

Bosnia and Herzegovina



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Total population (2001) ¹	3 800 000
% population 0-14 years (2001) ¹	24
Population distribution % rural (2001) ¹	20
Life expectancy at birth (2001) ¹	73
Under-5 mortality rate per 1000 live births (2001) ¹	20 (males) 15 (females)
Maternal mortality ratio per 100 000 live births (2001) ²	5.0
Total expenditure on health % GDP (2004) ³	10
General government expenditure on health as % of general government expenditure ³	7.4
Human Development Index Rank, out of 177 countries (2004) ⁴	62
Gross National Income (GNI) per capita US\$ (2004) ⁵	2040
Adult (15+) literacy rate (2002) ²	94
% of population with sustainable access to an improved water source (2001) ²	53
% of population with sustainable access to improved sanitation ²	33

Sources:

¹ Arnaudova A. *10 health questions about the new EU neighbours*. Copenhagen, WHO, 2006 (http://www.euro.who.int/informationSources/Publications/Catalogue/20060224_1, accessed 27 April 2007)

² *Millennium Development Goals 2015: human development report 2003 for Bosnia and Herzegovina*. Sarajevo, United Nations Development Programme Country Office for Bosnia and Herzegovina, 2003.

³ *Bosnia and Herzegovina - Addressing fiscal challenges and enhancing growth prospects: a public expenditure and institutional review*. Washington D.C., World Bank, 2006.

⁴ *Human development report 2006. Beyond scarcity: power, poverty and the global water crisis*. New York, United Nations Development Programme, 2006 (<http://www.hdr.undp.org/hdr2006>, accessed 27 April 2007).

⁵ *World Bank - ICT at a glance, Bosnia and Herzegovina*. Washington D.C., World Bank (http://devdata.worldbank.org/ict/bih_ict.pdf, accessed 27 April 2007).

Note: Population-based data are estimates. No census has been conducted since the war ended.

Bosnia and Herzegovina is located in the western part of the Balkan peninsula and covers 51 129 km². The General Framework Agreement for Peace in Bosnia and Herzegovina of 1995, signalling the end of hostilities that started in 1992, resulted in Bosnia and Herzegovina having two administrative entities – the Federation of Bosnia and Herzegovina and Republika Srpska. Since 2000, the District Brcko has been independently administered. The Governments of the Federation of Bosnia and Herzegovina and Republika Srpska are each responsible for internal affairs, environmental, economic, social and health sector policies, justice and taxation. This implies that Bosnia and Herzegovina has three health care systems. Canton governments (in the Federation of Bosnia and Herzegovina) deal with health (through ten cantonal health ministries), education, culture, housing, public services, local land use and social welfare expenditure. The Council of Ministers of Bosnia and Herzegovina has exclusive responsibility for foreign policy, defence, customs policy, monetary policy, immigration and asylum policies, air traffic control, payment of international financial obligations, inter-entity transport, communications and law enforcement. According to the Law on Ministries from March 2003, the Ministry of Civil Affairs of Bosnia and Herzegovina is in charge of the overall coordination of health issues at the state level.

HEALTH AND DEVELOPMENT

Inequality in access to health care. Health authorities in Bosnia and Herzegovina face growing challenges in inequality in access to health care. With 20% of the population below the poverty line and a further 30% just above it, much of the population remains uncovered by health insurance (17–35% in different parts of the country). A rural-urban gap and health insurance benefits that are not portable across the country further contribute to inequality in access to health care.

Inefficient service delivery. This results from many factors such as an overextended and fragmented network of service providers, inappropriate mix of primary, secondary and tertiary facilities, a provider payment system without efficiency incentives, composition and quality of services at the primary health care and hospital levels and lack of economies of scale. Reforms of primary health care and the hospital sector need to be properly balanced and synchronized.

Financial sustainability. The financial sustainability of the health system is uncertain, and the health care system substantially burdens the economy. Public expenditure on health comprises 7.2% of gross domestic product (GDP). Combined with out-of-pocket expenditure estimated to comprise 2.6% of GDP, this results in total health expenditure of about 10% of GDP, higher than the average for central and eastern Europe. The reform agenda evolves around issues related to broadening the collection base for contributions, increasing the pooling of resources and effective mechanisms for allocating resources.

Limited institutional capacity and institutional fragmentation. This hampers implementation of health care reform. The overall public administration of the health sector duplicates functions that are somewhat outdated or could be rationalized. System-wide decisions are difficult to make because authority among the local, regional or cantonal and central levels is not clearly delineated. Human resources management, consistent planning, policy development and coordination as well as mechanisms for European Union (EU) integration are weak.

Health information system. The health information system is underdeveloped and does not provide the high-quality information needed for evidence-based policy-making. Health managers are largely deprived of a management information system.

Noncommunicable diseases. The leading cause of morbidity and mortality is noncommunicable diseases. About 50% of deaths are attributable to cardiovascular diseases and about 20% to cancer. Road crashes and injuries (intentional and unintentional) are rising. The ageing population and unhealthy lifestyles associated with diet and alcohol and drug abuse are main contributors to the epidemiological profile.

Communicable diseases control. HIV, sexually transmitted infections and tuberculosis (TB) remain high priority despite successes against communicable diseases in the past. Further strengthening of the surveillance system and response needs to be emphasized given the changed global epidemiological situation and the emergence of old as well as new communicable diseases.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • EU accession process • Significant international technical and financial assistance for health care reform • Availability of international expertise • Expectations for high-quality health care • Positive experiences and lessons learned in pilot areas that could be applied to the whole system • National commitment to cooperate with international organizations • National commitment to Millennium Development Goals and the Poverty Reduction Strategy Paper 	<ul style="list-style-type: none"> • Complex political environment • Institutional fragmentation • Limited implementation capacity at all levels • Institutional and administrative structures are resistant to change, rendering capacity-building investment less effective • Health systems have still not fully recovered from war damages • Slow economic recovery and inadequate funding of health care • Health benefits exceed the available budgets

PARTNERS

Many international organizations supporting health development, both bilateral and multilateral, are present. Thirteen development agencies represent the United Nations System. Key actors in the health sector are the United Nations Children's Fund (UNICEF), United Nations Development Programme, United Nations Population Fund, WHO and the World Bank.

The EU is funding health projects, and WHO established a strong partnership with the EU through which a project on EU and WHO support for health care reform was implemented from 2004 to 2006.

Bosnia and Herzegovina's application for a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (HIV and AIDS component) was approved in the fifth round. A tuberculosis component was submitted in the sixth round, and approval is contingent on the completion of the clarification process within the limited time frame.

Bilateral donors, such as the Governments of Canada, Japan and Switzerland, are supporting primary health care, youth and health and public health strengthening. The Government of Japan focuses on procuring medical equipment.

Nongovernmental organizations are involved in both delivering services and in advocacy for policy development. The nongovernmental organization sector is getting stronger and better organized over time.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Commitment to support health development • Changed perceptions about investment in health and established policy links between development and health • Agenda for strengthening the health systems 	<ul style="list-style-type: none"> • Coordination of internationally funded projects led by national authorities • Dependence on international aid and externally driven initiatives

WHO STRATEGIC AGENDA

WHO's strategic agenda for Bosnia and Herzegovina, as a tool for better meeting the country's needs, is organized around four functions of the health care system:

- **providing services** – continuing health reforms, achieving proper balance between primary health care and hospital reforms, strengthening the public health institute's capacity to deliver public health services, controlling communicable diseases and reforming mental health services;
- **generating resources** – capacity-building of government officials and other professionals, strategic human resource planning and continuous training of health professionals;
- **health care funding** – further developing the structure and operation of health care funding, improving allocation mechanisms and ensuring proper funding of public health programmes; and
- **stewardship** – updating and finalizing strategic and operational plans for health care reform, implementing existing health legislation and generating relevant information for sound decision-making and training of decision-makers in the techniques and skills needed to properly use the available information



FOR ADDITIONAL INFORMATION:

WHO headquarters country page: <http://www.who.int/countries/bih/en>

WHO Regional Office for Europe country page:

<http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=BIH&CtryInputSubmit=>

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