ROADMAP FOR HEALTH AND WELL-BEING IN THE WESTERN BALKANS (2021–2025):

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ABSTRACT
This document presents the Roadmap for Health and Well-being in the Western Balkans (2021–2025) [hereinafter, the Roadmap], which scopes the following countries and areas* [All references to “area” in this document should be understood as Kosovo]: the Republic of Albania, Bosnia and Herzegovina, Montenegro, the Republic of North Macedonia, the Republic of Serbia, and Kosovo [All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).] – hereinafter, the Western Balkans (WBs). Building on the individual health goals and priorities of the WBs through the lens of the European Programme of Work (2020–2025) – “United Action for Better Health” [EPW], the Roadmap identifies shared priorities and potential synergistic actions within and across the subregion. These culminate in ten High Impact Action Areas and 17 Reform Initiatives that were developed through extensive consultation with the WBs and partners.

The Roadmap aims to align efforts and foster cooperation with regional, subregional and country/area* partners to pursue political, investment, and technical objectives that deliver on the core priorities of the EPW, which target the root causes of ill health and key weaknesses of health systems. The Roadmap presents a cornerstone for health progress over the next five years in the WBs, and it starts from what citizens in the Region expect from their health authorities. People want authorities to guarantee their right to universal access to quality care without fear of financial hardship, effective protection against health emergencies, and the ability to thrive in healthy communities where public health actions and appropriate public policies secure a better life in an economy of well-being. The EPW sets out a vision of how the WHO Regional Office for Europe can support health authorities across the Region to rise to challenges both individually and collectively. Furthermore, the Roadmap is a novel subregional approach to achieve these goals both within and beyond the scope of COVID-19 pandemic response and recovery.

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Abbreviations

AMR  Antimicrobial resistance
CEI  Central European Initiative
EPW  European Programme of Work (2020–2025) – "United Action for Better Health in Europe"
EU  European Union
GDO  Geographically Dispersed Offices
GDP  Gross Domestic Product
GPW 13  Thirteenth General Programme of Work 2019–2023
HDI  Human Development Index
HiAP  Health in All Policies
NCD  Noncommunicable disease
OECD  Organisation for Economic Co-operation and Development
OOP  Out-of-pocket
PHC  Primary health care
RCC  Regional Cooperation Council
SEE  South East Europe
SEECP  South-East European Cooperation Process
SEEHN  South-eastern Europe Health Network
SDG  Sustainable Development Goals
UHC  Universal health coverage
UN  United Nations
WB  Western Balkans (the Republic of Albania, Bosnia and Herzegovina, Montenegro, the Republic of North Macedonia, the Republic of Serbia and Kosovo)1

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1 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
Roadmap for Health and Well-being in the Western Balkans (WBs)
WHO Member States, globally and within the European Region, are committed to implementing the Thirteenth General Programme of Work 2019–2023 [GPW 13] (1). The GPW 13 is linked to the triple billion targets, which are at the heart of the health sector’s contribution to the Sustainable Development Goals (SDGs) (2): one billion more people benefiting from universal health coverage (UHC); one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being.

The European Programme of Work (2020–2025) – “United Action for Better Health in Europe” (EPW) (3) articulates WHO/Europe’s ambition to implement the GPW 13 and reflects its commitment to leaving no one behind and to strengthening the leadership of health authorities in the Region. The EPW’s three core priorities are anchored in the 2030 Agenda for Sustainable Development and are linked to the triple billion targets. The EPW privileges lines of work and initiatives that directly contribute to the three core priorities and four flagship initiatives, which collectively constitute a programme of COVID-19 pandemic recovery and reform [Fig. 1]. Priorities and initiatives are intended as accelerators of change, mobilizing critical issues that feature prominently on the agendas of Member States, including the WBs, and for which high-visibility and high-level political commitment can be transformative. The EPW is firmly rooted in the following global and regional frameworks: The Tallinn Charter: Health Systems for Health and Wealth (4); the Declaration of Astana (on primary health care (PHC)) (5); the Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health (6); and the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (7).

The COVID-19 pandemic constitutes an unprecedented shock to health, social and economic systems throughout the European Union (EU), the broader WHO European Region, and globally. It has brought into the spotlight the interdependence of lives and livelihoods, of society and the economy, as well as the urgency of achieving improved health, well-being, and sustainable development within and beyond the context of the present crisis.

To realize the EPW’s core priorities – the urgency of which has been intensified by the COVID-19 pandemic – WHO/Europe has developed the Roadmap for Health and Well-being in the Western Balkans (2021–2025) (hereinafter, Roadmap) through a consultative process with representatives from the Republic of Albania, Bosnia and Herzegovina, Montenegro, the Republic of North Macedonia, and the Republic of Serbia (the WBs) and partners, to support EPW implementation and to move the subregion ahead through strengthened partnership and solidarity and by forging important synergies within and across countries/area and partners (Box 1 & Fig. 2).

WHO/Europe consists of the Regional Office in Copenhagen, Denmark; 32 country, field and liaison offices; three subregional WHO Health Emergencies Programme (WHE) hubs; five Geographically Dispersed Offices (GDOs); and three WHO-hosted Partnerships. The WHO Barcelona Office for Health Systems Strengthening, Spain, does not have the same status as the GDOs given the absence of an agreed legal framework for WHO’s presence in Spain. However, there is a renewed commitment by Spain and WHO to find a resolution through this longstanding issue and negotiations are in process with the involvement of the Director-General’s Office.

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Fig. 1. An overview of the EPW’s three core priorities and four flagship initiatives.

1. Moving toward UHC
   - Flagship initiative 1: The Mental Health Coalition
2. Protecting against health emergencies
   - Flagship initiative 2: Empowerment through Digital Health
3. Promoting health and well-being
   - Flagship initiative 3: The European Immunization Agenda 2030
   - Flagship initiative 4: Healthier behaviors: Incorporating behavioral and cultural insights
The Roadmap demonstrates the determination of the WBs to better equip health systems for future emergency preparedness and response, close the ongoing health and sustainable development gaps between the WBs and the EU and contribute to the achievement of global and regional health and sustainable development targets.

In March 2021, Ministers of Health from the Republic of Albania, Bosnia and Herzegovina, Montenegro, the Republic of North Macedonia, and the Republic of Serbia met and agreed to support the WHO Regional Office for Europe in its effort to develop the Roadmap. In so doing, the countries expressed their commitment to joint action to accelerate an equitable and sustainable recovery from the COVID-19 pandemic and to close the health gap between the subregion and the EU. Further consultations from March through June 2021 reaffirmed their commitment to the Roadmap and highlighted specific needs, key health priorities, and accelerators for joint action among the WBs and partners.

Health and sustainable development progress in the WBs

In accordance with the 2030 Agenda for Sustainable Development (2), health and sustainable development are inextricably linked. Leaving no one behind and closing the health and sustainable development gap between the WBs and the EU will require delivering more equitable, inclusive, and sustainable economic growth and development, and promoting action on the social determinants of health across all sectors and levels. This can be fostered through the development of well-being economies in the WBs that reflect a concern for good governance as a foundation for sustainable economic growth; the greening of the subregion through investment in the environment and climate; investment in a digital future; and in human capital (8).

All countries/area in the WBs have achieved SDG targets 3.1 (By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births) and 3.2 (By 2030, end preventable deaths of new-borns and children under 5 years of age), with all countries/area aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality.
to at least as low as 25 per 1000 live births. North Macedonia and Serbia have also achieved SDG target 3.6 (By 2030, halve the number of global deaths and injuries from road traffic accidents) (Table 1).

However, the WBs also face challenges in SDG attainment. Despite progress towards SDG targets 3.4 (By 2030, reduce by one third premature mortality from noncommunicable diseases [NCDs] through prevention and treatment and promote mental health and well-being), 3.5 (Strengthen the prevention and treatment of substance abuse), and 3.9 (By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and containment), challenges remain for their achievement across the subregion. The same is true for SDG target 3.6 (By 2030, halve the number of global deaths and injuries from road traffic accidents) for Albania, Bosnia and Herzegovina, and Montenegro. SDG 3 targets requiring additional acceleration and investment include 3.7 (By 2030, ensure universal access to sexual and reproductive health-care services), 3.8 (Achieve universal health coverage), and 3.a (Strengthen the implementation of the WHO Framework Convention on Tobacco Control) (Table 1).

### Table 1. Selected targets and indicators to track the WBs’ progress on achieving SDG 3: Ensure healthy lives and promote well-being for all at all ages.

<table>
<thead>
<tr>
<th>SDG 3 Target†‡</th>
<th>Albania</th>
<th>Bosnia and Herzegovina</th>
<th>Montenegro</th>
<th>North Macedonia</th>
<th>Serbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Maternal mortality</td>
<td>Target achieved</td>
<td>Target achieved</td>
<td>Target achieved</td>
<td>Target achieved</td>
<td>Target achieved</td>
</tr>
<tr>
<td>3.2 Child mortality</td>
<td>Target achieved</td>
<td>Target achieved</td>
<td>Target achieved</td>
<td>Target achieved</td>
<td>Target achieved</td>
</tr>
<tr>
<td>3.4 NCDs</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Significant challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
</tr>
<tr>
<td>3.5 Substance abuse</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
</tr>
<tr>
<td>3.6 Traffic accidents</td>
<td>Significant challenges remain</td>
<td>Significant challenges remain</td>
<td>Challenges remain</td>
<td>Major challenges remain</td>
<td>Major challenges remain</td>
</tr>
<tr>
<td>3.7 Sex/Repro Health</td>
<td>Major challenges remain</td>
<td>Major challenges remain</td>
<td>Major challenges remain</td>
<td>Major challenges remain</td>
<td>Major challenges remain</td>
</tr>
<tr>
<td>3.8 UHC*</td>
<td>Major challenges remain</td>
<td>Significant challenges remain</td>
<td>Significant challenges remain</td>
<td>Significant challenges remain</td>
<td>Significant challenges remain</td>
</tr>
<tr>
<td>3.9 Environmental hazards</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
<td>Challenges remain</td>
</tr>
<tr>
<td>3.a Tobacco Control</td>
<td>Major challenges remain</td>
<td>Major challenges remain</td>
<td>N/A§</td>
<td>N/A</td>
<td>Major challenges remain</td>
</tr>
</tbody>
</table>

Notes. See Section 2 in the Roadmap’s Compendium for further information and corresponding data sources. Data for Kosovo is excluded from this table because it is not available.

† Full titles of the SDG 3 targets can be found in paragraphs 7 and 8 of this document and in sources listed in the Compendium, Section 2.
‡ For brevity, some SDG 3 targets were excluded when the health issues they addressed were not high priorities or relevant in the context of the WBs (e.g., tropical diseases, etc.) or if there was no data available for their indicators.
§ Only SDG indicator 3.8.1 (service coverage index) is considered in this row.

On average, both female and male life expectancies have significantly increased since 1990 in the WBs. However, trends in public spending on health have varied across the subregion since 2000 (Table 2).

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Table 2. Trends in female and male life expectancies between 1990 and 2019 and public spending on health between 2000 and 2018 in the WBs.

<table>
<thead>
<tr>
<th>Country/area</th>
<th>Life expectancy (in years expected from birth)</th>
<th>Public spending on health (% of general government expenditure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>74.99</td>
<td>69.07</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>74.30</td>
<td>67.43</td>
</tr>
<tr>
<td>Montenegro</td>
<td>77.75</td>
<td>71.30</td>
</tr>
<tr>
<td>North Macedonia</td>
<td>73.16</td>
<td>69.23</td>
</tr>
<tr>
<td>Serbia</td>
<td>74.40</td>
<td>68.90</td>
</tr>
<tr>
<td>Kosovo*</td>
<td>69.10</td>
<td>64.60</td>
</tr>
</tbody>
</table>

Notes. See Compendium Section 1, Table 1 for further information and corresponding data sources.

* N/A indicates the data is not available.

Economic development across the WBs has been promising, particularly with a view to EU accession criteria. The Albanian economy grew on average by 2.4% over the last decade, leading to improvements in labour market patterns and contributing towards improved living standards and reduced poverty and social exclusion. Age-standardized mortality rates in Albania have declined more rapidly than in most other (wealthier) countries of the WHO European Region, including the neighbouring countries of the WBs and south-eastern Europe. As a result of continuous health sector reforms and investments in strengthening PHC, in Bosnia and Herzegovina there has been an increase in trained family medicine specialists over the past decade. Montenegro has made remarkable progress towards EU accession by opening all chapters of the EU acquis Communautaire and closing three of them. From 2017 to 2020, Montenegro increased its Human Development Index (HDI) from 8.14 to 8.29, which ranks it 48th in the global HDI. Within the context of EU accession negotiations and recent membership in the North Atlantic Treaty Organization, North Macedonia is continuing to move toward a well-functioning market economy, strengthened institutions and rule of law, as well as enhanced service delivery and infrastructure. Over the past two decades, North Macedonia’s economic growth has been the most stable within the WBs: its income per capita has doubled and the country has moved from low-middle- to upper-middle-income status. Serbia has also firmly embedded itself in the EU accession process by opening 18 of the 35 chapters of the EU acquis Communautaire, particularly on judiciary and fundamental rights, justice and security, education, and procurement. Prior to the COVID-19 pandemic, Serbia’s gross domestic product (GDP) growth rate exceeded 4% for two consecutive years and the unemployment rate had reached a record low by late 2019.

Despite progress in recent years across several health and socioeconomic indicators, strong gaps persist between the WBs and the EU. The sustainable development gap is particularly manifest in the stark differences seen in per capita GDP and unemployment rates [Compendium, Section 1].

Since the onset of the COVID-19 pandemic, a significant reordering in investment priorities can be seen in the WBs: industrial development, a long-term leader in the rankings, has been relegated to second place by social infrastructure, highlighting widely held concerns over the quality of critical public services, such as schools and hospitals. This trend is likely to increase in the aftermath of the COVID-19 pandemic, as the effects on public health infrastructure and social protection systems in the subregion come to light.

The reshuffling of investment priorities in the WBs is indicative of growing global recognition of the need to stop under-investing in emergency preparedness, health systems, and social protection. This approach has contributed to an economy that is poorly suited for dealing with large-scale health and other crises. Looking forward, as societies recover from the COVID-19 pandemic, building back better requires greater resilience and a revitalized commitment to sustainable development in the WBs.

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Lessons learned from the COVID-19 pandemic in the WBs

The COVID-19 pandemic and its containment measures have exacerbated pre-existing health, social and economic vulnerabilities, particularly for groups already marginalized prior to the onset of the pandemic in the WBs. The pandemic has disproportionately affected poor and vulnerable households that have less savings and depend more on self-employment and informal, insecure work, which leaves them less resilient in the face of social and economic shocks (Compendium, Section 2).

The collective impact of the pandemic has plunged the subregion into a deep recession characterized by negative growth in the year 2020. This has contributed to soaring fiscal deficits, accompanied by a drastic reduction in consumption and in trade flows, as well as decreasing public and foreign direct investment in the subregion (Compendium, Section 1). Travel restrictions and social distancing measures have especially impacted those countries/area more reliant on tourism (10, 11, 12). The pandemic has also substantially undermined gains in labour force participation and progress on poverty reduction made in the subregion over the last few years (Compendium, Section 1).

Within this context, the WBs have introduced policies to protect lives and livelihoods. Large job-retention schemes, including employee subsidies, have alleviated some of the worst impacts of the pandemic on employment. At the same time, social protection programmes, such as cash transfers, have been extended to mitigate the effects of lockdowns and other restrictions (Compendium, Section 2). Still, as early as June 2020, unemployment had risen by a half a percentage point, erasing 139 000 jobs (10, 11). A total of 300 000 additional people are estimated to have fallen into poverty in Albania, Montenegro, Serbia and in Kosovo – a significant number, but less than half of that it could have been had response measures not been put in place (10).

Amid the dramatic economic downturn, the COVID-19 pandemic has cast a spotlight on the dire need for greater investment in health across the WBs. The pandemic has placed an inordinate burden on health systems and public health systems in the subregion, magnifying longstanding deficits in access and coverage; PHC and essential services; medical personnel; supplies and infrastructure; population acceptance of and trust in public health officials; social cohesion; and public commitment to combating diseases and reaching health goals. In addition to advancing these key areas, the WBs need strengthened governance and administration mechanisms across health and social systems to increase the resilience, preparedness, and the adaptability of systems to address future shocks and challenges. This also necessitates improved mechanisms for cooperation with global, regional, and subregional partners to tackle shared challenges in health.

The imperative to develop mechanisms for advancing cooperation between the WBs and partners has been showcased by the ongoing vaccination roll-out within the subregion. In partnership with WHO/Europe, the EU has launched a regional project to support safe and effective vaccination of the populations across the WBs. This project supports the subregion in the effective reception and administration of COVID-19 vaccines, including those received from COVAX (13) and through the EU vaccine sharing mechanism. Given the experiences and specific lessons learned during the pandemic on weaknesses within the WBs’ health and social systems, the project also aims to strengthen the subregion’s resilience against future health emergencies and support it in moving towards sustainable funding for UHC (Compendium, Section 2).

Drawing shared lessons from the dire circumstance of the pandemic, the WBs have highlighted, among others, the need to strengthen the following key areas moving forward: investment in PHC and essential services to better sustain periods of crisis; health and social protection of marginalized and vulnerable groups; governance and administration mechanisms across health and social systems; as well as digital technologies that can help to improve efficiency and accountability of service providers in each country/area and improve the interface between people and health services, health system performance, and critical public health functions (Compendium, Section 2).

5 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
Closing the health gap in the WBs

Prior to the onset of the COVID-19 pandemic and since the turn of the millennium, the WBs had made significant improvements in the health status of the population. Despite progress, however, the status of health in the subregion is behind that of the EU and the remaining WHO European Region. This is most evident in the case of infant mortality, under-five mortality, and maternal mortality, for which rates are generally considerably higher than those of the EU average, although there are exceptions to this (for example, the infant mortality rate in the Republika Srpska, Bosnia and Herzegovina was 1.6 per 1000 live births in 2019, even lower than that of the EU’s rate of 3.32 for the same year). The standardized death rate for all causes is also consistently higher, (from ca. 7% to 37% higher) in the WBs compared to the EU (Compendium, Section 1). Additionally, stark differences in health exist within the subregion, with substantially lower mortality rates (infant, under-five, and maternal) found in Montenegro compared to many other countries/area in the WBs (Compendium, Section 1).

A closer look at the inequalities in health gains seen within the subregion, as well as between the WBs and neighbouring countries in the EU, calls attention to the need for greater investment in several areas including, but not limited to: child and maternal health; vaccination programmes for preventable diseases; efforts to address antimicrobial resistance; mental health; as well the improvement of prevention and early detection of HIV, tuberculosis and hepatitis. (Compendium, Section 1).

Severe ongoing weaknesses in health financing in the WBs have hindered progress towards UHC – that is, ensuring everyone can access quality health services without financial hardship. Reliance on out-of-pocket (OOP) payments is characteristically heavy across the subregion, with the OOP payment share of current spending on health substantially higher than the EU average of 21.6% in 2018 (Compendium, Section 1). High OOP spending reflects weaknesses in health system performance, which is also related to gaps in health coverage and policy, user charges, and low levels of public spending on health (14,15). Public spending on health (as a percentage of GDP) was generally lower in the WBs than the EU average of 5.9% in 2018 (Section 1). Moreover, coverage policy and the way in which scarce funds are spent is not well-aligned with the subregion’s disease profile which is strongly shaped by NCDs. The WBs are also marked by significantly lower patient to physician ratios, and in most cases hospital beds, compared to the EU (for example, an average of 241 vs. 351 physicians and 382 vs. 521 beds per 100 000 people, in the WBs and the EU, respectively) (Compendium, Section 1).

Addressing NCDs, notably cancer and cardiovascular diseases, in the subregion is particularly important, as these emerge as the leading causes of burden of disease, with mortality rates significantly higher than those of the EU (16). To do so, a greater focus must be placed on intersectoral action, prevention, PHC strengthening and public health to tackle associated risk factors. This would also serve to combat the increased risk of mortality from COVID-19 or similar viruses, which is strongly correlated with the types of NCDs disproportionately found in the population of the WBs. Accordingly, by improving the overall health status of the people and reducing health inequalities, the subregion will also be more resilient to deal with future waves of pandemic.

Amid ongoing health sector challenges, the pandemic has emerged as a breaking point, threatening the precarious state of health systems in the subregion, as well as recent gains in population health. The resilience of the WBs to tackle health emergencies remains limited due to shortcomings in preparedness and response capacities, as well as the gaps in UHC compared to the EU and the WHO European Region. This includes the capacity of health systems across all levels to: ensure health security; scale up risk assessment as needed; free up sufficient resources to rapidly deal with threats; address limitations in the operationalization of emergency structures, as well as in the mobilization of additional resources through resilient supply chains and logistics. Together, these severely restrict the ability of the WBs to realize sustainable development and convergence with the EU.
Strategizing for health at the subregional level: the WBs’ approach
Subregional cooperation is a building block of multilateralism and shared prosperity that leaves no one behind in the era of the COVID-19 pandemic and beyond. Addressing the immense challenges to sustainable development and achieving the SDGs in the context of the COVID-19 pandemic requires re-imagining subregional cooperation for health and a transformative change in how policy decisions at the subregional level are made, implemented, and evaluated. Health must be recognized as a value, human right and critical ingredient to socioeconomic development and the building of resilient individuals and societies. The persistent health gap exacerbated by the pandemic requires urgent, sustained and decisive action by the WBs and partners. Solidarity and unity are needed to responsibly build robust health and public health systems that are resilient and ready to face future challenges.

The forging of subregional health cooperation shapes the interplay between all state actors and creates synergies among the health goals and policies, global and regional commitments, and aspirations of the WBs. For subregional health cooperation to work, the emerging health dynamics, especially the distinct aspirations of countries, must be fully recognized.

In 2020, momentum began to build around subregional action in the WBs, with the critical decision made by all WHO Member States in the subregion to adopt the EPW, advance the Western Balkan Common Market, and facilitate joint action on the COVID-19 pandemic. This was complemented by strong EU support (for example, the EU Investment Plan and the EU Plan for COVID-19). Currently, at the operational level, key subregional cooperation platforms have already adopted, or are in the process of adopting, their multiannual operational frameworks, such as the Central European Initiative Program of Work 2021–2023; the Regional Cooperation Council (RCC) of South East Europe (SEE) 2030 Strategy; and the South-eastern European Health Network’s (SEEHN) Joint Statement on the Chisinau Pledge during 70th World Health Assembly in Geneva on 24 May 2017 and plan for the next five years, signifying a new chapter in subregional cooperation in COVID-19 response and recovery.

With increasing subregional connectivity, as well as projects and the prospects of more cross-border movement of people and goods, there is a growing need for building strong subregional health mechanisms alongside bilateral relations to enable countries to fulfil their roles as effective providers of health safety and security.

Considering empirical evidence, the current situation, and the added value of joint subregional action, cooperation for health in the WBs requires a new approach to successfully implement the EPW in the contemporary context of opportunities and challenges affecting the subregion. The Roadmap offers such an innovative approach: it accelerates policy action by providing effective focus on collaboration and exchange within and across the WBs and partners on key priorities and shared commitments identified by countries/area.
A Roadmap for the future: Building back better and closing the health gap
The Roadmap builds on countries/area’s health goals and their efforts to implement the EPW. In this it meets three interrelated objectives: political, investment and technical (Box 2 and Fig. 3).

The Roadmap articulates consensus and solidarity around the WBs’ priorities and joint commitments, for individual countries/area and the entire subregion, for action towards accelerating progress on health and socioeconomic development in the context of COVID-19 recovery and beyond.

In the co-creation and implementation of the Roadmap, WHO/Europe reaffirms its commitment to supporting the WBs in leaving no one behind and strengthening the leadership of health authorities in the subregion.

**Box 2.** The Roadmap’s political, investment and technical objectives

1. **Political objectives:** The Roadmap seeks to position health high atop the sustainable development and growth agendas of the WBs and intergovernmental processes in the subregion. It aims to: align policies at all levels and sectors and among countries/area and partners around the EPW’s core health priorities; to facilitate inclusive and coherent policy and operational approaches for health in COVID-19 pandemic response and recovery; and to accelerate WBs and partners’ engagement to close the health gap.

2. **Investment objectives:** The Roadmap promotes investment in health within countries/area and across the subregion; identifies investment opportunities both domestically and for partners; ensures impact-oriented initiatives, supports strengthening monitoring and evaluation systems, as well as transparent reporting; and increases value for money by combining the resources of countries/area, partners, and partnerships in health.

3. **Technical objectives:** The Roadmap steers the provision of technical cooperation, and mutual exchange and learning to advance the development of critical points of health systems to accelerate COVID-19 pandemic response and recovery; aims to close the health gap between the WBs and the EU and to build back health systems that are resilient in the face of future crises.

**Fig. 3. An overview of the political, investment, and technical objectives of the Roadmap**

- **Political Objective:** Health is a political choice: An investment in development and growth. Integrate efforts of countries/area and partners on core health priorities.
- **Investment Objective:** Increase investments in health by countries/area and partners. Synergize resource mobilization by countries/area and partners.
- **Technical Objective:** Develop the critical points of health systems. Implement health initiatives to close the WB’s health gap with the EU.
Priority actions and joint commitments for health in the WBs

The Roadmap has been co-created based on country/area health and sustainable development goals and plans, and it has designated priorities that aim to close the health gap with the EU and identify shared commitments and joint actions for better health across the subregion (Fig. 4).

Priorities in the WBs for closing the health gap with the EU at the country/area level

In the process of developing the Roadmap, the WBs identified priority action areas for closing the health gap with the EU at the country/area level (Fig. 5 and Compendium, Section 2). While there are some differences in the indicated priority action areas, nearly all are shared among the WBs.

High Impact Action Areas and Reform Initiatives for closing the health gap between the WBs and the EU

The shared priorities of the WBs for closing the health gap with the EU converge to form ten High Impact Action Areas that reflect the subregion’s commitment to the core priorities and flagship initiatives of the EPW and the SDG targets, as well as the urgent needs introduced by the COVID-19 pandemic (Appendix). Identified by the WBs over the course of various consultations from May to June 2021, the action areas reflect the specific needs and vulnerabilities of the subregion (Compendium, Section 2). Accordingly, they aim to: 1) increase resilience to health emergencies; 2) ensure financial protection and access to medicines; 3) strengthen PHC through digital transformation; 4) safeguard quality of health care and patient safety; 5) promote mental health and social care services; 6) preserve human capital for health; 7) combat avoidable NCDs; 8) create healthy and green environments; and 9) enable vaccination benefits for all.

To deliver upon the ten High Impact Action Areas, the WBs have identified 17 Reform Initiatives to be supported by WHO/Europe through the Roadmap (Appendix; and Compendium, Section 1). Crucially, initiatives culminate as specifically tailored efforts to address the chronic challenges to health and well-being facing the subregion that have been amplified by the COVID-19 pandemic crisis. Among the various challenges affecting the WBs, ongoing gaps in coverage and financial protection related to catastrophic health spending, a high burden of NCDs and low take-up of vaccination,
shortages in hospital bed and physician supply, underinvestment in PHC and mental health and poor integration of social care and health systems are most pronounced (Compendium, Section 2). The subregional initiatives to address challenges emerge as collaborative platforms, coalitions, innovation hubs and networks that bring together expertise and resources across the WBs to affect positive change across all action areas (Table 3; Appendix; and Compendium, Section 1). Therefore, they demonstrate the subregion’s commitments to closing the health gap between the WBs and the EU and the advancement of health and well-being within and beyond the context of COVID-19 pandemic response and recovery.

Fig. 5. An overview of the WBs’ priority actions for closing the health gap with the EU at the country/area level

<table>
<thead>
<tr>
<th>ALBANIA</th>
<th>BOSNIA AND HERZEGOVINA</th>
<th>MONTENEGRO</th>
<th>NORTH MACEDONIA</th>
<th>SERBIA</th>
<th>KOSOVO*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Priority 1: UHC</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>• Strengthen PHC and health systems financing</td>
<td>• Strengthen PHC and health systems financing</td>
<td>• Strengthen PHC and health systems financing</td>
<td>• Strengthen PHC and health systems financing</td>
<td>• Strengthen PHC and health systems financing</td>
<td>• Strengthen PHC and health systems financing</td>
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<tr>
<td>• Increase health workforce</td>
<td>• Increase health workforce</td>
<td>• Increase health workforce</td>
<td>• Increase health workforce</td>
<td>• Increase health workforce</td>
<td>• Increase health workforce</td>
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<tr>
<td>• Reduce burden of NCDs</td>
<td>• Reduce burden of NCDs</td>
<td>• Reduce burden of NCDs</td>
<td>• Reduce burden of NCDs</td>
<td>• Reduce burden of NCDs</td>
<td>• Reduce burden of NCDs</td>
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<tr>
<td>• Improve health governance</td>
<td>• Improve health governance</td>
<td>• Improve health governance</td>
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<tr>
<td>• Address financial hardship due to health spending</td>
<td>• Address financial hardship due to health spending</td>
<td>• Address financial hardship due to health spending</td>
<td>• Address financial hardship due to health spending</td>
<td>• Address financial hardship due to health spending</td>
<td>• Address financial hardship due to health spending</td>
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</tbody>
</table>

**Flagship 1: Mental Health**  
- Promote community-based care

**Flagship 2: Digital Health**  
- Integrate health information systems

**Core Priority 2: Health Emergencies**  
- Increase medical supplies and vaccines  
- Strengthen IHR capacities and health workforce  
- Improve PHC  
- Build resilience of health facilities to climate change and natural disasters

**Core Priority 3: Health and well-being**  
- Address NCDs  
- Care for ageing population  
- Combat AMR  
- Support local living environments by HiAP  
- End TB, HIV and viral hepatitis

**Flagship 3: Immunization**  
- Increase public confidence in vaccination  
- Reduce immunization inequities

**Flagship 4: Behaviours**  
- Explore and address barriers to healthy practices  
- Make healthy practices possible, acceptable and convenient

**Flagship 5: Mental Health**  
- Promote community-based care

**Flagship 6: Digital Health**  
- Develop data collection and tracking systems for SDGs and PHC

**Flagship 7: Health Emergencies**  
- Increase medical supplies and vaccines  
- Strengthen IHR capacities and health workforce  
- Improve PHC  
- Build resilience of health facilities to climate change and natural disasters

**Flagship 8: Behaviours**  
- Explore and address barriers to healthy practices  
- Make healthy practices possible, acceptable and convenient

**Flagship 9: Immunization**  
- Increase public confidence in vaccination  
- Reduce immunization inequities

Notes. AMR: Antimicrobial resistance; HiAP: Health in All Policies; IHR: International Health Regulations; NCD: Noncommunicable disease; PHC: Primary health care; SDG’s: Sustainable development goals; UHC: Universal health coverage

*All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
Table 3. Areas of shared priority actions to close the health gap between the WBs and EU (for full listing of Action Areas and Reform Initiatives see Appendix).

<table>
<thead>
<tr>
<th>Action Area</th>
<th>Description</th>
<th>Reform Initiatives</th>
<th>Relevant EPW Core Priorities, Flagship Initiatives, and SDGs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION AREA 1:</strong> Increase resilience to health emergencies</td>
<td>Initiative 1.1: Western Balkans’ Platform for Leadership and Governance for Emergency Preparedness and Response&lt;br&gt;Initiative 1.2: Western Balkans’ Health Emergency Preparedness and Response Capacity Building Initiative</td>
<td>Core Priority 1&lt;br&gt;SDGs: 3.d</td>
<td></td>
</tr>
<tr>
<td><strong>ACTION AREA 2:</strong> Ensure financial protection and access to medicines</td>
<td>Initiative 2.1: Western Balkans’ Initiative on Financial Protection for Universal Health Coverage&lt;br&gt;Initiative 2.2: Western Balkans’ Medicines and Medical Supplies Collaborative Initiative</td>
<td>Core Priority 1&lt;br&gt;Core Priority 2&lt;br&gt;Core Priority 3&lt;br&gt;SDGs: 3.8 and 3.c</td>
<td></td>
</tr>
<tr>
<td><strong>ACTION AREA 3:</strong> Strengthen primary health care through digital transformation</td>
<td>Initiative 3.1: Western Balkans’ Primary Health Care Reform Initiative&lt;br&gt;Initiative 3.2: Western Balkans’ Initiative for Digital Health Transformation in Primary Health Care</td>
<td>Core Priority 1&lt;br&gt;Core Priority 2&lt;br&gt;Core Priority 3&lt;br&gt;Flagship 1&lt;br&gt;Flagship 2&lt;br&gt;SDGs: 3.1, 3.2, 3.3, 3.4, 3.7, 3.8, 3.a, 3.c, 3.d</td>
<td></td>
</tr>
<tr>
<td><strong>ACTION AREA 4:</strong> Safeguard quality of health care and patient safety</td>
<td>Initiative 4.1: Western Balkans’ Innovation Hub for Quality of Care and Provider Performance</td>
<td>Core Priority 1&lt;br&gt;Core Priority 3&lt;br&gt;Flagship 2&lt;br&gt;SDGs: 3.8 and 3.c</td>
<td></td>
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<tr>
<td><strong>ACTION AREA 5:</strong> Promote mental health and social care services</td>
<td>Initiative 5.1: Western Balkans’ Mental Health and Social Care Leadership Coalition</td>
<td>Core Priority 1&lt;br&gt;Core Priority 3&lt;br&gt;Flagship 1&lt;br&gt;Flagship 2&lt;br&gt;SDGs: 3.4, 3.5, 3.7, and 3.8</td>
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<tr>
<td><strong>ACTION AREA 6:</strong> Preserve human capital for health</td>
<td>Initiative 6.1: Western Balkans’ Initiative to Expand and Retain Human Capital for Health&lt;br&gt;Initiative 6.2: Western Balkans’ Initiative for Health Worker Education</td>
<td>Core Priority 1&lt;br&gt;Core Priority 3&lt;br&gt;SDGs: 3.8 and 3.c</td>
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</tr>
<tr>
<td><strong>ACTION AREA 7:</strong> Combat avoidable noncommunicable diseases</td>
<td>Initiative 7.1: Western Balkans’ Taxation, Legislation and Regulation Initiative for Health&lt;br&gt;Initiative 7.2: Western Balkans noncommunicable disease Targets and Data Network</td>
<td>Core Priority 1&lt;br&gt;Core Priority 3&lt;br&gt;Flagship 4&lt;br&gt;SDGs: 3.8 and 3.c</td>
<td></td>
</tr>
<tr>
<td><strong>ACTION AREA 8:</strong> Create healthy and green environments</td>
<td>Initiative 8.1: Western Balkans’ Platform for Climate, Environment and Health&lt;br&gt;Initiative 8.2: Western Balkans’ Road Safety Initiative</td>
<td>Core Priority 3&lt;br&gt;SDGs: 3.6 and 3.9</td>
<td></td>
</tr>
<tr>
<td><strong>ACTION AREA 9:</strong> Extend vaccination benefits across life course</td>
<td>Initiative 9.1: Western Balkans’ Immunization Agenda</td>
<td>Core Priority 2&lt;br&gt;Core Priority 3&lt;br&gt;Flagship 3&lt;br&gt;Flagship 4&lt;br&gt;SDGs: 3.3, 3.b and 3.d</td>
<td></td>
</tr>
<tr>
<td><strong>ACTION AREA 10:</strong> Combat Antimicrobial Resistance</td>
<td>Initiative 10.1: Western Balkans’ initiative for intersectoral AMR leadership and governance&lt;br&gt;Initiative 10.2: Western Balkans’ integrated Antimicrobial Stewardship Programme initiative in healthcare facilities</td>
<td>Core Priority 1&lt;br&gt;Core Priority 2&lt;br&gt;Core Priority 3&lt;br&gt;Flagship 3&lt;br&gt;Flagship 4&lt;br&gt;SDGs: 3.8; 3.9; 3.b; 3.c; 3.d</td>
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</tbody>
</table>

Notes: NCD: Noncommunicable disease; SDG’s: Sustainable development goals. See Appendix for a detailed description of High Impact Action Areas and Reform Initiatives.
Accelerating united action for better health in the WBs
Accelerating united action for better health in the WBs aims to trigger positive multiplier effects across the Roadmap’s three objectives by keeping health high atop the WBs and partners’ agendas and by strategizing health for the 21st century, heightening the role of partners to close the health gap between the WBs and the EU, establishing joint efforts for mobilizing resources and support for the Roadmap’s implementation and defining and monitoring measurable goals.

The magnitude and impact of the COVID-19 pandemic crisis transcends health sector boundaries and has created a unique moment in time in which there is a convergence of perspectives to build back better across all sectors. As the WBs struggle amid the COVID-19 pandemic and the most severe economic downturn seen in decades, they continue to strive towards achieving the SDGs, reducing poverty, and closing the health and sustainable development gaps within the subregion and compared to the EU. To leverage the co-benefits of investments across the social and economic sectors in rebuilding healthy places where every life matters and all people can prosper, the WBs will need political action, new know-how, participatory policy dialog inclusive across levels and sectors and multidisciplinary communities of practice sharing within and across the WBs that is driven by social values such as well-being, inclusion, equity, gender equality and sustainability.

As the unprecedented fiscal support and response packages introduced by the WBs at the start of the epidemic expire and concerns over fiscal capacity grow, there is a danger of a return to business as usual. This could include defaulting to reactive economic and health policies, such as disinvestment in public health and community services and facilities, reduction or freezing of public sector wages and deregulation of private sector activities. The WHO European Health Equity Status Report initiative [21] and evidence from the Organisation for Economic Co-operation and Development (OECD) [22], the World Bank [23] and the EU [24] show that these reactive measures may be detrimental for people’s physical and mental health. They increase social and economic insecurity for large sections of the population, and they contribute to civic instability, low social mobility, and unbalanced development within the WBs.

These unwanted scenarios and consequences are not inevitable. A current behavioural economic study for the WHO European Region [25] has found that social values such as equity, inclusion, well-being and sustainability have not been considered in the design of initial fiscal recovery packages. Recognition of the inequitable impacts of the COVID-19 pandemic has created stronger convergence in perspectives across sectors regarding the need for solutions that avoid reactive policies.
Key accelerator 1: Keeping health high atop the political agendas of the WBs and partners to strategize for health

The Roadmap supports the WBs’ leadership in keeping the momentum for better health from faltering under the pressures of the pandemic. It is imperative that public health remains high atop the political agendas of the WBs and of intergovernmental processes in the subregion. Between the extremes of panic and complacency, health must remain as a priority within the current public health emergency and beyond (Box 3).

Box 3. Keeping health high atop the political agenda

- Ensure governmental coordination to promote convergence between the WBs’ priority actions and policies, including external and domestic policies, as well as mutually supportive actions across sectors and institutions:
  - use high-level coordinating mechanisms to promote health as a political priority and prioritize funding for common goods for health (for example, population-based functions such as comprehensive surveillance, laboratories, data and information systems, regulation and communication and information campaigns);
  - mobilize adequate resources to increase investments in health and to support coordinative intersectoral action for health and well-being; and
  - build health capacity leadership in the WBs.

- Engage effectively in subregional cooperation in priority areas of the Roadmap to promote united actions and enhance coherence across countries/area and partners:
  - develop tools that support subregional and country/area-level action for health across the WBs and partners;
  - strengthen WBs’ partnerships with leading organizations in health; and
  - promote synergies among policies across all sectors and levels, from global to local, to better align actions and contribute to health goals.

- Engage partners effectively to sustain broader support for health:
  - engage proactively with stakeholders through the exchange of knowledge and expertise to prioritize, develop and implement initiatives in line with the three core priorities of the EPW;
  - make targeted efforts to reach out to the marginalized and vulnerable groups in society and to advance inclusive social and economic development to ensure no one is left behind; and
  - work with partners to raise public awareness and mobilize support for health and well-being through policy dialogue, capacity building and information sharing.
The strategizing of health in the WBs and across the subregion promotes health leadership and country/area ownership through inclusive processes for the identification of shared interests and opportunities for joint action to close gaps in health and well-being and strengthen health systems (Fig. 6).

Subregional input is critical for implementing overarching health plans in the WBs. At the same time, country/area collaboration in subregional planning processes is necessary to ensure coherence across the WBs, as well as to foster technical, policy and geographical synergies to accelerate progress.

Implementing the health and health-related SDGs as an integrated and coherent set of actions represents a challenge to countries/area.

Addressing interactions between economic, social and environmental goals in a balanced manner, while fostering a positive impact on health and well-being requires instruments and tools to facilitate technical and policy coherence, as well as effective cooperation.

Fig. 6. An overview of the synergistic process that will accelerate closing the health gap between the WBs and the EU.
Key accelerator 2:
Building a community of strategic partners to close the health gap between the WBs and EU

Strategic partnerships and collaborations are a cornerstone for health progress. Partners contribute vital perspectives, expertise and resources that allow the WBs to realize their individual and collective goals. Building a community of strategic partners across the subregion and at the country/area-level is essential for delivering on the Roadmap’s High Impact Action Areas. This includes supporting health leadership in policy development and implementation, as well as in capacity building, coordination, outreach and investments for health (Box 4).

The relevance and need for intersectoral subregional cooperation and policy coherence for economic development and integration in the subregion has long been recognized. South-eastern Europe has been the most dynamic and fluid arena of subregional cooperation in the European Region over the last several decades, with more than 50 different organizations, initiatives, facilities, and networks spanning a large variety of common concerns. The diversity of cross-border cooperation activities by the WBs involving multi-actor processes ranging from the economy, environment, energy, transport and crime to culture and civil society, produces a complex geometry of networks.

Subregional cooperation for health in the WBs was introduced as part of the development partners’ Stability Pact for South-Eastern Europe in 1999. The RCC succeeded the Stability Pact in 2008 when countries switched the cooperation agenda in the SEE from stabilization to integration, thus shifting the focus from peace and stability to socioeconomic development and growth, and, most recently, COVID-19 pandemic response and recovery. The South-East European Cooperation Process (SEECP) Summit entrusted the RCC with the task of preparing the SEE 2030 strategy that reflects the acute need for the continuation of reforms to transform society in SEE and aid the growth of competitiveness and socioeconomic progress.

The WBs have accelerated collaboration for health together with the countries of central and eastern Europe through their joint Central European Initiative (CEI). The cooperation between the WHO Regional Office for Europe and the CEI has been initiated at the Zagreb Summit of Heads of States and Governments with the endorsement of the Joint Statement. Under the political pillar of the CEI Member States cooperation, the CEI High-Level Summit of Heads of States and Heads of Governments put health high atop the political agenda. Meetings of foreign affairs assembled state actors in the much-needed interplay regarding COVID-19 pandemic response and recovery. The CEI Ministries of Health meeting in July 2020 engaged CEI Member States in consultations over the EPW and generated new opportunities in support of its implementation. Under the technical pillar of the CEI Member States’ cooperation, following the Zagreb Summit in May 2020, the CEI Executive Secretariat and WHO Regional Office for Europe joined efforts by establishing a Task Force composed of key health officials from CEI Member States to respond to the COVID-19 pandemic. The CEI has endorsed its Plan of Action 2021–2023 to include health as a programmatic area of work for the first time.

The EU is a key partner to the WBs. The EU accession process is a key driver of reform and motivation for governments to progress across a range of normative and policy areas. The WBs’ partnership portfolio has largely emerged within this context of aspiring EU integration and EU neighbourhood policy. EU engagement with the WBs has recently been enhanced through the development of the Economic and Investment Plan to support economic recovery and convergence, which sets out a substantial investment package for the subregion to support sustainable connectivity, human capital, competitiveness and inclusive growth, and the twin green and digital transition. The investment package will be a key driver for facilitating increased public and private investments in the subregion, including in the health sector, by European and international financial institutions. The Economic and Investment Plan has seen further support by the European Commission in its setting up of reform priorities for countries aiming to join the EU. Support was especially expressed at the Western Balkans Summit in Sofia in 2020 and the Western Balkans Summit in Berlin in 2021, both within the Berlin Process, at which time important steps were taken to advance regional cooperation to boost socioeconomic recovery and convergence with the EU. EU investments in health have also focused on the WBs through funding for and joint actions with WHO/Europe.
WHO/Europe aims to use its prominence in health leadership to actively align, support and coordinate UN, EU and other partners’ engagement in the WBs – including country/area agencies and networks, country/area branches of international agencies and civil society organizations – to reach health-related SDGs and targets. From 2021–2025, this will entail building alliances and shaping joint UN and EU strategies with objectives that further the process of EU accession in the WBs and strengthen the democratic and economic space within EU Neighbourhood countries. Additionally, efforts should progress the realization of the 2030 Agenda for Sustainable Development and align support under the EU programming cycle 2021–2027.

WHO/Europe is committed to impactful and effective interagency collaboration, including joint advocacy, analysis, policy coordination and country/area support, aimed at synchronizing, finding synergies and pooling efforts and experiences across the WBs. By integrating health into the broader United Nations (UN) development agenda, WHO/Europe is committed to “delivering as one”, including through UN Sustainable Development Cooperation Frameworks, collaboration with UN country/area teams and support for implementing the Global Action Plan for Healthy Lives and Well-Being for All (33). WHO/Europe’s WBs’ Country Offices will use their cooperation strategies and other appropriate instruments to advance the health-related activities of UN country/area teams and to assist country/area health authorities leading collaboration with partners.

WHO/Europe has played a vital role in subregional cooperation for health in the WBs. Along with direct country/area-level support, an enhanced country/area focus critically relies on strengthening regional and subregional linkages. The Roadmap defines WHO/Europe’s trajectory of engagement in the WBs and provides safe-space dialogue and advice to guide collaborative subregional efforts.

**Box 4. Building a community of strategic partners at both country/area and subregional level to close the health gap between the WBs and the EU**

- Establish a Roadmap Council to support the WBs and partners in implementing the Roadmap, with representation at both country/area and subregional levels, in the WBs through activities such as:
  - a yearly conference of the WBs and partners with WHO/Europe serving as the Secretariat;
  - regular communication and meetings for exchange within and between the WBs and partners;
  - a portfolio of united areas of action which may include, but is not limited to, joint projects, mutual support for country/area-level policies/strategies/plans, as well as joint procurements: and
  - improving health governance through monitoring, reporting, and data collection.
Key accelerator 3:

Establishing joint efforts to mobilize resources and support for Roadmap implementation

As sharply illustrated during the COVID-19 pandemic, health systems must be prepared to guarantee the health security of their population and the resilience of societies. Therefore, efforts to strengthen health systems must be scaled up immediately. In the context of the WBs, this requires resource mobilization and prioritizing the allocation of financial resources for health, as well as building the capacities of health systems (Box 5).

Box 5.

Establishing joint efforts to mobilize resources and support for Roadmap implementation

- Create a Roadmap Investment Group as a body of the Roadmap Council to support the WBs and partners in mobilizing resources and support for the Roadmap through activities such as:
  - a yearly conference of the WBs and partners with WHO/Europe serving as the Secretariat;
  - regular communication and meetings for exchange within and between the WBs and partners;
  - a portfolio of united areas of action which may include but is not limited to joint projects, mutual support for country/area-level policies/strategies/plans, as well as joint procurements;
  - mobilization of smaller and (re)emerging resource partners; and
  - the exploration of non-traditional, innovative, and sustainable funding mechanisms and blended funding opportunities.
Key accelerator 4:
Defining and monitoring measurable goals for Roadmap implementation

WHO/Europe will draw from the EPW’s measurement framework to monitor and evaluate progress on implementing the Roadmap. It will be tailored to monitor work under the three core priorities, as well as the impact of the four flagship initiatives in the WBs. It will also include metrics to monitor efforts towards regional convergence, stronger health leadership and united action for better health (Box 6).

Box 6. Defining and monitoring measurable goals for Roadmap implementation

- Apply SMART (specific, measurable, attainable, relevant, and time-based) goals to all projects:
  - improve health governance through monitoring, reporting, and data collection
  - use incentives to increase accountability and investment for health and well-being in the WBs
  - develop and implement country/area-led and subregional actions that are outcome-oriented
  - incorporate monitoring, evaluation and reporting activities into all projects.
Building back better and closing the health gap

The COVID-19 pandemic has resulted in an urgent need to support health systems and public health services in the WBs. The initiatives and accelerators articulated above constitute the Roadmap, and they are instruments to improve investment in health, close the health gap between the WBs and the EU and progress an equitable and sustainable recovery from the COVID-19 pandemic by accelerating integration and synergistic actions across the subregion.
All references accessed on 22 April 2021.


25. Forthcoming behavioural economic study report by the WHO European Region Spring 2021


The Roadmap’s High Impact Action Areas and Reform Initiatives

The High Impact Action Areas and Reform Initiatives are the implementation arm of the Roadmap. After extensive collaboration with WHO Representatives, Country Offices, Ministries of Health, health authorities and partners in the WBs, as well as subsequent rounds of interdivisional consultations within WHO, the Roadmap’s High Impact Action Areas and Reform Initiatives were formed to guide united subregional action for health and sustainable development in the WBs (Table 1). These Action Areas and Initiatives centre the shared health and sustainable development priorities of the WBs, and they advance the three objectives of the Roadmap: 1) Political: to position health high atop the development and growth agendas of the WBs; 2) Investment: to promote investment in health within the WBs; and 3) Technical: to develop the critical points of health systems and close the health and sustainable development gap between the WBs and EU.

Table 1. ACT FOR IMPACT: Reforming Health Systems in WBs to close the health gap between the WBs and the EU

<table>
<thead>
<tr>
<th>ACTION AREA 1: INCREASE RESILIENCE TO HEALTH EMERGENCIES</th>
<th>Initiative 1.1</th>
<th>Western Balkans’ Platform for Leadership and Governance for Emergency Preparedness and Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall objective</strong></td>
<td>Enable Health Emergency Preparedness and Response reform through capable transformational and transactional leadership, governance, and management</td>
<td></td>
</tr>
<tr>
<td><strong>KEY STRATEGIC RESULTS</strong></td>
<td>1. western Balkans Platform for transactional, transformational and intersectoral leadership to increase whole-of-government investment and coordination for health security, including effective linkages between health systems, public health services, disaster management and One Health; 2. lessons learned from COVID-19 used to review and redesign, finance, cost and implement National Action Plans for Health Security and Health Systems Resilience; 3. platform for strengthened cross-border coordination in risk assessment, mitigation and information sharing based on streamlined national regulatory frameworks, health information systems, point-of-entry dialogues and joint simulation exercises; 4. upgraded capacities and tools for evidence-based emergency governance and policy-making based on direct technical assistance to countries to improve health emergency management cycle and support to International Health Regulations (IHR) National Focal Points and IHR monitoring and evaluation framework. 5. systematic assessment of vulnerabilities based on shared approaches, tools and expertise.</td>
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</table>

<table>
<thead>
<tr>
<th>Initiative 1.2</th>
<th>Western Balkans’ Health Emergency Preparedness and Response Capacity Building Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall objective</strong></td>
<td>Enhance country/area abilities to respond in health emergencies based on increased capacity in critical elements of emergency response</td>
</tr>
<tr>
<td><strong>KEY STRATEGIC RESULTS</strong></td>
<td>1. improved access to people centred, affordable care for the acutely ill and injured, in emergencies including through adequate emergency care policies and capacities, and a Western Balkans Network of Emergency Medical Teams and enhanced hospital safety; 2. strengthened the Western Balkans (WBs)’ rapid assessment and response capacities by expanding the contribution of the WB network of technical institutions to the Global Outbreak Alert and Response Network (GOARN); 3. enhance laboratory capacities based on WBs’ participation in the European Regional Laboratory Task Force for High Threat Pathogens and sharing of expertise and resources at the subregional level, including for genetic sequencing; 4. subregional network and increased capacity, coordination and information sharing by Emergency Operations Centres; 5. increased emergency logistic response capacities based on a national assessment of logistics capacities and subregional sharing of knowledge and materials; 6. strengthened risk communication and community engagement (RCCE) based on the roll-out of revamped RCCE capacity building package and established Infodemic Management Systems.</td>
</tr>
</tbody>
</table>
ACTION AREA 2: ENSURE FINANCIAL PROTECTION AND ACCESS TO MEDICINES

Initiative 2.1 Western Balkans’ Initiative on Financial Protection for Universal Health Coverage

Overall objective
Reduce financial hardship and unmet need for health care, particularly for people most in need of protection, based on evidence and policy dialogue for detecting gaps and targeted investment.

KEY STRATEGIC RESULTS
1. financial protection monitoring tools and observatory established, and comparative assessments conducted;
2. financial Protection Forum established, and policy dialogues held to identify and build consensus on policy responses;
3. WBs supported to develop domestic roadmaps to realise Universal Health Coverage (UHC) through financial protection;
4. WBs’ capacities for implementation developed based on subregional specific WHO Health Financing Course.

Initiative 2.2 Western Balkans’ Medicines and Medical Supplies Collaborative Initiative

Overall objective
Reform regulatory and procurement systems to enable equal access to medicines and medical supplies and advance European Union (EU) regulatory alignment.

KEY STRATEGIC RESULTS
1. good governance assessment of pharmaceutical policies; maturity of the regulatory, procurement and supply management systems; alignment with EU medicines legislation;
2. targeted reform package developed, implemented, and supported by an established network of experts in pharmaceutical policies and regulations within the WBs and EU Member States;
3. voluntary collaborations across the WBs in areas such as horizon scanning, health technology assessments, joint negotiations, local production and pooled procurement.

ACTION AREA 3: STRENGTHEN PRIMARY HEALTH CARE THROUGH DIGITAL TRANSFORMATION

Initiative 3.1 Western Balkans’ Primary Health Care Reform Initiative

Overall objective
Realising potential of primary health care (PHC) by reforming the PHC model to better respond to population health needs and bridge the gap in health between the WBs and the EU.

KEY STRATEGIC RESULTS
1. state of PHC in WBs reviewed, and a tailored PHC model developed based on inter-country/area policy dialogue;
2. reform of PHC models of care towards multidisciplinary, integrated and networked care, based on country/area specific technical support and a WBs’ PHC collaborative platform;
3. full potential of PHC leveraged for noncommunicable diseases (NCDs), healthy ageing, population health management, and an optimized role for nursing;
4. legislative changes adopted to support continuity-of-care and coordination between different care levels and PHC providers, and PHC performance measurement systems and capacities built.

Initiative 3.2 Western Balkans’ Initiative for Digital Health Transformation in Primary Health Care

Overall objective
Digital transformation of the Western Balkans’ health sector accelerated with a focus on supporting patient and population health management and telemedicine in PHC.

KEY STRATEGIC RESULTS
1. WBs’ platform for horizon scanning established to assess digital maturity and digital readiness, and to enhance digital literacy in health-care professionals and the population at large;
2. an Electronic Health Record (EHR) developed and introduced to serve as a catalyst for multidisciplinary teamwork, decision support for NCDs, and as the basis for population health management with specific interfaces for risk stratification;
3. telemedicine and other digital solutions expanded compatibly with EHR.

ACTION AREA 4: SAFEGUARD QUALITY OF HEALTH CARE AND PATIENT SAFETY

Initiative 4.1 Western Balkans’ Innovation Hub for Quality of Care and Provider Performance

Overall objective
Improved patient safety and quality of care throughout the WBs based on innovation and leadership for quality of care, including value-based care, and provider performance.

KEY STRATEGIC RESULTS
1. quality of care and patient safety capacity building hub established and running;
2. national quality of care strategies and frameworks established and running;
3. provider quality assurance programmes and monitoring implemented;
4. health data coding and exchange standards implemented, and data repositories digitalized, including on quality of care and patient safety;
5. population health surveillance and policy-relevant monitoring frameworks revised and reformed;
6. health information systems to collect, analyse and use health information and data, including quality data indicators fully digitalized to enable impact-oriented policy and legislation development and implementation at all levels.
### ACTION AREA 5: PROMOTE MENTAL HEALTH AND SOCIAL CARE SERVICES

**Initiative 5.1** Western Balkans’ Mental Health and Social Care Leadership Coalition

**Overall objective**
Mental health and social care reformed through services and policy development, prevention, advocacy, communication and identification of good practices, and behavioural and cultural change

**KEY STRATEGIC RESULTS**
1. subregional mental health coalition established and running for leadership and service transformation, including an Annual Western Balkans’ Mental Health and Social Care Leadership Coalition Conference;
2. reform need and capacity assessment performed for community-based mental health care, including at PHC level and on de-institutionalization (policy and legislation, standards of service delivery and health workforce, financing and costing, indicators and monitoring);
3. human Capital for Mental Health training kit established to enable service transformation and the building of communities and behaviours resilient to adversities, health emergencies, and man-made disasters.

### ACTION AREA 6: PRESERVE HUMAN CAPITAL FOR HEALTH

**Initiative 6.1** Western Balkans’ Initiative to Expand and Retain Human Capital for Health

**Overall objective**
Reform human capital for health (HCH) planning in line with evidence-based stock taking and analyses of the health labour market, health workforce planning, and implementation of International Code of Practice to ensure health-care workforce security and control health worker migration

**KEY STRATEGIC RESULTS**
1. subregional, intersectoral forum and policy dialogue on health worker migration and promotion of appropriate bilateral, and multilateral discussions and agreements with destination countries for win–win outcomes within the context of local requirements, regional movements and political realities/international bodies [treaties];
2. HCH data systems, tools and capacities in the WBs developed and used to assess the impact of emigration outflows and to perform health labour market analyses and health workforce planning;
3. individualized, country/area specific health workforce plans and development, and implementation of retention policies to mitigate against preventable health-care workforce losses and determine the policy levers required for sustainability of workforce supply.

**Initiative 6.2** Western Balkans’ Initiative for Health Worker Education

**Overall objective**
Reform HCH education and training through adaptive/responsive curriculums in medical education, and high standard quality of care training, including in accreditation

**KEY STRATEGIC RESULTS**
1. domestic curricular content baselining performed against applicable regional and international standards, including in accreditation;
2. reformed domestic curricular content in pre- and in-service medical education, and quality of care training regarding health priorities and innovative learning methods;
3. HCH accreditation systems in WBs harmonized in line with applicable regional and international standards.

### ACTION AREA 7: COMBAT AVOIDABLE NONCOMMUNICABLE DISEASES

**Initiative 7.1** Western Balkans’ Taxation, Legislation and Regulation Initiative for Health

**Overall objectives**
Leverage the potential of taxation, legislation and health promotion and behavioural interventions for enhancing healthy behaviours, reducing NCD risk factors [tobacco, alcohol and nutrition] and increasing government revenue for health

**KEY STRATEGIC RESULTS**
1. regional platform established for intersectoral dialogue between health and finance on the value and cost-effectiveness of taxation, legislation and regulation, including the modelling of different scenarios and their impact on health and revenue, for alcohol, tobacco and nutritional products;
2. increased country/area leadership and capacities on ‘best buys’ in tobacco, alcohol and nutrition;
3. harmonized approach to increasing tobacco and alcohol taxes and development of country/area specific approach to taxation, and control of the illicit trade of, tobacco (including through enforcement of WHO Framework Convention on Tobacco Control Protocol), Electronic nicotine delivery systems and/or electronic non-nicotine delivery systems, and alcohol;
4. nutrition policies in WBs that include sustainability targets based on domestic policy dialogues;
5. reduced salt intake, eliminated use of industrially produced trans-fatty acids and increased implementation of Childhood Obesity Policies [The six Ending Childhood Obesity priority areas] through policy dialogue, targeted technical assistance and capacity building;
6. Behavioural insight (BI) approaches leveraged for promoting healthy choices based on a subregional BI platform to develop tools and capacities across the WBs.

**Initiative 7.2** Western Balkans noncommunicable disease Targets and Data Network

**Overall objective**
Set NCD targets and monitor trends based on accurate and comparable data on NCDs and their risk factors

**KEY STRATEGIC RESULTS**
1. health information systems enabled to generate relevant NCD information, including through regular implementation of the STEPwise Approach to NCD Risk Factor Surveillance surveys [STEPS];
2. subregional platform, policy dialogue and capacity built, and counties/area supported to set NCD related targets aligned with WHO guidance and SDGs;
3. annual WBs’ NCD progress conference of countries/area’s networks, established and held to support implementation strategies.
## ACTION AREA 8: CREATE HEALTHY AND GREEN ENVIRONMENTS

### Initiative 8.1 Western Balkans’ Platform for Climate, Environment and Health

**Overall objective** Reform the capacities and intersectoral policy infrastructure in and across the WBs for assessing, monitoring, and acting upon shared environment and health challenges, including climate change.

**KEY STRATEGIC RESULTS**
1. enhanced green and climate change awareness among leadership and the broader public, and engagement of private and public actors at all levels of governance;
2. improved data systems and evidence on the environmental and climate impact on health, based on a joint platform for monitoring, capacity building and dialogue, and support for regular governmental reporting on health and the environment;
3. enhanced policy infrastructure for assessing, monitoring and acting upon environment and health challenges, based on collaboration across policy and geographical boundaries, collaboration with international partners and the establishment of subregional communities of practice;
4. environmental standards set, including regular air quality monitoring, reduced air pollution and universal access to clean water and sanitation, through policy dialogues, strengthened capacities and better designed and applied legislation and regulation.

### Initiative 8.2 Western Balkans’ Road Safety Initiative

**Overall objective** Effective prevention and control of road traffic injuries through innovation, capacity building and institutional and technical cooperation.

**KEY STRATEGIC RESULTS**
1. improved road safety data and systems through implementation of a Western Balkans’ Road Safety Observatory;
2. WBs “communities of good practice” on road safety established involving key governmental representatives and technical experts to facilitate cross-border exchange and learning;
3. increased leadership and inter-sectoral collaboration on road safety and improved legal and policy frameworks for whole-of-government implementation including implementation of the Transport Community Western Balkans’ Action Plan for Road Safety;
4. national intersectoral road safety policy dialogues, plans and implementation capacities for road policing, monitoring and evaluation, public engagement, advocacy and post-crash response.

## ACTION AREA 9: EXTEND VACCINATION BENEFITS ACROSS LIFE COURSE

### Initiative 9.1 Western Balkans’ Immunization Agenda

**Overall objective** WBs’ led immunization agenda (IA) to extend the benefits of vaccines to everyone, everywhere and converge vaccination coverage between WBs and the EU.

**KEY STRATEGIC RESULTS**
1. WBs immunization policies, programmes, and service delivery tailored to the needs of individuals and communities based on data-enabled informed decisions, and in line with the European Immunization Agenda 2030 goals and targets;
2. policy and programme implementation plans revised to foster innovation and support efforts to improve health security, UHC, access and equity for immunization;
3. Western Balkans’ Vaccination Action Plan (VAP) developed, with specific subregional targets set, based on the countries/area VAPs;
4. broad partnerships for vaccination and IA Network of WBs’ institutions established, including participants from other sectors and inter-country/area partnerships.

## ACTION AREA 10: COMBAT ANTIMICROBIAL RESISTANCE

### Initiative 10.1 Western Balkans’ initiative for intersectoral AMR leadership and governance

**Overall objective** Effective implementation of national AMR action plans through functional intersectoral coordination and focus on high impact policies and actions.

**Key strategic results**
1. National AMR action plan in place with dedicated funding and defined national targets and indicators for monitoring and evaluation of implementation progress;
2. Functional AMR intersectoral coordination mechanism (ICM) providing leadership and coordination for AMR action plan implementation;
3. National AMR action plans focus on high impact policies and actions;
4. Subregional, intersectoral forum established for exchange of experience related to national AMR action plan implementation and policy impact.
<table>
<thead>
<tr>
<th>Initiative 10.2</th>
<th>Western Balkan’s integrated Antimicrobial Stewardship Programme initiative in healthcare facilities</th>
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<tbody>
<tr>
<td><strong>Overall objective</strong></td>
<td>Improved patient safety and quality of care through focused, integrated antimicrobial stewardship programmes in healthcare facilities, strengthened reference functions, and enhanced quality of surveillance systems</td>
</tr>
</tbody>
</table>
| **Key strategic results** | 1. Quality of care in healthcare facilities improved through integrated implementation of AMR-related programmes, i.e. antimicrobial stewardship, diagnostic stewardship, infection prevention and control, point prevalence surveys, AWaRe classification, WASH⁸;  
2. Western Balkans Leadership capacity for antimicrobial stewardship developed;  
3. Curricula and training for healthcare professionals on AMR strengthened;  
4. Subregional network of National AMR Reference Laboratories that implement laboratory quality management and fulfil reference functions to further enhance AMR surveillance in Western Balkans;  
5. Western Balkan countries contribute high quality antimicrobial resistance and consumption surveillance data to the CAESAR, WHO AMC and GLASS networks⁹; |

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⁸ Water, Sanitation and Hygiene  
The WHO Regional Office for Europe

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

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