

Paweł Olszewski*, Piotr Stolarczyk**

Health policies in the Balkan Region: An overview and chosen examples

Polityki zdrowotne na Bałkanach – przegląd i wybrane przykłady

Abstract: This article is a review of basic information on health policies and an introduction to the issue of their design and implementation in the Balkans. The purpose of this article is to discuss the general characteristics of health policies in the Balkans, the challenges and opportunities related to their determination, and implementation in the region and selected countries. The materials used in the preparation of the article are international publications and source documents regulating the issues raised in selected countries as well as studies of the International Health Organization. The methods used in the course of the work were analysis of source documents and data analysis. The work resulted in an article that concisely introduces the reader to the complex issue of health policies in a region still recovering from the armed conflict of the 1990s. The analysis of this issue indicates a deep differentiation of the undertaken activities and financing tools while emphasizing the similarity and often commonality of solutions. This is due to the level of development of individual countries, their economic capabilities, and the degree of advancement in integration processes with the European Union.

Keywords: health policies, Balkans, Stakeholders of health policies, system reforms, research, innovation, well-being

Streszczenie: Niniejszy artykuł jest przeglądem podstawowych informacji na temat polityk zdrowotnych i wprowadzeniem do zagadnienia ich kształtu i realizacji na Bałkanach. Celem niniejszego artykułu jest omówienie ogólnej charakterystyki polityk zdrowotnych na Bałkanach, wyzwań i możliwości związanych z ich ustalaniem, wdrażaniem i realizacją w regionie, jak i w wybranych państwach. Materiały wykorzystane w toku przygotowania artykułu są międzynarodowymi publikacjami oraz dokumentami źródłowymi regulującymi poruszane zagadnienia w wybranych państwach jak i opracowaniami Międzynarodowej Organizacji Zdrowia. Metody wykorzystane w toku prac to: analiza dokumentów źródłowych, analiza danych. W rezultacie przeprowadzonych prac powstał artykuł, który w zwięzły sposób wprowadza czytelnika

* Paweł Olszewski, PhD, Institute of Political Studies, Polish Academy of Sciences, Poland, ORCID: <https://orcid.org/0000-0002-7539-1224>, e-mail: olszewskipaw@gmail.com

** Piotr Stolarczyk, PhD, Łazarski University, Poland, ORCID: <https://orcid.org/0000-0001-8225-1417>, e-mail: piotrstolarczyk@o2.pl

w skomplikowane zagadnienie polityk zdrowotnych w regionie nadal jeszcze odbudowującym się po konflikcie zbrojnym z lat dziewięćdziesiątych. Analiza zagadnienia wskazuje na głębokie różnicowanie podejmowanych działań i narzędzi finansujących, jednocześnie podkreślając podobieństwo, a często uwspólnotowanie rozwiązań. Wynika to z poziomu rozwoju poszczególnych państw, ich możliwości ekonomicznych i stopnia zaawansowania w procesy integracyjne z Unią Europejską.

Słowa kluczowe: polityki zdrowotne, Bałkany, Interesariusze polityki zdrowotnej, reformy systemowe, badania, innowacje, dobre samopoczucie

Introduction

Health policies refer to the set of laws, regulations, guidelines, and programs that govern the provision of health services, influence the health outcomes of a population and are part of public policies¹. They are formulated and implemented by government agencies, non-governmental organizations, and other stakeholders to improve access to quality health care, reduce health inequities, and promote public health. Health policies can have a significant impact on the health and well-being of individuals and populations, and policymakers need to consider their potential effects and ensure that they are evidence-based, equitable, and responsive to the needs of the communities they serve.

1. Stakeholders of health policies

In most countries, government agencies play a crucial role in the development, implementation, and enforcement of health policies. One of the key government agencies involved in health policy is the Ministry of Health. This is the main government agency responsible for overseeing the national health system and setting health policies. It is usually responsible for the regulation and financing of health services, the management of public health programs, and the development of health policies and regulations. Another is the National Health Insurance Agency, which is responsible for implementing and managing the national health insurance program to provide financial protec-

¹ C.M. Jones, C. Clavier, L. Potvin, *Adapting public policy theory for public health research: A framework to understand the development of national policies on global health*, "Social Sciences and Medicine" 2017, vol. 177, pp. 69-77.

tion for individuals and families against the costs of health care². In some states, there are food and drug institutions responsible for the regulation of food, drugs, medical devices, and other health-related products. It ensures that these products are safe and effective and sets standards for their production and distribution. Centres for disease control and prevention are agencies that focus on the prevention and control of infectious diseases and other public health threats, providing information and guidance to healthcare providers and the public on how to prevent and control diseases as well as researching health issues. In different states, there are agencies that are responsible for improving access to healthcare services for underserved and vulnerable populations such as rural communities, low-income families, and people with disabilities. They provide funding for healthcare facilities and programs and set policies for the allocation of health resources. These are just a few examples of government agencies involved in health policy. The specific agencies and their roles may vary from country to country, but the overall goal is to ensure that everyone has access to quality health care and to improve the health outcomes of the population³. In the health care system, we can find stakeholders⁴ other than government agencies, for example, NGOs play an important role in shaping health policies by advocating for the needs and rights of specific populations such as the poor, women, children, and people with disabilities. They can also provide important information and evidence to policymakers to inform the development of health policies and programs, and innovative solutions to health problems that are not addressed by the government or traditional healthcare providers. NGOs can play a complementary role to government agencies in shaping health policies and improving health outcomes. They can provide important perspectives and insights from communities and bring attention to neglected health issues. NGOs need to work closely with government agencies and other stakeholders to ensure

2 S. Shuleta et al., *The relationship between government health expenditure and economic growth: Evidence from western Balkan countries*, International Journal of Applied Economics, "Finance and Accounting" 2023, vol. 15, no. 1, pp. 10-20.

3 G. Baruzeri, U. Laaser, *The health status of the populations in the Western Balkans region*, "South Eastern European Journal of Public Health" 2021, vol. 15, no. 1, pp. 1-3.

4 A. Rütten et al., *Determinants of health policy impact: a theoretical framework for policy analysis*, "Sozial- und Präventivmedizin" 2003, vol. 48, no. 5, pp. 293-300.

that health policies are inclusive, evidence-based, and responsive to the needs of the populations they serve. The private sector, including pharmaceutical companies, health insurance companies, and medical device manufacturers, can influence health policies by developing and selling products and services that impact health outcomes. Health-care providers, including doctors, nurses, and other health professionals, can provide important information and insights on the delivery of health services and the impact of health policies on their patients. Patients and consumers are the ultimate beneficiaries of health policies, and their perspectives and experiences are important in shaping health policies that are responsive to their needs. Academic institutions, including universities and research organizations, can play an important role in generating evidence and conducting research to inform health policies. Advocacy groups such as patient groups and disease-specific organizations, can raise awareness about health issues and advocate for policies that improve health outcomes for their constituents. The involvement of different stakeholders in the development and implementation of health policies can help ensure that policies are evidence-based, equitable, and responsive to the needs of the populations they serve. Effective communication and collaboration among stakeholders can be key to the success of health policies and programs.

2. Health policies and their role in shaping health

Health policies⁵ play a critical role in shaping the health and well-being of individuals and populations. Health policies can ensure that individuals and populations have access to affordable, quality healthcare services, regardless of their financial status or location. This can include policies that provide funding for health services, expand health insurance coverage, and support the development of healthcare infrastructure in underserved areas. Health policies can help reduce disparities in health outcomes between different populations by addressing the root causes of health inequities such as poverty, education,

5 E. de Leeuw, C. Clavier, E. Breton, *Health policy – why research it and how: Health political science*, "Health Research Policy and Systems" 2014, vol. 12, no. 55, pp. 1-10.

and access to health care. Health policies can encourage healthy behaviours such as regular physical activity, healthy eating, and smoking cessation, by creating supportive environments, providing education and resources, and regulating unhealthy products and behaviours, can help prevent and control the spread of infectious diseases by funding public health programs, conducting research, and providing guidance and resources to healthcare providers and the public. Health policies can protect public health by setting standards for the production and distribution of food, drugs, and other health-related products, and by conducting surveillance and responding to public health emergencies. Health policies can help improve the quality of life for individuals with chronic conditions such as diabetes and heart disease by providing access to care and support, funding research, and promoting healthy behaviours. In conclusion, health policies play a crucial role in shaping the health and well-being of individuals and populations.

3. Financing of health policies

The financing and delivery of health services are critical components of any health system. How health services are financed and delivered can impact the quality and accessibility of health care as well as the overall health of a population. Health financing refers to the process of raising and using funds to pay for health services. In many countries, health financing is a mix of public (government) and private (out-of-pocket and insurance) sources. Effective health financing systems ensure that health services are affordable and accessible to all members of a population, regardless of their financial status. Health insurance is a mechanism for financing health care that protects individuals and families from the financial burden of paying for health services out of pocket. There are several types of health insurance, including private insurance, employer-sponsored insurance, and public insurance programs. Healthcare delivery refers to the process of providing health services to individuals and populations. This includes the development and management of healthcare facilities, the provision of health services by healthcare providers, and the coordination of care between different healthcare providers. Primary care is the first point of contact for individuals seeking health care services. It is provided by a range of health care providers, including physicians,

nurse practitioners, and physician assistants, and is focused on promoting health, preventing disease, and managing chronic conditions. Specialized care refers to healthcare services delivered by healthcare providers with specialized training and expertise in a particular area of medicine. Health systems refer to the organizations, institutions, and resources that are responsible for the financing and delivery of health services. Effective health systems ensure that health services are accessible, affordable, and of high quality.

4. The regulation of health professions

4. The regulation of health professions is a process by which governments or other authorized bodies oversee the practice of certain professions within the healthcare industry to ensure that they are competent and ethical and provide safe and effective care to the public⁶. This regulation is typically achieved through a combination of licensure, accreditation, and continuing education requirements. Each country has its specific regulations for health professions, but common professions that are regulated include doctors, nurses, dentists, pharmacists, and other healthcare providers. The primary objective of regulating health professions is to protect the public and ensure that they receive high-quality care from qualified and competent professionals. This helps to prevent harm to patients and ensures that the healthcare system is providing effective care.

5. Promoting healthy behaviours and lifestyle

5. The promotion of healthy behaviours and lifestyles is an important aspect of public health and wellness. The goal is to encourage individuals to adopt behaviours and habits that can improve their overall health and reduce the risk of preventable illnesses and chronic diseases. Community-based programs and initiatives can help create a supportive environment for healthy behaviours. For example,

6 J. Browne et al., *Recent research into healthcare professions regulation: a rapid evidence assessment*, "BMC Health Services Research" 2021, vol. 21, pp. 1-12, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06946-8> [8.09.2021].

promoting the availability of healthy food, building recreational facilities, and organizing community events that encourage physical activity. Policy changes such as increasing the availability of healthy food options in schools or workplaces and creating smoke-free environments can have a positive impact on public health. Using the media to raise awareness about the importance of healthy behaviours and lifestyles is an effective way to reach a large audience. Healthcare providers play an important role in promoting healthy behaviours and lifestyles. They can educate patients on the importance of healthy habits and provide them with resources and support to help them make positive changes.

6. Health policies in the Balkan region – introduction

The Balkan region encompasses a diverse set of countries with varying health policies, systems, and levels of development. However, there are some common challenges and trends that are faced by many of the countries in the region⁷. Most countries in the Balkan region are undergoing health system reform to improve the efficiency and quality of their healthcare services⁸. This includes measures such as the restructuring of healthcare delivery systems, the introduction of new financing mechanisms, and the development of new health technologies. It relates to access to healthcare which remains a major challenge in many countries in the Balkan region, particularly in rural areas. There is a need to improve the distribution of healthcare facilities and providers and to increase the availability of primary care services⁹. Another aspect is chronic diseases such as cardiovascular disease, cancer, and diabetes which are a growing concern in the region. To address this challenge, countries are implementing strategies¹⁰ to prevent and control these conditions, for example, promoting healthy lifestyles and early screening and treatment. Furthermore, mental health is another area of concern in the Balkan region. There is a need for greater in-

7 C.M. Jones, C. Clavier, L. Potvin, *Policy processes sans frontières: Interactions in transnational governance of global health*, "Society of Policy Sciences" 2020, vol. 53, no. 1, pp. 161-180.

8 E. Tresa, K. Czabanowska et al., *Europeanization of health policy in post-communist European societies: Comparison of six Western Balkan countries*, "Health Policy" 2022, vol. 126, no. 8, pp. 816-823.

9 G. Baruzeri, U. Laaser, op. cit., pp. 1-3.

10 R. Forman et al., *Drawing light from the pandemic: Rethinking strategies for health policy and beyond*, "Health Policy" 2022, vol. 126, no. 1, pp. 1-6.

vestment in mental health services and the development of more comprehensive mental health policies. All the above are strictly bound to health research and innovation but health inequalities persist in many countries in the Balkan region, with marginalized populations facing significant disparities in access to healthcare and health outcomes. Addressing these inequalities is a key challenge for the region and one of the methods is investment in health research and innovation in the Balkans. This includes both basic and applied research as well as the development of new technologies and treatments.

6.1 Health system reform in the Balkan states

Health system reform is a key challenge but also an opportunity in many of the Balkan states. The reforms are aimed at improving the efficiency and quality of healthcare services and ensuring that all citizens have access to high-quality, affordable care. In some countries, health system reforms have involved centralizing healthcare services to improve efficiency and reduce costs, while in others, reforms have focused on decentralizing healthcare services to give local communities more control over their healthcare needs. Some countries have introduced elements of privatization into their healthcare systems, such as the creation of private hospitals and clinics, with the goal of increasing competition and improving the quality of care. Many Balkan states are implementing financing reforms to improve the sustainability of their healthcare systems. This includes the introduction of new financing mechanisms such as health insurance and reforms to reduce healthcare costs. Access to healthcare remains a major challenge in many Balkan states, particularly in rural areas. Reforms are being implemented to increase the availability of healthcare facilities and providers, especially in these areas. In some countries, health system reforms are aimed at integrating health and social care services to provide a more comprehensive approach to care. This includes initiatives to coordinate care for people with chronic conditions and to integrate mental health services into the overall healthcare system. Health information technology is becoming increasingly important in the Balkan states. Reforms are being implemented to improve the use of electronic health records, telemedicine, and other health information technologies to enhance the quality and efficiency of care.

6.2 Access to healthcare in the Balkan states

Access to healthcare remains a major challenge in the Balkan states. Despite some progress in recent years, many people still face barriers to accessing the care they need. Access to healthcare can be limited in rural areas, where there is a shortage of healthcare facilities and providers. This can result in long waiting times for care and a lack of access to specialized services. People with lower incomes may have difficulty affording the cost of care, even if it is available. This can result in delayed or inadequate treatment for serious conditions. In some countries, a large proportion of the population does not have health insurance, which can limit access to care. Some marginalized populations, such as Roma communities, face cultural barriers that limit their access to healthcare services. This can include language barriers, mistrust of the healthcare system, and a lack of understanding of how to access care. To address these challenges, many Balkan states are implementing initiatives to improve access to healthcare, among which are measures such as increasing the availability of healthcare facilities and providers in rural areas, providing financial support to low-income individuals, and developing health insurance programs. In addition, there is a need for greater investment in health education and outreach to marginalized communities to help overcome cultural barriers to care. Overall, improving access to healthcare is a critical challenge for the Balkan states, something in which WHO is also highly interested and participating¹¹.

6.3 Chronic diseases in the Balkans states

Chronic diseases are a major public health concern in the Balkan states, as they are a leading cause of morbidity, disability, and mortality. Cardiovascular diseases such as heart disease and stroke are among the leading causes of death in the Balkan states. Risk factors for these diseases include high blood pressure, high cholesterol, smoking, and a sedentary lifestyle. Cancer is also a major concern in the region, with the most common types being lung, breast, prostate, and colo-

11 World Health Organization, *Roadmap for Health and Well-being in the Western Balkans (2021-2025): European Programme of Work (2020-2025) – United Action for Better Health*, <https://www.who.int/europe/publications/i/item/WHO-EURO-2021-3435-43194-60508> [27.09.2021].

rectal cancer. The prevalence of diabetes is increasing in the Balkan states, due to a combination of factors such as ageing, obesity, and the aforementioned sedentary lifestyle. Chronic respiratory diseases such as chronic obstructive pulmonary disease (COPD) are also a major concern in the region. Risk factors for these diseases include smoking, air pollution, and exposure to environmental irritants. Mental health disorders such as depression and anxiety are also prevalent in the Balkan states. The stigma surrounding mental health and a lack of access to mental health services are major barriers to treatment. To address the burden of chronic diseases in the region, the Balkan states are implementing a range of public health and clinical interventions. This includes initiatives to prevent and manage chronic diseases such as health promotion programs and disease management programs as well as measures to improve access to care for people with chronic conditions.

6.4 Mental health in the Balkans states

Mental health is a growing concern in the Balkan states, as rates of mental illness and psychological distress are increasing in the region. There is still a significant degree of stigma surrounding mental health in the Balkans which discourages people from seeking help. This can result in people not receiving the treatment they need, and their conditions can worsen. In many parts of the Balkans, access to mental health services is limited, particularly in rural areas. This can result in long waiting times for care and a lack of access to specialized services. There is a shortage of mental health providers in many Balkan states. Mental health services in the Balkans are often underfunded, which can limit the quality and availability of care. This can result in a lack of resources for research and innovation and a shortage of mental health professionals. There is also low awareness of mental health issues and the importance of seeking help in the Balkans. This can result in people not recognizing the symptoms of mental illness and not seeking help. To address these challenges, the Balkan states are implementing initiatives to improve mental health services and reduce the burden of mental illness. This includes measures such as increasing funding for mental health services, increasing the availability of mental health services in rural areas, and developing public education campaigns to raise awareness of mental health and reduce stigma. By address-

ing the barriers to care and ensuring that all citizens have access to high-quality, affordable mental health services, the well-being of the population can be improved¹².

6.5 Health inequalities in the Balkans states

Health inequalities are a major concern in the Balkan states, as access to healthcare and health outcomes vary widely across the population. Health outcomes are strongly influenced by socioeconomic status, with people from low-income households being more likely to experience poor health outcomes. People with low levels of education are also more likely to experience poor health outcomes and have less access to healthcare services. Access to healthcare and health outcomes vary widely depending on where someone lives, with rural areas often having limited access to healthcare services and higher rates of poverty. Women and girls in the Balkans often face barriers to healthcare access, including limited access to reproductive health services and higher rates of violence and abuse. Ethnic and minority groups in the Balkans are often marginalized and experience higher rates of poverty, leading to poor health outcomes. To address these health inequalities, the Balkan states are implementing a range of initiatives aimed at improving access to healthcare and reducing health disparities. This includes measures such as increasing funding for healthcare services in disadvantaged communities, developing culturally appropriate healthcare services for ethnic and minority groups, and implementing programs to promote healthy lifestyles and prevent chronic diseases.

6.6 Health research and innovation in the Balkans states

Health research and innovation play an important role in improving health outcomes in the Balkan states. Health research in the Balkans is often underfunded, which can limit the ability of researchers to pursue innovative and impactful projects. In many parts of the Balkans, there is limited infrastructure to support health research, including limited access to laboratory facilities and data systems. Health researchers in

12 World Health Organization, *Revitalizing mental health reforms in the Western Balkans after COVID-19*, <https://www.who.int/europe/news/item/09-11-2022-revitalizing-mental-health-reforms-in-the-western-balkans-after-covid-19> [9.11.2022].

the Balkans often work in isolation, which can limit the exchange of ideas and the development of innovative solutions to health challenges. There is often low awareness of the importance of health research and innovation in the Balkans, which can limit the support and funding available to researchers. To address these challenges, the Balkan states are implementing initiatives to increase funding for health research, build research infrastructure, and promote collaboration between health researchers. This includes measures such as increasing funding for health research, establishing research institutes and centres, and developing partnerships between universities, government agencies, and private sector organizations.

7 • Health policies in the Balkan region – chosen examples

7.1 Health system reforms in Serbia

Health system reforms have been a major focus in Serbia in recent years, as the country seeks to improve access to healthcare and health outcomes for its citizens¹³. One of the major reforms in the Serbian healthcare system has been the decentralization of healthcare services, which has aimed to improve the efficiency and quality of care. This has involved transferring responsibility for healthcare services from the central government to local government agencies and healthcare providers. One of the key goals of decentralization was to bring healthcare services closer to the communities they serve and to improve the responsiveness of the healthcare system to the needs of local populations. This involved creating local healthcare boards responsible for planning and managing healthcare services as well as devolving financial and operational control over healthcare services to local healthcare providers. Another aim of the decentralization was to improve the efficiency of the healthcare system. This was achieved through measures such as streamlining healthcare services, reducing bureaucracy, and improving the coordination of care between different healthcare

¹³ M. Gajić-Stevanović et al., *Health care system of the Republic of Serbia in the period 2004-2012*, "Stomatološki Glasnik Srbije" 2014, vol. 61, no. 1, pp. 36-44.

providers. The Serbian government has also made changes to the way that healthcare services are funded, including the introduction of mandatory health insurance and reforms to the way that healthcare services are reimbursed. to create a more sustainable healthcare system by pooling resources and spreading the financial risk of healthcare services. This has aimed to improve the efficiency of the healthcare system and reduce costs, while also ensuring that healthcare services are financially accessible to all citizens. The Serbian government has invested in health technology, including electronic health records, telemedicine, and digital health solutions¹⁴. The Serbian government has also taken steps to increase transparency and accountability in the healthcare system, including implementing measures to monitor and evaluate the performance of healthcare services and providers, and also made efforts to improve the quality of care in the healthcare system, including implementing quality management systems, promoting evidence-based practices, and investing in professional development for healthcare providers. The Serbian government has also promoted evidence-based practices in the healthcare system, aimed at improving the quality of care and ensuring that healthcare services are based on the best available scientific evidence. The Serbian government has invested in professional development for healthcare providers, aimed at ensuring that healthcare providers have the knowledge, skills, and competencies needed to deliver high-quality care. The Serbian government has also encouraged patient involvement in the healthcare system, aimed at improving the quality of care and ensuring that the needs of patients are met. This has involved promoting patient engagement, patient-centred care, and the involvement of patients in decision-making about their care. The Serbian government has made efforts to expand access to healthcare services, particularly in rural and underserved areas by increasing funding for healthcare services and investing in new healthcare facilities, technologies, and insurance coverage, aimed at increasing access to healthcare services for all citizens. This has involved introducing mandatory health insurance and

14 B. Li Han Wong et al., *The dawn of digital public health in Europe: Implications for public health policy and practice*, "The Lancet Regional Health-Europe" 2022, vol. 14, [https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(22\)00009-6/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(22)00009-6/fulltext) [2.02.2022].

expanding coverage to include more people, including those who are economically vulnerable. The Serbian government has invested in improving healthcare infrastructure. This has involved building new healthcare facilities and upgrading existing ones as well as improving the distribution of healthcare services to ensure that services are available in all regions of the country. The Serbian government has also promoted the use of telemedicine, aimed at improving access to care for those living in rural or remote areas. Telemedicine has been used to deliver healthcare services, including remote consultations and remote monitoring, to patients in these areas. The Serbian government has also encouraged private-sector involvement by promoting public-private partnerships and encouraging private-sector investment in healthcare services.

7.2 Health system reforms in Bosnia and Herzegovina

Bosnia and Herzegovina (BiH) is a country located in Southeast Europe with a population of around 3.3 million people. The country's healthcare system is complex, with different healthcare systems existing in the two entities that make up BiH – the Federation of Bosnia and Herzegovina and Republika Srpska – as well as in the Brčko District. The decentralization of the health system in Bosnia and Herzegovina (BiH) refers to the process of transferring responsibility for healthcare from the central government to the entities that make up BiH – the Federation of Bosnia and Herzegovina, Republika Srpska, and the Brčko District. This process began after the war in 1995, intending to improve the quality of healthcare and make it more accessible to all citizens, and has resulted in the establishment of separate healthcare systems in each entity and the Brčko District. Each system has its own policies, regulations, and funding sources. The entity and district governments are responsible for planning and managing healthcare services in their respective regions, while the central government is responsible for setting overall healthcare policies and regulations. Decentralization allows for more efficient use of resources, as decisions about healthcare services can be made at the local level, based on the specific needs of the population. It can also improve access to healthcare services, particularly in rural areas, where healthcare facilities may be scarce. Local governments can prioritize the development of healthcare facilities and services that are the most needed in their communities. Decentrali-

zation can lead to the development of more responsive and effective healthcare services, as local governments can tailor them to meet the needs of their populations and allow for greater accountability. However, there are also challenges associated with decentralization such as inequalities in access, fragmentation, and limited resources. This can lead to inequities in access to healthcare services, particularly if the distribution of resources is not balanced across regions leading to fragmentation of the healthcare system, with different policies and regulations in each entity and district, making it difficult to coordinate healthcare services across regions, exacerbating the problem of limited resources, as local governments may not have the financial or human resources necessary to provide high-quality healthcare services. The primary healthcare system in Bosnia and Herzegovina (BiH) has undergone reforms since the end of the war of the 1990s, intending to improve access to healthcare services. The primary healthcare system is the first point of contact for patients seeking medical care, and it, therefore, plays a critical role in promoting public health, preventing disease, and managing chronic conditions. The government has invested in the construction and renovation of primary healthcare facilities, particularly in rural areas, as well as the recruitment and training of healthcare professionals¹⁵. The primary healthcare system has been reorganized around the concept of family medicine, which emphasizes the importance of providing comprehensive and continuous care to patients and their families. Family medicine doctors are responsible for providing primary healthcare services to their patients and coordinating their care with specialists as needed. The government has introduced electronic health records, which enable healthcare providers to access and share patient information, regardless of their location. This helps to improve the quality of care and reduce healthcare costs by avoiding duplicate tests and procedures. The government has strengthened preventive care measures, including immunization programs and health education campaigns. This has helped to reduce the incidence of preventable diseases and promote

15 M. Stepovic et al., *Analysis and forecast of indicators related to medical workers and medical technology in selected countries of Eastern Europe and the Balkans*, "Healthcare" 2023, vol. 11, no. 5, pp. 1-12.

healthy lifestyles. The primary healthcare system reforms in BiH have led to significant improvements in access to healthcare services and the quality of care provided. However, challenges remain, including the need to address the shortage of healthcare professionals, improve the distribution of healthcare resources, and address the inequities in access to healthcare services between urban and rural areas. Hospital reform in BiH has been a critical component of the overall healthcare system reform. The government has privatized some hospitals in BiH to increase efficiency and reduce healthcare costs and these hospitals are required to meet the same standards as public hospitals and are subject to regulation by the government. The government has introduced a system of performance-based financing for hospitals, which rewards hospitals for achieving certain performance targets such as reducing hospital-acquired infections or improving patient outcomes. The government has also consolidated some hospitals in BiH, to increase efficiency and reduce duplication of services. This has involved merging smaller hospitals into larger ones and developing networks of hospitals to share resources and expertise. The government has introduced quality standards for hospitals that are based on international best practices. Hospitals are required to meet these standards to receive accreditation, which is necessary for receiving government funding. The government has introduced telemedicine services, which enable healthcare providers to provide remote consultation and diagnosis to patients, particularly in rural areas where healthcare services may be limited. The hospital reform in BiH has led to significant improvements in the quality of care and efficiency of hospitals. However, there is still a need to ensure that patients have access to affordable and high-quality healthcare services, regardless of their location or socioeconomic status.

7.3 The health system in Croatia

The healthcare system in Croatia is universal. The Croatian Health Insurance Fund (HZZO) is the sole purchaser of health services and purchases all individual health services delivered by both public and private providers. Primary care is provided mainly by private medical practices, while almost all hospitals are publicly owned and managed. Mandatory health insurance contributions made by employers and individuals are the main source of financing for health and ac-

count for 76% of total financing¹⁶. Family medicine doctors are the first point of contact for patients seeking medical care, and they provide a wide range of services, including preventive care, health promotion, and management of chronic conditions. Patients can access primary healthcare services free of charge, although they may be required to pay a small co-payment for certain services. Patients who require specialist care can be referred to specialists by their family doctor or they can seek care directly from specialists. Specialist care is provided in hospitals and outpatient clinics, and patients are required to make a small contribution for specialist consultations and procedures. The hospital system in Croatia is made up of public and private hospitals. Public hospitals are funded by the government, while private hospitals are funded through a combination of private insurance and out-of-pocket payments. All residents of Croatia are required to have health insurance, which is funded through mandatory contributions from employers and employees as well as general taxes. The national health insurance fund covers the cost of most healthcare services, including primary healthcare, specialist care, and hospital care. The cost of prescription drugs is partially covered by the national health insurance fund, with patients required to pay a small amount for most drugs. Over-the-counter drugs are not covered by the national health insurance fund and must be paid for in full by patients.

Conclusions

The Balkans region is comprised of several countries, each with its unique healthcare policies and systems. Bosnia and Herzegovina has a decentralized healthcare system, with the responsibility for healthcare divided between two entities, the Federation of Bosnia and Herzegovina and the Republika Srpska. The government provides free primary care, but patients have to pay for secondary and tertiary care. The system faces challenges such as inadequate funding, lack of equipment, and shortages of healthcare workers. Croatia has a universal

16 L. Vončina et al., *Universal Health Cover Age Study Series, No.29, Universal Health Coverage in Croatia: Reforms to Revitalize Primary Health Care*, 2018, p. 11, <https://documents1.worldbank.org/curated/en/77393151616775654/pdf/Universal-health-coverage-in-Croatia-reforms-to-revitalize-primary-health-care.pdf> [1.01.2018].

healthcare system, funded through taxes and social insurance contributions. Patients have free access to primary care, and secondary and tertiary care is partially subsidized. Croatia also has a strong tradition of alternative medicine, with traditional practices such as acupuncture and herbal medicine being integrated into the healthcare system. Serbia has a universal healthcare system, funded through taxes and social insurance contributions. Patients have free access to primary care, and secondary and tertiary care is partially subsidized. The system faces challenges such as inadequate funding and a shortage of healthcare workers. In general, the Balkan region faces significant challenges in providing high-quality healthcare to its citizens, including inadequate funding, shortages of healthcare workers, and a lack of infrastructure and equipment. However, many efforts are being made to improve the situation, including increasing funding, improving infrastructure, and promoting preventative care.

References

1. Baruzeri G., Laaser U., *The health status of the populations in the Western Balkans region*, "South Eastern European Journal of Public Health" 2021, vol. 15, no. 1, pp. 1-3.
2. Browne J. et al., *Recent research into healthcare professions regulation: a rapid evidence assessment*, "BMC Health Services Research" 2021, vol. 21, pp. 1-12, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06946-8>.
3. de Leeuw E., Clavier C., Breton E., *Health policy – why research it and how: Health political science*, "Health Research Policy and Systems" 2014, vol. 12, no. 55, pp. 1-10.
4. Forman R. et al., *Drawing light from the pandemic: Rethinking strategies for health policy and beyond*, "Health Policy" 2022, vol. 126, no. 1, pp. 1-6.
5. Gajić-Stevanović M. et al., *Health care system of the Republic of Serbia in the period 2004-2012*, "Stomatološki Glasnik Srbije" 2014, vol. 61, no. 1, pp. 36-44.
6. Jones C.M., Clavier C., Potvin L., *Policy processes sans frontières: Interactions in transnational governance of global health*, "Society of Policy Sciences" 2020, vol. 53, no. 1, pp. 161-180.
7. Jones C.M., Clavier C., Potvin L., *Adapting public policy theory for public health research: A framework to understand the development of national policies on global health*, "Social Sciences and Medicine" 2017, vol. 177, pp. 69-77.
8. Li Han Wong B. et al., *The dawn of digital public health in Europe: Implications for public health policy and practice*, "The Lancet Regional Health-Europe" 2022, vol. 14, [https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(22\)00009-6/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(22)00009-6/fulltext).
9. Rütten A. et al., *Determinants of health policy impact: a theoretical framework for policy analysis*, "Sozial- und Präventivmedizin" 2003, vol. 48, no. 5, pp. 293-300.

10. Shuleta S. et al., *The relationship between government health expenditure and economic growth: Evidence from Western Balkan countries*, International Journal of Applied Economics, "Finance and Accounting" 2023, vol. 15, no. 1, pp. 10-20.
11. Stepovic M. et al., *Analysis and forecast of indicators related to medical workers and medical technology in selected countries of Eastern Europe and the Balkans*, "Healthcare" 2023, vol. 11, no. 5, pp. 1-12.
12. Tresa E., Czabanowska K. et al., *Europeanization of health policy in post-communist European societies: Comparison of six Western Balkan countries*, "Health Policy" 2022, vol. 126, no. 8, pp. 816-823.
13. Vončina L. et al., *Universal Health Cover Age Study Series, No. 29, Universal Health Coverage in Croatia: Reforms to Revitalize Primary Health Care*, 2018, p. 11, <https://documents1.worldbank.org/curated/en/773931516167775654/pdf/Universal-health-coverage-in-Croatia-reforms-to-revitalize-primary-health-care.pdf>.
14. World Health Organization, *Roadmap for Health and Well-being in the Western Balkans (2021-2025): European Programme of Work (2020-2025) – United Action for Better Health*, <https://www.who.int/europe/publications/i/item/WHO-EU-RO-2021-3435-43194-60508>.
15. World Health Organization, *Revitalizing mental health reforms in the Western Balkans after COVID-19*, <https://www.who.int/europe/news/item/09-11-2022-revitalizing-mental-health-reforms-in-the-western-balkans-after-covid-19>.