable diseases and health emergencies. Expanding and strengthening SEEHN's role could lead to a more coordinated and unified health response to shared challenges. For instance, SEEHN could become a leading platform for managing regional health data, creating joint surveillance systems and tackling environmental health threats such as air pollution and climate-related diseases.

By improving cooperation, the Western Balkans can achieve more efficient resource allocation, better coordination in responding to health emergencies and enhanced public health interventions across borders. This would be especially crucial for addressing transboundary health challenges, such as managing air pollution, tackling outbreaks of infectious diseases as well as responding to climate change impacts. A collaborative approach of all Western Balkans would enable the pooling of expertise, funding and resources, ultimately leading to stronger and more resilient health systems across the region.

This policy opportunity highlights the importance of collaboration across the Western Balkans as a key driver of systemic improvement in the healthcare sector. It reflects the need for strategic partnerships and the alignment of health policies to better serve the people of the Western Balkans, particularly when it comes to transboundary health challenges.

By fostering greater cross-border health cooperation, the Western Balkans can improve the management of health emergencies, reduce inefficiencies and increase the overall resilience of their healthcare systems. This would be crucial for tackling health crises, such as air pollution or pandemics, that transcend economies.

## 7.2 Reforming health financing to reduce dependence on OOP payments

A significant challenge in the Western Balkans is the high reliance on OOP payments for healthcare services, which limits access for vulnerable populations. Reforming health financing can make healthcare more accessible and reduce financial barriers to care. Economies should focus on expanding public health financing, reducing reliance on OOP expenses and improving social health insurance systems to ensure more comprehensive coverage for all citizens.

Albania has expanded health insurance coverage for low-income groups, but further efforts are needed to ensure full coverage. Kosovo can work to introduce an economy-level health insurance system that covers a wider population, reducing the financial burden on citizens seeking care.

A potential positive impact could be a reduction in OOP payments which will overall improve healthcare access in the Western Balkans, particularly for vulnerable groups, and reduce health inequalities. This reform will ensure greater financial protection, can reduce catastrophic health expenditures and improve health outcomes across all Western Balkans.

## 7.3 Retaining and expanding the healthcare workforce

Addressing the migration of healthcare professionals and improving workforce retention are critical steps to ensure sufficient staffing levels, especially in rural areas. Improving workforce retention and expanding healthcare training opportunities are crucial for addressing this issue.

The Western Balkans economies should implement strategies (as a policy response) to retain healthcare professionals, including offering competitive salaries, better working conditions and professional development opportunities. Cooperation of economies on medical education and workforce training can help standardise healthcare qualifications and ensure a better distribution of health workers.

For example, Bosnia and Herzegovina has seen significant emigration of healthcare professionals, prompting the government to offer incentives, including raising wages and improved working conditions. Some economies in Western Balkans have introduced scholarship programmes for medical students who commit to working at home for a specified period.

The potential impact of retaining healthcare professionals includes improved quality and accessibility of services, especially in underserved rural areas. Long-term solutions will require improving working conditions, continuing education and incentives to ensure that healthcare professionals meet the growing demand for services.

Policies such as reduced working hours, better mental health support and more flexible scheduling could help reduce burnout of healthcare workers. Ensuring job security and providing career advancement opportunities will help improve professional satisfaction. These measures, aimed at empowering the workforce, should serve as an example of additional incentives that need to be implemented to further strengthen the Western Balkans economies and enhance the opportunities available.

## 7.4 Expanding preventive health programmes and primary healthcare

PHC is crucial for building an effective and sustainable health system. Strengthening PHC ensures early diagnosis and management of chronic conditions, reduces pressure on hospitals and improves health outcomes. All Western Balkans economies should focus on expanding and strengthening PHC, investing in training family doctors and improving community health services.



Significant results could be expected if activities are directed toward prevention and preventive measures within the healthcare sector. With rising rates of NCDs such as heart disease, diabetes and cancer, expanding preventive health programmes is essential for reducing healthcare costs and improving population health. Expanding public health education through schools, media and community outreach programmes will increase health literacy, reduce health inequalities and promote healthier lifestyles across the region.

The policy response should include economy-level administrations, which should invest in preventive health programmes that focus on early detection, lifestyle changes and chronic disease management. Expanding primary healthcare services and integrating preventive care into their health strategies will help reduce the burden on hospitals and improve long-term health outcomes.

For example, Serbia has implemented cancer screening programmes, though participation rates remain low. Expanding these programmes and increasing public awareness could lead to earlier detection and better treatment outcomes. Albania has introduced free health check-ups for the population, which has helped with early detection of chronic diseases and reduced pressure on hospitals.

Investing in healthcare infrastructure and medical equipment is also important to improve healthcare delivery, particularly in rural and underserved areas. Through targeted investments in diagnostic tools, medical devices and facility upgrades, the Western Balkans can significantly enhance the quality of services provided.

A focus on patient-centred care, where patients are active participants in their healthcare decisions, can enhance satisfaction. Focusing on prevention and early detection can reduce the incidence of NCDs, leading to improved quality of life, lower mortality rates and reduced healthcare costs. This approach can alleviate the strain on healthcare systems and improve overall health outcomes which will create an important potential impact of these measures. Strengthening the family medicine model and expanding primary healthcare services can ensure that people receive timely care, especially for chronic diseases. This will reduce the pressure on hospitals and improve health outcomes.

## **7.5 Insist on sustainability and Green Agenda in healthcare**

Healthcare systems in the Western Balkans are vulnerable to climate change impacts, including more frequent heatwaves and natural disasters. Aligning healthcare systems with sustainable practices is a key process to reduce the environmental footprint of healthcare services and improve public health by reducing exposure to pollutants and climate-related health risks.

By adopting and implementing appropriate policies, it is possible to move towards energy-efficient healthcare facilities, sustainable medical waste management and towards the use of renewable energy in healthcare infrastructure. For example, Montenegro has made progress in implementing energy-saving initiatives in healthcare facilities. Montenegro develops climate-resilient healthcare systems that can withstand environmental shocks, which is crucial for safeguarding public health. Investments in infrastructure to protect healthcare facilities from extreme weather events, along with policies focused on reducing environmental health risks, increase resilience of the healthcare sector.

Integrating climate change into health policies, as seen in the EU's Health 2020 strategy, could help the Western Balkans align its healthcare strategies with long-term climate resilience goals. Bosnia and Herzegovina has begun retrofitting hospitals with energy-efficient technologies, which could serve as a model for other Western Balkans economies.

The potential impact of green health practices will have a significant importance in reducing environmental pollution, improving air quality and lowering healthcare system operating costs.

This shift toward sustainability is an important step to enhance system resilience and improve the overall health of populations, particularly in urban areas. Strengthening emergency preparedness, improving healthcare facility infrastructure and promoting public health policies that address environmental health risks is an opportunity to enhance the Western Balkans economies' ability to respond to climate-related health challenges.

Health systems can improve sustainability by implementing energy-efficient buildings, promoting green healthcare spaces and incorporating sustainable medical waste management practices. The Western Balkans economies should adopt centrally administered policies aimed at decarbonising healthcare systems, including better waste management and energy-efficient hospital designs. By aligning health policies with the SDGs, the Western Balkans can create more sustainable, equitable, and resilient healthcare systems. Integrating environmental health, climate resilience and mental health into economy-level health strategies will support a more holistic approach to healthcare and improve the well-being of populations.

## 7.6 Advancing digital health and artificial intelligence transformation

Expanding digital health technologies, such as Electronic Health Records (EHRs), telemedicine and health data management systems, presents a significant opportunity to streamline healthcare delivery, enhance access to services and improve patient care.

The Western Balkans economies should invest, as a part of their policy strategy, in digital health infrastructure, including the establishment of integrated health information systems and telemedicine platforms. Collaboration of the Western Balkans economies on digital health can facilitate data sharing and improve healthcare delivery across borders.

Advancing Digital Health Transformation (DHT) and expanding the use of digital health technologies such as electronic health records, telemedicine, and health information systems, can streamline care delivery, improve access to healthcare services and enhance health data management. This represents a significant opportunity (see example from North Macedonia in chapter 6.4). Additionally, as we have seen, Montenegro has made strides in electronic health records, though other Western Balkans economies are still lagging behind.

A comprehensive digital health strategy can improve the coordination of care across different levels of service, especially in remote or underserved areas. Digital health tools will enhance the efficiency and effectiveness of healthcare delivery, reduce administrative burdens and make healthcare systems more responsive.

Also, implementing Artificial Intelligence (AI) powered diagnostic tools in healthcare could significantly enhance early disease detection and improve treatment accuracy across the Western Balkans, particularly in underserved areas with limited access to specialists.

For example, in Serbia AI applications in radiology have begun to assist in analysing medical images, speeding up diagnoses for conditions like cancer, which is vital when there are healthcare infrastructure challenges.

AI-driven healthcare solutions, such as predictive analytics for patient management, could optimise resource allocation, reduce waiting times and improve patient outcomes in the Western Balkans, leading to more efficient healthcare delivery across all Western Balkans economies.

## **7.7 Addressing health inequities in Western Balkans economies**

Vulnerable groups such as the Roma community, refugees and migrants face significant barriers to healthcare access. Expanding targeted outreach programmes is crucial to address these inequities and improve public health outcomes.

It is essential to implement outreach programmes tailored to the specific health needs of marginalised groups to ensure equitable access to healthcare services. These programmes should focus on improving healthcare literacy, reducing cultural barriers and providing preventive care.

For example, programmes targeting marginalised groups have been launched in Serbia to improve access to primary care, but much more can be done to address the specific health needs of these populations. In Kosovo, outreach services for refugees have been strengthened, but gaps remain.

Expanding outreach services could be an additional step to reduce health disparities, improve overall health outcomes and promote social inclusion for vulnerable populations. Addressing these specific needs will ease the burden on healthcare systems and contribute to better health for marginalised groups.

## **7.8 Enhancing crisis response and preparedness**

Strengthening health system resilience and improving crisis response mechanisms is an important opportunity for the Western Balkans to handle future public health emergencies such as pandemics, natural disasters, floods and environmental health crises.

Policy response such as investing in infrastructure and stockpiles, enhancing emergency preparedness plans and creating emergency operation centres are necessary measures. These include improving supply chain management and staffing flexibility during public health emergencies.

In this regard, Bosnia and Herzegovina and Montenegro have improved their stockpiles and emergency response capabilities since the COVID-19 pandemic, but further investments are necessary to ensure long-term preparedness.

Strengthening crisis preparedness will improve the Western Balkans economies' ability to respond to future health emergencies, ensuring the continuity of essential healthcare services and reduce the impact of health crises on the population and healthcare sector.

## **7.9 Private sector and leveraging public-private partnerships as an opportunity**

In Albania and Serbia, there is an increasing reliance on private healthcare due to long waiting times in the public sector and better quality in private facilities. However, access to private healthcare is often skewed towards wealthier populations, which increases health inequalities.

Regulating private sector standards and strengthening regulations – such as reforming the insurance system to ensure that the private healthcare sector complements the public system without undermining public services - represents a significant opportunity.

Expanding PPPs in healthcare delivery could improve infrastructure and service quality without fully privatising essential services. There are examples in Western Balkans economies that could be used as models to enhance efficiency in healthcare delivery. PPPs can be especially useful for funding high-cost infrastructure projects, such as hospital renovations, medical equipment purchases and the expansion of telemedicine services.

The Western Balkans could leverage PPPs to address gaps in healthcare delivery, particularly in underserved areas, while improving the quality of care without fully privatising essential services.

## 7.10 Aligning health policies with EU standards

Further alignment of health policies with EU regulations is necessary to improve the quality of care, ensure compliance with international standards and bring the Western Balkans health systems closer to EU benchmarks.

For example, Albania and Serbia have made efforts to align their health systems with EU standards, particularly in the areas of medical devices and digital health. However, this process remains slow and needs to be accelerated.

Serbia has developed a comprehensive Digital Health Strategy for 2022-2026, aiming at modernising its healthcare system. This strategy includes creating a centralised digital health data repository, integrating electronic health records and establishing a national health data agency. Over 70 % of the population and 85 % of healthcare providers utilise electronic health records, and citizens have access to their health data through a digital portal. These efforts align with EU objectives for digital health transformation, as outlined in the EU's Digital Decade Policy Programme<sup>65</sup>.

Albania's Health System Improvement Project, supported by the World Bank, focuses on enhancing the efficiency of care in selected hospitals. The project aims at improving hospital management, quality of care and patient safety, aligning with EU health system strengthening objectives. This initiative is part of Albania's broader efforts to modernise its healthcare infrastructure in preparation for EU membership<sup>66</sup>.

The EU provides political and financial support to foster good governance and build shared prosperity through integration. Full integration into EU health policies will improve healthcare quality, ensure better patient safety and reduce the risk of medical errors. Adopting EU health standards will also enable better access to EU health funding and provide a foundation for long-term improvements in health systems.

## 7.11 R&I using the WHO Roadmap towards Framework Programme 10

The WHO Roadmap offers an innovative, strategic and tailored framework that promotes economy-level health goals and priorities while targeting investments in critical areas of health systems across the Western Balkans. It comprises ten high-impact action areas and 17 reform initiatives, all developed through extensive consultations with the Western Balkans and their partners.

These action areas are seeking to:

- increase resilience to health emergencies,
- ensure financial protection and access to medicines,
- strengthen primary healthcare through digital transformation,
- safeguard quality of healthcare and patient safety,
- promote mental health and social care services,

<sup>65</sup> European Court of Auditors. (2024). Special Report: Digitalisation of healthcare EU support for member states effective overall, but difficulties in using EU funds [https://www.eca.europa.eu/ECAPublications/SR-2024-25/SR-2024-25\\_EN.pdf](https://www.eca.europa.eu/ECAPublications/SR-2024-25/SR-2024-25_EN.pdf). Accessed 26 April 2025.

<sup>66</sup> World Health Organization. (2023). Media release. [https://www.who.int/europe/news/item/11-12-2023-european-commission-and-who-europe-sign-12-million-agreement-to-strengthen-health-information-systems-and-boost-health-data-governance-and-interoperability-in-europe?utm\\_source=](https://www.who.int/europe/news/item/11-12-2023-european-commission-and-who-europe-sign-12-million-agreement-to-strengthen-health-information-systems-and-boost-health-data-governance-and-interoperability-in-europe?utm_source=) Accessed 26 April 2025.

- support the health workforce,
- combat avoidable non-communicable diseases,
- create healthy and green environments,
- extend vaccine benefits across the life course, and
- combat antimicrobial resistance.

The upcoming EU Framework Programme (FP10) will offer a unique vehicle to translate the WHO Roadmap's ten action areas into concrete R&I activities in the Western Balkans.

Key linkages between WHO action areas and FP10 for the Western Balkans can be seen in the following measures:

- **Dedicated Health R&I Calls:** FP10 could include standalone calls on health-system resilience, digitalisation of PHC, One Health, Antimicrobial Resistance (AMR) surveillance and green-health interventions directly mirroring the WHO Roadmap's priorities for emergencies, digital transformation, antimicrobial resistance and healthy environments.
- **Widening and capacity building measures:** Building on the EU Widening Task Force's advocacy for a ringfenced programme, FP10 should sustain twinning and teaming actions and European Research Area (ERA) Chairs in Western Balkans institutions to strengthen research excellence in NCD prevention, mental health services and vaccine delivery across the life course.
- **By leveraging platforms such as the Western Balkans Info Hub and reports such as the ERA Country Reports,** and by using synergies with regional platforms, the upcoming FP10 can ensure that funding instruments are tailored to local and economy-level capacities. This will support training networks for the health workforce and co-funded pilot projects on social prescribing and environmental-health innovations.

Aligning FP10 call topics, capacity building schemes and Widening actions with the WHO Roadmap will help ensure that R&I investments in the Western Balkans directly reinforce the WHO's ten high-impact action areas, closing the gap with EU future health system performance.

## 8 Concluding remarks

The Western Balkans face a multitude of health policy challenges, but these challenges also present opportunities for reform, innovation, regional cooperation and systemic improvement. By addressing issues such as fragmented healthcare systems, inadequate financing, workforce shortages and health inequities, the region can enhance the efficiency and accessibility of its health systems. Cooperation across all Western Balkans, expanded preventive health programmes, digital transformation and alignment with EU standards will be key drivers of progress. If these opportunities are seized, the Western Balkans could build a more sustainable, equitable and resilient health system that meets the needs of its population and aligns with EU health standards.

By addressing these issues strategically, through better workforce retention, resource sharing, improved health financing and proactive health policies, the Western Balkans will not only be able to overcome their current healthcare challenges, but also build stronger, more sustainable systems that can meet the health needs of their populations in the future.

The Western Balkans offer significant potential for cooperation in healthcare, particularly in areas like transboundary healthcare agreements, shared health data systems and joint health workforce training programmes. Collaborative programmes in digital health, e-health innovations and public health surveillance can create efficiencies and improve overall health outcomes. These are key health policy challenges and opportunities for improvement across the Western Balkans.

By focusing on digital transformation, workforce retention, primary care expansion and sustainability, the region could make significant strides in improving healthcare access and outcomes. By leveraging cooperation across the WB, investing in digital health and preventive care and focusing on the sustainability of healthcare systems, the Western Balkans can unlock opportunities that lead to better health outcomes and improved quality of life for all citizens.

By adopting more inclusive, transparent and accountable health policy frameworks, the Western Balkans economies can better align their healthcare systems with the needs of their populations. This includes enhancing policy making processes, improving regulation and oversight and ensuring that all demographic groups, particularly marginalised populations, are included in health planning.

By leveraging all considered opportunities, the Western Balkans can transform their healthcare systems into more resilient, sustainable and equitable models. Addressing the Western Balkans economies' health challenges requires strategic investments in primary healthcare, workforce retention, digital health, financing and cooperation across all WB. These efforts, coupled with health policy reforms and collaborative frameworks, will not only strengthen the health systems but also help Western Balkans align with EU health standards, ensuring better health outcomes for future generations.

It should be noted that the Western Balkans have been heavily burdened by prolonged social upheavals, uncertainty and a transitional process that has yet to yield substantive results. The health sector and health professionals in the Western Balkans economies remain predominantly focused on direct patient care, with too little emphasis on prevention and, especially, on R&I. Although there have been successful health-sector research projects, the region's scientific potential in this domain is still underutilised.

The healthcare sector constitutes a major area of public expenditure; however, investments in prevention and innovation are unlikely to materialise for several years - a timeline that offers scant political incentive. Accordingly, it is imperative to enforce rigorous financial oversight and to ensure the strategic efficacy of all expenditures, with the ultimate aim of enhancing system



efficiency and, over the long term, re-allocating resources towards research, innovation and preventive measures.

By focusing on integration, stakeholder engagement, cross-sectoral collaboration and developing a cohesive policy roadmap, the groundwork is laid for a sustainable and inclusive health policy framework in the region. It is important to emphasise the need for greater health policy implementation with less politics, at both the strategic and individual levels, as well as to apply the principles of Health in All Policies (HiAP)<sup>67</sup> and to insist on the Green Agenda<sup>68</sup> and digitalisation in health.

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<sup>67</sup> World Health Organization. Media release. <https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>. Accessed 26 April 2025.

<sup>68</sup> European Commission. (2020). Guidelines for the Implementation of the Green Agenda for the Western Balkans. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: An Economic and Investment Plan for the Western Balkans. EUR-Lex52020SC0223. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020SC0223>. Accessed 8 April 2025.

## 9 List of abbreviations used in this document

AMR	Antimicrobial Resistance
CALIMS	Montenegrin Agency for medicines and medical devices
DHT	Digital Health Transformation
DOTS	Directly Observed Treatment, Short-course
EHR	Electronic Health Records
EPHA	European Public Health Alliance
ERA	European Research Area
EU	European Union
EU4Health	EU for Health
FBiH	Federation Bosnia and Herzegovina
HIF	Health Insurance Fund, Montenegro
HTA	Health Technology Assessment
ICU	Intensive Care Unit
ISQua	International Society for Quality in Health Care
KAS	Kosovo* Agency of Statistics
MDN	Medical Deserts Network
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NHIF RS	National Health Insurance Fund of the Republic of Serbia
OECD	Organisation for Economic Cooperation and Development
OOP	Out-of-Pocket
PHC	Primary Health Care
PPE	Personal Protective Equipment
PPP	Public-Private Partnerships
R&I	Research and Innovation
RS	Republika Srpska
S3	Smart Specialisation Strategies
SDGs	Sustainable Development Goals
SEE	South East Europe
SEEHN	South-Eastern Europe Health Network
SEEIIST	South East European International Institute for Sustainable Technologies
SHI	Social Health Insurance
WB	World Bank
WBs	Western Balkans
WHO	World Health Organisation
WHO Europe	World Health Organisation Europe

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## ABOUT POLICY ANSWERS

POLICY ANSWERS (R&I POLICY making, implementation ANd Support in the WEsteRn BalkanS) supports policy coordination in the Western Balkans and with the EC and the EU. 14 partner organisations, representing network nodes in the region and EU expert organisations, support policy dialogue through formal meetings (such as ministerial and steering platform and ad-hoc policy meetings), monitoring and agenda setting, capacity building and implementation of the EU's Western Balkan Agenda, as well as the alignment of thematic priorities. The project implements regional pilot activities and offers an information hub based on the [westernbalkans-infohub.eu](https://westernbalkans-infohub.eu) online information platform.

The partners provide analytical evidence via monitoring and mapping activities of the stakeholder ecosystem, of the implementation of the Western Balkans Agenda and of the Western Balkans' integration into the European Research Area as well as via strategic foresight. POLICY ANSWERS also allows for tailored and targeted capacity building activities in the Western Balkans as well as regional alignment of priorities in relation to the digital transformation, the green agenda and towards healthy societies. Pilot activities provide learning opportunities on policy and programme level and reach out to final beneficiaries related to improved academia-industry cooperation, researcher mobility, inclusion of youth in policy processes, promotion of research infrastructures and increased innovation skills in all areas.

