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EUROPEAN SOCIAL CHARTER

7th National Report on the implementation of
the European Social Charter

submitted by

THE GOVERNMENT OF BOSNIA AND HERZEGOVINA

Article 11, 12,13, 14 and 23 for the period
01/01/2012 - 31/12/2015

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BOSNIA AND HERZEGOVINA

**THE SEVENTH REPORT OF BOSNIA AND HERZEGOVINA ON
IMPLEMENTATION OF THE EUROPEAN SOCIAL CHARTER
/REVISED/**

**ARTICLES 11,12,13,14, 23
(GROUP II: HEALTH, SOCIAL SECURITY AND SOCIAL
PROTECTION)**

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INTRODUCTION

Bosnia and Herzegovina ratified the European Social Charter (revised) on 7 October 2008 and delivers its seventh Report on implementation of accepted provisions of the European Social Charter (revised) in accordance with Article 21 thereof.

This Report includes provisions of the European Social Charter (revised) from the second thematic group (health, social security, and social protection) specifically relating to articles: 11,12,13,14, and 23, which Bosnia and Herzegovina accepted by ratifying the Charter, for the period 2011-2015.

The Report was prepared in accordance with the new reporting system, which was adopted by the Committee of Ministers of the Council of Europe on 31 October 2007, and in accordance with the form for reports to be submitted on the implementation of accepted provisions of the European Social Charter (revised)¹, and concentrates on all relevant information on adopted measures for the purpose of its implementation, on the following in particular:

- 1) the legal framework – any laws or regulations, collective agreements or other provisions that contribute to such application;
- 2) measures taken (administrative arrangements, programmes, action plans, projects etc.) to implement the legal framework;
- 3) pertinent figures, statistics or any other relevant information enabling an evaluation of the extent to which these provisions are applied.

All instructions derived from the interpretation of articles of the Charter given by the European Committee for Social Right and summed up as the Digest of the Case Law were taken into account so that the subject-matter of the provisions can be fully clear. The Report is accompanied with the annex consisting of the main laws and regulations forming a foundation for implementation of the accepted provisions of the Charter, in the electronic version and in the language of the original.

In its responses, Bosnia and Herzegovina, whenever appropriate, was explicit in explaining:

- a. whether provisions concern the situation of nationals or whether they apply equally to the nationals of the other Parties;
- b. whether they are valid for the national territory in its entirety;
- c. whether they apply to all categories of persons included in the scope of the provisions.

¹ Adopted by the Council of Europe Committee of Ministers on 26 March 2008.

In accordance with Article 23 of the European Social Charter (revised), copies of this Report have been communicated to relevant employers' organizations and trade unions:

- The Confederation of Independent Trade Unions of Bosnia and Herzegovina,
- The Confederation of Trade Unions of the Republika Srpska,
- The Trade Union of Brčko District of Bosnia and Herzegovina,
- The Association of Employers of Bosnia and Herzegovina,
- The Association of Employers of the Federation of Bosnia and Herzegovina,
- The Association of Employers of the Republika Srpska,
- The Association of Employers of Brčko District of Bosnia and Herzegovina.

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Article 11

International instruments Bosnia and Herzegovina has ratified

- International Covenant on Economic, Social and Cultural Rights (1966);
- UN Convention on the Rights of the Child (1989);
- United Nations Framework Convention on Climate Change (1992) and Kyoto Protocol (1998),
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950);
- WHO Framework Convention on Tobacco Control (2003),

- UN Stockholm Declaration (1972) and Rio Declaration from the Conference on Environment and Development (1992).

-The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (1997), Additional Protocol to the Convention on Human Rights and Biomedicine, Concerning Biomedical Research (2005) Additional Protocol on the Prohibition of Cloning Human Beings (1997),

- Declaration on Long-term Programme for Regional Collaboration and Development on Mental Health of the South-eastern Europe Countries (2009.)

-International Covenant on Civil and Political Rights (1976)

- UN Convention on the Rights of Persons with Disabilities (2010)

BiH Primary Legislation

- Constitution of Bosnia and Herzegovina,

- Law on Medicinal Products and Medical Devices („Official Gazette of BiH“ 58/08),

- Law on Radiation and Nuclear Safety in BiH („Official Gazette of BiH“ 88/07),

- Law on the Prevention and Suppression of Drug Abuse („Official Gazette of BiH“ 8/06),

- Food Law (“Official Gazette of BiH” 50/04),

- Constitution of the Federation of Bosnia and Herzegovina,

- Law on Health Care („Official Gazette of FBiH“ 46/10),

- Law on Health Insurance (Official Gazette of FBiH" 30/97, 7/02, 70/08, 48/11),

- Law on Rights, Obligations and Responsibilities of Patients ("Official Gazette of FBiH" 40/10),

- Law on Protection of Persons With Mental Disorders ("Official Gazette of FBiH" 37/01, 40/02, 52/11),

- Law on Blood and Blood Components ("Official Gazette of FBiH" 9/10),

- Law on Transplantation of Organs and Tissues for Therapeutic Purposes („Official Gazette of FBiH“ 75/09),

- Law on Pharmacies ("Official Gazette of FBiH" 40/10),

- Law on Protection from Communicable Diseases ("Official Gazette of FBiH" 29/05),

- Law on the Restricted Use of Tobacco Products ("Official Gazette of FBiH" 6/98, 35/98, 11/99, 50/11),
- Law on Safety of Food Supplies and Items of General Use ("Official Gazette of RBiH" 2/92, 13/94),
- Law on the System to Improve Quality, Safety and Accreditation in Health Care ("Official Gazette of FBiH" 59/05, 52/11),
- Law on Record- Keeping in Health Care System ("Official Gazette of RBiH" 37/12),
- Law on the Prevention and Suppression of Drug Abuse („Official Gazette of BiH” 8/06),
- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99).
- Constitution of the Republika Srpska („Official Gazette of RS“ 21/92, 28/94, 8/96, 13/96, 15/96, 16/96, 21/96, 21/02, 26/02, 30/02, 31/03, 98/03),
- Law on Health Care („Official Gazette of RS“ 106/09),
- Law on Health Insurance (Official Gazette of RS“ 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 106/09),
- Law on Transfusion Medicine („Official Gazette of RS“ 01/08),
- Law on Transplantation of Human Organs („Official Gazette of RS“ 14/10),
- Law Prohibiting Smoking of Tobacco Products in Public Places („Official Gazette of RS“ 46/04, 74/04, 92/09),
- Law on Advertising of Tobacco Products („Official Gazette of RS“ 46/04, 74/04, 96/05, 92/09),
- Law on Protection from Communicable Diseases („Official Gazette of RS“ 14/10),
- Law on Safety at Work („Official Gazette of RS“ 1/08 i 13/10),
- Air Protection Law („Official Gazette of RS“ 124/11),
- Family Law („Official Gazette of RS“ 54/02, 41/08),
- Statute of the Brčko District of Bosnia and Herzegovina,
- Law on Health Care of BD (“Official Gazette of BD”, 38/11) ,
- Law on Health Insurance of BD (Official Gazette of BD 1/02, 7/02, 19/07, 2/08, 34/08).

Secondary legislation (by-laws)

- Strategy for the equalization of opportunities for persons with disabilities in the Federation of Bosnia and Herzegovina 2011-2015 years (SIMO),
- Agreement on the manner and procedure of using health care services by insured persons in BiH, outside the Entity/BD where the insured persons reside (Official Gazette of BiH 30/01),
- Rulebook on the manner of exercising rights under mandatory health insurance („Official Gazette of BiH“ 31/02),
- Decision on prioritized vertical programs of health care of interest for the Federation of Bosnia and Herzegovina and prioritized most complex forms of health care in specific specialized medical disciplines provided to the insured persons in the territory of FBiH("Official Gazette of FBiH" 8/05, 11/07, 44/07, 97a/07, 33/08, 52/08);
- Decision on definition of the basic package of health care rights („Official Gazette of FBiH“ 21/09);
- Decision on maximum amounts of direct participation of the insured persons in the expenses of individual forms of medical protection in the basic package of health care rights („Official Gazette of FBiH“ 21/09);
- Decision on the List of medicaments of the Solidarity Fund („Official Gazette of FBiH” 67/11);
- Decision on the List of essential medicaments necessary to ensure the health care within the standards of the mandatory health insurance in the FBiH („Official Gazette of FBiH” 75/11),
- Instructions on registration and deregistration of the insured person in the mandatory health insurance scheme (Official Gazette of FBiH 11/00),
- Decision on determination of provisional standards and norms of the health care under the mandatory health insurance scheme (Official Gazette of FBiH 21/00),
- Agreement on the manner and method of using health care services outside the cantonal health insurance fund which covers the insured person (Official Gazette of FBiH 41/01)
- Rulebook on Labelling of Tobacco Product Packages („Official Gazette of RS“ 125/11),
- Order Prohibiting Smoking and Sale of Tobacco Products in Health Care Facilities („Official Gazette of RS“),
- Decree Prohibiting Sale to and Consumption of Alcoholic Beverages in Public Places by Persons under 18 („Official Gazette of RS“ 106/06),

- Rulebook on Immunization and Chemoprophylaxis against Contagious Diseases („Official Gazette of RS“ 65/11),
- Rulebook on Non-ionizing Radiation Sources of Special Interest („Official Gazette of RS“ 112/05)
- Rulebook on the Protection from Electromagnetic Fields of up to 300 GHz („Official Gazette of RS“ 112/05, 40/07).
- Decision on conditions and manner of payment of compensation to employees wages during maternity leave, No. 01-014-001435 / 05 dated 21 February 2005. The Decision on amendments to the Decision on the conditions and manner of payment of compensation to employees wages during maternity leave No. 01-014-001465 / 05 of 21 February 2005, dated 15 January 2014.
- Decision on the establishment of the BD Solidarity Fund, No. 0-02-022-314 / 02 dated 29 November 2002.
- The decision to adopt criteria for beneficiaries of the Solidarity Fund, No. 34-05-000144 / 10 of 8 February 2010.

Article 11, para. 1

QUESTION:

- 1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

ANSWER:

According to the General Framework Peace Agreement (Annex IV - Constitution of Bosnia and Herzegovina) the health sector in Bosnia and Herzegovina (hereinafter: BiH) is under jurisdiction of the Entities and it is defined in the Constitution of the Federation of Bosnia and Herzegovina (hereinafter: FBiH) and, within the Federation of Bosnia and Herzegovina, in Cantonal Constitutions, then in the Constitution of the Republika Srpska (hereinafter: RS) and the Statute of the Brčko District of Bosnia and Herzegovina (hereinafter: BD), where the right to health is listed as a fundamental human right and BiH, Entities and BD are obliged to ensure the highest level of internationally recognized human rights and fundamental freedoms.

The health system in BiH is decentralized and the Entities and Brčko District are responsible for the financing, organization and delivery of health care services. The health system in FBiH is arranged on the principle of decentralization, with a high degree of autonomy of cantons, while in the RS the health care system is centralized. BD has its own health care system.

According to Article 15 of the Law on Ministries and Other Administrative Bodies, the Ministry of Civil Affairs is responsible for carrying out activities and tasks which are under jurisdiction of

BiH and related to defining the basic principles of coordinating activities, harmonizing plans of entity authorities and defining the strategy at the international level in the areas of: health and social welfare, pensions, science and education, labour and employment, culture and sport, surveying, geological and meteorological affairs.

The Department of Health Care of the Ministry of Civil Affairs facilitates, at the state level, supervision and coordination of the health sector, representation of BiH at the international level in the field of health, as well as ensuring better compliance of health care matters with standards of the international community and the fulfilment of international obligations.

Right to the highest attainable standard of health and access to health care

Life expectancy is the main indicator of the health of the population. In the last century, the life expectancy in BiH increased for 2-3 years in each 10 years. Reasons for the increase of life expectancy are: reducing infant mortality and infectious diseases, as well as a better way of treating diseases, which increases the survival rate and life expectancy of patients who suffer from chronic illnesses.

Female life expectancy has reached 78.78 years and male life expectancy has reached 74.06. The difference between female and male life expectancy is 4.72 years at birth, which means less than 5 years.

At age 15, after losses in population due to illness of children and accidents, further female life expectancy is reduced to 64.40 years and male life expectancy is reduced to 59.72 years. The difference between the sexes is reduced to 4.68 years.

At age 45, following the increase in mortality rates specific for the age, further life female expectancy is reduced to 35.07 years and male life expectancy is reduced to 31.06 years. The difference between the sexes is reduced to 4.01 years. Female life expectancy between 15 and 45 years decreases by nearly 30 years and male life expectancy decreases by 29 years. At age 65, remaining female life expectancy is 17.41 years and male life expectancy is 15.60 years. The difference between male and female life expectancy decreases to 1.81 years. Increasing life expectancy means that the percentage of older population will grow and there will be older women than men.

Making a comparison with the 34 countries and the EU-27 average, BiH comes on the 27th place for female life expectancy and 22nd place for male life expectancy.

Calculated difference between life expectancy and healthy life expectancy in BiH is 17 years for women and 11 years for men. The range of difference for women is between 13 to 20 years (with an average of 17 years) and 9-15 years for men (with an average of 11 years).

Expected healthy life expectancy at 65 years of age is approximately 50% of life expectancy at 65 years in the European Union (15). When we make a calculation for BiH, we can estimate life expectancy and healthy life expectancy at 65 years of age, as follows:

The number of people aged 65 years will gradually increase in BiH. This means that the number of people with disabilities needing additional care and assistance will increase.

Infant mortality is one of the best indicators of the health status of the population, particularly children, and it is also a reflection of the health care organization.

The infant mortality decreased. In terms of infant mortality, BiH is better than the EU-4 average and over the period of 2012-2015 it improved its position. In 2015 in Bosnia and Herzegovina were born 28,906 babies while the number of infant deaths was 174.

In 2014, 34,904 persons died in BiH and in 2015 , 37,070 (growth 5,577) while the number of new born in 2014 was 29,247 and in 2015, 28,906 (growth -8,154).

The growth of mortality rate was caused by an increase in the mortality rate due to malignant neoplasms and diseases of the circulatory systems which were the most common causes of mortality.

Cardiovascular diseases make 57% of all coded causes of death for women and 50% for men. The second leading cause of death were neoplasms, with a share of 17% for women and 22% for men. Both causes of death accounted for almost 3/4 of all causes of death.

Coverage of the population with health insurance

Coverage of health insurance in BiH in 2012 was 84.55%, in the FBiH 84.55%, in RS and in BD 70.0%. In both entities and in BD is noticeable reduction of population covered by health insurance.

According to the calculations of the Working Group on National Health Accounts BiH, in 2012 total health spending per capita (including capital expenditure) in BiH amounted to 643 BAM, or 935 USD, which is significantly below the EU average since 2004 (1511 USD) . Total consumption per capita in BiH is similar in neighboring countries. Public expenditure on health per capita in BiH in 2012 amounted to 489 BAM, or 668 USD, which is also significantly below the EU average (1077 USD). Private spending on health in 2012 amounted to 196 BAM, or 267 USD.

The share of total health expenditure in GDP in BiH was almost constant from 2009 to 2013, around 9.2% of GDP, which is below the EU average (9.6%), and the highest among the countries at the same level of economic development. The share of public health expenditures in GDP amounted to 6.6% in 2012 and 6.7% in 2013 and the share of private expenditure is 2.8% of GDP in 2012 and 2013.

According to data collected by the BiH National Health Accounts Working Group, in 2013 total expenditure in the health sector amounted to two billion 525 million of which, public expenditure amounted to 70.7% and 29.3% private expenditure. In the period 2009-2013 there was a real growth of public expenditure in the annual average of 2.8% and private expenditure in the annual average of 0.6%.

SHA	In mil.BAM					share of total health expenditure, in %				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
ICHA-HF										
Total	2,223	2,281	2,390	2,468	2,525	100	100	100	100	100
Public HF.1	1,529	1,586	1,675	1,736	1,784	68.8	69.5	70.1	70.3	70.7
Private HF.2+HF.3	693	695	715	732	741	31.2	30.5	29.9	29.7	29.3

Spending on medical products in 2012 amounted to 29% of the total costs for health care. Total consumption per capita is 185 BAM of outpatient spending on medical products. In 2012 and 2013, 84% of spending on medication and 16% to other medical goods. In 2012, in Bosnia and Herzegovina was spent 2.7% of GDP on medicines (outpatient). In 2012, Average expenditure on prescription drugs per insured person was BAM 79.

	2009	2010	2011	2012	2013
Total health expenditures in relation to GDP	9.0	9.0	9.1	9.4	9.4
Public expenditures in relation to GDP	6.2	6.3	6.4	6.6	6.7
Private health expenditures in relation to GDP	2.9	2.7	2.7	2.8	2.8

The share of health expenditure in total GDP in BiH had a steady upward trend from 2009 to 2013 around 9.2% of GDP which is significantly lower than the EU (9.6%) but highest among countries which are at the same level of economic development. The share of private health expenditure in 2012 was around 4.2% and in 2013 6.7% of GDP. Private costs in 2012 and 2013 were 2.8% of total health care costs².

² Source: National Health Accounts 2009-2013, BiH Ministry of Civil Affairs.

FBiH

The Constitution of the Federation BiH prescribes that responsibilities in the area of health care are exercised jointly by the Cantons and the Federation Government: The Federation Governmental has the right to make policy and enact laws concerning these responsibilities (Article III 3, para. 3), the Cantons have the right to make policy and enact laws (Article III 3, para. 4).

As required, responsibilities in the area of health care are exercised by the Cantons as coordinated by the Federation Government (Article III 3, para. 1), whereas the Federation Government takes into account the diverse situations in the cantons and the need for flexibility in implementation (Article III 3, para. 3).

Public health in FBiH is institutionalized from the municipal level up to the level of FBiH. The 2010 Law on Health Care of Federation of BiH defines the Institutes of Public Health as health care institutions in the Federation and the Cantons that are responsible for activities in the field of public health. Their duties include monitoring, evaluation and analysis of the health status of the population, and the organization and implementation of prevention and promotion activities. The Federation has one Federation Institute of Public Health and 10 Cantonal Institutes of Public Health.

Strengthening promotion and prevention programs and interventions aimed at raising awareness about the importance of health is an on-going activity that is carried out by the Federation Institute of Public Health and Cantonal Institutes of Public Health, which are, according to the Law, responsible for achieving the goals of the public health in the Federation of BiH. Based on the cantonal budgets and priorities in public health, cross-sector prevention and promotion programs are implemented at the cantonal and municipal levels.

Municipalities (local communities) also develop local development programs with appropriate operational plans. Quality of life, health and equality in health and welfare, which are provided for in the operational projects and plans, are not formulated as separate goals. They are integrated into a series of programs and projects, including transportation, environmental protection, remediation of waste water, air pollution control, and prevention of youth violence.

Following the administrative structure of the FBiH, the health care system is decentralized, where the Cantons have a significant degree of autonomy in making decisions related to the health care in their territory, while the Federation level has a role of making strategic guidance and a coordination role. In the decentralized health system, the Federation is vested with a role of federation-level policy and law maker in this area, with consent of cantons, and the Cantons are vested with a role of implementers of the established policies and laws, as well as with a role of major financier of planned activities. At different administrative and political levels (municipalities, Cantons and the Federation), through the work of governments, the ministries

coordinate preparation of laws, regulations and drafting of the policy documents and there is an appropriate horizontal subordination.

In the Law on Fundamentals of Social Welfare, Protection of Civilian Victims of War and Protection of Families with Children of the Federation of BiH („Official Gazette of FBiH“ 36/99, 54/04, 39/06 i 14/09) the term “social welfare” is defined differently in relation to the definitions present in European legislation, which result with different views on the scope and beneficiaries of the social welfare system in the Federation of Bosnia and Herzegovina.

Thus, according to the documents resulting from European legislation, social protection encompasses all national measures and mechanisms aimed at protecting socially vulnerable groups on any grounds: age, illness, disability, unemployment, poverty, etc., which is also wider or more precise definition compared to the definition determined by federal regulations, that the term social welfare suggests an organized activity in the Federation of Bosnia and Herzegovina, aimed at ensuring social security to its citizens and their families in need.

Overall, the system of social protection in the Federation of Bosnia and Herzegovina contains a number of rights that can be roughly divided into cash benefits and services.

On the other hand, its implementation, according to the type of law, is carried out at different levels of the local - the municipal- to the federal level.

Accordingly, the social welfare system as a whole, is certainly characterized by the diversity of individual planning issues, as well as various options for achieving of individual rights in social protection, depending on regulations in some cantons and in accordance with their capacities and financial capabilities.

Viewed as a whole, the system of social protection in the Federation of BiH, consists of two levels, the level of the Federation, which regulates the basic questions and issues of social protection, some specific issues (eg. fees for persons with disabilities), and cantonal level of social protection, which, in accordance with their constitutional law, are governing and implement rights within their jurisdiction.

The Law on Health Care of FBiH („Official Gazette of FBiH“ 46/10) regulates the principles, measures and methods of organizing and implementation of health care, entities responsible for the society's care for the population's health, rights and obligations of users of health care services, and the content, manner and monitoring of the performance of health care in the FBiH.

Health care, within health institutions and private practices, is provided by health care workers, by using modern medical procedures and technologies and following achievements in the development of medical science (Article 2).

Every person has a right to health care and the possibility of achieving the highest possible level of health. Each person is required to take care of his/her health. Nobody can threaten health of

others. Every citizen is obliged to provide first aid in the event of an emergency to the sick or the injured according to his/her knowledge and capabilities and help them to have access to the nearest health facility (Article 3).

Health care in the F BiH is provided and performed by health care facilities, private practices, health insurance funds, the Agency for Quality and Accreditation in Health in F BiH, chambers of health, employers, educational and other institutions, humanitarian, religious, sport and other organizations, associations, families and individuals. Local governments, in accordance with established rights and obligations, ensure favourable conditions for the provision of health care in their territory (Article 4).

The society's care for health, on equal terms, in the territory of F BiH is realized by providing health care services to the population of F BiH and groups which are at high risk of illness; health care services for prevention, control, early detection and treatment of diseases of major social and medical importance; as well as health care services for socially disadvantaged population (Article 12).

It is important to point out that Part IV of the Law on Health Care defines human rights and values in health care and rights of patients at different levels: in a medical institution and private practice, at the level of health care committees, at the level of the appropriate medical inspection, the Institution of Ombudsman, as well as at the level of the court.

Health care as an activity consists of the activity of primary, specialist and consultative and hospital health care and the activity of public health (Article 31).

The Law on Health Insurance of F BiH ("Official Gazette" 30/97, 7/02, 70/08, 48/11) regulates health insurance as part of social security of citizens that makes a unique system in which, by investing their funds on principles of reciprocity and solidarity and mandatory within the Cantons, the citizens have the right to health care and other forms of insurance as provided in this Law, other laws and regulations based on the law. In the F BiH/Cantons, funds for health insurance can also be invested on a voluntary basis.

According to Article 2 of the Law on Health Insurance, citizens of the F BiH are entitled to health insurance, which includes: mandatory health insurance, extended health insurance and voluntary health insurance.

The Law on Health Insurance of F BiH ("Official Gazette" 30/97, 7/02, 70/08, 48/11) regulates health insurance as part of social security of citizens that makes a unique system in which, by investing their funds on principles of reciprocity and solidarity and mandatory within the Cantons, the citizens have the right to health care and other forms of insurance as provided in this Law, other laws and regulations based on the law. In the F BiH/Cantons, funds for health insurance can also be invested on a voluntary basis.

According to Article 2 of the Law on Health Insurance, citizens of the FBiH are entitled to health insurance, which includes: mandatory health insurance, extended health insurance and voluntary health insurance.

The Law on Rights, Obligations and Responsibilities of Patients ("Official Gazette of FBiH" 40/10) sets out rights, obligations and responsibilities of patients when using health care services, the way of enjoying the rights, the way of protecting and advancing these rights, and other issues concerning the rights, obligations and responsibilities of the patients. The legislation regarding health care and health insurance are applying to the rights, obligations and responsibilities of patients.

Chapter V - "Ensuring the protection of patients' rights in health care institutions and private practices" determines forms that protect patients' rights, such as: Health Care Complaints Commission, which is formed in a medical institution and examines patients' individually filed complaints.

The Law on Transplantation of Organs and Tissues for Therapeutic Purposes ("Official Gazette of FBiH" 75/09) determines the conditions of transplantation of human organs and tissue from a living or deceased person for the purpose of treatment in the FBiH. Transplantation means a process of removing and transplanting human organs and tissues for therapeutic purposes.

It is worth noting that the Law is based on principles and legal solutions of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (hereinafter: the Convention), which Bosnia and Herzegovina, as a state, ratified, too.

This Law is consistent with standards and norms of the European Union and WHO recommendations, in particular with the Convention on Human Rights and Biomedicine and the Additional Protocol to the Convention, relating to the transplantation of organs and tissues for therapeutic purposes, and European directives: Directive 2004 / 23/EC of 30 March 2004, Directive 2006/86/EC of 24 November 2006 as well as Directive 2006/17/EC of 08 February 2006.

The Law on Blood and Blood Components ("Official Gazette of FBiH" 09/10) regulates the organization of transfusion activities, conditions and standards of quality, security and surveillance in the collection, testing, processing, storage, distribution, administering and use of human blood and blood components, funding of transfusion service, as well as other issues related to transfusion medicine in the FBiH.

Collection, testing, processing, storage, distribution and use of blood and blood components in the FBiH are carried out in accordance with European Union Directives, WHO recommendations, recommendations of the Council of Europe, good laboratory, clinical and manufacturing practices, as well as other regulations in this field. Adoption of the Law

incorporating Directive 2002/98/EC of the European Parliament is a step towards the regional harmonization in this area.

The Law on Protection of Persons With Mental Disorders ("Official Gazette of FBiH" 37/01, 40/02) prescribes basic principles, organization and implementation of protection, conditions for the application of measures and treatment of persons with mental disorders.

The Law on the Quality, Safety and Accreditation Improvement System in Health Care ("Official Gazette of FBiH" 59/05) governs the system of improvement of quality and safety of health care services, as well as the process of accreditation of health institutions in the FBiH. This Law also establishes "Agency for Quality and Accreditation in Health Sector in FBiH", as the competent authority in the field of improving quality, safety and accreditation in health care.

The Law on Record- Keeping in Health Care System („Official Gazette of FBiH“ 37/12) Records serve as a source of data for statistical studies in the health sector which are used for studying of the health status of the population, programming, planning and undertaking necessary measures in the fields of health care and for the purposes of scientific research etc.

The Law on Dental Care („Official Gazette of FBiH“ 37/12) This Law regulates: principles, measures and the manner of organizing and providing dental care services; entities responsible for society's care for oral health of the population; rights and obligations of persons in the provision and use of dental care services and the content and the manner of performance and supervision of the dental care activity in the FBiH.

The Health Insurance Fund of Canton or the Federation Institute of Health Insurance pays for health care costs for any insured person in FBiH in accordance with health care programmes and contracts with health facilities.

Waiting lists for the health care services funded by the Federation Health Insurance Institute are made for: multiple sclerosis, some cytostatics with special regime of prescribing, invasive and interventional cardiology and cardiovascular surgery. Reasons for setting up the waiting lists are a lack of funds in the Institute and an increased number of patients suffering from these diseases.

The establishment and organization of hospitals are regulated by the Law on Health Care ("Official Gazette of FBiH" 46/10); the Rulebook on detailed requirements of space, equipment and personnel for the establishment and performance of health care in health institutions adopted pursuant to this Law, the Law on Pharmacy ("Official Gazette FBiH" 40/10), Law on the Quality, Safety and Accreditation Improvement System in Health Care ("Official Gazette" 59/05, 52/11), the Law on Radiation and Nuclear Safety in Bosnia and Herzegovina ("Official Gazette" 88/07), the Law on Blood and Blood Components ("Official Gazette" 9/10), the Law on the Protection of Persons with Mental Disorders ("Official Gazette" 37 / 01, 40/02) and the Law on the Rights, Obligations and Responsibilities of Patients ("Official Gazette" 40/10).

The systemic law in the field of health, i.e. the Law on Health Care, prescribes that a hospital is a medical institution which performs diagnosis, treatment, medical rehabilitation and medical care, and provides board and lodging to the patients. The mentioned activity is carried out in general, special, cantonal and clinical university hospitals.

The Rulebook on detailed requirements for the establishment and operation of health facilities prescribes in details technical, sanitary and hygienic requirements that must be met in health care institutions, requirements of space and equipment for a hospital and separately, requirements of personnel, facilities and equipment for specific activities within the hospital.

Further, the Law on the Protection of Persons with Mental Disorders provides that a mental health institution is a health institution which carries out specialist, consultative and hospital health care in the field of psychiatry. The Law provides that psychiatric treatment of children and minors is carried out in wards for treatment of children and adolescents separate from the wards for treatment of adult patients. The above-mentioned Rulebook provides that doors and windows must be secured in any high-security ward in a psychiatric unit. A psychiatric unit also needs to have group work facilities.

The Law on the Rights, Obligations and Responsibilities of Patients guarantees the exercise of the right to food in accordance with their religion, the maintenance of personal contacts and the possibility of practicing religion. The Law on the Quality, Safety and Accreditation Improvement System in Health Care provides for an obligation of health care institutions to establish a system of improvement of the safety and quality of health services in order to achieve optimal quality of health care services.

One of the most important parts of the social protection system, certainly the protection of persons with disabilities in terms of ensuring minimum cash benefits for this category of persons, based on previously established degree of physical impairment.

In the existing system of jurisdiction, the right to financial compensation of persons with disabilities, are realized uniquely in the Federation of Bosnia and Herzegovina, which is a significant advantage, given the complexity of the system of government and the fact the Constitution shared responsibility in the area of social policy, between the Federation and the cantons and it should be noted the existence of two categories of persons with disabilities under the Federal law:

1. Persons whose disability occurred as a result of the disease – “non-war invalids”
2. Persons whose disability occurred as a result of the war – “civil war victims”

In addition to these categories, in the context of the social protection system in the Federation, with the status of civilian war victims, there is a special group which consists of persons entitled

to family disability or persons who are entitled to adequate compensation and persons with no disabilities.

Health care in FBiH is provided to foreigners on the basis of provisions of bilateral agreements between BiH and other countries on social security and in accordance with the Law on Health Insurance ("Official Gazette" 30/97, 7/02, 70/08), where Article 30 provides that foreign nationals and stateless persons have the right to health care under the same conditions as citizens of the FBiH. This means the provision of health care when a person is covered with health insurance under certain conditions.

Temporary stay of foreigners in BiH is regulated by the Law on Movement and Stay of Aliens and Asylum ("Official Gazette" 36/08), where general conditions for entry to and general requirements for a temporary residence permit in BiH are regulated by the Law. Also, persons under international protection exercise the right to an identification document, health insurance and health care, social welfare, education and work.

RS

The Republika Srpska Constitution („Official Gazette of RS“ 21/92, 28/94, 8/96, 13/96, 15/96, 16/96, 21/96, 21/02, 26/02, 30/02, 31/03, 98/03) includes the right to health care among the fundamental human rights. Specifically, Article 37 provides that everyone has the right to health care. The right to health care shall be guaranteed under conditions provided by law. Children, pregnant women and elderly persons shall have the right to health care funded from public funds, while other persons shall enjoy this right only under conditions provided by law.

The Law on Health Care („Official Gazette of RS” 106/09) governs inter alia the provision of health care, health care principles, rights and duties of citizens and patients in using health care services, levels of health care; establishment, cessation of operation and organization of health care institutions; bodies of a medical institution, organization of work, working time and strike in a medical institution, a health worker and a health officer, certification and accreditation of health facilities, special provisions, funding of health care facilities, supervision, professional commissions and other issues of importance to the organization and implementation of health care. For the purpose of this Law, health care is a set of services and activities for the promotion and preservation of health, prevention of illnesses and injuries, early detection of diseases, timely treatment and rehabilitation.

In accordance with this Law, health care is provided by taking specific activities to promote health, prevent and treat diseases and conditions, rehabilitation of the sick and injured, provision of medicines and medical products and the protection of the environment and working conditions and other specific activities. The provision of health care is based on elements of economic, social and health policies that create conditions for the implementation of health care, coordination of activities and the development of the health care system. The health protection of

citizens is based on the principles of equality, accessibility, comprehensiveness, continuity, coordination and non-discrimination on any grounds.

Health care is provided at the Republic level, local self governments and employers by taking specific activities to promote health, prevent and treat diseases and conditions, rehabilitation of the sick and injured, provision of medicines and medical products and the protection of the environment and working conditions and other specific activities.

At the level of Republic, health care for population and nosological groups of special social and medical importance is provided under the equal conditions. In this context, health care includes: children up to 15 years of age, school children and students until the end of education, but not later than 26 years of age; women in relation to family planning, as well as during pregnancy, childbirth and motherhood up to 12 months after childbirth; persons over 65 years of age; persons with disabilities; persons in a state of mental retardation; unemployed persons, if they are registered with the employment bureau and if not entitled to an allowance according to the regulations on the rights of the unemployed persons; beneficiaries of the rights under the regulations in the field of rights of veterans, disabled veterans and their families and the protection of civilian victims of war; socially vulnerable persons in accordance with the law; persons living with HIV or suffering from AIDS or other infectious diseases that are established by a separate law governing the protection of the population against infectious diseases; persons suffering from malignant diseases, hemophilia, diabetes, psychosis, epilepsy, multiple sclerosis, cystic fibrosis, rheumatic fever; persons with end stage chronic renal failure; provides emergency medical assistance for sick or injured persons; persons in connection with the giving and receiving of human organs, tissues and cells; persons suffering from rare diseases established by the Institute of Public Health; persons in a situation of vigil coma. The scope, content and manner of implementation of health care are determined in accordance with the law governing the area of the health insurance. The health protection of citizens is based on the principles of equality, accessibility, comprehensiveness, continuity, coordination and non-discrimination on any grounds.

Equality in health care means that people with the same health needs achieve the same level of health care, and citizens with different health needs achieve a different level of health protection. Access to health care is achieved by providing health care to the citizens, which are physically, geographically and economically available. The comprehensiveness of health care at the primary level is achieved by providing health services to the citizens. Continuity of care is achieved through organization of primary health care by establishing a continuous monitoring of the state of health of citizens of all ages. Coordination of health care is realized through unobstructed movement of people through the health system in which all the levels of health care are complementing each other in order to achieve maximum efficiency and effectiveness.

The Law on Health Protection defines the rights and obligations of citizens and patients in obtaining health care. Every citizen has the right to health care in accordance with the highest

possible standards of human rights and values, and has the right to physical and mental integrity and security , as well as the respect of his/her moral, cultural and religious beliefs. A foreign national or a stateless person is entitled to health care in accordance with the provisions of this law, international treaties and other regulations governing this area. Health care institutions must guarantee access to services ensuring inclusion in the waiting lists for chronic conditions. A citizen has the right to freely choose a doctor of family medicine and healthcare facilities and has a free choice of medical treatment. Every citizen is obliged to protect and promote his/her own health and health of others, as well as the environment and working conditions. Further, every citizen is obliged to provide first aid in the event of an emergency to the sick or the injured according to his/her knowledge and capabilities.

The patient has a right to information regarding his/her health. The patients may renounce their right to information except that information concerns to required medical treatment and that it is not significant risk for not taking medical treatment. Also, the patient has access to treatment costs as well as information on the results of scientific research and technological innovation. The patient has the right to decide freely on all issues concerning his/her health, except in cases where it directly threatens the life and health of other persons. The patient has the right to a free choice of medical treatment on the basis of adequate information about the possible risks and consequences for the health of the patient and its consent to the procedure is given in the form of a written statement.

Parent, a spouse, adult child, adult sibling, legal representative or guardian must write the consent for a treatment of a juvenile patient. If the competent doctor believes that the legal representative of the patient does not act in the best interests of the child or a person deprived of legal capacity, he is obliged to immediately inform the guardianship authority. The patient has the right to refuse a proposed medical treatment, even when it serves to save and maintain his life.

Emergency medical treatment will be undertaken on a patient without his consent if it is vitally endangered and unconscious, or otherwise unable to announce its consent.

Medical examination of an adult can be conducted with the consent. When there is an indication for medical treatment of a minor patient or a person deprived of legal capacity, consent is given by a parent, a spouse, adult child, adult sibling, legal representative or guardian. In private health institutions medical examination can not be taken.

The patient has the right to confidentiality of personal information stated to the competent doctor, including those relating to his state of health and potential diagnostic and therapeutic procedures. During the medical examination it can be present medical workers, who take medical treatment, medical students, medical school students and for persons under 15 years of age and incapable persons, parent, legal guardian or guardian.

A patient who is deprived of health care, and the patient who is not satisfied with the health service, or procedure or other health worker or health institutions, may submit its complaint to the Director of the health institution.

The Law on Protection of Persons With Mental Disorders ("Official Gazette of RS 46/04") prescribes basic principles, organization and implementation of protection, conditions for the application of measures and treatment of persons with mental disorders.

Protection and promotion of the health of people with mental disorders is achieved by: providing appropriate diagnostic examination, treatment and rehabilitation of persons with mental disorders; scientific research in the field of mental health in order to protect and improve mental health, as well as the protection of persons with mental disabilities from medical or scientific testing without their consent or the consent of their legal representatives; the inclusion of persons with mental disabilities in educational or other programs, in order to promote mental health, which are specifically programmed and implemented in the facility specified in the Law; recovery of persons with mental disabilities by: involving them in family, work and social environment; education and preservation of the health of health workers involved in the protection and improvement of the health of persons with mental disorders; support the creation and operation of associations of persons with mental disabilities with a view to a full realization of their interests and rights; identifying ways of mandatory funding for the mentally ill persons through the Health Insurance Fund, the budget of the Republika Srpska and local communities.

Moreover, the Law stipulates that any person with a mental disorder, regardless of whether they have committed a crime or not, has the right to quality care and improving their health, on equal terms with all other citizens. A person with mental disorders, regardless of gender, race, nationality, religion has the right to equal conditions of treatment as any other person while mental health care is mainly organized at the level of primary health care.

The Law on Transfusion Medicine („Official Gazette of RS“44/15) regulates organization of transfusion medicine, collection of human blood and blood components, supplying the population with blood and blood components, distribution of blood, strategies and policies of the blood supply, financing of the transfusion medicine as well as other issues related to the transfusion medicine. For the purpose of this Law, transfusion medicine is an activity of general interest which provides sufficient quantities of blood and blood components needed for treatment of sick and injured people in the entire territory of RS. Transfusion, in terms of this law, includes planning, collecting, testing, processing, storage, distribution and giving blood and blood components intended for transfusion. Transfusion activity is carried out in a manner and under conditions prescribed by this Law and in accordance with the principles of self-sufficiency and safe blood transfusion through the Institute of Transfusion Medicine of the Republika Srpska. On behalf of the Republika Srpska, the founder of the Institute is the Government. The Institute is responsible for the process of collecting, testing, processing, storage, distribution and giving of blood.

Transplantation of human organs or parts of organs of human origin, the principles of transplantation, the organization of performing the professional work in the field of medical transplantation, the transplant procedure, removal of human organs from a live donor, removal of human organs from the deceased donors, as well as other issues of importance for transplantation are defined in the Law on Transplantation of Human Organs („Official Gazette of RS“ 14/10).

Transplantation of human organs or parts of organs of human origin, the principles of transplantation, the organization of performing the professional work in the field of medical transplantation, the transplant procedure, removal of human organs from a live donor, removal of human organs from the deceased donors, as well as other issues of importance for transplantation are defined in the Law on Transplantation of Human Organs („Official Gazette of RS“ 14/10).

The Law Prohibiting Smoking of Tobacco Products in Public Places („Official Gazette of RS“ 46/04, 74/04, 92/09) prohibits smoking of tobacco and tobacco products in public places in order to protect non-smokers and risk groups, such as minors, pregnant women and older people from passive smoking.

In order to implement preventive measures and improve health of persons younger than 18 years from harmful effects of tobacco products the Law on Prohibiting Sale and Use of Tobacco Products to Persons under 18 provides for a ban on the use, sale and giving away of tobacco and tobacco products to persons under age of 18 and by persons under age of 18, a ban on selling or giving away tobacco products in certain locations and other restrictions in connection with the sale of tobacco products and obligations of educational institutions for the purpose of this Law.

The Law on Advertising of Tobacco Products („Official Gazette of RS“ 46/04, 74/04, 96/05, 92/09) prohibits advertising of tobacco products in order to reduce the use of these products. The manner of labelling packages of tobacco products with warnings is regulated by the Rulebook on Labelling of Tobacco Product Packages („Official Gazette of RS“ 125/11).

Decree on prohibition smoking and sale of tobacco products in health care facilities ("Official Gazette of RS" 7/07), prohibits smoking and sale of tobacco products in health care institutions and institutions of social and child care where the health and social care are provided.

Decree on prohibition of sale and use of alcoholic beverages in public places to persons under 18 years of age ("Official Gazette of RS", No. 106/06) adopted by the RS Government in 2006 bans sale to, use by and giving away of alcohol and alcoholic beverages to persons under 18 years in public places. Further, the Decree ordains that persons under 18 cannot consume alcohol in public places, that all educational institutions are obliged to post in a visible place posters that contain texts, pictures or charts that suggest that the use of alcohol and alcoholic beverages by minors is prohibited and inscriptions about harmful effects of alcohol on human health and that the enforcement of Decree is supervised by market and education inspectors, police and environmental police.

The Law on Protection of Population from Communicable Diseases („Official Gazette of RS“ 14/10) regulates the system of protection of the population from infectious diseases, identifies infectious diseases and conditions that should be reported, the measures that must be implemented for the prevention and control of infectious diseases, the competent authorities that take measures for prevention and control of infectious diseases, the obligations of health care institutions, legal entities, entrepreneurs and individuals in taking measures for prevention and control of infectious diseases.

The protection of the population against infectious diseases is of general interest for the Republika Srpska. Health facilities, health workers and health associates are having a special role in protecting the population from infectious diseases. Every citizen of RS is obliged to be treated for an infectious disease that can endanger the health of others, to take measures for the protection of other persons and to facilitate and participate in the implementation of measures set out by this Law and regulations based on this Law. The protection of the population against communicable diseases is conducted by implementation of general, special, emergency and other measures for the prevention and control of infectious diseases.

General measures for the prevention and control of infectious diseases are carried out continuously and include: the provision of sanitary and technical requirements for the maintenance of personal and public hygiene and disposal of waste at home, on private property, in the facilities carrying business activities and their surroundings, means of transport and all public places; the provision of hygienic water intended for drinking, technical, sanitary, sports and recreation and therapeutic purposes; the provision of microbiologically safe food, items of general use, drugs, medical devices and other products and clean equipment, machinery, work clothes and hands of workers working in the production and marketing of these products; carrying out of preventive disinfection, fumigation and pest control on public land, facilities, means, products, articles and other places where it is necessary to remove infectious agents and their carriers and the provision of reserves of medicines, disinfectants, protective and other medical supplies and equipment for use in the event of an epidemic entailing a lot of ill people.

Special measures for the prevention and control of infectious diseases are carried out by health institutions against certain infectious diseases, including: epidemiological surveillance, regular training and giving information to employees, patients and population about trends of infectious diseases, certain characteristics of the particular disease, protection measures and the current epidemiological situation; medical supervision of persons employed in certain jobs and training of these persons; epidemiological research in the field for early diagnosing and ways in which communicable diseases spread, detection of persons who were exposed to the primary source of infection and in contact with sick people and medical supervision of such persons; laboratory testing and rapid diagnosis of the first and other cases; the provision of special conditions in health facilities for isolation and strict isolation of patients; ambulance transport, isolation and treatment of infectious diseases cases in health care institution, another adapted facility or at home; records, reporting, notification and submission of reports on infectious diseases;

immunization and chemoprophylaxis against infectious diseases specified in this law and other regulations; testing of blood, tissues, cells and other human materials from donors; carrying out organizational, technical, diagnostic, therapeutic, hygienic and other measures for the prevention and control of nosocomial infections in health care facilities; proper management of infectious medical waste materials; carrying out of disinfection, fumigation and pest control during and after infectious diseases occurrence; periodic medical examinations of persons carrying a certain disease agent and people who come from countries where viral haemorrhagic fever, yellow fever, plague, cholera, malaria and diphtheria prevail; safe transport of infectious biological material across the border and veterinary and sanitary measures carried out by the veterinary services to prevent and control antropozoonoses in animals.

Emergency measures for the prevention and control of infectious diseases are carried out in the event of threats or outbreaks of quarantine and especially dangerous infectious diseases and in the case of misuse of biological agents and they include: the establishment of special bodies for ordering actions, management of and communication in an emergency situation; the restriction of movement in the affected and threatened area; ban on gatherings in public places; restriction or prohibition of trade in goods and assets; health surveillance in international passenger traffic; the establishment of quarantine and placing in quarantine of persons who have been in contact with an infected person; mobilization of health workers, medical staff and other citizens and mobilization of necessary resources and equipment to combat the epidemic; taking over and adaptation of buildings and equipment for health care services; emergency immunization and chemoprophylaxis and giving timely and objectively information to the public.

Other measures for the prevention and control of infectious diseases include: medical examinations of foreign nationals who come to the RS for employment, education and training and burial, exhumation and transportation of the deceased in a way that prevents the spread of infection.

Conditions and terms of immunization and chemoprophylaxis against contagious diseases are defined in the Rulebook on Immunization and Chemoprophylaxis against Contagious Diseases („Official Gazette of RS“ 14/13, 09/15).

The Law on Protection of Non-ionizing Radiation („Official Gazette of RS“ 02/05) prescribes the principles of and safeguards against non-ionizing radiation, determining ionizing radiation exposure limits, conditions for the production, marketing and use of nonionizing radiation sources of special interest.

The Rulebook on Non-ionizing Radiation Sources of Special Interest („Official Gazette of RS“ 112/05) defines non-ionizing radiation sources of special interest

The Rulebook on the Protection from Electromagnetic Fields of up to 300 GHz („Official Gazette of RS“ 112/05, 40/07) determines the limitation of exposure to ionizing radiation, the conditions that must be met by legal or natural persons to set up and use sources of

electromagnetic fields, as well as the conditions that must be met by entities to perform professional activities of protection from electromagnetic fields.

The Rulebook on requirements to be met by legal persons to perform systematic testing of levels of non-ionizing radiation ("Official Gazette of RS", No. 79/14) regulates the requirements to be met in terms of personnel, equipment and facilities to perform the duties of systematic testing of levels of non-ionizing radiation, means and methods of systematic testing levels of non-ionizing radiation in the environment.

2016 Decision on the appointment of members of the Council of Health of RS ("Official Gazette of RS, 27/16).

The Rulebook on detailed requirements for the establishment and operation of health facilities("Official Gazette of RS, 121/11) prescribes in details technical, sanitary and hygienic requirements that must be met in health care institutions, requirements of space and equipment for a hospital and separately, requirements of personnel, facilities and equipment for specific activities within the hospital.

Rulebook on the content and manner of keeping the registry of medical institutions ("Official Gazette of RS, No. 18/11). This Rulebook regulates the content and manner of keeping the Register of medical institutions in RS. The RS Ministry of Health and Social Welfare keeps the records of medical institutions in RS and special Register of pharmacies in accordance with the law governing pharmaceutical service.

Rulebook on criteria for categorization of hospitals ("Official Gazette of RS, No. 13/12) provides criteria for categorization of hospitals. The criteria for classification of hospitals are: area of health services, diagnostic-therapeutic groups and the level of qualification of health care workers. The areas for providing health care are determined by specialization and sub-specialization of doctors and in accordance with the Diagnosis Related Groups - DRG. Diagnostic related groups represent methods of classification of acute hospital patients in groups that require similar hospital resource consumption and which have similar clinical characteristics, and which is used as a new payment mechanism between the RS Health Insurance Fund and hospitals.

Rulebook on the program and the process of taking the professional exam ("Official Gazette of RS, No. 110/11), defines the program and the process of taking professional exam, content and method of keeping records on the internship. Health worker can take the professional exam upon completion of the internship program in health care institution in which the trainee is being trained to work independently.

Rulebook on specialization and sub-specialization curriculum ("Official Gazette of RS, No. 02/14). This Rulebook stipulates the type and duration of specialization and sub-specialization; program of specialization and sub-specialization; conditions to be met by health workers and

associates to obtain specialization or sub-specialization; mentoring; form of specialist and sub-specialist index; way of conducting specialization and sub-specialization service, termination of specialist and sub-specialization service; the process of taking the specialist and subspecialist exams and graduation. Specialization or sub-specialization is approved in order to conduct specialized training in a particular area of health care.

Rulebook on Procedure of validation of diplomas on passed specialist or sub-specialist examinations ("Official Gazette of RS, No. 18/11), prescribes the procedure for validation of the diploma on passed specialist or sub-specialist exam passed it in other countries.

Rulebook on conditions and procedure for awarding the title of *Primarius* ("Official Gazette of RS, No. 18/12), defines the conditions and procedures for the award of the title of *Primarius* to a health worker with higher education. The title *Primarius* can be assigned to a health worker employed in public and private health institution: doctor, dentist or master of pharmacy.

Rulebook on the certification of the health institution and the content of the register of certified institutions ("Official Gazette of RS, No. 20/12), provides the initiation of the procedure of certification and assessment of the health institution, the process of evaluation and monitoring of certified medical facilities and maintenance of the Register of certified medical institutions.

Rulebook on standards for the certification of medical institutions ("Official Gazette of RS, No. 40/12, 11/13 and 84/14) establishes the standards for the certification of medical institutions. The standards for the certification of medical institutions are documents that establish rules, guidelines or characteristics activities and their results in the process of providing the health care services whose aim is to provide the optimum degree of order in the area of health care. The standards for certification of health facilities include key areas related to the safety of staff, patients and the provision of health care services, such as: administration and management of health institution, competence and capacity of the staff, a safe environment for staff and patients, keeping medical records and safety of healthcare services.

Rulebook on the procedure for determining death ("Official Gazette of RS, No. 65/10), prescribes the procedure for determining the time and cause of death, treatment of human body parts that are surgically or otherwise disposed and other issues of importance for establishing the death of the person. The dead person or a stillborn child should not be buried before the appropriate examination or autopsy, depending on the specific documentation.

Rulebook on the autopsy procedure ("Official Gazette of RS, No. 65/10) provides the method of performing *post-mortem* procedures and autopsy of corpses. Autopsies and other post-mortem procedures are intended to, in accordance with the methodologies prescribed in these regulations and in accordance with the rules of the profession, establish the exact cause of death and any other relevant fact, depending on the circumstances of the case. The autopsy and other post-mortem procedures are performed on the corpses of persons of all ages and stillbirths.

Rulebook on the manner and content of advertising of medical institutions ("Official Gazette of RS, No. 08/11), prescribes the manner and content of advertising of medical institutions in the mass media and other means of advertising. In terms of this Rulebook, advertising is promotion of health facilities and services provided in a medical institution and other legal entity. Under the advertising material, in terms of this Rulebook, is: a leaflet, brochure, product packaging, posters, photos, sample card, billboard, banner, lighting fixture, display, motor vehicle, a means of business communication (letter paper, envelope, business card), business presentation (greeting card, calendar, appointment book), website and other means by which the advertising message can be available to the recipient.

By-laws arising from the Law on the Protection of Persons with Mental Disorders ("Official Gazette of RS, 46/04)

The Rulebook on the Establishment, Operation and Financing of the Commission for the Protection of Persons with Mental Disorders ("Official Gazette of RS, 65/11) prescribes organization, composition, operation and financing of the Commission. The Minister of Health and Social Welfare appoints the Commissions. Commissions are established in municipalities in which the specialized medical institutions for the treatment of persons with mental disorders are placed, namely: Banja Luka area: Banja Luka, Laktaši, Gradiška, Srbac, Kozarska Dubica, Kostajnica, Prijedor, Novi Grad, Oštra Luka, Ribnik, Šipovo, Jezero, Mrkonjić Grad, Kneževo, Čelinac, Kotor Varoš, Teslić, Prnjavor, Krupa na Uni, Kupres, Petrovac and Istočni Drvar. Commission in Doboje, for the area of: Doboje, Derвента, Brod, Petrovo, Pelagićevo, Modriča, Vukosavlje, Šamac, Donji Žabari, Bijeljina, Lopare, Ugljevik, Zvornik, Osmaci, Šekovići, Vlasenica, Milići, Bratunac and Srebrenica. Commission in Istočno Novo Sarajevo for the area of: Pale, Sokolac, Han Pijesak, Rogatica, Višegrad, Rudo, Čajniče, Foča, Istočni Mostar, Novo Gorađe, Trnovo, Kalinovik, Nevesinje, Gacko, Berkovići, Bileća, Istočna Ilidža, Istočni Stari Grad, Ljubinje and Trebinje. The Commission consists of five members, namely: Psychiatrist - neurologist, psychologist, social worker, a representative of the local government and a representative of beneficiaries - citizens.

By-laws arising from the laws on transfusion activities ("Official Gazette of RS, No. 44/15").

Rulebook on the reasons for the temporary and permanent exclusion of blood donors ("Official Gazette of RS", No. 105/15), regulates the reasons for permanent exclusion of blood donors, the time limits and the reasons for the temporary and permanent exclusion of blood donors, as well as other issues of importance.

By-laws arising from the Law on transplantation of human organs ("Official Gazette of the RS, no. 14/10).

Rulebook on the manner of making and keeping waiting lists for the transplantation of human organs ("Official Gazette of RS ", No. 08/11) prescribes the manner of making and keeping the

waiting lists for the transplantation of human organs. A person residing in Republika Srpska has an equal chance for inclusion into the Unified Waiting List as well as equal treatment.

Rulebook on the conditions and procedure for the verification of a medical institution that carries out the activity or activities of transplantation of human organs ("Official Gazette of RS", No. 33/10) prescribes specific conditions in terms of premises, staff and equipment, as well as the verification procedure of medical institutions conducting transplantation of human organs for therapeutic purposes.

Rulebook on criteria for testing of human organs donors with respect to diseases that can be transmitted by transplantation ("Official Gazette of RS", No. 64/10) prescribes the criteria for the testing of human organs donors with respect to diseases that can be transmitted by transplantation. The criteria are based on risk analysis in order to identify it on the basis of personal, family and socio-epidemiological data, medical history, clinical examination, biological tests and autopsies.

Rulebook on the manner and procedure of hospital coordinator for transplantation of human organs ("Official Gazette of RS", No. 109/10) prescribes the manner and procedure of the hospital coordinator for transplantation of human organs. Hospital Coordinator for transplantation of human organs and deputy coordinator can not be members of the medical team for taking a human organs and the medical team for transplantation of human organs. Hospital coordinator and deputy coordinator must be available twenty-four hours a day - seven days a week.

Hospital Coordinator for transplantation of human organs should take the medical history of the living donor and / or of an adult family member of a deceased donor, notify medical team for taking a human organs, medical team for transplantation of human organs and Coordination Centre of the potential provider of human organs, organize taking the human organs along with the medical team for taking the human organs, organize and participate in the process of transplantation and distribution of human organs and organize all the necessary measures so that the body of a deceased donor after taking human organs be treated with respect and returned into the previous external appearance. Hospital Coordinator has a deputy to replace him/her in case of his/her absence.

Rulebook on the medical criteria for determining the brain death of the human tissues and cells donor ("Official Gazette of RS", No. 65/10) prescribes the method and medical criteria for determining brain death of the human tissues and cell donors, as well as the composition of the committee that determines the brain death. Brain death of the donor is complete and irreversible cessation of all brain functions.

Rulebook on the procedure for distribution of human organs intended for transplantation ("Official Gazette of RS", No. 109/10) prescribes the manner and procedure for distribution of human organs intended for transplantation. After the completion of standard operating

procedure, medical institution carries out the transportation activities to another medical institution or where the transplantation should be conducted. Standard operating procedure is performed in accordance with written instructions describing the steps in a specific process, including the materials and methods used, as well as the expected final product. Distribution must be made within four to thirty-six hours, depending on the type of organs.

Rulebook on criteria for testing of donors tissues and cells with respect to diseases that can be transmitted by transplantation ("Official Gazette of RS", No. 64/10) prescribes the criteria for the testing of donors tissues and cells with respect to diseases that can be transmitted by transplantation. The criteria are based on risk analysis in order to identify it on the basis of personal, family and socio-epidemiological data, medical history, clinical examination, biological tests and autopsies.

By-laws arising from the law on transplantation of human tissues and cells ("Official Gazette of RS", No. 14/10)

Rulebook on the procedure of taking blood from the umbilical cord of a newborn in order to separate the stem cells, storage and distribution of stem cells ("Official Gazette of RS, No. 64/10), prescribes the process of taking blood from the umbilical cord of a newborn in order to separate the stem cells, storage and distribution of stem cells in a stem cell bank.

Rulebook on criteria for testing of donors tissues and cells with respect to diseases that can be transmitted by transplantation ("Official Gazette of RS", No. 64/10) prescribes the criteria for the testing of donors tissues and cells with respect to diseases that can be transmitted by transplantation. The criteria are based on risk analysis in order to identify it on the basis of personal, family and socio-epidemiological data, medical history, clinical examination, biological tests and autopsies.

Rulebook on the manner of making and keeping waiting lists for the transplantation of human cells and tissues ("Official Gazette of RS ", No. 08/11) prescribes the manner of making and keeping the waiting lists for the transplantation of cells and tissues in therapeutic purposes.

BD

Access to health services is provided to all District residents through the family medicine system, where the territory is covered by three health care centres and 22 clinics (ambulanta). A plan envisages that 40 clinics (ambulanta) of family medicine will completely and evenly cover the entire territory of the District, at the moment 32 clinics are operating. The emergency personnel have been transferred from the primary care to the hospital in order to better utilize capacities of the hospital and to have specialists on duty at the hospital available to patients in the emergency department.

Some secondary health care services that are not provided in BD and tertiary health care services are provided outside BD and, if necessary, outside Bosnia and Herzegovina, in institutions with which the Health Insurance Fund has a cooperation agreement.

The public health facilities in BD are under BD government and they are funded significantly from the budget of the District and by the Health Insurance Fund.

In the public sector in BD, the health services are provided at the primary (health care centre) and at the secondary (general hospital) levels. In addition to public health institutions, a large number of private institutions and practices operate in BD. Patients who require tertiary level of health care services or any other service which is not offered in the District are referred outside BD and, if necessary, outside BiH.

Health care is available to every resident of District who is insured with the Health Insurance Fund. Those residents who are not insured and are in need of health care services can get temporary insurance which is funded from the budget of BD through the Sub-department of Health and Other Services.

According to the Law on Health Insurance, all children up to 15 years of age are insured, although, when exercising their rights, they face administrative obstacles on the part of the Health Insurance Fund.

Persons aged 65 years and more do not have mandatory health insurance and they are covered by it on different grounds (pensioners, farmers, voluntary etc.)

Due to the absence of a census it is not known how many citizens live in BD, while the Health Insurance Fund has approximately 78,000 insurees on records.

Besides health services, patients in BD have the right to get medicines from the list of essential medicines, which are partially or completely free. The medicines to be put on the list of essential medicines is proposed by the Health Insurance Fund and the Assembly of BD approves them.

The primary health care facilities and the hospital have about 650 employees and more than 100 employees work in private facilities.

Primary health care consists of 22 field clinics (ambulanta) and in addition to family medicine teams it has specialist services, dental services, physical therapy, centre for mental health, laboratory, anti-tuberculosis surgery and surgeries for the protection of children and women.

In BD, there is a general hospital and a health centre with three health centre's outlets.

Foreign nationals from countries with which BiH has concluded agreements on social insurance use health care services on the basis of prescribed forms. Foreign nationals founding companies or individual foreign entrepreneurs use health care services in accordance with the domestic law

(they have residence and work permits) and pay health insurance contributions to the Health Insurance Fund.

Health care is funded from the Health Insurance Fund and approx. one third of costs are covered from the budget of BD.

As of 1 January 2012, by the decision of BD Assembly and according to the Law on Health Care, health care should be extracted from the government's structure and health care should be able to operate as a public institution.

The Articles of Incorporation regulate rights and obligations of the founders in relation to the facility and if there are more founders, their relationships with one another are regulated by contracts. Independent practice of health care workers as professional activity includes pharmaceutical services and primary care services and hospital services, depending on the specialization.

Health care services may be provided by a natural person who: - has appropriate qualifications; - has legal capacity, - is fit for performing the activities, - not employed; - has adequate premises and equipment.

These practices cannot be performed by a person that is under investigation or standing trial or has been convicted of a crime against life and body, against freedom, human and civil rights, against dignity and morality, marriage, family and youth.

An application for health care practice is submitted to the Sub-department of Health and Other Services which issues a decision permitting the practice after determining that requirements for the practice are fulfilled in accordance with the Law on Health Care.

The right to social security is exercised through the system of social protection that is governed by the Law on Social Protection of BD according to which social assistance shall be granted to residents of the BD who:

- are incapable to work;
- who have neither means for maintenance nor relatives who are responsible by law and able to provide them with maintenance;
- and to inhabitants and families who are not able to earn means for maintenance through work, income from their property or in any other way, and to meet their basic needs.

Material assistance consists of:

- permanent basic allowance;
- family allowance;
- allowance for schooling and vocational training of children with special needs and of disabled adults; attendance allowance for care and assistance;

- one-time assistance.

The permanent basic allowance is a monetary benefit amounting to 21% of the average monthly salary earned in BD for the preceding month.

Pursuant to Article 21 of the Law on Social Protection of BD, the Decision on the Establishment of the Solidarity Fund of BD No. 0-02-022-314/02 of 29 November 2002 and the Decision on the Adoption of Criteria for Beneficiaries of the Solidarity Fund, No. 34-05000144/10 of 8 February 2010, disadvantaged/vulnerable families are eligible for one-time cash assistance.

A person who needs an appropriate kind of social care due to special circumstances is a person who becomes indigent due to a natural disaster, migration, repatriation, death of one or several family members, return from hospital treatment, inability to find a job, release from prison or correctional institution.

On the basis of the Law on Social Protection of BD, attendance allowance is paid to a beneficiary of permanent basic allowance or a member of his household for whom a family benefit is paid if he/she is paralyzed, suffers from muscular dystrophy or related muscle and neuromuscular diseases, grave disturbances in mental development, blind or immobile and requires attendance provided that he/she is not placed in social care institutions and it amounts for each member to at least 70% of the corresponding amount of permanent basic allowance.

Pursuant the Law on Social Protection of BD, the right to permanent basic allowance and other forms of material assistance is granted to an indigent person under the following conditions:

- residence in the territory of the District;
- incapacity to work;
- lack of any income;
- lack of any relatives who are responsible by law to maintain that person or, if there are relatives, their incapability to maintain that person.

Material assistance consists of:

- permanent basic allowance;
- family allowance;
- allowance for schooling and vocational training of children with special needs and of disabled adults;
- attendance allowance;
- one-time cash assistance.

Permanent basic allowance amounts to 21% of the average monthly salary.

Pursuant to Article 21 of the Law on Social Protection of BD, the Decision on the Establishment of the Solidarity Fund of BD No. 0-02-022-314/02 of 29 November 2002 and the Decision on

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A person who needs an appropriate kind of social care due to special circumstances is a person who becomes indigent due to a natural disaster, migration, repatriation, death of one or several family members, return from hospital treatment, inability to find a job, release from prison or correctional institution.

<u>Benefits and allowances under the Law on Social Protection of BD</u>				
<u>SOCIAL PROTECTION</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
<u>Permanent basic allowance</u>	<u>874</u>	<u>865</u>	<u>809</u>	<u>842</u>
<u>Attendance allowance</u>	<u>2907</u>	<u>2209</u>	<u>2035</u>	<u>2229</u>
<u>One-time cash assistance</u>	<u>1167</u>	<u>1169</u>	<u>320</u>	<u>147</u>

The Law on Child Protection of BD regulate the entitlement to assistance for new-borns (baby package) which is enjoyed without exception by every new-born child in the family, if the parents of a new-born child make a claim within a 60 days submitting the place of residence registration slip and birth certificate of the new-born child together with the claim. The exercise of this entitlement is supervised by the Subdivision for Social Protection. The one-time assistance (baby package) amounts to 25% of the average monthly salary in the Brčko District.

Maternity allowance is paid for a period of 3 (three) months and amounts to 15% of the average monthly salary in BD for the preceding month. The entitlement to maternity allowance is exercised by every unemployed mother who has been registered with the Employment Institute of BD for at least 6 months, which she proves with a certificate issued by the Institute and accompanying documentation as required by the Law. The entitlement to child allowance is mandatory afforded to every child under 15 if they meet requirements set forth in the Law.

Children aged 15 years and older are entitled to child allowance:

- if they are full-time students in elementary, secondary and high schools, colleges or university, until 26 years of age;
- if they are incapable of living independently and working and the inability occurred before they were 15 or in the course of full-time schooling, for the duration of the disability.

A child allowance is paid to a family: if the family is a beneficiary of social security in accordance with the Law on Social Welfare; if the total monthly income per family member does not exceed 15 % of average salary.

Regardless of the means testing, a child allowance increased by 50% is paid to the following: any parentless, motherless or fatherless child; any family with a child with arrested physical and/or mental development; any family with one or both parents with disabilities from the first to the fourth group (inclusive of the fourth group); single parents.

The level of child allowance is 10% of the average monthly salary in BD.

The Law on Child Protection of BD determines that special psychosocial treatments of spouses who want children and pregnant women are considered as other types of benefits for young married couples. The entitlement to special psychosocial treatment of spouses who want children and pregnant women is exercised in Family Counselling Office set up in the Centre for Social Work of BD. In order to exercise the entitlement, special institutions may be established in accordance with the law. Pursuant to the Law on Child Protection of BD - consolidated text single parents are entitled to child allowance increased by 50% regardless of means testing.

<u>Benefits and allowances under the Law on Social Protection of BD</u>				
<u>SOCIAL PROTECTION</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
<u>Permanent basic allowance</u>	<u>874</u>	<u>865</u>	<u>809</u>	<u>842</u>
<u>Attendance allowance</u>	<u>2907</u>	<u>2209</u>	<u>2035</u>	<u>2229</u>
<u>One-time cash assistance</u>	<u>1167</u>	<u>1169</u>	<u>320</u>	<u>147</u>

Source: *BD Subdivision for Social Policy*

For the purpose of the Law on Child Protection of BD entitlements in the area of child protection are:

- salary compensation during maternity or extended maternity leave and leave of the employed parent or adoptive parent to care for the child;
- maternity allowance
- aid for „baby package“,
- child allowance,
- special psychosocial treatment of spouses who want children and pregnant women.

Salary compensation shall be paid to working mother or father, adoptive parent or guardian of the child during the leave of absence from work due to pregnancy, childbirth and child care in accordance with the labour legislation in force in BD.

The salary compensation will be paid to new mothers by the competent authority of the BD Government as provided for in the BD Labour Law. According to this Law the salary compensation during maternity leave shall be paid from the budget of BD, provided that contributions to pension and health insurance schemes were regularly paid.

During pregnancy, childbirth and child care, women are entitled to maternity leave for a period of twelve (12) months continuously. For twins, third and every other child, maternity leave is eighteen (18) months.

Pursuant to the Decision on conditions and manner of salary compensation payments to employees during maternity leave (No. 34-000890/13 dated 15 January 2014), adopted on the basis of the Labour Law of BD and the Law on Child Protection of BD, salary compensation during maternity leave is afforded to an employee (mother or adoptive mother or other person having custody of a child under the competent authority decision) for a period as prescribed by the Labour Law.

In the proceedings for exercise of this entitlement, the employer issues a decision (rješenje) establishing the entitlement to maternity leave, its duration and the level of salary compensation to be paid to the employee.

During maternity leave an employee is entitled to salary compensation equal to the average monthly net salary received by the employee in the last three months before maternity leave. The calculation of salary compensation, payment of contributions and payment of the salary compensation are made by the employer.

Salary compensation during maternity or extended maternity leave and leave of the working parent and adoptive parent to care for the child	2012	2013	2014	2015
Beneficiaries	291	309	354	366

Table 3: BD Subdivision for Social Protection

QUESTION:

2) Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

ANSWER:

BiH has adopted a Resolution on Health Policy for All Citizens of Bosnia and Herzegovina („Official Gazette of BiH“ 12/02), which contains recommendations by the House of Peoples of the Parliamentary Assembly concerning the establishment of a health system and a health policy compatible with international organizations and institutions, clearer division of responsibility for health of the population amongst the State, Entities, cantons and municipalities, necessary defining of general principles and values in the organization of health care, setting priorities in and funding sources for scientific research of interest to the health and health care of all citizens of Bosnia and Herzegovina, defining priorities in the field of international health cooperation with a view to improving the health policy of the country etc.

Administrative arrangements at the level of Bosnia and Herzegovina

Pursuant to Article 15 of the Law on Ministries and Other Administrative Bodies("Official Gazette", Nos. 05/03, 42/03, 26/04, 42/04, 45 / 06, 88/07, 35/09, 59/09, 103/09 and 87/12), the Ministry of Civil Affairs is responsible for carrying out tasks and discharging duties which are within the competence of BiH and pertain to defining basic principles, coordinating activities and harmonising plans of the entity authorities and defining a strategy at the international level in the field of health care and social welfare, among others.

In accordance with the Rulebook on internal organization of the Ministry of Civil Affairs of Bosnia and Herzegovina, Department of Health, as an organizational unit of the Ministry of Civil Affairs of Bosnia and Herzegovina, carries out the following activities in the field of health: activities of supervision and coordination in the field of health, representing Bosnia and Herzegovina at an international level in the field of health, as well as ensuring enhanced harmonization of health care issues with standards of international community and fulfilling international obligations. Out of 19 positions, as provided in the Rulebook, Department of Health Care currently employs nine (9) civil servants: Assistant Minister, two heads of departments, five senior associates, one associate and one officer for administrative and technical jobs.

The Ministry of Civil Affairs organizes work, provides technical, administrative, technical and other support of the following:

Conference of Health Care in BiH

On the basis of the Memorandum of Understanding, Ministerial Conference for Health in Bosnia and Herzegovina has been established in 2007, as a permanent and the highest advisory and coordinating body in the field of health care in Bosnia and Herzegovina, with the mandate that does not encroach upon constitutional and legal competences of responsible authorities at all levels of decision-making process. Conference of Health Care in BiH as an advisory body, consists of the Minister of Civil Affairs, Entity Ministers of Health and the Head of the Sub-Department of Health and Other Services of BD. Ministerial Conference for Health in Bosnia and Herzegovina provides advices, opinions, guidelines and recommendations, takes positions and proposes activities and measures pertaining to health care system and health in general to

responsible authorities, ones that contribute to enhancement of overall quality of health care for the population. Conference meets quarterly and makes decisions by consensus.

During 2015, the Conference held three regular meetings (2 April Sarajevo, 13 October Teslić and 1 December 2015 Mostar). Following the adoption of the new Rules of Procedure, the Department of Health took over the role of the Secretariat of the Conference (technical preparation of meetings, taking minutes, coordination of activities in order to implement the conclusions, monitoring the implementation of the conclusions, proofreading of documents of the Conference etc.)

Advisory Committee on HIV / AIDS in BiH

At its 143 session held on 22 August 2002, the Council of Ministers has adopted Decision on the establishment of the Advisory Committee on HIV / AIDS in Bosnia and Herzegovina ("Official Gazette", no. 27/02).

By 2005, the Advisory Committee was chaired by executives of the Ministry for Foreign Affairs and Ministry of Human Rights and Refugees and following the establishment of the Ministry of Civil Affairs in 2003, definition of competence, including in the field of health (Article 15 of the Law on Ministries and other authorities of Bosnia and Herzegovina "Official Gazette", nos. 05/03, 42/03, 26/04, 42/04, 45/06, 88/07, 35/09 59/09 I103 / 09) on 17 March 2005, the Council of Ministers adopted Decision on amendments to the Decision on the establishment of the Advisory Committee on HIV / AIDS in Bosnia and Herzegovina, according to which the Advisory Committee is chaired by the Minister or Deputy Minister of Civil Affairs.

At the suggestion of the Advisory Committee, at the state level were adopted two strategic documents:

The National Strategy for Combating and Preventing HIV/AIDS in BiH, 2004-2009, was adopted by the BiH Council of Ministers in February 2004. Due to the existence of this document, from 2006, Bosnia and Herzegovina is able to use the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which was largely reflected in all spheres of dealing with HIV / AIDS.

2011-2016 Strategy to Respond to HIV and AIDS in Bosnia and Herzegovina was adopted by the BiH Council of Ministers on 7 September 2011. After that, the Council of Ministers drafted and adopted an Action Plan for implementation of the Strategy for a response to HIV and AIDS in BiH 2011- 2016 ("Official Gazette" no. 6/13). In accordance with the role assigned in the Decision on the establishment of the Advisory Committee, Department of Health has monitored the implementation of the activities of the working bodies of the Advisory Committee (CCM) and fulfillment of the obligations defined in the working plan of the Advisory Committee for 2015 (eg. Marking 1 December - World AIDS Day , coordination of activities in connection with the adoption of transitional plans for HIV and TB for the period 2015-2017).

Commission for the Implementation of WHO International Health Regulations- IHR

In order to implement and cooperation in the execution of international obligations established by WHO International Health Regulations (IHR), in June 2008, BiH Council of Ministers has appointed Commission for the Implementation of International Health Regulations- IHR as an expert body at the state level which is responsible for the implementation of health measures.

The Commission carries out health supervision and protection of the health system at all levels, inform about diseases that could have international public importance and inclusion into the global surveillance system set up by the WHO.

According to IHR-in, BiH is obliged to designate national IHR focal points – commissions, as state centres, which shall be accessible at all times for communication with WHO IHR focal points and which shall notify WHO, by the most efficient means of communication available, and within 24 hours of assessment of public health information of all events which may constitute a public health emergency of international concern.

On 7 September 2011, the Council of Ministers of Bosnia and Herzegovina enacted a Decision on adopting a Plan of Action for Strengthening Basic Capacities for Efficient Implementation of International Health Regulations (2005) in Bosnia and Herzegovina in the period 2011-2013, which was revised in 2012.

Plan of Activities for Strengthening Basic Capacities for Efficient Implementation of International Health Regulations (2005) in Bosnia and Herzegovina in the period 2011-2013 defined the role and responsibilities, mechanisms of coordination and reporting of the Commission, with the main goal of strengthening and further development of capacities for efficient implementation of IHR in Bosnia and Herzegovina.

The activities implemented under " Public Health Reform II"- IPA EU funded project, significantly contributed to building and strengthening institutional capacity for implementation of International Health Regulations in Bosnia and increased efficiency in the area of prevention and fighting against infectious diseases. Focal points were established and capacity at the level of entities, Brčko District, cantons and regions is strengthened, access and communication with the national focal point for the IHR BiH has improved as well. Based on an assessment of local capacity, focal points on the sub-national level are educated about the risks of outbreaks of infectious diseases in accordance with the International Health Regulations.

Thus, in accordance with the recommendation of the Regional Certification Commission and the WHO Office, based on the action plans of the Federal Ministry of Health, Ministry of Health and Social Protection of Republika Srpska and the Department of Health and Other Services of Brčko District, following the Action Plan of BiH to sustain polio-free status 2012-2015, drafted the Action plan to sustain polio-free status 2015-2017.

The Action Plan aimed at sustaining polio-free status should be focused on increasing polio immunization coverage, strengthening AFP (acute flaccid paralysis) surveillance and rapid response in the event of occurrence of polio virus in the country and education of health workers and parents.

Commission for the Certification of Poliomyelitis Eradication in BiH, a commission of experts in poliomyelitis in BiH

Since 2008, two Commissions, established by the BiH Council of Ministers, are performing the supervision of poliomyelitis in BiH ("Official Gazette of BiH", no. 95/08).

Since its establishment until today, the Commission of Experts for polio has conducted the final classification of 42 cases of AFP in BiH, and they are all, according to the procedures of the WHO, confirmed as "dismissed as polio-2".

Once obtained the consent of the competent public health institutions in BiH, on 20 May 2015, Ministry of Civil Affairs has informed the WHO Regional Office for Europe and submitted a declaration of eradication of the wild polio virus type 2 (WPV 2) in Bosnia and Herzegovina.

TB Management Unit in BiH - the National Tuberculosis Programme (NTP)

The unit was established by the Decision of the Minister of Civil Affairs, in accordance with the project document of the Consolidated TB Project and its operation is coordinated by the BiH Ministry of Civil Affairs. The unit coordinates the collection of data in the context of Bosnia and Herzegovina for the purposes of the annual report on TB control, cooperate with all institutions and organizations participating in the activities of the management and control of TB programs in BiH, coordinates the formulation / updating of policies and policy documents on TB in line with the relevant international documents, promotes a TB program in the media etc.

Regional Centre for Cooperation in the Field of Mental Health in South- East Europe

The Stability Pact was established in 1999 at the initiative of the European Union with the aim of establishing and reinforcing peace and security in region. In 2001, to the Initiative for Social Cohesion of the Stability Pact was added health component called the Health Network for Southeast Europe (SEEHN), which was founded by the World Health Organization and the Council of Europe in April 2001.

The Declaration of Ministers of Health of SEE Europe on the long-term program of regional cooperation and development in the mental health (Bosnia and Herzegovina has ratified it on 26 March 2009), foresees the establishment of the Regional Centre for Development Cooperation in the field of mental health in SEE.

On 22 April 2009, Minister of Civil Affairs has signed a Memorandum of Understanding on the future of health network in South-East Europe in the framework of regional cooperation in

Southeast Europe, which aims to improve the health of people in the region of Southeastern Europe, providing and maintaining a sense of belonging and management among the countries of the region and the implementation of joint actions in priority health areas designated by the health ministers of Southeast European countries.

On 8 June 2009 has signed a Memorandum of Understanding on cooperation during the implementation of the Declaration on the long-term program of regional cooperation and the development of mental health in SEE, which regulates the cooperation between the Ministry of Civil Affairs, Federal Ministry of Health, RS Ministry of Health and Social Welfare and the Department of Health and Other Services of Brčko District regarding the implementation of the Declaration.

Regional Centre for Cooperation in the Field of Mental Health in South- East Europe became operational on 1 June 2010.

In the period 1 July 2012-31 December 2014, Regional Center has implemented the Project "Strengthening Institutes of Public Health in Bosnia and Herzegovina" with financial support of the Swiss Agency for Development and Cooperation (SDC). The Mental Health Project in Bosnia and Herzegovina represents a result of continuous commitment of relevant entities' ministries of health to continue the mental health reform in Bosnia and Herzegovina. The ultimate goal of the Project is an improved mental health of overall population in SEE and full respect oh human rights of persons with mental disorders.

Focus was on two areas strengthen capacities to fight stigmatisation and discrimination related to mental disorders.

In addition, the Project had important role in strengthening of the regional network in the field of mental health and the capacity of the Regional Centre.

Through the work of the Regional Centre for Development Cooperation in the field of mental health in SEE, the cooperation between SEE countries to improve policies and practices for mental health promotion, prevention, advocacy, research and others will continue.

International cooperation and standards

1. WHO

The framework for cooperation between the World Health Organization (WHO) and Bosnia and Herzegovina was the basic agreement concluded on 15 June 1994. The Memorandum of Understanding between the Ministry of Civil Affairs and the WHO Regional Office for Europe, was signed on 12 March 2008 and two-year Agreement on Cooperation between Bosnia and Herzegovina and the WHO Regional Office for Europe was concluded in 2008.

After the two-year Agreement between Bosnia and Herzegovina and the Regional Office of the World Health Organization (WHO) for Europe for the period 2014-2015 it was reflected the vision of the WHO Regional Office for Europe - Better Health for Europe- concepts, principles and values that support the development of European policy for Health 2020.

The two-year Agreement on Cooperation fully reflects the values, principles, objectives and priority areas for the implementation of Policy Actions Health 2020, as well as European Action Plan for strengthening of public health capacities and services and the Action Plan for implementation of the 2012- 2016 European strategy for the prevention and control of noncommunicable diseases. Also, it promote access to the inclusion of the entire government and reducing inequalities. After the procedure carried out in accordance with the Law on Conclusion and Implementation of International Agreements, BiH Presidency made a decision on signing the a two-year Agreement on Cooperation between Bosnia and Herzegovina and the WHO Regional Office for Europe for the period 2014-2015 and authorized the Minister of Civil Affairs BiH to sign it. The two-year cooperation agreement was signed on 17 September 2014.

After harmonization of program activities which will be defined in the new two-year period, in final stage is the procedure for acceptance of the two-year Agreement on cooperation between Bosnia and Herzegovina and the WHO Regional Office for Europe for the period 2016-2017.

The Council of Europe

The European Committee Convention on counterfeit medical products and similar crimes that involving threats to public health,” known as the Medicrime Convention, signed on 4 December 2014 in Strasbourg.

At the proposal of the BiH Ministry of Civil Affairs Council of Ministers, at the 12th regular session held 25 June 2015 it was passed the Operational Plan of Bosnia and Herzegovina for the signing and ratification of the CoE Convention on counterfeit medical products and similar crimes that involve threats to public health, and to draft a proposal for the signing and ratification of the Convention. The Presidency of Bosnia and Herzegovina at its 10th session held on 23 July 2015 adopted the Decision on the adoption of the Convention and authorized the Permanent Representative of BiH to the Council of Europe as a signatory. The Convention was signed on 4 December 2015 in Strasbourg.

Signed and ratified the Additional Protocol relating to the prohibition of cloning human beings

on 16 December 2005 Bosnia and Herzegovina has signed and on 11 May 2007 has ratified the Convention for the Protection of Human Rights and dignity of the human being in terms of the application of biology and medicine and the Additional Protocol on Biochemical Research.

After the obtained approvals from the ministries of health care in BiH and conducted procedures, on 28 November 2013, the Council of Ministers has proposed the basis for the

implementation of procedures for the signature of the Additional Protocol relating to the prohibition of cloning human beings, and at the 45th regular session held on 26 March 2014 the Presidency of Bosnia and Herzegovina has adopted the Decision on acceptance of the Protocol.

On 31 July 2014, the Protocol has signed Ambassador of Bosnia and Herzegovina, and on 4 June 2015, deposited the instrument of ratification of the Additional Protocol relating to the prohibition of cloning human beings (CETS N 168).

The decision of the Presidency of Bosnia and Herzegovina on the ratification of the Protocol has been published in the "Official Gazette International Agreements", no. 2 dated 9 April 2015.

European Union:

- BiH Council of Ministers at its 14th session held 8 July 2015, has confirmed BiH interest for participation in the program "Health for Development" (third EU Programme for Health)

After that (16 July 2015) the Ministry of Civil Affairs sent a letter of interest to the European Commissioner for health and safety. In March 2016 EU has delivered the Draft Agreement. Procedure for its conclusion is in process so that BiH could access it in 2017.

Participation in this program is an important step in the process of EU integration, given that the health sector in BiH will have new opportunities, bearing in mind that due to the lack of a national strategy in the field of health in BiH it was denied access to other funds in this area.

The Road Map for the implementation of the EU Directive on Regulated Professions 2005 / 36EC and 2013 / 55EU has been adopted

At the proposal of MoCA, the Council of Ministers, at its 33rd session held 3 December 2015, has adopted Decision on adoption of the Roadmap for the implementation of the EU Directive on Regulated Professions 2005 / 36EC and 2013 / 55EU ". implementation of the twinning project with Slovakia was completed on 14 September 2015 (Final conference was held 8 September 2015 in Sarajevo). Projects results were: GAP analysis / Analysis of compliance of national legislation and study plans in relation to the EU Directive on Regulated professions, the Road Map (which contains 77 recommendations for the implementation of the Directive), the action plans for the implementation of the Directive (at the level of BiH, FBiH, RS and BD), training needs analysis, training methodology, Manual and other.

The EU-IPA "Strengthening Institutes of Public Health in Bosnia and Herzegovina"

Project completed the process of defining key health indicators. During the implementation of this project, the Ministry of Civil Affairs, in coordination with Entity ministries of health and Brčko District, defined list of 88 key health indicators for monitoring the health sector in accordance with requirements of EUROSTAT and the World Health Organization. In the initial phase, data on 18 indicators will be collected.

TAIEX Expert mission, in order to harmonize national legislation in the field of chemicals and biocides

In accordance with the conclusion of the Conference for Health in Bosnia and Herzegovina and the recommendation of the EU Delegation in BiH, the Ministry of Civil Affairs, in cooperation with relevant institutions of Health of FBiH, RS and Brčko District, has prepared applications for TAIEX expert support with the aim of harmonizing existing legislation in the field of chemicals and biocides in BiH with regulations EU. Five expert missions were approved and it will be conducted by experts from Sweden chemicals agency in cooperation with the Working group appointed by the Ministry of civil Affairs. These activities will contribute to the improvement of cooperation between the institutions in this area and reduce the risk to public health in Bosnia and Herzegovina.

FBiH

2011-2015 Strategy for equalization of opportunities for persons with disabilities has a goal to improve quality of life of persons with disabilities is one of the most important implementation instrument of the "Disability Policy of Bosnia and Herzegovina", which was adopted by the Council of Ministers on 22 September 2008 („Official Gazette of BiH“ 76/08) and in which entity governments were tasked to prepare the implementing documents, ie. strategies for establishment and development of the frameworks adopted in the field of disability in BiH.

International framework on which the Strategy is based on is Article 1 of the UN Convention on the Rights of Persons with Disabilities “ to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”

The second postulate of international regulations on which this document is based on, certainly is the content and objective of the European Convention for the Protection of Human Rights and Fundamental Freedoms which secures basic civil rights of individuals and the prohibition of discrimination on any grounds.

The greatest significance of the Strategy is reflected in comprehensiveness of solutions which must be applied if we want to ensure inclusion and equalization of opportunities for persons with disabilities in the Federation.

FBiH House of Representatives adopted it on its 2nd Regular session, held on 22 June 2011, and the FBiH House of Peoples of the Federation at its 4th session held on 28 July 2011.

The essence of the Strategy is reflected in the effort to ensure persons with disabilities an adequate, equal and open access in accordance with the standards set by existing international programs in the field of disability.

Accordingly, the Strategy defines the appropriate goals, measures and activities, deadlines and stakeholders in twelve sectors of interest to persons with disabilities, 1) Social protection, 2) accessible life in the community and housing, 3) Health, 4) Education, 5) Sport and Recreation, 6) Vocational rehabilitation and employment, 7) Family, 8) Information, communication, awareness-raising, 9) Participation in public, cultural and political life, 10) Research and development, 11) DPOs and 12) International cooperation.

In this regard, within the system of social protection in the Federation, in part relating to persons with disabilities, through this document, trying to create a completely new dimension and the environment in which this category had a full support for equalization of opportunities and full participation in the all spheres of social life, with no obstructions in the form of discrimination, prejudice, and physical incapacitated to perform basic activities.

In late 2015, the Federal Ministry of Labour and Social Affairs prepared the Report on Analysis of the implementation of the Strategy for the equalisation of opportunities for persons with disabilities 2011 -2015 in Federation of Bosnia and Herzegovina which was adopted by the FBiH Government , at its 41st session held on 18 February 2016, in Resolution V. No. 444/2016.

The analysis of the implementation of the Strategy in the field of social protection, led to the general conclusion that the implementation of the set of goals is extremely low.

Thus, in two out of the four objectives in this area (1.- to provide all forms of support of social protection, based on the individual needs of persons with disabilities, for the purpose of equalizing opportunities; 2.- establish a unique institutional model for assessing the level of disability, living and working skills for all persons with disabilities regardless the age and cause of disability, which will follow unique criteria and procedures based on the WHO International classification of functioning disability and health) was no progress, and it was noted that, although these two goals are the key reforms in the field of material protection of persons with disabilities and harmonization of regulations and practices in this area with the UN Convention on the Rights of Persons with Disabilities, their implementation primarily requires the political will.

On the other hand, an encouraging fact is that in the remaining two goals (1.- to determine the minimum standard of living for persons with disabilities, plus costs that these people and their families are due to disability, the second - to develop mechanisms to prevent abuse of the rights of persons with disabilities), was identified a progress and that there was significant activities in terms of legislation, but they are not finalized yet so we can not talk about concrete results achieved.

Index of achievement of these objectives, used comparative method and the method of content analysis, on the categorical scale assessments (each category of assessment has its index of achievement, "0" - the goal is not achieved / no activity, "1" – there was activity but the goal was not achieved / there was activity – but not finished; "2" - the goal was achieved / activities

completed), was 0.5, but it can be concluded that in the field of social protection is needed further constant and coordinated effort that will result in prevention of discrimination of persons with disabilities and provide them with adequate material rights, personal and social dignity.

2010-2019 F BiH Strategy for Improvement of Youth Sexual and Reproductive Health and Rights. The Strategy is based on main priorities in the field of sexual and reproductive health and rights, including:

1. Prenatal, birth-giving and postnatal care
2. Family planning including services in the event of infertility
3. Termination of pregnancy
4. Prevention of the spread of sexually transmitted infections including HIV
5. Malignant diseases of the reproductive organs
6. Promotion of sexual health and rights
7. Promotion of reproductive rights
8. Continuing education
9. Role of the NGO sector

The strategic document was adopted by the F BiH Government in September 2010. Youth centres and / or information centres as part of a youth-friendly approach are of great importance to ensure availability and accessibility of health services and timely and effective methods of diagnosis and intervention, with a multi-sectorial and multi-component approach and the strong support of health policy and the local community. At the local level, Youth centres are institutions (either public or non-governmental organizations) that have a space in which planned activities are implemented on a daily basis, facilitated by trained staff.

- F BiH Action Plan to Combat Drug Abuse, which was adopted by the F BiH Government in January 2012, elaborates activities to reduce demand, prevention, treatment and rehabilitation and to reduce the damage associated with substance abuse, as well as IT networking of all institutions addressing this problem, as recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), which is a long-term priority of both F BiH and the State as a whole and the plan was developed during the consistent implementation of the BiH National Strategy for Drug Control and Drug Abuse Prevention and Suppression.

- 2012-2020 F BiH Strategy for Prevention, Treatment and Control of Malignant Diseases was adopted by the F BiH Parliament in April 2012 and the implementation is about to start. The Strategy originates from the Resolution WHO 58.22. Cancer prevention and control and 2008-

2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The Strategy is the main document for achievement of the goal that fewer people in the FBiH are diagnosed with malignant neoplasms, to reduce mortality from malignant neoplasms, to alleviate suffering of the sick and their families, to improve quality of life of the sick and to reduce inequalities in health / diseases in the population of FBiH in relation to cancer, using the available resources in the best way, as follows: access to health care, health care fairness, solidarity in health care, comprehensive health care, continuity of care, specialized approach, constant improving of health care quality, efficiency of health care with respect for all human rights and dignity of patients and with their active participation in the fight against malignant neoplasms.

- 2010-2014 Strategy for equalization of opportunities for persons with disabilities has a goal to improve quality of life of persons with disabilities, based on the 2006-2015 Council of Europe Action Plan to promote rights and full participation of persons with disabilities in society.

Gender Action Plan of Bosnia and Herzegovina 2013-2017 (“Official Gazette of Bosnia and Herzegovina” no 98/13) is a strategic document containing goals, programmes and measures for the realization of gender equality in all areas of social life and work, in the public and the private sphere, health, prevention and protection and social protection.

Projects in the area of prevention and health, which are supported in the context of the Funding Mechanism for the Implementation of Gender Action Plan of BiH (FIGAP program) are focused on improvement of the health status of people with polomyelitis, those who are suffering from PTSD and victims of sexual abuse.

Among young people were promoted education and active learning about healthy lifestyles, responsible behavior and understanding of the other and different. Working with individuals, groups and the entire families has given good results in PTSD and domestic violence .

19 November, International Day for men in Bosnia and Herzegovina was marked in a different ways and one of the implemented projects supported from FIGAP program was aimed to focus attention on the need to protect men's health.

2010-2019 FBiH Strategy for Improvement of Youth Sexual and Reproductive Health and Rights. The Strategy is based on main priorities in the field of sexual and reproductive health and rights including: prenatal, birth-giving and postnatal care, family planning including services in the event of infertility, termination of pregnancy, prevention of the spread of sexually transmitted infections including HIV, malignant diseases of the reproductive organs, promotion of sexual health and rights, promotion of reproductive rights, continuing education, role of the NGO sector.

-FBiH early childhood development and growth promotion policy, for the development and promotion of preventive, educational, curative and compensatory programs dedicated to early

growth and development of children and programs for vulnerable and minority groups of children and parents. Inter-ministerial activities will focus on groups that include: youth, parents, pregnant women and mothers, families with children and children from 0 to 3 years old, 3 to 6 years old and 6 to 10 years old.

The Strategic Plan for the improvement of early growth and development of children in the FBiH 2013-2017. The objectives are advocacy to improve inter-sectoral approach in early childhood, as well as services for pregnant women, parents / guardians and children under three years of age, with a focus on growth and development, adequate assistance to children with disabilities and developmental disorders. Tasks include adequate preparation of children for the school, as well as health promotion, prevention, behavior and promotion of school children.

Policy for Improving Child Nutrition in the Federation of Bosnia and Herzegovina represents a key framework for development of the Strategy and Action Plans and Programmes for improvement of the nutritional status and diet of children in FBiH. Policy defines the priority courses of action, including: raising awareness; providing accessible and high quality services and information; implementing integrated programmes; training ; providing safe and healthy food supply; and improving the system of monitoring and evaluation.

Federation BiH Mental Health Protection and Improvement Policy and Strategy 2012-2020 specifies operational directions that will ensure the establishment of a system promoting mental health, preventing mental disorders, early detection and action, psychological and sociological rehabilitation and recovery and reduction of stigma and discrimination.

Federation BiH Strategy for the prevention, treatment and control of malignant neoplasms in the 2012-2020. The Strategy is the main document for achievement of the goal that fewer people in the FBiH are diagnosed with malignant neoplasms, ensuring early detection and screening of malignant neoplasms; ensuring the effective diagnosis and treatment of malignant neoplasms; providing effective palliative care for patients suffering from malignant neoplasms; the provision of comprehensive and continuous data collection on malignant neoplasms, and improving the system of monitoring and evaluation and research.

RS

Policy for improvement of health of population of Republika Srpska until 2020 ("Official Gazette of RS" No. 92/12) aims to improve the health of population of Republika Srpska by reducing the differences in the health of the population, investment in health, involve citizens in decision-making on health and creation of healthy local communities, control of non-communicable and communicable diseases and improve health security, create a healthy and supportive environment for the health and well-being, strengthen the health system, strengthen public health capacity and preparedness for emergencies and to promote access to "health in all policies" .

2011-2016 Policy for Improvement of Early Growth and Development of Children in RS ("Official Gazette of RS" No. 37/11) based on the principles of the best interests of the child, non-discrimination, individual approach, participation of users, compliance of interventions with the developmental needs of the child, intersectionality and multidisciplinary, improvement of early growth and development, and striving for the highest standards of the community, to create optimal conditions for normal growth and development of children, so that every child, regardless of the environment they originate and their individual abilities, have the conditions for a healthy start in life, and to achieve its full potential.

Programme of Early Growth and Development of Children in RS (Conclusion of the RS Government , number 04.2-SL / 16 of 7 April 2016) defines the program of activities of the Ministry of Health and Social Welfare, the Ministry of Education and Culture and the Ministry of Family, Youth and Sports on the realization of the goals set by the Programme. Courses of action of multidisciplinary and interdisciplinary teams are aimed at strengthening the family through economic and social support and community development activities that encourage responsible and healthy parenting, strengthening the integrated approach to activities of the health sector and social protection, implementation of early childhood development programs, and education of professionals and parents, providing accessible and quality services for parents, during pregnancy and childbirth, newborns and stimulate proper growth and development of children, with special emphasis on children up to three years, improving early detection and intervention, increase the coverage and accessibility of preschool education for all children with an individual approach and continuous monitoring of growth and development, with an emphasis on the importance of healthy eating, the importance of immunization, healthy habits and safe environment in which children live.

The Policy of improving nutrition of children under five years of age in RS ("Official Gazette of RS" number 14/12), aimed at improving nutrition and prevention of diseases associated with nutrition of children under the age of five, developing healthy lifestyles for children under five years of age, improving nutrition and physical activity and children, the prevention of noncommunicable diseases, prevention micro-deficient condition, prevention of foodborne illness and the adoption of the WHO standards for monitoring of the growth and development of children under five years of age for the purposes of uniform monitoring and reporting at the RS level and to the WHO .

The Program for Rare Diseases in RS 2014-2020 ("Official Gazette of RS" number 115/14). The priorities of the program for rare diseases are aimed at: providing epidemiological data on rare diseases and the establishment of records for rare diseases in RS; improving professional capacity of health workers in order of adequate detect and early diagnosis of rare diseases, improving the prevention of rare diseases of genomic origin by organizing extensive "screening" programs; improving prevention and diagnosis of rare diseases of genomic origin by introduction of new diagnostic technologies and the availability of genetic information; the establishment of an integrated approach for the detection, diagnosis, prevention and social integration of people

with rare diseases and their families, the development of guidelines and criteria for the establishment of the center for rare diseases in RS, raising awareness among professionals and general public about the importance of rare diseases and their impact on the health of population; support and cooperation with non-governmental organizations, patients and families with rare diseases; defining the financial framework for rare diseases and the establishment of international expert cooperation in the field of registration, monitoring, diagnostic, treatment and research of rare diseases.

The Policy for Promotion of Sexual and Reproductive Health in RS ("Official Gazette of RS", No. number 78/12) in general, aims at improvement of sexual and reproductive health and rights in RS.

Policy for improvement of health of population of Republika Srpska until 2020

Policy aims to improve the health of population of Republika Srpska by:

- reducing the differences in the health of the population
- investment in health, involvement of citizens in decision-making on health and creating healthy communities,
- control of non-communicable and communicable diseases and improvement of health security,
- creation a healthy and supportive environment for the health and well-being,
- strengthening of the health system oriented to the needs of users,
- strengthening of the public health capacities and preparedness for emergencies,
- promotion and adoption of a "health in all policies".

Policy for improvement of health of population of Republika Srpska until 2020 presents a broad basis for the development of a series of programs in all areas of public health.

2011-2016 Policy for Improvement of Early Growth and Development of Children in RS ("Official Gazette of RS" No. 37/11)

The aim of the document is, the improvement of early growth and development and striving for the highest standards of the community, to create optimal conditions for normal growth and development of children, so that every child, regardless of the environment they originate and their individual abilities, have the conditions for a healthy start in life, and to achieve its full potential. The above objective will be achieved through the following priority directions:

- Strengthening families through the development of activities that encourage responsible and healthy parenting and social and economic support of the community,

- Strengthening of an integrated approach to the early growth and development of children,
- Continuous education of professionals, parents and the public about the importance of early development of children,
- Preparation, implementation and promotion of integration programs for early childhood development, which will be focused on different population groups,
- Improvement of the detection system (detection), habilitation and rehabilitation (interventions) of children with special needs,
- Promoting talent and creativity of children,
- Improvement of the availability and quality of services in the areas of health, education, social, family and child protection,
- Development of integrated protection of children and partnership,
- Providing services for individual needs and user choice,
- Development of secure environment where a child is born, grows, develops, eat, play, learn and live.

The Policy of improving nutrition of children under five years of age in RS ("Official Gazette of RS" number 14/12), aimed at improving nutrition and prevention of diseases associated with nutrition of children under the age of five, developing healthy lifestyles for children under five years of age, improving nutrition and physical activity and children, the prevention of noncommunicable diseases, prevention micro-deficient condition, prevention of foodborne illness and the adoption of the WHO standards for monitoring of the growth and development of children under five years of age for the purposes of uniform monitoring and reporting at the RS level and to the WHO .

Activities on improvement of nutrition

The Program of Health Promotion in Schools and Pre-schools "Schools and Preschools are Friends of a Proper Nutrition".

The program is implemented by the RS Institute of Public Health with the support of the relevant RS Ministries and UNICEF. This Programme enables development of a stimulating environment that actively works to promote health, physical activity and nutrition, strengthens the capacity of school / pre-school institutions to identify health and nutritional problems of children with the family and the local community, strengthen cooperation between professionals, parents, medical institutions and associations in local community in the prevention and elimination of health problems associated with obesity and malnutrition, encourages the acquisition of specific knowledge, skills and behaviors aimed at health and healthy lifestyles of children and of all who

work in education and those who participate in the care and upbringing of children (parents / guardians).

QUESTION:

3) Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or EUROSTAT data).

ANSWER:

BIH

<i>Month</i>	<i>Live births</i>			<i>Deaths</i>			<i>Natural increase</i>	<i>Infant deaths</i>	<i>Marriages</i>	<i>Number of Divorces</i>	<i>Vital index³</i>
	<i>Total</i>	<i>male</i>	<i>female</i>	<i>Total</i>	<i>male</i>	<i>female</i>					
I-XII 2014.	29.247	15.128	14.119	34.824	17.747	17.077	-5.577	140	18.409	1.655	83,99
I 2015.	1.899	1.010	889	2.977	1.499	1.478	-1.078	9	936	128	63,79
II 2015.	2.106	1.028	1.078	3.393	1.667	1.726	-1.287	11	1.010	159	62,07
III 2015.	2.352	1.168	1.184	3.553	1.762	1.791	-1.201	15	980	167	66,20
IV 2015.	2.327	1.188	1.139	3.293	1.612	1.681	-966	12	1.571	139	70,67
V 2015.	2.339	1.221	1.118	3.006	1.556	1.450	-667	21	2.022	173	77,81
VI 2015.	2.274	1.186	1.088	2.923	1.467	1.456	-649	20	1.554	165	77,80

³ Vital index represents the ratio of the number of live births and the number of deaths (Live births per 100 deaths)

VII 2015.	2.654	1.358	1.296	2.954	1.480	1.474	-300	17	1.980	117	89,84
VIII 2015.	2.604	1.305	1.299	2.829	1.447	1.382	-225	15	2.781	142	92,05
IX 2015.	2.586	1.325	1.261	2.889	1.443	1.446	-303	11	1.861	182	89,51
X 2015.	2.857	1.437	1.420	3.028	1.519	1.509	-171	15	2.128	208	94,35
XI 2015.	2.346	1.228	1.118	2.967	1.548	1.419	-621	12	1.222	220	79,07
XII 2015.	2.562	1.348	1.214	3.258	1.653	1.605	-696	16	1.635	197	78,64
I-XII 2015.	28.906	14.802	14.104	37.070	18.653	18.407	-8.164	174	19.680	1.997	77,98

In 2015, in Bosnia and Herzegovina was registered 28,906 live births which, compared to 2014, shows a decrease in the number of live births to 1.17%, and 37,070 of deaths, compared to 2014, it shows growth in the number of deaths, 6, 45%.

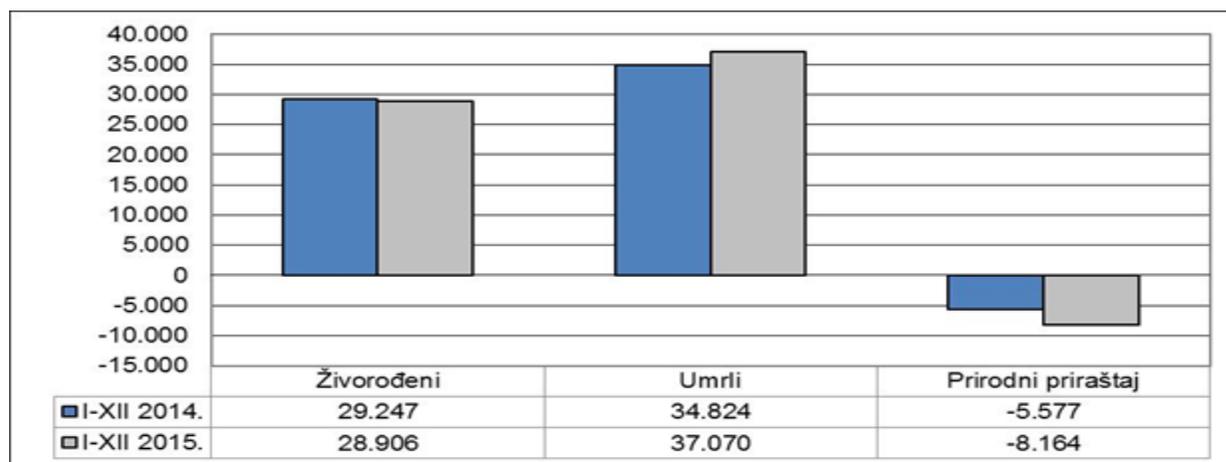


Chart: natural movement of the population of Bosnia and Herzegovina in 2014 and 2015

Article 11, para. 2

QUESTION:

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

ANSWER:

BIH

Pandemics, epidemics and other diseases

At the state level were adopted the following strategic documents relating to the pandemic preparedness measures, prevention and treatment of HIV and AIDS.

- Bosnia and Herzegovina Pandemic Influenza Preparedness Plan, adopted by the Council of Ministers 20 August 2008 (Official Gazette of BiH, No. 79/09 of 12 October 2009).

- Strategy for the response to HIV and AIDS in BiH 2011-2016 adopted by the Council of Ministers 7 September 2012

Tobacco, alcohol and drugs:

In July 2009, Bosnia and Herzegovina has ratified the WHO Framework Convention on Tobacco Control.

Conference for Health in BiH has established the Working Group for the Prevention of Smoking.

In accordance with Article 21 of the WHO Framework Convention on Tobacco Control, every two years, BiH regularly submits reports on the implementation of convention to the Secretariat of the Framework Convention. The last report has been delivered in April 2016.

Immunization and epidemiological supervision

In 2014, Global Alliance for Vaccines and Immunization (GAVI) conducted a final evaluation GAVI's support to BiH. The report on the evaluation presented the recommendations for the health care system in BiH in order to ensure further sustainability and effectiveness of immunization programs. Recommendations include: enhance country coordination mechanisms, procurement policies and practices, the application of long-term planning immunization programs, exploring alternative options and mechanisms for procurement and ensuring the maintenance of availability of vaccine for the population, strengthening the supervision and monitoring of immunization services and immunization information system, prioritizing funding of the supply chain and logistics, development and implementation of a comprehensive and effective strategy for communication with the public at the national level, development and implementation of strategies for the population in rural communities.

Pursuant to Article 7 of the Law on the Prevention and Suppression of Drug Abuse ("Official Gazette", number 08/06) was adopted The National Strategy for Drug Control, Prevention of and Combat against Drug Abuse in BiH and ("Official Gazette", 31/09) as well as the Action Plan against Drug Abuse in BiH.

The National Strategy for Combating and Preventing Drug Abuse in BiH, as well as its overall goal: "Raising awareness through community training in healthy lifestyles and maintaining mental health; combating and preventing further spread of drug abuse; prevention of development of addiction, death and damage to health due to substance abuse; reducing damage to the community caused by substance abuse; substance demand reduction, especially among young people; strengthening institutional capacities and responsible involvement of the society; improving legislation and its application; reducing the supply of psychoactive substances and the establishment of an independent multi-sectorial Office for Prevention of Drug Abuse at the state level.

The result-oriented Action Plan is structured in such a way that, through the implementation of well-defined priority measures and activities, it ensures effective, coordinated and systemic prevention of drug abuse in BiH in a particular medium term (2009-2013). As such, it has been designed on the basis of strategic goals derived from the National Strategy and consistently follows its structure and terminology. Specific goals, priority measures, implementation activities, deadlines, entities responsible for implementation and indicators of implementation of measures and activities are defined for each of the strategic areas in the Action Plan.

A special focus of the Action Plan is placed on the establishment of an effective system against drug abuse and traffic in substances, which envisions the establishment of an independent multi-sector office to combat drug abuse at the state level (Office on Drugs). This office is designed as a professional body, the Secretariat of the Commission on Drugs, which brings together a multidisciplinary team of professionals and is responsible for the coordination and supervision of all activities defined in the Strategy and Action Plan, as well as expert advice and assistance to all institutions that are responsible for specific activities under Action Plan, particularly in the areas of prevention, treatment, rehabilitation and social reintegration, education, statistics, research and evaluation.

The Commission on Drugs is, in fact, established by law in order to harmonize activities of ministries and independent administrative organizations in BiH and other entities involved in the implementation of the National Strategy for Narcotic Drugs and Prevention of Drug Abuse in BiH and to promote and control the implementation of the National Strategy. This is the body that makes policy in BiH in the fight against narcotics abuse.

Pursuant to Article 8(2) of the Law the Ministry of Security has established the Department for Prevention of Drug Abuse (Department on Narcotic Drugs) in order to ensure systemic monitoring, collecting and processing of data required for the prevention and suppression of illicit drug trafficking and other offenses related to the abuse of narcotic drugs and to coordinate activities of the police, customs and other authorities in the fight against drugs.

In cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Bosnia and Herzegovina has established a state-level body to prepare the first

national report on the situation regarding drugs and drug users, which is compatible with European format. Accordingly, in cooperation with Entity Ministries of Health and the Department of Health and Other Services of Brčko District, the Ministry of Civil Affairs has prepared Country Overview, the first national report on the state of drugs and addicts as per guidelines and instructions of EMCDDA.

Projects in the field of health care that have been implemented or are being implemented at the state level:

- Further strengthening of DOTS Strategy and Improving National Tuberculosis Programme September 2007-October 2012 and Including Multidrug resistant and Infection Control, in Bosnia and Herzegovina" (Consolidated TB project); October 2010-September 2015

During 2015, to the Global Fund are submitted draft transition plan for the sustainability of HIV and TB programs in Bosnia and Herzegovina after the completion of the GF grants, as well as the requirements for a one-year extension of the project in the context of savings grants. Both transition plans in June / July 2015 are approved by the GF-Country Team, as well as the 9-month extension for HIV and TB project until the end of 2016.

In 2013, with the financial support of SDC, the implementation of the Project „Developing and Advancing Modern and Sustainable Public Health Strategies, Capacities and Services to Improve Population Health in Bosnia and Herzegovina” (Phase 1) has started. The Project aims to support health authorities in Bosnia and Herzegovina in developing new and updating existing public health policies; identify options for strengthening public health services and capacities; contribute to improved prevention and control of major noncommunicable diseases, in particular cardiovascular risks; and address population and individual health care services. Within the Project, it is also planned creation of public health policies at all levels in BiH in accordance with the WHO European health policy framework. The total budget of the project is 4.3 million USD, and the period of implementation is from 2013 to 2017.

- „Mental Health Project“ aimed at improving the capacity of policy makers and institutions responsible for the implementation of European standards in mental health care system in BiH, with the ultimate aim of improving the mental health of the overall population.

- „Strengthening the capacity of mental health specialists and associations of mental health service users“ Regional Project; The project aims at strengthening capacities of specialists in the field of mental health, creating conditions for long-term and sustainable provision of mental health services in the community; at contributing to strengthening capacities of the Regional Centre for Development of Mental Health in the SEE and the establishment of cooperation between the countries of South Eastern Europe in the field of mental health; and at strengthening the capacity of associations of mental health service users.

FBiH

Health care improvement

In FBiH, package of health care rights for the uninsured persons has been defined and financed from the budgets of cantons or municipalities according to the place of last residence of uninsured person.

Roma in FBiH have right to health care, as well as all citizens of FBiH under the previously fulfilled conditions prescribed by the Law on Health Insurance. There are also members of Roma minority who are excluded from the system partly due to non-possession of personal identification documents (birth certificates, ID cards), and partly due to high percentage of unemployment among them. Also, a large number of Roma who meet the relevant legal requirements do not know their rights, so we have implemented measures such as registration of Roma in Roma settlements and carried out information campaigns about the manners and possibilities of entry into the scheme of health insurance, and thus exercising the right to health care. The measures that have contributed Roma to have access to health care are: insurance through the Employment Institute and Social Welfare Centres and cooperation with the administrative bodies.

Decision on establishing the basic health care package in FBiH (Official Gazette FBiH 21/09) determined that the cantonal health insurance funds can finance up to two attempts of in vitro fertilization, if the woman is under the age of 37. However, the implementation of this Decision is not uniform in all cantons and depends on the available financial resources of each Canton.

Working Program of the Federal Ministry of Health foresees the adoption the Law on Infertility Treatment by Biomedical Assisted Reproduction. This task arises from the Strategy for the improvement of sexual and reproductive health and rights in the Federation BiH 2010 – 2019.

The government of FBiH at the proposal of the Federal Ministry of Health accepted the draft law on fertility treatment through biomedical assisted reproduction at the session held on 8 May 2012 and sent it for regular parliamentary procedure. The House of Representatives of the FBiH Parliament and the House of Peoples of the FBiH Parliament adopted the law. Then it was sent to public hearing. With the adopted suggestions and comments, among other, of the religious communities, the Federal Government has adopted it and sent it for approval to the Parliament of FBiH, but this law has not been adopted yet.

Public Health

Law on health care of FBiH regulates the right to health care services of standard quality and equal content, while in the framework of mandatory health insurance coverage, women are entitled to full health care in terms of pregnancy and motherhood, the right to medical treatment and medical devices, and the right to in vitro fertilization. Law on Health Care of FBiH to all

women (BiH citizens) guarantees the right to free delivery, post-natal care for the mother in the period of six months and free health care for children under 18 years of age. This includes the right of women in relation to family planning, as well as during pregnancy, childbirth and maternity up to 12 months after childbirth, provide for direct health care for children and young people under 18, and up to 26 if they are regular students.

Public health activities include the social medicine and organization, health economics, epidemiology, hygiene and environmental health, sanitary microbiology and sanitary chemistry.

Supervision of the work of health facilities, health workers in health institutions and private health workers include: internal control and health inspection. In the context of the provision of health inspection it was carried out compliance with the provisions of the Law on Inspections in FBiH ("Official Gazette of FBiH", 69/05), as well as the Law on the improvement of quality, safety and Health Care Accreditation. Federal and cantonal health inspectors are conducting the health-inspection. Health Inspection, according to the FBiH Law on Inspections is an organizational part of the Federal and Cantonal Inspectorate.

This Law is in conformity with the standards and norms of the European Union and the recommendations of the World Health Organization (WHO), with special emphasis on the functions required for accession to the European Union, such as patient rights, quality, safety and efficiency of health care, market economy, free movement of patients, the free movement of health professionals, public health, freedom of movement of goods, as well as the coordination of EU policy.

Law on Gender Equality in Bosnia and Herzegovina ("Official Gazette" No. 32/10) prescribes that everyone has an equal right to health care and access to health care services, including those relating to family planning, regardless of gender. Discrimination on the grounds of gender and sexual orientation is prohibited. During the reporting period, the progress has been made in the coordination of laws, regulations and strategies which regulate the field of health and health care with national and international standards for gender equality.

There is the established the practice that the laws and strategic documents in the process of development, before referral to the Council of Ministers or the Federal and RS Government, should be delivered to the Agency for Gender Equality of BiH and entity gender centers according to the mandates of institutions for opinion. Activities resulted in improvement of certain legal solutions in laws and improvement of the quality of strategic documents in terms of compliance with the Law on Gender Equality in Bosnia and Herzegovina.

FBiH Laws, adopted in the health sector, include provisions on prohibition of discrimination on any grounds and guarantee gender equality. Recent legislation includes the prohibition of gender-based discrimination and discrimination based on sexual orientation. Developing of gender sensitive approach in health care, both for beneficiaries of the health system and those in the role of service providers in this sector, is imperative for all levels of government, as well as

professional chambers, associations, health service management, medical and nursing colleges and the like.

The system of public health in the Federation of Bosnia and Herzegovina is making progress when it comes to reporting on the representation of women and men in the area of health, access to health services, prevention and care, however, because of its complexity, and complexity of financing, public awareness is still not at a satisfactory level.

Most problems and discrimination are related to the exercise of the rights to health care of Roma women through the denial of emergency health care that does not involve health insurance. Recently, Roma associations have contacted hospitals which will receive Roma patients and the cost of services will be charged from the funds in which the Federal Government allocates funds for the implementation of the Action Plan for Health (annually allocate 50.000 BAM).

Specialist services and dispensary, are principally located in urban areas, which initially violated the principle of equality and accessibility of health services for the benefit of the population of the city in relation to the country. Health facilities do not have special health care programs and education of women in rural areas or in Roma settlements.

Access to health insurance / protection of unemployed persons through Employment Office is limited by introducing deadline for application to the Office of 30-60 days after the end of schooling or job loss. Women in the country, after the completion of primary or secondary school, mostly out of ignorance, do not register themselves to the Employment Office in time and permanently lose their right to health insurance.

If they are married, they depend on their husbands, farmers, will they register them as employees of the farm which, in principle, in ownership of a male family member. A large number of rural women who sought help from domestic violence do not have health insurance and they will not exercise it because they have missed the deadline for registration to the Employment Office. According to the civil sector, specialist health services designed for women with disabilities are not available (gynecological services relating to maternity and counseling on reproductive health).

The report on the rights of transgender persons in BiH, from 2013, FBiH Ministry of Health officially states that they do not have the knowledge about conducting the surgeries in BiH on adjustments of sex, and that the majority of people, to their knowledge, these surgeries are conducted in Serbia and Slovenia. The initiatives aimed at improvement of the situation of transgender people are generally encouraged by non-governmental organizations dealing with LGBT rights.

3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

Article 11, para. 3

QUESTION:

1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

ANSWER:

Environmental protection

The institutional structure of BiH is such that there is no institution (ministry) that deals with environmental issues at the state level. The Ministry of Foreign Trade and Economic Relations has the Natural Resources, Energy and Environment Department. This follows from the Framework General Peace Agreement, which provides that environmental aspects are responsibilities of each of the two Entities. Initiation of different particular actions protecting life on Earth, raising awareness, sensitizing and creating responsibility for all beings on Earth is an obligation of all citizens and institutions in BiH.

A list of environmental regulations in Bosnia and Herzegovina:

FBiH

Law on Environment Protection („Official Gazette of FBiH“ 33/03, 38/09), - Rulebook on requirements and criteria to be met by authorized entities to prepare the Environmental Impact Study and the amount of fees and other costs incurred in the process of environmental impact assessment („Official Gazette of FBiH 45/09) - Rulebook on the content of the report on the state of security, contains of the information paper about the security measures and contents of internal and external intervention plans („Official Gazette of FBiH" 68/05) - Rulebook on deadlines for applying for environmental permits for plants and facilities that have permits issued before the entry into force of the Law on Environmental Protection („Official Gazette of FBiH 68/05)

- Rulebook on the preparation of annual / semi-annual environmental inspection program („Official Gazette of FBiH 68/05) - Rulebook on plants and facilities which require environmental impact assessment and plants that can be built and operated only with environmental permit („Official Gazette FBiH 19/04) - Rulebook on conditions for applying for environmental permits by plants and facilities that have permits issued before the entry into force of the Law on Environmental Protection („Official Gazette of FBiH 45/09) - Rulebook on the adoption of best available techniques that achieve environmental quality standards („Official Gazette of FBiH 92/07) - Rulebook on Plants and Pollution (Official Gazette of FBiH 82/07) - Rulebook on education, training programs, professional examination and certification of experts to review action plans and studies on environmental impact assessment in the process of issuing environmental permits („Official Gazette of FBiH“ 39/10, 80/10) 2. Water Law („Official

Gazette of FBiH“ 33 /03) - Rulebook on monitoring of areas subject to eutrophication and sensitive to nitrates („Official Gazette of FBiH“ 71/09) - Rulebook on designation of areas subject to eutrophication and sensitive to nitrates („Official Gazette FBiH“ 71/09) - Rulebook on procedures and measures in case of accidents on water and coastal water land („Official Gazette of FBiH“ 71/09) - Rulebook on amendments to the Rulebook on requirements and criteria to be met by authorised legal persons to perform professional and technical activities of the Agency for Water and the manner of issuing the authorisation („Official Gazette of FBiH“ 43/10) - Rulebook on requirements and criteria to be met by reference/authorised laboratories for water testing, the contents and manner of issuing the authorisation („Official Gazette of FBiH“ 14/10) - Rulebook on the establishment and management of water information system („Official Gazette of FBiH“ 77/09) - Rulebook on requirements and criteria to be met by authorised legal persons to perform professional and technical activities of the Agency for Water and the manner of issuing the authorisation („Official Gazette of FBiH“ 75/09) - Rulebook on amendments to the Rulebook on the content, form, conditions, method of issuing and storing water documents („Official Gazette of FBiH“ 72/09) - Rulebook on amendments to the Rulebook on the content, form, conditions, method of issuing and storing water documents („Official Gazette of FBiH“ 57/09) - Rulebook on amendments to the Rulebook on the method of calculation, the procedure and terms for calculation and payment and control of settlement of liabilities on the basis of general and special water charges („Official Gazette of FBiH“ 46/09) - Rulebook on the manner of determining boundaries of water resources and the process of determining land parcel belonging to public water resources („Official Gazette of FBiH“ 26/09) - Rulebook on the manner and conditions of limited rights to use public water resources („Official Gazette of FBiH“ 26/09) - Rulebook on requirements and criteria to be met by legal persons to prepare documentation based on which water documents are issued

- Rulebook on contents and manner of keeping records and providing data on the quantities of water taken - Rulebook on amendments to the Rulebook on the method of public revenue funds and extra budgetary funds in the territory of FBiH - Rulebook on the method of calculation, the procedure and terms for calculation and payment and control of settlement of liabilities on the basis of general and special water charges - Rulebook on limit values of hazardous and noxious substances in water that is discharged into natural receiver after treatment of public sewage - Rulebook on limit values of hazardous and noxious substances in industrial wastewater before discharge into the public sewer system or to another receiver - Rulebook on the minimum contents of a by-law governing maintenance, use and observation of water facilities - Rulebook on the determination of sanitary protection areas and protection measures for water sources used or planned to be used for drinking - Decision on the type and cost of the Advisory Councils of Catchment Areas („Official Gazette of FBiH“ 75/09) - Decision on the level of special water charges - Decision on boundaries of river basins in the territory FBiH - Decree on Water classification - Decree of Waterway categorization - Decree on the types and content of flood protection plans (Official Gazette of FBiH 26/09) - Decree on hazardous and noxious substances in water.

Nature Protection Law („Official Gazette of FBiH“ 33/03), - Rulebook on the establishment and management of information system for nature protection and monitoring - Rulebook on new measures for research and conservation in order to prevent a significant adverse impact of deliberate capture or killing of animal species - Rulebook on the content and manner of preparation of the protected areas management plan - Rulebook on conditions for access to protected areas - Rulebook on the content and manner of keeping the protected area register - Rulebook on the establishment of a system for monitoring deliberate keeping and killing of protected animals

Law on Waste Management („Official Gazette FBiH" 33/03), - Rulebook on conditions for waste incineration plant operation - Rulebook on limit values for air pollutant emission - Rulebook on Packages and Packaging Waste Management - Law on Waste Management ("Official Gazette of FBiH" 33/03) - Rulebook on waste categories with lists ("Official Gazette of FBiH" 9/05) - Rulebook on issuing permit for small-scale activities on waste management ("Official Gazette of FBiH" 9/05)

- Rulebook on requirements for transfer of obligations from manufacturers and sellers to the collection of waste system operator ("Official Gazette of FBiH" 9/05) - Rulebook governing the handling of hazardous waste that is not listed or whose nature is unknown ("Official Gazette of FBiH" 33/03) - Rulebook on the content of waste management adjustment plan in existing facilities for waste treatment or disposal and activities undertaken by the competent authority ("Official Gazette of FBiH" 9/05) - Rulebook on financial and other guarantees to cover damage risks, cleaning and procedures after closure of landfills ("Official Gazette of FBiH" 39/06) - Decree on selective collection, packaging and designation of waste ("Official Gazette of FBiH" 38/06) - Rulebook on financial guarantees to cover cross-border waste transport ("Official Gazette of FBiH" 41/05) - Decree on reporting obligations of operators and manufacturers of waste on the implementation of surveillance, monitoring and record keeping under terms and conditions of the license ("Official Gazette of FBiH" 31/06) - Rulebook on animal waste and other non-hazardous materials of natural origin, which can be used for agricultural purposes ("Official Gazette of FBiH" 8/08) - Rulebook on form, contents and methodology of provision of information on important characteristics of products and packaging by the producer ("Official Gazette of FBiH" 8/08) - Rulebook on medical waste management ("Official Gazette of FBiH" 77/08)

Air Protection Law („Official Gazette of FBiH“ 33/03) and 6. Law on Fund for Environment Protection („Official Gazette of FBiH“ 33/03) 7. Law on the Una National Park

RS

1. Law on Environmental Protection – Consolidated text ("Official Gazette of RS" 28/07)
2. Air Protection Law ("Official Gazette of RS" 53/02),
3. Law on Waste Management ("Official Gazette of RS" 53/02, 65/08)

4. Law on Amendments to the Law on Waste Management („Official Gazette of RS“ 65/08)
 5. Nature Protection Law (" Official Gazette of RS" 50/02, 34/08)
 6. Law on Fund for Environment Protection ("Official Gazette of RS" 51/02, 53/07)
 7. Law on National Parks ("Official Gazette of RS" 75/10)
 8. Law on the Enforcement of Decisions of the Commission for the Protection of National Monuments („Official Gazette of RS“ 9/02)
 9. Law on Utilities ("Official Gazette of RS" 11/95, 52/02)
- Decree on projects that require environmental impact assessment and criteria for deciding on the obligation to carry out environmental impact assessment and the scope thereof („Official Gazette of RS“ 7/06)
 - Rulebook on plants that can be built and operated only with environmental permit („Official Gazette of RS“ 7/06)
 - Rulebook on conditions for applying for environmental permits by plants and facilities that have permits issued before the entry into force of the Law on Environmental Protection („Official Gazette of RS“ 24/06)
 - Rulebook on deadlines for applying for environmental permits for plants and facilities that have permits issued before the entry into force of the Law on Environmental Protection („Official Gazette of RS“ 24/06)
 - Rulebook on requirements for performance of environmental protection activities („Official Gazette of RS“ 15/07) - Instructions on the content of an environmental impact assessment study („Official Gazette of RS“ 118/05)
 - Rulebook on the content of waste management adjustment plan in existing facilities for waste treatment or disposal and activities undertaken by the competent authority („Official Gazette of RS“ 39/05)
 - Rulebook on the types of waste and waste management activities that require a permit („Official Gazette of RS“ 39/05)
 - Rulebook on waste categories with a Catalogue („Official Gazette of RS“ 39/05)
 - Rulebook on waste categories, characteristics classifying it as hazardous waste and recovery and disposal component activities („Official Gazette of RS“ 39/05)
 - Rulebook on financial guarantees to cover cross-border waste transport („Official Gazette of RS“ 86/05)
 - Rulebook on hazardous waste transport („Official Gazette of RS“ 86/05)

- Rulebook on requirements for transfer of obligations from manufacturers and sellers to the collection of waste system operator („Official Gazette of RS“ 118/05)
- Rulebook on Medical Waste Management („Official Gazette of RS“ 90/06)
- Rulebook on amendments to the Rulebook on the types of waste and waste management activities that require a permit („Official Gazette of RS“ 3/07)
- Decree on limit values for air pollutant emission („Official Gazette of RS“ 39/05)
- Decree on Gradual Phasing out of Ozone-Depleting Substances („Official Gazette of RS“ 94/05)
- Rulebook on the limit values of air quality („Official Gazette of RS“ 39/05)
- Rulebook on monitoring of air quality („Official Gazette of RS“ 39/05)
- Rulebook on monitoring of air pollutant emission („Official Gazette of RS“ 39/05)
- Rulebook on emissions of vaporous organic compounds („Official Gazette of RS“ 39/05)
- Rulebook on conditions for waste incineration plant operation („Official Gazette of RS“ 39/05)
- Rulebook on limit values for air emission from combustion („Official Gazette of RS“ 39/05)
- Rulebook on limit values for air emission from biomass incineration plants („Official Gazette of RS“ 85/05)
- Rulebook on the system for monitoring deliberate keeping and killing of protected animals („Official Gazette of RS“ 85/05)
- Rulebook on the establishment and management of information system for nature protection and monitoring system („Official Gazette of RS“ 85/05)
- Rulebook on the methodology of keeping the plant and pollutant register („Official Gazette of RS“ 92/07)

Use of health care in the territory of RS is regulated by the Agreement on the Manner and Procedure of Using Health Care Services by Insured Persons in BiH, Outside the Entity/BD Where the Insured Persons Reside ("Official Gazette", No.30 / 01).

The Agreement stipulates that the right to health care can be exercised in the place of residence or place of work or where contributions are paid for health insurance. The Federation consistently applies the Agreement and has never denied health care to pensioners from RS who live in the Federation.

In the event that an insured person who is registered in the health insurance fund in one entity needs urgent, prompt medical treatment in the other entity, any health care institution in the Federation is obliged to receive it and provide the necessary service.

According to data obtained during the RS 2011 Population Health Survey conducted by the Public Health Institute of Republika Srpska, the highest percentage of the adult population of RS 47.6% have completed secondary school, 21.8% of primary school, and 11.5% with incomplete primary education. Every tenth person has a higher or university education 9.7% and 9.2% of the adult population have no education. 64.3% of the adult population is married and 1.2% is in extramarital community.

Every sixth person is unmarried (16.9%), widowers / widows 13.9% and 3.3% divorced. 30.1% of the population is employed, 22% are pensioners, 18.2% are housewives and 24.9% are unemployed.

According to the information provided in the RS 2011 Population Health Survey, which was carried out by the RS Public Health Institute, 53.6% of adults are exposed to tobacco smoke in workplace, while the percentage of public places exposed to tobacco smoke is 80.7%. 52.2% of the population have never used tobacco. 28.7% of the adult population smokes tobacco on a daily basis. The average number of years of smoking is 20.2 years.

Among the population group that consumes alcohol, 16.8% of the group consume it on a daily basis. The population group consuming alcohol on average drinks 17 weekly doses of alcoholic beverages (beer, wine, spirits, liquors and cocktails). According to the survey, 4.8% of the adult population is on a psychoactive substance (bensedin, Trodon and amphetamine - 2.8%; marijuana - 0.8%; glue - 0.7,%; hashish - 0.2%; heroin - 0.2%).

Multiple Indicator Survey in RS 2011 - 2012

The research is based on a representative sample of households, the population of women of in childbearing potential, women and children. The objectives of this research was to provide basic information in order to assess the situation of children and women in RS, provide information which are necessary to monitor the progress of achieving the goals set out in the Millennium Declaration, the goals set out in the document "A World Fit for Children" and other internationally agreed goals, and which would serve as a basis for future action, contribute to the continued improvement of the quality of data for the development of information system.

The nutritional status

Almost 6% of children under five years of age in RS is smaller height in relation to age, less than 2% are falling behind in weight in relation to height and malnourished children (too thin for their age 0.4 % and about 16 % of children under five years of age in the RS are overweight.

Nursing

About 88 percent of mothers start nursing their child within the first days after birth, 31.7 % of mothers are nursing their children for first six months, 11.4 % are nursing their children from 12 to 15 months, and 6.2 % from 20 to 23 months. Frequency of complementary feeding was 32%, and the rate of timely complementary feeding around 43%. Slightly more than 22 % of infants are considered to be adequately nourished. Almost 63 % of children under six months are mostly nursed.

Low body weight at birth

Almost all children are weighed after birth. It is estimated that 2.4 % of children in RS weighted less than 2,500 grams at birth.

Immunization coverage

Almost 94 % of children aged 18-29 months received the BCG vaccination by the first year of life, a first dose of DPT (diphtheria, tetanus and pertussis) 91.8 %. This percentage decreases with the following doses of DTP, at 90.3 % for the second and 89.6 % for the third dose.

Similarly, 93.3 % of children received the first dose of OPV (vaccine against polio) vaccine by the first age of life and this percentage decreases with the next dose at 92.6 % for the second and 90.5 % for the third dose.

Coverage of children immunized against measles before the age of 1 is lower in comparison to other vaccines because of the fact that this vaccine in the RS immunization calendar is provided as a vaccine against measles, rubella and mumps at the age from 12 to 18 months. Recalculation of immunization coverage for this vaccine is to at least 18 months for children aged 18-29 months, provides the right information on the coverage of vaccines against measles, rubella and mumps, which is 82.1 % and for all the eight planned vaccines 71.6%.

Child development

About 10 % of children aged 36-59 months attend organized programs of early childhood education. Within the three days of research, with almost all children under five years (98%), an adult was engaged in more than four activities which promote learning and school readiness. Averagely, the adults have been conducting 5-7 activities with children. The percentage of children under five lives in households with at least three books for children is 66.4. Almost 93 % of children are playing with toys bought in stores and the percentage of home-made toys is 35. There is 98.3% of children in RS, aged 36-59 months, who have reached the expected level of development.

Education

Almost 99 % of children attends primary school, and 91.6% of children attends secondary school.

Child discipline

47.9 % of children in RS aged 2- 14 years were subjected to at least one form of psychological or physical punishment by their parents or other adult member of the household in a period of one month before investigation.

Survey of incidence of anemia and factors that lead to anemia among population in RS

The survey included children aged 0-59 months, children from 5-15 years and females aged 16-49 years, which are, as expected, the most vulnerable.

According to the survey, anemia is the most common in the age of 16-49 years, with a prevalence of 13.0%, followed by the youngest age groups 0-59 months 11.0%, while the lowest prevalence was in the group of 5-15 years, 4.5%. The highest percentage of respondents have followed recommendations for a proper diet in terms of consumption of foods from the group, except of fish, given that three-fifths (60.4%) of respondents do not consume fish. Population has adopted bad eating habits in terms of daily consumption of green, orange and yellow vegetables, other vegetables and vegetable juices, one of ten of respondents. The awareness of mothers about nutrition of children at an early age of life is quite low.

BD

- Law on Environmental Protection („Official Gazette of BD“ 24/04, 1/05, 19/07, 9/09),
- Water Protection Law („Official Gazette of BD“ 25/04, 1/05, 19/07)
- Air Protection Law („Official Gazette of BD,, 25/04, 1/05, 19/07, 9/09)
- Nature Protection Law („Official Gazette of BD“ 24/04, 1/05, 19/07, 9/09)
- Law on Waste Management („Official Gazette of BD“ 25/04, 1/05,19/07, 2/08, 9/09))

Air pollution

The Air Protection Law passed at the levels of Entity and DB regulates technical requirements and measures to prevent or reduce air emissions caused by human activity that must be followed in the production process, in the territory of the Entities, planning of air quality protection, special-source emissions, emission inventory, air quality monitoring and sanctions for legal and natural persons. These measures are taken subject to the following principles:

- An integrated approach to environmental protection, including air, water and soil as well as the obligation to reduce emissions at the lowest possible level using best available technology;
- The "Polluter pays" principle, which ensures that the costs of air pollution are borne by the operators that are sources of emission of pollutants;

- Compliance of safety at work rules with environmental protection rules; - Improving the quality of air also outside of the territory of FBiH.

Each source of emission must meet the following requirements:

- emissions of pollutants into the air and odour emissions have to be reduced to a minimum, using the best available technology in the planning, designing, opening and operating phases and
- the emission limit values must not be exceeded.

Pursuant to the Air Protection Law ("Official Gazette of FBiH" 33/03"), the Rulebook on monitoring of air quality of FBiH and the Rulebook on the limit values of air quality, the Federation Hydrometeorological Institute has conducted an analysis of available data on the state of air quality u FBiH.

The Air Protection Law ("Official Gazette of RS" 124/11). Article 69 of this Law provides that the RS Hydrometeorological Institute shall exchange data on air quality and emissions with international organizations and other countries in accordance with recognized international treaties, the European Environment Agency and the European Information and Observation Network. It is also responsible to administer the air quality information system of Republika Srpska.

Nuclear threat to communities living near nuclear power plants The Law on Radiation and Nuclear Safety in BiH („Official Gazette of BiH“ 88/07) governs the control system of ionizing radiation sources, protection of people, present and future generations, and the environment from exposure or potential exposure to ionizing radiation. The Law applies to all situations including exposure or a possibility of exposure to ionizing radiation, except those that are excluded from control. Liability for nuclear damage is defined, too.

Article 3 determines the goal of the Law and it is to provide protection against ionizing radiation, i.e. radiation and nuclear safety of citizens of BiH.

In order to perform administrative and technical work in the field of ionizing radiation, the Law has established the State Regulatory Agency for Radiation and Nuclear Safety and Security. The State Regulatory Agency independently imposes regulatory controls on radiation source security, safety of radioactive waste and security of transport in accordance with the law and other regulations. The State Regulatory Agency also establishes a set of measures to mitigate consequences of a nuclear accident in the region that may have an impact on BiH. The set of measures includes plans for evacuation and housing of people, decontamination and other measures of intervention. This Agency is responsible for cooperation with international partners in the field of ionizing radiation (Article 8).

There are no nuclear power plants in BiH. Threats of this kind of radiation could come from nuclear power plants of neighbouring states.

Asbestos health risks

There is no legislation respecting the use of asbestos at the state level, but there is the legislation at the level of FBiH. On the basis of Article 40(5) and (6) of the Law on Spatial Planning and Land Use of FBiH ("Official Gazette of FBiH" 2/06, 72/07), on a proposal by the Federation Ministry of Spatial Planning, the Federation Government adopted the Decree on buildings/structures and major projects relevant to the Federation and buildings/structures, activities and major projects that may significantly affect the environment, human life and health in FBiH and beyond, for which town planning permissions are issued by the Federation Ministry of Spatial Planning. There is no similar legislation respecting the use of asbestos in RS and DB.

Food safety

The Food Law of BiH („Official Gazette of BiH“ 50/04) provides for general principles and requirements relating to food safety, liability of natural and legal persons in respect of food safety, general conditions for placing of novel foods on the market; crisis management in case of emergency, food safety and the like. The Law is of great importance for public health, as it is aimed at improving public health by improving the production process and placement of food for human consumption and defines a chain of obligations and responsibilities. The Law has established the Food Safety Agency in BiH and the Law points out (in Article 19) that the Agency, in cooperation with the competent authorities, shall take measures restricting marketing of food and issue orders withdrawing food from the market, if there is reason to suspect that the food is of inadequate quality. This Law has proven very clear formal, public commitment to comply with EU legislation.

The Mostar-based Agency for Food Safety, as scientific research institution at the state level, employs independent experts who monitor developments that might affect consumers in BiH in order to achieve a high level of protection of human health and consumers' interests and to put producers in an equal position in domestic and international market and takes part in the Rapid Alert System for Food and Feed, which allows fast communication between the participants. The Agency seeks, collects and analyzes data on food and implements a great number of projects related to food safety system in BiH.

RS

The Law on Protection of Population from Communicable Diseases („Official Gazette of RS“ 14/10) governs the system of protection against infectious diseases, establishes the infectious diseases and conditions that must be reported, the measures which must be implemented for the prevention and control of infectious diseases, the competent authorities for the adoption of measures for the prevention and control of infectious diseases, obligations of health care institutions, legal persons, entrepreneurs and individuals to take measures for the prevention and control of infectious diseases, as well as other issues of importance to the protection of the population against infectious diseases. The Law on Protection from Communicable Diseases is

compliant with the directives 2119/98/EC, 2000/96/EC, 2000/57/EC and 2002/253/EC of the European Parliament and Council and international health regulations of the World Health Organization.

Protecting people from infectious diseases is of general interest for RS. A special role in protecting people from infectious diseases is played by health facilities, health workers and associates. Every citizen of the Republika Srpska is obliged to be treated for a disease which may endanger health of other persons, to take measures for the protection of others and to allow and participate in the implementation of measures set out in this Law and regulations enacted in pursuance of this Law. The protection of people from infectious diseases is carried out by implementing general, special, emergency and other measures for the prevention and control of infectious diseases.

Tobacco, alcohol and drugs: BiH ratified the WHO Framework Convention on Tobacco Control in July 2009.

The BiH Health Care Conference has formed a working group for the prevention of smoking.

FBiH has passed the Law on the Restricted Use of Tobacco Products („Official Gazette of FBiH“ 50/11) and RS has passed the Law Prohibiting Smoking and Sale of Tobacco Products to Persons under 18 („Official Gazette of RS 46/04, 74/04, 96/05, 92/09).

Both the laws are in line with the WHO Framework Convention on Tobacco Control. FBiH („Official Gazette of FBiH“ 57/11) and RS („Official Gazette of RS“ 36/11) have enacted and published the Rulebook on Labelling of Tobacco Product Packages in line with 5 June 2001 Directive 2001/37/EC of the European Parliament and Council on the approximation of laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products. Both the laws are mutually harmonized. They have been applying since April 2012 throughout BiH. Pursuant to Article 21 of the WHO Framework Convention on Tobacco Control, BiH has submitted its initial report on the implementation of the Convention to the Secretariat of WHO Framework Convention on Tobacco Control.

The Law on the Prevention and Suppression of Drug Abuse („Official Gazette of BiH“ 8/06) has been adopted with a view to implementing the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol amending the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1998 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, with the aim of preventing and combating illicit drugs, particularly illicit manufacturing and illicit trafficking of narcotic drugs, psychotropic substances and plants containing narcotic and psychotropic substances that can be used for the production of narcotic drugs or psychotropic substances (precursors).

The Law governs the following: competent authorities; classification of narcotic drugs, psychotropic substances, precursors and plants and their prohibition and control; growing plants

from which to obtain narcotic drugs; framework measures to combat drug abuse; police and scientific purposes; records; powers in the supervision of law enforcement; handling of seized narcotic drugs, plants and precursors and penal provisions.

We should especially note Article 76 governing records of addicts and occasional drug users. Namely, these are records of drug addicts and occasional drug users that are kept, after they underwent detox in the process of treatment for drugs/were assisted, by bodies, institutions for detoxification or other institutions, religious organizations, associations or other legal persons entities or individuals that care of or assist addicts. All the entities keeping records are required to keep confidential the information about addicts and occasional drug users, their personal and family life and the content of assistance. The classified information may only be disclosed as required by law and only to the extent necessary to achieve the purposes for which it is justified to discover secrets. The information cannot be used for other purposes. Furthermore, the same article states that statistics related to the above-mentioned records are sent to the institutions for the protection of public health in BiH, entity ministries responsible for health or competent BD Department and the Ministry of Civil Affairs at the end of each quarter of the calendar year and to the Commission on Narcotic Drugs and Narcotic Drugs Department as required, at least twice a year. The form and content of records is determined by Entity Minister in charge of health/BD competent authority.

It is estimated that there are 7,500 intravenous drug users in BiH, which makes about 0.3% of the population aged 15-64 years. The results indicate that the average age of intravenous drug users was over 30 years, of which about 90% were male and the vast majority of them injected heroin.

Addiction treatment in the health system is available in eight specialized centres, the network of about 60 mental health centres in the communities and general practitioners. In addition, there are eleven rehabilitation centres that work on the principle of therapeutic communities. Medical therapies are available in hospitals and clinics. Opioid substitution therapy with methadone and recently with buprenorphine are available in eight specialized centres. In 2010, eight specialized treatment centres for assistance were visited by 1544 patients, out of which 364 patients asked for help for the first time (23.6% of the total). The average age of patients was 30 years, of which 92% were male and most of them used opiates and cannabis was in the second place. In the total number of patients, 1183 were given substitution therapy. In 2010, 364 patients were brought for treatment in therapeutic communities. (Annual report on the drugs situation) Bosnia and Herzegovina, in constant cooperation with the European Monitoring Centre for Drugs and Drug Addiction, publishes annual reports on the drugs and addicts situation (Country Overview).

Accidents

FBiH has a legal framework for health care and measures to prevent traffic accidents, accidents at home and so on. Health care for people injured in accidents is regulated by the Law on Health Care of FBiH („Official Gazette of FBiH“ 46/10).

This Law regulates the organization of health care in ordinary and extraordinary circumstances, who is responsible for and in charge of providing health care services and what term "health care" means.

According to Article 3 of this Law, "every person is obliged to provide emergency first aid to an injured or ill person, to the best of their knowledge and abilities and enable his access to the nearest health facility."

In terms of the organization of health care and treatment of the injured at the primary health care level, the organization of health care centre with its services plays the key role.

Care for the injured is an obligation at the secondary health care level, too. Article 40 of the Law on Health Care provides that "hospital health care includes diagnosing, treatment and medical rehabilitation, medical care, room and board for patients in hospital."

This Law sets forth precise rules of health care in emergencies (Article 186).

In addition, prevention of accidents is a legal obligation of the Federation and Cantonal Public Health Institutes, which also includes responsibility for research and prevention measures. These institutions are directly responsible for a series of measures aimed at prevention. Providing protection measures against accidents is regulated in Articles 120 and 121, which defines the role and tasks of the Institute of Occupational Medicine. The Law defines the role of the Institute of Sports Medicine, which is inter alia responsible for specialist curative care, treatment and rehabilitation of sick and injured sportsmen.

In addition, the Law provides for an obligation of private practices to provide health care to the injured. Article 172 clearly states that: "Health workers in private practices are required to: 1) provide emergency medical care to all persons in accordance with their qualifications; 2) when called by the competent authority, participate in prevention and suppression of infectious diseases as well as in protection and rescue of people in case of disaster; ". Further, the Law governs the operation of emergency medical services in the following way: "Health facilities define the provision of health care services in a by-law and specifically that round-the clock emergency medical services shall be provided.

FBiH provides care for the injured also in physical therapy centres, that is, CBR-community based rehabilitation centres.

RS

The Law on Traffic Safety on the Roads of RS („Official Gazette of RS“ 63/11). This Law regulates the traffic safety management, establishment, operation and mandate of the RS Traffic Safety Council and the RS Agency for Traffic Safety, development of strategic documents, funding and monitoring of traffic safety, traffic signals and road equipment, procedures of independent audits of public roads construction projects and independent verification of existing public roads in terms of safety and obtaining of licenses, identification and repair of hazardous places on the roads, in-depth analysis of traffic accidents, traffic rules, special safety measures, liabilities/obligations in case of accident, organizing sports and other events on the roads, operation of stations for technical vehicle inspections, supervision and penalties. The RS Traffic Safety Council and Agency aimed at improving all aspects of traffic safety by monitoring and exchanging records and data on traffic conditions, in cooperation with all institutions involved in safety monitoring and traffic management.

Based on the fact that prevention, suppression, detection and prevention of violence among children and adolescents are of public interest, the Ministry of Education and Culture, the Ministry of Health and Social Welfare and the Ministry of the Interior pledged to take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parents, legal guardians or any other person taking care of the child signing the "Protocol of procedures in cases of bullying among children and youth in the education system of RS."

BD

Article 39 of the Labour Law of BD provides: "Employers are required to ensure, to a reasonable extent and in accordance with technical regulations, that jobs, machines, equipment and processes under their control are safe and pose no threat to health." The article says that employers are required to provide employees with protective clothing and equipment and all that is necessary to protect employees from hazards at work. The Employment Institute of BD does not have statistics on accidents at work.

3) Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

Article 12 –The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;

International instruments BiH has ratified:

- International Covenant on Economic, Social and Cultural Rights (1966),
- ILO Convention 102 on Social Security (Minimum Standards) (1952),
- ILO Convention 12 on Workmen's Compensation (Agriculture) (1921),
- ILO Convention 17 on Workmen's Compensation (Accidents) (1925),
- ILO Convention 18 on Workmen's Compensation (Occupational Diseases) (1925) –
- ILO Convention 19 on Equality of Treatment (Accident Compensation) (1925),
- ILO Convention 24 on Sickness Insurance (Industry) (1927),
- ILO Convention 48 on Maintenance of Migrants' Pension Rights (1935),
- ILO Convention 121 on Employment Injury Benefits (1964).

Bilateral agreements on social security BiH has signed with other countries:

- Social Security Agreement between BiH and the Republic of Austria (BiH Official Gazette – International Agreements, no. 2/01) took effect as of 1 November 2001)
- Social Security Agreement between BiH and the Republic of Croatia (BiH Official Gazette – International Agreements, no. 6/01) took effect as of 1 November 2001)
- Social Security Agreement between BiH and FR Yugoslavia (Official Gazette – International Agreements, no. 16/03) took effect as of 1 January 2004)
- Social Security Agreement between BiH and the Republic of Turkey (Official Gazette – International Agreements, no. 16/03) took effect as of 1 September 2004).
- Social Security Agreement between BiH and the Republic of Macedonia (BiH Official Gazette International Agreements, no. 1/06) took effect as of 2006).
- Social Security Agreement between BiH and the Republic of Slovenia (BiH Official Gazette – International Agreements, no. 8/07 of 20 September 2007) took effect as of 1 July 2008.
- Social Security Agreement between BiH and the Kingdom of Belgium (BiH Official Gazette - International Agreements, no. 10/07) took effect as of 1 June 2009.
- Social Security Agreement between BiH and the Republic of Hungary (BiH Official Gazette - International Agreements, no. 12/08) took effect as of 1 July 2009.

- Social Security Agreement between BiH and the Grand Duchy of Luxembourg, signed on 8 April 2011 in Luxembourg (publication procedure is in progress).

International bilateral social insurance agreements concluded by former Yugoslavia, which Bosnia and Herzegovina applies on the basis of the Agreement on Succession

- Convention on social security with Bulgaria, signed on 18 December 1957 («Official Gazette of FPRY – Treaties and Other International Agreements» 8/58/) The Convention took effect as of 1 September 1958 and has been applying ever since.
- Convention on social security with the Czechoslovak Republic, signed on 22 May 1957 («Official Gazette of FPRY – Treaties and Other International Agreements» 5/58). The Convention took effect as of 1 December 1957 and has been applying ever since.
- Convention on social security with Denmark with Protocol, signed on 22 June 1977 («Official Gazette of SFRY – Treaties and Other International Agreements» 5/80). The Convention took effect as of 1 February 1979 and has been applying ever since.
- General Convention on social security with France, signed on 5 January 1950 («Official Gazette of National Assembly Presidium of FRY» /51). The Convention took effect as of 1 April 1951 and has been applying ever since.
- Convention on social security with Italy with General Protocol, signed on 14 November 1957 in Roma («Official Gazette of FPRY – Treaties and Other International Agreements» 1/59). The Convention took effect as of 1 January 1961 and has been applying ever since.
- General Convention on social security with Luxemburg with Special Protocol, signed on 13 October 1954 («Official Gazette of FPRY – Treaties and Other International Agreements» 12/56). The Convention took effect as of 1 June 1956 and has been applying ever since.
- Convention on social security with the Netherlands with Final Protocol, signed on 11 May 1977 («Official Gazette of FPRY – Treaties and Other International Agreements» 11/80). The Convention took effect as of 1 April 1979 and has been applying ever since.
- Convention on social security with Norway with Protocol, signed on 22 November 1974 («Official Gazette of SFRY» 22/75). The Convention took effect as of 1 September 1976 and has been applying ever since.
- Convention on social security with Poland with Supplementary Protocol, signed on 16 January 1958 («Official Gazette of FPRY – Treaties and Other International Agreements» 9/58). The Convention took effect as of 1 January 1959 and has been applying ever since.
- Convention on social security with FR Germany with Final Protocol, signed on 12 October 1968 («Official Gazette of SFRY» 9/69). The Convention took effect as of 1 September 1969 and has been applying ever since.

- Convention on social security with Sweden with Protocol, signed on 30 March 1978 («Official Gazette of FPRY – Treaties and Other International Agreements» 12/79). The Convention took effect as of 1 January 1979 and has been applying ever since.
- Convention on social security with Switzerland with Final Protocol, signed on 8 June 1962 in Bern («Official Gazette of FPRY – Treaties and Other International Agreements» /63). The Convention took effect as of 1 March 1964 and has been applying ever since.
- Convention on social security with Great Britain and Northern Ireland, signed on 24 May 1958 in London («Official Gazette of FPRY – Treaties and Other International Agreements» 7/58). The Convention took effect as of 1 September 1958 and has been applying ever since.

Employment agreements between BiH and other countries

- The Agreement between the Council of Ministers of Bosnia and Herzegovina and the Republic of Slovenia on Employment of citizens of Bosnia and Herzegovina in the Republic of Slovenia („Official Gazette of BiH“ –Treaties 04/12).
- The Agreement between the Council of Ministers of Bosnia and Herzegovina and the government of Serbia on temporary employment of citizens of Bosnia and Herzegovina working in the Republic of Serbia and the citizens of Republic of Serbia working in Bosnia and Herzegovina („Official Gazette of BiH“ – Treaties 02/12).

Primary legislation (laws)

- Law on Movement and Stay of Aliens and Asylum (“Official Gazette of BiH” 36/08)
- Law on Ministries and Other Administration Authorities of BiH („Official Gazette of BiH,, 5/03,42/03,26/04,42/04,45/06,88/07,35/09,59/09, 103/09)
- Law on Treaty Conclusion and Execution (”Official Gazette of BiH” 29/00)
- Law on Mediation in Employment and Social Security During Unemployment („Official Gazette of FBiH“ 55/00, 41/01, 22/05, 9/08);
- Law on Health Care („Official Gazette of FBiH“ 46/10),
- Law on Health Insurance (Official Gazette of FBiH" 30/97, 7/02, 70/08, 48/11),
- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09);
- Law on Contributions („Official Gazette of FBiH“ 35/98, 54/00, 16/01, 37/01, 1/02, 17/06, 19/08); Law on Humanitarian Aid („Official Gazette of FBiH“ 2/95);
- Law on Pension and Disability Insurance („Official Gazette of FBiH“ 29/98, 49/00, 32/01, 73/05, 59/06);

- Law on Central Register of Insureds and Beneficiaries of Pension and Disability Insurance („Official Gazette of FBiH“ 42/04, 15/05);
- Law on Claims in the Privatization Process on the Grounds of Difference in Benefits Received by Beneficiaries of Pension and Disability Insurance („Official Gazette of FBiH“ 41/98, 55/00, 27/02);
- Law on Structure of Pension and Disability Insurance Plan of FBiH („Official Gazette of FBiH“ 49/00, 32/01, 18/05);
- Law on Types and Percentages of Bodily Impairments („Official Gazette of FBiH“ 42/04, 48/04);
- Law on Placement of Children in Foster Families („Official Gazette of SR BiH“ 9/78)
- Family Law of FBiH („Official Gazette of FBiH“ 35/05, 41/05);
- Law on Displaced Persons and Returnees in FBiH and Refugees from Bosnia and Herzegovina („Official Gazette of FBiH“ 15/05);
- Law on Mediation in Employment and Entitlements During Unemployment (“Official Gazette of RS” 30/10);
- Law on Health Insurance („Official Gazette of RS“ 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 106/09);
- Law on Pension and Disability Insurance („Official Gazette of RS“, br. 106/05, 20/07, 33/08, 1/09, 71/09, 106/09 i 118/09);
- Law on Employment and Entitlements During Unemployment of BD („Official Gazette of BD of BiH“ 33/04, 19/07, 25/08)
- Law on Health Care of BD („Official Gazette of BD“ 38/11);
- Law on Health Insurance of BD („Official Gazette of BiH BD“ 1/02, 7/02, 19/07, 2/08, 34/08);
- Law on Social Security of BD („Official Gazette of BiH BD“ 1/03, 4/04, 19/07, 2/08)
- Law on Children’s Protection of BD – consolidated text („Official Gazette of BiH BD“ 51/11)
- Labour Law of BiH BD ("Official Gazette of BiH BD" 7/00, 8/03, 33/04).
- Law on Social Protection of BiH BD ("Official Gazette of BiH BD ", numbers 1/03, 4/04, 19/07, 2/08)
- The Election Law of BD of BiH ("Official Gazette of BiH BD ", No. 17/08) - hereinafter referred to as "the BD Election Law"
- The Law on Administrative Procedure of BiH BD - revised text ("Official Gazette of BiH BD ", No. 48/11) - hereinafter referred to as the "BD Law on Administrative Procedure BD "
- The Law on Administrative Disputes of BiH BD ("Official Gazette of BiH BD No. 4/00) - hereinafter referred to as the " BD Law on Administrative Disputes".

By-laws

- Rulebook on the Content, Scope and Manner of Exercise of the Right to Health Care («Official Gazette of RS» 102/11, 117/11, 128/11)
- Rulebook on the Content, Scope and Manner of Exercise of the Right to Health Care (internally consolidated text) Decision on Out-Of-Pocket Medical Costs («Official Gazette of RS» 63/10, 73/10, 101/10, 42/11, 70/11, 102/11, 13/12, 28/12, 40/12)
- Rulebook on the Manner and Procedure of Using Health Care Services outside RS («Official Gazette of RS» 68/11, 72/12)
- Rulebook on the Manner and Procedure of Using Health Care Services outside RS (internally consolidated text) Application form and the form of proposal for referral to a health care provider outside RS Health status assessment of the insured person form Decision on Adoption of the Register of Health Care Services Not Provided by Health Care Facilities in RS (“Official Gazette of RS” 28/12)
- Rulebook on the Protection of Rights of the Insured (“Official Gazette of RS” 26/11)
- Rulebook on the Right to Orthopaedic and Other Aids («Official Gazette of RS» 42/09, 51/09, 64/09, 101/09, 02/10, 10/10, 73/10, 101/10, 17/11, 42/11).
- Rulebook on the Right to Orthopaedic and Other Aids (internally consolidated text) Instructions on the Enforcement of the Rulebook on the Right to Orthopaedic and Other Aids («Official Gazette of RS» 64/09)
- Decision on Adoption of the Orthopaedic Aids Price List («Official Gazette of RS» 28/12, 40/12)
- Decision on Authorizations (Codes) for Issuing Drug Prescriptions/Orders for Purchase / Repair of Orthopaedic and Other Aids («Official Gazette of RS» 64/09)
- Rulebook on the Conditions and Manner of Exercising the Right to Extended Medical Rehabilitation in Specialized Rehabilitation Facilities («Official Gazette of RS» 63/10)
- Instructions on the Enforcement of Rulebook on the Conditions and Manner of Exercising the Right to Extended Medical Rehabilitation in Specialized Rehabilitation Facilities («Official Gazette of RS» 68/10)
- Rulebook on the Principles, Criteria and Conditions for Contracting Health Care Providers in RS in 2012 (“Official Gazette of RS” 28/12, 40/12)
- Decision on Financing of Health Services in the Hospital Sector in RS in 2011 (“Official Gazette of RS 26/11, 42/11, 61/11, 70/11, 102/11)
- Decision on Adoption of the Health Care Service Price List of the RS Health Insurance Fund (“Official Gazette of RS “ 63/10, 73/10, 101/10, 42/11, 70/11, 102/11, 13/12, 40/12, 56/12)
- Decision on Adoption of the Nomenclature of Health Services («Official Gazette of RS» 23/09)
- Rulebook on Exercising the Right to Salary Compensation During Temporary Incapacity for Work («Official Gazette of RS» 63/08, 38/10, 61/11)

- Instructions on Manner and Procedure of Reimbursement of Health Care Costs of Insurees and Beneficiaries and Refunding of Salary Compensation During Temporary Incapacity for Work Payable to Insurees of the RS Health Insurance Fund («Official Gazette of RS» 81/09, 105/09)
- Instructions for Family Medicine Doctors on Completing Medical Records of Insurees Referred for Assessment of Work Capacity («Official Gazette of RS» 60/04)
- Content and Scope of Preventive Measures («Official Gazette of RS» 102/11)
- Rulebook on Indications and Standards Regarding for Dialysis Materials Procured from the Mandatory Health Insurance Funds («Official Gazette of RS» 11/10)
- Decision on Conditions and Manner of Payment of Salary Compensation During Maternity Leave No: 01-014-001435/05 of 21 February 2005.
- Decision on the Establishment of the Solidarity Fund of BD, No: 0-02-022-314/02 of 29 November 2002. Decision on Adoption of the Criteria for Solidarity Fund Beneficiaries, No: 34-05000144/10 of 8 February 2010.
- Decision of the BD Government No. 34-000369 / 15 of 14 October 2015, on approval of the Program of expenditure of funds- short term financial assistance for pensioners in 2015.
- Decision of the BD Government No. 34-000451 / 15 of 10 December 2015 on approval of expenditure, social programs for subsidizing the electricity costs for specific categories of the population residing in the BiH BD, for 2015.

Article 12, para. 1

QUESTION: 1.) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

ANSWER:

In accordance with the provisions of Annex 4 General Framework Agreement for Peace in Bosnia and Herzegovina, the Constitution of Bosnia and Herzegovina, labour, employment, social welfare and pensions is the sole responsibility of the entities.

Definitions, substantive and personal scope

Health insurance

Health insurance in BiH is not regulated at the state level but it is regulated at the level of the Entities instead, while in the Federation health insurance is regulated at the level of Cantons.

The Law on Mediation in Employment and Social Security During Unemployment („Official Gazette of FBiH“ 55/00, 41/01, 22/05, 9/08) provides for rights and duties of the FBiH in determining and implementing all measures for encouragement and improvement of conditions

of employment, basic principles of mediation in employment, financial and social security of unemployed persons during temporary unemployment, establishment, organization and operation of the FBiH Employment Service and Public Employment Services in Canton, funding of all employment-related activities and other issues, while respecting the jurisdiction of the cantons and their differences.

In order to meet needs in the field of employment and to monitor trends in the labour market, Article 4 of the Law provides that the Federation Employment Institute shall be established and Article 8 Law provides that the Cantons are responsible for the establishment, operation, dissolution and other issues related to the operation of employment services.

Pursuant to Article 5 of the Law, the FBiH Employment Institute is responsible for the following: monitoring of and proposing measures for improving employment and social security of unemployed persons; administering funds to ensure financial security for the unemployed in accordance with this Law; monitoring, harmonizing and coordinating the work of employment services to implement the policies and measures set forth in the field of employment and social security for the unemployed under jurisdiction of the Federation, monitoring the implementation of international treaties and agreements in the field of labour and employment related to the Federation. Competences of Employment Services are defined in Article 8 of the Law, according to which services are responsible for inter alia determining entitlements of individuals during unemployment.

FBiH has established the FBiH Employment Institute and 10 Cantonal Employment Services with municipal offices. After deducting administrative costs, funds of the Federation Employment Institute and Services are used to provide financial and social security for the unemployed, in accordance with Article 28 of this Law.

For the purpose of Article 3 of this Law, an unemployed person is a person capable of work and not employed, provided that:

- a) he/she has not registered a company or other legal person, or does not get dividends on the grounds of ownership stake in a company or some other person;
- b) he/she has not registered a craft;
- c) he/she does not work in agriculture;
- d) he/she does not draw a pension in accordance with the legislation on a pension scheme and disability insurance;
- e) he/she is not a full-time school or university student; f) he/she does not receive any income; g) he/she actively seeks job.

Persons referred to in points a) and f) shall be considered as unemployed if their monthly income does not exceed 25% of the average salary in the last year according to the Federal Bureau of Statistics.

Article 2 of the Law prohibits discrimination. According to the article, no person seeking employment, as well as a person who becomes employed shall be discriminated based on race, colour, sex, language, religion, political or other opinion, national or social affiliation, financial situation, birth or any other circumstances, membership or non-membership in a political party, membership or non-membership in trade union, and bodily or mental problems. Penal provisions of this law prescribe fines to be imposed on legal entities and individuals responsible within the legal person which act contrary to this provision, and any person who believes that he/she has been discriminated against under Article 2 of this law may seek damages before competent court.

The Law on Health Insurance ("Official Gazette of FBiH" 30/97, 7/02, 70/08, 48/11) governs health insurance as part of social security of citizens making a unique system in which, by mandatory funding based on the principles of reciprocity and solidarity within cantons, citizens ensure the exercise of the right to health care and other forms of insurance in the manner prescribed by this Law, other laws and regulations enacted by law. In the Federation/ cantons, funds can be invested in health insurance on a voluntary basis.

Pursuant to Article 2 of the Law on Health Insurance, Federation citizens are entitled to health insurance, which includes: mandatory health insurance, extended health insurance and voluntary health insurance.

Employed persons and other persons who perform certain activities or having certain property and fall under this law (Article 3) have the right to mandatory health insurance under this law. Also family members of insurees have the right to mandatory health insurance under this law, where the law provides so (Article 4). The mandatory health insurance provides the insurees and their family members the right to health care and the right to financial assistance under this Law. The scope of mandatory health insurance is determined by provisions of this Law (Article 5).

Article 16 of the Health Insurance Law provides that, in order to perform tasks and exercise rights under mandatory health insurance scheme, which are of interest to all cantons, as well as in order to ensure the exercise of certain rights under the Convention and other international treaties or laws and to carry out mandatory health reinsurance activities, the Health Insurance and Reinsurance Institute of Federation shall be established. Further, Article 18 provides that the Health Insurance and Reinsurance Institute of Federation together with Cantonal insurance institutes shall use a single information system to organize monitoring the implementation and use of mandatory health insurance and reinsurance scheme, monitoring of payments and spending by contribution payers, as well as other funds by each insuree.

Insurees, their family members and other insured persons are specified in Articles 19 and 20 of this Law.

As regards the institutional framework for the implementation of the Law, Article 95 provides that the Cantonal insurance institutes and the Health Insurance and Reinsurance Institute of Federation are legal persons with rights, obligations and liability established by this Law and Articles of Association of Cantonal Insurance Institutes and the Health Insurance and Reinsurance Institute of Federation. Further, the Cantonal insurance institutes may associate with a view to achieving objectives under the mandatory health insurance scheme.

Article 84 of the Health Insurance Law provides that the base, the method of calculation and payment of contributions for the unemployed shall be determined in regulations passed by Cantonal legislatures on the proposal of the Cantonal health insurance institutes. It is evident from these regulations that the Cantonal Employment Services and the Federation Employment Institute have no influence on determining health insurance contributions for the unemployed, so appropriation for health insurance varies in regions, ranging from BAM 6.00 to 14.00 per unemployed person. Pursuant to the Law, the Federation Employment Institute gives the Cantonal Employment Services lacking funds to provide financial and social security to the unemployed.

In case of illness all insured persons are entitled to health care in the primary, specialist-consultative and hospital health care.

In accordance with Article 32 of the Law on Health Insurance in FBiH, health care that is provided in this Law includes:

- emergency medical treatment;
- treatment of contagious diseases;
- treatment of acute, chronic disease in life threatening conditions;
- health care of children up to 15 years of age and school pupils and university students;
- the detection and treatment of endemic nephropathy;
- the treatment of malign diseases and diabetes;
- pre-natal health care and early motherhood;
- health care of mental illness in case of a threat to life;
- treatment of progressive neuromuscular diseases such as paraplegia, quadriplegia, cerebral paralysis and multiple sclerosis;
- mandatory immunisation against infant contagious diseases;
- the treatment of work-related injuries and illnesses;
- health care of persons aged 65 and above;
- treatment of drug addiction;
- and the provision of blood bank services.

On a proposal by the FBIH Government, the FBIH Parliament determines "the basic package of health care rights" every year.

In accordance with Article 33 of the Law, in addition to the rights under Article 32 of this Law, insureds are entitled to use, in accordance with established medical indications, orthopaedic and other devices, endoprosthesis, dental-prosthesis and other related devices, and are also entitled to medication, according to the list of medicines that can be prescribed at the expense of the Cantonal insurance institutes, as per Cantonal regulation. The scope of entitlement under paragraph 1 of this Article shall be determined in cantonal regulations.

The Law on Health Insurance provides for a possibility of patient cost sharing for healthcare expenses (out-of-pocket medical costs). The Laws do not provide for participation in the costs during pregnancy and childbirth and their consequences.

Length of pensionable service is not a requirement for the exercise of the right to health insurance.

The right to treatment is valid as long as it is medically justifiable (Article 43 of the Law on Health Insurance in FBIH). Provisions of Article 69 do not affect suspension of health care under Article 10, the only derogation is related to the payment of salary compensation to the insured person who is employed in accordance with Article 45 of the Law on Health Insurance of the Federation, which provides that: A person is not entitled to salary compensation if he:

- knowingly causes temporary disability,
- intentionally prevents healing and recovery,
- receives a salary or performs any other activity,
- without good reason, fails to respond to a call for a medical examination by the chosen doctor in the primary medical care system,
- does not follow instructions for treatment, which is found by the chosen doctor in the primary medical care system or a comptroller of cantonal health insurance institute, or travels from a place of residence without chosen doctor's permission,
- and, failed to report to the chosen doctor in the primary medical care system that he was sick within 3 days of the onset of the disease.

In addition to the unemployed, family members of the unemployed persons are also entitled to certain benefits (health insurance) if they are not covered by insurance on some other grounds.

Sickness benefit

BiH does not apply classifications of protected persons in the manner specified in Article 15 of ILO Convention No. 120, but the group of protected persons is specified in the Law on Health Insurance (Article 19-30 of the Law on Health Insurance in the Federation).

When it comes to employees, each employee must be registered in the mandatory health insurance scheme. Persons that are protected by provisions of this Article are employed insured persons.

A sickness benefit is not paid to any person who is included in the voluntary health insurance scheme.

Pursuant to Article 46 of the Law on Health Insurance of FBiH, a sickness benefit is salary compensation that is calculated on the base that is the salary paid to the insured person in the month preceding the month in which the event occurs on which the entitlement to benefit is grounded.

If in the month preceding the month in which the event occurs on which the entitlement to benefit is grounded a salary was not earned, the base for the salary compensation will be an average wage at the cantonal level in the corresponding month.

When the insured person receives compensation for longer than three months, the base for calculating the compensation under paragraphs 1 and 2 of this article will be adjusted to the average increase in wages of employees of the legal/natural person, if the increase is more than 5%.

The salary compensation under paragraph 3 of this article will be paid to the insured person as of the first day of the month after three months of continuous receipt of salary compensation, if the requirement for increased compensation has been met.

We want to explain that there are differences in the amount of salary compensation depending on the cause of inability to work. Pursuant to Article 47 of the Law on Health Insurance of FBiH, salary compensation is calculated in the amount of at least 80% of the base for compensation but cannot be lower than the minimum salary for the month for which compensation is calculated.

The salary compensation will be 100% of base for compensation during temporary inability to work due to occupational injuries or diseases, during temporary inability to work due to illness and complications caused by pregnancy and childbirth, during temporary inability to work due to transplantation of tissue and organs for the benefit of another person.

Unemployment benefit

An unemployed person shall be entitled to unemployment benefit under Article 29 of the Law on Mediation in Employment and Social Security of Unemployed Persons if he/ she has at the moment of termination of his/her employment he/she has been working for at least eight months uninterruptedly or eight months with interruptions in the last 18 months, provided that the required time at work includes only the pensionable service as governed by the legislation on the system of taxes and mandatory contributions. When determining eligibility for unemployment

benefit a period of 12 months is counted as a year of work and part-time work is converted into full time work.

According to Article 30 of the Law, an unemployment benefit amounts to 40% of the average net salary paid in the FBiH in the last three months before the termination of employment of the unemployed person, which is published by the FBiH Statistics Institute, and is paid 3-24 months depending on the period of employment in the following manner:

- a) 3 months if he/she has been employed for 8 months to 5 years;
- b) 6 months if he/she has been employed for 5 to 10 years;
- c) 9 months if he/she has been employed for 10 to 15 years;
- d) 12 months if he/she has been employed for 15 to 25 years;
- e) 15 months if he/she has been employed for 25 to 30 years;
- f) 18 months if he/she has been employed for 30 to 35 years and
- g) 24 months if he/she has been employed for 35 years.

An unemployed person who received full unemployment benefit once can become eligible for unemployment benefit after having been employed anew but, in pursuance of Article 29 of this Law, only for the period of employment after the expiration of the right to unemployment benefit. An unemployed person whose entitlement to unemployment benefit stopped because of new employment before the expiry of the period of entitlement to unemployment benefit, who again became unemployed, except for reasons specified in Article 36 of this Law, continues receiving the unemployment benefit for the remaining period if it is more favourable for him/her.

Pursuant to Article 30a, paragraph 1, an unemployed person eligible for unemployment benefit can request and get paid a lump sum of unemployment benefit as determined according to the duration of entitlement in accordance with Article 30 of this Law for the establishment of a company, workshop or other form of self-employment individually or with another person.

An unemployed person who has received unemployment benefit in a lump sum in this procedure cannot apply for registration with the Employment Services before the expiry of the period for which he/she received the unemployment benefit. An unemployed person who received the unemployment benefit in accordance with paragraph 1 of this article can become eligible for the unemployment benefit again if he/she meets Article 29 requirements.

In order to exercise the entitlement to unemployment benefit under Article 33, an unemployed person has to report to the Employment Service and submit a claim within 30 days after the termination of his/her employment contract or de-registration of self-employment. An unemployed person that misses the claim deadline for a justified reason may report and submit a

claim to the Employment Service within 30 days from the day the reasons for missing the deadline have been terminated. The justified reason is any temporary inability to work according to the legislation on health insurance. The unemployment benefit belongs to the unemployed as of the first day of termination of employment if a claim for unemployment benefit is filed within time limit under paragraphs 1 and 2 of this article. If an unemployed person file a claim after the deadline referred to in paragraph 1 and 2 this Article, the unemployment benefit is paid from the date of claim to the end of the term in which he/she would be entitled to the unemployment benefit. This article also provides that an unemployed person will not be granted unemployment benefit if he/she files a claim after the expiry of the period covered by the entitlement to unemployment benefit under this Law.

A person applying for the exercise of unemployment benefit in accordance with this law shall provide the employment service with all necessary data for determining the entitlement under Article 34.

Article 35 of the Law provides that a claim for unemployment benefit is decided by the employment office/service. A decision of the employment office/services may be appealed against with the Federation Employment Service. A decision of the Federation Employment Service can be appealed against by instituting an administrative dispute at court. The administrative procedure is followed in proceedings adjudicating unemployment-related entitlements, unless otherwise provided in this Law.

Article 36 provides that an unemployed person shall not be entitled to unemployment benefit: a) if he/she terminates employment contract on his/her own accord; b) if he/she is found to have voluntarily terminated the employment without any justified reason.

Article 37 provides that a justified reason for voluntarily termination of the employment for the purpose of Article 36 of this Law is when, taken all circumstances into consideration, an employed person has no other possibility but to terminate the employment. This includes but is not limited to: sexual or other harassment; discrimination under Article 5 of the Labour Law; working conditions threatening health and security at work; employers' conduct in contravention of law; victimisation on the grounds of trade union or other employees' associations' membership or non-membership.

Article 38 determines that the payment of benefit to an unemployed person interrupts: while serving military service or a part of military service; while serving a prison sentence in duration of more than six months. The payment of unemployment benefit to an unemployed person shall resume for the remaining period a person is entitled to receive unemployment benefit, provided that he/she reports to the Employment Service within 30 days after the circumstances that led to the suspension came to an end.

Month	Number of beneficiaries
January 2012	8.141
February 2012	9.054
March 2012	10.554
April 2012	9.696
May 2012	9.422
June 2012	9.314
July 2012	9.260
August 2012	9.766
September 2012	9.912
October 2012	9.762
November 2012	9.778
December 2012	9.819
January 2013	10.519
February 2013	11.554
March 2013	11.492
April 2013	10.708
May 2013	11.308
June 2013	10.207
July 2013	10.144
August 2013	10.197

September 2013	12.708
October 2013	10.535
November 2013	10.489
December 2013	10.140
January 2014	11.323
February 2014	11.900
March 2014	11.785
April 2014	10.649
May 2014	10.107
June 2014	10.067
July 2014	9.917
August 2014	11.200
September 2014	11.541
October 2014	10.764
November 2014	10.162
December 2014	9.783
January 2015	10.788
February 2015	10.978
March 2015	11.621

April 2015	10.589
May 2015	10.595
June 2015	10.274
July 2015	10.145
August 2015	9.677
September 2015	8.966
October 2015	10.701
November 2015	10.660
December 2015	10.513

Unemployed persons are provided with health and pension and disability insurance in the manner prescribed in Article 31 of the Law. Health insurance is provided to unemployed persons in accordance with the legislation on health insurance and pension and disability insurance is provided to an unemployed person who lacks up to three years of pensionable service, i.e. three years to become eligible for old-age pension, in accordance with the legislation on pension and disability insurance.

Month	Number of beneficiaries of health care
January 2012	229.148
February 2012	230.754
March 2012	230.561
April 2012	230.121
May 2012	229.514
June 2012	230.805
July 2012	233.121

August 2012	235.610
September 2012	237.297
October 2012	239.283
November 2012	240.974
December 2012	242.618
January 2013	245.155
February 2013	245.474
March 2013	245.601
April 2013	244.664
May 2013	237.224
June 2013	243.990
July 2013	246.594
August 2013	248.805
September 2013	250.325
October 2013	250.352
November 2013	250.659
December 2013	252.737
January 2014	255.499
February 2014	255.730
March 2014	254.337
April 2014	249.477
May 2014	250.404
June 2014	249.829
July 2014	250.308

August 2014	253.137
September 2014	254.380
Oktober 2014	256.336
November 2014	256.933
December 2014	257.594
January 2015	260.092
February 2015	260.233
March 2015	259.486
April 2015	257.289
May 2015	254.523
June 2015	254.128
July 2015	255.213
August 2015	255.665
September 2015	257.742
October 2015	258.548
November 2015	259.536
December 2015	260.361

Month	Number of beneficiaries of pesnion-disability insurance
January 2012	299
February 2012	291
March 2012	277
April 2012	280

May 2012	302
June 2012	284
July 2012	282
August 2012	324
September 2012	340
October 2012	362
November 2012	346
December 2012	372
January 2013	379
February 2013	427
March 2013	451
April 2013	464
May 2013	483
June 2013	480
July 2013	466
August 2013	451
September 2013	444
October 2013	488
November 2013	431
December	434

2013	
January 2014	441
February 2014	441
March 2014	336
April 2014	489
May 2014	545
June 2014	559
July 2014	550
August 2014	533
September 2014	520
October 2014	521
November 2014	511
December 2014	482
January 2015	486
February 2015	501
March 2015	486
April 2015	464
May 2015	488
June 2015	470
July 2015	437

August 2015	423
September 2015	415
October 2015	394
November 2015	400
December 2015	374

An unemployed person exercises entitlements on the grounds of unemployment according to his/her domicile and an unemployed person who left the domicile because of war exercises them in the current place of residence.

Article 44 of the Law provides that the entitlements of unemployed persons under this law shall cease if :

- a) has failed, without reasonable cause, to accept suitable employment;
- b) gave false information when applying;
- c) enter employment; refuse a suitable job; be caught on work without a contract or written statement of the employer, or a decision on future employment or appointment; registered a company or other legal entity, or has a dividend on shares in a company or other legal entity in the amount more than 25% of the average salary in the last year, according to the Federal Bureau of Statistics; register trade or generate income on any basis in the amount determined in Article 3, paragraph 2 of this Law; began to engage in agricultural activities; fulfills the conditions for retirement under the pension and disability insurance; enters into military service; enters into prison sentence, safety measures, protective or corrective measures for a period longer than three months; reaching 65 years of age; refuses to be involved in education at the same level of qualification, which is organized and funded by the Employment service in order to increase its employment opportunities or if, without justified reason, not complete education, does not report to the Employment Services in two consecutive period, but does not provide an acceptable excuse; does not meet the requirements of active job search; checks with records; receive financial compensation in accordance with Article 30a of this Law; becomes a regular pupil or student;

d) acted contrary to Article 39 of this Law, which stipulates the obligation of notification of any circumstances which affect or terminate the rights within 15 days of the occurrence of such circumstances.

In accordance with Article 45 of this Law, funding of the needs in the field of employment, the work of the Federal Institute and employment services are provided from the following sources:

- a) contributions made by employers and employees, in accordance with the Law;
- b) interest or income of the Federal Institute and the Employment Service;
- c) income from movable or immovable property which the Federal Institute and Employment Service buy or acquire, in accordance with the Law.

Article 46 Law stipulates that the funds referred to in Article 45(1)(a) of this Law are distributed to the Federation Employment Institute in the amount of 30% and to the Employment Services in the amount of 70%.

The funds from Article 45 of this Law can be used to cover administrative costs of the Federation Employment Institute and Services. In addition, the funds of the Federation Employment Institute and Services can be used to provide financial and social security to the unemployed and for the implementation of social welfare programmes for the unemployed.

Funds to cover the administrative costs of the Federation Employment Institute and Services are projected in annual financial plans.

After deducting administrative costs, funds of the Federation Employment Institute and Services are used to provide financial and social security for the unemployed, in accordance with Article 28 of this Law.

Further, Article 49(2) of the Law provides that if the funds available to any Employment Office are found to be insufficient to achieve financial and social security of the unemployed and cover administrative costs in the coming months, the Employment Office shall submit an application to the Federation Employment Institute for allocation of the lacking funds with a monthly report of the Employment Office.

Pursuant to Article 50 of this Law, after deducting administrative costs, the funds distributed to the Federation Employment Institute are used to achieve equal provision of financial and social security of unemployed persons in the territory of the Federation, in accordance with this Law.

The Federation Employment Institute compiles all applications for funding in accordance with Article 49(2) of this Law.

With the approval of the Federation Ministry of Labour and Social Policy, the Federation Employment Institute allocates funds requested by Employment Services in order to achieve more balanced financial and social security of the unemployed:

- if it is determined that funds available to the Federation Employment Institute are sufficient for allocation of funds requested, the Federation Employment Institute will use the remaining funds for labour market programs, in accordance with this law,
- if it is determined that funds available to the Federation Employment Institute are insufficient for allocation of funds requested, the available funds will be distributed proportionally to each request for funds.

The article provides that if funds pooled from own revenues of the Employment Services and funds allocated by the Federation Employment Institute are insufficient to meet all matured liabilities in the particular month, the Employment Service will reduce the amount of compensation payable in that month to all persons registered in the Employment Service by a percentage that will allow it to pay out compensation. The Federation Employment Institute supervises spending of the allocated funds in accordance with this Law.

When it comes to foreign nationals and their right to unemployment benefit, nationals of the countries with which BiH has concluded a Social Security Agreement are entitled to unemployment benefit.

Employment of foreigners and stateless persons in FBiH is governed by the Law on Employment of Aliens („Official Gazette of FBiH“ 8/99) and the Law on Movement and Stay of Aliens and Asylum (“Official Gazette of BiH” 36/08).

The Law provides that an employer may conclude an employment contract or a special service contract for occasional and temporary jobs with an alien.

No discrimination shall be allowed against aliens on any grounds whatsoever, including gender or sex, race, color of skin, language, religion, political and other opinion, ethnic and social origin, affiliation with a national minority, property status, status acquired by birth, or other status.

Furthermore, foreigners employed with domestic legal entities have the same rights, obligations and responsibilities as citizens and employees of the Federation of BiH in accordance with the regulations on labor and employment, collective agreement and the rulebook, if an international agreement provides otherwise.

Pursuant to Article 8, work permit is issued the basis for a contract or contract on temporary and occasional work. According to Article 10, an employer may not conclude a special service contract for occasional and temporary jobs with an alien prior to issuance of work permit in accordance with this Law. A work permit is issued to an alien provided that he/she is holder of a

permanent or temporary residence permit in the FBiH and that there are no persons registered as unemployed who meet the employer's requirements for concluding employment contract or other agreement on performing temporary or occasional jobs. A work permit is issued for a definite period and no longer than one year.

RS

Cash benefits

An individual or a family member is obliged to provide subsistence by its own work, labor rights or insurance, income from property or other sources, in order to help relatives for whom is legally obliged to maintain by income on other grounds. Cash benefit is used to meet basic needs. Beneficiary of the cash benefit, in accordance with the Law on Social Welfare, can be an individual, family or family as a whole. Cash benefit is paid monthly.

Cash benefits may be paid to individuals unable to work, lacking own incomes or whose total incomes are below the level of cash benefit set by the Law, who have no excess housing space, who do not possess assets from whose value the funds for support may be provided and who has no relatives which are legally obliged to maintain them, i.e. who are, due to disability or another objective obstacle unable to fulfil the obligation of support. Under excess housing space means space, without compromising the needs of family members, which can be sold or leased. When determining the possibility of selling or leasing excess housing space, into account is taken the location, size, year of construction, functionality and other circumstances that may have an influence. Besides the kitchen, bathroom and hallway, the size of a living space that meets the individual or family needs, is a room per family, or two rooms for a person who is entitled to the allowance for assistance and care of another person. A person who lives in the same household with persons who do not have a legal obligation to maintain him/her, he/she receives individual cash benefit. Pursuant to the new Law on Social Security, the monthly amount of allowance is calculated as a percentage of a base and the base is net average salary earned in RS in the previous year. The level of allowance depends on the number of family members and makes the following percentages of the base: for an individual: 15%, for a two-member family: 20%, for a three-member family: 24%, for a four-member family: 27%, and 30% for a family with five and more members.

When the beneficiary realizes its own income, the amount of cash benefit is calculated on the basis of the difference between the amount of cash benefit established in accordance with paragraph 1 of this Article and the amount of the average monthly income of an individual or family, realized in the last three months preceding the application. Inability to work is determined on the basis of the findings and opinion of the expert commission which determines the capacity of people in the process of exercising the right to social protection and determines the physical state of the beneficiary.

Expert commissions are established within the Centers for Social Work while an appellate expert commission for the assessment of ability to work, regarding eligibility for social welfare services/entitlements, is established at the level of the Ministry. The Minister passes the Rulebook on assessment of ability to work in the procedure of exercising the right to social protection and assessment of physical state of beneficiary. The Rulebook stipulates the composition of first and second instance expert commission, the conditions for its establishment, operation and requirements for assessing the capacity of people. Exceptionally, the right to cash benefit is realized individually, those who are not able to provide subsistence, including: those who are seeking support from the person who is obliged to support him/her until he/she realize this right in accordance with the law.

The right to cash benefit can be achieved by individual, family or family as a whole if they do not meet the requirements, prescribed in Law, for possession of the property but under the condition that they are unable to work and that their property or part of the assets are transferred free of charge at the disposal of the local government.

Persons to whom the property is obstacle for exercising rights to financial assistance, can be given approval for the registration of mortgages until the settlement of costs which are given on the basis of the right to financial assistance. The mutual rights and obligations shall be governed by the agreement concluded between the Centre and the person who transfers its property to a unit of local government. Funds generated by this manner are kept in a special account of the local government in order to settle the costs of cash benefit of the beneficiary. Disposal of assets shall be made in accordance with the market price or on the basis of public auction. An individual or family members who have gained funds by selling its assets or donated its property and put themselves or their family in the state of social need, are not eligible for cash benefit during the period which corresponds to the amount of the base for the payment of taxes on real estate.

Beneficiary of cash benefit that can not obtain health insurance on any other ground, its health insurance realizes from the budget earmarked for exercising the right to cash benefit. Beneficiary of cash benefit must, within 15 days, report the Centre on any change that affects the realization or the amount of financial assistance. Based on application, collected data and established facts, the Center will officially adopt a new decision in accordance with the changed circumstances affecting the exercise and the amount of cash benefit. The right to cash benefit ceases if a beneficiary serves a prison sentence longer than 30 days, and whose care, in accordance with this Law, is provided from the social welfare budget and in other cases when the beneficiary has fully provided housing, food, clothing and footwear.

One-time assistance

The right to one-time assistance is provided to individuals, family members or a family as a whole that is currently in need. The amount of one-time assistance in a calendar year cannot

exceed the amount of the quarterly cash assistance received by beneficiaries under Article 24 of the Law according to the number of family members. Exceptionally, in special circumstances, the director of the Centre of Social Welfare may allow a higher amount, but it is not going to exceed stipulated amount.

Attendance allowance shall be recognized on the basis of the findings and opinions of expert committees: a) for children under 18-year-commission assess the needs and orientation of children and youth with disabilities, b) for the adults- commission assess the capacity of people in the process of exercising the right to social protection.

Support of the equalization of opportunities of children and youth with disabilities

The right to support of the equalization of opportunities of children and youth with disabilities have children and young people with physical, mental, sensory or combined disability which, after completed primary school, and at the latest until they reach the age of 30 are included in the education process, and which can not exercise this right on any other basis.

The right to support of the equalization of opportunities for children and youth with disabilities is realized in the form of fees for: accommodation costs and costs of urban or intercity transportation in the amount of the price of a monthly ticket. Children and young people addressed to education outside the place of residence have admitted costs of transportation to the place of residence once a month in the amount of the lowest price for public transportation.

Counseling

Counseling system and programmed technical assistance are realized by professional workers using methods of social work and other social sciences and humanities, and whose purpose is to help the individual, family members or the family as a whole in the development, supplementing, preservation and improvement of their own social opportunities, and in case of illness, age, disability, unemployment, death of close persons, problems in the education of children, in relations between parents and children, the problem of risky behavior of children and youth, the problem of marital and extra-marital relationships, marriages, domestic violence, involvement in daily life after a prolonged stay in institutions, the exercise of individual social rights, and in other unfavorable social circumstances and emergencies.

Counseling is conducted on the basis of an assessment of overall needs, individual plan and an agreement between the service provider and the user. Consulting can conduct Center of social protection, social welfare institutions, non-governmental organizations and professional who performs tasks of social protection as a professional activity, in terms that they have provided a special area and professional qualifications. The Minister passes a rulebook for the implementation of counseling. The rulebook prescribes the manner of counseling.

BD

Social protection is provided for in the Law on Social Protection of BD to citizens of the District who are unable to work, who have no means of livelihood or relatives who are legally required and able to provide for them and citizens and families that cannot supply sufficient means to meet their needs from their work or property rights due to special circumstances.

According to this Law:

Social care, in the spirit of this Law, is an organized activity focused on prevention and removal of causes and consequences of the indigent status in all fields of social life, and on providing support to indigent persons and their family members when they are unable to meet their basic needs of life. The indigent status is a state in which a citizen or a family needs assistance with overcoming adverse life circumstances and meeting the basic needs of life.

Pursuant to principles of reciprocity and solidarity, social care is performed through provision of social care services as well as other expert services.

Social care is granted to residents of the District who are incapable to work; who have neither means for maintenance nor relatives who are responsible by law and able to provide them with maintenance; and to inhabitants and families who are not able to earn means for maintenance through work, income from their property or in any other way, and to meet their basic needs.

The assistance is granted by the BD Subdepartment for Social Welfare that covers the entire territory of BD. Funds for exercising entitlements accorded in this Law are provided from the BD's budget, the Budget of Bosnia and Herzegovina, contributions, taxes, donations, other sources in accordance to the Law on Social Protection of BD.

A person shall be considered incapable to work when (s)he meets one of the following conditions:

- a person is totally incapable to work, pursuant to regulations governing Social Security insurance;
- a person is over 65 years of age;
- a single parent who has custody of one or several children aged up to one year;
- a woman during pregnancy, delivery of the baby and after birth, in duration regulated by provisions governing employment benefits;
- a person who is under fifteen years of age;
- a person with permanent disabilities or retardations.

Material assistance shall consist of:

- regular basic financial assistance;
- family allowance;

- allowance for schooling and vocational training of children with special needs and of disabled adults;
- allowance for care and assistance by a third person;
- periodical assistance.

Permanent basic allowance is granted only to one household member. When there are several household members meeting the conditions for receiving basic permanent allowance, the basic permanent allowance is granted only to the family member who meets most of conditions for exercising this right. If a beneficiary of permanent basic allowance is a person placed in social care institution for more than 30 days or a persons placed in a foster family for more than 30 days, he/she is entitled to health care if they cannot get it in any other way. The permanent basic allowance is a monetary benefit amounting to 21% of the average monthly salary earned in BD for the preceding month published in the Statistical Report of the Statistics Agency Branch of BD. The permanent basic allowance is granted to an indigent person under the following conditions: residence in the territory of the District; incapacity to work; lack of any income; lack of any relatives who are responsible by law to maintain that person or, if there are relatives, relatives who are eligible for basic permanent allowance. In order to determine eligibility a means test is carried out in accordance with the Law on Administrative Procedure of BD, evidence of facts relevant to the exercise of the entitlement is collected and family circumstances of potential beneficiaries are checked. The BD Subdepartment of Social Protection is responsible for the proceedings and the preparation of the draft decision to be adopted by the Head of the Subdepartment of Health Care and Other Services of BD. The Subdepartment pays out the allowances based on decisions. The allowance is paid on a monthly basis and the entitlement is exercised as of the first day of the month following the month of application. It is paid for a month preceding the month of recognition.

Family allowance is granted to members of the household of a beneficiary of permanent basic allowance incapable to work and meeting one of the conditions set forth in Article 33 of this Law. The allowance per household member shall amount to at least 20% of the amount of permanent basic allowance granted. Family allowance is not granted to children of a beneficiary of permanent basic allowance who has already been receiving allowance for schooling and vocational training/ child allowance.

FAMILY ALLOWANCE	2012	2013	2014	2015
BENEFICIARIES	32	33	34	32

Source: BD Subdepartment for Social Welfare

Attendance allowance is a monetary benefit with a purpose to providing funds for payment for services to help performing basic daily activities to or satisfying specific needs of the beneficiary

who is unable to satisfy them without help of others. Attendance allowance is paid to a beneficiary of permanent basic allowance, or a member of his household for whom family allowance is paid if he/she is paralyzed, suffers from muscular dystrophy or related muscle and neuromuscular diseases, grave disturbances in mental development, blind or immobile and requires attendance provided that he/she is not placed in social care institutions and it amounts for each member to at least 70% of the corresponding amount of permanent basic allowance. Attendance allowance is granted, under conditions stated in the previous paragraph, to any other person regardless of his/her being eligible for material assistance, if that entitlement cannot be exercised on some other grounds, provided that the attendance allowance does not exceed the amount of 50% of the maximum attendance determined in this Law. Medical findings and opinion for the purpose of the preceding paragraphs are given by a medical commission appointed by the Sub-Department of Health and Other Services of BD.

One-time cash assistance is granted to persons who, due to special circumstances, need an appropriate form of social care, under the following conditions: - residence in the territory of the District; - lack of any relatives who are responsible by law to maintain that person or, if there are relatives, their incapability to maintain that person; - monthly income in the amount of less than 45% of the average monthly income; - indigent status cannot be addressed through some other law or regulation. One-time assistance cannot exceed the amount of permanent basic allowance or any other material assistance paid in the current month in pursuance of the Law on Social Security of BD and may be granted to a beneficiary up to three times a year.

The most common reasons for applying are: purchase of drugs that are not on the essential drug list of the Health Insurance Fund of BD, purchase of food, wood and coal, textbooks, school supplies. The assistance is granted to a family that owing to new circumstances, according to the Sub-Division of Social Protection, is unable to meet wholly or partly basic needs of life.

Benefit to cover funeral costs

A benefit to cover funeral costs in the event of death of permanent basic allowance beneficiary, one or more family members, beneficiaries who were placed in institutional or foster care is paid for each deceased member once in the amount three times the regular basic allowance for the month of payment.

Soup kitchen

A soup kitchen has been offering meals in and has been funded by BD since 2008. An entitlement to meals at a soup kitchen is recognized primarily to beneficiaries of permanent basic allowance, beneficiaries of attendance allowance, families with children with special needs or needy and vulnerable individuals and families, taking into account their health status.

Soup kitchen	2012	2013	2014	2015
Beneficiaries	180	180	180	180

Source: BD Subdepartment for Social Welfare

Electricity subsidies

A decision approving a programme of the funds to subsidize a portion of electricity bills for the needy persons residing in BD for 2015 approved the Expenditure Program of these funds. The decision is made on an annual basis.

In 2015, a portion of electricity bills is subsidized for the following groups of persons residing in BD:

- Pensioners with a pension not exceeding BAM 326.17, who registered with the BD Subdepartment for Social Welfare in 2015 and who were eligible for one-time financial assistance for pensioners in 2015;
- Unemployed persons registered with the Employment Bureau of BD: women who turned 55 years of age and men who turned 60 years of age until 30 April 2015 and older;
- Beneficiaries of basic permanent allowance that was garneted to them in April 2015 and children without parental care in records of the BD Subdepartment for Social Welfare;
- Children with difficulties in mental and physical development in records of the BD Subdepartment for Social Welfare;
- Disabled veterans registered in the Veterans Affairs Office whose disability allowance does not exceed BAM 326,17.
- Blind persons, beneficiaries of the attendance allowance, who are not beneficiaries of retirement or permanent financial assistance or registered with the Employment Service of Brčko District (women- 55 years of age and men -60 years of age, to 30 April 2015 and older).

The proceedings for determining the entitlement to get a portion of electricity bills subsidized is conducted by the Department of Health and Other Services of BD, Subdepartment for Social Welfare. The final list of subsidy beneficiaries is submitted to the local public utility company which reduces electricity bills of beneficiaries from the final list in the amount of subsidy established in the Programme.

The level of subsidy is determined by the number of payments under the lowest scale.

SUBSIDIZED UTILITIES	2012	2013	2014	2015
BENEFICIARIES	10.437	10.727	11.334	11.748

Source: BD Subdepartment for Social Welfare

Duration of assistance

Any entitlement to assistance is granted to any person who meets requirements under the Law on Social Protection and the entitlement continues until requirements prescribed for each individual entitlement are met. The Sub-Department for Social Security enforces its decisions in pursuance of the Law on Social Protection.

The right to appeal

Social welfare entitlements are exercised with the Sub-Department for Social Security of BD. At the request of a party or its legal representative or ex officio, authorized officers of the SubDepartment for Social Security institutes proceedings for exercising the right in accordance with the Law on Social Protection of BD. The procedure for exercising the right to social protection is governed by the Law on Administrative Procedure of BD. A party dissatisfied with the decision of the body of first instance may lodge within 15 days an appeal with the Appellate Commission of BD.

Effective appeal A person dissatisfied with the decision of appellate body may initiate an administrative dispute at the Court of BD. The procedure is governed by the Law on Administrative Disputes of BD. Proceedings before the Basic Court start after the end of administrative proceedings and only when the decision has become final in the administrative procedure. A party may initiate an administrative dispute if in the administrative proceedings an appellate authority has not issued a decision on the appeal within 30 days and fails to do so within a further period of 7 days of a written reminder filed by the party. In this case, the party has the right to lodge an appeal to the Basic Court, as if the request was rejected.

Pursuant to Article 16, para. 3 of the Statute of the Brčko District of BiH in civil cases, in accordance with the law, free of charge or subsidized legal assistance shall be available to DB citizens who do not have sufficient funds to cover all or part of the legal costs.

Social protection is an activity of interest to the BD ensuring and providing assistance to vulnerable, disabled and other persons who cannot satisfy their basic needs of life. Professional workers in social care institutions perform their work in accordance with professional standards and respect the personality of beneficiaries, their dignity and inviolability of private and family life and, in accordance with the Law on Social Protection, keep as confidential all they know

about personal and family life of beneficiaries. Social welfare entitlements are enjoyed, as a rule, as the last in the series of rights under other systems.

The Statute of the Brčko District of BiH guarantee fundamental rights and freedoms of citizens of BD without discrimination on any grounds and access to all institutions and facilities of BD. The BD Election Law ensures non-discrimination of citizens through voting rights.

Any person who meets the following requirements is eligible to elect and be elected in Assembly District:

- that he is a citizen of BiH,
- a resident of BD, of age
- registered in the Central Voters Register.

Employment of foreigners

Article 3 of the Law on Employment of BD reads: “A foreigner or a stateless persons who is a holder of a permanent residence permit in BiH, who is under international protection in BiH and a foreigner under temporary protection shall have entitlements, responsibilities and duties arising from labour in BD as BiH nationals have.“, while Article 6 of the Law provides that an alien can start working only when, apart from general requirements of laws, regulations, collective agreements and by-laws of the employer, he also meets special requirements. The special requirements are that the alien is a holder of a temporary residence permit and a valid work permit.

When it comes to foreign nationals and their right to unemployment benefit , nationals of the countries with which BiH has concluded a Social Security Agreement are entitled to unemployment benefit .

Pension

BiH has no single system of pension and disability insurance. The only role at the state level is a coordinating role of the Ministry of Civil Affairs in carrying out tasks in the field of social policy. Further, at the state level agreements on social insurance are concluded as a form of coordination between countries in the area of social security, in which entities participate. Article 31(2) of the Law on Mediation in Employment and Rights during Unemployment provides that the pension and disability insurance is provided to an unemployed person for up to three years, if these pensionable years will make the requirement for old-age pension fulfilled.

The funds required for the exercise of rights under pension and disability insurance are provided through contributions for pension and disability insurance, which are governed by the Law on Contributions, income from voluntary insurance revenues, activities of the insurance carrier, the budget and other sources.

In order to perform the activity of pension and disability insurance in accordance with the Law on Structure of Pension and Disability Insurance Plan of FBiH („Official Gazette of FBiH“ 49/00, 32/01, 18/05), the Federation Pension and Disability Insurance Institute was established. The Law defines governing bodies and their responsibilities, managing of pension and disability insurance, basic organizational units of the single administrative service and other matters important to the organization of pension and disability insurance. Further, this Law provides that legal, economic, administrative and other activities of the Federation Institute are performed by the Central Administration of Pension and Disability Insurance and cantonal administrative services of pension and disability insurance.

Pursuant to Article 30 of the Law on Pension and Disability Insurance of FBiH, an insuree shall become eligible for an old-age pension upon reaching the age of 65 and accruing at least 20 years of pensionable service or upon accruing 40 years of pensionable service regardless of his/her age.

As an exception to Article 30, an insured person may become eligible for retirement at 55 years of age and 30 years of pensionable service (women) or 60 years of age and 35 years of pensionable service (men), but no longer than 31 December 2015. In this case the amount of the pension determined by length of pensionable service is reduced by 0.5% of women and 1% of men for each year of early retirement before age 65 and the reduction is permanent. Article 114 of the Law provides that a pensioner who retired before 40 pensionable years and 65 years of age and a beneficiary of disability or survivors' pension who gets employment or set up self-employment under this law shall not receive pension for that period of time, but no later than the moment of attaining 40 pensionable years and 65 years of age.

According to the Federation Institute of Pension and Disability Insurance, in September 2012, the average old-age pension was BAM 350.52, minimum pension was BAM 310.73, guaranteed pension amounted to BAM 414.30, and the maximum pension amounted to BAM 2071.50.

Benefits paid to family members in case of death of breadwinner

A survivor's pension is calculated as a portion of old-age or disability pension that would have been granted to the insured at the time of death or pension that the deceased pensioner receive at the time of death. The amount of survivor's pension is calculated as an amount of pension depending on the number of family members who are entitled to the pension: for one member - 70%, for two members - 80%, for three members - 90%, for four or more family members - 100% of the base (in accordance with Article 69 of the Law on Pension and Disability Insurance of the Federation).

The right to survivor's pension does not depend on the financial status of family members.

According to the Law on Pension and Disability Insurance, a widow is entitled to a survivor's pension if she meets one of the requirements: 1. if at the time of death of her spouse she was 45

years of age or more; 2. if by the time of death of her spouse or within one year of death of her spouse she became completely unable to work; 3. if, after death of her spouse one or more children are eligible for pension of the spouse and the widow has custody of the children. A widow who becomes completely unable to work while the family pension is paid is entitled to a survivor's pension until such disability exists. A widow who reaches 45 years of age while a survivor's pension is paid under the above-mentioned conditions is entitled to permanent survivor's pension.

The survivor's pension is not payable to a survivor who finds a job or set up a business.

Entity and cantonal authorities are responsible for the implementation of the above-mentioned laws and regulations. An oversight is conducted by relevant ministries and relevant inspections (labour, finance, taxation etc.). Labour inspection in BiH is structured at the levels of Entities (in FBiH there is the cantonal level) and BD. Tax inspectors are in charge of supervision of payment of mandatory insurance contributions.

Qualifying conditions for entitlement to old-age pension were tightened by raising the retirement age from 55 to 60 years of age (women) and from 60 to 65 years of age (men) and 40 years of pensionable service, regardless of the gender of the insured. As an exception, the old-age pension can be acquired when the insured reaches 55 years of age and 30 years of service (women) or 60 years of age and 35 years of service (men), but only until the end of 2015.

The Law governs only the exercise of the right to old-age pension, disability pension (a complete loss of ability to work) and survivor's pension, compensation for physical disability caused at work (disability as a result of injury or occupational disease).

RS

In the RS, the pension insurance system is governed by the Law on Pension and Disability Insurance ("Official Gazette of RS" 106/05, 20/07, 33/08, 1/09, 71/09, 106/09, 118/09) . The implementation of the RS Pension Reform Strategy started with the passage of the new Law on Pension and Disability Insurance Law that came into force on 1 January 2012 ("Official Gazette of RS" 134/11).

This Law governs the pension and disability insurance based on intergenerational solidarity (PAYG system) and voluntary pension and disability insurance for persons who are not included in mandatory pension insurance scheme and rights and obligations under these insurance schemes.

The overall objective of the pension system is to provide income or means to individuals after the end of their working life, i.e. after losing their working capacity due to aging, as well as to individuals who are incapable of work (with disability) and the family after death of a family member who was providing income for the family.

Article 40 of the Law determines rights under the pension and disability insurance: -In the case of old age: old age pension, -In case of disability - assignment to another position, retraining or additional training, compensation related to reduced work capacity, disability pensions, and -In case of death of the insured who received old-age or disability pension – survivor's pension.

The right to old age pension is afforded to a person upon turning 65 years of age and having at least 15 years of pensionable service.

An insured person who has not turned 65 years of age is entitled to old-age pension when he reaches 60 years of age and has 40 years of pensionable service.

An insured woman who has not turned 65 years of age is entitled to old-age pension when she reaches 58 years of age and has 35 years of pensionable service.

As an exception to Article 41 of this Law, an insured woman with at least 15 years of pensionable service is entitled to old-age pension at the age of: 60 years and four months in 2012, 61 years in 2013, 61 years and eight months in 2014, 62 years and four months in 2015, 63 years in 2016, 63 years and eight months in 2017 and 64 years and four months in 2018.

As an exception to Article 42(1) of this Law, an insured man with 40 years of pensionable service is entitled to old-age pension at the age of: regardless of age in 2012, 56 years in 2013, 56 years and four months in 2014, 56 years and eight months in 2015, 57 years in 2016, 57 years and four months in 2017, 57 years and eight months in 2018, 58 years in 2019, 58 years and four months in 2020, 58 years and eight months in 2021, 59 years in 2022, 59 years and four months in 2023 and 59 years and eight months in 2024.

As an exception to Article 42(2) of this Law, an insured woman with 35 years of pensionable service is entitled to old-age pension at the age of: regardless of age in 2012, 54 years in 2013, 54 years and four months in 2014, 54 years and eight months in 2015, 55 years in 2016, 55 years and four months in 2017, 55 years and eight months in 2018, 56 years in 2019, 56 years and four months in 2020, 56 years and eight months in 2021, 57 years in 2022, 57 years and four months in 2023 and 57 years and eight months in 2024.

BD

Until 1992, insured persons from the area of Brčko District were part of the pension insurance system of Bosnia and Herzegovina.

Agreement on the Implementation of the Entity Obligations from the Final. Arbitral Award for Brčko on Pensions was signed until the adoption the Brčko District Pension and Disability Fund.

Until such time, pension contributions will be diverted to the Entities who will continue to make full benefit payments to recipients within the Brčko District.

Employees of Brčko District as well as employees in public institutions and enterprises that are financed from the budget of the Brčko District, who are not registered in any of the pension and disability fund, will have the right to choose the entity pension and disability fund to register in.

In practice, this means that every employee arbitrarily chose the pension fund in which the contributions will be paid on behalf of pension and disability insurance.

One-time financial assistance for pensioners

Since 2005 funds have been appropriated for the purpose of financial assistance to pensioners in the current year.

The Program of Spending Funds for One-Time Financial Assistance for Pensioners Who Reside in BD is made annually.

The criteria for allocation of funds in 2015 were:

- a) that a pensioner has a residence in BD by 1 September 2013,
- b) that a pensioner is a beneficiary of one of the following pension schemes: FBiH, RS, neighbouring countries, countries in Europe,
- c) that he/she was registered as a pensioner of the RS Pension Fund and / or Federation Pension Fund in 2014 and his/her data and the amount of pension were checked in the April lists provided by branch offices of RS and Federation Pension Funds,
- d) that he/she was registered as a pensioner of funds of neighbouring countries and the countries of Europe and provided pension checks in 2015
- e) that he/she was registered as a pensioner in the period 16 April to 2 September 2011 in the relevant SubDepartment, providing a copy of ID card, pension check and bank account.

Based on a final list of beneficiaries - pensioners the relevant Sub-Department pays funds to pensioners.

Payments are classified by the amount of pensions in the three scales, pensions to the amount of BAM 326.17 - the amount of BAM 150.00 is paid; pensions of BAM 326.18 to BAM 439.90 - the amount of BAM 100.00 is paid; pensions of BAM 439.91 to BAM 814.20 - the amount of BAM 50.00 is paid.

ONE-TIME FINANCIAL ASSISTANCE FOR PENSIONERS	2012	2013	2014	2015
BENEFICIARIES	9.186	9.367	9.625	10.078

Source: Sub-Department for Social Welfare of BD

Family and maternity benefits

Maternity allowances and benefits

In BiH, groups of protected persons is specified in the health insurance and health care laws. The legislation governs parental assistance and assistance during childbirth, hospitalization, and choice of doctor and hospital for the birth by the woman.

All insured women and dependent wives of insured persons are entitled to benefits from the health care scheme.

Persons who are under voluntarily health insurance have all rights provided in the health care scheme.

Salary compensation is paid by the social security and childcare funds and medical care is provided in the mandatory health insurance system for working mothers at the expense of public funds, i.e. the health insurance fund.

Funds for salary compensation and health care to new, working mothers are provided in the system of compulsory social security, where contributions, fees, taxes and the like are paid by all employees regardless of sex, whether by workers themselves or employers on their behalf, jointly or separately.

The legislation provides for the entitlement to salary compensation during maternity leave of every working woman.

FBiH determines the amount of such compensation by cantonal regulations on social security and childcare, while RS determines the entitlement and the amount by the Labour Law and the salary compensation is paid from the Childcare Fund.

In BD, mothers employed by private employers are entitled to compensation for the period of maternity leave in the amount of the average salary earned in the last 6 months, which is paid at the expense of the Centre for Social Welfare of BD, while unemployed mothers are entitled to maternity allowance for childbirth in the amount of 15% of the average salary earned in BD for 3 months, which is also funded by the Centre for Social Welfare of BD.

In RS the salary compensation depends on the worker's salary that she has earned or is expected to have earned under collective agreement prior to maternity leave, while in FBiH it depends on the financial situation of each canton and is calculated in percentages - 50 to 70% of the average salary (the latter is in Posavina and Herzegovina-Neretva Cantons), while Canton 10 does not pay it at all because it has not enacted the relevant by-law nor have it appropriated any funds in the budget for this purpose.

For the purpose of the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09) provides for disability allowances and types of physical disability make grounds for the amount of disability allowance.

Article 18 of the above Law provides that PWDs may access the following benefits:

1. personal disability benefit,
2. long-term care and support benefit
3. orthopaedic benefit
4. allowance for treatment costs and purchase of orthopaedic aids,
5. vocational training (professional rehabilitation, retraining, additional training),
6. priority employment

The first three benefits are accessed under the conditions, in the way and following the procedures set by the FBiH Law and have the form of cash benefits funded from the federal budget. The remaining three benefits are accessed following the laws covering these particular sectors and basically do not have the form of cash benefits, but relate to creation of better conditions for inclusion of persons with disabilities into social activities, i.e. to increasing the level of their social inclusion.

Proceedings for obtaining entitlements under this Law are initiated upon a claim of the person needing protection or upon a claim of the legal guardian. The Social Welfare Centres initiate the proceedings ex officio after having learnt or got information from individuals or legal persons, which indicated the need for proceedings.

The Centre decides and issues decisions (rješenja) on entitlements and amount of allowances, placement in foster family and placement in social care institution. Deciding a request filed with the Social Welfare Centre is considered proceedings of the first instance in the exercise of entitlements. The procedure for exercising the right to social protection follows the Law on Administrative Procedure. Should the proceedings fail to grant an entitlement or a person is dissatisfied with the decision, an appellate procedure can be initiated and, generally, an appeal can be filed with the cantonal Ministry of Labour and Social Policy.

The basis for the calculation of the monthly allowances payable is 80% of the minimum wage established by the Collective Agreement, and the individual amounts for every right and individual amount for each right is specified in the corresponding percentages of the base.

Entry into force of the new Labour Law caused the need for changes in collective agreements and other legal regulations governing the field of work and safety at work. Since it is also directly reflected in the percentage of the base, the appropriate changes to this regulation were

proposed in terms of fixing the base. Such legal solution maintains the continuity of payments to the extent and type of rights, which are determined by the final legal solutions.

The aforementioned amendments were adopted at the 11th regular session of the House of Peoples of the Federation of BiH parliament, held on 14 April 2016, and the 12th extraordinary session of the House of Representatives, held on 30 May 2016.

The above mentioned rights to financial compensation, in accordance with Article 7, paragraph 2 and 3 of the Law, can be achieved only by persons who are citizens of Bosnia and Herzegovina, and have residence in the Federation of Bosnia and Herzegovina.

One of the significant changes in the implementation of the Law on Social Protection, Protection of Civil War Victims and Families with Children, established by the Decision of the Constitutional Court of Bosnia and Herzegovina No. U-9/12 of 30 January 2013 and the Decision of the Constitutional Court ("Official Gazette of BiH" No. 7/2014 and "Official Gazette of BiH" No. 5/14), adopted in proceedings of reviewing the constitutionality of Article 18 d, paragraph 4 of the above mentioned Law, which provides that the right to the allowance for care and assistance of another person can not realize a person with disability occurring after the age of 65, to which, in accordance with the opinion of the Institute for Medical Expertise of health, was confirmed the need for the use of this rights, and that this right can be provided in accordance to cantonal laws.

In accordance with the aforementioned Decision of the Constitutional Court this provision was judged as unconstitutional and discriminatory and to the proponent of the Law was ordered to, within six months, amend and harmonize it with the Constitution and other applicable regulations of the Federation of Bosnia and Herzegovina as well as the views of the Court referred to in that Decision.

Activities on amending the substantive legislation in accordance with this Decision has started in 2014, but it has not been realized yet.

Types of rights and benefit amounts of persons with disabilities ("non-war invalids")

Types of right	I group	II group
Personal disability	109,76 BAM – 100% physical damage	82,32 BAM – 90% physical damage
Allowance for care and assistance of another person	274,40 BAM	137,20 BAM
Orthopaedic allowance	19,20 BAM	

Source: SOTAC database of the Federal Ministry of Labour and Social Policy (FMRSP)

A special category of beneficiaries covered by the Law on Social Protection, Protection of Civilian War Victims and Families with Children ("Official Gazette of the Federation BiH", Nos. 36/99, 54/04, 39/06 and 14/09), are the civilian victims of war. Article 54 of this Law, prescribe that the civilian victims of war is a person who, during the war or of imminent threat, due to wounding or some other form of war torture suffered physical damage, including mental damage or significant impairment of health or disappearance or the death.

Article 58, paragraph 1 of the Law, stipulates that the civilian victims of war have, according to this law, the following rights:

1. personal disability or monthly personal allowance,
2. allowance for care and assistance by another person,
3. orthopedic allowance,
4. family disability allowance,
5. help in treatment costs and purchase of orthopedic devices,
6. vocational training (vocational rehabilitation, retraining and additional training)
7. Priority employment,
8. Priority housing,
9. Psychological assistance and legal aid.

Civilian war victims who have physical disability below 60%, exercise their rights in accordance with paragraph 1 items. 5), 6), 7), 8) and 9) of this Article.

The rights referred to in paragraph 1 items. 1) 2) 3) and 4) of this Article shall exercise persons whose physical damage is 60% and more, by submitting an application to the competent center for social work / social protection, in accordance with the administrative procedure, while the second instance procedure conducts cantonal Ministry of social protection.

The rights referred to in paragraph 1 items. 5) 6) 7) 8) and 9) of this Article are exercised in accordance with health insurance, health care, protection of families with children and employment regulations.

The law also stipulates that cantons, in accordance with decision on the priority of housing on the basis of the relevant law, provide housing for persons referred to in Article 54 of this Law, in particular persons who are involved in court proceedings as victims witnesses.

Some cantons may determine other rights and expand the scope of the rights set forth in this Law, in accordance with their capabilities and needs of the civilian victims of war.

Cash benefits for the category of civilian victims of war are financed from the federal and cantonal budgets, at a ratio of 70: 30% (personal disability and monthly personal allowance shall be determined in the amount of 70% of the base prescribed for the category of Veterans and their family members), and a ratio of 50: 20% (allowance for care and assistance by another person,

orthopedic allowance and family disability, the amount in 70% of the monthly amount of these rights under the regulations of the rights of Veterans and their family members).

Due to the alignment, amount of individual rights is subject to constant changes.

Article 57 of the Law on Social Protection, Protection of Civil War Victims and Families with Children ("Official Gazette of FBiH", number: 36/99, 54/04, 39/06 and 14/09), explicitly stipulates that foreign nationals who have suffered bodily injury or whose family member died as a civilian victim of war, may exercise the rights granted under this Law, in a manner prescribed for the category of civilian victims of war. This provision established exception to the provisions of Article 7, paragraph 4 of the Law, which defined that these right may achieve only citizens of Bosnia and Herzegovina.

As discussed above, in the FBiH, in addition to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, there are cantonal laws on social security, which define in more details terms, conditions, procedures and financing of social welfare benefits. Cantonal laws determine the level of cash and other benefits, terms and procedure of granting the benefits. The permanent allowance in the Federation, for example, ranged in 2009 from BAM 46.90 in Zenica-Doboj Canton to BAM 170.00 in Sarajevo Canton. Furthermore, the level of allowance varies in a different Cantons from municipality to municipality, so, for example, in Una-Sana Canton the permanent allowance ranged in 2009 from BAM 34.00 to BAM 90.00 depending on the municipality concerned.

Further, the cantonal laws provide for means testing for eligibility for permanent allowance, the base for computation, as well as what makes income of household, which are different from canton to canton. In this regard, we are giving an overview by cantons of laws and regulations on social security, means testing, base and income that is taken into account when determining eligibility for permanent allowance. Child allowance is one of the fundamental entitlements of families with children, which are prescribed by the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09).

The child allowance is one of the basis riths in accrodance with the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09).

Type of right	Number of beneficiaries			
	2012	2013	2014	2015
Personal disability	40374	40366	40148	42019
Allowance for care and assistance of another person	23455	24184	28529	32826

Orthopaedic allowance	15810	15640	15321	15781
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Source: SOTAC database FMRSP (due to the constant fluctuation of data, data were used for December 2012, 2013, 2014 and 2015)

For the payments during the reference period in the Budget of the Federation of BiH and cantonal budgets, on an annual basis, it is provided the total amount of funds as follows:

Year	2012	2013	2014	2015
The annual amount of funds paid to the beneficiaries' non-war disabled "	106.358.756,66 BAM	112.002.740,52 BAM	119.437.195,51 BAM	133.230.192,27 BAM

Number of civilian war victims who are beneficiaries of specific rights during the reference 2012-2015

Type of right	Number of beneficiaries			
	2012	2013	2014	2015
Personal disability	4332	4248	4138	4014
Monthly personal allowance	750	788	805	846
Allowance for care and assistance of another person	282	271	261	250
Orthopedic allowance	1850	1820	1764	1728
Family disability	5536	5524	5312	5156

For the payments during the reference period in the Budget of the Federation of BiH and cantonal budgets, on an annual basis, it is provided the total amount of funds as follows:

Year	2012	2013	2014	2015
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The annual amount of funds paid to the beneficiaries' civilian war victims	36.256.654,94 BAM	39.031.961,78 BAM	37.961.862,95 BAM	37.324.231,86 BAM
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Cantonal legislation regulates in details conditions, manner, procedure, authorities and funds for the exercise of these entitlements (Article 90(2)).

Any family whose aggregate monthly income per member of the household realized through all means, except the income realized from social welfare system and protection of families with children, does not exceed the amount determined by the cantonal legislation as the lowest household income which is considered sufficient for subsistence is eligible for child allowance (Article 91).

Given the child allowance is paid from the budget of the cantons, there is the same problem here as with other entitlements of families with children, which is caused by financial situation of each individual Canton.

RS

Social security system in RS is in competence of the Ministry of Labour and Social Policy. The RS unemployment insurance scheme is governed by the Law on Mediation in Employment and Social Security of Unemployed Persons (“Official Gazette of RS” 30/10, 102/12), which has established the unemployment insurance scheme. This Law governs employment, insurance in the event of unemployment, activities and manner of funding of the employment service, entitlements of unemployed persons and requirements for their exercise and other issues important for structured employment in RS.

Structured and productive employment means monitoring of the area of employment and recruitment, adoption and implementation of employment programs, employment mediation, information on the possibilities and conditions of employment and other measures and activities in the area of employment. Unemployment insurance is a scheme of participation of employees, employers, government and other agencies and organizations in providing financial resources for productive employment and for the exercise of rights arising from unemployment, in accordance with the law.

What certainly characterizes this law is equality in exercising the rights and prohibition of discrimination on all grounds when it comes to employment (Article 5). Another novelty is adoption of the Employment Strategy and Action Plan for Employment by the RS National Assembly and Government, envisaging equal access to employment for all people.

The Law defines the matter of unemployment insurance in Article 33. Unemployment insurance means participation of employees, government and other agencies and organizations in providing financial resources for the exercise of rights arising from unemployment, in accordance with this Law.

Funds for the exercise of rights arising from unemployment insurance are provided by contributions paid by employed persons and specific-purpose funds provided by government and other agencies and organizations in accordance with the Law (Article 34).

Unemployment insurance covers persons employed who pay insurance with the Institute in the extent and in the manner prescribed by regulations governing the field of contributions.

An unemployed person whose employment was terminated under Article 36 of the Labour Law – (,Official Gazette of RS“ 33700, 40/00, 47/02, 38/03, 66/03 i 20/07 55/07) without his request, consent or fault under the Labour Law or whose insurance terminated otherwise and who, at the moment of termination of his/her employment, has been working for at least eight months uninterruptedly in the last 12 months or 12 months with interruptions in the last 18 months, shall be entitled to a) unemployment benefit , b) health insurance and c) pension and disability insurance. An unemployment benefit is exercised by an unemployed person in the Employment Institute, while Health Insurance and Pension and Disability Insurance are exercised by authorized funds in accordance with the law.

The entitlements above are exercised on equal footing by a self-employed person who has ceased to run business due to economic or technological reasons, too. An interruption of less than 30 days is not considered an interruption of pensionable service. Article 37 of the Law on Mediation in Employment and Rights during Unemployment provides that, apart from rights under Article 36, the pension and disability insurance is provided to an unemployed person for up to three years, if these pensionable years will make the requirement for old-age pension fulfilled.

The entitlements under Article 36 can be exercised by an unemployed person provided that contributions for unemployment insurance were paid for all workers during the prescribed minimum periods of insurance.

The entitlements under Articles 35 and 36 of this Law are exercised by a foreign citizen and stateless person under conditions set forth in this Law and the Law on Employment of Foreign Nationals and Stateless Persons (,Official Gazette of RS“ 24/09). The entitlements under Article 36 of this Law are exercised by an unemployed person from the first day of termination of his/her employment contract provided that he/she reports to the Employment Service and submit an application within 30 days after the termination of his/her employment contract. If he/she reports after an expiry of the deadline, he/she exercises the entitlements from the date of reporting to the Employment Service, benefits being reduced for the period of non-reporting (Article 38).

The duration of the right under Article 36 of this law depends on the length of insurance of the unemployed person and of subvention: a) for the insurance period up to 12 months - a month, b) for the insurance period 1-2 years - two months v) for the insurance period 2- 5 years - three months, g) for the insurance period of five to 15 years - six months d) for the insurance period of 15 to 30 years - nine months and f) for the insurance period over 30 years - 12 months. (2) When regain the right to financial compensation, in the insurance period is only included the insurance period that unemployed realized after receiving the last financial compensation.

Article 47 determines amounts of unemployment benefit and they are: a) 35% of the average net salary paid to the unemployed person in the last three months of his/her employment, if he/she has up to 15 years of pensionable service b) 40% of the average net salary paid to the unemployed person in the last three months of his/her employment, if he/she has more than 15 years of pensionable service.

Article 48 determines that the Institute can pay a lump sum of compensation for the entire eligibility period, provided that he/she put the funds into self-employment. The unemployed person cannot apply for registration with the Employment Services before the expiry of the period for which he/she received the compensation under Article 39 of this law. The unemployed person's remaining rights under Article 36 of this Law shall terminate and he/she shall be struck off the register as of the date of receipt of lump-sum.

In 2012 the unemployment benefit on the grounds of unemployment insurance was paid 14.299.985,04 BAM which is 5% more in comparison to 2011, 13.621.728,00 BAM. In 2011 entitlement was exercised by 14.496 persons which is more for 2.438 persons or 17% in comparison to 2011. In 2013 it was allocated 22.520.586,76 BAM which is for 57% more in comparison to 2012, 14.299.985,04 BAM. In 2013 this right was exercised by 16,934 unemployed persons, which is more for 2,438 persons or about 17% than in 2012. In 2014, it was allocated 18,784,408.07 BAM which is 17% less compared to 2013, 22,520,586.76 BAM. In 2014 this right was exercised by 14,011 unemployed persons, which is 2,923 persons or about 17% less than in 2013. In 2015 was allocated 15,606,982.02 BAM which is 17% less than in 2014, 18,784,408.07 BAM.

In accordance with obligations set forth in the Strategy for Combating Domestic Violence in Republika Srpska 2009 – 2013, the Ministry of Health and Social Welfare has adopted 2011 Action Plan for Fight Against Domestic Violence.

It was conducted an analysis of legal regulations and procedures in the field of domestic violence, mapping problems and needs with which employees within the institutions of social protection and health systems at both the local and at higher levels are facing daily. It was conducted the Training for educators, professionals working in health and social institutions titled "Stop the violence".

The development the system of social, family and child protection and the improvement in the previous period, was largely based on the implementation of development projects. The longstanding partnership of the Ministry of Health and Social Welfare with national and international institutions in this field have helped during the implementation of major projects and in 2015. The basic concept of the Ministry of Health and Social Welfare is greater focus of project activities at the level of local communities in order to strengthen the competence of providers of social, family and child protection. Social welfare centers are the backbone of system, and as such, they are the coordinators of the majority of project activities at the community level. The Ministry of Health and Social Welfare, in accordance with its jurisdiction, provide the expertise and system of support during the implementation of these projects.

By continuous participation in the project "Child Socialization of RS", since 2002, and by direct providing services it has been realize the right to "meet the development needs of children" under Article 27 of the Law on Child Protection of RS ("Official Gazette of the Republic of Serbian" number: 4/02, 17/08 and 01/09).

During the fourteen years of implementation, the project included a total of 23,962 persons, of whom, 19,847 the most vulnerable children and 4115 adults-supporting staff, from all cities and municipalities of RS.

Framework of the project was in the period from 20 May to 19 September 2015, in fourteen shifts. During this period, the project included a total of 2,056 persons, of which 1,661 children and 395 support staff (professional workers and parents-guardians of children with the most severe disabilities) from all RS cities and municipalities.

Participants of the project were children whose upbringing was thwarted in unfavorable family, social and material conditions, as well as talented children (winners of the national and state competitions), which, on an inclusive basis, have spend ten days together in the resort, on the sea. Participants were children from 6 to 15 years and persons with disabilities up to 17 years and older. Objectives of this project are socialization, integration, promotion of physical and mental development of children beneficiaries, affirmation, rehabilitation and training.

During participation in the project, the children met their needs by participating in a variety of program activities that are tailored to age, developmental characteristics and individual particularities of the participants. These activities are based on the principle of inclusion through creative workshops.

The realization of the project is conducted in collaboration with institutions, organizations, universities, associations and individuals, and the most dominant centers for social work and social and child protection from all municipalities of RS. Professionals-individuals involved in the project are social workers, psychologists, therapists, teachers of different orientations, physical education teachers, physicians and nurses. Health care for children and support staff is

provided within the resort, the presence of doctors and nurses 24 hours. The project will be continued in 2016.

The project "Development of the foster care in the Republic of Srpska"

The focus of the project is to develop the capacity of professionals who work in this area, improve the competence and training, to assess the overall suitability of foster families and the quality of foster care, meet the specific needs of beneficiary which apply foster care as a protection measure. The main characteristics of the process of fostering development in RS are the best interests of the child, the need for new knowledge, creation of support networks, education, promotion of foster care and motivation.

The moral and professional duty of all public institutions and individuals working in the field of protection of children without parental care is to provide adequate protection to children who grow up in risky circumstances to, in this respect, find a balance between the rights of every child to grow up in their own family and obligations of society to protect the best interests of the child. Design and development of adequate model of the system of social care for children, especially for children without parental care, is a challenge for every society, experts and professionals who deal with these issues, so the work with children without parental care, and in addition to the current level of development of helping science and activities, often contains a number of questions and concerns.

At its the VII session held on 29 October 2015, the National Assembly of RS has adopted the proposed Strategy for improving the social protection of children without parental care 2015-2020, according to which, the area of foster care involves providing the material, institutional and human resources for the implementation of family placement based on improving the quality of existing and establishing the new models of services for children without parental care.

Trainings of the representatives of social welfare centers in RS are held with the financial support of UNICEF, in order to develop their capacity in the future, improve the competence and training for the assessment of the general possibilities of foster families, quality performance of foster role and tasks in order to meet the specific need of beneficiaries which applies for a foster care as a protection measure. Activities in the field of foster care will be continued in the future.

The Project "Justice for Every Child"

Activities under this project include support for the development and implementation of the Law and regulations, the development of training programs, the development and strengthening of the capacity of professionals, strengthening of the inter-sector cooperation, support for day care centers, the implementation of measures of secondary and tertiary prevention, training in mediation in the social protection system, prevention of delinquency and recidivism, as well as a number of activities focused on the protection and reintegration, rather than on repressive measures. The goal is that juveniles in conflict with the law have better services and protection,

and that experts recognize their needs. This issue involves a unique approach, the effect of the socio-cultural causes of juvenile delinquency and involvement of the whole society (parents, citizens, educational institutions, legislative authorities and NGOs) in combating juvenile delinquency.

The project is supported by the Swedish International Development Agency (SIDA) and the Swiss Agency for Development and Cooperation (SDC). The aim of the Project is to develop conditions for the application of alternative measures for dealing with children in contact with the law, and in accordance with the Law on Protection and Treatment of Children and Juveniles in the Criminal Procedure Code (Official Gazette of RS, No. 13/10), and a number of other activities in the framework of prevention and support for children in contact with the justice system. The reform of the juvenile justice system is one of the conditions for implementation of the UN Convention on the Rights of the Child.

Social welfare centers have an important role in the process of re-socialization and reintegration of juvenile offenders. There is the need for establishment of the day care centers for juveniles.

The project is being carried out in cooperation with police, prosecutors and social welfare centers in Prijedor, Doboj, Banja Luka, Bijeljina and Foča.

The project will be continued in 2016 with an emphasis on the importance of mediation in the social protection of minors, improving the quality of services and the protection of minors, as well as the professional training of professionals who deal with these issues.

Project of development and cooperation in the Birač region

The last two years has been actively implementing the activities on the Project of development and cooperation in the Birač region, by providing the support to local authorities to contribute to the eradication of social exclusion, child poverty, discrimination and inequalities in accessing basic services of social protection in local communities. The Project is a joint initiative of UNDP, UNICEF and UNHCR and one of the partners is the Ministry of Health and Social Protection of Republika srpska.

The Project aims to contribute to socially inclusive and integrated development of the Birač region through effective mobilization, development of partnerships and resources, preparation of regional development strategies and strengthening of all stakeholders in the community to jointly undertake development actions. It is realized through the consolidation of development partnerships and strengthening of coordination mechanisms within the region through activities of planning the development of the Birač region in socially inclusive and integrated manner and through activities at the community level it will be implemented the priorities of regional development in practice.

Within the Project it has been established a Local Action Group (LAG) "Drina Birač" as a non-profit organization whose members are key local stakeholders from the private, public and civil society while respecting the principles of LEADER (CLDL) as a basic tool for development of rural areas. The area covered by the LAG "Drina-Birač" includes the administrative territory of the municipalities of Bratunac, Srebrenica, Milici, Vlasenica and Zvornik. The funding is conducted through Regional Development Fund which funds inclusive quality services to vulnerable families and children at risk, returnees and internally displaced persons, protection, prevention of violence, promotion of peace and intercultural education and youth empowerment. Also, resources are focused on the support of agricultural development and diversification of rural economic activities.

The Social Safety Nets and Employment Support Project

In 2015 was conducted a number of activities within the World Banks' the Social Safety Nets and Employment Support Project. The software for the information system of social protection has been upgraded (integrated and completely functional information system at the entity level which generate all database on social protection) and the equipment (all social welfare centers are equipped with computers to work on the basis of SOTAC). In the newly created social welfare was employed five local consultants. Also, an analysis of the functioning and capacity of the existing network of social welfare services in the municipalities, resulted in recommendations for improvement of the work and improvement of the institutional capacity of professional services in the social welfare centers.

Competency Passport Project

Competency Passport Project is implemented by the German Society for International Cooperation-GIZ, whose goal is to empower users, identifying existing personal skills and competencies, and 34 opportunities for better self-employment and employment. Since 2012, RS is conducting training for Counselors for the competency passports. In RS exists 27 advisers and 6 multipliers. So far, at the level of Bosnia and Herzegovina, counseling through Competency Passport has passed around 400 different clients. Consultancy in the field of social protection is implemented in the social welfare centers and beneficiaries of counseling are: young people without parental care, victims of domestic violence, unemployed women and young people, people with disabilities, young people in conflict with the law, large families and others.

Counsellors are people in various fields and from different institutions in RS. In the field of social protection (social welfare centers, NGOs, various institutions, schools) 10 counsellors: Laktaši, Kotor Varos, Banja Luka and Trebinje. The project involved the Ministry of Health and Social Policy, Ministry of Labour, the Ministry of Family, Youth and Sport, then, Employment agencies Banja Luka, Pale, Bijeljina, Istočna Ilidza and Prijedor, as well as non-governmental organizations, ministries and elementary school. The "Competency Passport " is part of the Development Strategy of the Municipality of Laktaši for the period 2014-2024.

In 2015, the activities were focused on the consultation process or the work of counselors and counseled people. Also, we started to analyze the development of Competency Passport for young people in elementary and high schools, in order to instruct children and young people in their professional orientation and awareness. Implementation of competency passport will be provided in the work with young people with behavioral problems and those in conflict with the law.

The Project "Support the implementation of Annex VII of the Dayton Peace Agreement"

The Project is implemented in cooperation with UN development agencies and the main objective of the project is to provide durable solutions for vulnerable displaced families and persons, returnees, minorities and women-victims of war, through teamwork and cooperation of local authorities, local communities, civil society and project partners . One of the main tasks is to establish teams at the municipal level composed of representatives of municipal authorities, civil society organizations and partner organizations, which will efficiently and transparently identify the most vulnerable categories of families, and, through Project funds, provide concrete assistance for them. The funds were provided by the European Union and UNHCR. Target municipalities in RS are Bijeljina, Derventa, Foča, Prijedor and Gradiška.

Assistance includes creating jobs and opportunities for self-employment based on a need and possibilities of each individual, to stimulate and connect individual producers with companies, in order to ensure product placement, construction and rehabilitation of housing units with infrastructure, effective and timely legal assistance and psycho-social integration of returnees into the local community.

In addition to individual assistance, we are working to improve the quality of the social environment, through the provision of support to social welfare centers, the formation of the municipal committees for social protection and inclusion, improving health services and home care for the elderly, providing better social, health care and education services for children from vulnerable families, as well as the diversion of public attention to the problem which internally displaced persons, returnees and women-victims of war are facing with.

The Project continues to be implemented in 2016.

The Project "Social Work in Crisis"

The floods in Bosnia and Herzegovina in 2014 demanded a response to multiple problems, and through this Project, with the support of UNICEF, it has been held a series of seminars on the application of the "Manual for the operation of social welfare centers in emergency situations caused by natural disasters." The purpose of this manual is to define the role and treatment of social welfare centers in crisis situations caused by natural disasters, and to contribute better coordination and local planning protection measures, not only in crisis situations, but also in preparation of suitable solutions in crisis and in recovery stages. The seminars were attended by

representatives of social welfare centers, representatives of the Civil Defense and the Red Cross around country.

The need for the preparation of this manual is derived from the diversity of experiences from the local level regarding the role of social welfare centers, and expressed request for a more clearly definition of the role of these institutions, as well as other institutions at the local level who are obliged to work in the system of protection and assistance to vulnerable population . Special attention was paid to the continuous strengthening of the capacities of social welfare centers, given their vital role in protecting of the most vulnerable populations, especially children.

In the future, in cooperation with local authorities and other relevant actors, it will be conducted the assessment of risk in Dobož and Šamac and of action plans of social welfare centers in emergency situations.

The Project "Social work in school"

Within the project " Social work in school ", which is jointly organized by UNICEF, the RS Ministry of Education and Culture and the RS Ministry of Health and Social Protection, was held a series of training sessions for social workers employed in primary schools, school principals and other associates and representatives of the local community. During the training, they were discussed many topics related to the identification of children with disabilities, assessing needs and potentials of families, communication between the informing services in schools and the community and between the social welfare system and the education system in the function of improving the situation of vulnerable children in schools. It also dealt with topics of neglect, abuse and violence against children, peer violence in elementary schools, behavioral and teamwork in primary schools. There were discussions on draft documents relating to the basics of social work in schools, forms of monitoring of social work in schools, the evaluation of social work in schools, as well as team work, social workers and other professional associates in elementary schools.

In the future is planned to continue the activities on the introduction of social work in primary schools in RS. According to current data, RS primary schools employ a total of 8 social workers (five in the municipality of Banja Luka, and one social worker in in Laktaši, Gradiška and Kneževo).

The Project "Support to social service providers and increasing the monitoring capacity"

The Project focuses on strengthening the capacity of social protection systems intended for implementation of support services for the elderly and persons with disabilities. The Project is being carried out in cooperation with the Ministry of Civil Affairs and the Ministry for Human Rights and Refugees. Most of the Projects' activities are carried out in 2015 and it will be continue in 2016. Certain activities in RS will be implemented in the municipalities of Nevesinje, Pale, Brod, Novi Grad and Mrkonjić Grad. In RS, the coordinator of activities is the

Ministry of Health and Social Welfare. Activities will focus on the development of a model of home help for the elderly and infirm persons.

BD

Pursuant to Article 4 of the Law on Social Protection of BD, social assistance shall be granted to residents of the BD who are incapable to work; who have neither means for maintenance nor relatives who are responsible by law and able to provide them with maintenance; and to inhabitants and families who are not able to earn means for maintenance through work, income from their property or in any other way, and to meet their basic needs.

Social security includes the protection that society provides to its members through a variety of public measures against the economic and social risks that would otherwise affect them owing to the loss or significant reduction of earning capacity caused by illness, maternity, employment injury, unemployment, invalidity, old age or death and the provision of health care and assistance to families with children.

On the basis of Article 43 of the Law on Social Protection of BD, attendance allowance is paid to a beneficiary of permanent basic allowance or a member of his household for whom a family benefit is paid if he/she is paralyzed, suffers from muscular dystrophy or related muscle and neuromuscular diseases, grave disturbances in mental development, blind or immobile and requires attendance provided that he/she is not placed in social care institutions and it amounts for each member to at least 70% of the corresponding amount of permanent basic allowance.

Pursuant to Articles 31, 36 and 39 of the Law on Social Protection of BD, the right to permanent basic allowance and other forms of material assistance is granted to an indigent person under the following conditions: residence in the territory of the District; incapacity to work; lack of any income; lack of any relatives who are responsible by law to maintain that person or, if there are relatives, their incapability to maintain that person.

Permanent basic allowance amounts to 21% of the average monthly salary.

Pursuant to Article 21 of the Law on Social Protection of BD, the Decision on the Establishment of the Solidarity Fund of BD No. 0-02-022-314/02 of 29 November 2002 and the Decision on the Adoption of Criteria for Beneficiaries of the Solidarity Fund, No. 34-05000144/10 of 8 February 2010, disadvantaged/vulnerable families are eligible for one-time cash assistance.

A person who needs an appropriate kind of social care due to special circumstances is a person who becomes indigent due to a natural disaster, migration, repatriation, death of one or several family members, return from hospital treatment, inability to find a job, release from prison or correctional institution.

<i>Counselling pervices</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
<i>Beneficiaries</i>	<i>24.635</i>	<i>25.219</i>	<i>28.316</i>	<i>26.714</i>

Source: BD Sub-department of Social Protection

Maternity allowance is paid for a period of 3 (three) months and amounts to 15% of the average monthly salary in BD for the preceding month published in the Statistical Report of the Statistics Agency Branch of BD.

The entitlement to maternity allowance is exercised by every unemployed mother who has been registered with the Employment Institute of BD for at least 6 months, which she proves with a certificate issued by the Institute and accompanying documentation as required by Article 2(2) of the Law.

A child allowance is paid to a family depending on the financial situation in the family, birth order and the age of children.

A child allowance is paid to a family: if the family is a beneficiary of social security in accordance with the Law on Social Welfare; if the total monthly income per family member does not exceed 15 % of average salary and the total cadastral revenue per family member does not exceed 3 % of average cadastral revenue per 1 hectare of land. Regardless of the means testing, a child allowance increased by 50% is paid to the following: any parentless, motherless or fatherless child; any family with a child with arrested physical and/or mental development; any family with one or both parents with disabilities from the first to the fourth group (inclusive of the fourth group); single parents.

The level of child allowance is 10% of the average monthly salary in BD.

Pursuant to Article 21 of the Law on Child Protection of BD - consolidated text single parents are entitled to child allowance increased by 50% regardless of means testing.

For the purpose of the Law on Child Protection of BD - consolidated text, Articles 8 and 9 defines entitlements in the area of child protection and they are: salary compensation during maternity or extended maternity leave and leave of the employed parent or adoptive parent to care for the child; maternity allowance; aid for „baby package“, child allowance, special psychosocial treatment of spouses who want children and pregnant women.

Salary compensation shall be paid to working mother as follows:

- salary compensation during maternity or extended maternity leave and leave of the employed parent or adoptive parent to care for the child;
- maternity allowance;

- aid for „baby package“,
- child allowance,
- special psychosocial treatment of spouses who want children and pregnant women.

Salary compensation shall be paid to working mother or father, adoptive parent or guardian of the child during the leave of absence from work due to pregnancy, childbirth and child care in accordance with the labour legislation in force in BD.

The salary compensation will be paid to new mothers by the competent authority of the BD Government as provided for in the BD Labour Law Article 43. According to Article 45 of this Law the salary compensation during maternity leave shall be paid from the budget of BD, provided that contributions to pension and health insurance schemes were regularly paid. During pregnancy, childbirth and child care, women are entitled to maternity leave for a period of twelve (12) months continuously. For twins, the third and every next child, for a period of eighteen (18) months continuously.

Pursuant to the Decision on conditions and manner of salary compensation payments to employees during maternity leave, the Labour Law of BD and the Law on Child Protection of BD and the Decision on amending conditions and manner of salary compensation payments to employees during maternity leave (No:34-000890/13 dated 15 January 2014) salary compensation during maternity leave is afforded to an employee (mother or adoptive mother or other person having custody of a child under the competent authority decision) for a period as prescribed by the Labour Law.

In the proceedings for exercise of this entitlement, the employer issues a decision (rješenje) establishing the entitlement to maternity leave, its duration and the level of salary compensation to be paid to the employee. During maternity leave an employee is entitled to salary compensation equal to the average monthly net salary received by the employee in the last three months before maternity leave. The calculation of salary compensation, payment of contributions and payment of the salary compensation are made by the employer. After the payment of contributions and payment of the salary compensation are made, the employer, through the competent department, asks for refunding of compensation from the BD Government.

Salary compensation during maternity or extended maternity leave and leave of the working parent and adoptive parent to care for the child	2012	2013	2014	2015
Beneficiaries	291	309	354	366

Source: BD Subdivision for Social Protection

QUESTION:

2.) Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

ANSWER:

BIH

The national employment policy, as a segment of social security in BiH, is defined in the 2010-2014 Employment Strategy of BiH, which was adopted on 14 July 2010 ("Official Gazette of BiH" 77/10).

The goal of the Employment Strategy in BiH is to improve full, productive and freely chosen employment for all. The policy objectives include both preventive and curative initiatives to address challenges of BiH labour market. The main objective is to increase quality and quantity of jobs while promoting social inclusion and the fight against gender inequalities.

FBiH

- The FBiH Employment Strategy (2009-2013) was adopted by the FBiH Government at its meeting held on 29 January 2009 and then it was passed by the FBiH Parliament in September 2009.

This document means a structured and strategic approach of the FBiH Government to the unemployment issue and is fully brought in line with the policy and policy objectives of the FBiH Government, where better employment is an important objective.

The Strategy aims: to achieve maximum employment and utilization of existing human resources that are constantly developed, full activity and involvement in the labour market by providing equal opportunities for all unemployed for a fresh start and improve their skills, abilities and skills that will enable them to get employment in high-quality and productive jobs.

The Strategy focuses on young unemployed persons, women, older work force, the long-term unemployed and inactive, persons with special needs and Roma.

Action Plan for Employment of FBiH (2010-2013) was adopted by the FBiH Government in August 2010.

The Action Plan was based on the Employment Strategy of FBiH (2009-2013). The Action Plan will ensure prevention of long-term unemployment, inactivity and social exclusion and poverty of the working-age population; the match of labour supply and demand; expend and enhance investments in human resources and adapting the educational and training system through entrepreneurship. The measures target the whole population of unemployed people and its specific subgroups, such as unemployed women, youth, disabled persons, members of the Roma population and long-term unemployed persons.

The document Strategic Directions for the Development of Higher Education in the Federation of Bosnia and Herzegovina 2012-2022 – “Synergy and partnership” in paragraph 3.3.2.10, the title "Include the social dimension in higher education," says that the state must take care of these segments of the population (Roma, minority, disabled and socially disadvantaged).

In the framework of the implementation of the Tempus project "Equal Opportunities for Students with Special Needs in Higher Education" University of Sarajevo, as coordinator of the above project, founded the Office for support to students with special needs. The Office was established with the intention to support the students and staff of the University in all activities that involve working with students, but also all other persons with special needs, to improve their status in higher education. In cooperation with partners from the European Union and other public universities in Bosnia and Herzegovina, organization and activities of the Office will follow the European standards and best practices. In future, the Office plans to carry out an analysis of the current situation when it comes to the number of students with special needs and difficulties they are facing with during the study.

RS

RS 2011-2015 Employment Strategy At its 24th session held on March 2011 the RS National Assembly adopted the RS 2011-2015 Employment Strategy, as the first medium-term policy and strategic document that establishes the basis for coordinated and balanced development of employment in the RS.

The RS Employment Strategy envisages that strategic objectives are achieved through the preparation and implementation of action plans to be proposed by the Ministry of Labour and Employment and adopted by the RS Government.

QUESTION:

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

ANSWER:

FBIH

According to the Federal Ministry of Labour and Social Affairs in the Department for the protection of persons with disabilities and protection of civilian victims of the war, at the end of 2014, there were 805 beneficiaries of monthly personal allowance in the Federation, which according to the Law on Social Protection, Protection of Civilian Victims war and protection of families with children ("Official Gazette of BiH", number: 36/99, 54/04, 39/06 and 14/09) can achieve civilian victims of war and victims of sexual abuse and rape. This right is realized in a

single cash amount of 586.15 BAM from 1 October 2006 when the Law came into force, and in this respect, there is no discrimination based on territory, nationality, gender or age.

It should be noted that this is not even close number of victims of sexual abuse and rape, both women and men. The largest number of victims is not yet ready to apply for the exercise of rights or other assistance, because of possible stigmatization in still traditional environment. In addition, a large number of victims left Bosnia and Herzegovina and it is not possible to exercise these rights by leaving BiH longer than three months.

Out of the 805 reported civilian war victims who survived sexual abuse and rape largest number is the Sarajevo Canton 447, 150 Tuzla, Herzegovina-Neretva 61, Zenica-Doboj 55, Una-Sana 44, 24 Central Bosnia, Bosnia-Podrinje 23 and Posavina 1 beneficiary.

BD

Rights exercised in the area of Brčko District of Bosnia and Herzegovina, based on the status of civilian victims of war, are regulated by the Decision of the Assembly of Brčko District of Bosnia and Herzegovina on the protection of civilian victims of war, and the procedure of drafting the Law on Protection of Civilian Victims of War of the Brčko District of Bosnia and Herzegovina.

Article 12, para. 2

QUESTION:

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

ANSWER:

The legal framework is discussed in Article 12, para. 1 above. The Constitution of BiH determines that international instruments and conventions shall have priority over all other laws.

Article II of the Constitution of Bosnia and Herzegovina provides that Bosnia and Herzegovina and both Entities shall ensure the highest level of internationally recognized human rights and fundamental freedoms.

As a member of the ILO, based on the 1993 Agreement on Succession, Bosnia and Herzegovina took over the Social Security (Minimum Standard) Convention No. 102 (1952). The ratification was registered on 2 June 1993.

In accordance with the Constitution of the International Labour Organisation, BiH sends to ILO a report on the implementation of the Convention, i.e. on measures taken to implement the Social Security Convention No. 102, both in the legislation and in practice. The report is submitted for a five-year period.

In accordance with the Law on Conclusion and Implementation of International Agreements, BiH concludes social security agreements with other countries, where the Ministry of Civil Affairs has a coordinating role, while the Entities and BD are responsible for their implementation.

On the basis of reciprocity and equal rights of nationals of the State parties, these agreements govern the matter of health insurance and health care, pension and disability insurance, insurance in case of injury or occupational disease, unemployment insurance, child allowances and maternity.

BiH concludes employment agreements with other states, the Ministry of Civil Affairs having a coordinating role, while Labour and Employment Institute of BiH, Entities and BD are responsible for their implementation in accordance with the Constitution of Bosnia and Herzegovina.

These agreements contribute to further development of cooperation in the field of labour and employment, encouraging labour mobility and employment of BiH labour force, control of labour market and reducing informal employment and create a safer environment and working conditions for employees of a State party temporarily working in another State party.

Pursuant to the Law on Movement and Stay of Aliens and Asylum, at the 137th meeting held on 18 November 2010, the Council of Ministers of BiH issued the Decision on the 2011 Annual Work Permit Quota for the Employment of Aliens in Bosnia and Herzegovina, which determines that authorities responsible for issuing work permits provides the Labour and Employment Institute of BiH with data about issued work permits once every three months for comparison with a review of the need for employment of foreigners by industry and occupation in 2011. Based on data collected, the Labour and Employment Institute of BiH sends a report to the Ministry of Civil Affairs.

According to the Law on Gender Equality in BiH, everyone has equal rights to social welfare regardless of gender. Although the current laws provided the use of various forms of social rights there are still extremely sensitive categories such as Roma women, disabled women, rural women, older women, and the like, which are subject to multiple discrimination.

In its work, Gender Centre of Federation of BiH when creating strategic documents and giving opinions on laws, regulations, policy and strategy documents, takes into account the rights of marginalized categories, particularly members of vulnerable groups. Thus, when developing and implementing the Strategy for Preventing and Combating Domestic Violence of the Federation of Bosnia and Herzegovina (2013-2017), special attention was given to women with disabilities, elderly women, Roma and others. There is still discrimination against persons with disabilities in social and health care.

2011-2015 Strategy for equalization of opportunities for persons with disabilities in FBiH

Gender Centre of the Federation of Bosnia and Herzegovina has conducted analysis of secured terms of the relevant electoral authorities, to ensure the active and passive voting rights of people with disabilities in municipal elections in the Federation in 2012. For over 90% polling stations it has been secured access for people with disabilities to enter the polling station. In cases where polling place was inaccessible to people with disabilities, it was secured voting in accordance with the provisions of the BiH Election Law and the regulations of the Central Election Commission. Persons with disabilities who were unable to come to polling station, in accordance with the provisions of the BiH Election Law and the regulations of the Central Election Commission, it was provided secret voting through mobile teams.

All blind persons who have expressed a desire to vote was enabled to exercise that right with the help of another person in accordance with the provisions of the BiH Election Law and the regulations of the Central Election Commission. Significantly, in the work of a number, really small number, of committees were involved and people with disabilities, male, and female.

The analysis of submitted data, it was found that a very small number of municipalities provided materials that are discussed at the sessions of municipal councils, which have been adapted for use by persons with disabilities. However, we emphasize the positive examples in a number of municipalities which are related to audio devices for audio recording of sessions, session through the radio and the like.

Share of persons with disabilities in management positions in public institutions and public companies of interest to the municipality is still quite low, although there are positive examples (eg. Čitluk, Ključ, Konjic, etc.).

According to available information a number of persons with disabilities was elected for councilors in the Municipalities of Sapna, Trnovo, Foča-Ustikolina, Srebrenik, Bužim, Usora, Kalesija, Bosanski Petrovac.

Through various projects, Gender Centre of the Federation of Bosnia and Herzegovina has supported non-governmental organizations focused on economic empowerment of women, reduction of domestic violence, training of women whose husbands are suffering from PTSD, the inclusion of a greater number of women in public and political life, including a number of women with various types of disabilities.

Currently, in the preparation process is the Draft Strategy on Disability 2016-2021, which recognizes the multiple discrimination against persons with disabilities in terms of gender. Thus, the Draft Strategy envisages fostering entrepreneurship among women with disabilities, and also provides for the creation of programs of prevention, protection and recovery of people with disabilities who have been victims of all forms of violence and the implementation of training programs aimed at improving the gender specificities of persons with disabilities.

In the area of health care, in the Federation of Bosnia and Herzegovina exists certain programs in the context of mental health care for survivors of sexual assault and rape in war, as well as psychosocial support which are available through mental health centers in the community or by sectors of civil society or closely profiled non-governmental organizations.

A Manual for health care providers in cases of domestic violence (2009), which includes dealing with cases of sexual violence but not specific treatment for people who have some of these forms of violence suffered in the war. It is also developed the Resource package to support victims of gender-based violence in the health sector in the Federation of BiH which can be applied in the treatment of victims who have suffered sexual abuse and rape during the war.

In 2014, for the purpose of the FBiH Government and FBiH Parliament, the Institution of Ombudsman for Human Rights in Bosnia and Herzegovina, has prepared a Special Report on the state of mothers and motherhood, with emphasis on the financial aspect of maternity allowances, with recommendations for possible solutions of financing maternity and child allowance.

FBiH

The Law on Mediation in Employment and Social Security During Unemployment enables the implementation of accepted articles of the Social Security (Minimum Standard) Convention No. 102 (1952).

In this connection, the Law on Mediation in Employment and Social Security During Unemployment determines who is considered to be unemployed or protected persons and rights of unemployed persons registered with the relevant employment office and they are: the right to benefit, provision of health, pension and disability insurance, as well as the procedure of acquiring, suspension, termination, level and duration of these rights, as discussed in Article 12, para. 1 above.

RS

The RS Health Insurance Fund is a public institution in charge of mandatory health insurance and contracts health care for the insurees.

Compulsory health insurance is funded from revenues of the Health Insurance Fund, 95% of which consisting of contributions for health insurance. Over 95% of the revenues are contributions for health insurance. About 57% of all insured persons are entitled to full health insurance coverage. All costs for the health care of the insured are paid from the revenues of the Fund.

The entitlement to salary compensation is an entitlement to a benefit during temporary disability/sick leave. The Law and Amendments to the Law on Health Insurance provide that the salary compensation is paid by the employer for the first 30 days of sick leave and for sick leave for more than 30 days, the maximum period of 12 months, the salary compensation is paid by the

Health Insurance Fund. The base for calculating the salary compensation is net salary that the worker would have received for regular work, but the base for calculating the salary compensation cannot be higher than the salary on which contributions for health insurance are calculated and paid.

Costs of some services under the compulsory health insurance are paid by the Fund fully while patients share some healthcare services expenses (out-of-pocket medical costs). The out-of-pocket medical costs are necessary because funds from health insurance contributions are not sufficient to cover all costs for all services. Certain groups of insured persons are exempt from all out-of-pocket medical costs except list B drugs. One of grounds for exemption is severity of the disease, but the exemption applies only to treatment of the particular disease. Over 50 % of the total number of insured persons in RS are exempt from all out-of-pocket medical costs.

On the basis of agreements on social security BiH has signed with other countries, the insured persons get health care during any temporary stay in those countries and, vice versa, nationals of these countries get health care during any temporary stay in BiH/ RS . The scope of health care, conditions for its use, health insurance of family members of employees who work abroad and other matters are prescribed by the international agreement and the Fund's Rulebook on the Manner and Procedure of Using Health Care Services outside RS. The Rulebook provides that health care in these countries is provided on the basis of a form issued by the Fund.

BD

The Statute of the Brčko District ("Official Gazette of BD" 02/10 - consolidated text) in Title II Article 13 reads: "Everyone is entitled to the enjoyment of all rights and freedoms guaranteed under the Constitution and laws of Bosnia and Herzegovina and laws of the District without discrimination of any kind. In particular, everyone has the right to access all public institutions and facilities in the District; to move and determine freely his/her place of residence, business or work in the entire territory of the District; and purchase and sell movables and real estates in accordance with the law."

Article 13 of the Law on Employment and Rights During Unemployment of BD ("Official Gazette of BD" 33/04, 19/07, 25/08) reads: "For the purpose of this Law, the compulsory insurance is mandatory participation of the employee, employer and other compulsory insured persons in providing funds for unemployment entitlements." The article defines that persons compulsory insured against unemployment with the Institute shall be: any employee and any other person who, in accordance with labour legislation receives a salary or salary compensation; any elected or appointed person who receives a salary or salary compensation; any natural person, who independently carries out any economic and other activities on basis of which he is entitled to be included in the pension and health insurance scheme (selfemployed person); any owner or co-owner of company on basis of which he is entitled to be included in the pension and health insurance scheme.

The above-mentioned persons and employers pay contributions into compulsory insurance scheme and these funds are used for the exercise of entitlements from compulsory unemployment insurance. The contribution rate for unemployment insurance is determined by the Assembly of BD on the proposal by the Finance Department.

The Employment Law provides for voluntary insurance of persons who are not included in the compulsory insurance scheme, such persons having a possibility of better coverage than the coverage provided to persons included in compulsory insurance scheme.

The decision on the contribution rate for unemployment insurance defines that the base for the calculation and payment of contributions for employment are: gross wages and salaries and other allowances, in accordance with the employment contract, collective agreement and the Rules of Labour Relations, which are subject to income tax and on contributions for health and pension insurance are calculated and paid, provided that the base for calculation cannot be less than BAM 300.00.

The contribution rate for unemployment insurance is 1.5% of the base. The calculation and payment of contributions are made by the employer for each payment.

2) Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework. An answer to this question is given in Article 12(1).

3) Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of the European Code of Social Security.

An answer to this question is given in Article 12(1).

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

International instruments

- UN Convention on the Rights of the Child (1989)
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
- International Covenant on Economic, Social and Cultural Rights 1966
- UN Convention on the Rights of People with Disabilities

Primary legislation (laws):

- Constitution of the Federation of BiH
- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of the Federation of BiH“ 36/99, 54/04, 39/06, 14/09);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of Una-Sana Canton“ 5/00, 7/01);
- Law on Social Protection („Official Gazette of Posavina Canton“ 5/04);
- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of Tuzla Canton“ 12/00, 5/02, 13/03, 8/06, 11/09, 17/11);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of Zenica-Doboj Canton“ 13/07);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of Bosnia-Drina Canton, Goražde“ 10/00, 5/03, 5/05);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of Middle Bosnia Canton“ 10/05, 2/06);
- Law on Social Protection Herzegovina–Neretva Canton („Official Gazette of Herzegovina-Neretva Canton“ 3/05);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of Western Herzegovina Canton“ 16/01, 11/02, 4/04, 9/05);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH Sarajevo („Official Gazette of Sarajevo Canton“ 26/02, 8/03, 2/06, 21/06, 17/10)
- Law on Social Protection of Canton 10 („Official Gazette of Herzeg-Bosnia Canton“ 5/98) –

- Law on Appropriation of Public Revenues of FBiH (“Official Gazette of FBiH” 22/06)
- Law on Inspections of FBiH (“Official Gazette of F BiH” 69/05) - Law on Administrative Procedure (“Official Gazette of FBiH” 2/98, 48/99)
- Law on Administrative Disputes („Official Gazette of FBiH“ 9/05),
- Law on Social Protection BD („Official Gazette of BD“ 1/03, 4/04, 19/07, 2/08) - Election Law of BD („Official Gazette of Brčko District of Bosnia and Herzegovina“ 17/08 “
- Law on Administrative Procedure of BD – consolidated text („Official Gazette of BD“ 48/11
- Law on Administrative Disputes of BD („Official Gazette of BD“ 4/00).

Article 13, para. 1

QUESTION:

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

ANSWER:

It is widely known that BiH is among countries with the most difficult situation of refugees and displaced persons in Europe.

The largest number of refugees in Bosnia and Herzegovina comes from Serbia and Montenegro, but there is a number of refugees from other countries (Palestine, Syria, Tunisia, Macedonia, Algeria, Albania, Croatia etc.).

In accordance with the Law on Movement and Stay of Aliens and Asylum, the Ministry of Security is responsible for determining the status while the Ministry of Human Rights and Refugees is responsible for providing the persons with refugee status and subsidiary protection status with access to the right to work, education, health care and social welfare under the same conditions as nationals in BiH.

In this regard, the Ministry of Human Rights and Refugees has passed six by-laws which ensure access to the guaranteed rights by persons with refugee status:

- Rulebook on the Manner of Joining the Health Insurance and Health Care Schemes by Persons with Recognized Refugee Status or Another Form of International Legal Protection in Bosnia and Herzegovina,

- Rulebook on Person's Status and Registration of Birth, Marriage and Death of Refugees and Persons under International Protection in Bosnia and Herzegovina,
- Rulebook on Exercise of the Right to Work of Persons Granted International Protection in Bosnia and Herzegovina,
- Rulebook on Exercise of the Right to Education of Persons Granted International Protection in Bosnia and Herzegovina,
- Rulebook on Exercise of the Right to Social Security of People Granted International Protection in Bosnia and Herzegovina and
- Rulebook on the Identification Documents of Persons Granted International Protection in Bosnia and Herzegovina.

In accordance with these rulebooks the Ministry of Human Rights and Refugees pays directly contributions into health insurance scheme for the recognized refugees in Bosnia and Herzegovina.

Through the social welfare centres, the Ministry for Human Rights and Refugees pays funds for exercising the right to social security, limited financial assistance.

We have also managed to register all persons above 15 years of age with recognized status in Employment Services with the possibility of employment under the same conditions as BiH nationals.

In addition to people with refugee status, for many years now, a large number of persons accepted as refugees have been living in BiH and they have not integrated in BiH yet. They are mainly Serb refugees from Croatia and Bosniacs, Roma and Albanians from Serbia and Montenegro. A significant portion of these people has not resolved the issue of legal status or other issues in BiH, which would facilitate the integration, or they have BiH citizenship, which prevents both themselves and appropriate authorities from solving difficulties of this group of people in BiH in accordance with rules of international legal protection.

Social security benefits / eligibility criteria, types and duration of benefits

FBiH

In FBiH, the Constitution of the Federation of BiH, Article II.2.n), provides that all persons within the territory of the Federation shall enjoy the right to social protection.

Pursuant to Articles III.2.e), III.3(1) and III.3(2) of the Constitution of the Federation of BiH, both the Federation Government and the Cantons have responsibilities for the social policy. The responsibilities may be exercised jointly or separately or by the Cantons as coordinated by the

Federation Government. The Cantons and the Federation Government consult one another on an on-going basis with regard to these responsibilities.

The Cantons have the right to make policy and enact laws concerning these responsibilities (Article III.3.(4)) and to implement social welfare policy and provide social welfare services (Article III.4.j).

In FBiH, social protection is governed by the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09), which is a social protection law determining the social welfare policy of FBiH.

Number of Social Welfare Centers in BiH

	FBiH	RS	BD BiH ¹	BiH
2012	72	45 ²	1	118
2013	72	46 ²	1	119
2014	72	46 ²	1	119

Employees in Social Welfare Centers

	2009	2010	2011	2012	2013	2014
TOTAL	1,250	1,286	1,265	1,273	1,318	1,335
<i>males</i>	298	316	332	328	321	323
<i>females</i>	952	970	933	945	997	1,012
<i>Social workers</i>	468	474	472	473	487	474
<i>Pedagogues</i>	52	51	54	48	55	56
<i>Psychologists</i>	48	55	52	58	65	70

<i>Special education therapists</i>	21	20	19	20	19	17
<i>Health care staff</i>	6	16	13	13	12	18
<i>Legal professionals</i>	145	152	154	170	180	185
<i>Administrative personnel</i>	339	348	325	330	334	325

Given the constitutional division of responsibilities between the Federation government and the cantons in social protection of FBiH, apart from the Law above, there are cantonal regulations and enactments on social protection, passed in pursuance of the Law above (Article 103), which closely regulate conditions, manner, procedure and funding of social protection rights (Article 8).

In FBiH, funds for financing the social protection are provided from municipal and cantonal budgets in pursuance of the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH (Article 97) and the Law on Appropriation of Public Revenues of FBiH (“Official Gazette of the Federation of BiH” 22/06) (Article 11(5)).

Pursuant to the Law on Appropriation of Public Revenues of FBiH, institutions/institutes of importance to the Federation in the field of social protection are funded from the FBiH Budget (Article 15(1)(14)).

Oversight inspections of the implementation of the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH and cantonal regulations and enactments on social protection are responsibility of the Federation and cantonal inspection authorities in accordance with the Law on Inspections of FBiH (“Official Gazette of FBiH” 69/05).

Recipients of social security benefits, as defined in the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09) are persons in need , the following groups, in particular: children without parental care, neglected children, uncared-for children, children retarded due to domestic situation, persons with disabilities and mentally and physically retarded persons, persons in straitened circumstances having no earning capacity, old persons without family to take care of them, persons of socially unacceptable behaviour, and persons and families

in need who need special kind of social security due to exceptional circumstances (Article 12(1)).

<i>Category of beneficiary</i>			2009	2010	2011	2012	2013	2014		
TOTAL			All	483,590	498,828	482,228	522,701	406,705	409,195	<i>all</i>
			Males	228,684	234,661	230,326	252,359	201,919	199,077	<i>males</i>
			Females	254,906	264,167	251,902	270,342	204,786	210,118	<i>females</i>
BENEFICIARIES OF SUBVENTIONS			All	25,801	30,062	15,675	26,231	15,445	10,728	<i>all</i>
			Males	12,110	13,345	7,370	11,837	8,243	5,665	<i>males</i>
			Females	13,691	16,717	8,305	14,394	7,202	5,063	<i>females</i>
MENTALLY AND PHYSICALLY HANDICAPPED PERSONS			All	40,128	40,058	38,832	40,536	40,162	41,212	<i>all</i>
			Males	20,998	20,604	20,330	21,306	20,604	21,484	<i>males</i>
			Females	19,130	19,454	18,502	19,230	19,558	19,728	<i>females</i>
With visual impairment			All	4,009	3,732	3,474	3,437	3,527	3,502	<i>all</i>
			Males	2,108	1,897	1,939	1,880	1,867	1,845	<i>males</i>
			Females	1,901	1,835	1,535	1,557	1,660	1,657	<i>females</i>

<i>With hearing impairment</i>			All	2,858	2,833	2,720	2,661	2,612	2,578	<i>all</i>
			Males	1,516	1,470	1,454	1,427	1,370	1,388	<i>males</i>
			Females	1,342	1,363	1,266	1,234	1,242	1,190	<i>females</i>
<i>With voice and speech impediments</i>			All	1,025	1,878	962	1,040	1,026	1,034	<i>all</i>
			Males	569	1,075	553	634	581	603	<i>males</i>
			Females	456	803	409	406	445	431	<i>females</i>
<i>Physically disabled persons</i>			All	15,178	14,441	13,993	14,912	14,779	15,392	<i>all</i>
			Males	7,661	7,073	6,860	7,544	7,182	7,409	<i>males</i>
			Females	7,517	7,368	7,133	7,368	7,597	7,983	<i>females</i>
<i>Mentally disabled persons</i>			All	9,900	10,028	10,307	10,590	10,392	10,229	<i>all</i>
			Males	5,411	5,372	5,634	5,682	5,480	5,617	<i>males</i>
			Females	4,489	4,656	4,673	4,908	4,912	4,612	<i>females</i>
<i>With behavioural and</i>			All	1,694	1,723	1,326	1,659	1,428	1,991	<i>all</i>
			Males	921	959	784	945	816	1,160	<i>males</i>

<i>personality disorders</i>			Females	773	764	542	714	612	831	<i>females</i>
<i>With combined handicaps</i>			All	5,464	5,423	6,050	6,237	6,398	6,486	<i>all</i>
			Males	2,812	2,758	3,106	3,194	3,308	3,462	<i>males</i>
			Females	2,652	2,665	2,944	3,043	3,090	3,024	<i>females</i>
PERSONS WITH SOCIAL UNACCEPTABLE BEHAVIOR			All	7,969	8,241	8,671	9,260	8,998	9,268	<i>all</i>
			Males	5,800	5,845	6,338	6,761	6,533	6,879	<i>males</i>
			Female	2,169	2,396	2,333	2,499	2,465	2,389	<i>females</i>
<i>Inclined to vagrancy</i>			All	1,023	1,059	1,091	1,220	1,106	1,144	<i>all</i>
			Male	608	616	642	711	642	681	<i>males</i>
			Female	415	443	449	509	464	463	<i>females</i>
<i>Inclined to begging</i>			All	1,222	1,275	1,255	1,422	1,387	1,387	<i>all</i>
			Males	578	560	530	632	558	647	<i>males</i>
			Female	644	715	725	790	829	740	<i>females</i>
<i>Inclined to prostitution</i>			All	242	249	231	280	280	263	<i>all</i>

			Males	25	24	25	40	63	32	<i>males</i>
			Females	217	225	206	240	217	231	<i>females</i>
<i>Inclined to committing criminal acts</i>			All	1,961	2,243	2,436	2,601	2,675	2,858	<i>all</i>
			Males	1,660	1,839	2,090	2,287	2,350	2,503	<i>males</i>
			Females	301	404	346	314	325	355	<i>females</i>
<i>Alcoholics</i>			All	2,815	2,737	2,947	2,969	2,865	2,839	<i>all</i>
			Males	2,396	2,299	2,499	2,501	2,395	2,406	<i>males</i>
			Females	419	438	448	468	470	433	<i>females</i>
<i>Drug addicts</i>			All	706	678	711	768	685	777	<i>all</i>
			Males	533	507	552	590	525	610	<i>males</i>
			Females	173	171	159	178	160	167	<i>females</i>
MENTALLY ILL PERSONS			All	6,496	6,497	7,511	7,785	7,743	8,563	<i>all</i>
			Males	3,416	3,291	4,065	4,216	4,246	4,639	<i>males</i>
			Females	3,080	3,206	3,446	3,569	3,497	3,924	<i>females</i>

<i>PERSONS NOT HAVING A SUFFICIENT INCOME TO SUPPORT THEMSELVES</i>	All	171,687	175,243	172,641	193,333	174,191	181,152	<i>all</i>
	Males	81,663	82,789	82,140	93,361	82,278	83,966	<i>males</i>
	Females	90,024	92,454	90,501	99,972	91,913	97,186	<i>females</i>
<i>Financially unprovided persons and persons unable to work</i>	All	39,961	40,185	38,987	43,999	38,848	36,397	<i>all</i>
	Males	18,232	18,406	18,073	19,938	17,136	16,094	<i>males</i>
	Females	21,729	21,779	20,914	24,061	21,712	20,303	<i>females</i>
<i>Old persons without family care</i>	All	18,173	18,079	17,024	18,608	16,542	16,468	<i>all</i>
	Males	8,171	8,077	7,121	8,552	7,403	7,145	<i>males</i>
	Females	10,002	10,002	9,903	10,056	9,139	9,323	<i>females</i>
<i>Chronically ill</i>	All	11,913	10,554	10,294	12,285	12,054	12,061	<i>all</i>
	Males	5,183	4,751	4,767	5,674	5,530	5,570	<i>males</i>
	Females	6,730	5,803	5,527	6,611	6,524	6,491	<i>females</i>
<i>Persons requiring social services due to specific circumstances</i>	All	35,116	41,467	41,851	46,212	38,258	41,821	<i>all</i>
	Males	17,081	20,486	20,738	23,055	18,749	20,582	<i>males</i>
	Females	18,035	20,981	21,113	23,157	19,509	21,239	<i>females</i>

<i>Other persons in need of social services</i>			All	57,749	55,711	55,234	61,010	57,055	58,289	<i>all</i>
			Males	29,720	27,559	27,849	31,249	28,716	27,801	<i>males</i>
			Females	28,029	28,152	27,385	29,761	28,339	30,488	<i>females</i>
<i>Beneficiaries of humanitarian aid</i>			All	8,775	9,247	9,251	11,219	11,434	16,116	<i>all</i>
			Males	3,276	3,510	3,592	4,893	4,744	6,774	<i>males</i>
			Females	5,499	5,737	5,659	6,326	6,690	9,342	<i>females</i>
<i>PERSONS IN DIFFERENT SOCIAL AND PROTECTIVE NEEDS</i>			All	215,322	219,295	216,922	221,901	141,106	137,260	<i>all</i>
			Males	98,735	100,627	101,260	105,144	70,823	66,586	<i>males</i>
			Females	116,587	118,668	115,662	116,757	70,283	70,674	<i>females</i>
<i>With serious housing problems</i>			All	11,104	11,620	11,381	12,311	12,070	10,210	<i>all</i>
			Males	5,105	5,410	5,280	5,412	5,392	4,547	<i>males</i>
			Females	5,999	6,210	6,101	6,899	6,678	5,663	<i>females</i>
<i>Returned from</i>			All	287	447	551	708	798	1,008	<i>all</i>
			Males	264	432	530	688	751	977	<i>males</i>

<i>imprisonment</i>			Females	23	15	21	20	47	31	<i>females</i>
<i>Suffered in natural disasters</i>			All	232	735	1,217	501	495	4,418	<i>all</i>
			Males	122	366	645	276	246	2,149	<i>males</i>
			Females	110	369	572	225	249	2,269	<i>females</i>
<i>Civil victims of war</i>			All	3,132	3,076	3,161	3,217	3,139	3,160	<i>all</i>
			Males	1,737	1,630	1,574	1,684	1,653	1,684	<i>males</i>
			Females	1,395	1,446	1,587	1,533	1,486	1,476	<i>females</i>
<i>Members of family of civilian victims of war</i>			All	3,871	3,827	3,814	3,804	3,784	3,746	<i>all</i>
			Males	1,589	1,597	1,511	1,523	1,495	1,440	<i>males</i>
			Females	2,282	2,230	2,303	2,281	2,289	2,306	<i>females</i>
<i>In need of social welfare services</i>			All	196,696	199,590	196,798	201,360	120,820	114,718	<i>all</i>
			Males	89,918	91,192	91,720	95,561	61,286	55,789	<i>males</i>
			Females	106,778	108,398	105,078	105,799	59,534	58,929	<i>females</i>
			All	16,187	19,432	21,976	23,655	19,060	21,012	<i>all</i>

<i>WITHOUT SPECIFIC CATEGORY</i>	Males	5,962	8,160	8,823	9,734	9,192	9,858	<i>males</i>
	Females	10,225	11,272	13,153	13,921	9,868	11,154	<i>females</i>

In the Federation of Bosnia and Herzegovina, registration of birth of a child is made pursuant to the Law on birth registers of the Federation of Bosnia and Herzegovina ("Official Gazette of the Federation BiH", Nos. 37/12 and 80/14) and in the municipality of the child's birth, children born in marriage and born out of marriage. Children born abroad are registered in the last residence of parent.

Deadline for registration of birth of a child is fifteen (15) days. After this period, birth registration is conducted through municipal departments, which, after the administrative proceedings, issuing a decision on subsequent registration in the birth register.

Law on Registry Books of the Federation of Bosnia and Herzegovina prohibits all forms of discrimination based on gender, religion, race and ethnic origin, color, language, national or social origin, education and social status, during the registration and issuing statements and birth certificates, conducting administrative proceedings relating to the facts to be entered in the registers and other matters governed by this law.

Local governments are keeping records (city and municipality) through the competent administrative services of the municipality and the city designated to perform these tasks.

Health institution is obliged to record birth of a child (live or dead).

Father of a child is obliged to report the birth outside of a health institution, and if he is not able to do so or if not, the birth of a child is expected to be reported by another member of the household, or the person in whose apartment the child is born or mother when she become able to do so, doctor or someone involved in childbirth, and if these persons do not do so or are not able to register the birth of a child, the birth shall report a person who knows that the child was born. A child whose parents are not known shall be entered in the register of births, which is kept in a place where the child was found. Registration is conducted on the basis of a final decision of the competent guardianship authority. The fact on adoption is entered into the register of births on the basis of a final decision of the competent guardianship.

The fact of birth of a person who has acquired citizenship of BiH by naturalization or through an international agreement or to another legal basis, in accordance with previous regulations, shall be entered in the registry book. Subsequent entry in the birth must be made for all persons who are not registered within the prescribed deadline, regardless of age.

Cantonal legislation may extend the circle of beneficiaries of social protection in accordance with the programs of development of social protection and specific conditions in the particular Canton (Article 12(2)).

A child without parental care, as defined in the Law above, is a child without both parents, of unknown parents, abandoned by parents deprived of parental rights and of parents prevented from carrying out parental duties. A neglected child is a child who violates acceptable rules of social behaviour owing to a lack of control and care by his parents and a negative influence of neighbourhood. An uncared-for child is a child who violates acceptable rules of social behaviour and commits minor or criminal offenses. A child retarded due to domestic situation is a child whose parents are not in position to ensure him required preconditions for normal education, physical and mental development due to disorderly family relations, financial or other conditions (Article 13). Persons with disabilities and mentally and physically retarded persons, as defined in the Law above, are children and adult persons who are: blind or visually impaired, deaf or hard of hearing, with speech or voice disorders, with physical disability and/or permanent problems in physical development, with difficulties in mental development (of light, moderate, serious, and severe degree), with combined disabilities (multiple difficulties in the development). (Article 14). A person in straitened circumstances having no earning capacity, as defined in the Law above, is an adult who lacks means, is unfit for work and cannot make living in any other way (Article 15).

An old person without family to take care of him/her, as defined in the Law above, is a man aged 65 years and older or a woman aged 60 years and older, who has no family or relatives who are legally obliged to maintain him/her or if they do, they are incapable of caring for him/her (Article 16). Persons of socially unacceptable behaviour, as defined in the Law above is a person who turns to loitering, vagrancy, begging, prostitution, alcoholism or drug abuse (Article 17).

A person and family in need who need special kind of social security due to exceptional circumstances, as defined in the Law above, is a person and family that find themselves in need due to forced migration, repatriation, natural disaster, death of one or more family members, return from medical treatment, release from prison or juvenile correctional facility (Article 18). With regard to definitions of beneficiaries of social protection in cantonal regulations and enactments, we should underline that four cantonal laws in the FBiH have the same beneficiaries of social protection as the Federation Law has and they are: Herzegovina-Neretva Canton, Western Herzegovina Canton, Middle Bosnia Canton and Bosnia-Drina Canton.

Tuzla Canton and Sarajevo Canton have broadened the circle of beneficiaries of social welfare and additionally included victims of abuse and domestic violence. Una-Sana Canton has included members of dysfunctional families as beneficiaries of social protection. Zenica-Doboj has included persons dependent upon psychoactive substances and victims of domestic violence and violence in the community.

Cantonal legislation determines the exact value of financial and other kinds of assistance, conditions and procedure of acquiring these rights and their exercise, unless otherwise stipulated by this Law (Article 19(2)). Cantonal legislation may determine other social security entitlements in accordance with the program of social security development and its financial situation (Article 19(3)).

Persons and families in need, who fulfil requirements for acquiring and exercising social security entitlements under Article 19 of this Law, are also entitled to certain forms of health care, housing provision and meeting other needs in compliance with the law at the expense of social welfare funds (Article 20).

The attendance allowance is granted to people above 65, if they are feeble old persons who due to permanent changes in their health necessarily need permanent assistance and care by another person in order to satisfy their basic needs of life (Article 26(1)).

Persons with disabilities who have been granted attendance allowance in accordance with this Law before 65 years of age do not lose the entitlement after reaching 65 years of age and they shall exercise it in accordance with this Law for as long as they meet statutory requirements (Article 26(2)).

Cantonal legislation determines conditions and procedures for exercising the entitlement under Article 26(1) of the Law (Article 26(3)). Funds for exercising entitlements under this Article shall be appropriated in the budget of Cantons (Article 26(4)).

Cantonal legislation (Article 27)) determines the level of permanent allowance and attendance allowance as well as the incomes that are taken into consideration when determining the level of the allowances. Disabled children and adults with arrested physical and mental development of permanent nature are accorded favourable requirements for acquiring the social welfare entitlements and higher level of permanent allowance and attendance allowance. When determining the household income for the purpose of paragraph 1 of this Article, incomes from unemployment benefit, disability allowance, attendance allowance, child allowance and pupil and student scholarships shall not be added in calculating the total income.

For the purpose of this Law, other material support is any temporary, one-time or other financial support or support in kind to needy persons or families in financial need due to the special circumstances under Article 18 of this Law provided that they meet requirements under Article 22(2) and 22(3) of this Law.

As discussed above, in the FBiH, in addition to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, there are cantonal laws on social security, which define in more details terms, conditions, procedures and financing of social welfare benefits.

However, the problem is that the cantonal laws in the Federation of Bosnia and Herzegovina are not brought in line with each other, resulting in the fact that they do not accord the same social protection to all citizens. Some cantons have delayed the passage of the law and brought interim decisions to regulate this matter or passed the law that was not in line with basic principles and minimum entitlements set forth in the Federation Law. Further, some cantons have passed the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children while others have passed a law governing social protection solely.

All the above has contributed to social security in the Federation of Bosnia and Herzegovina being fragmented in funding, discriminatory against social security beneficiaries by place of residence according to the economic wealth of the particular canton or municipality and without adequate resources and providing unequal access to assistance.

An additional difficulty is that the valid law in the Federation of BiH includes three separate fields: social protection, protection of civilian victims of war and protection of families with children and, as such, has been vaguely designed and complicated to enforce. Further, a problem is caused by a lack of a social security beneficiaries database at the level of the Federation of BiH.

The cantonal legislation determines amounts of allowances and benefits, requirements for and procedure of granting them.

Further, the cantonal laws provide for means testing for eligibility for permanent allowance, the base for computation, as well as what makes an income of household, which are different from canton to canton.

With regard to attendance allowance, the 2006 legislation (Article 4 of the Law on Amendments to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99)) determines that attendance allowance can be granted to an old and feeble person who due to permanent changes of health condition necessarily needs permanent assistance and care by another person in order to satisfy their basic needs of life, provided that such person is not placed in a social care, medical or any other institution, that household income does not exceed the amount determined by the cantonal regulations, does not receive home care and assistance at home and that this entitlement cannot be exercised on some other grounds.

The 2009 amended legislation (Article 16 of the Law on Amendments to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 14/09”) determines that attendance allowance can be granted to an old and feeble person who due to permanent changes of health condition necessarily needs permanent assistance and care by another person in order to satisfy their basic needs of life. Persons with disabilities who have been granted attendance allowance in accordance with this Law before 65 years of age do not lose the entitlement after reaching 65

years of age and they shall exercise it in accordance with this Law for as long as they meet statutory requirements. Cantonal legislation determines conditions and procedures for exercising the entitlement under paragraph 1 of this Article. Funds for exercising entitlements under this Article shall be appropriated in the budget of Cantons.

As discussed above, other material support is any temporary, one-time or other financial support or support in kind to needy persons or families in need due to forced migration, repatriation, natural disaster, death of one or more family members, return from medical treatment, release from prison or juvenile correctional facility, if they have no family or relatives who are legally obliged to maintain them or if they do, they are incapable of caring for them.

Duration of assistance

Article 24 of the Law on Amendments to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 14/09”) determines that entitlements under this Law shall be enjoyed for as long as the beneficiaries meet statutory requirements. Beneficiaries of the entitlements shall be obliged to report within 15 days any change which causes loss or reduction of scope of the entitlement.

Individual rights– right of appeal

Social Welfare Centres in the FBiH are the first instance bodies deciding on the entitlements under the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children. Proceedings for obtaining entitlements under this Law are initiated upon a claim of the person needing protection or upon a claim of the legal guardian. The Social Welfare Centres initiate the proceedings ex officio after having learnt or got information from individuals or legal persons, which indicated the need for proceedings. Deciding a request filed with the Social Welfare Centre is considered proceedings of the first instance in the exercise of entitlements. The procedure for exercising the right to social protection follows the Law on Administrative Procedure (“Official Gazette of Federation of BiH” 2/98, 48/99). Appellate proceedings are responsibility of the cantonal ministries responsible for the social welfare except when it comes to attendance allowance where the appellate body is the Federation Ministry of Labour and Social Policy.

Effective appeal

Administrative disputes are instituted at the cantonal courts in the Federation of Bosnia and Herzegovina according to the place of residence / headquarters of the respondent. The court proceedings are governed by the Law on Administrative Disputes („Official Gazette of the Federation of BiH“ 9/05). Judicial proceedings are initiated after the end of administrative proceedings and final decision - it is a decision against which the dissatisfied party is not allowed to lodge an appeal in the administrative proceedings. Further, a party may initiate court proceedings (administrative action) if the administrative appellate authority fails to render a

decision on the appeal against the first instance decision within 30 days and also fails to do so within a further period of 7 days after the request in writing. In this case, the party institutes proceedings as if the appeal was denied.

RS

Social protection in RS is governed by the Law on Social Protection („Official Gazette of RS“ 37/12), the Family Law („Official Gazette of RS“ 54/02, 41/08) and the Law on Child Protection („Official Gazette of RS“ 4/02, 17/08, 1/09) .

At the 56th meeting held on 8 March 2012 the RS Government adopted a new Draft Law on Social Protection, which was passed at the 17th session of RS National Assembly held on 4 April 2012, published in the Official Gazette of RS No. 37 of 27 April 2012 and came into force on 5 May 2012.

The Law on Social Protection regulates the system of social protection, holders and beneficiaries of social security scheme, entitlements under social security scheme, the procedure and conditions for the exercise of the entitlements, activities of social care institutions, independent work in the field of social protection, funding, monitoring and other issues relevant to the operation and implementation of the social protection of citizens. Social protection is an activity of general interest to the RS, which provides assistance to people when they are in need and takes necessary measures to prevent and eliminate effects of such a situation. A situation of people in need is considered to be a situation in which a person badly needs help to overcome social and other difficulties and to create conditions for satisfying his basic needs of life if those needs cannot be satisfied in other social security systems.

Activities of social protection/welfare/security include measures and actions to create conditions for the performance of protective functions of family, conditions for independent life and work of persons in need or their activation in accordance with their abilities, provision of means to indigent and unfit for work persons and other citizens who are in need and provision of other forms of social assistance.

All eligible persons enjoy the entitlements under this Law regardless of: their race, colour, sex, language, political, national or religious conviction, social affiliation or property, birth, disability or any other status.

Social care institutions ensure equal access to and exercise of rights provided for in this Law and prevent any form of discrimination, direct or indirect, on whatever grounds. Natural and legal persons who enforce this Law have to respect dignity and personality of beneficiaries and take care of their interests. Legal and natural persons providing services support beneficiaries to use their potentials to earn a living independently, have productive lives in the community, prevent their dependence on social security and reduce the risk of social exclusion. Beneficiaries under this Law primarily exercise their rights in the community where they live. The community is

obliged to provide conditions and develop services that will help beneficiaries meet their needs. In exercising their rights under this Law, any beneficiary is an equal participant in the process of making choices of decisions and measures to be taken in his name and in his interest. Social care institutions are established with a view to performing activities and exercising rights provided for in this Law. Social and humanitarian organizations, associations of citizens and individuals, and other institutions and companies may also perform particular activities related to social welfare pursuant to this Law.

Beneficiaries of social security are individuals, family members or a family as a whole, which exercise their rights and receive services in accordance with this Law. The rights are exercised through: cash benefits, social security services and other measures provided to individuals, family members or a family as a whole and are aimed at meeting basic needs and prevention of destitution. In addition to the rights under this Law, any local government may issue a decision in accordance with the needs of the citizens to provide additional entitlements and services and set conditions and criteria for granting them.

Additional benefits and services under paragraph 1 of this Article include: personal assistance to persons with disabilities, supported housing, sheltered housing, assistance with caring of adults after their leaving institutions or foster families, one-time assistance in kind, a soup kitchen, assistance with education of children from socially disadvantaged families, assistance with education of children with disabilities, subsidized utility costs for poor families, assistance with housing for poor families, funeral costs of basic permanent allowance beneficiaries, an emergency line, as well as other benefits and services as needed by local governments.

Responsibility for social welfare under this Law lies with RS and units of local selfgovernment. Republika Srpska regulates the system of social protection, makes policies and development strategies, determines entitlements, criteria and social welfare beneficiaries, provides a portion of funds required for the exercise of rights under this law and monitors the situation and exercise of the rights, founds and provided guidance for the work of social welfare centres and ensures that optimal development of social protection is achieved in the economic and social policy. The units of local self-government adopt annual and mid-term programmes of social protection on the basis of analysis of the financial status of citizens in their territories, decide on additional benefits and other enactments prescribing eligibility conditions and measures established in the decision and programmes, provides means for the realization of the rights set forth in this Law and their decisions, provide funds for social welfare activities, found and take care of the work of social welfare centres, coordinate activities of social protection in the territory of units of local self-government, establish a working body for social protection and perform other tasks to achieve objectives of social security policy.

For the purpose of this Law, social protection entitlements are: allowance, attendance allowance, support of the equalization of opportunities of children and youth with disabilities, placement in

an institution, placement in a foster family, home help and home care, day care, one-time cash assistance and counselling.

The right to social protection under this Law is enforced by social care institutions. A social care institution may be established by the Government, a unit of local self-government, natural and legal persons in accordance with the law governing public services.

Social care institutions that are established in accordance with this Law are: Institute for Social Security, social welfare centre, social care institution for placement, social care institution for day care services, home help and care centre, gerontology centre, centre for social rehabilitation of persons with disabilities, centre for education of children and youth, centre for children and youth with disabilities, shelter and counselling.

Article 10(1), 10(2) and 10(3)(6) of the Law on Child Protection regulate the pre-school education for children without parental care, children with disabilities and children hospitalized for a long period of time.

BD

With a view to performing activities of direct social care, family protection, especially of families with children, and for performing other activities defined by the Law on Social Protection of BD and other regulations, the Centre for Social Work is established for the territory of the District. The Centre for Social Work is a public institution founded by the Assembly. NOTE: The Centre for Social Work operates within the Administration, specifically under the Department of Health and Other Services. It is not a public institution that has the status of legal person and is named "Sub-department for Social Security of Brčko District of Bosnia and Herzegovina».

Social and humanitarian organizations, associations of citizens and individuals, and other institutions and companies may also perform particular activities related to social welfare pursuant to the Law on Social Protection of BD. Activities and duties in the field of social welfare shall be performed by the following professionals: social workers, lawyers, psychologists, special-education teachers, pedagogues, sociologists, physicians and other medical staff in accordance to principles of social policy, modern methods of social work, scientific achievements and social moral. Professional secrets are not revealed when activities of social welfare are performed.

Pursuant to the Law on Social Protection of BD services of social work are: preventive activities, diagnostics, treatment and counselling/therapeutic activities, based on providing expert assistance to individuals, families and social groups with a view to helping them solve their difficulties or as assistance in organizing local and other communities on preventing social problems and mitigating their consequences.

Each resident has the right to services of social work.

Apart from its activities mentioned above, the Centre for Social Work also performs expert activities while providing social care and social work, family protection and children care and it: determines and monitors social security needs of residents and problems in the field of social welfare; suggests and takes measures for meeting social needs of residents and monitors the performance of these activities; organizes and implements appropriate forms of social care and children care and directly provides services of social care and social work; develops and enhances preventive activities that contribute to checking of social problems; provides diagnostics services, treatment, counselling/therapeutic activities and expert assistance; supports, organizes and coordinates professional and voluntary work in the field of social care; works on implementing correctional measures imposed on minors; keeps records and documentation about services rendered and measures taken within its scope of activities; performs other activities defined by law and the Mayor's decision.

Counselling	2012	2013	2014	2015
Beneficiaries	24.63 5	25.21 9	28.31 6	26.71 4

Health Care Sub-Department of BD

Counselling services and activities on providing assistance and care as professional services can be provided independently by natural persons, humanitarian organizations and associations. A natural person can provide these services if: he/she has appropriate qualifications; he/she has legal capacity; he/she is mentally and physically fit for performing the activities; he/she has not another full-time job; he/she has appropriate premises and equipment.

A natural person who provides counselling services and services of social care and assistance independently on a professional basis is obliged to inform Centre for Social Work, located in the territory of his/her activities, on the commencement, method and scope of activities.

A natural person who independently performs activities in the field of social welfare on a professional basis is responsible for: providing the service in accordance to the decision issued by Centre for Social Work; applying methods of professional work; respecting the attitude of beneficiaries, their dignity and inviolability of personal and family life and keeping professional secrets; keeping records on services rendered; providing data on his/her activities upon request by the competent Department.

Material assistance consists of: permanent basic allowance; family allowance; allowance for schooling and vocational training of children with special needs and of disabled adults; attendance allowance; one-time cash assistance.

Permanent basic allowance is granted only to one household member. When there are several household members meeting the conditions for receiving basic permanent allowance, the basic permanent allowance is granted only to the family member who meets most of conditions for exercising this right. If a beneficiary of permanent basic allowance is a person placed in social care institution for more than 30 days or a persons placed in a foster family for more than 30 days, he/she is entitled to health care if they cannot get it in any other way.

The permanent basic allowance is a monetary benefit amounting to 21% of the average monthly salary earned in BD for the preceding month published in the Statistical Report of the Statistics Agency Branch of BD.

The permanent basic allowance is granted to an indigent person under the following conditions: residence in the territory of the District; incapacity to work; lack of any income; lack of any relatives who are responsible by law to maintain that person or, if there are relatives, relatives who are eligible for basic permanent allowance.

In order to determine eligibility a means test is carried out in accordance with the Law on Administrative Procedure of BD, evidence of facts relevant to the exercise of the entitlement is collected and family circumstances of potential beneficiaries are checked. The BD Sub-department of Social Protection is responsible for the proceedings and the preparation of the draft decision to be adopted by the Head of the Sub-department of Health Care and Other Services of BD. The Sub-department pays out the allowances based on decisions. The allowance is paid on a monthly basis and the entitlement is exercised as of the first day of the month following the month of application. It is paid for a month proceeding the month of recognition.

Family allowance is granted to members of the household of a beneficiary of permanent basic allowance incapable to work and meeting one of the conditions set forth in Article 33 of this Law. The allowance per household member shall amount to at least 20% of the amount of permanent basic allowance granted. Family allowance is not granted to children of a beneficiary of permanent basic allowance who has already been receiving allowance for schooling and vocational training/ child allowance.

Attendance allowance is a monetary benefit with a purpose to providing funds for payment for services to help performing basic daily activities to or satisfying specific needs of the beneficiary who is unable to satisfy them without help of others.

Attendance allowance is paid to a beneficiary of permanent basic allowance, or a member of his household for whom family allowance is paid if he/she is paralyzed, suffers from muscular dystrophy or related muscle and neuromuscular diseases, grave disturbances in mental

development, blind or immobile and requires attendance provided that he/she is not placed in social care institutions and it amounts for each member to at least 70% of the corresponding amount of permanent basic allowance. Attendance allowance is granted, under conditions stated in the previous paragraph, to any other person regardless of his/her being eligible for material assistance, if that entitlement cannot be exercised on some other grounds, provided that the attendance allowance does not exceed the amount of 50% of the maximum attendance determined in this Law. Medical findings and opinion for the purpose of the preceding paragraphs are given by a medical commission appointed by the Sub-Department of Health and Other Services of BD.

One-time cash assistance is granted to persons who, due to special circumstances, need an appropriate form of social care, under the following conditions:

- residence in the territory of the District;
- lack of any relatives who are responsible by law to maintain that person or, if there are relatives, their incapability to maintain that person;
- monthly income in the amount of less than 45% of the average monthly income;
- indigent status cannot be addressed through some other law or regulation.

One-time assistance cannot exceed the amount of permanent basic allowance or any other material assistance paid in the current month in pursuance of the Law on Social Security of BD and may be granted to a beneficiary up to three times a year.

The most common reasons for applying are: purchase of drugs that are not on the essential drug list of the Health Insurance Fund of BD, purchase of food, wood and coal, textbooks, school supplies. The assistance is granted to a family that owing to new circumstances, according to the Sub-Division of Social Protection, is unable to meet wholly or partly basic needs of life.

Benefit to cover funeral costs A benefit to cover funeral costs in the event of death of permanent basic allowance beneficiary, one or more family members, beneficiaries who were placed in institutional or foster care is paid for each deceased member once in the amount three times the regular basic allowance for the month of payment.

Duration of assistance

Any entitlement to assistance is granted to any person who meets requirements under the Law on Social Protection and the entitlement continues until requirements prescribed for each individual entitlement are met. The Sub-Department for Social Security enforces its decisions in pursuance of the Law on Social Protection.

The right to appeal

Social welfare entitlements are exercised with the Sub-Department for Social Security of BD. At the request of a party or its legal representative or ex officio, authorized officers of the Sub-

Department for Social Security institutes proceedings for exercising the right in accordance with the Law on Social Protection of BD. The procedure for exercising the right to social protection is governed by the Law on Administrative Procedure of BD. A party dissatisfied with the decision of the body of first instance may lodge within 15 days an appeal with the Appellate Commission of BD.

Effective appeal A person dissatisfied with the decision of appellate body may initiate an administrative dispute at the Court of BD. The procedure is governed by the Law on Administrative Disputes of BD. Proceedings before the Basic Court start after the end of administrative proceedings and only when the decision has become final in the administrative procedure. A party may initiate an administrative dispute if in the administrative proceedings an appellate authority has not issued a decision on the appeal within 30 days and fails to do so within a further period of 7 days of a written reminder filed by the party. In this case, the party has the right to lodge an appeal to the Basic Court, as if the request was rejected.

Pursuant to Article 16, para. 3 of the Statute of the Brčko District of BiH in civil cases, in accordance with the law, free of charge or subsidized legal assistance shall be available to DB citizens who do not have sufficient funds to cover all or part of the legal costs.

FBIH

Health care

Article 3 of the Law on Health Care of the Federation provides that every person has a right to health care and a possibility of achieving the highest possible level of health. On the basis of a defined legal framework, the right to health care is enjoyed by all age groups under the compulsory health insurance. Health services are provided on the same terms and conditions to all persons who are insured through a basic package of services.

Paragraph XI of the Basic package of health care rights includes a package for uninsured persons with a domicile in the territory of FBiH and it ensures the following:

- a) the uninsured persons under 18 years of age enjoy the same rights as insured persons,
- b) rights of the uninsured persons above 18 years of age includes the following:
 - emergency medical aid in life threatening situations;
 - treatment of serious contagious diseases (quarantine diseases, tuberculosis, infection with HIV, SARS, avian influenza, syphilis, haemorrhagic fever, hepatitis C and B, botulism, diphtheria, echinococcosis, acute meningitis and encephalitis, measles, pertussis, polio, rabies, tetanus, typhoid fever, typhus),
 - health care during pregnancy and childbirth and puerperium and postnatal complications up to 6 months after delivery,

- health care for mental patients who represent a threat to their own life or lives of others or to property,
- health care in cases of specific chronic diseases (malignant tumours, insulin dependent diabetes, endemic nephropathy and chronic renal failure / dialysis, haemophilia, agammaglobulinemia),
- health care to the persons suffering from progressive neuro-muscular diseases, cerebral paralysis, multiple sclerosis,
- health care to the persons suffering from paraplegia and quadriplegia,
- health care to the persons suffering from epilepsy,
- health services provided with the purpose of organ donation for transplantation,
- health services related to donation of blood.

The above-mentioned rights are funded from the budget of cantons or municipalities in the last place of residence of the insured person.

Health care services as defined in the basic package of health care rights for the insured persons, as well as health care services as defined in the basic package of health care rights for the uninsured persons are provided in health care facilities that are included in the network of primary health care network and the network of hospital health care system with which the competent Health Insurance Fund in the Federation has a contract for health services.

Complaints, reports on violations of rights under mandatory health insurance are defined in the Law on Rights, Obligations and Responsibilities of Patients. Chapter V "Ensuring the protection of patients' rights in the health institution or private practice" determines types of patients' rights protection and they are: patients' complaint commission that is established in the health care centres, dealing with individual complaints lodged by patients. The law establishes the scope of work of this commission. The Commission for the quality and safety of health care services in medical institutions, which is established in accordance with Article 10 the Law on the quality assurance system, safety and accreditation in health care ("Official Gazette of FBiH" 59/05) can also perform certain tasks in the field of protection of patients' rights, in accordance with by-laws of the medical institution. In this regard, Chapter VI "Health Committees in Local Self-government Units and Ministries of Health" (art. 65-75) provides that the protection of patients' rights can be exercised through health committees to be established in each unit of local self-government, as well as at the levels of cantonal and Federation ministries of health.

RS

System of social, family and child protection in RS organized at the national level and at the level of local governments, holders of social protection are cities / municipalities.

In accordance with the Law on Social Protection, holders of social protection have an obligation to encourage the development of social protection, to work in a organized manner in order to achieve its objectives, provide entitlements in accordance with the Law, including the financing of such rights, establish other rights and prescribe the conditions for their exercise, provide resources and establish institutions for the realization of rights.

Republika Srpska regulates the system of social protection, makes policies and development strategies, determines entitlements, criteria and social welfare beneficiaries, provides a portion of funds required for the exercise of rights under this law and monitors the situation and exercise of the rights, founds and provided guidance for the work of social welfare centres and ensures that optimal development of social protection is achieved in the economic and social policy.

The units of local self-government adopt annual and mid-term programmes of social protection on the basis of analysis of the financial status of citizens in their territories, decide on additional benefits and other enactments prescribing eligibility conditions and measures established in the decision and programmes, provides means for the realization of the rights set forth in this Law and their decisions, provide funds for social welfare activities, found and take care of the work of social welfare centres, coordinate activities of social protection in the territory of units of local self-government, establish a working body for social protection and perform other tasks to achieve objectives of social security policy.

In 2015 in RS operated 47 social welfare centers and 14 social welfare services, which are organized as part of the administrative services of the municipality, usually under the jurisdiction of the Department of Social Services. In addition to the centers for social work, in 2015 the RS Government has established seven institutions for accommodation of beneficiaries.

Law on Social Protection defines that the tasks of social protection, in addition to the public, can be performed by private and NGO sector. Such a legal definition allowed the operation of private institutions of social protection, operation of non-governmental organizations and consumer associations in providing services of direct help and support.

In 2015, it will be continued the intensive process of coordination of the operation of existing private homes for the elderly, the work of NGOs and user associations in this field. During the last year, the process of harmonization with the Law on Social Protection has completed seven private homes for the elderly and four non-governmental organizations.

The activities of child protection are carried out by the Public Fund for Child Protection, through which, cash transfers are made to the beneficiaries of the Law on Child Protection.

The uniqueness of the organizational activities of the social, family and child protection reflected in the unique treatment and application of the Law on Social Protection, Family Law and the Law on Child Protection on the whole territory of RS.

In the period from 2012 to 2015, the RS Government through the Ministry of Health and Social Welfare has significantly improved and modernized system of social, family and child protection. Among results achieved in this period, we should highlight the successful implementation of the Law on Social Protection, which was adopted in March 2012. The new Law on Social Protection:

- For the first time the Republic takes part in providing funds for customers;
- Significantly increased individual amounts of allowances for social welfare beneficiaries (eg. Financial aid for the poor has increased three times, and the allowance for care and assistance by another persons has been increased four times);
- Improved targeting of benefits from the budget, which means that the compensation is provided to those who need it the most;
- introduced an inspection and, for the first time, a certain penalties for institutions, responsible persons and experts who do not meet the legal obligations;
- central conditions for apprenticeship and the professional exam in the field of social protection;
- possibility of engaging the private sector in the provision of social services, based on which, in past two years, was opened a couple of high-quality private homes for the elderly and several day care centers for children with special needs, organized by user associations.
- improvement of the living conditions of beneficiaries in social welfare institutions (homes), founded by the Government, through investment programs, which are funded from the regular funds (old hospital in Prijedor, a new home for the elderly in Istočno Sarajevo, a new facility in the Geriatric Center in Banja Luci, renovated buildings in Derventa, Višegrad and Prijedor);
- increased the scope of citizens' social benefits, so that the social, family and child protection annually covers over 70,000 beneficiaries who exercise their rights, services and measures provided for in the Law on Social Protection, Family Law, the Law on Child Protection, and Protection and Treatment of Children and Juveniles in the Criminal Procedure, the Law on the Protection of Persons with Mental Disorders, the Law on the Protection from Domestic Violence and others.
- increased the number of employed persons in the field of social protection, which employs about two thousand employees, with a tendency of continuous increase, which suggest that this is an economic activity in the developing world;
- supported the establishment of new social welfare centers,

- supported the establishment and operation of day care centers for children with special needs;
- increased the budget of the Public Fund for Child Protection from 30 million BAM (2006.) to 59 million BAM;
- increased the scope of the rights under the Law on Child Protection to 35,000 beneficiary families and almost 40,000 children-beneficiaries, and each year are provided free holidays (in Montenegro, Adriatic coast) for over 1,500 children from socially vulnerable families;
- the first strategic documents in the field of social, family and child protection were made ("Strategy to improve the social protection of children without parental care", "Strategy to improve the social status of persons with disabilities")
- In cooperation with international organizations (World Bank, UNICEF, UNFPA, UNDP, OSCE, IOM, etc.), several very important projects in the field of social, family and child protection were implemented and they have significantly contributed to improving the quality of services, providing the functionality of institutions and strengthening the competencies of service providers in over forty communities in RS;
- it was reached a high level of cooperation with international organizations and institutions in the Federation of BiH, which included taking the full respect of RS attitudes in creation of development trends in social, family and child protection.

Social protection in RS is governed by the Law on Social Protection („Official Gazette of RS“ 37/12), the Family Law („Official Gazette of RS“ 54/02, 41/08) and the Law on Child Protection („Official Gazette of RS“ 4/02, 17/08, 1/09) .

The Law on Social Protection regulates the system of social protection, holders and beneficiaries of social security scheme, entitlements under social security scheme, the procedure and conditions for the exercise of the entitlements, activities of social care institutions, independent work in the field of social protection, funding, monitoring and other issues relevant to the operation and implementation of the social protection of citizens.

Social protection is an activity of general interest to the RS, which provides assistance to people when they are in need and takes necessary measures to prevent and eliminate effects of such a situation. A situation of people in need is considered to be a situation in which a person badly needs help to overcome social and other difficulties and to create conditions for satisfying his basic needs of life if those needs cannot be satisfied in other social security systems. Activities of social protection/welfare/security include measures and actions to create conditions for the performance of protective functions of family, conditions for independent life and work of persons in need or their activation in accordance with their abilities, provision of means to indigent and unfit for work persons and other citizens who are in need and provision of other forms of social assistance.

All eligible persons enjoy the entitlements under this Law regardless of: their race, colour, sex, language, political, national or religious conviction, social affiliation or property, birth, disability or any other status.

Social care institutions ensure equal access to and exercise of rights provided for in this Law and prevent any form of discrimination, direct or indirect, on whatever grounds. Natural and legal persons who enforce this Law have to respect dignity and personality of beneficiaries and take care of their interests. Legal and natural persons providing services support beneficiaries to use their potentials to earn a living independently, have productive lives in the community, prevent their dependence on social security and reduce the risk of social exclusion. Beneficiaries under this Law primarily exercise their rights in the community where they live. The community is obliged to provide conditions and develop services that will help beneficiaries meet their needs. In exercising their rights under this Law, any beneficiary is an equal participant in the process of making choices of decisions and measures to be taken in his name and in his interest. Social care institutions are established with a view to performing activities and exercising rights provided for in this Law. Social and humanitarian organizations, associations of citizens and individuals, and other institutions and companies may also perform particular activities related to social welfare pursuant to this Law. The rights are exercised through: cash benefits, social security services and other measures provided to individuals, family members or a family as a whole and are aimed at meeting basic needs and prevention of destitution. Beneficiaries of social security are individuals, family members or a family as a whole, which exercise their rights and receive services in accordance with this Law.

For the purpose of this Law, social protection entitlements are: allowance, attendance allowance, support of the equalization of opportunities of children and youth with disabilities, placement in an institution, placement in a foster family, home help and home care, day care, one-time cash assistance and counseling. Units of local self-government regulates the system of social protection, makes policies and development strategies, determines entitlements, criteria and social welfare beneficiaries, provides a portion of funds required for the exercise of rights under this law and monitors the situation and exercise of the rights, founs and provided guidance for the work of social welfare centres and ensures that optimal development of social protection is achieved in the economic and social policy.

Lump sum payment of financial assistance is provided to individuals, family members or a family as a whole that is currently in need owing to circumstances. Attendance allowance with a purpose to providing funds for payment for services to help performing basic daily activities to or satisfying specific needs of the beneficiary who is unable to satisfy them without help of others.

Right to support of the equalization of opportunities of children and youth with disabilities, have children and young people with physical, mental, sensory or combined disabilities, which are

after the age of elementary school and until the age of 30 involved in the education process, and which can not achieve this right on any other basis.

Accommodation in an institution implies accommodation into social welfare institution and to another institution that is located outside of the social protection system which is appropriate and meets the requirements of the beneficiary of social protection. Foster care provides a higher level of accommodation and care of minors and adults; the Law defines who can provide foster care and how many persons can be placed in a foster family. Attendance entitlement for elderly or severely ill persons who are not able to take care of themselves. A day care centre for adults provides adult persons with disabilities and the elderly with services to meet their basic needs of life in the most appropriate way. This facility provides beneficiaries with: daytime stay, meals, medical supervision, vocational and occupational therapy, cultural and recreational activities, and other activities according to their abilities and preferences. Right to financial assistance is provided to individuals, family members or a family as a whole that is currently in need owing to circumstances. Counseling is the systematic and programmed technical assistance realized by professional workers using methods of social work and social sciences and humanities, whose purpose is to help the individual, family members or the family as a whole in the development, preservation and improvement of their own social opportunities, and in the case of disease, age, disability, unemployment, death of close persons, problems in the education of children in relations between parents and children, the problem of risky behavior of children and youth, the problem of marital and extra-marital relationships, marriages, domestic violence, involvement in daily life after a prolonged stay in institutions, achieving certain social rights, and in other unfavorable social circumstances and emergencies.

In addition to the rights under this law, local governments in its decision, in accordance with the needs of the population, may determine other rights and services, the conditions and criteria for their implementation. Expanded entitlements: personal assistance for persons with disabilities, supported housing, sheltered accommodation, assistance with care of adults after leaving institutions or foster families, one-time assistance in kind, a soup kitchen, help with education of children from socially disadvantaged families, assistance in education and education of children with disabilities, subsidized utility costs for poor families, assistance with housing for poor families, funeral costs for beneficiaries under this law, a hotline, as well as other benefits and services, as required by local governments. New social care institutions: the Institute of Social Welfare is a professional institution, whose task is development and improvement of the social security system, researches and professional activities, the Centre for Specialized Social Services, Centre for Assistance in the House, the Centre for Social Rehabilitation of Persons with Disabilities, the Centre for Children and Youth Upbringing and the Centre for Mentally Retarded Children and Youth and Counselling Offices.

Responsibility for social welfare under this Law lies with RS and units of local selfgovernment. Republika Srpska regulates the system of social protection, makes policies and development strategies, determines entitlements, criteria and social welfare beneficiaries, provides a portion of

funds required for the exercise of rights under this law and monitors the situation and exercise of the rights, founds and provided guidance for the work of social welfare centres and ensures that optimal development of social protection is achieved in the economic and social policy. The units of local self-government adopt annual and mid-term programmes of social protection on the basis of analysis of the financial status of citizens in their territories, decide on additional benefits and other enactments prescribing eligibility conditions and measures established in the decision and programmes, provides means for the realization of the rights set forth in this Law and their decisions, provide funds for social welfare activities, found and take care of the work of social welfare centres, coordinate activities of social protection in the territory of units of local self-government, establish a working body for social protection and perform other tasks to achieve objectives of social security policy.

A social welfare beneficiary is a person who is in need, such as: a) a child: without parental care, with disabilities, whose development is hindered by family circumstances, a victim of violence, a victim of trafficking, with socially unacceptable behaviour, exposed to risky social behaviour or needing social protection owing to special circumstances, b) an adult: without means and unable to work, with disabilities, of old age, without family care, with negative social behaviour, a substance abuse victim, a victim of domestic violence, a victim of trafficking or needing social protection owing to special circumstances.

Fundamental rights that are introduced in the Law are an entitlement to day care and an entitlement to counselling. The former Commissions for classification of persons with disabilities are changing conceptually based on the social model and systemic needs assessment and guidance of children and youth with disabilities are introduced, which is one of major breakthroughs in the social welfare system. Attendance allowance will be computed in 2 groups: the first group of beneficiaries who need round-the-clock assistance and care will receive 20% of the base that is the average net wage in the RS in the previous year, the second group beneficiaries who partially need assistance and care will receive 10% of the base that is the average net wage in the RS in the previous year.

The Law on social Protection develop a mixed system of social protection through the development of expanded rights that make up a support system in daily life of all persons with disabilities.

In order to realize the rights of the RS Law on Child Protection, the Government established the Child Protection Fund. Child Protection Fund of RS was established on 25 November 1996 in accordance with the provisions of Article 70 of the Law on Child Protection ("Official Gazette of RS", Nos. 04/02, 17/08, and 01/09).

The functioning of the Child Protection Fund is provided through a network of social welfare centers and municipal social protection services. Social welfare centers are partners with the Fund in performing not only tasks concerning financial contributions, but also in all other

activities and projects carried out by the Fund, it is important to note that the overall functioning of the Child Protection Fund is implemented through social welfare centers.

The development of legislation and the diversity of institutions indicate serious governmental efforts to strengthen public visibility and awareness of the social protection of children. Beneficiaries of the Law on Child Protection are children and families. Law on Child Protection regulates the system of child protection based on rights and duties of parents to take care of the upbringing and education of their children, the child's right to living conditions that allow a proper psychophysical development and the obligation of the state to grant these rights.

Rights in the field of child protection prescribed by the Law on Child Protection and the Regulations on the exercise of the rights of child protection, which are of general interest and which are funded from the RS Child Protection Fund are: salary compensation during maternity leave, salary compensation for work by shorter working hours, maternity allowance, assistance for newborns, child allowance (for the second, third and fourth child), meeting the developmental needs of children, pre-school education for children without parental care, children with disabilities and children at longer hospital treatment and rest and recreation of children under 15 years of age in children's resort.

Resources for the Fund are provided through: contribution rate for child protection established by the Law on Contributions ("Official Gazette of RS", number 51/01); gifts, donations and contributions of individuals and legal entities; by using available resources and rights; from the state budget, trade securities and of domestic and foreign loans. Besides the office in Bijeljina, the Fund has regional offices in Trebinje, Istočno Sarajevo and Banja Luka. It employes 35 workers. Through the Ministry of Health and Social Welfare, the Government has awarded the Fund the grant in the amount of 2 million BAM.

The main characteristics of Funds' activities are reflected in the pro-natal support and social protection of the family, development of collaborative network on the principle of partnership with government and non-governmental sector, approximately equalizing conditions for the development needs of all children in RS and the transition from cash transfers to the provision of services to the final users, the children and family. Total allocations on the basis of the Fund, in 2012, amounted to 54.5 BAM, in 2013 amounted to 56.5 BAM and in 2014 amounted to 56.5 million BAM. The RS Government, through the Ministry of Health and Social Welfare, in 2015, has awarded the grant in the amount of 2 million BAM. Total allocations on the basis of the jurisdiction and work of the Fund in 2015 amounted to 59,425,608.00 BAM.

Health care in RS is provided in the following institutions:

Health Care Institutions and Staff in Republika Srpska in 2014

<i>Health institution</i>	<i>Number of institutions</i>	<i>Staff</i>
<i>Health center</i>	53	5357
<i>Pharmacy</i>	18	251
<i>Hospital</i>	9	3653
Sokolac Psychiatric hospital	1	126
<i>Hospital for physical medicine</i>	1	100
<i>Institute</i>	5	1098
<i>UH Clinical Center</i>	1	2551
<i>-Public Health Institute</i>	6	235
Hospital for chronic psychiatry	1	170

The total number of employees in health institutions in RS:

- Doctors of Medicine: 2471
- Doctors of Dentistry: 236
- Bachelors of Pharmacy: 116
- Other health Officers 6609
- Health officers: 242
- Administrative and technical staff: 3867

The employee statistics are shown by the type of health care institutions, qualifications and profile of employees in the health sector.

Primary health care Primary health care in RS is provided in 53 health centres and one separate family medicine surgery (ambulanta). According to reports on the organizational structure and

employees in the public sector primary health care in RS is provided by 3872 health workers, out of which 1045 ones are medical doctor (251 ones are general practitioners, 641 ones are specialists and 153 ones are specializing), 210 ones are doctors of dentistry and 4 ones are pharmacists, while the remaining 2613 ones have two-year university, secondary and primary education. The ratio of medical doctors and other health workers is 1:2,5. The health care facilities that provide primary health care have a total of 1409 administrative and technical staff and 76 health officers. The ratio of health workers and administrative and technical staff employed in the health sector is 2.7:1.

The most common groups of diseases treated in primary health care facilities are:

- Cancers 19,78%
- Diseases of the digestive system 7.9 %
- Diseases of the respiratory system 6.47%
- Diseases of the circulatory system 11.02%
- Diseases of the genitourinary system 6.59 %
- Diseases of the musculoskeletal system 6.52%
- Injuries, poisoning and consequences of external factors 5.8%

Out of the total 188,540 registered diseases and conditions in the health care of preschool children, a the leading diseases are: diseases of the respiratory system (37.66%), symptoms, signs and abnormal clinical and laboratory findings (6.92%) and Diseases of the musculoskeletal system and connective (4:40%). A significant reason for the visit to the health care are preventive services of preschool children (check-ups, immunizations, etc.) or 28.58% of all registered morbidity of preschool children.

Out of the total 192,174 diagnosed diseases, conditions and injuries in the health care of school children, most common (36.61%) are diseases of the respiratory system; Symptoms, signs and abnormal clinical and laboratory findings (27.7%); injuries, poisoning and consequences of external causes (4.49%) and infectious and parasitic diseases (4.45%). A significant share of the totally registered reasons for visits to the health care of school children are preventive services (22:43%).

Secondary and tertiary health care is provided in the following health care facilities: The Clinical Centre of Banja Luka, 9 general hospitals, out of which Clinical and Hospital Services of Foča and Clinical and Hospital Services of Kasindo are within the Clinical Centre of Istočno Sarajevo. Inpatient health care is carried out in health centres in: Mrkonjić Grad, Novi grad, Prnjavor and Derventa. Specialized health care is provided by: Specialized health care is carried out in two psychiatric hospitals (the Institute for Treatment, Rehabilitation and Social Protection of Chronic Mental Patients of Modriča and the Psychiatric Hospital of Sokolac), and two specialized physical rehabilitation facilities (the "Mlječanica" Institute for Physical Medicine, Rehabilitation,

Balneotherapy and Climatology of Kozarska Dubica, the "Dr. M. Zotović" Institute of Physical Medicine and Rehabilitation of Banja Luka).

Public health is dealt with the RS Institute for Public Health with its 5 Regional centres. The health care facilities in the RS have a total of 5004 health workers, out of which 1328 ones are doctors of medicine (including 930 specialists and 330 of doctors in specialization) and the remaining 3677 ones have two-year university (629) secondary (3039) and primary education (9). The ratio of medical doctors and other health workers is 1:2.8.

The number of hospital beds in hospitals and day hospitals in the RS in 2014 was 4628 or 3.25 beds per 1,000 people. The length of stay per patient was 7.50 days and average bed occupancy was 82.96%. The health institutions treated 178,134 people, 84,178 men (47.26%) and 93,956 women (52.74%).

The most common groups of diseases causing hospitalization in the RS are:

- | | |
|--|--------|
| - Cancers | 19,78% |
| - Diseases of the digestive system | 7.9 % |
| - Diseases of the respiratory system | 6.47% |
| - Diseases of the circulatory system | 11.02% |
| - Diseases of the genitourinary system | 6.59 % |
| - Diseases of the musculoskeletal system | 6.52% |
| - Injuries, poisoning and consequences of external factors | 5.29% |

Based on the data of the RS Institute for Public Health, in 2014 in RS was 1,421,310 inhabitants. In the same year there were 9,335 live births; 22 stillbirths; a total of 14,409 deaths; 29 infant deaths, while the natural increase was – 5074. Infant mortality rate (number of infant deaths per 1000 live births) was 3.1. The leading cause of death are diseases of the circulatory system, followed by tumors/cancer.

In 2014, based on registration of birth, in RS was registered 9,035 births in health institutions in the public sector, with a total of 9181 births, of which 34 stillborn.

The share of live births weighing more than 2,500 grams in 2014 was to 95.78%.

Most children were born with birth weight 2500-3999 grams, or 83.34%. In 2014, the 22.4% of the children had low birth weight (below 2,500 grams).

According to the mother's age, the highest number of births was in the age group of 19-29 years, followed by deliveries in the age group 30-34 years, and then in the age group of over 35 years.

Most registered were first birth (48.01%) the second (33.89%), the third (11:58%), and higher number of births 3.1%.

Out of the total number of births 81.25%, mothers had no previous abortions, 11.70% had one abortion, and 3.54% of mothers had more abortions.

In 2014 was reported 1871 abortion. In this structure, the biggest number of medically indicated abortions was 937, or 50.08%. it was registered 318 spontaneous abortions (16.99%).

Of all the women who have had abortions, the majority are those aged 29-38 years. Women younger than 19 years who have had an abortion makes 1.50% of total abortions. In private health institutions was carried out 121 birth with 123 born children. In private health institutions was conducted 45 abortions.

Deaths by causes of death and sex in RS, 2014

Group number	Cause of death ICD-10	Total			Male			Female		
		Number	%	Rate per 100.000	Number	%	Rate per 100.000	Number	%	Rate per 100.000
	<i>Total</i>	14409	100	1013.78	7386	100	1067.7	7023	100	962.60
I	<i>Certain infectious and parasitic diseases</i>	136	0.94	9.57	80	1.08	11.56	56	0.79	7.68
II	<i>Neoplasms</i>	3154	21.89	221.90	1801	24.38	260.36	1353	19.28	185.45
III	<i>Diseases of the blood and blood-forming organs, and certain disorders involving the immune mechanism</i>	10	0.07	0.70	2	0.03	0.29	8	0.11	1.10
IV	<i>Endocrine, nutritional and metabolic diseases</i>	912	6.33	64.17	411	5.56	59.42	501	7.13	68.66
V	<i>Mental and behavioral disorders</i>	84	0.58	5.91	63	0.85	9.11	21	0.30	2.88
VI	<i>Diseases of the nervous system</i>	186	1.29	13.09	97	1.31	14.02	89	1.27	12.19

Group number	Cause of death ICD-10	Total			Male			Female		
		Number	%	Rate per 100.000	Number	%	Rate per 100.000	Number	%	Rate per 100.000
VII	<i>Diseases of the eye and adnexa</i>	-	-	-	-	-	-	-	-	-
VIII	<i>Diseases of the ear and mastoid process</i>	-	-	-	-	-	-	-	-	-
IX	<i>Diseases of the circulatory system</i>	6777	47.03	476.81	3142	42.54	454.23	3635	51.75	498.23
X	<i>Diseases of the respiratory system</i>	524	3.64	36.87	315	4.26	45.54	209	2.98	28.65
XI	<i>Diseases of the digestive system</i>	429	2.98	30.18	241	3.26	34.84	188	2.68	25.77
XII	<i>Diseases of the skin and subcutaneous</i>	22	0.15	1.55	13	0.18	1.88	9	0.13	1.23
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	22	0.15	1.55	8	0.11	1.16	14	0.20	1.92
XIV	<i>Diseases of the genitourinary system</i>	150	1.04	10.55	73	0.99	10.55	77	1.09	10.55
XV	<i>Pregnancy, childbirth and the puerperium</i>	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0
XVI	<i>Certain conditions originating in the perinatal period</i>	16	0.11	1.13	7	0.09	1.01	9	0.13	1.23
XVI I	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	10	0.07	0.70	3	0.04	0.43	7	0.10	0.96

Group number	Cause of death ICD-10	Total			Male			Female		
		Number	%	Rate per 100.000	Number	%	Rate per 100.000	Number	%	Rate per 100.000
XVI II	Symptoms, signs and abnormal clinical and laboratory findings	1445	10.03	101.67	718	9.72	103.80	727	10.35	99.65
XIX	Injury, poisoning and certain other consequences of external causes	532	3.69	37.43	412	5.58	59.56	120	1.71	16.45

TEN THE MOST COMMON CAUSES OF DEATH BY DISEASES, SEX AND AGE GROUPS IN REPUBLIC OF SRPSKA, 2014.

10) Cause of death (ICD-10)	Sex	Total	Age group																		Unknown	
			<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84		85+
Total	Total	14409	29	4	4	4	18	43	4	54	90	15	28	49	76	11	12	18	28	28	23	0
	%	100.0	0.20	0.03	0.03	0.03	0.12	0.30	0.028	0.37	0.62	0.104	0.196	0.344	0.530	0.076	0.089	0.124	0.198	0.197	0.164	0.0
	Male	7386	11	3	3	2	14	33	3	36	53	98	19	34	52	81	79	10	13	12	82	0
Diseases of the circulatory	Female	7023	18	1	1	2	4	10	1	18	37	52	83	15	23	35	50	82	15	16	15	0
	Total	6777	0	0	0	1	3	8	3	12	22	38	72	14	22	37	45	76	14	16	15	0
	%	47.03	0	0	0	0.01	0.04	0.12	0.04	0.18	0.32	0.56	1.06	0.217	0.335	0.559	0.670	1.12	0.219	0.242	0.224	0.0

10) Cause of death (ICD-10)	Sex	Total	Age group																	Unkn wn		
			<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79		80-84	85+
system I00-I99	Male	3142	0	0	0	1	2	4	1	5	15	25	56	11	17	26	27	40	65	64	50	0
	Female	3635	0	0	0	0	1	4	2	7	7	13	16	30	57	11	17	36	82	99	10	0
	Total	3154	0	1	0	0	4	4	4	14	23	46	83	17	30	44	45	49	55	37	17	0
	%	21.89	0	0.03	0	0	0.13	0.13	0.13	0.44	0.73	1.46	2.63	5.52	9.51	13.9	14.5	15.7	17.9	11.8	5.5	0
Neoplasms C00-D48	Male	1801	0	1	0	0	3	4	2	8	8	20	42	98	17	29	28	29	30	17	93	0
	Female	1353	0	0	0	0	1	0	2	6	15	26	41	76	12	15	17	19	25	20	85	0
Symptoms, signs and abnormal clinical and laboratory findings	Total	1445	5	1	0	1	4	2	3	6	8	11	25	39	62	88	10	16	23	27	40	0
	%	10.03	0.35	0.07	0	0.07	0.30	0.14	0.21	0.42	0.55	0.76	1.73	2.70	4.29	6.10	7.41	16.3	19.6	19.1	27.9	0
Endocrine, nutritional and	Male	718	3	0	0	0	3	2	3	4	5	8	21	26	46	68	63	93	10	13	12	0
	Female	727	3	1	0	1	1	0	0	2	3	3	4	13	16	20	44	75	12	14	27	0
Endocrine, nutritional and	Total	912	0	0	0	0	0	1	0	2	2	3	12	24	38	65	85	16	24	19	83	0
	%	6.33	0	0	0	0	0	0.11	0	0.22	0.22	0.33	1.32	2.63	4.17	7.13	9.32	17.65	26.42	21.38	9.10	0

10) Cause of death (ICD-10)	Sex	Total	Age group																			
			<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Unknown
metabolic diseases	Male	411	0	0	0	0	0	0	0	0	2	2	8	20	27	48	46	69	98	65	26	0
	Female	501	0	0	0	0	0	1	0	2	0	1	4	4	11	17	39	92	143	130	57	0
Injury, poisoning and certain other	Total	532	0	0	3	1	6	20	25	16	24	36	47	42	47	58	43	53	55	38	18	0
	%	3.69	0	0	0.5	0.2	1.1	3.7	4.7	3.0	4.5	6.7	8.8	7.9	8.8	10.	8.0	9.9	10.		3.3	0
	Male	412	0	0	2	1	5	19	19	15	18	29	39	37	38	46	33	44	34	25	8	0
	Female	120	0	0	1	0	1	1	6	1	6	7	8	5	9	12	10	9	21	13	10	0
Diseases of the respiratory system J00 - J99	Total	524	0	0	0	0	0	2	1	1	2	2	9	13	19	35	46	76	131	116	71	0
	%	3.64	0	0	0	0	0	0.3	0.1	0.1	0.3	0.3	1.7	2.4	3.6	6.6	8.7	14.	25.	22.	13.	0
	Male	315	0	0	0	0	0	0	1	1	0	2	5	9	14	27	35	53	75	62	31	0
	Female	209	0	0	0	0	0	2	0	0	2	0	4	4	5	8	11	23	56	54	40	0
Diseases of the digestive system K00 -	Total	429	0	0	0	0	0	0	1	0	4	4	14	30	36	45	49	61	70	79	36	0
	%	2.98	0	0	0	0	0	0	0.2	0	0.9	0.9	3.2	6.9	8.3	10.	11.	14.	16.	18.	8.3	0
	Male	241	0	0	0	0	0	0	1	0	3	3	12	22	32	31	26	37	31	32	11	0
	Female	188	0	0	0	0	0	0	0	0	1	1	2	8	4	14	23	24	39	47	25	0

10) Cause of death (ICD-10)	Sex	Total	Age group																	Unkn wn		
			<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79		80-84	85+
- B99	Total	164	23	1	0	0	0	2	0	1	1	3	8	10	13	23	15	12	14	26	12	0
	Other groups	1.14	14.02	0.61	0	0	0	1.22	0	0.61	0.61	1.83	4.88	6.10	7.92	14.02	9.15	7.32	8.54	15.85	7.32	0
	Male	96	8	1	0	0	0	0	0	1	0	3	7	7	9	19	9	4	10	15	3	0
	Female	68	15	0	0	0	0	2	0	0	1	0	1	3	4	4	6	8	4	11	9	0

BD

Health care

The Health Insurance Fund decides on medical treatment outside BD issuing a decision (rješenje).

Right to appeal

Tight to medical treatment outside BD is exercised by filing a request for treatment. The hospital consulting team of doctors approves the request and forwards it to the Health Insurance Fund. If hospital consulting team of doctors finds that there is no need for treatment outside BD (the patient can be treated in BD or there is no need for treatment at all) and rejects the request, the patient has the right to appeal.

If the Commission of the Health Insurance Fund refuses treatment outside of BD, a patient can file an appeal with the Appellate Commission of the Health Insurance Fund.

Administrative proceedings in BD follow the Law on Administrative Procedure of BD.

Article 13 paragraphs 1 and 4 of the Statute of the Brčko District of BiH guarantee fundamental rights and freedoms of citizens of BD without discrimination on any grounds and access to all institutions and facilities of BD.

QUESTION:

2) Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

ANSWER:

BIH

The Ministry of Civil Affairs coordinates the implementation of the project IPA 2011 Support to Social service providers and enhancement of monitoring capacities. Implementation of the Project began in July 2015. EU Delegation in Bosnia and Herzegovina has financed the Project in the amount of 1 758 000 EUR.

In 2009/2010 the Ministry of Civil Affairs of Bosnia and Herzegovina has made the terms of reference with some changes but the core idea was kept.

The project purpose is defined and structured into two components, social protection and human rights monitoring which is under the competence of the Ministry of Human Rights and Refugees of BiH.

The overall objective of this project is to enhance monitoring, reporting and promotion of human rights and to improve social protection of the vulnerable and socially disadvantaged groups in Bosnia and Herzegovina.

The project (Eptisa) pretends to achieve the following results:

- Provided support to social welfare legislation reforms.
- Strengthened system for monitoring the access to rights of vulnerable groups
- Strengthened capacities of the Ministry of Human Rights and Refugees and other institutions involved in improving the protection of vulnerable groups and promotion of human rights.
- Strengthened welfare centres in 12 pilot areas to deliver effective social services, with special focus on assistance to elderly persons.
- Technical strengthening of the capacities in Ministry of Human Rights and Refugees and social services providers.

Where it was necessary, the Ministry of Civil Affairs has coordinated the purchase of vehicles and IT equipment to final beneficiaries - social welfare centers in the whole of Bosnia and Herzegovina.

FBiH

The Agreement on the manner and procedure of using health care services by insured persons in BiH, outside the Entity/BD where the insured persons reside („Official Gazette of BiH“ 30/01)

obliges the Health Insurance Fund, the BD Department of Health, Public Safety and Other Services to be Provided to Citizens and the Health Insurance and Reinsurance Fund of the Federation to take necessary measures to ensure provision of health care services when a person insured by health insurer in one entity/BD has a need to use health care services in the territory of the other entity.

The Rulebook on the manner of exercising rights under mandatory health insurance („Official Gazette of BiH“ 31/02) determines conditions, manner and procedure for the exercise of compulsory health insurance and rights exercised at the expense of the solidarity fund of the Federation.

The Decision on prioritized vertical programs of health care of interest for the Federation of Bosnia and Herzegovina and prioritized most complex forms of health care in specific specialized medical disciplines provided to the insured persons in the territory of FBiH ("Official Gazette of FBiH" 8/05, 11/07, 44/07, 97a/07, 33/08, 52/08) defines programs of health care with a view to enabling access of all citizens of the Federation of BiH to prioritized and most complex forms of health care.

The Decision on establishing the basic package of health care rights of FBiH („Official Gazette of FBiH“ 21/09), determines the minimum health care rights under mandatory health insurance and a package of health care rights afforded to uninsured persons.

Care Services from the Basic Package of Health Care Rights („Official Gazette of FBiH“ 21/09) determines the maximum amount of out-of-pocket medical costs, exemptions from out-of-pocket medical costs, the manner of payment etc.

The Agreement on the manner and method of using health care services outside the cantonal health insurance fund which covers the insured person („Official Gazette of FBiH“ 41/01) obliges the Cantonal institutes to take measures to enable insured persons to use health care services outside their own Canton.

The Rulebook on Exercising the Right to Salary Compensation During Temporary Incapacity for Work („Official Gazette of FBiH“ 66/12) governs the manner, procedures, diagnostic and other criteria for the establishment of temporary inability to work due to illness, injury or other circumstances, duration, supervision and other issues related to temporary inability to work.

RS

The social, family and child protection's activities are based on the implementation of various development projects. In 2012, 18 municipalities participated in the implementation of various project activities in these areas. The Ministry of Health and Social Welfare provided support to social welfare centers and social protection institutions for accommodation of beneficiaries, the

Public Fund for Child Protection, various non-governmental organizations and consumer associations in the process of approval and implementation of projects.

In 2012, at all levels and in all social welfare institutions were conducted several tens of project activities. Under project activities were considered all activities that have been financed or co-financed by international and local non-governmental organizations, national, state and local institutions, which were related to improvement of the social protection system through the provision of direct intervention to beneficiaries, strengthening the capacity and resource system and the improvement of professional work in social welfare institutions. The largest number of projects related to the provision of various vulnerable groups of children, and the projects intervention for children and persons with disabilities.

RS Government has appointed inter-sectoral body for the support to persons with disabilities which is composed of 23 members (18 representatives of all ministries and five representatives of associations of persons with disabilities), whose task is to promote the rights of persons with disabilities, to actively participate in the preparation, adoption, monitoring and implementation of strategic documents, make recommendations, opinions and suggestions on the sub-legal documents related to the implementation of the disability policy, cooperate with non-governmental organizations, participate in the development of action plans aimed at improving the situation of persons with disabilities, make recommendations, suggestions and opinions on the concrete measures and possible solutions for the protection of rights and interests of persons with disabilities. Professional and administrative services for the inter-sectoral body provides the Ministry of Health and Social Welfare.

During the referent period in RS was implemented the 2010-2015 Strategy to Improve the Social Status of Persons with Disabilities.

Representative of the Ministry of Health and Social Welfare is actively involved in the work of the Council for Persons with Disabilities as a permanent, professional, advisory, interdepartmental and coordinating body of the BiH Council of Ministers.

The total budget of social welfare centers and social welfare services in the RS municipalities in 2012, amounted to 48,131,411.85 BAM, of which 33,859,706.79 BAM was spent for the realization of rights and social protection services aimed at beneficiaries, and 14,586,669.50 BAM was spent for salaries of workers and material the cost of the social welfare centers.

Ministry of Health and Social Welfare, in 2012, on various grounds, from the State Budget has realized 13,956,301.00 BAM (7,471,301.00 BAM for co-financing of beneficiary s' rights, 3,700,000.00 BAM for co-financing of operation of social care institutions founded by the Republic, 400,000.00 BAM for financing the care for the victims of domestic violence, 2,000,000.00 BAM for the financial support of the Public Fund for Child Protection).

In 2012, 39 municipalities have adopted decisions on the establishment of extended rights for 8,534 citizens, who are in need, and for this purpose they have spent 2,577,714.82 BAM. It's mandatory that municipalities, in accordance with the needs of the population, determine other rights and services in the field of social protection, the conditions and criteria for their implementation. The most common rights were: the right to funeral expenses, the right to firewood, the right to transport costs, the right to a electricity subsidy, water and rents, the right to participation for medicines, purchase of textbooks and school supplies , purchase of clothing and footwear, the right to assistance for the purchase of food.

Ministry of Health and Social Welfare, in 2013, on various grounds, from the State Budget has realized 22,072,755.00 BAM (16,719,352.00 BAM for co-financing of beneficiary s' rights, 2,968,403.00 BAM for co-financing of operation of social care institutions founded by the Republic, 400,000.00 BAM for financing the care for the victims of domestic violence, 2,000,000.00 BAM for the financial support of the Public Fund for Child Protection).

in RS, the basis for calculation of the amount for the rights under the Law on Social Protection, is the average net salary in the previous year. In 2013, the amount was determined on the basis of the average net salary in 2012, which amounted to 818.00 BAM.

Under the Law on Social Protection, in 2013, Local governments allocated a total of 42,747,628.54 BAM for the realization of the rights.

In 2013, total allocation from the RS and local budgets for the beneficiaries of the Law on Social Protection, amounted to 58,986,039.86 BAM.

Ministry of Health and Social Welfare, in 2014, on various grounds, from the State Budget has realized 23,069,999.28, BAM (18,307,786.28 BAM for co-financing of beneficiary s' rights, 2,762,213.00 BAM for co-financing of operation of social care institutions founded by the Republic and 2,000,000.00 BAM for the financial support of the Public Fund for Child Protection). In RS, the basis for calculation of the amount for the rights under the Law on Social Protection, is the average net salary in the previous year. In 2014, the amount was determined on the basis of the average net salary in 2013, which amounted to 808.00 BAM.

Under the Law on Social Protection, in 2014, Local governments allocated a total of 43,737,063.20 BAM for the realization of the rights.

In 2014, total allocation from the RS and local budgets for the beneficiaries of the Law on Social Protection, amounted to 62,044,849.48 BAM.

In RS, the basis for calculation of the amount for the rights under the Law on Social Protection, is the average net salary in the previous year. In 2015, the amount was determined on the basis of the average net salary in 2014, which amounted to 825.00 BAM.

Ministry of Health and Social Welfare, in 2015, on various grounds, from the State Budget has realized 24,250,359.83 BAM (19,406,698.41 BAM for co-financing of beneficiary s' rights, 2,032,960.00 BAM for co-financing of operation of social care institutions founded by the Republic and 2,000,000.00 BAM for the financial support of the Public Fund for Child Protection).

Under the Law on Social Protection, in 2015, Local governments allocated a total of 48,914,232.63 BAM for the realization of the rights.

The amounts of co-financing the rights in RS in 2012: financial assistance 2,326,180.27 BAM, allowance for assistance and care of another person 4,590,520.72 BAM and health insurance 554,559.34 BAM which in total is 7,471,260.33 BAM.

The amounts of funding the rights from local budgets in 2012: financial assistance 3,540,977.49 BAM, allowance for assistance and care of another person 9,147,553.61 BAM, support the equalization of opportunities for children and youth with disabilities 514,599.28 BAM, accommodation in a social care 7,158,431.62 BAM, care in foster care 1,821,144.96 BAM, home help 423,031.50 BAM, one-time financial assistance 1,559,670.79 BAM which in total is: 24,165,409.25 BAM.

The amounts of funding the rights from local budgets in 2013: financial assistance 3,980,815.82 BAM, allowance for assistance and care of another person 11,352,803.77 BAM and health insurance 904,791.73 BAM which in total is: 16,238,411.32 BAM.

The amounts of funding the rights from local budgets in 2013: financial assistance 7,401,926.78 BAM, allowance for assistance and care of another person 22,247,717.02 BAM, support the equalization of opportunities for children and youth with disabilities 524,836.66 BAM, accommodation in a social care 8,423,656.46 BAM, care in foster care 1,961,148.23 BAM, home help 375,482.01 BAM, day care 344,078.82 BAM, one-time financial assistance 1,468,782.56 BAM which in total is: 42,747,628.54 BAM.

The amounts of co-financing the rights in RS in 2014: financial assistance 3,926,085.39 BAM, allowance for assistance and care of another person 12,923,315.07 BAM and health insurance 1,030,297.12 BAM, support and equalization of opportunities for children and youth with disabilities 428,088.70 BAM, which is 18,307,786.28 BAM.

The amount of funding the rights from local budgets in 2014: financial assistance 7,911,531.77 BAM, allowance for assistance and care of another person 23,252,780.48 BAM, support the equalization of opportunities for children and youth with disabilities 511,511.47 BAM, accommodation in a social care 7,836,646.46 BAM, care in foster care 2,004,301.49 BAM, home help 299,745.33 BAM, day care 321,813.00 BAM, one-time financial assistance 1,598,733.20 BAM which in total amounts 43,737,063.20 BAM.

Funding from local budgets in 2015

RIGHT	BAM	%
FINANCIAL ASSISTANCE	8,324,522.66	17%
ATTENDANCE ALLOWANCE	27,842,082.20	57%
SUPPORT IN EQUALIZING OPPORTUNITIES OF CHILDREN AND YOUTH WITH DISABILITIES	545,420.55	1%
PLACEMENT IN SOC. PROTECTION INSTITUTIONS	8,043,372.39	16%
FOTSTER FAMILY	1,992,607.15	4%
HOME ASSISTANCE	330,888.11	1%
DAY CARE	354,926.00	1%
ONE-TIME CASH ASSISTANCE	1,480,413.57	3%
CONSELLING	0.00	0%
TOTAL	48,914,232.63	100%

CO-FINANCING OF RIGHTS IN RS 2015

RIGHT	BAM
FINANCIAL ASSISTANCE	3,924,985.55
ATTENDANCE ALLOWANCE	14,351,578.27
HEALTH INSURANCE	1,130,134.59
TOTAL	19,406,698.41

The structure of allocations of the Ministry of Health and Social Welfare for the co-financing of social, family and child protection in 2015

614400 - Co-funding of social institutions 2,032,960.00 BAM

614100 - Designated allocations, Public Fund for Child Protection 2,000,000.00 BAM

614300 - Financing of projects and programs in accordance with

Law on games of chance 400,000.00 BAM

416300 - Co-financing of the right to financial assistance and the right to attendance

allowance (50% of the total) 19,406,698.41 BAM

416300 - Financing the rights on the equalization of opportunities

children and youth with disabilities 410,701.42 BAM

TOTAL: 24,250,359.83 BAM

The total number of basic rights beneficiaries under the Law on Social Protection in 2012 was 41,161 and extended rights 8,534.

The total number of basic rights beneficiaries under the Law on Social Protection in 2013 was 45,457 and extended rights 7,531.

The total number of basic rights beneficiaries under the Law on Social Protection in 2014 was 49,147, and extended rights 6,253.

Number of beneficiaries of rights from the Law on Social Protection in 2012: financial assistance 5,156, attendance allowance 17,219, support the equalization of opportunities for children and youth with disabilities 333, accommodation in a social care 1,048, care in a foster family 389, 285 home help, day care 70, one-time cash assistance 11,586, counseling 5,071 which in total is 41,157.

Number of beneficiaries of rights from the Law on Social Protection in 2013: financial assistance 5,071, attendance allowance 17,841, support the equalization of opportunities for children and youth with disabilities 463, accommodation in a social care 999, care in a foster family 430, 227 home help, day care 338, one-time cash assistance 10,965, counseling 9,141 which in total is 45,475.

Number of beneficiaries of rights from the Law on Social Protection in 2014: financial assistance 5,219, attendance allowance 20,270, support the equalization of opportunities for children and youth with disabilities 426, accommodation in a social care 999, care in a foster family 432, home help 217, day care 230, one-time cash assistance 11,413, counseling 9,881, which in total is 49,147.

Number of beneficiaries of rights in accordance with the Law on Social Protection in 2015.

	Fundamental	Extended	TOTAL
The total number of fundamental rights under the Law on Social Welfare	41,410	6,256	47,666
Number of applications submitted for the exercise of fundamental rights	21,781	3,804	25,585
Number of positive decisions For the exercise of Fundamental rights	15,406	3,653	19,059

Number of beneficiaries of fundamental rights under the Law on Social Protection and their share in the total number of beneficiaries in 2015

RIGHT	NUMBER	%
FINANCIAL ASSISTANCE	5,067	12.2%
ATTENDANCE ALLOWANCE	23,048	55.6%
SUPPORT IN EQUALIZING POSSIBILITY OF CHILDREN AND YOUTH WITH DISABILITIES	410	1%
PLACEMENT INTO SOC. PROTECTION INSTITUTIONS	1,029	2.5%

FOSTER CARE	356	1%
HOME ASSISTANCE	217	0.5%
DAY CARE	178	0.4 %
ONE-TIME		
CASH ASSISTANCE	11,105	26.8 %
TOTAL	41,410	100 %

Number of beneficiaries under the RS Law on Child Protection in 2015

RIGHT	IN 2015
1. Salary compensation during maternity leave **	3006
1.1. Allowances ½ working hours **	155
2. Maternity allowance **	2536
3. “ Baby package” *	9465
4. Child allowance **	30604
5 One-time cash assistance to 3 rd and 4 th baby *	1509
6 Meeting the development needs - the Project "Socialization of children" * 2056	

* The number of beneficiaries on an annual basis;

** Average number of beneficiaries on a monthly basis

Financial indicators for the rights under the Law on Child Protection in 2015

1. Salary compensation during maternity leave	26.525.764
1.1. Allowances ½ working hours	668.493
2. Maternity allowance	2.128.140
3. “ Baby package”	2.366.659

4. Child allowance 20.002.650

5. One-time cash assistance to 3rd and 4th baby 871.200

6. Meeting the development needs - the Project "Socialization of children" 1.062.754

During 2012, 2013, 2014 and 2015 beneficiaries were accommodated in the following social welfare centers: Home for children and youth without parental care " Rada Vranješević", Home for Disabled Persons in Prijedor, Centre for Persons with Disabilities in Višegrad, Center for children and youth with disabilities "Budućnost" in Derventa, Home for the elderly in Prijedor, Centre for the elderly in Istočno Sarajevo, Gerontology center in Banja Luka and Gerontology center "Slateks" in Slatina.

The Law on Social Protection provided the co-financing of accommodation of beneficiaries in these institutions. In 2012, the RS has allocated a total of 3,132,768.00 BAM, in 2013 3,221,693.50 BAM and in 2014 2,762,213.00 BAM for these institutions (assets relating to the renovation, repair, fuel supply, equipment and co-financing the accommodation of children).

Indicators in social welfare institutions founded by the Republic, dated 31 December 2015

Institution	1.	2.	3.	4.
Home for children and youth without parental care " Rada Vranješević"	144	89	50	19
Home for Disabled Persons in Prijedor	225	201	70	57
Centre for Persons with Disabilities in Višegrad	200	173	68	42
Center for children and youth with disabilities "Budućnost" in Derventa	56	69	36	11
Home for the elderly in Prijedor,	220	215	78	21
Centre for the	137	127	40	17

elderly in Istočno Sarajevo				
Gerontology center in Banja Luka	316	297	85	33
TOTAL	1,298	1,171	427	200

1.Total Budget of institutions: Salaries, Governments' investments (assets relating to the renovation, repair, fuel supply, equipment, co-financing of the accommodation of children).

QUESTION:

- 3) Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equalized income and calculated on the basis of the poverty risk threshold value published by Eurostat.

ANSWER:

Data used by Eurostat and the WHO related to health-care spending, the purposes of health care, financing scheme and service providers. Data refer to 2013.

Article 13 - The right to social and medical assistance

1. Total spending on health care, by the purpose of health care purposes and financing scheme in 2013 (million BAM):

<i>Health care functions (ICHA-HC) x Health care financing schemas (ICHA-HF)</i>	HF.1 General government	HF.2 + HF.3 + HF.4 <i>Private sectors</i>	<i>All financing schemes</i>
HC.1 <i>Curative care</i>	1,125,964	275,506	1,401,470
HC.2 <i>Rehabilitative care</i>	46,364	23,097	69,461

HC.3 <i>Long-term care (health)</i>	24,503	5	24,508
HC.4 <i>Ancillary services</i>	157,426	34,792	192,218
HC.5 <i>Medical goods</i>	308,082	403,138	711,221
HC. 6 <i>Preventive care</i>	43,572	163	43,736
HC.7 <i>Governance and health system and financing administration</i>	78,261	4,492	82,753
<i>All functions</i>	1,784,173	741,194	2,525,367

Laws on Execution of the Budget of the Federation of Bosnia and Herzegovina, in the period from 2012 to 2015, planned and implemented significant financial resources to improve the quality of social services in the Federation of Bosnia and Herzegovina.

The main criterion for the allocation of funds to individual organizations during the reference period, in part of social protection, implied the obligation of performing various activities in order to contribute to the living standards and social inclusion in the field of protection of persons with disabilities and protection of civilian war victims, social protection and protection of families and children and employment ;

Allocation of funds was conducted by decision of the FBiH on approval to expenditure of the allocation criteria for current and capital transfers established in the Budget of the Federation of Bosnia and Herzegovina, and in accordance with the Law on Execution of Budget of the Federation of Bosnia and Herzegovina.

Thus, during the reference period 2012-2015, for the organizations of civilian invalids was carried out continuous annually distribution of funds in the amount of 630,000 , 00 BAM, in order to improve the situation of persons with disabilities (PWDs), (including the category NI and CVW), and it was ensured a significant participation of PWDs in these activities.

During the reporting period there has been a lack of financial support for social protection and social welfare centers in the Federation of Bosnia and Herzegovina, due to the activities of these institutions as a matter of priority should be financed by the local community. However, due to the fact that the performance of the jurisdiction was delegated to federal regulations, it has caused a significant increase of costs, in 2015 - this year was implemented a program entitled "Support to the functioning of social welfare centers in the Federation of Bosnia and Herzegovina", in order to provide financial support to the centers for social work / social protection services to meet their basic labor costs in connection with the introduction of the right 'non-war invalids' and the Federation Budget for this purpose provided 200,000.00 BAM. As a criterion for the allocation of funds was the number of beneficiaries at the moment each social protection center.

Of particular interest, in terms of support organizations of persons with disabilities, certainly is a set of programs which were conducted in the period 2011-2015 in order to implement the Strategy for Equalization of Opportunities for Persons with Disabilities in Federation of BiH (hereinafter: the Strategy) on various grounds (to create the preconditions for achieving the Strategy goals, to help on projects of interest for persons with disabilities, development of local action plans for the implementation of this document, the activities of promotion and lobbying in the cantonal assemblies to adopt these action plans, promotional activities and lobbying with the relevant authorities to implement the Strategy, raising public awareness of the necessity of implementation of the Strategy, etc.) it has been secured 1,250,000.00 BAM.

Psychosocial support is provided to all persons under international protection in BiH. It is carried out through specialized counseling (individual or group). Law on Movement and Stay of Aliens prohibits discrimination, and special attention is paid to the high-risk groups (women, victims of trauma, women victims of various forms of violence, etc.) for which there is a risk of abuse and sexual exploitation. In refugee and asylum center, users and beneficiaries are covered by the system of psychosocial assistance from the time of admission, stay, until the time of departure from the centers.

Gender Action Plan 2013-2017 foresees activities aimed at achieving social security in the area of social inclusion and the development and application of modern social policies and social protection programs, defines measures and activities based on the principles of elimination of gender discrimination and empowering of women in those areas in which they are particularly vulnerable group.

Numerous activities of GAP BiH were implemented thanks to the establishment of a financial mechanism for the implementation of GAP BiH (FIGAP programme) which were focused on specific vulnerable groups such as mothers of children with special needs, families of inmates, killed and missing soldiers, women with disabilities and single parents. The main objective was to point out the need to ensure conditions for the realization of social and economic rights, and

the reduction of their social marginalization and discrimination, as well as enhancing their social inclusion.

Gender Centre of the Federation of Bosnia and Herzegovina has actively participated in the development program for victims of rape, sexual abuse and torture and their families in Bosnia and Herzegovina from 2013 to 2016. But the Council of Ministers has not yet adopted it.

Also Gender Centre of the Federation of Bosnia and Herzegovina is participating in the UN Project team "Providing care, support and justice for survivors of sexual violence in Bosnia and Herzegovina", under the auspices of the International Organization for Migration (IOM), with the aim of providing reparations for survivors of sexual violence during the war.

As for other rights of social protection, such as one-time cash and other material assistance, attendance allowance, the number of beneficiaries vary from canton to canton and municipalities within cantons.

Article 13, para. 2

QUESTION: Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

ANSWER:

FBiH

The Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09) provides that social welfare institutions in the Federation shall not impose any restrictions in its operations on the territorial, ethnic, religious, political or any other status of beneficiaries (race, colour, sex, language, social origin and the like) (Article 50).

RS

Article 10 of the Republika Srpska Constitution („Official Gazette of RS“ 21/92, 28/94, 8/96, 13/96, 15/96, 16/96, 21/96, 21/02, 26/02, 30/02, 31/03, 98/03) determines that citizens of Republika Srpska shall be guaranteed equal freedoms, rights and duties; they shall be equal before the law and they shall enjoy equal legal protection before the state and other authorities irrespective of their race, sex, language, national or social origin, religion, education, property, political or other conviction, social status or any other personal circumstances.

BD

Article 13 paragraphs 1 and 4 of the Statute of the Brčko District of BiH guarantee fundamental rights and freedoms of citizens of BD without discrimination on any grounds and access to all institutions and facilities of BD.

The BD Election Law (Article 1.4.) ensures non-discrimination of citizens through voting rights. Any person who meets the following requirements: that he is a citizen of BiH, a resident of BD, of age and registered in the Central Voters Register is eligible to elect and be elected in Assembly District.

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

Primary legislation (laws):

- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of USC“ 5/00, 7/01);
- Law on Social Protection („Official Gazette of Posavina Canton“ 5/04);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of Tuzla Canton („Official Gazette of Tuzla Canton“ 12/00,5/02,13/03,8/06, 11/09, 17/11);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of Ze-Do Canton“ 13/07);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of Bosnia-Drina Canton of Goražde“ 10/00, 5/03, 5/05);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of Middle Bosnia Canton“ 10/05, 2/06);

- Law on Social Protection of Herzegovina–Neretva Canton („Official Gazette of HNC“ 3/05);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of Western Herzegovina Canton“ 16/01, 11/02, 4/04, 9/05);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children Sarajevo („Official Gazette of Sarajevo Canton“ 26/02, 8/03, 2//06, 21/06, 17/10)
- Law on Social Protection of Canton 10 („Official Gazette of HC“ 5/98)
- Law on Appropriation of Public Revenues of FBiH (“Official Gazette of FBiH” 22/06)
- Law on Inspections of FBiH (“Official Gazette of F BiH” 69/05)
- Law on Transfer of Rights and Obligations from the Founders of Social Care Institutions of F BiH („Official Gazette of FBIH“ 31/08, 27/12),
- Law on Federation Ministries and Other Bodies of Administration („Official Gazette of FBiH“ 58/02, 19/03, 38/05, 2/06, 8/06, 61/06, 52/09, 6/11)
- Law on Administrative Procedure (“Official Gazette of FBiH” 2/98, 48/99)
- Law on Administrative Disputes („Official Gazette of FBiH“ 9/05).

Article 14, para. 1

QUESTION:

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.**

ANSWER:

FBiH

1. A network of social welfare services

In FBiH, the Constitution of the Federation of BiH, Article II. 2. n), provides that all persons within the territory of the Federation shall enjoy the right to social protection. Article III.2.e), in conjunction with Article III.3.(1) and III.3.(1), of the Constitution of the FBiH determines that the Federation authorities have the right to make policy and enact laws concerning social welfare. Pursuant to Articles III.2.e), III.3(1) and III.3(2) of the Constitution of the Federation of BiH, both the Federation Government and the Cantons have responsibilities for the social policy. The responsibilities may be exercised jointly or separately or by the

Cantons as coordinated by the Federation Government. The Cantons and the Federation Government consult one another on an on-going basis with regard to these responsibilities.

The Cantons have the right to make policy and enact laws concerning these responsibilities (Article III.3.(4)) and to implement social welfare policy and provide social welfare services (Article III.4.j).

The Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children FBiH provides that activities of social protection, protection of civil victims of war and protection of families with children are conducted by institutions of social protection. The institutions of social protection have the status of legal person. Establishment and activities of these institutions are regulated by the legislation governing institutions, unless otherwise provided in this Law (Article 3).

Activities of social protection, protection of civil victims of war and protection of families with children can also be carried out by humanitarian organizations, citizens' associations, religious communities and associations founded by them, individual citizens and alien natural or legal persons (Article 4).

The social protection institutions provide services which wholly or partly meet social and other needs of beneficiaries. The institutions are established in order to provide assistance for certain types of social protection to beneficiaries and perform the professional and other affairs of social protection. The work of social protection institutions is public. Certain proceedings are closed for the public if so provided in the legislation on family relations and criminal procedure (Article 48, paras. 1, 2, 3, 4).

Institutions are established, unless otherwise provided in the cantonal legislation, as:

1. Centre for social work/Social Welfare Centre
2. Institutions for children, including: - institutions for children without parental care - institutions for neglected children - institutions for children with difficulties in their physical and mental development
3. institution for adults and elderly
4. institution for social and health care of people with disabilities and other people
5. institutions — day care centres for social protection beneficiaries (Article 48, para 5).

Article 49 of the Law provides that establishment and activities of institutions under Article 48 of this Law are governed by the cantonal legislation. Establishment and activities of institutions under Article 48 of this Law, which are of significance for the Federation, are governed by the Federation legislation.

While performing the activities the institutions cannot establish any restrictions regarding the territorial, ethnic, religious, political or any other affiliation of beneficiaries, including the race, skin colour, gender, language and social status (Article 50).

In order to improve the situation and successfully ensure protection of people with disabilities and to meet their needs, depending on the type and the level of disability, associations of people with disabilities as citizens' associations can be established. In accordance with the Federation Law on Association of Citizens, associations of people with disabilities are established by people with disabilities and, if that is not possible due to the nature of disability, by parents of persons with disabilities, teachers and other staff in institutions for special education and other citizens (Article 51).

Federation and cantonal bodies in charge of determining a policy for the implementation of social protection programs cooperate with associations of people with disabilities. Cantonal legislation regulates in more details the procedure of establishment of associations of people with disabilities and other issues of significance for these associations (Articles 52 and 53). The Law on Transfer of Rights and Obligations from the Founders of Social Care Institutions of F BiH („Official Gazette of FBiH“ 31/08, 27/12) has transferred rights and obligations from the founders of five social care institutions to the Parliament of FBiH, while all other social care institutions are responsibility of the cantons and their establishment, operation, funding, monitoring and other issues are governed in the legislation of Cantons.

Pursuant to the Law on Appropriation of Public Revenues of FBiH (“Official Gazette of F BiH” 22/06) (Article 15, para. 1, point 14) the FBiH Budget provides funds for the social care institutions/institutes of significance for the Federation, while Article 11 thereof determines that social welfare is funded from cantonal budgets.

Social Welfare Centres /Centres of Social Work have the key role in providing social protection for citizens and proper social protection. The Social Welfare Centres are structured so that they can deal efficiently with various matters such as: social and family legal protection, child protection, criminal law, working with people with mental disabilities and regulations and decisions. The Social Welfare Centres in the FBiH are the first instance bodies deciding on the entitlements under the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children. The Social Welfare Centres / Centres of Social Work of FBiH are authorities of the first instance in the exercise of social security entitlements.

Social care institutions

In the territory of FBiH persons with disabilities are housed in 7 social welfare institutions, out of which 3 ones are institutes founded by the Federation Parliament, two ones are institutions founded by the municipality / city and two ones are non-governmental institutions.

Facilities for children and adults with disabilities - Governmental sector

No.	Name of the institution	Place	Number of beneficiaries
1.	Pazarić Institute for Protection of Children and Young People	Pazarić	396
2.	Drin Institute for Care of Mentally Disabled Persons	Fojnica	520
3.	Bakovići Institute for Care of Mentally Disabled Persons	Fojnica	344

Source: Federation Ministry of Labour and Social Policy

Social care institutions for children with disabilities – founded by municipality/city

No.	Name of institution	Place	Number of beneficiaries
1.	Residential „LOS ROSALES“ Centre	Mostar	141
2.	DUGA Centre for children and youth with disabilities	Novi Travnik	32-day and half-day and 15-day stays

Source: Federation Ministry of Labour and Social Policy

Social care institutions for children with disabilities- non-governmental sector

No.	Name of institution	Place	Number of beneficiaries
1.	Dom MARIJA-NAŠA NADA Foundation	Široki Brijeg	54
2.	„KORACI NADE“ Centre for children and youth with multiple disabilities, the Federation Ministry of Labour and Social Policy	Tuzla	140 day and half day care

Source: Federation Ministry of Labour and Social Policy

In FBiH care for children without parental care is provided in 5 institutions founded by the cantonal governments and 10 institutions established by the non-governmental sector.

Social care institutions for children without parental care- non-governmental sector

No.	Name of institution	Place	Number of beneficiaries
1.	PI „Bjelave“ Children's Home of Sarajevo	Sarajevo	100
2.	PI Dom porodica Zenica	Zenica	124
3.	Home For Children Without Parental Care	Tuzla	87
4.	Children's Home of Mostar	Mostar	47
5.	“Duga” Children's Home of Gradačac	Gradačac	10

Source: Federation Ministry of Labour and Social Policy

Social care institutions for children without parental care - non-governmental sector

No.	Name of institution	Place	Number of beneficiaries
1.	Kinderdorf Internacional SOS Children's Village of Sarajevo	Sarajevo	114
2.	Kinderdorf Internacional SOS Children's Village of Gračanica	Gračanica	143
3.	Rudolf Walther Children's Village of Peace Foundation of Turije, Lukavac	Lukavac	110
4.	“Duga” Children's Centre of Kulen Vakuf	Kulen Vakuf	23

5.	Socio-Pedagogical Communities of Bosnia and Herzegovina	Cazin, Bihać, Bos. Petrovac, Vel. Kladuša, Sanski Most i Ključ	68
6.	„Majčino Selo” Children’s Home of Bijakovici	Međugorje	48
7.	„Egypat“ Stadlers Children's Home	Sarajevo	20
8.	„Al Walidein-Gazzaz“ Children's Home“	Sarajevo	-
9.	„John Paul II the Pope“ Family Centre	Vionica Čitluk	74
10.	„Mala škola“ institution for shelter and education of children	Vareš	9

Source: Federation Ministry of Labour and Social Policy

Care for elderly and disabled persons in FBiH is provided by 9 social care institutions founded by the cantonal governments, 4 social care institutions established by the nongovernmental sector and 6 private elderly care institutions.

Elderly care institutions – governmental sector

No.	Name of institution	Place	Number of beneficiaries
1.	„Naš dom“ Nursing Home	Travnik	272
2.	CJI Gerontology Centre	Sarajevo	334
3.	Nursing Home	Mostar	87
4.	Nursing Home	Goražde	53
5.	Nursing Home	Tomislavgrad	96
6.	Nursing Home	Zenica	272
7.	Nursing Home	Jablanica	30
8.	Nursing Home Domanovići	Čapljina	50
9.	PI Nursing Home -150 beds	Tuzla	-

Source: Federation Ministry of Labour and Social Policy

Elderly care institutions – non-governmental sector

No.	Name of the institution	Place	Number of beneficiaries
1.	Kristofor Nursing Home	Nova Bila	81
2.	Starimo Zajedno Nursing Home	Novi Travnik	58
3.	Sveti Josip Radnik Charity Home	Ljubuški	50
4.	Sveti Josip Nursing Home	Vitez	-

Source: Federation Ministry of Labour and Social Policy

Private elderly care institutions

No.	Name of the institution	Place	Number of beneficiaries
1.	Sana Nursing Home	Sanski Most	30
2.	„Zlatna Jesen“ PI Nursing Home	Sanski Most	22
3.	„Villa Filis“ PI Nursing Home	Sarajevo	-
4.	Vitalis PI Nursing Home	Sarajevo	29
5.	„GREEN” PI Nursing Home	Sarajevo	150
		Mostar sa	

6.	Miran San Nursing Home	podružnicom u Sarajevu	-
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Source: Federation Ministry of Labour and Social Policy

In addition to these institutions in FBiH, care for elderly and disabled persons and persons with disabilities is provided in the Nursing Home of Sarajevo (with 247 beneficiaries) where people with disabilities and others are taken care of and Duje Klokočnica Shelter of MFS NGO of Dobož East (with 450 beneficiaries) which takes care of vulnerable groups.

In the territory of the Federation of BiH there are six safe houses operated by nongovernmental organisations providing psycho-social support and temporary shelter to victims of domestic violence, 6 therapeutic communities for treatment and rehabilitation and temporary accommodation of persons dependent on psychoactive substances (one is governmental and 5 ones are non-governmental) and 4 day-care centres for children living and working in the street, children who are victims of economic exploitation and children who are at risk of abuse, violence or trafficking (1 is governmental and 3 are non-governmental).

Safe houses/shelters

No.	Name of the institution	Place	Number of beneficiaries
1.	Foundation for Local Democracy-Sarajevo	Sarajevo	92
2.	„Žene sa Une“ Association	Bihać	22
3.	Mirjam“ Caritas Shelter for Women and Children in Need	Mostar	15
4.	“Žene BiH“ Association of Mostar	Mostar	32
5.	„Medica“ Women’s Association	Zenica	69
6.	„Vive žene“ Citizens' Association	Tuzla	95

Source: Federation Ministry of Labour and Social Policy

Therapeutic communities

No.	Name of the institution	Place	Number of beneficiaries
1.	CROPS- Smoluća Centre for Rehabilitation of psychoactive drug addicts	Lukavac	31
2.	CSI- Centre for the fight against drug addiction	Ilijaš	Data unavailable
3.	„Milosrdni otac“ Association for help in the rehabilitation of drug addicts of Bijakovići	Međugorje	Data unavailable
4.	UG PROI Home of recovery from addiction	Kakanj	38
5.	„KAMPUS“ Therapeutic communities	Sarajevo	Data unavailable
6.	Mother's Village	Međugorje	Data unavailable

Source: Federation Ministry of Labour and Social Policy

Day-Care Centres

No.	Name of the institution	Place	Number of beneficiaries
1.	"Day care centre for children who work in the streets of Sarajevo Canton" of the PI Cantonal Centre for Social Work	Sarajevo	115
	Day centre for street children and children who		

2.	are at risk of becoming street children of the "TheTuzla Kids' Land" Association	Tuzla	143
3.	Medica "Children's day-care centre "	Zenica	58
4.	Children's Day Care Centres	Mostar	75

Source: Federation Ministry of Labour and Social Policy

Further, in the Federation, the Centre for Social Work operates the Tešanj Shelter for children caught in vagrancy, begging or found in other circumstances who may need emergency shortterm accommodation (11 beneficiaries) and Medica Zenica Shelter (10 beneficiaries).

2. Access to social services by vulnerable groups

The right to work and living skills training shall be afforded to children with developmental handicap and adults with reduced capability, regardless of the cause of impairment/ incapacity for work, if that right is not exercised on some other grounds, and who, according to the age and remaining capabilities, can be trained for work (Article 29).

The person sent away from the place of residence for the purpose of work and living skills training shall be entitled to allowance for accommodation, food or travel costs, unless his/her family provides for him/her (Article 30).

Protection of beneficiaries' rights (legal remedies)

An effective legal remedy available to beneficiaries of social welfare system is an appeal against the first instance decision issued by centres for social work / social welfare services. The appeal is filed in accordance of the Law on Administrative Procedure ("Official Gazette of Federation of BiH" 2/98, 48/99). Deciding on the appeal is within the competence of cantonal ministries in charge of social welfare policy except for the entitlement to attendance allowance where the appellate body is the Federation Ministry of Labour and Social Policy. The next remedy is an action to be brought before the FBiH cantonal court in the place of residence / headquarters of the defendant against a final judgment - it is a judgment against which the injured party has no right to lodge an administrative appeal.

Further, any person who believes that his human rights are violated, regardless of sex, religion, nationality or citizenship, can file a complaint with the Ombudsman for Human Rights. The Department of Economic, Social, and Cultural Rights under the Ombudsman for Human Rights of BiH receives complaints and initiate investigations ex officio in cases when it finds violations and problems in the implementation of the International Covenant on Economic, Social and Cultural Rights and the European Social Charter by authorities of BiH, especially in cases of: any form of discrimination based on race, colour, sex, language, political or other opinion, national or social origin, property, birth or other status, violation of rights of beneficiaries of the social welfare system, violation of the right to education etc.

Services free of charge

When it comes to placement in foster family and placement in a social care institution, the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with children determines that costs of accommodation in an institution or foster family are borne by the person, a parent, an adoptive parent, a guardian or relative who is, according to the law, required to support that person or a legal or natural person who agreed to pay the costs in a contract. If the costs of accommodation in an institution or foster family cannot be borne by the person, a parent, an adoptive parent, a guardian or relative who is, according to the law, required to support that person, accommodation costs are paid by the Centre for Social Work and competent cantonal ministries. Also services of social security system and social work can be exercised by individuals, families and groups, regardless of their ability to pay.

Mental health centres

The Federation has a network of 38 mental health centres in the community and a network of 38 centres for physical rehabilitation in the community. The centres have been established as part of primary health care so that they each can cover an area with 50-80000 inhabitants or wider geographic area. The reason for such a geographic distribution of centres is their availability to and coverage of rural and urban areas and the elimination of waiting lists inherent to centralized systems. It has been confirmed that now there are no waiting lists and patient satisfaction with these services is high. The composition of the centres' teams is multidisciplinary and they include a psychiatrist, two psychologists, a social worker, an occupational therapists and nurses. Services provided are available free of charge to users, as they are covered by the health insurance fund.

Bosnia and Herzegovina is a good example of successful development of community services in the community in the entire region, which is recognized by the WHO and the countries of Southeast Europe, because a Regional Mental Health Centre is based in BiH, under the Southeast Europe Health Network (SEE Health Network). As far as centres for physical rehabilitation are concerned, they are planned to deal with not only treatment, but also with prevention and promotion of physical health, and with comorbidity. These centres pay special attention to early prevention of disability and therefore have on-going cooperation with other agencies in the community.

The centres for physical rehabilitation have a multidisciplinary team consisting of a specialist in physical therapy, a graduate physiotherapist, an occupational therapist and nurses.

Placement in a social care institution

Placement in a social care institution is an entitlement of children and adults needing permanent protection and support to satisfy their needs of life, which they cannot satisfy in their own or some other family or by home care and assistance rendered at home.

Placement into a social care institution shall be performed by sending a beneficiary to an appropriate institution that provides shelter (housing, food, clothes, care and assistance),

education, vocational training and health care in accordance with special regulations on occupational, cultural, recreational/rehabilitative activities and services of social work.

The Centre decides and issues decisions (rješenja) and contracts on placement in social care institution.

The Social Welfare Centres initiate the proceedings ex officio after having learnt or got information from individuals or legal persons, which indicated the need for proceedings.

Contract for placement is concluded between social care institution and social welfare center.

Relations between the service that performs the placement and the family that receives the beneficiary is regulated by a written agreement made on the basis of decision on placement. Placement into foster family shall cease through: mutual agreement by both parties; cancellation of the contract; death of the beneficiary or death of the family member who signed the agreement on placement into the family; and removal of reason for this kind of care.

Social care institutions and competent Center are obliged to regularly exchange information on the status and needs of the user. Placement in a social care institution or another institution at the expense of budget funds will not be recognized to a person to whom care services may be provided by members of his family who are required to, in accordance with the law, care of him/her and which has enough housing space and other property. An individual who has made funds by selling assets or donated its property and thus put himself in a state of social need, is not entitled to a placement in an institution from the budget during the period for which the costs of accommodation corresponds to the market value of the property.

The Center, will ensure basic clothing, footwear and transport costs to the institution. Funding of these costs will be provided from the beneficiary's funds, of those who take care of beneficiary or from the budget allocated for social protection. The Centre provides funds for personal use in the form of pocket money to a person who has no income. The funds for personal purposes shall be provided on a monthly basis in the amount of 5% of the placement price.

The right to placement in an social care institution has: a) a child without parental care until his/her return to their own families or adoptive or foster family, until the completion of regular schooling, no longer than 26 years of age and not more than six months after the end of regular education, b) children with disabilities which do not have conditions to stay in their family and when it is more appropriate for upbringing, education, training or psychosocial rehabilitation, and when there is the need for this form of protection, c) a child whose development is impaired by family circumstances, until their return to their own families, g) a child with socially unacceptable behavior, as long as this type of social protection is needed, d) children who are victims of violence, as long as this type of social protection is needed f) the child, victim of trafficking, as long as this form of social protection is needed e) an adult with disabilities and severely chronically ill person who is unable to live independently because of the adverse health, social, housing or family circumstances and persons with behavioral disorders, f) elderly person who, because of adverse social, health, housing and family situation, is not able to live in the family or household, an adult victim of domestic violence, as long as this type of social protection is needed and) an adult victim of trafficking, as long as this form of social protection is needed, j) pregnant women and parents of children up to one year of age, if the child's other parent died, disappeared, killed, committed domestic violence, which caused material lack,

unresolved housing issues, disturbed family relationships and similar situations, and who needs temporary accommodation k) a person who finds himself in vagrancy or begging or for any other valid reasons, need a temporary accommodation. Child up to three years of age may be temporarily accommodated in social care institutions with the previously given expert opinion of the Ministry of Health and Social Welfare. The beneficiary who is qualified for placement in an institution, who can not obtain health insurance on other grounds, realizes health insurance from the budget allocated for the realization of the right to placement in a social care institution.

Placement in a social care institution is an entitlement of children and adults needing permanent protection and support to satisfy their needs of life, which they cannot satisfy in their own or some other family or by home care and assistance rendered at home (Article 41).

The Centre shall decide on placement in the institution based upon an opinion of the Centre's Expert team, enforcement of a court decision/custodian body or based upon findings and opinion of the relevant medical institution/the expert medical commission on his/her unfitness for work. The centre for social work that placed a person into the institution is responsible for monitoring his/her treatment in that institution for the sake of care, protection, medical treatment and physical and mental health of that person. The responsibilities are especially relevant to any case when a child is placed in the institution (Article 42).

The institution is obliged to receive the person referred by the Centre. Exceptionally, the institution may deny the admission of the person when its capacity is full and when, considering its field of work, it is not capable of providing adequate service to the beneficiary (Article 43).

If further stay of the person placed in the Institution has become impossible due to some changes in his/her characteristics or due to non-existence of the conditions for appropriate treatment, the Institution shall be obliged to, minimum two months prior to the persons release, notify the Centre which issued the decision on his/her placement, for the purpose of the placement in another institution or for the purpose of applying another form of social protection (Article 44).

The price of services provided by the Institution shall be set by the founder. Costs of accommodation in an institution or foster family shall be borne by the person, a parent, an adoptive parent, a guardian or relative who is, according to the law, required to support that person or a legal or natural person who agreed to pay the costs in a contract. The contract shall regulate mutual relations between the centre for social work and the institution, cancellation terms and conditions, compensation amount and manner of payment, the entity responsible for paying the compensation and other issues (Article 45).

Foster care

Placement in a social care institution may be obtained by children and adults in the need of permanent protection and support to satisfy their needs of life, and they may not obtain them in their own or some other family or through home care and assistance at home. Placement in a social care institution may be obtained any person in accordance with the law.

The foster family is a family with one or more adult persons who provides services of care of children or adults, which has been evaluated and trained for foster care, which meets prescribed conditions and has a right to compensation for its services.

When choosing a family, the Centre must establish that a member of the family in which the person is placed, who is in charge of caring of that person, be sound in body and mind and have housing space and other conditions necessary for protection, care, food, studying and satisfying other needs and interests.

Foster care can be provided up to three children or two children with disabilities, bearing in mind that the total number of children living in the foster family, counting children and foster parents, can not be more than five. Exceptionally, when it is in the interest of the child and when it comes to family relatives, brothers and sisters, in the foster family can accommodated more children.

Foster care family/household can be provided up to three adults. Notwithstanding, in the family who does not have the status of a foster family and when the relevant Center deems it necessary, and it is necessary that those families within one year from the date of accommodation of the beneficiary acquire the status of a foster family. A person cannot be placed in a family in which one of the spouses has been deprived of legal capacity or it has been reduced, in which one of the spouses has been deprived of parental rights, in which family relations are unstable, in which some of the members are persons with socially negative behaviour, in which due to the illness of a family member the health of the placed person would be endangered. On the basis of the decision on placement in foster family, a Centre for Social Work shall conclude a contract for placement with the foster parent. The contract shall regulate mutual relations between the Centre and the foster parent, specifically: cancellation terms and conditions, compensation amount and manner of payment, the entity responsible for paying the foster care compensation and other issues. The Minister has adopted the Rulebook on foster care who prescribe detailed conditions and procedure for obtaining the status of a foster family, the type and form of care in a foster family, the manner of conducting supervision over the work of foster parents, a manner for calculation of compensations for the work of foster parents, the maintenance and termination of foster care.

Home care and assistance rendered at home

Home care and assistance rendered at home is provided to persons which are not able to look after themselves. Home care and assistance rendered at home is provided from the budget, if: a) the person is not able to provide help and care at home with its own funds and resources of the relative but who have an obligation to provide it in accordance with the law, b) the person who has not concluded a contract of lifelong care, c) a person who has not concluded the agreement on the donation alienator g) total revenues, on all grounds, not exceeds 50% of the basis prescribed in the Article 23 of the Law on social protection. Home care and assistance rendered

at home includes different services such as: feeding, housework and other works as needed and maintaining the personal hygiene.

Home care and assistance rendered at home can provide social protection institution, civil association, religious organization or other legal entity that meets the conditions for the realization of this right. The Minister adopts the Rulebook on the right to home care and assistance rendered at home. The Rulebook prescribe the types of services, detailed conditions in relation to the exercise of this right, as well as participation of beneficiaries and their relatives who are obliged to serve them in the cost of assistance and care at home.

Day care

The right to a day care involves different types of organized daily services and stays out of own family. In day care is provided food, care, conservation, health care, upbringing and education, psychosocial rehabilitation, occupational and other services. Day care can be carried out in another family, social welfare centers, private centers or day care centers which organize and provide public institutions, citizens' associations, religious communities and other entities. The right to a day care, for a child and an adult who has the right to accommodation in an institution or care in a foster family and the other persons because of their psychosocial difficulties and other adverse life circumstances and where is a need for this form of protection, is based on the decision of the Centre. The Minister adopts the Rulebook on exercising the right to a day care. The Rulebook prescribe the manner of daily care service supervision, participation in the cost of day care.

BD

Just like in the Article 13.para.2, the Centre for Social Work operates within the Administration, specifically under the Department of Health and Other Services or Sub-department for Social Security of Brčko District of Bosnia and Herzegovina that in addition to public competence carry out other professional tasks in the implementation of social protection, social work, family protection and child protection.

Social care is granted to residents of the District. Social care institutions are established for the sake of performing activities and exercising rights governed by the BD Law on Social Protection. Social protection institutions are founded by the Assembly. Social protection institutions may be formed in public, private, or mixed ownership. Activities of social care institutions are public. The public may be excluded in certain cases, when it is so defined by the regulations on family relations and criminal proceedings.

The following institutions shall be formed by the Assembly:

1. Center for Social Work.
2. institution for children

- with no parental custody,
 - with deviant behavior,
 - who suffer from physical disability or mental retardation;
3. institution for adults and elderly persons;
 4. institution for social and health care of disabled and other persons;
 5. institutions for day care of beneficiaries of social care.

Health care in BD is organized through the Department of Health and Other Services of BD. Center for Social Work shall be formed for the territory of the District for performing activities of direct social care, family protection, especially of families with children, and for performing other activities defined by law and other regulations. Center for Social Work shall be a public institution formed by the Assembly. Legislation regulating activities of institutions shall be applied to establishment, registration, performance of activities, cessation of work, and other activities in connection with Center for Social Work. Center for Social Work may be formed if it meets all conditions defined by law and has at least four employees with completed four-year university education or two-year college education: psychologist, pedagogue (pedagogue-psychologist), social worker, lawyer, and special teacher.

Activities and duties in the field of social care shall be performed by professionals: social workers, lawyers, psychologists, special-education teachers, pedagogues, sociologists, physicians and other medical staff in three departments: Department for Child Protection, Department of General Social Protection and the Protection of Marriage and Family and the Department of Psychosocial Care.

Professionals perform activities of social care in accordance to principles of social policy, modern methods of social work, scientific achievements and social moral.

Professional secrets shall not be revealed when activities of social care are performed.

While performing activities in the field of social care and social work, Center for Social Work shall have the authority to decide on the following:

- decide in first instance on social care rights and rights in the field of children care;
- decide in the first instance on exercising rights in the fields of family protection and custody;
- provision of social care services in the course of deciding on rules in the field of social care;
- making payments and exercising of financial rights defined by this law.

Center for Social Work, also perform expert activities while providing social care and social work, family protection and children care, i.e. it shall:

1. determine and monitor social needs of residents and problems in the field of social care;
2. suggest and undertake measures for meeting social needs of residents and monitor the performance of these activities;
3. organize and implement appropriate forms of social care and children care, and shall directly provide services of social care and social work;
4. develop and enhance preventive activities that contribute to checking of social problems;
5. support, organize, and coordinate professional and voluntary work in the field of social care;
6. work on implementing corrective measures prescribed for minors;
7. keep records and documentation about services rendered and measures undertaken within its scope of activities;
8. perform other activities defined by law and the Mayor's decision.

In the postwar period, the Centre for Social Work (Sub-department) faces multiple challenges. As the main constraints and obstacles in fulfilling the responsibilities are: the increased workload caused by the large number of categories of beneficiaries, as well as insufficient accompanying resources, personnel and infrastructural - premises.

Sub-department still operates on the principle of polyvalent work (the local jurisdiction), while in the modern social work is preferred specialist approach. Work and services are not standardized. They do not apply modern methods, such as case management and individual protection plans, audit plans, monitoring of service delivery. There have numerous disadvantages: the comprehensive provision of employment, licensing, professional training, missing the continuous professional training of staff, in particular specialist work in certain fields of social services. There is no organized care, and mental health professionals - supervision and programs for protection against stress.

The right on placement into a social care institution or foster family is exercised only by a person whose family is incapable of providing appropriate care and by a person without family custody when there are no other ways of providing appropriate care. Placement into a social care institution is performed by sending a beneficiary to an appropriate institution that provides shelter (housing, food, clothes, care, and assistance), education, vocational training, and health care in accordance to special regulations, occupational, cultural, recreational/rehabilitative activities and services of social work.

The type of accommodation is suggested by the Professional Social Welfare Team on the basis of comprehensive consideration of a beneficiary's needs and the possibilities of his/her family and approved by the Department of Health and Other Services.

Costs of accommodation, i.e. part of the costs, into an institution that provides social care services or into foster family, shall be borne by the beneficiary, parent, relative who has the obligation to maintain the beneficiary, competent authority, or another organization and persons who undertook to pay for the costs. The beneficiary shall bear costs with all his/her income and salary reduced for the amount needed for his/her personal needs. Housing costs of a beneficiary shall also be borne by parents and relatives responsible for maintenance, except for persons with severe mental disability; persons with severe physical disability; children with autism; and mentally ill persons who have guardians. While performing their activities, social protection institutions cooperate with beneficiaries, families, citizens, institutions active in the field of health care and education, training and rehabilitation, organizations of the Red Cross and other humanitarian organizations, other institutions and companies, religious communities and foundations.

For the sake of care, protection, treatment of physical or mental health of such a person, the Sub-Department is required to follow his treatment in an institution or foster family.

NOTE: BD has no public institutions for the accommodation of juvenile inmates. On the basis of their needs the Sub-Department places them in existing public institutions in BiH after the completion of statutory proceedings.

PLACEMENT OF JUVENILES IN INSTITUTIONS	2012	2013	2014	2015
Public institutions outside BD	11	12	8	9

Source: BD of BiH Sub-Department for Social Welfare

PLACEMENT OF ADULTS IN INSTITUTIONS	2012	2013	2014	2015
PUBLIC INSTITUTIONS IN BD BiH - private	65	82	84	95
Public institutions outside BD BiH-public	41	38	43	40

Persons who have the right to placement into a social care institution have the right to placement in a foster family, too.

When choosing a family for a beneficiary to be put into, the service conducting the placement shall especially take into account personal characteristics of the beneficiary and family members, housing, other capabilities of the family and beneficiary's needs. A beneficiary shall not be placed into a family in which a family member is deprived of parental custody or working ability; in which family relations are disturbed; in which a family member has deviant behaviour; in which, due to illness of a family member, the beneficiary's health would be endangered and the purpose of placement lost. Minors are usually placed in families of their relatives (if any) and other families – foster families, on the basis of decision on placement.

The agreement is made between the Sub-Department and a family member, who thus becomes a foster parent. The foster parent has an obligation to care about the person, especially about health, education and training for independent life and work. The Sub-Department is required to report on all important issues for beneficiary.

The family where the child is placed cannot make, without the consent of parents, adoptive or guardianship authority, any important decisions related to the child and especially cannot give him/her away to another person to take care of him/her, make him/her drop out of school, change school, choose a future occupation or job or conclude an employment contract.

For the sake of care, protection, treatment of physical or mental health of such a person, the SubDepartment is required to monitor his/her treatment in a foster family.

The foster parent has the right to financial support for maintaining the beneficiary and a fee for his/her work that is paid from funds designated for exercising rights in the field of social care.

FOSTER FAMILY	2012	2013	2014	2015
Juveniles	33	32	32	31
Adults	5	5	5	5

Source: BD of BiH Sub-Department for Social Welfare

The right to social welfare services

While performing their activities, the institutions shall not impose any restrictions regarding territorial, national, religious, and political or any other background of beneficiaries of social care services. The Statute of the Brčko District of BiH in civil cases, in accordance with the law, free of charge or subsidized legal assistance shall be available to DB citizens who do not have sufficient funds to cover all or part of the legal costs.

The right to appeal

Social welfare entitlements are exercised with the Sub-Department for Social Security of BD. At the request of a party or its legal representative or ex officio, authorized officers of the Sub-Department for Social Security institutes proceedings for exercising the right in accordance with the Law on Social Protection of BD. The procedure for exercising the right to social protection is governed by the Law on Administrative Procedure of BD. A party dissatisfied with the decision of the body of first instance may lodge within 15 days an appeal with the Appellate Commission of BD.

A person dissatisfied with the decision of appellate body may initiate an administrative dispute at the Court of BD. The procedure is governed by the Law on Administrative Disputes of BD. Proceedings before the Basic Court start after the end of administrative proceedings and only when the decision has become final in the administrative procedure.

Also, any person who believes that his/her human rights has been violated, regardless of gender, religion, ethnicity or nationality may file the complaint to the Institution of Human Rights Ombudsman.

Monitoring of the professional work of social protection institutions aims to improve the professional work, trainings and timely indication of irregularities and omissions in professional work and to take appropriate measures which are necessary to prevent or remedy the damage. Monitoring is conducted continuously and systematically and it includes direct access, control and other forms of checking the fulfillment of tasks to exercise the rights and forms of social protection, as well as providing direct assistance to the perpetrators. Monitoring performs the administrative inspection of BD Government.

Social protection institutions may be formed in public, private, or mixed ownership. The Decision on establishment regulates rights and responsibilities of the founder to the institution.

Independent provision of social care services on a professional basis shall include counseling services and activities on providing assistance and care. (BD Law on Social Protection)

Activities mentioned in the previous paragraph may be performed by an individual if:

- he/she has appropriate qualifications;
- he/has business skills;
- he/she is mentally and physically fit for performing the activities;
- he/she is not fully employed;
- he/she has appropriate premises and equipment.

These activities can not be performed by a person who is under an investigation or on a criminal trial or is legally sentenced for a crime of inflicting bodily harm, a crime against freedom and rights of a man and citizen, a crime against a person's dignity and moral, and a crime against marriage, family and the young (BD Law on Social Protection)

Application for performing activities in the field of social care will be submitted to the Department, which will make the decision and issue a license for commencement of activities, after it establishes that all conditions are met, stipulated by this Law and pertaining by-laws.

An individual who provides counseling services and services of social care and assistance independently on a professional basis shall be responsible to inform Center for Social Work, located in the territory of his/her activities, on the commencement, method and scope of activities (BD Law on Social Protection).

Professional tasks in the counseling center may be performed by an employee holding a university degree in social studies, who has at least three years of experience with the same or similar activities.

Several persons who meet the conditions stated in the first paragraph of this Article may form a counseling center.

An individual who independently performs activities in the field of social care on a professional basis is responsible for:

- providing the service in accordance to the decision issued by Center for Social Work;
- applying methods of professional work, respecting the attitude of beneficiaries, their dignity and inviolability of personal and family life, and keeping professional secrets, while performing activities in the field of social care mentioned in the Article 84 of this Law;
- keeping records on services rendered;
- providing data on his/her activities upon request by the competent Department.

The work of humanitarian organizations

During the reporting period it was not recorded a project dealing with the protection of the elderly.

- 3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).**

ANSWER:

<i>Category of beneficiares</i>	2009	2010	2011	2012	2013	2014
TOTAL	100,929	102,871	99,039	94,063	90,883	91,452
GUARDIANSHIP AND ADOPTION	2,478	2,344	2,799	2,728	2,555	1,914
<i>Guardianship</i>	1,599	1,587	1,868	1,601	1,647	1,158
<i>Guardianship for special cases</i>	821	699	843	1,060	858	709
<i>Adoption</i>	58	58	88	67	50	47
PLACEMENT IN INSTITUTIONS	1,757	1,924	1,714	1,914	1,670	1,864
<i>In pre-school institutions</i>	30	157	17	50	4	14
<i>In institution for children and adolescents</i>	154	156	148	99	85	97
<i>In institutions for children deprived of parental care</i>	595	527	592	616	595	578

<i>With foster family</i>				599	639	564	712	587	606
<i>In pupil or student hostel</i>				37	71	46	37	54	74
<i>In institution for rehabilitation and care</i>				195	175	188	198	144	143
<i>Forms and services of social welfare - minor beneficiaries</i>									
<i>Category of beneficiaries</i>				2009	2010	2011	2012	2013	2014
<i>In other social welfare facilities</i>				147	199	159	202	201	352
EDUCATIONAL AND PROTECTIVE MEASURES TO MINORS				1,576	1,855	1,851	1,635	1,533	1,424
<i>Court reprimand</i>				294	380	360	414	288	200
<i>Extensive surveillance by parents or guardians</i>				585	589	485	313	306	371

<i>Extensive surveillance by guardian organization</i>	383	396	363	304	313	272
<i>Extensive surveillance in foster family</i>	12	38	10	51	9	35
<i>Assignment to disciplinary centre</i>	37	31	51	82	91	98
<i>Assignment to organization for upbringing</i>	19	30	12	14	24	21
<i>Assignment to correctional institution</i>	18	19	26	19	26	29
<i>Assignment to juvenile prison</i>	14	15	19	8	13	18
<i>Assignment to institution for defective minors</i>	3	2	-	2	3	-
8. Forms and services of social welfare - minor beneficiaries						
<i>Category of beneficiaries</i>	2009	2010	2011	2012	2013	2014
<i>Other services</i>	211	355	525	428	460	380

<i>ASSISTANCE IN VOCATIONAL TRAINING</i>				397	351	863	976	1,312	671
<i>Vocational training</i>				256	257	448	535	781	164
<i>Assistance in rehabilitation</i>				120	86	409	430	513	507
<i>Employment</i>				4	8	5	8	15	-
<i>Inclusion in other forms of work (working at home)</i>				17	-	1	3	3	-
<i>ALLOWANCES</i>				8,451	7,618	7,659	9,632	7,838	6,771
<i>Permanent allowance</i>				891	771	969	1,621	885	832
<i>Special allowance</i>				57	340	384	737	408	437
<i>One-off allowance</i>				3,403	2,492	2,899	3,432	3,435	2,875
				3,027	3,108	1,926	2,161	2,197	2,168

<i>Entitlement to additional allowance for assistance and care rendered by other persons</i>									
8. Forms and services of social welfare - minor beneficiaries									
<i>Category of beneficiaries</i>				2009	2010	2011	2012	2013	2014
<i>Allowance to single unemployed parents for outfitting a child</i>				1,073	907	1,481	1,681	913	459
OTHER FORMS OF PROTECTION AND SERVICES				86,270	88,779	84,153	77,151	75,975	78,808
<i>Health care at the expense of municipality or social welfare centre</i>				3,108	2,934	2,857	3,058	2,958	4,016
<i>Assistance in solving housing problems</i>				149	161	137	228	144	26
<i>Reconciliation of spouses</i>				39	34	20	115	70	69
<i>Care and assistance rendered at home</i>				3	44	82	106	137	81

<i>Assistance in conflict resolution</i>				5,415	4,994	8,354	9,184	7,285	6,750
<i>Services of social and other professional work</i>				70,925	75,935	68,293	58,152	59,038	60,855
<i>Allowances for food, fuel, clothing and footwear</i>				6,631	4,677	4,410	6,308	6,343	7,011

Source: BiH Statistics Agency

There is no social welfare centre in BD but only one Sub-department under Department of Health instead.

In RS, since 2009 there have been 10 social welfare offices operating in municipalities⁴.

<i>Category of beneficiares</i>				2009	2010	2011	2012	2013	2014
TOTAL				392,856	418,492	398,636	380,161	332,783	317,491
GUARDIANSHIP				7,197	5,288	5,917	5,763	6,972	7,362

⁴ 2010 Report, Directorate for Economic Planning

<i>Guardianship</i>				3,597	2,645	2,888	3,050	3,127	3,289
<i>Guardianship for special cases</i>				3,600	2,643	3,029	2,713	3,845	4,073
PLACEMENT IN INSTITUTIONS				1,532	2,054	2,146	2,408	2,135	2,244
<i>In institution for rehabilitation and care</i>				125	447	586	366	379	369
<i>In other social welfare facilities</i>				1,005	1,095	978	1,132	1,029	1,098
<i>In institution for old persons</i>				402	512	582	910	727	777

<i>ASSISTANCE IN VOCATIONAL TRAINING</i>				328	187	233	467	1,381	560
<i>Vocational training</i>				89	74	39	224	543	247
<i>Assistance in rehabilitation</i>				178	62	122	137	125	149
<i>Employment</i>				51	31	38	67	294	54
<i>Inclusion in other forms of work (working at home)</i>				10	20	34	39	419	110
<i>ALLOWANCES</i>				92,027	88,841	84,117	91,184	85,617	83,045

<i>Permanent allowance</i>				16,927	17,889	16,153	17,797	14,311	14,099
<i>Special allowance</i>				1,750	1,461	1,400	4,707	3,791	2,211
<i>One-off allowance</i>				35,420	37,140	34,737	35,365	35,725	29,983
<i>Entitlement to additional allowance for assistance and care rendered by other persons</i>				34,337	29,380	27,442	29,026	28,392	32,757
<i>Allowance to single unemployed parents for outfitting a child</i>				3,593	2,971	4,385	4,289	3,398	3,995
				291,772	322,122	306,223	280,339	236,678	224,280

<i>OTHER FORMS OF PROTECTION AND SERVICES</i>									
<i>Health care at the expense of municipality or social welfare centre</i>				17,018	15,853	16,030	15,945	17,718	18,376
<i>Assistance in solving housing problems</i>				965	672	681	558	501	491
<i>Reconciliation of spouses</i>				2,996	4,666	4,576	4,311	3,578	3,506
<i>Care and assistance rendered at home</i>				500	798	1,597	1,027	527	495
<i>Assistance in conflict resolution</i>				9,139	14,616	11,535	16,126	10,794	9,320

<i>Services of social and other professional work</i>				242,676	271,437	260,830	229,742	185,735	178,687
<i>Allowances for food, fuel, clothing and footwear</i>				18,478	14,080	10,974	12,630	17,825	13,405

Source: BiH Statistics Agency

Article 14, para. 2

QUESTION:

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
- 2) Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
- 3) Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

Answers to this question are given in the answer to Article 14, para.1.

Article 23 – The right of elderly persons to social protection

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:

– to enable elderly persons to remain full members of society for as long as possible, by means of:

a adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;

b provision of information about services and facilities available for elderly persons and their opportunities to make use of them;

– to enable elderly persons to choose their life style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:

a provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;

b the health care and the services necessitated by their state;

– to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

Primary legislation/laws

- Constitution of FBiH (“Official Gazette of FBiH” 1/94),
- Law on Health Care („Official Gazette of F BiH“ 46/10),
- Law on Health Insurance („Official Gazette of FBiH“ 30/97; 7/02; 70/08; 48/11),
- Law on Pension and Disability Insurance („Official Gazette of F BiH“ 29/98, 49/00, 32/01, 73/05, 59/06, 4/09),
- Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of Federation of BiH” 36/99, 54/04, 39/06, 14/09),
- Law on Social Welfare of RS
- Family Law of RS
- Law on Protection of Domestic Violence Victims of RS
- Law on Health Care of BD („Official Gazette of BD BiH“ 38/11)
- Law on Health Insurance of BD („Official Gazette of BD BiH“ 1/02, 7/02, 19/02, 2/08, 34/08)
- Family Law of BD (“Official Gazette of BiH BD” 23/07) - Law on Social Welfare of BD (“Official Gazette of BiH BD” 1/03).

QUESTION:

- 1) Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms..

ANSWER:

BiH is a party to numerous international instruments that guarantee respect for fundamental human rights and freedoms, which are related to the protection of human rights of the elderly. The main changes that affect the size of the population of BiH⁵ are closely related to the 1992 – 1995 war resulting in war casualties and a large number of refugees who fled BiH during the war, in an insufficient increase in fertility rate and in an aging population. In the last 20 years, i.e. in the period since the last census in 1991, the population trend in BiH has gone downward: a downward trend of fertility rate and an increase in the elderly population. The period 1971-1991 was characterized by a reduction in the base and an increase in the top of the population pyramid that is a decrease in the number of children and an increase in the number of elderly people as a result of the birth rate below the natural replacement rate, a trend that continued in the ensuing years. This is partly a result of the birth rate below the natural replacement rate, the loss of a significant number of working-age people during the conflict and increasing life expectancy of the population. The effect of this will be the BiH population getting older and the next generation of working-age population not being able to support the older generation that will have been retired.

Elderly people in BiH are among the most vulnerable population groups.

The older population (65 +) made up about 15% of the population and its proportion in the total population has been growing: in 2005 it was 13.7% and the 2015 proportion is estimated at 16.3%. The proportion of women in the older population (65 +) is slightly larger than of men. There are also differences in the geographical distribution of the population: in RS, the share of elderly in the total population is more than five percentage points higher than in the Federation.

BiH has over 500,000 beneficiaries of pension rights and the share of pensioners in the total population is approximately the same in both entities: one-eighth (12.5%) of the total population. The average number of pensioners in BiH has been steadily increasing and in 2010 spending on pensions increased although there was no increase in average pension in either entity. The participation of pension funds in the GDP increased from 7.5% to 8.3% and it is the largest component of the social security.

Nevertheless, based on available statistics⁵ we can argue that the age composition of the population of BiH is not significantly different from the composition of EU.

⁵ Eurostat; BHAS

People aged 65 + made 17.4% of the total EU population in 2010 and their share has been steadily increasing. As the share of people aged 65 + in BiH was 15.1%, it can be concluded that the population of Bosnia and Herzegovina is younger than the EU-27 population.

The old age dependency ratio in BiH is lower than the EU 27 average. This is an indicator that more and more elderly people who are dependent on working age population (15-64 years old) maintain the level of pensions. According to demographic projections, the EU-27 population will increase by 5% by 2035 and then it will decrease by 3% by 2060. Working age population will begin to decline and by 2060 it will decrease by 15% in EU-27. BH demographic projections of this type do not exist, but according to the current situation, we can say that BiH will have similar trends.

Life expectancy is the main indicator of the health of the population. At age 65, remaining female life expectancy is 17.41 years and male life expectancy is 15 years. The increase in life expectancy means that the proportion of female pensioners will be higher than male pensioners. Life expectancy differs between entities, being 17.05 in the Federation, 21 in RS and 14.42 in BD.

Taking into account the adverse fertility rates and aging population, migration has been becoming an increasingly important element in the demographic estimates. Production of migration statistics is in the initial phase in BiH, while EU countries have a thorough analysis of the role of migration and population growth in five key areas: demographic renewal, employment, productivity, integration of migrants and sustainable public finances.

It is estimated that about 20 per cent of the people of BiH origin aged 25 and over, who have third level education, currently live in one of the OECD countries. While we do not have statistics on circular migration rate of BiH, we can assume the direction of migration flows taking the trends in other countries in account. These migration flows, as well as information about emigrations and immigrations significantly affect the elderly because, as a result of the reduced number of active insured people, funds for health care, social security, pension scheme and organization of other activities for good quality of life of the elderly are reduced.

BiH is an asymmetrically organized state in which rights and obligations in the field of social policy are vested with the Entities, Cantons and Brčko District.

Social welfare policy

The social security system in BiH includes: a) unemployment insurance, b) health insurance and health care, c) pension and disability insurance, and e) the protection of veterans.

The social welfare system is decentralized in accordance with the constitutional system. The role of government at the BiH level in social protection of and social policy concerning all social groups, including the elderly, is limited. In RS, the Entity has jurisdiction over social security,

which ensures quite uniform set of rights afforded and their implementation. In FBiH the situation is quite complicated due to the division of responsibilities between the entity and cantons. The main differences in the definition of social security entitlements/ between entity laws on social protection stems from the constitutional arrangement of entities that have different administrative units. In addition, a significant difference in the implementation of the aforementioned entity laws on social protection comes from a very different economic situation of the entities. As a result of this situation, the levels of social security entitlements exercised by older people in the Federation are very unequal both de iure and de facto.

Pension policy

Due to the extreme importance of pension policy on the overall quality of life of the elderly, although it is a portion of the social welfare and although it is defined at the entity level, it is necessary to mention it at this point, especially as it is part of the overall demands for reformsthat are presented to BiH in the process of adequate respect for human rights and EU integration.

Pursuant to the General Framework Peace Agreement (the Constitution of Bosnia and Herzegovina), the pension and disability insurance is the responsibility of the Entities (organization, implementation and exercise of rights etc.) and covers the risk of old age, disability and death of the insured. All the four risks are covered through the payment of a single contribution. At the state level, there is no single policy or organization of pension and disability insurance. The only role at the state level is a coordinating role of the Ministry of Civil Affairs (Department of Pension and Disability Insurance within the Ministry of Civil Affairs) while discharging tasks in the field of social policy and co-ordination of the competent entity bodies making proposals for draft bilateral agreement on social security. The legislation respecting pension and disability insurance is responsibility of the Entities, except for international agreements that BiH concludes with other countries to regulate mutual rights and obligations under pension and disability insurance.

Since the state level authority has a coordinating role solely, the legal and institutional framework for health care and social welfare of the elderly and pension policy in BiH will be discussed within situational analyses of FBiH, RS and BD.

FBiH

Social security afforded to old persons

Article 12, para. 1, item 7 of the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09) determines that old persons without family to take care of them are beneficiaries of social security benefits.

An old person without family to take care of him/her, as defined in the Law above, is a man aged 65 years and older or a woman aged 60 years and older, who has no family or relatives who are legally obliged to maintain him/her or if they do, they are incapable of caring for him/her (Article 16).

Pursuant to the Law (Article 19) and cantonal legislation, assistance to old people is provided in the form of basic rights and social security entitlements, including permanent allowance and other material assistance; attendance allowance; home care and assistance rendered in the house; placement of old and feeble persons in social care institutions; alternative placement of old people without family to take care of them and people with disabilities in foster family and placement in day care centres and clubs for old people; social workers' and other professional services; the exercise of entitlement to humanitarian help; appropriate subventions (electricity, fuel, funeral costs etc.).

Article 22(1) of the Law determines that the entitlement to permanent allowance and other kinds of material assistance is enjoyed by persons and families provided that: they are unfit for work/unable to exercise the right to work, they do not have income sufficient to sustain themselves, they do not have family members who are legally obliged to support them or they are incapable of doing it.

For the purpose of Article 23, para. 1, point 2 of the Law, persons considered as unfit for work/unable to exercise the right to work are also persons aged 65 years and older.

Attendance allowance is granted to people above 65, if they are feeble old persons who due to permanent changes in their health are very much in need of permanent assistance and care in order to satisfy their basic needs of life (Article 26).

Placement in foster family (Article 32, para 1, item 2) is afforded to inter alia: disabled persons, elderly persons and persons with socially negative behaviour who are incapable of taking care of themselves and, due to the housing or family situation, cannot have the protection ensured in some other manner.

Article 41 of the Law determines that placement in a social care institution is an entitlement of children and adults needing permanent protection and support to satisfy their needs of life, which they cannot satisfy in their own or some other family or in some other way. Article 46, para 1 of the Law above determines that the right to benefit from social work and other professional services can be exercised by individuals, families and groups, independently of their means and their receiving some other forms of social protection, for the purpose of protection of their rights and interest and prevention and alleviation of needy situations.

According to Article 47 of the Law, home care and assistance rendered at home is structured provision of different services such as: feeding, housework and other works as needed and maintaining the personal hygiene of persons totally unfit for work and earning, persons aged 65

years and older, persons with permanent arrest in physical and mental development when such persons are not able to look after themselves.

Proceedings for obtaining social welfare entitlements by elderly people in the Federation of BiH are initiated at the request of the person needing protection or at the request of the legal guardian lodged with the Social Welfare Centre in the place of residence. The Social Welfare Centre initiates the proceedings ex officio after having learnt or got information from individuals or legal persons, which indicated the need for proceedings. Appellate proceedings are responsibility of the cantonal ministries responsible for the social welfare except when it comes to attendance allowance where the appellate body is the Federation Ministry of Labour and Social Policy.

Pursuant to the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children („Official Gazette of FBiH” 36/99, 54/04, 39/06, 14/09), an old person without family to take care of him/her is a man aged 65 years and older or a woman aged 60 years.

FUNCTIONAL ORGANIZATION OF SOCIAL WELFARE SCHEME IN FBIH

	COMPETENCES	LEGISLATION	FUNDING
FBIH	Designing the social welfare policy of F BiH	Laws governing social welfare in the territory of F BiH	Funding of basic entitlements afforded to people with nonwar connected disabilities and partly civilian victims of war
CANTON	Implementing the social welfare policy and establishing social welfare offices	Implementing laws and regulations and by-laws governing social welfare	Funding of social welfare activities from cantonal budget
MUNICIPALITY	Providing services and social welfare entitlements (allowances and other types of assistance, placement in foster family or institution, adoption, guardianship etc.)	Implementing regulations and bylaws (decrees, decisions etc.)	-Funding of types, measures and services of social welfare from municipal budget in agreement with the Canton - beneficiaries' chipping in - bequests, endowments - other sources
NGO AND PRIVATE SECTOR	Implementing the social welfare policy and activities together with governmental sector		- self-funding - donations - other sources

Source: Federation Ministry of Labour and Social Policy

Demographic statistics concerning elderly people of FBiH

Percentage of the elderly people aged 65+ living



Source: Federation Statistics Institute, 2010 Population statistics

BiH population is rapidly aging, due to falling birth rate, longer life expectancy and the emigration of young people.

Social welfare entitlements and services for the elderly in FBiH

The Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children determines that an old person without family to take care of him/her is a man aged 65 years and older or a woman aged 60 years and older, who has no family or relatives who are legally obliged to maintain him/her or if they do, they are incapable of caring for him/her.

There is a number of elderly and disabled people with a degree of bodily impairment among these people. Pursuant to the earlier law these persons were eligible for entitlements under cantonal legislation and subject to means testing and other criteria prescribed by these laws.

However, these data are important because they show the need for the provision of various forms of support to elderly and sick people, especially financial, in reducing poverty of the elderly and in particular the need in the field of social welfare services network, which is yet to be developed in BiH according to the needs of beneficiaries at the local level.

This should be taken into account when determining policy responses to the problem of aging population and setting the strategic goals by recognizing the phenomenon of aging in all aspects of development policy in the Federation of Bosnia and Herzegovina as a whole.

Procedure for exercising the entitlements

Social welfare entitlements are exercised at the level of Cantons. If some entitlements are not provided for in cantonal laws, the Federation law is applicable.

Sarajevo Canton, Middle Bosnia Canton, Bosnia-Drina Canton, Zenica-Doboj Canton, Tuzla Canton, Una-Sana Canton and West have their own laws on social protection, protection of civilian victims of war and protection of families with children, which are more or less in line with the Federation Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children.

However, Herzegovina-Neretva Canton, Posavina Canton and Canton10 have cantonal laws solely on social security / welfare that does not include the protection of families with children and civilian victims of war. Although the Federation Law determines entitlements not provided for in cantonal laws are governed by the Federation law, it is not so in practice, so families with children and civilian victims of war in three cantons remain insufficiently protected by law and cannot exercise rights that families with children and civilian victims of war exercise in other seven cantons.

Social Welfare Centres /Centers for Social Work are the bodies of first instance for the exercise of entitlements under the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children.

Proceedings for obtaining entitlements under this Law are initiated upon a claim of the person needing protection or upon a claim of the legal guardian. The Social Welfare Centres initiate the proceedings ex officio after having learnt or got information from individuals or legal persons, which indicated the need for proceedings.

The procedure for exercising the right to social protection is urgent. According to a majority of the Cantonal laws the Centre shall rule on the claim and send the decision to the claimant within 15 to 30 days. The Centre decides and issues decisions (rješenja) on entitlements and amount of allowances, placement in foster family and placement in social care institution. Deciding a request filed with the Social Welfare Centre is considered proceedings of the first instance in the exercise of entitlements. The procedure for exercising the right to social protection follows the Law on Administrative Procedure. Should the proceedings fail to grant an entitlement or a person is dissatisfied with the decision, an appellate procedure can be initiated and, generally, an appeal can be filed with the cantonal Ministry of Labour and Social Policy.

Supervision of enforcement of cantonal laws and implementing regulations, oversight inspection and auditing are generally performed by the appropriate cantonal ministry.

Capacities of social care institutions

The Law provides that establishment and activities of social care are governed by the cantonal legislation, while the establishment and activities of institutions that are of significance for the Federation are governed by the Federation legislation. The establishment of nursing homes, their operation, funding, monitoring and other issues are governed by the existing legislation on social security and fall under jurisdiction of the cantonal ministries of social welfare.

The FBiH budget usually does not include appropriations for the elderly (appropriations are mainly related to persons with disabilities, civilian victims of war and the like).

Pursuant to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, activities of social protection, protection of civil victims of war and protection of families with children can also be carried out by humanitarian organizations, citizens' associations, religious communities and associations founded by them, individual citizens and alien natural or legal persons.

There are a lot of charitable organizations that provide assistance and protection to all vulnerable people, particularly the elderly, without any discrimination and they are: the Red Cross of the Federation with its volunteers, through various forms of assistance (home care and home help, soup kitchen, relief packages, drugs etc.), and Caritas, Merhamet.

Social care institutions for the elderly of FBiH

Pursuant to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, an old person without family to take care of him/her is a man aged 65 years and older or a woman aged 60 years and older, who has no family or relatives who are legally obliged to maintain him/her or if they do, they are incapable of caring for him/her.

Pursuant to the Law and cantonal legislation, assistance to old people is provided in the form of basic rights and the most common are: placement of old and feeble persons in social care institutions, permanent allowance, attendance allowance, disability allowance, entitlement to humanitarian help, appropriate subventions, home care and assistance rendered in the house.

Further, there are new provisions for alternative placement of old people without family to take care of them and people with disabilities in foster family and placement in day care centres and clubs for old people.

In the territory of the Federation of BiH, care for the elderly is provided by 22 social care institutions in governmental, non-governmental and private sector and institutions for elderly persons with disabilities.

In the territory of the Federation of BiH, care for the elderly is provided by 8 social care institutions in Sarajevo, Travnik, Mostar – with two organizational units, Goražde, Tomislavgrad, Zenica, Čapljina and Jablanica. Care for the elderly is provided by 5 social care institutions founded by NGOs or religious organizations and 3 private elderly care institutions, according to information available.

In the territory of the Federation of BiH there is a nursing home (institution for social and health care for people with disabilities and other people) in Sarajevo, whose main activity is the provision of social welfare and health care services to chronically ill, disabled and infirm persons who are incapable of taking care of themselves and do not have any relatives to take care of them. Care for elderly patients with the severest, severe, moderate, mild and the mildest mental retardation who need assistance in social care institutions is provided by 3 institutes: “Drin”, “Bakovići” and Institute for Care of Children and Young People of Pazarić.

According to information available, in the territory of the Federation of BiH, six nursing homes operate in Tuzla, Zenica, Sarajevo, Bihać, Mostar and Neum. The Law determines that the establishment and operation of institutions/institutes in the field of social protection are governed by cantonal legislation, while the establishment and operation of institutions/institutes of importance to the Federation protection are governed by Federation legislation. The establishment, operation, funding, supervision and other issues under the valid laws concerning nursing homes are governed by cantonal legislation respecting social welfare and fall within competences of the cantonal ministries of social welfare.

Pursuant to the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, activities of social protection can be carried out, apart from social care institutions, by humanitarian organizations, citizens’ associations, religious communities and associations founded by them, individual citizens and alien natural or legal persons. Red Cross of the Federation with its volunteers help the elderly through various forms of assistance (home care and home help, soup kitchen, relief packages, drugs etc.).

Now there is a great need for care of the elderly and infirm who are living alone and the elderly whose problems cannot be resolved within the family. So, demand exceeds the existing social welfare institutions capacities in the Federation, causing long wait times for placement in the institutions.

Pension and disability insurance in FBiH is governed by the Law on Pension and Disability Insurance which is based on the principles of mutuality, generational solidarity and obligatoriness of pension and disability insurance. Risks covered by this insurance are: age, disability, work-related physical disability and death and entitlements arising from these risks

are: old age, disability or survivor's pension and financial compensation for work-related physical disability.

According to the method of funding that has a variety of forms, the beneficiaries are divided into three groups: beneficiaries receiving benefits from contributions, beneficiaries receiving benefits in accordance with Article 126 of the Law on Pension and Disability Insurance and beneficiaries receiving benefits from the budget.

FBiH has about 400,000 pensioners whose pensions are mostly below or at the poverty threshold, while the rest of the elderly are covered by the social security, if they meet statutory requirements. The number of pensioners is increasing rapidly as a result of bad legislation. Therefore, there are attempts to resolve the difficult situation with reforms of the pension and disability insurance, health insurance and social welfare so that the elderly and pensioners can live decently.

More than 80% of the elderly are pensioners, some 10% of them receiving benefits as disabled veterans and about 5% being on social security.

In FBiH, the average old-age pension is BAM 397.35, the average disability pension is BAM 313.90 and the average survivor's pension is BAM 313.26, so the average pension is BAM 352.56. The minimum pension received from contributions is BAM 310.73 and almost half of pensioners receive it.

Pursuant to Article 2 of the Law on Pension and Disability Insurance, rights from pension and disability insurance often include: old-age pension, disability pension, family or survivor's pension, monetary compensation for physical impairment (disability allowance) etc.

Further, Article 21 of the Law provides that pension and disability insurance entitlements are granted in the following situations: old age, disability, death and bodily impairment.

Eligibility to any of the entitlements is conditional upon occurrence of the particular risk. Namely, an insuree shall become eligible for an old-age pension upon reaching the age of 65 and accruing at least 20 years of pensionable service or upon accruing 40 years of pensionable service regardless of his/her age (Article 30).

An insuree who was diagnosed with disability falling under the first group is entitled to a disability pension: if the disability was caused by an injury or occupational illness, regardless of length of pensionable service, if the disability was caused by an injury or illness unrelated to work, provided that, prior to the onset of disability, the number of pensionable years amounted to at least one-third of a period between 20 years of age and the date of disability (hereinafter: working life), counting the working life in full years (Article 52).

Bodily impairment exists when the insured has suffered a loss, serious injury or substantial impairment of an organ or body parts, which worsens functions of the body and requires more effort to meet needs of life, regardless of whether it has caused disability or not.

The entitlement to disability allowance is afforded to an insuree whose bodily impairment of at least 30% has been caused by an injury or occupational illness. Types of physical disability that make grounds for disability allowance and the percentage of disability are determined by law (Article 72.a).

The procedure for exercising an entitlement from pension and disability insurance in accordance with Article 96 of the Law is instituted by the insuree. The procedure for exercising the right to survivor's pension is instituted upon a claim filed by the deceased insuree's family.

The procedure for exercising entitlements under paragraphs 1 and 2 of this article is instituted upon a claim filed by any person who believes he/she is eligible.

The procedure for the work capacity assessment on the basis of disability is initiated at the request of the insured or the competent medical doctor in primary health care.

Further, rights under pension and disability insurance are exercised with the Federation Institute for Pension and Disability Insurance (Article 5).

Health care provided to the elderly

The FBiH health care and services that are needed for geriatric services are defined and regulated by law and are provided at all levels of health care. Namely, the health care of the elderly is not singled out as a special service in the primary and secondary health care, but all the services available and accessible to other age groups and available and accessible to the elderly.

Article 3 of the Law on Health Care of the Federation („Official Gazette of FBiH“ 46/10) provides that „every person has a right to health care and a possibility of achieving the highest possible level of health“.

On the basis of a defined legal framework, the right to health care is enjoyed by all age groups under the compulsory health insurance. Health services are provided on the same terms and conditions to all persons who are insured through a basic package of services (to insured and uninsured persons):

- 1) rights of the uninsured persons above 18 years of age includes the following:
 - emergency medical aid in life threatening situations;
 - treatment of serious contagious diseases (quarantine diseases, tuberculosis, infection with HIV, SARS, avian influenza, syphilis, haemorrhagic fever, hepatitis C and B, botulism, diphtheria, echinococcosis, acute meningitis and encephalitis, measles, pertussis, polio, rabies, tetanus, typhoid fever, typhus),

- health care during pregnancy and childbirth and puerperium and postnatal complications up to 6 months after delivery,
- health care for mental patients who represent a threat to their own life or lives of others or to property,
- health care in cases of specific chronic diseases (malignant tumours, insulin dependent diabetes, endemic nephropathy and chronic renal failure / dialysis, haemophilia, agammaglobulinemia),
- health care to the persons suffering from progressive neuro-muscular diseases, cerebral paralysis, multiple sclerosis,
- health care to the persons suffering from paraplegia and quadriplegia,
- health care to the persons suffering from epilepsy,
- health services provided with the purpose of organ donation for transplantation,
- health services related to donation of blood.

Health care services as defined in the basic package of health care rights for the insured persons, as well as health care services as defined in the basic package of health care rights for the uninsured persons are provided in health care facilities that are included in the network of primary health care network and the network of hospital health care system with which the competent Health Insurance Fund in the Federation has a contract for health services.

Further, it is important to emphasize that Article 26 of the Law on Health Insurance provides that persons residing in the territory of the Federation who are unable to live independently and work and have no means, as defined in the social welfare legislation, must be provided with health care to the extent defined for family members of the insured, if health care is not provided on other grounds.

The estimated increase in the share of persons aged 65 years and over in the total population affected the dependency ratio in FBiH in 2015 to be as high as 48 %, which complicated the situation in the funding of health care and social welfare in the Federation.

According to the Federation Statistics Institute, 48 % of the working age population is unemployed, which has an impact on the health of the population.

Health of the population aged 65 years and over - According to the Federation Statistics Institute, population aged 65 years and over made up 14% of the total population in the Federation in 2015. Leading diseases in this age group in 2013 were identical to diseases in 2010 and they were hypertensive diseases, acute infections of the upper respiratory tract; diabetes, cystitis and diseases of musculoskeletal system.

As in 2010, the leading group of diseases fatal for people over 65 years are: circulatory diseases, malignant neoplasms, endocrine and metabolic disorders with eating disorders.

The Centre for Healthy Aging has been recently opened in Sarajevo, Modriča and Bosanska Dubica.

According to the World Health Organization, the quality of health care consists of proper performance (according to standards) of interventions that are recognized as safe, affordable for the community to which they apply and having the ability to produce an effect on mortality, morbidity, disability and welfare. In short, good quality means the best health outcomes that are possible, given the resources available. The methodology applied in this centre is a participatory approach that involves the participation of target groups, end users and key stakeholders in all aspects of project implementation.

With regard to specific needs of the elderly population, programs and services for health care provided to the elderly, necessary because of their state and situation, are governed by other pieces of legislation and mostly in the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children. This Law governs some of special needs of the elderly, such as orthopaedic and other aids, home care and special forms of health care.

In addition to the above-mentioned articles of the law that defines the functioning of the health care system and the provision of health care services to the target group of the injured and the elderly, it is important to emphasize that, in his decision on the basic package of health services, the Federation Minister made a decision on the provision of health care services. The basic package of rights affords the following entitlements to the insurees: 1 health care, 2 salary compensation during temporary disability, 3 drugs identified in the Decision on the List of Essential Medication Necessary to Ensure Health Care to Meet Standards of the Mandatory Health Insurance in the FBiH ("Official Gazette of FBiH" 52/08) and those identified in the Order for the List of Medicines in Hospital Health Care That Can be Used at the Expense of the Solidarity Fund of the Federation of Bosnia and Herzegovina ("Official Gazette of FBiH" 38/06, 13/08, 38/08).

RS

The right of elderly people to social welfare

Beneficiaries of social security are individuals, family members or a family as a whole

A foreigner or a stateless persons who is a holder of a permanent residence permit and who is under international protection in RS have entitlements, responsibilities and duties arising from this Law and international agreement. A person who is not covered by the above, and finds himself on the territory of the Republic, may temporarily exercise the rights of social protection under the conditions prescribed by the Law on Social Protection, if required because of a especially difficult circumstances in which that person is found.

The family, in terms of this Law, is a vital community of parents, children and other relatives. The family consists of married and common-law spouses, legitimate, illegitimate, adopted and step-children and children under guardianship and foster care, and other relatives in the mutual obligation of support.

The household is the economic life community in which its members jointly participate in an income and expenditure of revenue. A child is a person under the age of 18 years, except for the person with extended parental right.

A beneficiary of social security is an adult: without means and unable to work, with disabilities, of old age, without family care, with negative social behaviour, a substance abuse victim, a victim of domestic violence, a victim of trafficking or needing social protection owing to special circumstances.

A day care centre for adults provides adult persons with disabilities and the elderly with services to meet their basic needs of life in the most appropriate way. This facility provides beneficiaries with: daytime stay, meals, medical supervision, vocational and occupational therapy, cultural and recreational activities, and other activities according to their abilities and preferences. A centre rendering home care and assistance in the house provides services of essential household chores and care in the house to elderly and feeble persons, persons with disabilities and other adult persons.

A gerontology centre is a developing institution nature that provides interdisciplinary services to the elderly. The gerontology centre is engaged in monitoring, studying, evaluating and reporting on the social and health needs and, accordingly, in development and provision of services that are directly aimed at improving the quality of institutional and non-institutional care for the elderly, coordination of activities of the providers in the system of social protection of old persons, collaboration with other sectors and training and education of those who care of the elderly. The gerontology centre implements programs of primary, secondary and tertiary prevention in old age. The gerontology centre can also provide supported housing.

Shelter is an institution in which, in a shorter period, are placed the adults with social-negative behavior, victims of domestic violence, as well as other persons who are in need of emergency social protection, which, due to the lack of material, unresolved housing issues, disturbed family relationships and similar situations, needs temporary care. The shelter is conducting diagnostic and observational treatment, as well as providing the necessary protection measures.

The shelter provides health and hygiene, educational and psychosocial measures and meet the existential and other needs. Accommodation in shelter may take up to three months and during that time it is necessary to determine the appropriate form of care. Reception can be arranged within the appropriate social care institutions under the condition that the premises for its functioning, physically separated from the rest of the institution.

Act on the establishment of shelters defines a specific group of users, services and methods to be applied in a shelter. Counseling is an institution in which are provided the professional technical methods of assistance to individuals and families in solving everyday problems and difficulties, clearer insight into their own problems and finding a quality basis for their resolution. Counselling services and activities on providing assistance and care as professional services can be provided independently by natural persons, humanitarian organizations and associations.

BD

The legal framework of BD, which also applies to the elderly consists of: the Law on Health Care of BD; the Law on Health Insurance of BD, the Family Law of BD and the Law on Social Welfare of BD.

The BD Family Law governs family relations among family members on the principles of mutual respecting and helping each other (Article 2). Article 198 provides that "adult children shall be responsible for supporting their parents who are unable to work or lack sufficient means or cannot earn them from their property."

Article 3 of the Law on Health Care provides that "Health care includes a system of social, group and individual measures, services and activities for the promotion and preservation of health, prevention of illness and injury, early detection of diseases, timely treatment, medical care and rehabilitation, as well as the application of health technology".

According to Article 8 the health care measures include special measures of protection of the population over 65 years of age.

Health care in BD is organized through the Department of Health and Other Services of BD that is in charge of the provision and management of primary health care, hospital care and public health activities and health insurance. The Department includes the Health Insurance Fund. Health care services are provided by four health care institutions: one hospital and three health care centres.

Article 18 of the Law on Social Security of BD provides that "For the purpose of this Law, elderly persons with no family care are persons older than 65, i.e. persons who have neither family members nor relatives who are responsible by law to support them; or who have family members who are unable to support them.."

One of the main features of the Law on Social Security is the necessity of an individual's personal responsibility for his/her welfare and welfare of members of his/her family with a strong dimension of family solidarity and the society's responsibility to help people who cannot, alone or with help of members of family obliged to support them, provide themselves with decent standard of living. Interventions are implemented in the system of social security to ensure basic needs of life to the population who meet the requirements for assistance, as well as

to provide a range of services to beneficiaries who need different types of permanent or temporary housing or other social welfare services. Pursuant to the Law on Social Security, elderly persons can exercise different rights under the social welfare system such as one-time assistance, attendance allowance, home care and assistance at home and others.

Article 60 of the Law on Social Welfare provides that “Assistance and care at home may be granted to a person in compelling need of assistance and care, due to a physical or mental disability or permanent change of health: - who cannot be provided care and assistance by parents, spouse, and children; - who cannot provide assistance and care from personal income”. This Law governs the matter of placement of old and feeble persons in social care institutions, so called nursing homes, and alternative forms of placement such as foster family.

The Law on Social Security establishes the Sub-department for Social Security as an organizational unit for the implementation of measures and activities in the domain of social protection and provides for the establishment of nursing homes.

A Social Welfare Centre is in charge of implementing activities in the field of social welfare.

In BD, there are 3 nursing homes for elderly and disabled persons as well as private social welfare institutions. The data shows that the Sub-department for Social Welfare provided housing to 28 elderly persons in these institutions and is liable for paying the costs of accommodation.

However, we must point to insufficient capacities in homes and to relatively high prices in the homes operating in BD.

Health care provided to the elderly

In BD people aged 65 and more are not covered by mandatory health insurance. If they own land, they are required to pay tariff rate for farmers or, if they have not retired, they are required to pay voluntary contributions into the health insurance scheme. In the case of a health service need, an uninsured person, regardless of age, may file an application with the BD Government through the Social Welfare Centre and he/she will be granted temporary health insurance. In this way, all inhabitants of BD can get health care services but the procedure often bring in question the timeliness and effectiveness of preventive health care services. The BD Assembly has lately taken an initiative that all residents of BD aged 65 and more should be provided with health insurance at the expense of the budget of BD. For the time being, the result of the initiative is uncertain. Visiting nurses regularly visit the elderly and non-ambulatory patients and provide them with necessary medical services.

QUESTION:

2.) Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

ANSWER:

The Project “ Support to Social service providers and enhancement of monitoring capacities”

The Project relates to strengthening of the social welfare centres in pilot areas, to deliver effective social services, with special focus on assistance to elderly and persons with disabilities.

The project is being carried out in cooperation with the Ministry of Civil Affairs and the Ministry for Human Rights and Refugees. Most of the project activities are carried out in 2015 and it will be continued in 2016. In RS, the activities will be implemented in the municipalities of Nevesinje, Pale, Brod, Novi Grad and Mrkonjić Grad. The RS Ministry of Health and Social Welfare is the coordinator of activities in RS. Activities will focus on the development of a model of home care for the elderly and infirm.

QUESTION:

3.) Please provide pertinent figures, statistics or any other relevant information on measures taken to ensure that elderly persons have access to adequate benefits in cash or in kind; on the level of public expenditure for social protection and services for the elderly; on the accessibility of measures and the number of elderly people benefiting from them; on the number of places available in institutions for elderly persons; on the number of elderly living in such institutions, and on whether a shortage of places is reported.

ANSWER:

FBiH

ELDERLY CARE INSTITUTIONS IN THE FEDERATION OF BIH

	<i>Total</i>	<i>Age of residents</i>							
		<i>under 40 years</i>	40 - 49	50 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 i više 80 and older
2009	2,784	92	176	351	244	242	445	532	702
2010	2,804	88	216	335	211	201	464	522	767
2011	2,954	88	188	334	240	218	428	646	812
2012	3,290	73	197	355	232	252	407	723	1051

2013	3,799	109	198	398	254	328	484	799	1,229
2014	3,912	31	85	256	232	310	550	894	1,554
Beneficiaries by the reason of placement									
		<i>All</i>	<i>Old age</i>	<i>Severely chronically diseased</i>	<i>Mental handicaps</i>	<i>Physical handicaps</i>	<i>Housing troubles</i>	<i>Disturbed family relations</i>	<i>Other</i>
2009	<i>all</i>	2,784	762	661	741	224	302	59	35
	<i>males</i>	1,122	260	242	357	109	117	27	10
	<i>females</i>	1,662	502	419	384	115	185	32	25
2010	<i>all</i>	2,804	953	636	774	233	138	47	23
	<i>males</i>	1,077	275	223	371	123	48	28	9
	<i>females</i>	1,727	678	413	403	110	90	19	14
2011	<i>all</i>	2,954	938	749	693	300	188	46	40
	<i>males</i>	1,158	311	272	324	137	64	21	29
	<i>females</i>	1,796	627	477	369	163	124	25	11
2012	<i>all</i>	3,290	1,158	688	809	348	187	47	53
	<i>males</i>	1,293	375	250	389	163	70	22	24
	<i>females</i>	1,997	783	438	420	185	117	25	29
2013	<i>all</i>	3,799	1,387	698	783	438	233	53	207
	<i>males</i>	1,517	491	226	371	190	106	26	107

	<i>females</i>	2,282	896	472	412	248	127	27	100
2014	<i>all</i>	3,912	1,790	928	430	474	138	53	99
	<i>males</i>	1,551	629	410	199	213	54	34	12
	<i>females</i>	2,361	1,161	518	231	261	84	19	87

Elderly care institutions

A total of 21 elderly care institutions operate in the territory of the Federation of BiH and they are:

Governmental sector

In the territory of the Federation of BiH, care for elderly persons is provided by 10 social care institutions founded by government in: Sarajevo 2, Travnik, Mostar – two organizational units, Goražde, Tomislavgrad, Zenica, Čapljina, Jablanica and Tuzla, housing a total of 1.428 beneficiaries.

ELDERLY CARE INSTITUTIONS IN THE FEDERATION OF BIH

(governmental sector)

NAME OF THE INSTITUTION	FOUNDER	FUNDING	CAPACITY		OCCUPIED	PRICE IN BAM	EMPL OYEE S
			Capacity	Waiting list			
Gerontology Centre PI, SARAJEVO	Canton Sarajevo	By beneficiaries and 20% from the budget of the founder	-338 beds -shelters for vagrants, beggars and old persons	60	339 5	370,00 ambulatory 570,00 bedridden 700,00 single room	94
Nursing Home, ZENICA	Municipality Zenica	By beneficiaries and Social Welfare Centres	69	Postoji lista čekanja	78	500,00-800,00	-
Nursing Home, GORAŽDE	Government BPK		100	Popunjenost 50%	41	430,00 ambulatory 610,00 bedridden	22
Nursing Home, MOSTAR	Municipality Grad Mostar	City is obligated to share costs	104	Popunjeno 60	101	570,00 ambulatory 700,00 bedridden	58
Nursing Home, JABLANICA	Municipality Jablanica	Municipality Jablanica	30	Čekanje od 10-15 lica	30	570,00 ambulatory 600,00 bedridden	12

Domanovići Nursing Home, ČAPLJINA	Čapljina Municipality	Čapljina Municipality	45	Čekanje 11	52	570,00 ambulatory 600,00 bedridden	12
Naš dom Nursing Home, TRAVNIK	Travnik Municipality and the employees in the Home are majority shareholder		300	Postoji lista čekanja	227	460,00 do 690,00	70
Nursing Home, TOMISLAVGRAD			120		110		
Retirement Home PI, TUZLA			1250		161		
Institution for social and health care of people with disabilities and other people, SARAJEVO	Main activity is the provision of social and health services to chronically ill, disabled and feeble persons and other persons who are unable to care for themselves and have no relatives to take care of them		264		248		

Source: Federation Ministry of Labour and Social Policy

Non-governmental sector

Care for elderly persons is provided by 5 social care institutions founded by NGOs or religious organizations and they are:

- „Father Kristofer Foundation“ Nursing Home of Nova Bila,
- „Kuća njege starimo zajedno“ Nursing Home of Novi Travnik,
- „Sveti Josip Radnik“ (Charity Home) of Ljubuški,
- „Dom Sveti Josip sestara SMI“ Nursing Home of Vitez and
- Duje Klokotnica Shelter of Dobož East Municipality for elderly, feeble and homeless persons.

These institutions house a total of 651 beneficiaries.

ELDERLY CARE INSTITUTIONS IN THE FEDERATION OF BIH

(non-governmental sector)

NAME OF THE INSTITUTION	FOUNDER	FUNDING	CAPACITY		OCCUPIED	PRICE IN BAM	EMPLOYEES
			Capacity	Waiting list			
Father Kristofor Nursing Home NOVA BILA	H.H. Hospitalarias de Jesus Nazareno, franciscana congregacion-curia generalicia magmolias	-	91	-	86	-	-
Starimo Zajedno Nursing Home	Swiss Government,	-	60	-	60	-	-

NOVI TRAVNIK	local community						
Sveti Josip Radnik / Charity Home LJUBUŠKI		-	50	-	50	-	-
SMI Nursing Home VITEZ	Catholic Church	-	70	-	70	-	-

Source: Federation Ministry of Labour and Social Policy

In addition to these institutions in FBiH, founded by NGOs, care for elderly persons is provided in the Duje Klokočnica Shelter of Doboj East housing 385 beneficiaries altogether.

ELDERLY CARE INSTITUTIONS IN THE FEDERATION OF BIH

(the founder is an NGO - non-governmental sector)

NAME OF THE INSTITUTION	FOUNDER	FUNDING	CAPACITY		OCCUPIED	PRICE IN BAM	EMPLOYEES
			Capacity	Waiting list			
Father Kristofor Nursing Home NOVA BILA	H.H. Hospitalarias de Jesus Nazareno, franciscanas congregacion-curia generalicia magmolias	-	91	-	86	-	-
Nursing Home NOVI TRAVNIK	Swiss Government, local community	-	60	-	60	-	-
Sveti Josip radnik / Charity Home LJUBUŠKI		-	50	-	50	-	-
Sveti Josip sestra SMI Nursing Home VITEZ	Catholic Church	-	70	-	70	-	-

Private institutions

Further, according to the data available in the Federation of BiH, there are 6 private elderly care institutions and they are: „Starački dom Sana“ and „Zlatna jesen“ in Sanski Most, 3 institutions in Sarajevo („Vitalis“ Nursing Home, „Vila Fils“ Nursing Home and „Gren“ Retirement Home) and „Miran san“ Nursing Home in Mostar with a branch in Sarajevo housing 82 beneficiaries.

PRIVATE ELDERLY CARE INSTITUTIONS in FBiH

CANTON	NAME OF THE INSTITUTION	NUMBER OF BENEFICIARIES
UNSKA SANA CANTON	„SANA“ NURSING HOME SANSKI MOST	31
UNA SANA CANTON	NURSING HOME „ZLATNA JESEN“ SANSKI MOST	6
CANTON SARAJEVO	“VITALIS” PI - SWI SARAJEVO-ILIDŽA MUNICIPALITY	30
CANTON SARAJEVO	”VILA FILS” NURSING HOME SARAJEVO –STARI GRAD	15

	MUNICIPALITY	
CANTON SARAJEVO	“GREN” RETIREMENT HOME SARAJEVO	150 BEDS AVAILABLE
HERCECEGOVINA- NERETVA CANTON	MIRAN SAN NURSING HOME MOSTAR WITH A BRANCH IN SARAJEVO	

Source: Federation Ministry of Labour and Social Policy

RS

Law on Amendments to the Law on Pension and the Disability Insurance ("Official Gazette of RS", number 103/15) came into force on 1 January 2016; Pension and disability insurance was introduced in the RS Treasury System. The essence of the changes is that the income and expenses for the payment of pensions and functional operations of the Fund are fully involved in the RS budget and thus achieve additional security in the timely provision of funds to pay pensions. You may find attached the table with all the statistical data on the number of users per types of rights in the Pension Insurance Fund.

The pension insurance system is governed by the Law on Pension and Disability Insurance ("Official Gazette of RS", nos. 134/11, 82/13 and 103/15), which entered into force on 1 January 2012., 25 September 2013 and 1 January 2016.

This Law governs the pension and disability insurance based on intergenerational solidarity (PAYG system) and voluntary pension and disability insurance for persons who are not included in mandatory pension insurance scheme and rights and obligations under these insurance schemes. Pension insurance is an important part of social welfare system in every society. The overall objective of the pension system is to provide income or means to individuals after the end of their working life, i.e. after losing their working capacity due to aging, as well as to individuals who are incapable of work (with disability) and the family after death of a family member who was providing income for the family.

Article 40 of the Law determines rights under the pension and disability insurance: -In the case of old age: old age pension, -In case of disability - assignment to another position, retraining or additional training, compensation related to reduced work capacity, disability pensions, and -In case of death of the insured who received old-age or disability pension – survivor's pension.

The right to old age pension is afforded to a person upon turning 65 years of age and having at least 15 years of pensionable service.

An insured person who has not turned 65 years of age is entitled to old-age pension when he reaches 60 years of age and has 40 years of pensionable service.

An insured woman who has not turned 65 years of age is entitled to old-age pension when she reaches 58 years of age and has 35 years of pensionable service.

As an exception to Article 41 of this Law, an insured woman with at least 15 years of pensionable service is entitled to old-age pension at the age of: 60 years and four months in 2012, 61 years in 2013, 61 years and eight months in 2014, 62 years and four months in 2015, 63 years in 2016, 63 years and eight months in 2017 and 64 years and four months in 2018.

As an exception to Article 42(1) of this Law, an insured man with 40 years of pensionable service is entitled to old-age pension at the age of: regardless of age in 2012, 56 years in 2013, 56 years and four months in 2014, 56 years and eight months in 2015, 57 years in 2016, 57 years and four months in 2017, 57 years and eight months in 2018, 58 years in 2019, 58 years and four months in 2020, 58 years and eight months in 2021, 59 years in 2022, 59 years and four months in 2023 and 59 years and eight months in 2024. As an exception to Article 42(2) of this Law, an insured woman with 35 years of pensionable service is entitled to old-age pension at the age of: regardless of age in 2012, 54 years in 2013, 54 years and four months in 2014, 54 years and eight months in 2015, 55 years in 2016, 55 years and four months in 2017, 55 years and eight months in 2018, 56 years in 2019, 56 years and four months in 2020, 56 years and eight months in 2021, 57 years in 2022, 57 years and four months in 2023 and 57 years and eight months in 2024.

BD

The social protection system in BD is governed by the Law on Social Protection, which regulates the rights to social protection, basic organization and funding of activities, as well as other issues of importance for the social protection of citizens. In accordance to this Law, social protection is an organized activity focused on prevention and removal of causes and consequences of the indigent status in all fields of social life, and on providing support to indigent persons and their family members when they are in such a situation. Social care is granted to residents of the District who are incapable to work; who have neither means for maintenance nor relatives who are responsible by law and able to provide them with maintenance; and to inhabitants and families who are not able to earn means for maintenance through work, income from their property or in any other way, and to meet their basic needs.

The form and scope of social care rights are determined in accordance to material circumstances of providers of social care and indigent status of persons receiving support, taking into account circumstances in which such persons live.

In accordance to the Article 27, beneficiaries of social of social care are also elderly person with no family care. Elderly persons with no family care, for the purpose of this Law, are persons older than 65, i.e. persons who have neither family members nor relatives who are responsible by law to support them; or who have family members who are unable to support them.

A person shall be considered incapable to work if:

- a person is totally incapable to work, pursuant to regulations governing Social Security insurance;

- a person is over 65 years of age.

Out of five rights in social protection, in terms of the BD Law on Social Protection BD, four are related to the elderly (social services and other professional services, financial assistance, accommodation in a social care institution or in another family, home care and home help) .

The right of placement into a social care institution and to placement into foster family in the spirit of this Law is exercised by:

- an elderly person who is unable to live independently or in a family due to unfavorable health, social, housing or in-family conditions.

The right to placement into foster family shall be exercised by persons who have the right to be placed into a social care institution, in the spirit of this Law.

Person which clearly need accommodation but refuse it , accommodation will be approved upon the verification of working capacity by a competent court.

Persons in social welfare institutions and persons placed in foster care longer than 30 days have the right to health insurance .

Article 13, paragraph 1, of the Charter relates to the rights of the Law on Social Protection.

- Permanent allowance(Table. 1)
- Family allowance (Table no. 4)
- Attendance allowance (Table 1)
- One-time cash allowance (Table. 1)
- Soup Kitchen (Table no. 5)
- Subsidized utilities (Table no. 6)

Reports on the above rights, applies to all categories of citizens including the elderly.

ACRONYMS

BIH - BOSNIA AND HERZEGOVINA

FBIH - FEDERATION OF BOSNIA AND HERZEGOVINA

RS - REPUBLIKA SRPSKA

BD - BRČKO DISTRICT OF BOSNIA AND HERZEGOVINA

GFAP - GENERAL FRAMEWORK AGREEMENT FOR PEACE

GDP - GROSS DOMESTIC PRODUCT

ILO - INTERNATIONAL LABOUR ORGANIZATION

LFS - LABOUR FORCE SURVEY

GAP - GENDER ACTION PLAN

WHO - WORLD HEALTH ORGANIZATION

FMoHC - FEDERATION MINISTRY OF HEALTH CARE

DEP - DIRECTORATE OF ECONOMIC PLANNING OF BIH

The Draft of the Seventh Report on the implementation of the European Social Charter / revised / Group II / health, social security and social protection / Articles 11,12,13,14 and 23, was prepared by the Interdepartmental working group composed of representatives from the following institutions and in accordance with the Decision on the establishment of the Interdepartmental working group for drafting the Seventh Report on the implementation of the European Social Charter / revised / number: 01-37-1-162-4 / 16 dated 1 April 2016, of the Minister of Human Rights and Refugees:

1. Saliha Đuderija, the Ministry of Human Rights and Refugees,
2. Amela Hasic, the Ministry of Human Rights and Refugees,
3. Ljiljana Santic, the Ministry of Human Rights and Refugees,
4. Tijana Borovcanin-Maric, the Ministry of Human Rights and Refugees
5. Almina Jerković, the Ministry for Human Rights and Refugees
6. Branislava Crnčević-Čulić, Agency for Gender Equality
7. Šerif Godinjak, the Ministry of Civil Affairs,
8. Sanela Fočo , the Ministry of Civil Affairs,
9. Goran Knežević, the Statistics Agency,
10. Umihana Prguda, Federal Ministry of Health,
11. Sefik Hasanagić, Federal Ministry of Labour and Social Policy,
12. Adnela Omeragić, Federal Ministry of Labour and Social Policy,
13. Emina Zuko, Federal Ministry of Labour and Social Policy,
14. Tatjana Gajić, the Ministry of Health and Social Welfare,
15. Rajko Kličković, the Ministry of Labor and Veterans Welfare,
16. Slavica Mihajlović, the Department of Health of Brčko District,
17. Natasa Stevanović, the Department of Health of Brčko District,

Ministry for Human Rights and Refugees of BiH, in order to fulfil obligations of BiH as international entity that provides reports on implementation of the European Social Charter (revised), proposes to the BiH Council of Ministers to adopt the following

CONCLUSIONS

1) Council of Ministers adopts the Seventh Report of Bosnia and Herzegovina on the implementation of the European Social Charter / revised / Group II / health, social security and social protection / Articles 11,12,13,14 and 23, in the reference period 2012-2015, in order to meet the obligations of Bosnia and Herzegovina after the ratification of the European Social Charter / revised / on 7 October 2008.

2). It commits the Ministry of Human Rights and Refugees to timely deliver the Seventh Report of Bosnia and Herzegovina on the implementation of the European Social Charter / revised / for the Group II / health, social security and social protection / Articles 11,12,13,14 and 23, to the Secretary General of the Council of Europe in Strasbourg and employers' associations and trade unions in Bosnia and Herzegovina in accordance with Articles 21 and 23 of the European Social Charter.