



General data

POPULATION, 2023
3,185,073
PHYSICIANS / 1,000 INH, 2021
-

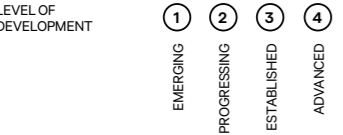
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Upper middle income
GDP PER CAPITA (US\$), 2023
8,638
HEALTH EXPENDITURE (% GDP), 2021
9.56
UNIVERSAL HEALTH COVERAGE, 2021
66



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑥ USE OF ESSENTIAL MEDICINES
- ⑥ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



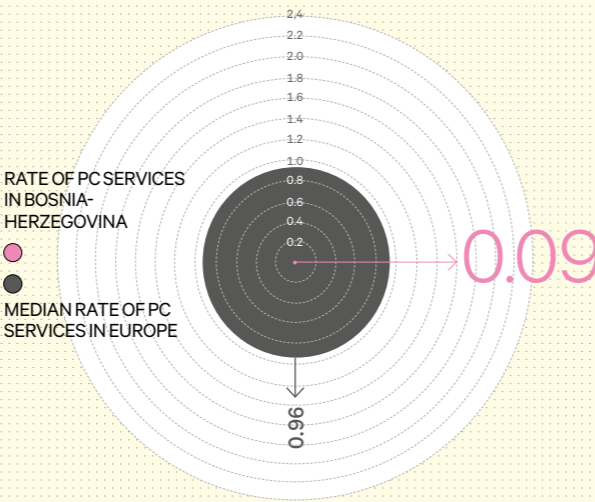
Consultants: Data gathered through literature and AI tools and reviewed by Zaim Jatic.
National Association: -
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: -
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Bosnia-Herzegovina

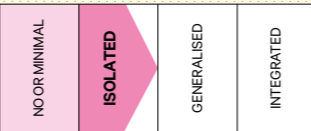
F Provision of PC (Specialised Services)

Total number of Specialised PC services
3
Rate of PC services per 100,000 inhabitants
0.09

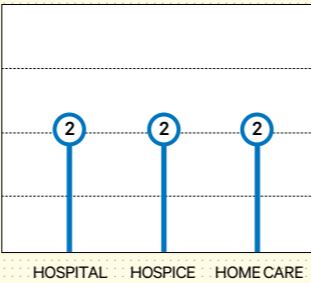
Bosnia-Herzegovina in the context of European region



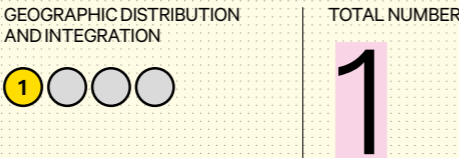
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

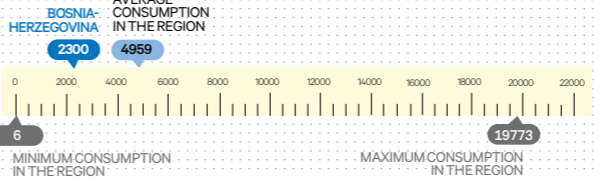


Bosnia-Herzegovina

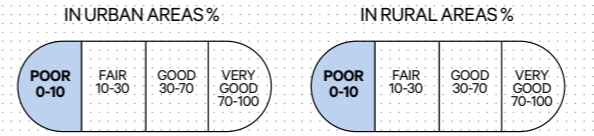
D Use of essential medicines

Opiods consumption (excluding methadone)
2,300
S-DDD/MILL INHABITANTS/DAY

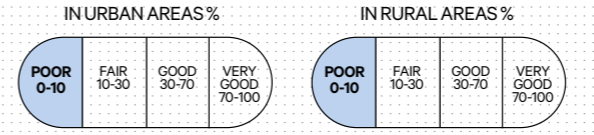
Bosnia-Herzegovina in the context of European region



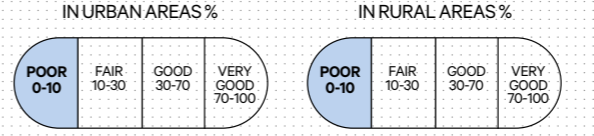
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1
Existence of PC congresses or scientific meetings
1
Inclusion of PC topics in National Research Calls
1

E Education & Training

Medical schools with mandatory PC teaching
N/A

Nursing schools with mandatory PC teaching
N/A

PC Full Professors
0

Recognition of PC specialty
1

B Policies

National PC plan or strategy
1





Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
4





A Empowerment of people and communities

Groups promoting the rights of PC patients
3
Advanced care planning-related policies
1

EU Bosnia-Herzegovina

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/programme areas.	No evidence found.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	No evidence found.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Not known or does not exist.  Not known or does not exist neither standalone nor is included in another national plan.	No evidence found.

EU Bosnia-Herzegovina

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	The Health Care Act requires the establishment of palliative care in primary health care. The problem in Bosnia and Herzegovina is that there is a universal disregard for the Act without any legal consequences. There is also an established inertia in the development of palliative care in primary health care.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  Does not have concrete functions or resources (budget, staff, etc.)	No evidence found.

EU

Bosnia-Herzegovina



Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national con-gresses or sci-entific meetings related to pallia-tive care.</div>	No evidence found.
Ind7:1 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or nonex-istent number of articles published on the subject.</div>	No recent research evidence was found.
Ind7:2 Inclusion of PC topics in national research calls.	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national research calls at all.</div>	No evidence found.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.	<div><div>2,300</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div> <div>COUNTRY VS REGION</div> <div><div><div>BOSNIA HERZEGOVINA</div><div>2300</div></div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>4959</div></div></div> <div><div>0200040006000800010000120001400016000180002000022000</div><div>619773</div></div> <div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div>	

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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	No evidence found.
Ind10:1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	No evidence found.
Ind10:2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div>1</div><div></div><div></div><div></div></div> <div><div>1</div><div></div><div></div><div></div></div>	No evidence found.

EU Bosnia-Herzegovina

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>0</p> <p>No</p>	<p></p> <p>No evidence found.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	<p>There is no process on specialisation for palliative care physicians.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Isolated provision: Exists but only in some geographic areas.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>There are three specialised palliative care services operating across the country, which means a ratio of 0.09 per 100,000 inhabitants. One of the teams is a home palliative care team.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>BOSNIA HERZEGOVINA 0.09 MEDIAN RATE IN THE REGION 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION 0 MAXIMUM RATE IN THE REGION 3.68</p> <p>3 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p>1 PPC TEAMS</p>	<p>No evidence found.</p>