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Charter

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## **EUROPEAN SOCIAL CHARTER**

3<sup>rd</sup> National Report on the implementation of  
the Revised European Social Charter

submitted by

**THE GOVERNMENT OF BOSNIA  
AND HERZEGOVINA**

(Articles 11, 12, 13, 14 and  
23 for the period of  
01/01/2008 – 31/12/2011)

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**CYCLE 2013**





**BOSNIA AND HERZEGOVINA**

**THE THIRD 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)**

**REPORTING PERIOD:  
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## INTRODUCTION

Bosnia and Herzegovina ratified the European Social Charter (revised) on 7 October 2008 and delivers its Third 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 2008-2011.

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),<sup>1</sup> 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.

The required information, statistical data in particular, is presented for the reporting period.

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,

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<sup>1</sup> Adopted by the Council of Europe Committee of Ministers on 26 March 2008.

- 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).

#### **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 R BiH" 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 R BiH" 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)**

- 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).

#### **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 Brcko District of Bosnia and Herzegovina (hereafter: 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 Brcko 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.

Life expectancy in Bosnia and Herzegovina for age groups of 0, 15, 45 and 65 years in 2009

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.

The difference in BiH in relation to the EU-27 average is 3.60 years for female life expectancy and 2.30 for male life expectancy. Life expectancy in BiH is at the level of neighbouring countries such as Croatia, Macedonia and Montenegro. The difference between life expectancy and healthy life expectancy in the EU-27 average is 20.4 years for women and 15.5 years for men. Calculated female life expectancy in the European Union is 82.40 years, including 20.4 years with restrictions that can be a chronic illness or restrictions in daily activities that lead to the need for care or assistance. A woman in the European Union lives on

average 62 years in good health and 20.4 years in declining health. Male life expectancy is 76.40 years consisting of 61 years in good health and 15.5 years in bad health.

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. Infant mortality rate in BiH<sup>2</sup> reduced from 7.5/1,000 live births (2006) to 6.4 in 2010. Within BiH, significant differences were evident and the lowest infant mortality was in the RS at 4.3 ‰ (7.3 ‰ in FBiH and BD 16.4 ‰). In both entities, the 2010 infant mortality rate was lower than the infant mortality rate in 2006. In BD the rate increased from 5.4 ‰ in 2006 to 16.4 ‰ in 2010. The most common causes of infant mortality were certain conditions in the perinatal period (64% in 2009).

The infant mortality decreased. In terms of infant mortality, BiH is better than the EU-4 average and over the period of 2006-2010 it improved its position.

In 2009 34,904 persons died in BiH, which was 1683 persons more than in 2006. In 2009, 17,884 men died, 576 more than in 2006. In 2009, 1,107 women died which was more than in 2006 (17 020 vs. 15 913).

According to the Statistics Agency of BiH the overall mortality rate in Bosnia and Herzegovina in 2009 stood at 9.1 ‰ – which was higher than the rate in 2006 when it was 8.6 ‰.

The standardized death rate (SDR) in BiH in 2009 for men was 9.5 ‰ and 6.6 ‰ for women. The standardized death rate is internationally comparable. In comparison with the EU-27, the difference between women in the country and the EU-27 average was 181 more deaths per 100,000 female in BiH and 159 more deaths per 100,000 male in BiH. Compared with the benchmark and comparator countries, BiH had a more favourable situation.

The growth of mortality rate was caused by an increase in the mortality rate due to malignant neoplasms (average annual growth of 2.87% in 2006-2009) and diseases of the circulatory systems (average annual growth of 1.96% in 2006-2009), 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.

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<sup>2</sup> Infant mortality rate shows the number of deaths of children under one year per 1000 live births in one year.

The standardized death rate from suicide is an indicator of the mental health of the population<sup>3</sup>. In BiH, the standardized death rate from suicides was 11.7 per 100,000 inhabitants in 2009, which a decrease, when compared to 2006 (12.7 per 100,000 population), while in the EU-27 it was 10.1 per 100,000 population in 2008. Differences between the entities are significant: it was 17.5 per 100,000 population in RS and 8.2 in FBiH.

### **Coverage of the population with health insurance**

Coverage of health insurance in BiH in 2010 was 84.55%, in the FBiH: 66.25%, in RS: 66.25% and 70.0% in BD. The data indicated an increase in coverage in 2009 compared to 2007 (except for BD). In 2010, a decrease of population with health insurance was evident in both entities and BD.

Coverage of health insurance in BiH in 2009 was 85.1%, in the FBiH: 85.1, in RS: 70.3% and 70.0% in BD. The data indicated an increase in coverage in 2009 compared to 2006 (the increase was 1.11% in FBiH and 14.16 in RS, while the decrease was 4.28% in BD). The differences were visible among the cantons where coverage of 65.89% in Canton 10 / Livno Canton/ was the lowest and the highest coverage was in Sarajevo Canton with 95.84%.

Coverage of health insurance in BiH in 2011 was 85.6%. In the FBiH, the differences were visible among the cantons where the coverage of 66.7% in Canton 10 / Livno Canton was the lowest and the highest coverage was in the Sarajevo Canton with 94.5%.

Health care spending per capita was 867 (in PPP / USD) and it was significantly lower than the EU-27 (\$ 2,877.9) in 2008. Apart from BiH, also EU-4, Macedonia and Croatia were below EU-27 average. Although it was one of the countries that ranked low, BH had been approaching the EU-4 average year by year and in 2009 it approached Bulgaria and the gap between them was only 7 index points.

Spending on health care in 2008 in BiH amounted 10, 3% of GDP. The data showed an increase of 2.7% points compared to 2006 and 0.7% points compared to 2007 (y/y). Spending on health, analyzed in the sense of the share of GDP, was higher in BiH in relation to the EU-27 (9.01% of GDP) in 2008.

The share of a total private spending on health care and the total health care costs have been decreasing. Out of the total spending on health care, the proportion of public expenditure, i.e. by Governments of BiH (GGHE), in 2009 amounted to 61.3%, while 38.7% was private spending on health (PvHE), which entirely related to the out-of-pocket costs. BiH has been improving its position in relation to the EU-4 average. However, private spending still makes up a significant share of the costs in BiH.

**Spending on medical products** provided to outpatients in Bosnia and Herzegovina in 2009 amounted to 30.5% of the total current health care costs (in 2008 in the EU-27 it was 25%). Out of total medical products provided to outpatients, 81% were drugs, and 19% were orthopaedic and other prosthetics. In 2009, BiH spent 2.7% of GDP on drugs, while in the EU (2008) 1.7% of GDP was spent. Average expenditure on prescription drugs per insured person was BAM 74 (BAM 78 in FBiH, BAM 65 in RS and BAM 89 in BD).

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<sup>3</sup> 2009 monitoring report of the EU sustainable development strategy-Sustainable development in the European Union, EUROSTAT, p. 183.

**The ratio between costs of drugs covered from the health insurance funds (public expenditure) and private expenditure in BiH** in 2009 stood at 34% to 66% (65% were direct costs of private households and 1% were participation). In the EU-27 the ratio was 41% to 59%. The share of private spending on drugs in BiH was less in 2009 than in 2007, but the total amount was larger.

**Measuring of spending on health care** is carried out through a system of national health accounts, which has been submitted to the World Health Organization and EUROSTAT since 2004.

The share of health expenditure in total GDP in BiH had a steady upward trend from 9.1% in 2005 to 10.9% in 2010. The share of private health expenditure is around 4.2% of GDP. Private costs are around 40% of total health care costs.

It is estimated that total spending on medicines and medical products in 2009 by the private sector (out-of-pocket costs) was 68% of total spending on medical products.

## 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-sectorial 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.

**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).

In accordance with provisions of this Law and the Law on Health Insurance and regulations which are adopted pursuant to these laws, 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 FBiH is provided and performed by health care facilities, private practices, health insurance funds, the Agency for Quality and Accreditation in Health in FBiH, 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 FBiH is realized by providing health care services to the population of FBiH 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 FBiH** ("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 FBiH/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.

#### **Number of health facilities in FBiH in 2010**

|   |    |
|---|----|
| Health Centres                              | 79 |
| Cantonal Hospitals                          | 6  |
| General Hospitals                           | 8  |
| Clinical Centres                            | 2  |
| Special hospitals                           | 2  |
| Clinical hospitals                          | 1  |
| Sanatoriums                                 | 3  |
| Institutes for specific health care         | 11 |
| Day care hospitals                          | 3  |
| Institutes for public health                | 11 |
| Institutes for transfusion medicine of FBiH | 1  |

Source: 2010 Health Statistics Yearbook

NUMBER OF PHARMACIES IN PUBLIC SECTOR IN FBIH IN 2011: 65

Source: 2011 Report on the Work of Pharmacies

NUMBER OF BEDS PER 1000 OF POPULATION IN FBIH IN 2011: 3.7

\* Source: Health status of the population in FBiH in 2011

## A number of health workers in FBiH in 2011

|  |       |
|--|-------|
| Doctors of Medicine  | 4443  |
| Doctors of Dentistry   | 587   |
| Masters of Pharmacy  | 304   |
| Health technicians with four-year university education                     | 257   |
| Health technicians with secondary school and two-year university education | 12557 |
|  | 18148 |

Source: 2011 Health Statistics Yearbook, Organizational Structure

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" 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" 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.

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 Articles 19 or 53 of the Law. The Articles determine that an alien must possess funds to pay for health care, i.e. to have health insurance in BiH.

## 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.

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.

In accordance with the Law on Health Protection ("Official Gazette of RS" 106/09), the Institute of Public Health is a public health institution in charge of public health which carries out socio-medical, hygienic and ecological, epidemiological and microbiological health services and it is responsible for inter alia monitoring, evaluation and analyzing of the health status of the population, monitoring and studying of health problems and health risks, then it carries out activities in health promotion and disease prevention, informs the population about the importance of maintaining and improving of health, prepares professional and methodological guidelines for the conservation and improvement of the health of the population, prepares an annual report on the review of the health status of the population, prepares reports to the competent institutions in accordance with the law and international obligations and performs education and training in radiation protection and education in the field of health care management.

The Law defines that an outpatient clinic (ambulanta) for family medicine is a medical institution which carries out activities of health promotion, disease prevention and early detection, treatment and rehabilitation, provides primary health care and it is responsible for the health education of citizens about the most common health problems, methods of identification and control.

Individual responsibility for health is defined in Article 21 of the Law on Health Care, which defines that 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 Law defines rights and obligations of citizens and patients using health care services and also the procedure of protection of rights in accordance with the European Charter on Patients' Rights. A citizen has the right to freely choose a doctor of family medicine and healthcare facilities and has a free choice of medical treatment. This principle achieves the goal that the patient is at the centre of the health system, or, the structure of the health system is adapted to the real needs of citizens of RS.

It also defines the mechanism of protection of the rights of citizens and patients, which is mandatory for health care facilities.

The Rulebook on the Protection of Rights of Insured Persons ("Official Gazette of RS 26/11) covers: principles of protecting the rights of insured persons within the RS Health Insurance Fund; the content of protection of rights of the insured person and the way of protection and promotion of these rights. Protecting the rights of insured persons is carried out in accordance with the principles of humanity and accessibility and equality.

**The Law on Health Insurance** („Official Gazette of RS“ 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 106/09) governs the system of mandatory and extended health insurance, insurance rights, the exercise of rights and principles of private health insurance.

**The Law on Transfusion Medicine** („Official Gazette of RS“ 01/08) 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.

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) brought in line with Directive 2001/37/ EC.

**The Law on Food and Beverages Establishments** („Official Gazette of RS“ 15/10) prohibits the sale, use and serving of alcohol in the food and beverage establishments to persons under 18. At the proposal of the Ministry of Trade and Tourism, the Government is to enact a regulation to prescribe the manner of enforcement of measures from the preceding paragraph; the penalty prescribed is a fine.

**The Law on Protection of Population from Communicable Diseases** („Official Gazette of RS“ 14/10) is harmonized with directives 2119/98/EC, 2000/96/EC, 2000/57/EC and 2002/253/EC of the European Parliament and Council and international health legislation of the World Health Organization. It 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 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 non-ionizing radiation sources of special interest.

**The Law on Safety at Work** („Official Gazette of RS“ 1/08, 13/10), in order to protect human health and the environment, the conditions that must be met regarding the safety of consumer goods which are manufactured or imported for the purpose of placing in the market, the production and marketing of consumer goods, advertising, health monitoring and other issues related to consumer goods. Provisions of this Law also apply to raw materials and additives used in the production of consumer goods.

The Law on Safety at Work governs health and safety at work as an activity of general interest, identifies entities responsible for enforcement and improvement of safety and health at work, their rights, duties and responsibilities, preventive measures, as well as other issues related to safety and health at work

**The Air Protection Law** („Official Gazette of RS“ 124/11 regulates the protection of air from pollution in order to protect human health, climate and the environment from harmful effects of air pollution, while protection of air from pollution caused by radioactive substances, industrial accidents and natural disasters is governed by a separate law.

**The Family Law** („Official Gazette of RS“ 54/02, 41/08) determines that parents abuse their parental rights if they allow their child to consume alcohol and the court can take away parental rights in non-contentious proceedings.

**The Criminal Code** („Official Gazette of RS“ 49/03, 108/04, 37/06, 70/06, 73/10) does not criminalize selling of alcohol to children but provides for sentences to be imposed on a child carer who roughly neglects his/her duties in maintaining and upbringing and neglects the minor, which results in the minor's consuming alcohol or other forms of antisocial behaviour.

The Law on Health Insurance provides that all citizens are covered by the RS mandatory health insurance. The mandatory principle means that all citizens are compulsory registered in the health insurance scheme on any of the grounds set out by law. The exercise of rights under mandatory health insurance is conditional on payment of contributions to the health insurance scheme, except for children until the age of 15, pregnant women and new mothers with a baby less than one year old and persons above 65. These groups of citizens may exercise rights under mandatory health insurance when contributions have not been paid provided that they have registered in health insurance scheme. The base and rate of contributions to the mandatory health insurance are regulated in the Law on Contributions. The RS Health Insurance Fund is responsible for the mandatory health insurance scheme, being guided by the principles of solidarity, reciprocity and equality. Accordingly, the RS Health Insurance Fund bears the costs of health care.

The right to health care includes:

- preventive health care;
- emergency medical treatment;
- medical examinations and treatment by family medicine doctor, in hospitals and clinics in RS and abroad;
- counselling and specialist's treatment;

- medical rehabilitation;
- orthopaedic and other aids;
- diagnostics; mandatory immunization; provision of medication; medical transport; treatment at patient's place; palliative care.

### Health institutions and employees in RS in 2010

| Health institution            | Number of health institutions | Number of employees |
|-------------------------------|-------------------------------|---------------------|
| Medical Centre                | 53                            | 5328                |
| Pharmacy                      | 24                            | 282                 |
| General Hospital <sup>1</sup> | 9                             | 3495                |
| Special Hospital              | 1                             | 146                 |
| Institute (Zavod)             | 5                             | 998                 |
| Institute (Institut)          | 1                             | 83                  |
| Clinical Centre               | 1                             | 2275                |
| Institute for public health   | 6                             | 198                 |
| Medical electronic            | 1                             | 37                  |

Source: RS Ministry of Health and Social Protection

The total number of employees in health institutions in RS is 12,842, out of which:

- Doctors of Medicine: 2185 (17.01%),
- Doctors of Dentistry: 202 (1.57%)
- Bachelors of Pharmacy: 87 (0.68%)
- Employees with two-year university education: 892 (6.94%)
- Employees with secondary school: 5459 (42.5%) and
- Employees with primary school: 11 (0.08%)
- Health officers: 190 (1.47%), and
- Administrative and technical staff: 3816 (29.71%).

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 3864 health workers, out of which 974 ones are medical doctor (266 ones are general practitioners, 590 ones are specialists and 118 ones are specializing), 199 ones are doctors of dentistry and 3 ones are pharmacists, while the remaining 2688 ones have two-year university, secondary and primary education. The ratio of medical doctors and other health workers is 1:2,7. The health

care facilities that provide primary health care have a total of 1405 administrative and technical staff and 59 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:

- Diseases of the digestive system 17.68%
- Diseases of the respiratory system 16.95%
- Diseases of the circulatory system 11.76%
- Diseases of the genitourinary system 7.46%
- Diseases of the musculoskeletal system 5.34%

### **Health workers in mental health centres by regional centres of the Institute**

| Health workers |                  |              |             |                               |                      |         |        |
|----------------|------------------|--------------|-------------|-------------------------------|----------------------|---------|--------|
| Doctors        |                  |              |             | Two-year university education |                      | Doctors |        |
| Total          | General medicine | Specialising | Specialists | Total                         | Out of which, nurses | Total   | Nurses |
| 30             | 0                | 11           | 19          | 17                            | 16                   | 40      | 35     |

Source: RS Ministry of Health and Social Protection

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 Foca 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 Modrica 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 4472 health workers, out of which 1121 ones are doctors of medicine (including 814 specialists) and the remaining 3351 ones have two-year university, secondary and primary education. The ratio of medical doctors and other health workers is 1:3. The section discussing operation of and health care services provided in day hospitals contains the information relating to treatment in day hospitals within departments of general hospitals, clinics and clinical centres in RS.

Number of beds per 1.000 people

The number of hospital beds in hospitals and day hospitals in the RS in 2010 was 4370 or 3.05 beds per 1,000 people.

In 2010, the number of patients discharged from health care facilities in the RS was 157.300 with 124.8870 patient days. The length of stay per patient was 7.94 days and average bed occupancy was 78.30%. The health institutions treated 148,746 people, 70,620 men (47.5%) and 78,126 women (52.5%). The most common groups of diseases causing hospitalization in the RS are:

|   |   |       |
|---|---|-------|
| – | Neoplasms   | 21.9% |
| – | Diseases of the circulatory system                                  | 12.1% |
| – | Diseases of the digestive system                                    | 8.9%  |
| – | Diseases of the respiratory system                                  | 6.6%  |
| – | Diseases of the musculoskeletal system and connective tissue        | 6.5%  |
| – | Diseases of the genitourinary system                                | 6.4%  |
| – | Injury, poisoning and certain other consequences of external causes | 5.8%  |
| – | Mental and behavioural disorders                                    | 3.9%  |
| – | Pregnancy, childbirth and the puerperium                            | 3.4%  |
| – | Infectious and parasitic diseases                                   | 2.9%  |
| – | Other   | 21.6% |

**The Rulebook on Using Health Care Services Outside RS** («Official Gazette of RS» 102/11, 117/11, 128/11) regulates the content and scope, conditions, manner and procedure for exercising the right to use health care services outside RS, which are funded from the mandatory health insurance, by insured persons with the Health Insurance Fund of RS.

Using health care services during stay abroad at the expense of the mandatory health insurance means health care provided to insured persons during their stay in countries with which BiH concluded or taken over international agreements on social security. During the stay abroad, the insurees/insured persons may use health care services to be paid from the mandatory health insurance only in health care facilities which are in the public health system of the foreign state.

## 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.

The hospital has 10 wards with about 300 beds. The size of population of BD is still unknown, but figures vary from 80,000 to 100,000. The Health Insurance Fund has about 73,000 insured persons on records but it is assumed that in the villages, especially among the elderly, there is a large number of uninsured persons so it is difficult to determine the actual number of residents. In addition, due to higher social security benefits than the surrounding Entities grant, BD has a large number of fictitious claimants who actually live outside BD, have registered as residents of BD and enjoy numerous social security entitlements (medical treatment, child support etc.). Consequently, if we count the population of 90,000, the number of beds per one thousand people is 3.33. In some wards there are waiting lists for some services. For example, waiting period in the eye clinic's waiting list for some services is as long as six months, but usually it takes a month to provide a service.

Living conditions are good, all facilities except Gynaecology and Obstetrics Ward having been refurbished and adequately equipped. There are 65 doctor's surgeries in BD.

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.

**Employees in the public health sector of BD**

| Employees in the public health sector of BD | Doctors | Medical technicians | Others | Total |
|---|---------|---------------------|--------|-------|
|   | 135     | 349                 | 166    | 650   |

Source: BD Sub-Department of Human Resources

Health care facilities may be established as public, private and mixed ownership.

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 (rješenje) permitting the practice after determining that requirements for the practice are fulfilled in accordance with the Law on Health Care.

**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

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

- Conference of Health Care in BiH, as an advisory body, consisting of the Minister of Civil Affairs, Entity Ministers of Health and the Head of the Sub-Department of Health and Other Services of BD.
- Commission for the Implementation of International Health Regulations- IHR (2005), which is an expert body, the main task of the Commission relating to communication with the WHO in the context of the implementation of IHR (2005).
- Commission for the Certification of Poliomyelitis Eradication in BiH, a commission of experts in poliomyelitis in BiH, which participates in the work of the Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria Project Management etc.
- Declaration on the Long-term Programme for Regional Collaboration and Development on Mental Health signed by health ministers of SEE countries, which promotes regional cooperation and development in the field of mental health and establishes a BiH-based Regional Centre for Cooperation in the Field of Mental Health, which will have a role to plan, coordinate and evaluate activities that contribute to the development of mental health, promotion, prevention, provision of services and social inclusion in the area.
- Activities for the integration of the health sector of Bosnia and Herzegovina in the European Union, which identifies the legislation necessary to harmonize at all levels of BiH in order to integrate the health sector of BiH in EU (Council of Ministers adopted it at the 139th session on 14 December 2010 (Official Gazette of BiH“ 18/11) .

On 18 May 2010, the Ministry of Civil Affairs signed with the World Health Organization Regional Office for Europe a two-year agreement on cooperation (2010/2011). The agreement is part of the preliminary medium-term framework for cooperation of the World Health Organization Regional Office for Europe and the Council of Ministers for a period of six years, i.e. 2008-2013. It is focused on priorities in cooperation that have been selected in response to the current public health issues and the current efforts aimed at improving performance of the health system.

The Regional Centre will facilitate customers' access to improved and better mental health care services in the community and strengthen the capacity to combat stigma and discrimination associated with mental disorders with the support of Mental Health Project in Bosnia and Herzegovina, which was launched in 2010 with financial support of the Swiss Agency for Development and Cooperation (SDC). The Project produced the Rules of the Commission to Protect Rights of Persons With Mental Disorders with a single manual, as an instrument based on international instruments protecting rights of persons with mental disorders.

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 Brcko 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.

On 14 December 2010 the Council of Ministers adopted "Activities for Integration of the Health Sector of BiH in EU", with guidelines useful to authorities in strengthening the health sector in the EU integration process. In order to strengthen existing and establish new administrative capacities necessary for the process, it is necessary to provide a clear vertical and horizontal coordination of levels of government in the health sector so that representatives of all levels of government can make decisions and act strategically and coherently.

#### Policy analysis

- The current health system in BiH is focused on health promotion and disease prevention, i.e. better indicators of health status of the population.
- The health sector projects, which were monitored and coordinated by the Ministry of Civil Affairs, strengthened the role of promotion and prevention in public health. Thanks to "Coordinated National Response to HIV/AIDS & Tuberculosis in a War-torn and Highly Stigmatized Settings", "Strengthening of DOTS Strategy and Improving National Tuberculosis Programme, Including Multidrug resistant and Infection Control, in Bosnia and Herzegovina" (Consolidated TB project) and "Scaling up Universal Access for Most at Risk Populations in Bosnia and Herzegovina" funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in the period 2006-2011, the capacities for the prevention of AIDS and TB were improved to a great extent. Activities were focused on vulnerable and socially excluded groups (young people engaged in risk behaviour, prisoners and others). It is important to note services provided by the centres for confidential counselling and testing, as well as the mobile teams in the TB project whose activities targeted beneficiaries in particularly vulnerable groups.
- We should emphasize campaigns organized by public health institutions in cooperation with the NGO sector (World TB Day, Immunization Week, Anti-TB Week, World AIDS Day etc.) with support by relevant ministries and international organizations (GFATM / UNDP, UNICEF etc.). These campaigns included various activities (medical examinations in the field, testing, immunizations etc.).
- The 2011 annual plan of activities was designed within the reproductive health and rights component of the Country Programme Action Plan between the BiH Council of Ministers and the UN Population Fund for the period 2010-2014. In the most recent period activities promoting sexual and reproductive health of young people have been carried out and training of peer educators who will disseminate information, multiple knowledge and skills and promote the importance of adequate protection of young people, has been completed. A campaign about prevention of cervical cancer has been carried out, too.
- "Support to Sexual and Reproductive Health of Young People and HIV/AIDS Prevention Among Young People" youth health project implemented by the German Society for Technical Cooperation (GTZ) aimed to raise awareness among young people about health

and how to avoid risky sexual behaviour. The project was implemented in cooperation with the Ministry of Health and Social Protection and the FBiH Ministry of Health in the period 2009-2011. During the project implementation 20 municipalities were selected to be partners in the project (10 in RS and FBiH each) that will make a significant resource for the implementation of these and similar projects in future and contribute to sustainable activities that improve health of young people.

The World Health Organization has organized a mission to evaluate the situation in Bosnia and Herzegovina (22-27 February 2009), whose primary objective was to facilitate the implementation of IHR<sup>4</sup> (2005) in accordance with provisions of Annex 1 IHR (2005), supplying recommendations included in Action Plan for strengthening capacities for efficient implementation of the International Health Regulations (2005) in BiH in the period 2011-2013.

The Decision on establishing the basic package of health care rights of FBiH (“Official Gazette of F BiH” 21/09) and the Decision on the minimum package of primary health care of RS (“Official Gazette of RS“ 21/01), which were adopted by the Entity governments, establish the right to health care of the insured and uninsured people. The 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 governs the maximum amounts of patient cost sharing for healthcare expenses (out-of-pocket medical costs) as well as the groups of patients that are exempt.

The introduction of a Primary Health Care Per Capita Payment System is in progress with the support of HSEP project.

## FBiH

### - 2010 – 2020 FBiH Development Strategy

aims at projects intensifying economic development and at initiation of reforms aligned with the needs of BiH on its path to EU accession. The Strategy encourages economic activities, development of physical infrastructure, high quality social, educational and cultural settings, environmental protection and promotion of high pro-environmental values.

### - 2008 – 2018 FBiH Health Development Strategic Plan

has been adopted by the FBiH Parliament and makes the basis for the health policy and sectorial policy of the FBiH Government. The strategic goal is to improve the availability, quality and efficiency of health care for the population, driven by increasing solidarity and the idea of reducing inequality. One of strategic objectives is to strengthen the role of public health. In order to strengthen the role of public health the legislation will be brought in line with *acquis communautaire*; reporting will be harmonized with international standards and EUROSTAT; promotional and preventive programs and intervention will be stepped up in order to raise awareness about the importance of health; the identification, prevention and control of environmental risk factors will be enhanced; a system of medical waste management will be established; environmental awareness will be raised; institutional capacities of public health will be strengthened at all levels; biosecurity laboratory biosecurity and biosafety will increase in the FBiH, the health system will be strengthened to quickly respond to global health emergencies (pandemics, bioterrorism etc.).

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<sup>4</sup> International Health Regulations

It is a strategic document which makes the basis for the reform activities in the health field.

- F BiH youth health policy

was adopted by the F BiH Government in 2008 and made the basis for the Youth Health Strategy, which was adopted by the F BiH Government in 2009. Strategic objectives are primarily focused on health promotion and disease prevention, and then they are also focused on the change organization and management by developing youth-friendly services within the health and non-health sectors and continuous quality improvement and monitoring and evaluating of outcomes of all activities.

- F BiH early childhood development and growth promotion policy

was adopted by the F BiH Government in May 2011

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.

- 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.

The European Commission IPA-funded “Strengthening Public Health Institutes in Bosnia and Herzegovina” project was implemented in BiH in the period 2009-2011.

The project builds capacities of health institutions in BiH on the road to European integration in terms of improvement of monitoring and evaluation of health data and information according to EUROSTAT, which will ensure both international comparability of data between BiH and EU countries and the establishment of information and communication protocols for standardized and unique collection of medical information throughout the country. A particular emphasis is placed on improving the quality of data, which can be achieved by using EU standards consistently. Health data and information collected in this way are used for better planning and decision making in health care.

The implementation of a continuation of another EU IPA-funded project, „Public Health Reform II“, is in progress. The implementation is at an early stage and involves further strengthening and improvement of the database and health indicators, as well as strengthening institutional capacity in the public health sector, with the aim of increasing institutional preparedness to respond to public health threats (Early Warning System), especially in relation to surveillance and control of communicable diseases, as well as improving the reporting requirements of the EU and the implementation of International Health Regulations, which is the responsibility of Bosnia and Herzegovina as a member of WHO, in accordance with WHO Resolutions 58.3, 58.1 and 59. The project is being implemented in the next 24 months, up to 2014.

## RS

In order to protect the health of citizens of RS, the Order Prohibiting Smoking and Sale of Tobacco Products in Health Care Facilities („Official Gazette of RS“ 7/07) bans smoking and sale of tobacco products in health care facilities and social and children welfare facilities where health and social welfare services are provided.

The Ministry of Health and Social Welfare enacted a Decree Prohibiting Sale to and Consumption of Alcoholic Beverages in Public Places by Persons under 18 („Official Gazette of RS“ 106/06) which 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.

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“ 65/11), including hepatitis B, tuberculosis, diphtheria, tetanus, pertussis, polio myelitis, haemophilus influenza type B, measles, mumps and rubella for children and young people of certain age (eighteen years old - the final year of secondary school) as a systematic immunization; hepatitis B, rabies and tetanus for persons at higher risk of developing these diseases; and yellow fever, cholera and meningococcal disease for passengers in international traffic who travel to countries where these diseases are endemic or to countries that require vaccinations against these diseases.

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.

Projects implemented in the RS in order to enforce the legislative framework:

1. Capacity Building of Family Medicine Teams for Prescription Drug Cost Management (2012)
  - the project is being implemented with 42 FM teams of health centres in Doboj, Zvornik and Trebinje.
  - enabling family medicine doctors to effectively manage prescription drug costs
  - cutting the prescription drug costs by about 10% by all family medicine teams that will be included in the project.
2. Training of neurologists and nurses in treatment of acute stroke (2012)
  - training of neurologists and nurses to work on acute stroke units and enabling them to administer thrombolytic therapy
  - opening of acute stroke units in all hospitals in RS with a view to administering thrombolytic therapy throughout RS (Banjaluka, Prijedor, Gradiška, Doboj, Bijeljina, Istočno Sarajevo, Foča, Trebinje)
  - reduction of mortality and disability after stroke.
3. Improving quality and impact of treatment of acute myocardial infarction (2008 - 2011)
  - introduction of new procedures and methods
  - reduction of mortality and disability rates
  - prevention of severe forms of the disease
  - unique approach to the treatment in the entire territory of RS
4. Evaluation of performance of health care institutions (on-going)
  - identification of indicators to assess performance of hospitals and health centres;

- publishing of the best ratings,
  - financial incentives for quality
5. Improving the availability and quality of tertiary health care (2008 - 2011)
    - reduction of the need for referral outside RS
    - improvement of standards and quality of health care
  6. Improving access to information about the mandatory health insurance (2009 - 2010)
    - contacts with citizens' associations
    - production of new guides through the health insurance rights
  7. Improving the availability of counselling and specialist health care in RS (2009-2010)
    - Project aims at: better availability of high quality and efficient counselling and specialist health care to all citizens of Republika Srpska;
    - greater involvement of private practitioners in the health care system and encouraging private sector development;
    - The project includes 12 specialist areas: internal medicine, cardiology, ophthalmology, ENT, urology, general surgery, orthopaedics, pneumo-phthisiology, dermatology, gynaecology, paediatrics and neurology.
    - Selection of institutions that will be contracted for counselling and specialist health care will be carried out through public invitation.
  8. Improving the quality of emergency medical services in 15 municipalities RS (2010-2011.)
    - Training of medical staff from 15 health centres; training involves the most important areas of medical emergency;
    - The training will be held for a total of 153 doctors, nurses and drivers in the following municipalities: Istočni Drvar, Drinić, Oštra Luka, Krupa na Uni, Pelagićevo, Donji Žabar, Han Pijesak, Trnovo, Šekovići, Ljubinje, Berkovići, Rudo, Čajniče, Kalinovik, Ustiprača.
    - Project goal: by improving the quality and expanding the range of services provided by emergency medical services, to reduce the mortality of critically ill patients and patients with lethal condition.

**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

| Health care in BiH   | Level | Source | 2008      | 2009      | 2010      |
|--|-------|--------|-----------|-----------|-----------|
| <b>Number of people with health insurance</b>  | FBiH  | FZO    | 1.954.458 | 1.980.034 | 1.976.421 |
| <b>Number of people with health insurance</b>  | RS    | RZS    | 963.552   | 1.010.168 | 949.396   |
| <b>Number of people with health insurance</b>  | BD    | FZO    | 75.927    | 72.291    | 72.270    |
| <b>Health insurance coverage of the population</b>                                     | FBiH  | DEP    | 83,98%    | 85,08%    | 84,55%    |
| <b>Health insurance coverage of the population</b>                                     | RS    | DEP    | 67,03%    | 70,39%    | 66,25%    |
| <b>Health insurance coverage of the population</b>                                     | BD    | DEP    | 73,54%    | 70,02%    | 70,00%    |
| <b>Infant mortality rate</b>   | BiH   | BHAS   | 6,9       | 6,5       | 5,9       |
| <b>Infant mortality rate</b>   | FBiH  | FZS    | 8,3       | 7,4       | 7,3       |
| <b>Infant mortality rate</b>   | RS    | RZS    | 3,9       | 4,8       | 4,3       |
| <b>Infant mortality rate</b>   | BD    | BHAS   | 9,00      | 12,9      | 16,37     |
| <b>Number of deaths, total</b>   | BiH   | BHAS   | 34.026    | 34.904    | 35.118    |
| <b>Number of deaths, male</b>  | BiH   | BHAS   | 17.687    | 17.884    | 17.218    |
| <b>Number of deaths, female</b>  | BiH   | BHAS   | 16.339    | 17.020    | 17.900    |
| <b>Mortality rate</b>  | BiH   | BHAS   | 8,9       | 9,1       | 9,1       |
| <b>Standardized mortality ratio, total</b>   | BiH   | MCP/   | :         | :         | :         |
| <b>Standardized mortality ratio, male</b>  | BiH   | MCP/   | :         | 9,5       | :         |
| <b>Standardized mortality ratio, female</b>  | BiH   | MCP/   | :         | 6,6       | :         |
| <b>Number of deaths caused by malignant neoplasms, total</b>                           | BiH   | BHAS   | 6.734     | 6.970     | 6.973     |
| <b>Number of deaths caused by malignant neoplasms, male</b>                            | BiH   | BHAS   | 2681      | 4118      | 4059      |
| <b>Number of deaths caused by malignant neoplasms, female</b>                          | BiH   | BHAS   | 4053      | 2852      | 2914      |
| <b>Number of deaths caused by circulatory system diseases, total</b>                   | BiH   | BHAS   | 17.988    | 18.295    | 18805     |
| <b>Number of deaths caused by circulatory system diseases, male</b>                    | BiH   | BHAS   | 8385      | 8586      | 8699      |
| <b>Number of deaths caused by circulatory system diseases, female</b>                  | BiH   | BHAS   | 9603      | 9709      | 10106     |
| <b>Standardized mortality ratio of suicides/100,000</b>                                | BiH   | BHAS   | 11,79     | 11,74     |           |
| <b>Standardized mortality ratio of suicides /100,000</b>                               | FBiH  | FZS    |           | 8,16      |           |
| <b>Standardized mortality ratio of suicides /100,000</b>                               | RS    | RZS    | 20,04     | 19,58     |           |
| <b>Share of medical resources spending for out-patients (%)</b>                        | BiH   | MCP/   |           | 30,5%     |           |
| <b>Share of drug spending in the total medical resources spending for out-patients</b> | BiH   | MCP/   |           | 81%       |           |

|   |       |      |      |      |  |
|---|-------|------|------|------|--|
| <b>Share of orthopaedic and prosthetic spending in the total of medical resources spending for out-patients</b> | BiH   | MCP/ |      | 19%  |  |
| <b>Share of public spending in the total drug spending</b>  | BiH   |      |      | 34%  |  |
| <b>Share of public spending in the total drug spending</b>  | EU 27 |      |      | 59%  |  |
| <b>Share of public spending in the total drug spending</b>  | BiH   |      |      | 66%  |  |
| <b>Share of public spending in the total drug spending</b>  | EU 27 |      |      | 41%  |  |
| <b>Share of the total drug spending in GDP (%)</b>  | BiH   |      |      | 2,7% |  |
| <b>Share of the total drug spending in GDP (%)</b>  | EU 27 |      | 1,7% |      |  |

Source: Directorate of Economic Planning of BiH (DEP)

### Average age of death in BiH

| <b>Years<br/>Year</b> | <b>Ukupno<br/>Total</b> | <b>Ženski<br/>Females</b> | <b>muški<br/>Males</b> |
|-----------------------|-------------------------|---------------------------|------------------------|
| 2008                  | 70,2                    | 73,3                      | 67,4                   |
| 2009                  | 70,8                    | 73,6                      | 68,1                   |
| 2010                  | 71,6                    | 74,5                      | 68,9                   |

Source: BiH Statistics Agency

### Infant mortality in BiH

| <b>Years / Year</b> | <b>Živorodeni /<br/>Live births</b> | <b>Umrta dojenčad /<br/>Infant deaths</b> | <b>Umrta dojenčad na 1000<br/>živorodenih /<br/>Infant deaths per 1000 live births</b> |
|---------------------|-------------------------------------|---|--|
| 2008                | 34.176                              | 235                                       | 6,9  |
| 2009                | 34.550                              | 224                                       | 6,5  |
| 2010                | 33.528                              | 216                                       | 6,4  |

Source: BiH Statistics Agency

## Number of deaths by leading causes of death in BiH, 2008-2011

|  | 2008.        | 2009.        | 2010.        | 2011.        |
|--|--------------|--------------|--------------|--------------|
| <b>UKUPNO/TOTAL</b>  |              |              |              |              |
| <b>svega/All</b>   | <b>34026</b> | <b>34904</b> | <b>35118</b> | <b>35028</b> |
| <b>ženski/Females</b>  | 16339        | 17020        | 17218        | 17063        |
| <b>muški/Males</b>   | 17687        | 17884        | 17900        | 17965        |
| <br>(A00-B99)  |              |              |              |              |
| <b>Određene infektivne i parazitne bolesti</b>                     |              |              |              |              |
| <i>Infectious and parasitic diseases</i>                           |              |              |              |              |
| <b>svega/All</b>   | <b>275</b>   | <b>287</b>   | <b>285</b>   | <b>298</b>   |
| <b>ženski/Females</b>  | 105          | 107          | 102          | 106          |
| <b>muški/Males</b>   | 170          | 180          | 183          | 192          |
| <br>(C00-C97,D00-D48)  |              |              |              |              |
| <b>Neoplazme</b>   |              |              |              |              |
| <i>Neoplasms</i>   |              |              |              |              |
| <b>svega/All</b>   | <b>6734</b>  | <b>6970</b>  | <b>6973</b>  | <b>7214</b>  |
| <b>ženski/Females</b>  | 2681         | 2852         | 2914         | 2898         |
| <b>muški/Males</b>   | 4053         | 4118         | 4059         | 4316         |
| <br>(E00-E90)  |              |              |              |              |
| <b>Endokrina i metabolička oboljenja sa poremećajima u ishrani</b> |              |              |              |              |
| <i>Endocrine metabolic and nutritional diseases</i>                |              |              |              |              |
| <b>svega/All</b>   | <b>1563</b>  | <b>1999</b>  | <b>1903</b>  | <b>1940</b>  |
| <b>ženski/Females</b>  | 945          | 1233         | 1174         | 1179         |
| <b>muški/Males</b>   | 618          | 766          | 729          | 761          |
| <br>(G00-G99)  |              |              |              |              |
| <b>Oboljenja nervnog sistema</b>                                   |              |              |              |              |
| <i>Diseases of the nervous system</i>                              |              |              |              |              |
| <b>svega/All</b>   | <b>287</b>   | <b>319</b>   | <b>350</b>   | <b>410</b>   |
| <b>ženski/Females</b>  | 120          | 152          | 172          | 197          |
| <b>muški/Males</b>   | 167          | 167          | 178          | 213          |
| <br>(I00-I99)  |              |              |              |              |
| <b>Oboljenja cirkularnog sistema</b>                               |              |              |              |              |
| <i>Diseases of the circulatory system</i>                          |              |              |              |              |
| <b>svega/All</b>   | <b>17988</b> | <b>18295</b> | <b>18805</b> | <b>18468</b> |
| <b>ženski/Females</b>  | 9603         | 9709         | 10106        | 9926         |
| <b>muški/Males</b>   | 8385         | 8586         | 8699         | 8542         |
| <br>(J00-J99)  |              |              |              |              |
| <b>Oboljenja respiratornog sistema</b>                             |              |              |              |              |
| <i>Diseases of the respiratory system</i>                          |              |              |              |              |

|                       |             |             |             |             |
|-----------------------|-------------|-------------|-------------|-------------|
| <b>svega/All</b>      | <b>1035</b> | <b>1133</b> | <b>1145</b> | <b>1281</b> |
| <b>ženski/Females</b> | 408         | 489         | 464         | 556         |
| <b>muški/Males</b>    | 627         | 644         | 681         | 725         |

**(K00-K93)**

**Oboljenja digestivnog trakta**

*Diseases of the digestive system*

|                       |            |            |            |            |
|-----------------------|------------|------------|------------|------------|
| <b>svega/All</b>      | <b>846</b> | <b>936</b> | <b>918</b> | <b>874</b> |
| <b>ženski/Females</b> | 334        | 377        | 374        | 331        |
| <b>muški/Males</b>    | 512        | 559        | 544        | 543        |

**(N00-N99)**

**Oboljenja genitourinarnog sistema**

*Diseases of the genitourinary system*

|                       |            |            |            |            |
|-----------------------|------------|------------|------------|------------|
| <b>svega/All</b>      | <b>571</b> | <b>588</b> | <b>577</b> | <b>551</b> |
| <b>ženski/Females</b> | 265        | 289        | 281        | 249        |
| <b>muški/Males</b>    | 306        | 299        | 296        | 302        |

**(R00-R99)**

**Simptomi, znaci i nenormalni klinički nalazi i laboratorijski nalazi koji nisu drugdje klasificirani**

*Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified*

|                       |             |             |             |             |
|-----------------------|-------------|-------------|-------------|-------------|
| <b>svega/All</b>      | <b>2028</b> | <b>1985</b> | <b>1916</b> | <b>1665</b> |
| <b>ženski/Females</b> | 976         | 973         | 908         | 836         |
| <b>muški/Males</b>    | 1052        | 1012        | 1008        | 829         |

**(S00-T98)**

**Povrede, trovanja i druge posljedice spoljašnjih uzroka**

*Injuries, poisoning and consequences of external causes*

|                       |             |             |             |             |
|-----------------------|-------------|-------------|-------------|-------------|
| <b>svega/All</b>      | <b>1200</b> | <b>1256</b> | <b>1117</b> | <b>1162</b> |
| <b>ženski/Females</b> | 258         | 315         | 239         | 232         |
| <b>muški/Males</b>    | 942         | 941         | 878         | 930         |

**Ostalo i nepoznato/Other and unknown**

|                       |             |             |             |             |
|-----------------------|-------------|-------------|-------------|-------------|
| <b>svega/All</b>      | <b>1499</b> | <b>1136</b> | <b>1129</b> | <b>1165</b> |
| <b>ženski/Females</b> | 644         | 524         | 484         | 553         |
| <b>muški/Males</b>    | 855         | 612         | 645         | 612         |

Source: BiH Statistics Agency

## Selected HFA indicators in FBiH, 2008-2010

| Indicator#                                     | Indicator title   | Pop.<br>group | 2008      | 2009      | 2010      |
|--|---|---------------|-----------|-----------|-----------|
|  |   |               |           |           |           |
| <b><u>1. Demographic and socioeconomic</u></b> |   |               |           |           |           |
| #999999  | <b>Mid-year population, total</b><br>Source: <i>Federal Institute for Statistics</i>  | Total         | 2.327.195 | 2.327.318 | 2.337.660 |
| #999999  | <b>Mid-year population, male</b><br>Source: <i>Federal Institute for Statistics</i>   | Male          | 1.138.757 | 1.138.818 | 1.143.879 |
| #999999  | <b>Mid-year population, female</b><br>Source: <i>Federal Institute for Statistics</i> | Female        | 1.188.438 | 1.188.500 | 1.193.781 |
| #999998  | <b>Live births, total</b><br>Source: <i>Federal Institute for Statistics</i>          | Total         | 22.920    | 22.129    | 21.646    |
| #999998  | <b>Live births, male</b><br>Source: <i>Federal Institute for Statistics</i>           | Male          | 11.730    | 11.480    | 11.199    |
| #999998  | <b>Live births, female</b><br>Source: <i>Federal Institute for Statistics</i>         | Female        | 11.190    | 10.649    | 10.447    |
| #998006  | <b>Fertility rate</b><br>Source: <i>Federal Institute for Statistics</i>              | Total         | 1,4       | 1,3       | 1,3       |
| #075402  | <b>Number of stillborn</b><br>Source: <i>Federal Public Health Institute</i>          | Total         | 129       | 125       | 110       |
| #990000  | <b>GNP, US\$ per capita</b><br>Source: <i>Federal Institute for Statistics</i>        | Total         | 4105      | 3.783     | 3.690     |
| <b><u>2. Health status</u></b>                 |   |               |           |           |           |
| #045301  | <b>New cases, tuberculosis</b><br>Source: <i>Federal Public Health Institute</i>      | Total         | 1001      | 1.081     | 966       |
| #045310  | <b>New cases, hepatitis - total</b><br>Source: <i>Federal Public Health Institute</i> | Total         | 286       | 263       | 257       |
| #045311  | <b>New cases, hepatitis - A</b><br>Source: <i>Federal Public Health Institute</i>     | Total         | 69        | 11        | 10        |

|         |   |       |     |     |     |
|---------|---|-------|-----|-----|-----|
| #045312 | <b>New cases, hepatitis - B</b><br><i>Federal Public Health Institute</i>         | Total | 139 | 122 | 137 |
| Source: | <i>Institute</i>  |       |     |     |     |
| #045321 | <b>New cases, syphilis</b><br><i>Federal Public Health Institute</i>              | Total | 11  | 5   | 7   |
| Source: | <i>Institute</i>  |       |     |     |     |
| #045322 | <b>New cases, gonococcal infections</b><br><i>Federal Public Health Institute</i> | Total | -   | 4   | 7   |
| Source: | <i>Institute</i>  |       |     |     |     |

| Indicator# | Indicator title   | Pop. group | 2008 | 2009 | 2010 |
|------------|---|------------|------|------|------|
|            |   |            |      |      |      |
| #045331    | <b>New cases, pertussis</b><br><i>Federal Public Health Institute</i>                     | Total      | 41   | 23   | 28   |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050101    | <b>Number of new cases, measles</b><br><i>Federal Public Health Institute</i>             | Total      | 8    | 16   | 25   |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050102    | <b>Number of new cases, malaria</b><br><i>Federal Public Health Institute</i>             | Total      | -    | ...  | 1    |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050103    | <b>Number of new cases, diphtheria</b><br><i>Federal Public Health Institute</i>          | Total      | -    | ...  | ...  |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050104    | <b>Number of new cases, tetanus</b><br><i>Federal Public Health Institute</i>             | Total      | -    | ...  | 1    |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050105    | <b>Number of new cases, acute poliomyelitis</b><br><i>Federal Public Health Institute</i> | Total      | -    | ...  | ...  |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050107    | <b>Number of new cases, congenital rubella</b><br><i>Federal Public Health Institute</i>  | Total      | -    | ...  | ...  |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050108    | <b>Number of new cases, neonatal tetanus</b><br><i>Federal Public Health Institute</i>    | Total      | -    | ...  | ...  |
| Source:    | <i>Institute</i>  |            |      |      |      |
| #050120    | <b>Number of new cases, rubella</b>   | Total      | 19   | 66   | 2018 |

|         |  |        |        |        |         |
|---------|--|--------|--------|--------|---------|
| Source: | <i>Federal Public Health Institute</i>   |        |        |        |         |
| #050121 | <b>Number of new cases, mumps</b><br><i>Federal Public Health Institute</i>                        | Total  | 54     | 35     | 170     |
| Source: | <i>Federal Public Health Institute</i>   |        |        |        |         |
| #050302 | <b>New cases, clinically diagnosed AIDS</b><br><i>Federal Public Health Institute</i>              | Total  | 4      | 2      | 3       |
| Source: | <i>Federal Public Health Institute</i>   |        |        |        |         |
| #045601 | <b>Number of cases, malignant neoplasms, total</b><br><i>Federal Public Health Institute</i>       | Total  | 10.900 | 11.471 | 12.207  |
| Source: | <i>Federal Public Health Institute</i>   |        |        |        |         |
| #991051 | <b>Number of new cases of cancer, all sites ,total</b><br><i>Federal Public Health Institute</i>   | Total  | 4.069  | 5.085  | 3.360*  |
| #991051 | <b>Number of new cases of cancer, all sites ,male</b><br><i>Federal Public Health Institute</i>    | Male   | 2.167  | 2.722  | 1.678*  |
| #991051 | <b>Number of new cases of cancer, all sites, female</b><br><i>Federal Public Health Institute</i>  | Female | 1.902  | 2.363  | 1.682*  |
| #991001 | <b>Number of new cases of cancer, all sites /100 000</b><br><i>Federal Public Health Institute</i> | Total  | 174,8  | 219    | 143,73* |
| #105601 | <b>New cases, female breast cancer</b><br><i>Federal Public Health Institute</i>                   | Female | 425    | 560    | 465*    |

\* Number of new cases of cancer, preliminary results

| Indicator# | Indicator title  | Pop. group |      |      |        |
|------------|--|------------|------|------|--------|
|            |  |            | 2008 | 2009 | 2010   |
| #100601    | <b>New cases, female breast cancer/100 000</b><br><i>Federal Public Health Institute</i> | Female     | 35,7 | 47,8 | 38,95* |
| #105401    | <b>New cases of cervix uteri cancer</b><br><i>Federal Public Health Institute</i>        | Female     | 131  | 177  | 151*   |
| #100401    | <b>New cases of cervix uteri</b>   | Female     | 11,1 | 15,1 | 12,64* |

**cancer/100 000**  
*Federal Public Health  
 Institute*

#991052 **Number of new cases of trachea /bronchus/lung cancer, total** Total 599 842 601\*  
*Federal Public Health  
 Institute*

#991052 **Number of new cases of trachea /bronchus/lung cancer, male** Male 479 669 490\*  
*Federal Public Health  
 Institute*

#991052 **Number of new cases of trachea /bronchus/lung cancer, female** Female 120 173 111\*  
*Federal Public Health  
 Institute*

#991002 **Number of new cases of trachea /bronchus/lung cancer/100 000** Total 25,7 37 25,7\*  
*Federal Public Health  
 Institute*

#045606 **Number of cases, diabetes mellitus** Total 44.935 46.065 50.688  
*Federal Public Health  
 Institute*  
 Source:

#045602 **Number of cases, mental disorders** Total 63.637 62.550 64.008  
*Federal Public Health  
 Institute*  
 Source:

#045605 **Number of cases, chronic obstructive pulmonary diseases** Total 36.744 37.367 36.234  
*Federal Public Health  
 Institute*  
 Source:

**3. Maternal and child health**

#285602 **Number of all live births to mothers aged 35+ year** Total 2415 1.922 2.279  
*Federal Public Health  
 Institute*

#285601 **Number of all live births to mothers aged under 20** Total 1072 1.087 926  
*Federal Public Health  
 Institute*

#4250 **% of all live births to mothers aged under 20** Total 5, 0% 5,40% 4,76%  
*Federal Public Health*

*Institute*

#4260      **% of livebirths, mothers 20-34 years /all livebirths**      Total      84,40%      84,90%      83,01%  
*Federal Public Health Institute*

#4270      **% of livebirths, mothers age 35 +years / all livebirths**      Total      11,10%      9,60%      11,70%  
*Federal Public Health Institute*

| Indicator# | Indicator title | Pop. group | 2008 | 2009 | 2010 |
|------------|-----------------|------------|------|------|------|
|            |                 |            |      |      |      |

#4281      **Number of caesarean sections**      Total      4.105      3.806      3.080  
*Federal Public Health Institute*

#4280      **Caesarean sections per 1000 live births**      Total      189,5      190      157,83  
*Federal Public Health Institute*

#4290      **% of live births ,weighing 2500 g or more**      Total      95,80%      94,90%      95,35%  
*Federal Public Health Institute*

#4300      **% of pre-term deliveries**      Total      3,70%      3,40%      3,00%  
*Federal Public Health Institute*

#### **4. Lifestyles**

#115302      **Number of persons injured in road traffic accidents**      Total      ...      ...      ...  
Source:      *Federal Institute for Statistics*

#### **5. Environment**

#220200      **Microbiological foodborne disease, total number of outbreaks**      Total      2      2      6  
Source:      *Federal Public Health Institute*

#225203      **Microbiological foodborne disease, total number of victims**      Total      720      534      672  
Source:      *Federal Public Health Institute*

## 6. Health care

|                   |   |                   |             |             |             |
|-------------------|---|-------------------|-------------|-------------|-------------|
| #275210           | <b>Number of hospitals</b><br><i>Federal Public Health Institute</i>  | Total             | 24          | 24          | 24          |
| Source:           |   |                   |             |             |             |
| #275205           | <b>Number of hospital beds</b><br><i>Federal Public Health Institute</i>  | Total             | 8.091       | 8.409       | 8.597       |
| Source:           |   |                   |             |             |             |
| #992761           | <b>Number of psychiatric care beds</b><br><i>Federal Public Health Institute</i>                                    | Total             | 732         | 730         | 719         |
| Source:           |   |                   |             |             |             |
| #275206           | <b>Number of primary health care units</b><br><i>Federal Public Health Institute</i>                                | Total             | 840         | 879         | 938         |
| Source:           |   |                   |             |             |             |
| #275201           | <b>Number of physicians</b><br><i>Federal Public Health Institute</i>   | Total             | 4.117       | 4.268       | 4.355       |
| Source:           |   |                   |             |             |             |
| #270321           | <b>% physicians working in hospitals</b><br><i>Federal Public Health Institute</i>                                  | Total             | 47,80%      | 46,40%      | 48,60%      |
| Source:           |   |                   |             |             |             |
| #270322           | <b>% nurses working in hospitals</b><br><i>Federal Public Health Institute</i>                                      | Total             | 45,00%      | 43,60%      | 46,71%      |
| Source:           |   |                   |             |             |             |
| #992783           | <b>Number of general practitioners in PHC</b><br><i>Federal Public Health Institute</i>                             | Total             | 500         | 527         | 554         |
| Source:           |   |                   |             |             |             |
| <b>Indicator#</b> | <b>Indicator title</b>  | <b>Pop. group</b> | <b>2008</b> | <b>2009</b> | <b>2010</b> |
| #275203           | <b>Number of dentists (PP)</b><br><i>Federal Public Health Institute</i>  | Total             | 476         | 491         | 595         |
| Source:           |   |                   |             |             |             |
| #275204           | <b>Number of pharmacists (PP)</b><br><i>Federal Public Health Institute</i>   | Total             | 285         | 280         | 284         |
| Source:           |   |                   |             |             |             |
| #275202           | <b>Number of qualified nurses including midwives &amp; feldshers (PP)</b><br><i>Federal Public Health Institute</i> | Total             | 12.010      | 12.193      | 12.740      |
| Source:           |   |                   |             |             |             |

|         |   |       |         |         |         |
|---------|---|-------|---------|---------|---------|
| #275209 | <b>Number of midwives (PP)</b><br><i>Federal Public Health Institute</i>                                | Total | 818     | 820     | 831     |
| Source: |   |       |         |         |         |
| #365301 | <b>Number of physicians graduating</b><br><i>Federal Institute for Statistics</i>                       | Total | 229     | 258     | 267     |
| Source: |   |       |         |         |         |
| #365302 | <b>Number of nurses graduating</b><br><i>Federal Institute for Statistics</i>                           | Total | 2.146   | 2.153   | 2.081   |
| Source: |   |       |         |         |         |
| #365304 | <b>Number of pharmacists graduating</b><br><i>Federal Institute for Statistics</i>                      | Total | 91      | 78      | 183     |
| Source: |   |       |         |         |         |
| #365303 | <b>Number of dentists graduating</b><br><i>Federal Institute for Statistics</i>                         | Total | 66      | 73      | 55      |
| Source: |   |       |         |         |         |
| #992952 | <b>Number of inpatient care discharges</b><br><i>Federal Public Health Institute</i>                    | Total | 230.572 | 235.977 | 242.375 |
| Source: |   |       |         |         |         |
| #992901 | <b>Inpatient care, average length of stay in days</b><br><i>Federal Public Health Institute</i>         | Total | 9       | 8,7     | 8,5     |
| Source: |   |       |         |         |         |
| #992913 | <b>Bed occupancy rate in hospitals, in per cent</b><br><i>Federal Public Health Institute</i>           | Total | 70,10%  | 66,90%  | 65,20%  |
| Source: |   |       |         |         |         |
| #992801 | <b>Ambulatory care, average number of contacts per person</b><br><i>Federal Public Health Institute</i> | Total | 3,7     | 4,2     | 6,07*   |
| Source: |   |       |         |         |         |
| #280106 | <b>% infants immunized against tuberculosis</b><br><i>Federal Public Health Institute</i>               | Total | 96,10%  | 97,00%  | 95,03%  |
| Source: |   |       |         |         |         |
| #280101 | <b>% infants immunized against diphtheria</b><br><i>Federal Public Health Institute</i>                 | Total | 90,60%  | 90,00%  | 83,20%  |
| Source: |   |       |         |         |         |
| #280102 | <b>% infants immunized against tetanus</b><br><i>Federal Public Health Institute</i>                    | Total | 90,60%  | 90,00%  | 83,20%  |
| Source: |   |       |         |         |         |

\*Ambulatory care, average number of contacts per person, u ukupan broj posjeta, ulaze posjete u ordinaciji u primarnoj i specijalističkoj djelatnosti

| Indicator# | Indicator title   | Pop.<br>group | 2008   | 2009   | 2010   |
|------------|---|---------------|--------|--------|--------|
|            |   |               |        |        |        |
| #280103    | <b>% infants immunized against pertussis</b><br><i>Federal Public Health Institute</i>                    | Total         | 90,60% | 90,00% | 83,20% |
| Source:    |   |               |        |        |        |
| #280104    | <b>% infants immunized against measles</b><br><i>Federal Public Health Institute</i>                      | Total         | 83,50% | 91,00% | 87,48% |
| Source:    |   |               |        |        |        |
| #280105    | <b>% infants immunized against poliomyelitis</b><br><i>Federal Public Health Institute</i>                | Total         | 92,30% | 90,00% | 83,20% |
| Source:    |   |               |        |        |        |
| #280107    | <b>% infants immunized against haemophilus influenza type B</b><br><i>Federal Public Health Institute</i> | Total         | 92,70% | 86,00% | 80,20% |
| #280108    | <b>% infants immunized against hepatitis B</b><br><i>Federal Public Health Institute</i>                  | Total         | 88,40% | 86,00% | 83,75% |
| #280109    | <b>% infants immunized against mumps</b><br><i>Federal Public Health Institute</i>                        | Total         | 83,50% | 91,00% | 87,48% |
| #280110    | <b>% infants immunized against rubella</b><br><i>Federal Public Health Institute</i>                      | Total         | 83,50% | 91,00% | 87,48% |
| #310703    | <b>Autopsy rates for hospital deaths</b><br><i>Federal Public Health Institute</i>                        | Total         | 1,40%  | 1,35%  | 1,00%  |
| Source:    |   |               |        |        |        |

## RS

According to data obtained during a 2011 survey of public health of Republika Srpska carried out by the Public Health Institute of RS, the largest percentage of adult population of the RS (47.6%) had completed high school, 21.8% primary school and 11.5% had not completed primary education. One in ten adults had completed two-year or four-year university studies (9.7%), while 9.2% of the population was without any education. 64.3% of adults were married and 1.2% lived in common-law marriages. Every sixth person was single (16.9%),

13.9% were widows / widowers and 3.3% were divorced. 30.1% of the population was employed, 22% were retired, 18.2% were housewives and 24.9% were unemployed.

Based on the data of the RS Statistical Office (RS Statistical Yearbook, 2011) the population of the RS in 2010 was estimated at 1,433,038. In the same year there were 10,147 live births and 41 stillborn; there were 13,517 deaths in total and 44 infant deaths, while the birth rate was 3 370. Out of the total of 10,147 births, 10,066 women gave birth in a medical institution while 10,087 women were provided with professional delivery assistance. The leading cause of death were diseases of the circulatory system, followed by neoplasms.

### Deaths by causes of death and sex in RS, 2010

| Broj grupe<br>Group number | Uzrok smrti<br>MKB 10<br>Cause of death<br>ICD-10   | Ukupno Total |            |   | Muški Male  |            |   | Ženski Female |            |   |
|----------------------------|---|--------------|------------|---|-------------|------------|---|---------------|------------|---|
|                            |   | Broj Number  | %          | Stopa na 100.000 stanovnika<br>Rate per 100.000 | Broj Number | %          | Stopa na 100.000 stanovnika<br>Rate per 100.000 | Broj Number   | %          | Stopa na 100.000 stanovnika<br>Rate per 100.000 |
|                            | <b>Ukupno Total</b>   | <b>13517</b> | <b>100</b> | <b>943.24</b>                                   | <b>6935</b> | <b>100</b> | <b>994.23</b>                                   | <b>6582</b>   | <b>100</b> | <b>894.88</b>                                   |
| I                          | Zarazne i parazitarne bolesti<br><i>Certain infectious and parasitic diseases</i>   | 109          | 0.81       | 7.61  | 72          | 1.04       | 10.32   | 37            | 0.56       | 5.03  |
| II                         | Tumori<br><i>Neoplasms</i>  | 2700         | 19.97      | 188.41  | 1595        | 23.0       | 228.67  | 1105          | 16.79      | 150.24  |
| III                        | Bolesti krvi i krvotvornih organa i poremećaja imuniteta<br><i>Diseases of the blood and blood-forming organs, and certain disorders involving the immune mechanism</i> | 15           | 0.11       | 1.05  | 5           | 0.07       | 0.72  | 10            | 0.15       | 1.36  |
| IV                         | Bolesti žlijezda sa unutrašnjim lučenjem, ishrane i metabolizma<br><i>Endocrine, nutritional and metabolic diseases</i>   | 691          | 5.11       | 48.22   | 289         | 4.17       | 41.43   | 402           | 6.11       | 54.66   |
| V                          | Duševni poremećaji i poremećaji ponašanja<br><i>Mental and behavioral disorders</i>   | 84           | 0.62       | 5.86  | 73          | 1.05       | 10.47   | 11            | 0.17       | 1.50  |
| VI                         | Bolesti nervnog sistema<br><i>Diseases of the nervous system</i>  | 152          | 1.12       | 10.61   | 76          | 1.10       | 10.90   | 76            | 1.15       | 10.33   |
| VII                        | Bolesti oka i pripojaka oka<br><i>Diseases of the eye and adnexa</i>  | -            | -          | -   | -           | -          | -   | -             | -          | -   |
| VIII                       | Bolesti uha i bolesti mastoidnog nastavka<br><i>Diseases of the ear and mastoid process</i>   | -            | -          | -   | -           | -          | -   | -             | -          | -   |
| IX                         | Bolesti sistema krvotoka<br><i>Diseases of the circulatory system</i>   | 7211         | 53.35      | 503.20  | 3285        | 47.37      | 470.95  | 3926          | 59.65      | 533.78  |
| X                          | Bolesti sistema za disanje<br><i>Diseases of the respiratory system</i>   | 450          | 3.33       | 31.40   | 277         | 3.99       | 39.71   | 173           | 2.63       | 23.52   |
| XI                         | Bolesti sistema za varenje<br><i>Diseases of the digestive system</i>   | 398          | 2.94       | 27.77   | 242         | 3.49       | 34.69   | 156           | 2.37       | 21.21   |

| Broj grupe<br>Group number | Uzrok smrti<br>MKB 10<br>Cause of death<br>ICD-10  | Ukupno Total   |      |  | Muški Male     |      |  | Ženski Female  |      |  |
|----------------------------|--|----------------|------|--|----------------|------|--|----------------|------|--|
|                            |  | Broj<br>Number | %    | Stopa na<br>100.000<br>stanovnika<br>Rate per<br>100.000 | Broj<br>Number | %    | Stopa na<br>100.000<br>stanovnika<br>Rate per<br>100.000 | Broj<br>Number | %    | Stopa na<br>100.000<br>stanovnika<br>Rate per<br>100.000 |
| XII                        | Bolesti kože i potkožnog tkiva<br><i>Diseases of the skin and subcutaneous tissue</i>  | 6              | 0.04 | 0.42   | 4              | 0.06 | 0.57   | 2              | 0.03 | 0.27   |
| XIII                       | Bolesti mišićno - koštanog sistema i vezivnog tkiva<br><i>Diseases of the musculoskeletal system and connective tissue</i>                 | 11             | 0.08 | 0.77   | 3              | 0.04 | 0.43   | 8              | 0.12 | 1.09   |
| XIV                        | Bolesti mokraćno - polnog sistema<br><i>Diseases of the genitourinary system</i>   | 255            | 1.89 | 17.79  | 140            | 2.02 | 20.07  | 115            | 1.75 | 15.64  |
| XV                         | Trudnoća, rađanje i babinje<br><i>Pregnancy, childbirth and the puerperium</i>   | 1              | 0.01 | 0.07   | 0.0            | 0.0  | 0.0  | 1              | 0.02 | 0.14   |
| XVI                        | Stanja u porođajnom periodu<br><i>Certain conditions originating in the perinatal period</i>   | 29             | 0.21 | 2.02   | 13             | 0.19 | 1.86   | 16             | 0.24 | 2.18   |
| XVII                       | Urođene nakaznosti, deformacije i hromozomske nenormalnosti<br><i>Congenital malformations, deformations and chromosomal abnormalities</i> | 17             | 0.13 | 1.19   | 10             | 0.14 | 1.43   | 7              | 0.11 | 0.95   |
| XVIII                      | Simptomi, znaci i patološki nalazi<br><i>Symptoms, signs and abnormal clinical and laboratory findings</i>                                 | 877            | 6.49 | 61.20  | 446            | 6.43 | 63.94  | 431            | 6.55 | 58.60  |
| XIX                        | Povrede, trovanja i posljedice djelovanja spoljnih faktora<br><i>Injury, poisoning and certain other consequences of external causes</i>   | 511            | 3.78 | 35.66  | 405            | 5.84 | 58.06  | 106            | 1.61 | 14.41  |

SOURCE: Republički zavod za statistiku Republike Srpske  
SOURCE: Republika Srpska, Institute of Statistics

BD

### 10 top leading infectious diseases in DB in 2011

| No. | Disease          | 0-6 | 7-14 | 15-24 | 25-49 | 50- | FEMALE | MALE | BRČKO | MAOČA | BIJELA | TOTAL |
|-----|------------------|-----|------|-------|-------|-----|--------|------|-------|-------|--------|-------|
| 1.  | Varicella        | 153 | 128  | 2     | 9     | 0   | 132    | 160  | 263   | 16    | 13     | 292   |
| 2   | Grip (Influenza) | 16  | 6    | 11    | 32    | 10  | 42     | 33   | 68    | 7     | 0      | 75    |

|     |  |            |            |           |            |           |            |            |            |           |           |            |
|-----|--|------------|------------|-----------|------------|-----------|------------|------------|------------|-----------|-----------|------------|
| 3.  | Chlamydiasis                                       | 0          | 0          | 10        | 53         | 2         | 43         | 22         | 62         | 3         | 0         | <b>65</b>  |
| 4.  | TBC  | 0          | 5          | 8         | 12         | 37        | 22         | 40         | 42         | 13        | 7         | <b>62</b>  |
| 5.  | Zaušci ( Parotitis )                               | 9          | 15         | 19        | 8          | 0         | 21         | 30         | 17         | 33        | 1         | <b>51</b>  |
| 6.  | Herpes zoster                                      | 0          | 3          | 2         | 6          | 24        | 15         | 20         | 26         | 7         | 2         | <b>35</b>  |
| 7.  | Angina streptococci                                | 7          | 11         | 6         | 1          | 1         | 12         | 14         | 23         | 3         | 0         | <b>26</b>  |
| 8.  | Scabies  | 7          | 4          | 2         | 5          | 3         | 10         | 11         | 12         | 8         | 1         | <b>21</b>  |
| 9.  | Gastroenteritis                                    | 0          | 1          | 5         | 3          | 10        | 15         | 4          | 17         | 2         | 0         | <b>19</b>  |
| 10. | Methicillin-resistant Staphylococcus aureus (MRSA) | 1          | 0          | 4         | 4          | 3         | 2          | 10         | 8          | 1         | 3         | <b>12</b>  |
|     | <b>TOTAL</b>                                       | <b>193</b> | <b>173</b> | <b>69</b> | <b>133</b> | <b>90</b> | <b>314</b> | <b>344</b> | <b>538</b> | <b>93</b> | <b>27</b> | <b>658</b> |

Source: Health Care Sub-department of BD

### 5 top leading non-infectious diseases in DB in 2011

| NAME OF DISEASE                                       | CODE    | NUMBER OF CASES |
|---|---------|-----------------|
| Diseases caused by hypertension                       | I10-I15 | 706             |
| Chronic lower respiratory diseases                    | J40-J47 | 106             |
| Metabolic disorders of fats and other lipid disorders | E78     | 82              |
| Ischemic heart diseases                               | I20-I25 | 59              |
| Underproduction of thyroid hormones                   | E03-E05 | 35              |
| Other   |         | 132             |

Source: Health Care Sub-Department of BD

### Coverage of children with vaccines in 2011 in BD

| Vaccination against   | Planned | Vaccinated | %  |
|---|---------|------------|----|
| Tuberculosis  | 850     | 832        | 98 |
| Diphtheria - tetanus - pertussis - poliomyelitis - Haemophilus influenzae type B 1st dose | 850     | 801        | 94 |
| Diphtheria - tetanus - pertussis - poliomyelitis - Haemophilus influenzae type B 2nd dose | 850     | 772        | 91 |
| Diphtheria - tetanus - pertussis - poliomyelitis - Haemophilus influenzae type B 3rd dose | 850     | 737        | 87 |
| Measles – rubella- mumps  | 850     | 745        | 88 |
| Haemophilus influenzae type B - poliomyelitis 1st booster                                 | 850     | 709        | 83 |

|  |      |     |     |
|--|------|-----|-----|
| Diphtheria - tetanus - pertussis - poliomyelitis 2nd booster | 900  | 761 | 84  |
| Morbili-Rubella-Parotitis booster                            | 850  | 662 | 78  |
| Diphtheria - tetanus - pertussis - poliomyelitis 3rd booster | 1000 | 850 | 85  |
| Tetanus  | 800  | 701 | 87  |
| Hepatitis B 1st dose   | 850  | 924 | 108 |
| Hepatitis B 2nd dose   | 850  | 784 | 92  |
| Hepatitis B 3rd dose   | 850  | 723 | 85  |

Source: Health Care Sub-Department of BD

## 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

#### Training, awareness raising, counselling and screening

The health sector projects, which were monitored and coordinated by the Ministry of Civil Affairs, strengthened the role of promotion and prevention in public health. Thanks to "Coordinated National Response to HIV/AIDS & Tuberculosis in a War-torn and Highly Stigmatized Settings", "Strengthening of DOTS Strategy and Improving National Tuberculosis Programme, Including Multidrug resistant and Infection Control, in Bosnia and Herzegovina" (Consolidated TB project) and "Scaling up Universal Access for Most at Risk Populations in Bosnia and Herzegovina" funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in the period 2006-2011, the capacities for the prevention of AIDS and TB were improved to a great extent. Activities were focused on vulnerable and socially excluded groups (young people engaged in risk behaviour, prisoners and others).

We should emphasize campaigns organized by public health institutions in cooperation with the NGO sector (World TB Day, Immunization Week, Anti-TB Week, World AIDS Day etc.) with support by relevant ministries and international organizations (GFATM / UNDP, UNICEF etc.). These campaigns included various activities (medical examinations in the field, testing, immunizations etc.).

The 2011 annual plan of activities was designed within the reproductive health and rights component of the Country Programme Action Plan between the BiH Council of Ministers and the UN Population Fund for the period 2010-2014.

The "Support to Sexual and Reproductive Health of Young People and HIV/AIDS Prevention Among Young People" youth health project implemented by the German Society for Technical Cooperation (GIZ) aimed to raise awareness among young people about health and how to avoid risky sexual behaviour. The project was implemented in cooperation with the Ministry of Health and Social Protection and the FBiH Ministry of Health in the period 2009-2011. During the project implementation 20 municipalities were selected to be partners in the project (10 in RS and FBiH each) that will make a significant resource for the implementation

of these and similar projects in future and contribute to sustainable activities that improve health of young people.

## FBiH

On the basis of the "Health and Youth" Policy which was designed in 2008 under auspices of the Federation Ministry of Health, youth friendly health services to young people has been set as one of top priorities in the provision of quality health care.

In Sarajevo and Travnik the project implemented four rounds of training for health workers from health centres in the area of the two respective Cantons.

The following activities were implemented within this project:

Two rounds of training: "Youth Friendly Services (including the accreditation standards of youth friendly health services)" which were attended by 38 health workers.

Two rounds of training: "Working with Vulnerable Groups (with a focus on prejudice and stigma)," which were attended by 38 health workers.

Train the Trainers: this training was attended by 21 health workers. After this training they became trainers of trainers and will work in the future on the promotion of youth friendly services in health centres from which they come.

The "Providing Youth Friendly Services in Family Medicine in Sarajevo Canton and Middle Bosnia Canton" Project provided 23 health workers with advanced "train the trainers" training. This training gave an opportunity to the health workers to simulate organization, implementation and evaluation of a round of training in youth friendly health services.

The trained health workers are trained to not only provide youth friendly health services but to promote these services within the institutions where they work.

In order to develop the Strategy on Sexual and Reproductive Health and Rights the FBiH Ministry of Health set up a working group that developed the final version of the FBiH Strategy and 10-year action plan. The working group, including representatives of XY Association and World Vision, brought together representatives of relevant Federation ministries: the Ministry of Health, the Ministry of Education, the Ministry of Social Welfare and health workers, notably gynaecologists. In September 2010 the Strategy on Sexual and Reproductive Health and Rights was adopted by the government and became part of the health legislation in FBiH. XY Association made a significant contribution to the development of this document on the basis of their experience in dealing with sexual and reproductive health, while other civil society organizations had an opportunity to give their comments and recommendations on the development of the Strategy and in this way to contribute to strengthening transparency and governmental structures, emphasizing the needs of vulnerable groups with which they work.

In the period 2008 - 2011 non-governmental organizations, with the help of partners and with the continued support of the Federation Ministry of Health, implemented the following projects:

1. Young Men Initiative for Prevention of Gender-Based Violence in the North-West Balkans, 2007-2010 (Donor: CARE International),
2. Establishing and strengthening the network of volunteers and peer educators BiH – YSAFE Network, 2007-2010 (Donor: IPPF),

3. Prevention of violence and the promotion of healthy lifestyles, 2010 (Donor: Municipality of Novo Sarajevo),
4. Global Comprehensive Abortion Care Project – GCACP, 2010 (Donor: IPPF),
5. Joining forces for greater public accountability and strengthening of civil society, 2008- 2013 (Donor: DFID or UK AID),
6. The increase in IEC / BCC training on prevention among young people, 2007-2010 (Donor: Global Fond)
7. The increase in IEC/BCC training on prevention among vulnerable populations, 2007-2010 (Donor: Global Fond)
8. Sexual and reproductive health services in correctional facilities in FBiH, 2008 (Donor: IPPF)
9. Prevention of HIV-related stigma and improvement of HIV-related services, 2010 (Donor: IPPF)
10. Series of training in the matter of HIV / AIDS for UN staff in BiH, 2010 (Donor: UNTG)
11. SALIN+, 2009-2011 ( Donor: IPPF)
12. Independent monitoring by non-governmental organizations that assist or support victims of trafficking and victims of sexual violence, 2010 (Donor: Ministry of Human Rights and Refugees of BiH)
13. Youth Friendly Health Centre (since 2004 - in progress) / Donor: IPPF EN )
14. “Maximizing the coverage of effective HIV prevention and care among population groups at the greatest risk” Program of Global Fund for BiH titled "Improving universal access by the most vulnerable populations in BiH“

The training was attended by:

- 30 000 young people between 14 and 19 who were trained through peer training in schools
- 65 000 young people between 14 and 26 who were trained through peer training outside school
- 100 000 young people between 14 and 25 who were trained through peer training on HIV prevention
- 2000 trained peer trainers
- 120 trained trainers
- 122 trained trainers in the increase of knowledge and skills on sexual and reproductive health, including gender-based violence and trafficking and the provision of access to services by young people who may be the subject of human trafficking and sexual violence

Training of marginalized groups

- more than 700 convicts in prisons in FBiH were trained
  - Nearly 2500 informed and trained MSM persons (men who have sex with men)
  - 30 trained peer trainers from the MSM group
  - 715 MSM persons informed and trained through outreach and peer training
  - 40 MSM persons used counselling services
- Peer training was organized in all 6 prisons in FBiH to include 699 inmates.

### **Health care enhancement**

The fundamental characteristics of health reform in the Federation is to strengthen primary health care with a focus on the development of family medicine.

Since 2006 the Federation Ministry of Health has been implementing the Health Sector Enhancement Project (hereinafter HSEP), which has been funded by IDA loan from the World Bank, the Development Bank of the Council of Europe and a local share from the Federation and cantonal governments.

335 family medicine clinics were renovated through three stages of the project throughout the Federation. This has significantly improved access to health care, because now there are renovated and modern family medicine clinics in rural and often hard to reach areas. All clinics are adapted uniformly, according to European standards, which include abolishing the files, the introduction of open reception desks with promotional materials, as well as separation of clean and dirty space in the room for interventions.

Along with the renovation of family medicine clinics, the HSEP has paid attention to modern and standardized procurement of medical equipment and furniture. Modern medical equipment has been purchased for 376 clinics.

One of major results of HSEP was continuing training of staff working in family medicine, which was carried out with assistance of Queens University of Canada. Until 2010, 336 doctors successfully completed specialization in family medicine. In the period 2005-2010 the program of additional training (PAT) was successfully completed by 486 doctors and 1158 nurses, which met important prerequisites for successful application of family medicine principles.

Great efforts have been put in academic development of the family medicine, the development of training centres and the support of family medicine departments in medical schools in the Federation. So today we have 5 PhDs and 22 masters of family medicine who completed postgraduate studies in the course of the project, which is a great success in the academic development of resources. Infrastructure was provided in support of training centres in four health centres in Sarajevo, Tuzla, Zenica and Sarajevo through the purchase of medical equipment, teaching aids for training, including anatomical models, literature, office and computer equipment, included installation of video-conferencing equipment.

In order to strengthen the capacity of managers and governing bodies of health care services with a view to improving the implementation of reforms in this sector, health care management was one of training topics. Thus, 79 heads of health centres and hospitals attended training in strategic and business planning, 54 employee of health insurance funds attended special training with a program on skills for contracting health services, while training in change management was successfully completed by 600 FM teams.

The implementation of small grant projects offered an opportunity for stronger linkages and collaboration of health and non-governmental sectors and targeting of appropriate programs to vulnerable groups, chronic non-infectious diseases and recognizing needs of the local community. A total of 40 projects was implemented. All projects helped in the process of providing health care services, developed cooperation between the health and non-government sectors and, most importantly, provide health care services to targeted groups, for which the existing services of the health system did not have sufficient capacities.

**Preventive actions** – In the period between 2008 and 2011 the Federation Ministry of Health, in collaboration with the Institute of Public Health of the Federation and other stakeholders, carried out a campaign called "We change the system, you change your habits".

Further, in 2008, Global Youth Tobacco Survey (GYTS) was carried out by the Institute of Public Health in collaboration with the Federation Ministry of Health. The survey recorded that 14.3% were current smokers (17.6% boys and 11.3% girls), with more than a third of young people (36.6%) having reported that they had started smoking before age 10. Research results also showed the high availability of tobacco products: 90% of young people stated that they bought cigarettes unhindered. High exposure to second-hand smoke in public places was recorded and confirmed by 85% of school children and youth.

In the most recent period Cantonal Public Health Institutes have been carrying out various promotional and preventive activities in their respective cantons.

## Public health

Article 17 of the Law on Health Care („Official Gazette of FBiH“ 46/10) determines that public health is the exercise of public interest by creating conditions for preservation of health through organized comprehensive activities of society aimed at conservation of physical and mental health, preservation of the environment and prevention of risk factors for diseases and injuries, which are achieved by using health technologies and measures intended to promote health, prevent diseases and improve quality of life.

Public health functions under paragraph 2 of this Article shall be exercised at all levels of government and at all levels of health care.

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

Supervision of the work of health institutions, health workers in health care facilities and private health workers includes: internal control and health inspection. Provisions governing health inspection have been brought in line with the Law on Inspections of the Federation („Official Gazette of Federation of BiH“ 69/05) and the Law on the Quality, Safety and Accreditation Improvement System in Health Care. The health inspections are performed by Federation and cantonal health inspectors. In accordance with the Law on Inspections of the Federation, the health inspection is an organizational part of the Federation/Cantonal Inspection Administrations.

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

## RS

One of five goals in the 2008-2012 Strategic Development Plan of the Health Insurance Fund of RS is inclusion of the entire population in the mandatory health insurance scheme. In order for this goal to be achieved, it is necessary that *inter alia* all people are registered with the health insurance fund and that contribution payers regularly pay contributions. So far the number of insured people has increased by more than 230,000 and three groups have achieved to be completely included in the mandatory health insurance scheme and they are children

under 15, persons over 65, women during pregnancy and women after giving birth for 12 months (18 months in the event of the birth of twins or the third and each subsequent child).

**PROJECTS:**

**Little School of Health (2012 – 2022)**

- Reduction of the number of obese children in RS
- Inclusion of children between seven and 14 (the plan is to include 6000-7000 children)
- A plan to place children in health camps for a period of 20 days (ten during the winter holidays and ten days during the summer holidays)

**Screening mammography for early detection of breast cancer (2008 - 2010).**

- Prevention and detection of disease at an early stage
- Inclusion of the entire group of women aged 40-60 years

**Cervical Cancer Screening (2008 - 2010)**

- Women of 25-50
- Combined application of PAP cytology and HPV testing
- Prevention and detection of cancer at an early stage of the disease

**Screening for colorectal cancer (2008 - 2010).**

- Prevention of cancer of the colon and rectum and detection of the diseases at an early stage
- 150,000 people are included

**Introducing TORCH panel and other serology testing (2008)**

- Antenatal care for pregnant women and the foetus
- Reduction of the number of new-borns with congenital brain damage
- Mandatory testing for toxoplasmosis, rubella, cytomegalovirus, herpes simplex virus, syphilis etc.

**Reproductive Health (2008 - 2010)**

- Taking a broad social action in the population group which is expected to ensure biological continuity of the nation
- Education on reproductive health
- A higher standard of reproductive health of the population group of 12-22

**Exercising the right to health care**

| Area                     | Earlier   | Now   |
|--------------------------|---|---|
| Choosing a family doctor | <ul style="list-style-type: none"> <li>- Only in the place of residence or work;</li> <li>- Family members of insured persons who work outside the place of residence were able to use health care services only in the place of work of the insured person;</li> </ul> | <ul style="list-style-type: none"> <li>- Free choice of family doctor anywhere in RS</li> </ul> |

|   |  |  |
|---|--|--|
| Choosing a hospital                                       | - hospitalization only in a hospital where the patient belongs   | - Insured person can choose the hospital in RS to be treated in, the exercise of this law is possible due to a new way of payment to hospitals, which the Fund has been applying since April 2011.   |
| Certification of health care cards                        | - Only in the place of residence, i.e. the place of registration in the health insurance scheme<br>- Certification of the health care card conditional upon payment of contributions without exception   | - in any branch of HIF RS<br>- Three categories (children, elderly, pregnant women and mothers) and seriously ill employees of companies in bankruptcy have their health care cards certified at all times, the only condition is that the person is registered with the health insurance fund           |
| Drug prescription   | - There are about 350 drugs on the list<br>- It was not possible to prescribe therapy for a longer period and chronic patients had to see the family doctor only for prescriptions;<br>- Drugs can be picked only in public pharmacies and only in the place of residence; | - There are more than 1,000 drugs on the list;<br>- If their disease is under control, chronically ill persons are provided with a quarterly amount of medication;<br>- Drugs can be picked up at any pharmacy contracted by the Fund;<br>- A contract has been signed with over 200 private pharmacies; |
| Haemophilia   | - The medication (coagulation factors) is administered only in the Clinical Centre of Banja Luka;<br>- Patients in remote areas are in an unequal position due to poor availability and travel costs;  | - The medication (clotting factors 8 and 9) is available in pharmacies in the place where the patient lives, so its timely administration is ensured; patients do not have to travel to Banja Luka;  |
| Health care in private specialized health care facilities | - Health care card is valid in only a few private health clinics, which provide services not available in public health care facilities  | - Health care card is valid in over 60 private specialist practices, where insured persons have the same entitlements as in public health care facilities;   |
| Availability of specialists                               | - Specialist medical care available only in hospitals;<br>- additional travel costs are incurred by over 50% of insured persons incur and some are extremely high because the nearest hospital is located up to 100 kilometres;  | - Specialists providing counselling and specialist health care organize visits to health centres and thereby make their services closer to patients, the farthest being 30 kilometres far;<br>- A referral to internal   |

|   |   |   |
|---|---|---|
|   | <ul style="list-style-type: none"> <li>- An inpatient receives only the care that his/her family doctor indicated in the referral, and if the patient needs additional check-ups and tests, he/she returns for a new family doctor's referral</li> </ul>  | <p>medicine specialist was introduced, on the basis of which the patient can have all required examinations and tests performed at a higher level of health care</p>  |
| Making an appointment with a specialist   | <ul style="list-style-type: none"> <li>- There was no possibility of scheduling an appointment</li> <li>- Length of the waiting period is not limited</li> <li>- Insured persons often come several times before managing to have an examination performed;</li> <li>- Control check-up is possible only with a referral from the family doctor;</li> </ul>   | <ul style="list-style-type: none"> <li>- Family doctor makes an appointment with a specialist</li> <li>- The waiting period for an appointment with a specialist in one of 10 areas of medicine is limited to seven days and with a cardiologist to 15 days;</li> <li>- a referral is not needed for the first control check-up;</li> </ul>   |
| Treatment outside RS                      | <ul style="list-style-type: none"> <li>- An insured person would come to the hospital where a proposal-for-referral form was filled up and then he/she would go to the Fund to file a request;</li> <li>- A proposal for referral could be given only by a consulting team of doctors, which did not meet every day;</li> <li>- Referrals were limited to services that were not provided in RS;</li> <li>- Insured persons themselves would make appointments in hospitals outside of RS;</li> </ul> | <ul style="list-style-type: none"> <li>- The entire procedure is performed in hospital, so an insured person does not need to go to the Fund;</li> <li>-A proposal may be given by a specialist from private health care facility that has a contract with the Fund, too;</li> <li>- Possible treatment abroad and at the personal request of the insured, when services are provided in RS on the basis of out-of-pocket medical costs (70%);</li> <li>- a service is organized in the Fund, which makes appointments/arranges admission to hospital abroad;</li> <li>- Telephone numbers of officials in Belgrade are available to the insured</li> </ul> |
| Health care services during a stay abroad | <ul style="list-style-type: none"> <li>- Chronic patients were unable to receive a foreign form filled in that allowed them to get medical emergency services while in foreign countries with which BiH had signed an agreement on health insurance;</li> <li>-a certificate of health condition had to be signed by the director of the health centre and this incurred additional expenses on</li> </ul>  | <ul style="list-style-type: none"> <li>- A chronically ill person can get a foreign form, if the disease is under control;</li> <li>- Only a signature of the family doctor is required and a signature of the director of the health centre is not required;</li> </ul>  |

|                                  |  |   |
|----------------------------------|--|---|
|                                  | the insured whose family doctor was in the family medicine facility;   |   |
| Availability of information      | - Only through switchboard at headquarters of the Fund   | <ul style="list-style-type: none"> <li>- Five info-lines have been introduced, one of which being available 7 days a week, 07-21 hour;</li> <li>-The insured in each municipality know the name and surname of the person from whom they can seek information and have his/her phone number (rights defender);</li> <li>- Communication by electronic mail has been enabled;</li> <li>- All necessary pieces of information, including guides through entitlements and procedures, are available;</li> <li>- Any amendments to the legislation are communicated to the insured via leaflets;</li> </ul> |
| Help with the exercise of rights | <ul style="list-style-type: none"> <li>- There was no organized help to the insured;</li> <li>- The insured were lost among information provided and often misled by different answers;</li> </ul> | <ul style="list-style-type: none"> <li>- Rights defenders were appointed for the insured in each municipality;</li> <li>- The insured know the name and surname of the person from whom they can seek help and have his/her phone number;</li> <li>- Rights defenders provide expertise and technical assistance to the insured;</li> <li>- Rights defenders spend a portion of office hours in health care facilities and pharmacies to make themselves available to the insured;</li> </ul>   |

Source: RS Health Insurance Fund

## BD

The concept of family medicine requires each family medicine team to regularly carry out disease prevention through patients' training and promotion of healthy lifestyles.

The BD does not have a public health institute developed, which should have educated patients additionally.

**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.

The first piece of legislation at the state level regulating the issue of environmental management was adopted at the 134th session of the Council of Ministers on 27 November 2006 and it was the Decision on the Implementation of the Montreal Protocol to the Vienna Convention, which provides for the procedure of licensing and giving quotas and permits for import and export of substances requiring licensing;

The implementation of the Decision of the Council of Ministers on the Conditions and Manner of Implementation of the Montreal Protocol and Gradual Phasing out of Ozone-Depleting Substances in BiH („Official Gazette of BiH,, 36/07);

The Decision on the Establishment of the Authorized Body for the Implementation of the Clean Development Mechanism under the Kyoto Protocol (“Official Gazette of BiH” 102/10).

The EC-funded "Preparation of Environmental Laws and Policy in BiH" project resulted in a set of environmental laws for the country. A set of environmental laws was passed in RS in September 2002 („Official Gazette of RS“ 52/02, 54/02). The Water Law was passed somewhat later on („Official Gazette of RS“ 50/06).

FBiH („Official Gazette of FBiH“ 33 /03) published a set of environmental laws for the Federation.

In this way, the BiH two Entities enacted primary legislation in the field of environmental protection. The set of environmental laws consists of the following laws:

1. Framework Law on Environmental Protection,
2. Water Protection Law,
3. Nature Protection Law,
4. Law on Waste Management,

5. Air Protection Law and
6. Law on Fund for Environment Protection.

In addition to these aforementioned laws and by-laws, it is important to note that the 2003 inter-entity National Environmental Action Plan (NEAP) for BiH was adopted. BiH ratified the United Nations Framework Convention on Climate Change (UNFCCC) in 2000. In addition to these documents the following strategic documents were adopted at the state level:

- Med-term Economic Development Strategy 2000 – 2004 (2000),
- Solid Waste Management Strategy (2002),
- Assessment of Sustainable Development of BiH – Report for WSSD (2002),
- PRSP – Mid-term Development Strategy, 2004-2007 (2004),
- UNECE EPR - Environmental Performance Review (2004 i 2011),
- BiH Strategy for the Protection of Biological and Landscape Diversity (2011),
- BiH Development Strategy (2010).

A list of environmental legislation of BiH:

#### FBiH

1. 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.
3. 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
  4. 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)
  5. 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

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)

## 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.

Threshold limit values, target values and alert thresholds for pollutants and their date of entry into force will be determined by an implementing regulation in accordance with this law. The competent ministry cannot approve any activity with outcomes exceeding these limits, in an area where the limit values are not exceeded.

Monitoring of air quality in BiH has been carried out by the Institute since 1967. Determination of qualitative and quantitative characteristics of air and precipitation has been performed by the Institute in the basic network of meteorological stations. The department collects and analysis all collected data related to air pollution (emission) and the state of air pollution (imission) and regularly provides information to appropriate authorities.

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 was passed in 2004 („Official Gazette of BiH“ 50/04) at the level of BiH, while, since 2008, the BiH Council of Ministers adopted the GMO Law („Official Gazette of BiH" 23/09) together with 87 food regulations, which are in line with *acquis communautaire*.

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.

### Pandemics, epidemics and other diseases

The following policy documents relating to the pandemic preparedness measures, prevention and treatment of HIV and AIDS were adopted at the level of BiH.

-Bosnia and Herzegovina Pandemic Influenza Preparedness Plan was adopted by the BiH Council of Ministers on 20 August 2009 (Official Gazette of BiH 79/09 dated 12 October 2009).

- 2011-2016 Strategy to Respond to HIV and AIDS in Bosnia and Herzegovina was adopted by the BiH Council of Ministers on 7 September 2012.

The FBiH Law on Protection of Population from Communicable Diseases ("Official Gazette of FBiH" 29/05) establishes infectious diseases whose prevention and suppression are of interest for FBiH, as well as measures protecting the population from infectious diseases. Article 3 of this Law states that the protection against infectious disease is responsibility of local governments - municipalities, cantons and the Federation, health care facilities, health insurance funds, private practitioners, companies and other legal persons and individuals. All individuals and legal persons must allow health and hygiene check-ups and counselling, as

well as preliminary medical testing and supervision, gathering of necessary tests and findings and implementation of other measures to protect against infectious diseases listed in this Law.

Articles 10 and 11 of the Law define measures for infectious diseases prevention and suppression.

Article 15 determines that health facilities performing laboratory isolation and identification of infectious agents when they occur or are suspected shall keep records of the laboratory isolation and identification and submit a report on the causes of infectious disease/epidemics of infectious diseases to the Federation Institute of Public Health and the respective cantonal institute.

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.

Further, in terms of powers of supervision over the enforcement of law, Article 78 provides that the administrative supervision of the enforcement of this Law and regulations enacted in pursuance of this Law shall be with the BiH Agency for Medicines and Medical Devices, the Ministry of Foreign Trade and Economic Relations, the Ministry of Security, the Ministry of Civil Affairs, the Ministry of Finance and Treasury, as well as the competent Entity ministries or authorities of BD, each within its scope prescribed by this Law and other regulations. Inspection of the enforcement of this Law by inspectors of the Agency for Medicinal Products and Medical Devices and inspectors of ministries and administrative bodies above is carried out within the scope prescribed by law.

The National Strategy for Drug Control, Prevention of and Combat against Drug Abuse in BiH for the period 2009-2013 is the first drug control strategy in BiH. It was followed by an Action Plan for the same period which sets out specific objectives, activities and indicators. In

late 2010 the Commission on Narcotic Drugs, which is the main inter-ministerial coordination body in the fight against drugs, produced an interim report on the implementation of Action Plan.

With regard to the data on the prevalence of drug use in the adult population, ESPAD - European School Survey Project on Alcohol and Other Drugs survey was carried out in both Entities for the first time in 2008. Cannabis, volatile substances and sedatives are prevalent in both Entities. The survey was repeated in spring 2011 in RS and in November 2011 in FBiH.

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).

## RS

According to the information obtained from the 2011 RS Population Health Survey carried out by the Public Health Institut of RS, 53.6% of adults were exposed to tobacco smoke in the workplace, while the percentage of exposure to tobacco smoke in public places was 80.7%. 52.2% of the population had never used tobacco. 28.7% of the adult population smoked on a daily basis. The average number of years of smoking was 20.2 years.

Among the population consuming alcohol, 16.8% of people consumed it on a daily basis. The population consuming alcohol drank on average 17 doses of alcoholic beverages (beer, wine, spirits, liquors and cocktails) per week.

According to the survey, 4.8% of the adult population used a psychoactive substance (bensedin, Trodon or amphetamine - 2.8%, marijuana - 0.8%, glue - 0.7%, hashish - 0.2%, heroin - 0.2%).

In BD, the Department of Public Health and the Department of Counselling and Specialist Care Services regularly monitor the situation in the field when it comes to infectious, endemic and other diseases. They carry out regular vaccination of children and training in cooperation with the Department of Education, the Department of Security and the Department of Agriculture.

## 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 addition, this law prescribes measures that every employer should implement in order to prevent injuries and illness in the workplace (Article 15).

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.

This organization of health care ensures high quality and extensive care for the injured and implementation of measures to prevent injuries/accidents.

Statistically, in 2010 the Federation registered 583 people who died because of injuries, which was less than in 2009, when 648 deaths caused by injuries were registered. A share of injuries in mortality was 2.8%. By gender, a share of men was 77.9% while women accounted for

22.1%. The rate of deaths from injuries was 24.9 / 100,000 in FBiH and in general it has an upward trend (in 2006, it was 16.1 / 100,000, in 2008, it was 26/100.000, in 2009, it was 27.8 / 100,000). The most common external cause of injuries and subsequent deaths were traffic accidents.

Indicators of trends in traffic accident casualties are important for the assessment of traffic safety situation and identification of risk factors that require inter-ministerial preventive interventions. According to the Federation Ministry of the Interior, in the period between 2008-2010, a downward trend was recorded in the total number of traffic accidents, as well as the number of persons killed and injured in traffic accidents, which calls for the need to intensify security measures to control traffic in the Federation by the Federation Ministry of the Interior and to carry out inter-ministerial public health campaigns for prevention traffic accidents casualties in FBiH.

In relation to the total number of accidents, there has been a downward trend from 29,578 traffic accidents in 2008 to 28,433 in 2010, with a downward trend in the number of injured persons in traffic accidents from 7901 in 2008 to 6732 in 2010.

FBiH has accurate data on traffic accidents in different regions / cantons but there is a plan to establish a register of injuries in a Road Safety Project that will be implemented in the coming period by the Roads of Federation Plc. Based on data from this register it will be possible to improve planning of measures to protect and prevent accidents on the roads.

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

## RS

The highest percentage of RS adult residents participating in traffic are car drivers (40.6%) and bicycle riders (22.6%) and a lower percentage of them are tractor (11.4%), motorcyclists (6.5%) and other vehicles operators. Slightly more than half of car drivers at least occasionally exceed the speed limit (51.9%) or use a mobile phone while driving (48.6%), a fifth (22.0%) does not use a seat belt and sometimes drives (17.5%) under the influence of alcohol.

Enhancing traffic safety and conditions on the roads in RS project. The project was carried out to improve emergency medical services by improving the knowledge and skills of coordination of emergency medical services and fire departments, reducing the time for response, improving performance on the site of accident and safety of staff and reducing the time needed to get injured people out of cars.

**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.

#### **QUESTION:**

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

#### **ANSWER:**

##### Prevention of Drug Abuse

Pursuant to Article 7 of the Law on the Prevention and Suppression of Drug Abuse („Official Gazette of BiH” 8/06), the National Strategy for Combating and Preventing Drug Abuse in BiH („Official Gazette BiH“ 31/09) and the National Action Plan for Combating Drug Abuse have been adopted.

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 Brcko 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.

#### Policy documents

- National Strategy for Combating and Preventing HIV/AIDS in BiH, 2004-2009 (it was adopted by the BiH Council of Ministers in February 2004),
- State Responses Strategy to HIV/AIDS in BiH, 2011-2016 ((it was adopted on 159th meeting of the BiH Council of Ministers on 7 September 2011),
- National Strategy for Drugs Control, Prevention and Combat against Drug Abuse in BiH, 2009-2013 ("Official Gazette of BiH" 31, dated 21. April 2009),
- National Action Plan to Combat against Drug Abuse in BiH, 2009 - 2013 ("Official Gazette of BiH" 08/10, dated 2 February 2010).

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

##### 1. Projects funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM):

- "Strengthening of DOTS Strategy and Improving National Tuberculosis Programme, Including Multidrug resistant and Infection Control, in Bosnia and Herzegovina"

(Consolidated TB project); The aim of the project is to further consolidate and strengthen efforts of the State Tuberculosis Program aimed at sustainably reducing the burden of TB in BH, strengthening all components of the Stop TB strategy - a network of laboratories, the system of recording and reporting, monitoring and evaluation.

-“Scaling up Universal Access for Most-at-Risk Populations in Bosnia and Herzegovina“; The aim of the project is to increase universal access to HIV prevention and treatment by the most vulnerable groups in BiH.

- “Strengthening Public Health Institutes in Bosnia and Herzegovina” project was implemented in BiH in the period 2009-2011; The goal of the project was to strengthen operational capacities of public health in BiH, with a particular focus on capacity planning and decision making, establishing a unified reporting system for public health in order to meet international obligations of Bosnia and Herzegovina and promoting the concept of "new public health". The project established an electronic database (web portal) on indicators of public health. In accordance with the reporting obligations towards international organizations (HFA-WHO, ECHI-DG SANCO and EUROSTAT-a), a database with a total of 287 indicators of public health, which defined a set of 60 key indicators for non-communicable diseases, was developed. Based on data from the web portal and information gathered by the working group of the project, the 2009 Health Report of Bosnia and Herzegovina was prepared. The report included relevant information about the health status of the population, health services and resources for health care, as well as some demographic and socio-economic indicators in BiH. This is the first database of health indicators for the three levels of government in BiH, which is equivalent to the EU Nomenclature NUTS1, NUTS2 and NUTS3.

2. Projects financed by the Swiss Government / Cantons through the Swiss Agency for Development and Cooperation (SDC):

- „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.

3. IPA-funded projects:

-“The Reform of Secondary Health Care Financing“; aim of the project is the implementation of the system of payment for services rendered in health care that will enable cost savings and improve the delivery of services.

-“Reform of Public Health - II “; the project aims at improving quality of data collection and flow of information relating to the Institute of Public Health, including harmonization of relevant legislation with EU directives.

-“Institutional Capacity Building of the Agency for Medicinal Products and Medical Devices“ (twinning project) aims at supporting the BiH Agency for Medicinal Products and Medical Devices becoming a fully operation institution in accordance with EU standards.

- „Strengthening the Social Protection and Inclusion System for Children in BiH (SPIS)“; The aim of the project is to strengthen the social protection and inclusion of children by improving the existing policy framework, improving governance structures and structures for coordination of social protection and inclusion of children at all levels of government and municipal development model implementation SPIS.

Other projects:

- „Reproductive Health and Rights“ is a component of the Country Programme Action Plan between the BiH Council of Ministers and the UN Population Fund (UNFPA) for the period 2010-2014. The goal of this project is to support the government structures and civil society in promoting improvements on sexual and reproductive health, especially for adolescents and women, promoting gender equality, especially in terms of reduction including gender-based violence and to support the development of population and development strategies based on data and evidence .

- „Health Sector Enhancement Project“ (HSEP) aims at expanding and strengthening the family medicine model of primary health care, management capacity building in the sector and strengthening of the policy-making process through development and implementation of a performance monitoring and evaluation system of the sector. The project is financed by a World Bank loan.

- „Support to Sexual and Reproductive Health of Young People and HIV/AIDS Prevention Among Young People“ (funded by the German Society for Technical Cooperation – GTZ and implemented in the period 2009-2011); The aim of the project was to raise awareness of healthy lifestyles and prevention of risky behaviour among young people using information, education and participatory methods.

FBiH

- Action Plan to Combat Drug Abuse (which was adopted at the 33rd meeting of the FBiH Government on 18 January 2012),

- FBiH Youth Health Strategy (which was adopted at the 110th meeting of the FBiH Government on 3 July 2009)

- Strategy for Improvement of Youth Sexual and Reproductive Health and Rights in FBiH (2010-2019) which was adopted at the 157th meeting of the FBiH Government on 21 September 2010),

- Rulebook on the Manner of Reporting HIV/AIDS in FBiH („Official Gazette of FBiH“ 36/09, 55/09)

- List of drugs in hospital health care that can be used at the expense of the Solidarity Fund of FBiH ( „Official Gazette of FBiH“ 38/06, 67/11).

Curbing the spread of epidemics

In relation to measures relating to the prevention and control of the spread of HIV epidemic in the Federation, the following measures have been taken:

Strategic response to HIV began in 2002 in BiH. In the same year, with technical support from the UN theme groups, the Ministry for Human Rights and Refugees established the Advisory Committee on HIV / AIDS in BiH mandated to design a strategy for prevention and fight against HIV / AIDS and to further develop the process of national strategic planning in

this area. The National Strategy for Combating and Preventing HIV/AIDS in BiH, 2004-2009, was adopted by the BiH Council of Ministers in February 2004.

Activities for the introduction of highly active antiretroviral therapy (hereinafter: HAART) started and, in cooperation and with the assistance of the World Health Organization (WHO) Copenhagen and Sarajevo Offices, the Working Group prepared a document on BiH consensus on diagnostic and therapeutic guidelines for HIV / AIDS, which was completed in February 2004.

The Consensus and Strategy are two basic documents that has ensured that all individuals who are in need of antiretroviral therapy in BiH get it from the State (i.e. Entity Health Insurance Funds). The Federation provides antiretroviral treatment for all people with HIV and who are in need of treatment (regardless of the status of the insured). The therapy has been fully paid by the Solidarity Fund, the Health Insurance and Reinsurance Institute of the Federation since 2005. The first list of essential antiretroviral drugs fully follows the WHO list (revised in April 2003) and the most recent - the 2011 amendments - included tenofovir and emtricitabine combination in the list. The treatment is carried out at University Hospitals for Infectious Diseases in Sarajevo and Tuzla, where patients come for treatment (approximately every three months) and check-ups.

As long ago as in 2003 FBiH issued a decision on mandatory reporting of HIV and AIDS (in accordance with the recommendations of EuroHIV), while, pursuant to the Rulebook on the Manner of Reporting HIV/AIDS in FBiH („Official Gazette of FBiH“ 36/09, 55/09), the reporting forms were brought in line with ECDC reports. In 2003 a network of local coordinator for HIV and AIDS was established to cover the entire territory of the Federation and has been operating ever since including epidemiologists and specialists in infectious diseases wherever circumstances in individual cantons allow it. All ECDC reports are submitted on time.

In order to ensure universal access to prevention of HIV transmission, a number of programs for young people in general, especially for population groups at high risk, were developed. To ensure unimpeded access to health care of young people (under 26), 12 towns in the Federation established Youth Friendly Services. These services consist of two parts. One belongs to primary health care where "a youth friendly team consists of a gynaecologist, a dermatologist, a venerologist, a family doctor, a psychologist and a nurse. Confidentiality is ensured with a separate entrance and waiting room or late working hours of the team. These health services are available to all young people who need them. The Health Care Law obliges all primary health care institutions to provide youth friendly services. The second part of the services is provided in information centres located in non-governmental organizations, which provide the youth with high-quality, secure, reliable information on all matters of healthy lifestyle, recognize any need for professional health care and if needed refer them to a health care team in the health centre.

Apart from providing Youth Friendly Services we can proudly underline the fact that in the past 5 years the FBiH included 39,710 young people aged 14 to 19 in peer education in primary and secondary schools. Additional 86,599 young people aged 19-24 received information or had access to information in an informal setting. The Framework Programme for Primary Education was designed in cooperation with the Federation Ministry of Education and a number of teaching units that will help young people to adopt healthy behaviours during primary education was included.

Apart from Youth Friendly Services which provide counselling for young people (sexual and reproductive health, early detection and treatment of sexually transmitted diseases, resolution of mental pressures and problems, addiction etc.), centres for voluntary and confidential counselling and testing (hereinafter: VCCT centres) were established. The basic principle is that testing and counselling are free, i.e. they are fully covered by the Solidarity Fund. HIV testing and counselling may be anonymous and all health professionals who work in these centres underwent several days long courses of training on counselling and testing. Confidentiality is assured by designating a code to each beneficiary, e.g. initials or the like, so his/her name is never mentioned. Testing is carried out under code names known to the counsellor and the beneficiary or (in case of anonymous testing) only the beneficiary. The Law on Protection of Population from Communicable Diseases determines that counselling and testing must be voluntary and based on informed consent.

FBiH adopted the principle of decentralization of services and each Canton and the Department of Public Health established a VCCT centre (VCCT centres give an example of a beneficiary from any part of Bosnia and Herzegovina freely coming to any VCCT and using the service) in the respective capital.

Besides HIV tests the VCCT centres can facilitate hepatitis C virus tests running, which is covered by the Solidarity Fund, while screening for hepatitis B virus and VDRL can be covered by the Cantonal Health Insurance.

Counselling services for the families of drug addicts are provided in the Institute for the Treatment of Substance Abuse and Mental Health Centres.

There are estimated 7500 (6-10000) people who inject drugs in BiH, of which 4900 live in the Federation.

The Federation introduced a number of measures in terms of harm reduction: since 2002 a centre for methadone substitution has been operating in Sarajevo and centres in Mostar, Zenica, Bosanska Krupa and Bugojno have been opened over the past 5 years. Tuzla centre applies substitution with Suboxone treatment, while Sarajevo, Zenica and Mostar centres also have capacities for hospital detoxification. The latest data shows that the Federation has 606 people receiving methadone substitution treatment and 180 people receiving suboxone substitution treatment. Suboxone is normally on the Federation list of essential medicines, which means that it is available for prescription to patients by an institution designated by the cantonal government. The programme for establishment envisages similar institutions in the Bihac area.

Many of the programmes above are supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Federation is working on the sustainability of these programmes with assistance from the Budgets and the Health Insurance Fund. A program of counselling and screening for SW and MSM has been developed for hard-to-reach-population-groups. HIV and other sexually transmitted diseases are dealt with to a lesser extent.

Given BiH provides methadone substitution treatment to prisoners (people who use "hard drugs") who began it before arrival to prison, the Federation Ministry of Health together with the Ministry of Justice work for further expansion of the programme and amending of the legislation will to allow (in prisons started substitution).

Condom availability programmes for these population groups are currently implemented through GF-supported programmes.

**Prevention of epidemics** - In order to protect the population from infectious diseases, trends in infectious and non-infectious diseases were continuously monitored and evaluated in this period, which served as a basis for informing the population and decision-makers, training of health workers and taking measures in case of an epidemic.

One of the most important measures to prevent epidemics and protect health of the population is continuous immunization of children. Immunization is implemented under the program of mandatory immunization against certain infectious diseases that can be prevented by vaccination.

**Immunization coverage rate (%) of children in FBiH 2008-2010, primo-immunisation:**

| Type of vaccine | 2008 | 2009 | 2010 |
|-----------------|------|------|------|
| BCG             | 96,1 | 97   | 95,6 |
|                 |      |      |      |
| DTP 3           | 90,6 | 90   | 83,5 |
| OPV 3/ IPV3     | 92,3 | 90   | 83,5 |
| MRP             | 83,5 | 91   | 88,2 |
| Hib 3           | 92,7 | 71   | 73,2 |
| Hep.B 3         | 88,4 | 86   | 84,1 |

Source: FBiH Public Health Institute

The data on primo-immunization shows that in 2010 the desirable minimum level (95% for MRP and 90% for all other vaccines) has not been reached in the vaccinations (except BCG).

**RS**

According to the information provided in 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%).

People are protected from infectious diseases 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.

**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 BD“ 1/03, 4/04, 19/07, 2/08)
- Law on Children’s Protection of BD – consolidated text („Official Gazette of BD“ 51/11)
- Labour Law of BD ("Official Gazette of BD" 7/00, 8/03, 33/04).

### **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: 34-05-000144/10 of 8 February 2010.

## **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

##### 1. 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.

## FBiH

Article 31(1) of the Law on Mediation in Employment and Social Security During Unemployment („Official Gazette of FBiH“ 55/00, 41/01, 22/05, 9/08) provides that health insurance is provided to unemployed persons in accordance with health insurance legislation, while Article 19(12),19(13) and 19(14) of the Law on Health Insurance of Federation determine conditions under which unemployed persons registered with the Employment Office is covered with mandatory health insurance.

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.

**Tabular overview of unemployed beneficiaries of the Health Insurance in FBiH, 2008-2010**

| 2008  |                                  | 2009  |                                  | 2010  |                                  |
|---|----------------------------------|---|----------------------------------|---|----------------------------------|
| Number of beneficiaries (average per month) | Amount in BAM (a total per year) | Number of beneficiaries (average per month) | Amount in BAM (a total per year) | Number of beneficiaries (average per month) | Amount in BAM (a total per year) |
| 193.572                                     | 17.783.137,89                    | 193.309                                     | 17.723.483,38                    | 206.739                                     | 19.457.666,98                    |

Source: Federation Employment Institute

The group of people who are insured in accordance with the Law on Health Insurance in FBiH is extended in accordance with the Law on Amendments to this Law and insurees under this Law are:

„13. “children who have reached 15 years of age, or senior juveniles of up to 18 years of age, who have not completed the primary education or have not become employed upon the completion of their primary education, provided that they registered themselves with the employment bureau.“

"13a. children are covered by insurance scheme from the time of their birth, as well as during their regular education in primary and secondary schools or their study at higher education institutions and faculties, provided that they are BiH nationals with the permanent residence in the territory of the Federation, by being provided with an opportunity to exercise health insurance for no longer than until 26 years of age, provided that they have not been covered by medical insurance as dependant members of the family of the holder of health insurance.“

„ persons aged 65 years and older who are not covered by health insurance on any other ground in Bosnia and Herzegovina or abroad.“

In 2009 the Federation health insurance covered the population of 1,980,034, out of which 1,157,909 or 58.48% were insured (holder of health insurance), while the number of their family members covered by insurance was 822,125 or 41.52%.

The total number of insured persons in 2009 increased by 1.3% compared to 2008, while the structure of insurees by insurance categories changed in different proportions compared to 2008.

At the FBiH level in 2009, the health insurance covered 85.08% of the population, which made an increase by 1.1% compared to 2008.

The Federation voluntary insurance scheme included 6678 persons or 0.6%.

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 treat 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, insurees 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).

According to the Federation Health Insurance Institute the paid amount of out-of-pocket medical costs in 2009 made up 2.55% of the total health care funds.

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.

### **Population statistics, the insured and the level of insurance coverage in FBiH (by Cantons) in 2008 and 2009**

| CANTON                   | POPULATION       |                  | INSURED PERSONS  |                  | HEALTH INSURANCE COVERAGE |              |
|--------------------------|------------------|------------------|------------------|------------------|---------------------------|--------------|
|                          | 2008             | 2009             | 2008             | 2009             | 2008                      | 2009         |
| Una-Sana                 | 287.998          | 288.114          | 206.444          | 208.749          | 71,68                     | 72,45        |
| Posavina                 | 40.513           | 39.886           | 28.506           | 27.646           | 70,36                     | 68,86        |
| Tuzla                    | 497.813          | 498.549          | 442.758          | 447.265          | 88,94                     | 89,71        |
| Zenica-Doboj             | 400.848          | 400.602          | 343.046          | 341.119          | 85,58                     | 85,15        |
| Bosnia-Drina             | 33.225           | 33.093           | 25.856           | 25.800           | 77,82                     | 77,96        |
| Middle Bosnia            | 255.648          | 254.992          | 201.535          | 212.436          | 78,83                     | 83,31        |
| Herzegovina –<br>Neretva | 226.632          | 225.930          | 184.867          | 186.238          | 81,57                     | 82,43        |
| Western<br>Herzegovina   | 81.833           | 81.707           | 68.659           | 71.720           | 83,90                     | 87,78        |
| Sarajevo Canton          | 421.289          | 423.645          | 399.419          | 406.006          | 94,81                     | 95,84        |
| Canton 10                | 81.396           | 80.800           | 53.368           | 53.237           | 65,57                     | 65,89        |
| <b>Total</b>             | <b>2.327.195</b> | <b>2.327.318</b> | <b>1.954.458</b> | <b>1.980.034</b> | <b>83,98</b>              | <b>85,08</b> |

Source: FBiH Health Insurance and Reinsurance Institute

In 2009 the Federation health insurance covered the population of 1,980,034, out of which 1,157,909 or 58.48% were insured (holder of health insurance), while the number of their family members covered by insurance was 822,125 or 41.52%.

The total number of insured persons in 2009 increased by 1.3% compared to 2008, while the structure of insurees by insurance categories changed in different proportions compared to 2008.

At the FBiH level in 2009, the health insurance covered 85.08% of the population, which made an increase by 1.1% compared to 2008.

The Federation voluntary insurance scheme included 6678 persons or 0.6%.

### **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.

The Federation has 437,479 employed people.

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.

Pursuant to Article 43 of the Law on Health Insurance of the Federation, the salary compensation under the Law is paid to the insured person as of the first day of temporary disability as long as such inability continues.

As we have reported the length of pensionable service is not a requirement for health insurance rights.

The period of salary compensation payment is limited. If a sick leave is continuous or intermittent for a total of 12 months for the same condition during 2 calendar years, the competent doctor is required to refer the insured person to the competent authority of the Fund for Pension and Disability Insurance for assessment of work capacity. The salary compensation can be paid up to 14 months only in case of occupational injury or occupational disease. In case of failure to carry out and complete assessment of work ability, a sickness benefit will be paid by the Fund for Pension and Disability Insurance.

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,
- does not follow instructions for treatment or travels from a place of residence without doctor's permission,
- and, failed to report to the competent doctor that he was sick within 3 days of the onset of the disease.

RS

The Law on Health Insurance Law („Official Gazette of RS“ 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 106/09) provides that all citizens are covered by the RS mandatory health insurance. The mandatory principle means that all citizens are compulsory registered in the health insurance scheme on any of the grounds set out by law. The exercise of rights under mandatory health insurance is conditional upon payment of contributions to the health insurance scheme, except for children until the age of 15, pregnant women and new mothers with a baby less than one year old and persons above 65. These groups of citizens may exercise rights under mandatory health insurance when contributions have not been paid provided that they have registered in health insurance scheme. The base and rate of contributions to the mandatory health insurance are regulated in the Law on Contributions. The RS Health Insurance Fund is responsible for the mandatory health insurance scheme, being guided by the principles of solidarity, reciprocity and equality.

The mandatory health insurance ensures the exercise of rights in case of diseases and other conditions and includes: medical treatment in health care facilities in RS and, in particular circumstances, abroad; counselling and specialist's treatment; diagnostics; physical rehabilitation in specialized facilities; dental treatment; provision of medication; orthopaedic, dental and oculist devices. The health insurance rights also include preventive health care (immunizations and preventative care), as well as salary compensation of employed insured persons who are sick for more than 30 days. The Law on Health Insurance provides that all citizens are covered by the RS mandatory health insurance. This Law provides that the exercise of rights under mandatory health insurance is conditional on payment of contributions.

An individual joins the mandatory health insurance scheme after registration in the Health Insurance Fund. The Law on Health Insurance determines who is obliged to register an individual with the Health Insurance Fund. Insured persons, who are covered by mandatory health insurance, are grouped into several groups. The first group consists of the insurees (holders of health insurance), i.e. persons on whose behalf contributions for mandatory health insurance are paid. The second group consists of family members of the insurees. They are beneficiaries of the insurance of insurees (holders of health insurance) and contributions for health insurance are not paid on their behalf. The third group consists of people who are insured only against occupational diseases and injuries. The fourth group are foreign nationals who are insured on the basis of signed bilateral agreements on social security.

The right to health care includes:

Preventive health care; emergency medical treatment; medical examinations and treatment by family medicine doctor, in hospitals and clinics in RS and abroad; counselling and specialist's treatment; medical rehabilitation; orthopaedic and other aids; diagnostics; mandatory immunization; provision of medication; medical transport; treatment at patient's place; palliative care.

## 2. Unemployment

The FBIH Law on Mediation in Employment and Social Security of Unemployed Persons („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.

Article 28 this Law provides that employees ensure their financial and social security in the period of unemployment primarily by paying for unemployment insurance in accordance with this and other laws.

The financial and social security includes the right to: unemployment benefit (novčana nadoknada); contributions to Health Insurance Fund and Pension Insurance Fund in accordance with this and other laws.

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 under points a) and f) are considered unemployed when their monthly income does not exceed 25% of the last year's average salary according to the FBiH Statistics Institute.

This Law prohibits discrimination, so Article 2 of the Law on Mediation in Employment and Social Security of Unemployed Persons determines that none person may be placed in an unfavourable position compared to others on the grounds of: their race, colour, sex, religion, political or other opinion or conviction, national, ethnic or social affiliation or origin, property, trade union or political organisation or association membership or non-membership or physical or mental condition. If a legal person acts contrary to these provisions, Article 56 of this Law determines that a fine shall be imposed on both the legal person and the responsible person of the legal person. In addition, any person who believes that has been subjected to discrimination under Article 2 of this Law may seek damages at the appropriate court.

### 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.

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.

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. To address the needs in the field of employment and operation of the Federation Employment Institute and Services, funds are provided in accordance with Article 45 from the following sources: a) contributions made by employers and employees, in accordance with the law, b) the interest or incomes earned by the Federation Employment Institute and Services while playing their roles; c) income from movable or immovable property that the Federation Employment Institute and Services buy or gain 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.

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.

**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 on Employment of Aliens determines procedures and conditions of employment of aliens and stateless persons and competences of the FBiH Employment Institute and Cantonal Employment Services in the procedure of employment of aliens and other issues relating to employment of aliens.

Article 3 of the Law provides that an employer may conclude an employment contract or a special service contract for occasional and temporary jobs with an alien on the basis of work permit if he/she fulfils requirements under the law and by-laws of the employer and Article 4 provides that 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.

At a proposal by an Employment Service, the FBiH Employment Institute gives an approval to employ an alien. The work permit is issued by the Employment Service on the basis of approval given by the FBiH Employment Institute.

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. Exceptionally, an alien holding a permanent residence permit in the FBiH can get a work permit for an indefinite period of time.

In 2009 and 2010 there were a significant increase in the number of unemployment benefit beneficiaries and also an increase in the length of time of eligibility to unemployment benefit, which rendered Cantonal employment services without sufficient funds to pay the benefits. For this reason, the Cantonal employment services were compelled to reduce the amount of monthly cash benefits to unemployed persons, in accordance with statutory provisions, to the extent that allowed payment of cash benefits to all unemployed persons entitled thereto.

**Tabular overview of beneficiaries receiving unemployment benefit in FBiH, 2008-2010**

| 2008  |                                  | 2009  |                                  | 2010  |                                  |
|---|----------------------------------|---|----------------------------------|---|----------------------------------|
| Number of beneficiaries (average per month) | Amount in BAM (a total per year) | Number of beneficiaries (average per month) | Amount in BAM (a total per year) | Number of beneficiaries (average per month) | Amount in BAM (a total per year) |
| 5.361                                       | 22.927.081,93                    | 8.162                                       | 35.136.897,80                    | 9.305                                       | 36.905.031,79                    |

Source: Federation Employment Institute

In FBiH the amount of unemployment benefit is 40% of the average net salary paid in FBiH in the last three months prior to the termination of employment of the unemployed, which is published by the Federation Statistics Institute and the length of benefit payment depends on that length of pensionable service (Article 30 of the Law on Mediation in Employment and Social Security of Unemployed Persons of FBiH)

The financial status of an unemployed person does not affect the scope of rights during unemployment established in laws of BiH.

In FBiH, 373.372 people were registered with the employment service in March-April 2012.

- The entitlement to health care based on unemployment is exercised by 230.121 people.
- The entitlement to unemployment benefit based on unemployment is exercised by 9.696 people.

RS

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), 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.

Article 36 of the Law on Mediation in Employment and Rights during Unemployment provides that an unemployed person whose employment was terminated without his request, consent or fault 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 eight months with interruptions in the last 18 months, shall be entitled to

- unemployment benefit,
- health insurance and
- 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 entitlements are exercised in authorized funds in accordance with the law.

The entitlements are exercised on equal footing also by a self-employed person who has ceased to run business due to economic or technological reasons.

The period of payment of unemployment benefit depends on the years of pensionable service an unemployed person has and can amount to a maximum of :

- one month if he/she has up to 12 months of pensionable service,
- two months if he/she has from one to two years of pensionable service,
- three months if he/she has from two to five years of pensionable service,
- six months if he/she has from five to 15 years of pensionable service,
- nine months if he/she has from 15 to 30 years of pensionable service and
- 12 months if he/she has more than 30 years of pensionable service.

The amounts of unemployment benefit are: 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 and 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.

The Law on Mediation in Employment and Rights during Unemployment determines that that a received claim for unemployment entitlements is decided on by the RS Institute for Employment. An appeal against the decision is allowed to be filed within 30 days with this body.

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.

The amounts of unemployment benefit cannot be lower than 20% or higher of one average net salary paid in the RS in the last year according to the RS Statistics Institute data published in „Official Gazette of RS“.

#### **Tabular overview of beneficiaries receiving unemployment benefit in RS, 2008-2010**

| 2008                    |               | 2009                    |               | 2010                    |               |
|-------------------------|---------------|-------------------------|---------------|-------------------------|---------------|
| Number of beneficiaries | Amount in BAM | Number of beneficiaries | Amount in BAM | Number of beneficiaries | Amount in BAM |
| 15.362                  | 14.011.632    | 19.353                  | 19.358.238    | 17.376                  | 16.245.297    |

Source: RS Employment Institute

In 2011 the unemployment benefit on the grounds of unemployment insurance was paid to 2.462 people on average per month, which was a significant decrease in comparison with 2010, when this entitlement was exercised by 4.759 persons. In 2011 this entitlement consumed BAM 13.621.727,81.

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 Articles 33-48.

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 (Article 33).

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.

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).

An unemployed person whose employment was terminated under Article 36 of the Labour Law – Consolidated text („Official Gazette of RS“ 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 (Article 36).

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).

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.

The amounts of unemployment benefit cannot be lower than 20% or higher of one average net salary paid in the RS in the last year according to the RS Statistics Institute data published in „Official Gazette of RS“.

The unemployment benefit is paid on a monthly basis.

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.

**BD**

The BD Law on Mediation in Employment and the Rights during Unemployment governs the matter of employment and rights during unemployment ("Official Gazette of BD" 33/04, 19/07, 25/08).

Pursuant to Article 4(1) of the Law on Employment, an unemployed person is: "a person who has not entered into a contract of employment and does not work on any other basis, who is

able to work and who can be employed according to labour legislation, who has registered with the Employment Service and actively seeks a job."

The Law on Employment governs relief or more precisely the unemployment benefit , health and pension and disability insurance provided to people who became jobless in Article 27(1): "an unemployed person whose employment was terminated without his request, consent or fault 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 eight months with interruptions in the last 18 months, shall be entitled to 1) unemployment benefit , 2) health insurance and 3) pension and disability insurance."

Paragraph (4) of this Article provides: "The pension and disability insurance shall be provided to an unemployed person for up to three years, if these pensionable years will make the requirement for old-age pension fulfilled, regardless of whether he receives unemployment benefit or not."

Given the Federation pension and disability insurance laws do not allow payment of contributions to pension and disability insurance in case of persons receiving unemployment benefit the 2008 Amendments to the Law provides that their unemployment benefit shall be increased by an appropriate amount for the exercise of the right.

An important amendment was made to Article 34 of the Law relating to the continuation of compensation. The novelty is that the continuation of compensation under the amendment requires that an unemployed person has to report to the Employment Service within 30 days after the termination of his/her employment in order to resume receiving the unemployment benefit.

In order to exercise the entitlement to unemployment benefit under Article 27 contributions for unemployment insurance have to be paid for all workers during the prescribed minimum periods of insurance.

The period of payment of unemployment benefit depends on the years of pensionable service an unemployed person has and can amount to a maximum of three months if he/she has from two to five years of pensionable service, - six months if he/she has from five to 15 years of pensionable service, - nine months if he/she has from 15 to 25 years of pensionable service and - 12 months if he/she has more than 25 years of pensionable service.

Article 36(1) of the Law on Employment determines the amount of unemployment benefit : "The amounts of unemployment benefit are:

- 1) 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 10 years of pensionable service;
- 2) 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 10 years of pensionable service. "

Paragraph (2) of the Article provides a limit in this regard and that is the provision that the amounts of unemployment benefit cannot be lower than 20% or higher of one average net salary paid in DB in the last year according to the Statistics office competent for DB.

Pursuant to Article 59 of the Law on Rights of the Unemployed the competent authority of the Institute, which is designated in a by-law of the Institute as such, renders decisions as the body of first instance, while an appeal against the original decision is decided by Board of

Directors of the Institute. The unemployed can file an administrative complaint before the competent court against the final decision, in accordance with the Law.

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 .

### **Tabular overview of beneficiaries receiving unemployment benefit in BD, 2008-2010**

| 2008                    |               | 2009                    |               | 2010                    |               |
|-------------------------|---------------|-------------------------|---------------|-------------------------|---------------|
| Number of beneficiaries | Amount in BAM | Number of beneficiaries | Amount in BAM | Number of beneficiaries | Amount in BAM |
| 536                     | 672.011       | 896                     | 1.127.752,19  | 1.028                   | 1.238.281     |

Source: BD Employment Institute

In 2008, owing to an increase of beneficiaries compared to 2007 and amendments to the Law on Employment of BD relevant to the insurees of FBiH Pension and Disability Fund, the gross amount spent was BAM 672.011, which made an increase by 51% compared to the preceding year.

In 2009 the unemployment benefit on the grounds of decisions issued was paid to 896 unemployed persons and a gross amount of BAM 1.127.752,19 was appropriated for that purpose. Of the gross amount of liability appropriated for that purpose, unemployment benefits amounted to BAM 767.371,96, contributions to the RS Pension and Disability Fund amounted to BAM 137.686,08, contributions to the health insurance fund amounted to BAM 131.252,21, contributions to the unemployment fund amounted to BAM 16.406,94 and taxes amounted to BAM 7.840,79.

Given the Federation pension and disability insurance laws do not allow payment of contributions to pension and disability insurance in case of persons receiving unemployment benefit, the net amount of the benefit of such persons has been increased by the amount of BAM 67.194,21 with a view to their paying contribution to the voluntary scheme under the FBiH Pension and Disability Fund.

In 2010, the unemployment benefit was paid to 1028 unemployed persons and this was credited to liabilities for which a gross amount of BAM 1.238.281 was appropriated. Of the gross amount of liability in fiscal 2010, net unemployment benefits amounted to BAM 837.791, contributions to the RS Pension and Disability Fund amounted to BAM 146.087, contributions to the health insurance fund amounted to BAM 143.689, contributions to the unemployment fund amounted to BAM 17.960 and taxes amounted to BAM 5.932.

BD participates in the implementation of bilateral agreements on social security that BiH has signed with a number of European countries. Emergency medical care is provided to all persons who happen to be in BD in need of such assistance regardless of the type of health insurance (even if they have no health insurance) and foreign nationals are provided with health and other services based on social security agreements with countries from which these people come from.

### 3. 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.

#### FBiH

Pension and disability insurance in FBiH is governed by the Law on Pension and Disability Insurance („Official Gazette of FBiH“ 29/98, 49/00, 32/01, 73/05, 59/06, 04/09, 55/12), which came into force on 30 July 1998. This Law 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. These entitlements are personal and inalienable and cannot be transferred to another person or become obsolete, except for statute of limitations being applicable to the payment of entitlements. This Law provides also for a possibility of voluntary insurance for persons not covered by mandatory insurance. This Law is just the beginning of a pension and disability insurance reform in the Federation.

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.

According to the Federation Institute of Pension and Disability Insurance, in September 2012, 119,452 survivors received survivor's pensions with an average pay out of BAM 312.12.

#### 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.

The survivor's pension can be granted to the following family members: spouse, children born in wedlock, out of wedlock, adopted children, dependant step-children, grandchildren and other children dependant on the insured at the time of his/her death. The survivor's pension can be granted to the divorced spouse if the court has awarded alimony to him/her. BiH citizens residing in the territory of the Federation who are not covered by mandatory pension and disability insurance can ensure benefits from pension and disability insurance for themselves and their families secure paying voluntary insurance under the conditions and to the extent specified in Article 17 of the Law.

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.

- The reform of the pension system in the Federation began when the Law on Pension and Disability Insurance was passed in 1998, which was the first step in reforming the pension and disability system in the Federation. This Law made a significant parameter reform and restricted eligibility to entitlements under pension and disability insurance, which brought an end to spending of contributions into pension and disability insurance fund for social security benefits and resulted in their spending solely on entitlements deriving from employment and insurance.

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).

Also, there has been a change in determining the pension base. Thus, until 2005, the pension base was calculated as the average salary earned by the insured in 15 consecutive pensionable years, when the average salary was the highest. Since 2005, the pension base has been calculated gradually increasing the number of years each year until 2015, so that as of 2015, the pension base will be calculated based on the average salary earned in 40 pensionable years, i.e. in all pensionable years until 2015.

Further, there was a significant decrease in percentage used for determining the amount of old-age pensions, gradually lowering the percentage of pension base from a maximum of 85% in 2000 to a maximum of 75% in 2005 and onwards. With the purpose of financial viability of the system of pension and disability insurance, substantive changes were made in adjustment of (paid) pension, so that pensions are paid monthly according to the insurance carriers' revenues generated in that month.

All these restrictions were intended to make the system of pension and disability insurance financially sustainable. The last amendments to the Law enacted in 2008 were aimed at *inter alia* stabilizing the financial sustainability of the pension system. They *inter alia* provide for an obligation to pay contributions for the special pensionable service recognized under Article 94 of the Law from the FBiH budget.

However, although significant reform steps were taken in the previous period, the major part of the pension system reform is to follow yet. To ensure long-term financial sustainability of the pension system, as well as its greater stability and coverage, it is necessary to introduce new forms of pension plans, such as capitalized pension insurance and the like.

Please note that, at its meeting held on 6 June 2007, the Federation Government launched activities to reform the pension system in the Federation. The process of reform of the pension system has not been completed yet, because the final text of the Strategy for Pension System Reform of FBiH has not been adopted yet, although certain activities tackling this issue have been carried out, primarily because of the current economic and financial situation in the Federation and the situation in general, which has undermined the financial stability of the pension and disability insurance carriers (reduced economic activity, a decline in employment, a decline in investments, in particular the liabilities arising from early retirement under favourable conditions and recognition of special pensionable service etc.).

Further, in order to continue development of the Strategy for Pension System Reform, at its meeting held on 24 January 2012, the Federation Government formed a new working group to draft the final version of Pension Reform Strategy, mandated to evaluate the current system of pension and disability insurance, to review the already discussed Pension Reform Strategy, to make a comparative analysis of pension systems, both in the region and beyond and, using best practices and experiences, to propose to the Federation Government a new text of the Strategy, which will improve the situation in FBiH pension scheme. Also, the group is obliged to propose an appropriate model of pension system and a new system of pension computation and pension rises. The deadline for the adoption of the final text of the Strategy is the end of 2012, which is set in the work programme of the appropriate Ministry and the Government of the Federation. In 2013 and 2014, it is necessary to draft and pass new laws that will result from the adopted strategy.

Specifically, in order to ensure prompt enforcement of judgment by the European Court of Human Rights in Strasbourg in *Šekerović and Pasalic against BiH* (app no. 5920/04 and 67396/09), the Federation Ministry of Labour and Social Affairs has prepared the Draft Law on Amendments to the Law on Pension and Disability Insurance.

Among other things, the Draft Law provides that returnees from RS in the Federation, who were beneficiaries of pensions in the Social Fund for Pension and Disability Insurance of BiH, Sarajevo, and who received pensions in the present territory of FBiH as of 30 April 1992, will be able to receive pensions from the Federation Institute for Pension and Disability Insurance as of the date of application.

The FBiH Parliament adopted the Law (House of Representatives at the session held on 28 February 2012 and the House of Peoples at the session held on 2 April 2012) ("Official Gazette of FBiH" 55/12).

**Tabular overview of the unemployed covered by Pension and Disability Insurance in FBiH**

| 2008                    |               | 2009                    |               | 2010                    |               |
|-------------------------|---------------|-------------------------|---------------|-------------------------|---------------|
| Number of beneficiaries | Amount in BAM | Number of beneficiaries | Amount in BAM | Number of beneficiaries | Amount in BAM |
| 2.656                   |               | 1.786                   | 1.292.828,26  | 2.154                   | 1.196.009,06  |

Source: Federation Employment Institute  
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.

In order to prepare the implementation of the legislative framework, the Pension System Reform Strategy of RS was adopted at the 37th session of the RS National Assembly, held on 18 May 2010 ("Official Gazette of RS" 52/10).

The main objectives of the reform set out in the Strategy are: providing steady income and reducing poverty of the elderly population (reallocation of spending), increasing coverage, i.e. 65 + population coverage of pension insurance, increasing individual responsibility and risk of the insured, restoring confidence in the system, ensuring long-term viability and financial stability of the pension system in the demographic and economic circumstances, improving the system of public funding (increasing efficiency of contribution collection) and contribution to economic growth.

With a view to continuous monitoring and reforming the pension and disability insurance and maintaining a permanent dialogue with relevant actors in the field, at the 13 April 2011 session the RS National Assembly established the Council for monitoring the situation and reforming the pension and disability insurance in the Republika Srpska, as a special advisory body ("Official Gazette of RS" No. 45/11).

BD

There is no Pension and Disability Insurance Fund in 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.

## FBiH

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) (Article 19(1)) social security entitlements are: allowance and other material assistance, work and living skills training, placement in foster family/household, placement in social care institutions, social workers' and other professional services, home care and assistance rendered in the house.

Cantonal legislation determines the exact amount of allowances 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 the conditions 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 of other needs in compliance with the law at the expense of social welfare funds (Article 20).

When it comes to social security entitlements set forth in Cantonal legislation of FBiH, it should be noted that most cantons provide for the same entitlements as the federal law does and that a majority of cantons provide further benefits such as subsidizing of rent, heating, electricity and funeral expenses etc. for the most vulnerable population groups.

Article 48(1) of the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children provides that social welfare institutions provide services which wholly or partly meet social security and other needs of beneficiaries. This means that social welfare institutions are Centres for Social Welfare.

Persons and families in need, who fulfil the conditions 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 of other needs in compliance with the law at the expense of social welfare funds (Article 20).

Allowances and other material assistance includes: permanent allowance (stalna novčana pomoć), attendance allowance (naknada za pomoć i njegu od strane drugog lica), other kinds of material assistance (Article 21).

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.

The entitlement under paragraph 1 of this Article is exercised with the competent body in the municipality in whose territory the person or family is residing (Article 22(2)).

The following persons are considered as unfit for work/unable to exercise the right to work: any person totally unfit for independent work; any person aged 65 years and older; any woman during pregnancy, during or after giving birth, in accordance with the labour legislation; parents, stepfather, stepmother or adopted parent, who takes care of one or more children younger than one year of age, provided that such person does not have family members or relatives who are legally obliged to support him/her sustenance, or if he/she has them, that they are not capable of fulfilling this legal obligation; any child under 15 and, in case that he/she is a full-time student, under 27 years of age; any person with arrested physical and/or mental development; any person in family who takes care of a disabled person or seriously ill person, if it has been established that the person is in need of care and assistance.

Medical findings and opinion concerning the incapacity for work under Article 23(1) of this Law are given by medical commissions in compliance with cantonal legislation. Medical findings and opinion concerning the capabilities and classification of children with arrested physical and mental development are given by expert commissions in compliance with

cantonal legislation. Cantonal legislation provides for the manner and procedure for identification and assessing the capability, classification and registration of children with arrested physical and mental development (Article 24).

The permanent allowance is determined in monthly amounts equal to the difference between the total income of all members of household and the lowest household income which is considered sufficient for subsistence for the purpose of Article 27 of this Law (Article 25).

The attendance allowance (Article 26(1)) 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 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 (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 permanent allowance, disability allowance, attendance allowance, child allowance and school and university student's 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 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. 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).

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. In 2009 and 2010 the entitlement to child allowance was exercised in five cantons (Tuzla, Zenica-Doboj, Bosnia-Drina, Middle Bosnia and Sarajevo Canton). The level of child allowance varied and ranged from BAM 9.75 to 50.00.

**An overview-Child allowance by cantons in FBiH and monthly amount per child in BAM, 2009-2010**

| Canton                  | YEAR                  |                       |
|-------------------------|-----------------------|-----------------------|
|                         | 2009                  | 2010                  |
| UNA-SANA                | -                     | -                     |
| POSAVINA                | -                     | -                     |
| TUZLA                   | 30,00/38,00 and 50,00 | 20,00/40,00 and 50,00 |
| ZENICA- DOBOJ           | 11,10 and 16,60       | 9,75 and 14,65        |
| BOSNIA-DRINA            | 29,00 and 43,50       | 29,00 and 43,50       |
| MIDDLE BOSNIA           | 28,00                 | 29,00                 |
| HERZEGOVINA-<br>NERETVA | -                     | -                     |
| WESTERN<br>HERZEGOVINA  | -                     | -                     |
| SARAJEVO<br>CANTON      | 33,00 and 49,50       | 33,00 and 49,50       |
| CANTON 10               | -                     | -                     |

Note:(-) The benefit was not paid

Source: Federation Ministry of Labour and Social Policy

RS

The Law on Social Welfare (the new Law on Social Welfare took effect as of 2012) provides that monthly amounts of allowances are: for an individual: BAM 41.00, for a two-member family: BAM 49.00, for a three-member family: BAM 57.00, for a four-member family: BAM 65.00, for a family with five and more members: BAM 82.00. The allowances in the current year have been adjusted to the cost of living index for the previous year (Article 22).

Pursuant to the new Law on Social Security („Official Gazette of RS“ 37/12) 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 for a family with five and more members: 30%.

Article 54 of the new law provides that 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 under Article 18(a)(8) and 18(b)(8) of the Law. The amount of financial 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 three times the amount under paragraph 2 of this Article.

For the purpose of the Law on Child Protection of RS, child protection consists of rights of parents and children, structured activities and activities to ensure *inter alia* the following: creating the basic conditions for equalising access to meeting the developmental needs of children and support to be provided to family in achieving its reproductive, protective, educational and economic functions, as well as the special protection of the third child in families with more children. The child protection system in the RS pays special attention to:- large families and disadvantaged groups of children, consisting of children from poor families, children without parental care, children with developmental difficulties and disabilities, children whose parents are disabled, children of fallen soldiers, children-civilian victims of war.

Also, the project activities of the Fund pay special attention to:

- Children from rural areas;
- Children in specialized institutions;
- Roma children.

All these categories of children are included in the child protection system in the RS through financial assistance and project activities/direct provision of services, in order to meet their developmental needs.

In accordance with the Law on Child Protection, every citizen of the Republika Srpska, especially unemployed veterans, veterans with disabilities from the first to the third group, beneficiaries of family allowance, i.e. every citizen residing in the territory of the Republika Srpska, is entitled to child allowance.

Child allowance is paid to the second, third and fourth child in the family, depending on the financial situation in the family, birth order and the age of children, based on the application submitted, for a maximum of 15 years if they are full-time students. Regardless of the means testing, this entitlement can be exercised by children of fallen soldiers, children of civilian war victims and veterans with disabilities from the first to the third group, the children of civilian victims of war, children without parental care, children for whom the competent authority issued a decision on classification because of disability, if he/she is not placed in social care, children whose families are entitled to financial assistance under the Law on Social Security and children suffering from celiac disease or chronic illness, which have caused or resulted in bodily impairment in the opinion of the competent commission. Child allowance paid to vulnerable groups is exercised by all children from the groups, regardless of

birth order, until the age of 19 or until they are included in the educational program and regardless of the prescribed thresholds for the exercise of this entitlement.

According to the current legislation, the child allowance as a cash benefit paid to vulnerable groups of children regardless of birth order of the child as well as to the second and fourth child (and exceptionally the first child) plays primarily social welfare and protection role because this entitlement is acquired under specific social welfare criteria and conditions and, in respect of the third child in the family, it plays partly a birth rate boosting role because of the discriminating increased amount for the third child in order of birth (but he/she has previously had to be eligible under the financial criteria).

### **An overview of nominal amounts and means testing for child allowance, 2010 – 2011**

| Year | Nominal amount per child in BAM |                 |                  |                               | Means testing   |                 |                  |                               |  |   |
|------|---------------------------------|-----------------|------------------|-------------------------------|---|-----------------|------------------|-------------------------------|--|---|
|      | the second child                | the third child | the fourth child | vulnerable groups of children | Total monthly income per family member does not exceed the following amount |                 |                  |                               | Total cadastral revenue per family member does not exceed the following percentage | Catalogue value of movable property assessed does not exceed the following amount |
|      |                                 |                 |                  |                               | the second child  | the third child | the fourth child | vulnerable groups of children |  |   |
| 2010 | 45,00                           | 100,00          | 45,00            | 100,00                        | 95,00   | 100,00          | 100,00           | -                             | 10% (3%)   | 6.000,00  |
| 2011 | 35,00                           | 70,00           | 35,00            | 90,00                         | 75,00   | 80,00           | 80,00            | -                             | 10% (3%)   | 5.000,00  |

(-) Entitlement is exercised regardless of the family's income

Source: RS Public Fond of Child Protection

Nominal amounts of child allowance are regularly and timely paid to beneficiaries, until the 5th day of the current month for the preceding month.

### **BD**

Social protection is provided for in Article 4 of 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.

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.

An overview of family benefits: - Attendance allowance; - Permanent basic allowance; -

Family benefits: - baby package - maternity allowance

- Family benefits in sufficient amount:

Child allowances: - regular

- bonuses

- Benefits paid to young married couples and other appropriate assistance:

- average net monthly income

- other types
- Families with single parent
- Vulnerable families – equality principle

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.

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 the Adoption of Criteria for Beneficiaries of the Solidarity Fund, No. 34-05-000144/10 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.

| <b>Benefits and allowances under the Law on Social Protection of BD</b> |                      |             |             |             |
|---|----------------------|-------------|-------------|-------------|
| <b>SOCIAL PROTECTION</b>  | <b>December 2008</b> | <b>2009</b> | <b>2010</b> | <b>2011</b> |
| Permanent basic allowance   | 873                  | 873         | 865         | 891         |
| Attendance allowance  | 1807                 | 1807        | 1830        | 1981        |
| One-time cash assistance  | 266                  | 3159        | 1225        | 1189        |

Source: BD Subdepartment of Social Protection

Articles 10 and 12 of the Law on Child Protection of BD – consolidated text 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 month 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 Brcko 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 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.

The entitlement to child allowance as a cash benefit is afforded to every citizen of BD under conditions provided for in Articles 13, 15, 18, 20, 21, 22 of the Law on Child Protection of BD - consolidated text.

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 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.

Article 23 of the Law on Child Protection of BD - consolidated text 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 under Article 23, special institutions may be established in accordance with the law.

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.

| <b>Benefits under the Law on Child Protection of BD</b> |               |      |      |      |
|---|---------------|------|------|------|
| <b>CHILD PROTECTION</b>                                 | December 2008 | 2009 | 2010 | 2011 |

|                     |      |      |      |      |
|---------------------|------|------|------|------|
| Maternity allowance | 96   | 371  | 329  | 357  |
| “Baby package”      | 53   | 629  | 576  | 607  |
| Child allowance     | 5198 | 5219 | 5300 | 5102 |

Source: BD Subdivision for Social Policy

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 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.

Pursuant to Articles 2,3,4,5 of the Decision on conditions and manner of salary compensation payments to employees during maternity leave, adopted on the basis of Article 45 of the Labour Law of BD and the Law on Child Protection of BD – *consolidated text*, 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.

The maternity leave provided for in the BD Labour Law and salary compensation under this decision are afforded also to employees who started maternity leave in the preceding year or began it on 1 January 2005, in accordance with legal provisions on the length of maternity leave.

|  |               |      |      |      |
|--|---------------|------|------|------|
| Salary compensation during maternity or extended maternity leave and leave of the working parent and adoptive parent to care for the child | December 2008 | 2009 | 2010 | 2011 |
| Beneficiaries  | 20            | 331  | 380  | 288  |

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.

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.

- 2011 Employment Action Plan

The RS Government adopted the Decision No. 04/1-012-2-1748/11 of 28 July 2011 („Official Gazette of RS“ 85/11) adopting the Action Plan.

**QUESTION:**

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

**ANSWER:**

RS

**AN OVERVIEW OF DECEMBER 2011  
data on the types of pensions, number of beneficiaries, average pensions, percentages of average salary**

| Types of pensions  | Number of beneficiaries<br>31.12.2011. | Average pensions<br>in December | % of 2010<br>average salaries<br>(784) | % of<br>November<br>2011<br>average<br>salary (808) |
|--|--|---------------------------------|--|---|
| All types  | 232.756 100                            | 298,85                          | 38,12                                  | 36,99   |
| Old-age pension  | 100 114.982 49,40                      | 335,51                          | 42,79                                  | 41,52   |
| Old-age pension with 40 pensionable years of service - all                             | 14,71 16.925 7,27                      | 399,15                          | 50,91                                  | 49,40   |
| Old-age pension with 40 pensionable years of service – excluding proportional pensions | 11,62 13.368 5,74                      | 460,53                          | 58,74                                  | 57,00   |
| Old-age pension with 40 pensionable years of service - all                             | 36,16 41.588 17,86                     | 427,65                          | 54,55                                  | 52,93   |
| Old-age pension with 40 pensionable years of service – excluding proportional pensions | 28,46 32.734 14,06                     | 466,70                          | 59,53                                  | 57,76   |
| Disability pension   | 41.407 17,78                           | 286,57                          | 36,55                                  | 35,47   |
| Survivor's pension   | 76.367 32,80                           | 250,32                          | 31,93                                  | 30,98   |
| Personal pensions – all  | 201.033                                | 320,82                          | 40,92                                  | 39,71   |
| Proportional pensions – all  | 31.723                                 | 159,63                          | 20,36                                  | 19,76   |
| Lowest pensions – all  | 23.352                                 | 160,00                          | 20,41                                  | 19,80   |

Source: RS Pension and Disability Insurance Fund

BD

The tabular review shows that the number of unemployment benefit recipients increased from 493 to 536 beneficiaries in fiscal 2008 compared to 2007, which was a rise of 9%, while the number of unemployment benefit recipients in 2008 compared to the planned number was higher by about 79% .

Financial implication in 2007 on the basis of unemployment benefit paid was BAM 444,574 gross, while in 2008, due to the increased number of beneficiaries and amendments to the Law on Employment of Brcko District, which involves insurees of the Pension and Disability Fund of the Federation, the financial implication was BAM 672,018 gross, which is about 51% more than in previous year.

In 2009 an unemployment benefit on the grounds of decisions issued was paid to 896 unemployed persons and a gross amount of BAM 1.127.752,19 was appropriated for that purpose. Of the gross amount of liability appropriated for that purpose, unemployment benefits amounted to BAM 767.371,96, contributions to the RS Pension and Disability Fund amounted to BAM 137.686,08, contributions to the health insurance fund amounted to BAM 131.252,21, contributions to the unemployment fund amounted to BAM 16.406,94 and taxes amounted to BAM 7.840,79.

Given the Federation pension and disability insurance laws do not allow payment of contributions to pension and disability insurance in case of persons receiving unemployment benefit, the net amount of the benefit of such persons has been increased by the amount of BAM 67.194,21 with a view to their paying contribution to the voluntary scheme under the FBiH Pension and Disability Fund.

#### A tabular overview of unemployment benefit, 2008-2009

| No. | Feature application                               | Planned/paid amount in BAM |         |           | Index |     |
|-----|---|----------------------------|---------|-----------|-------|-----|
|     |   | Execution 2008             | 2009    |           | 4/2   | 4/3 |
|     |   |                            | Plan    | Execution |       |     |
| 1   |   | 2                          | 3       | 4         | 5     | 6   |
| 1.  | Number of unemployment benefit recipients         | 536                        | 500     | 896       | 167   | 179 |
| 2.  | Total gross unemployment benefit                  | 672.011                    | 785.800 | 1.127.752 | 168   | 144 |
| 3.  | Average gross unemployment benefit per recipients | 1.254                      | 1.572   | 1.259     | 100   | 80  |

Source: BD Employment Institute

The tabular overview 2 shows that the number of unemployment benefit recipients increased from 536 to 896 beneficiaries in fiscal 2009 compared to 2008, which was a rise of 67%, while the number of unemployment benefit recipients in 2009 compared to the planned number was higher by about 79%.

Financial implication in 2008 on the basis of unemployment benefits paid was BAM 672.011 gross, while in 2009, due to the increased number of beneficiaries, the financial implication was BAM 1.127.752 gross, which is about 68% more than in previous year or about 44% more compared to the planned amount.

In 2010 the unemployment benefit on the grounds of decisions issued was paid to 1028 unemployed persons and a gross amount of BAM 1.654.515 was appropriated for that

purpose. Of the gross amount of liability appropriated for that purpose in 2010, net unemployment benefit amounted to BAM 837.791, contributions to the RS Pension and Disability Fund amounted to BAM 146.087, contributions to the health insurance fund amounted to BAM 143.689, contributions to the unemployment fund amounted to BAM 17.960 and taxes amounted to BAM 5.932.

### Unemployment benefit paid and number of recipients

| No | Feature application                              | Planned/paid amount in BAM |           |         |           | Index |     |     |
|----|--|----------------------------|-----------|---------|-----------|-------|-----|-----|
|    |  | Execution                  |           | 2010    |           | 5/2   | 5/3 | 5/4 |
|    |  | 2008                       | 2009      | Plan    | Execution |       |     |     |
| 1  |  | 2                          | 3         | 4       | 5         | 6     | 7   | 8   |
| 1. | Number of unemployment benefit recipients        | 536                        | 896       | 540     | 1028      | 192   | 115 | 190 |
| 2. | Total gross unemployment benefit                 | 672.011                    | 1.127.752 | 842.400 | 1.238.281 | 184   | 110 | 147 |
| 3. | Average gross unemployment benefit per recipient | 1.254                      | 1.259     | 1.560   | 1.204     | 96    | 96  | 77  |

Source: BD Employment Institute

The tabular overview shows the number of unemployment benefit recipients that increased from 536 to 896 beneficiaries in 2009 compared to 2008, which rose to 1028 beneficiaries in 2010, which is a rise of about 92% in 2010 compared to 2008.

### Structure of persons that became jobless – unemployment benefit recipients in 2010

| Education        | Structure of persons that became jobless – unemployment benefit recipients in 2010 |       |       |       |       |       |       |       |          | Total |
|------------------|--|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                  | by age   |       |       |       |       |       |       |       |          |       |
|                  | Under 25   | 25-30 | 30-35 | 35-40 | 40-45 | 45-50 | 50-55 | 55-60 | Above 60 |       |
| Unskilled        | 6  | 11    | 34    | 25    | 17    | 23    | 32    | 14    | 4        | 166   |
| Half skilled     | 0  | 6     | 2     | 0     | 2     | 6     | 1     | 3     | 0        | 20    |
| Skilled          | 41   | 55    | 43    | 42    | 34    | 31    | 29    | 15    | 9        | 299   |
| Secondary sch    | 45   | 62    | 48    | 26    | 24    | 36    | 16    | 12    | 2        | 271   |
| Highly skilled   | 0  | 0     | 0     | 0     | 0     | 1     | 2     | 1     | 1        | 5     |
| 2 years universi | 3  | 13    | 7     | 2     | 5     | 4     | 2     | 1     | 1        | 38    |
| 4 years universi | 16   | 137   | 41    | 11    | 11    | 5     | 4     | 4     | 0        | 229   |
| Total            | 111  | 284   | 175   | 106   | 93    | 106   | 86    | 50    | 17       | 1028  |

Source: BD Employment Institute

The table shows that individuals of all ages and with all levels of education were rendered jobless, although the highest numbers are among highly skilled workers and employees with secondary school, aged from 25 to 40 year.

In 2011, the unemployment benefit was paid to 934 unemployed persons and for this purpose liability was entered and funds in the gross amount of BAM 1.433,025 were appropriated. In fiscal 2011, of this total liability, net benefits paid to unemployed persons amounted to BAM 920.708, while contributions to the Pension and Disability Fund of RS amounted to BAM 149.687, contributions to the Health Insurance Fund amounted to BAM 223.174 and contributions to the Unemployment Fund amounted to BAM 19.264.

Given the Federation pension and disability insurance laws do not allow payment of contributions to pension and disability insurance in case of persons receiving unemployment benefit, the net amount of the benefit of such persons has been increased by the amount of BAM 120.192 with a view to their paying contribution to the voluntary scheme under the FBiH Pension and Disability Fund.

The tabular overview shows the number of unemployment benefit recipients that increased from 536 to 896 beneficiaries in 2009 compared to 2008, which rose to 1028 beneficiaries in 2010, while in 2011 it fell to 934 recipients.

With the number of recipients, the total amount to be paid on the basis of unemployment benefits has grown considerably. In 2008, funds paid on the basis of unemployment benefits amounted to BAM 672.011 gross, while in 2009, due to the increased number of beneficiaries, the funds amounted to BAM 1.127.752 gross and in 2010 the funds amounted to BAM 1.238.281, while in 2011 the funds amounted to BAM 1.433,025.

In fiscal 2011, funds appropriated on the basis of unemployment benefits increased significantly compared to the appropriation in 2008.

Funds appropriated for unemployment benefits of BAM 1,238,281 made about 44.83% of the 2010 revenue based on the contributions, which amounted to BAM 2,762,367, which significantly reduced funds available for active labour market measures.

### Structure of persons that became jobless –unemployment benefit recipients in 2011

| Education | Structure of persons that became jobless –unemployment benefit recipients in 2011 |       |       |       |       |       |       |       |          | Total |
|-----------|---|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|           | by age  |       |       |       |       |       |       |       |          |       |
|           | Under 25  | 25-30 | 30-35 | 35-40 | 40-45 | 45-50 | 50-55 | 55-60 | Above 60 |       |
| Unskill.  | 5   | 14    | 42    | 23    | 23    | 28    | 32    | 15    | 10       | 192   |
| Halfski   | 1   | 0     | 1     | 1     | 2     | 3     | 2     | 4     | 0        | 14    |
| Skilled   | 22  | 54    | 38    | 32    | 43    | 31    | 30    | 18    | 8        | 276   |
| Second    | 33  | 45    | 43    | 19    | 13    | 24    | 23    | 12    | 3        | 215   |
| Highski   | 0   | 0     | 0     | 0     | 1     | 2     | 5     | 2     | 1        | 11    |
| 2 unive   | 1   | 6     | 3     | 2     | 1     | 2     | 4     | 3     | 1        | 23    |
| 4 unive   | 28  | 106   | 26    | 14    | 6     | 9     | 9     | 4     | 1        | 203   |
| Total     | 90  | 225   | 153   | 91    | 89    | 99    | 105   | 58    | 24       | 934   |

Source: BD Employment Institute

The table shows that individuals of all ages and with all levels of education were rendered jobless, although the highest numbers are among highly skilled workers and employees with secondary school, aged from 25 to 40 year.

## **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. Reports for periods 1992-2007 and 2007-2012 were submitted.

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.

The Decision determines the Annual Work Permit Quota for the Employment and Extension of Employment of Aliens in Bosnia and Herzegovina. The proposal was made based on needs for work permits identified by authorities for foreigners' affairs of FBiH, RS and BD on the criteria of level and type of education required, i.e. qualifications and skills.

In BiH, in period between 1 October and 31 December 2011, 757 work permits were issued to foreign nationals, of which 326 work permits were counted in the quota and 431 work permits were issued outside the quota in accordance with Article 79 of the Law on Movement and Stay of Aliens and Asylum („Official Gazette of BiH“ 36/08).

In FBiH, a total of 372 work permits were issued to foreign nationals, of which 176 work permits were counted in the quota and 196 work permits were issued outside the quota; in RS, a total of 319 work permits were issued to foreign nationals, of which 144 work permits were counted in the quota and 175 work permits were issued outside the quota; in BD, a total of 66 work permits were issued to foreign nationals, of which 6 work permits were counted in the quota and 60 work permits were issued outside the quota.

## 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.

The 2008-2012 Strategic Development Plan of the Health Insurance Fund of RS defines the reform process, which has been taking place for the last two years in the business environment characterized by the following: single health system development policy; health in government policy priorities, a clear vision of the health system, full coordination of all stakeholders in the health system, dedication of the Ministry of Health and Social protection

to the implementation of reforms in all areas of the health system; significant investments in the health system;

The "Health for All in the 21st Century" strategy of the World Health Organization obliges all member states to provide solidarity and universal access to health insurance, while overcoming costs. The main objective of the reform process in the public health systems in the countries of the European Union is to provide access to quality health care within safe and stable financial sources.

Taking in account priorities under the health strategy of the European Union, recommendations of the World Health Organization and the RS Program of Health Policy and Strategy for Health until 2010, this strategic plan defines the core values of the health insurance scheme.

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 Brcko 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 (self-employed 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:**

##### Repatriation

It is widely known that BiH is among countries with the most difficult situation of refugees and displaced persons in Europe. Nevertheless, our country accepted large numbers of refugees, mainly from neighbouring countries in the region. Currently, the refugee status in BiH is enjoyed by about 145 refugees. According to the Ministry of Security of BiH, about 250 refugee IDs was issued, while the Division issued a total of 37 IDs in 2010 and 2011 and additional nine refugee IDs in 2012 (as of 31 March 2012). The number of refugees resettled to third countries through UNHCR programs, whose refugee status have never been terminated in BiH, makes the difference in the number of issued refugee IDs and the number of people who currently reside in BiH.

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, Moldova, Saudi Arabia 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, so BAM 39,806.60 from 2011 budget were paid for 50 insurees, covering 131 persons granted international protection in BiH/family members of insurees.

Through the social welfare centres, the Ministry for Human Rights and Refugees pays funds for exercising the right to social security by about 35 families that receive limited financial assistance, covering about 130 people, so BAM 44,562.00 from the 2011 Ministry's budget were paid for this purpose. The people are eligible for this entitlement if they do not receive any employment related income.

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.

The Salakovac - Mostar Refugee Centre and Shelter, which houses 37 individuals, of which 28 persons under international protection, is under the Ministry for Human Rights and Refugees. The remaining number of refugees in BiH with recognized status are in private housing.

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.

#### 1. 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.

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).

In FBiH, the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH governs the following: bases of social protection of citizens and their families, basic entitlements in the field of social protection and recipients of social security benefits; establishment and work of social protection institutions and disability associations (Article 1).

A situation of people in need, as defined in the Law above, is considered to be a permanent or temporary situation, in which a citizen or a family finds themselves due to war, natural disaster, general economic crisis, psychophysical condition of the individual or other reasons, which cannot be removed without the community's assistance (Article 11).

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)).

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.

Canton 10 has a slightly different definition of beneficiaries of social protection as compared to the laws of the Federation the other cantons, including:

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) (Article 19(1)) social security entitlements are: financial and other material assistance, work and living skills training, placement in foster family/household, placement in social welfare institutions, social workers' and other professional services, home care and assistance in the house.

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).

Allowances and other material assistance include: permanent allowance, attendance allowance and other kinds of material assistance (Article 21).

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.

The entitlement under paragraph 1 of this Article is exercised with the competent body in the municipality in whose territory the person or family is residing (Article 22(2)).

The following persons are considered as unfit for work/unable to exercise the right to work (Article 23): any person totally unfit for independent work; any person aged 65 years and older; any woman during pregnancy, during or after giving birth, in accordance with the labour legislation; parents, stepfather, stepmother or adopted parent, who takes care of one or more children younger than one year of age, provided that such person does not have family members or relatives who are legally obliged to support him/her sustenance, or if he/she has them, that they are not capable of fulfilling this legal obligation; any child under 15 and, in case that he/she is a full-time student, under 27 years of age; any person with arrested physical and/or mental development; any person in family who takes care of a disabled person or seriously ill person, if it has been established that the person is in need of care and assistance.

Medical findings and opinion concerning the incapacity for work under Article 23(1) of this Law are given by medical commissions in compliance with cantonal legislation. Medical findings and opinion concerning the capabilities and classification of children with arrested physical and mental development are given by expert commissions in compliance with

cantonal legislation. Cantonal legislation provides for the manner and procedure for identification and assessing the capability, classification and registration of children with arrested physical and mental development (Article 24).

The permanent allowance is determined in monthly amounts equal to the difference between the total income of all members of household and the lowest household income which is considered sufficient for subsistence for the purpose of Article 27 of this Law (Article 25).

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.

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.

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 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 an income of household, which are different from canton to canton.

For the purpose of the provisions above, an income is any financial and material resources earned by a single person or family from work, pension, and income from property or otherwise. The income does not include housing subsidies, financial compensation for bodily impairment, attendance allowance, orthopaedic attendance, disability allowance, child allowance, bonuses, severance payments, child and spousal support, scholarships and one-time assistance.

The amount of income is reduced by the amount that a family member pays for the maintenance of a person who is not a member of that family in accordance with the Law on Family Relationships.

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.

The 2009 amended legislation provides for the protection of people with 90% and 100% disabilities. The Law on Amendments to the Law has increased monthly attendance allowance and, for the first time, has made difference between beneficiaries by age and disability. Disability assessment under the amended law follows the Provisional List of Disability, the Permanent List and instructions for use of the list. The attendance allowance amounts to:

- I group attendance allowance – BAM 274.40 and
- II group attendance allowance – BAM 137.20.

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 lost 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 basis for the new Law on Social Protection was strategic information about "The State and Prospects for Development of Social Protection", which was adopted at the 65th meeting of the RS Government held 28 February 2008. This document analyzes the state of the social security system in the RS and gives guidance for future strategic course of action in this area. The Ministry of Health and Social Welfare organized a public hearing in six regions, which included all municipalities and all relevant stakeholders interested in this Law. Associations of persons with disabilities were actively involved in all regions and gave support to the adoption of the new Law on Social Protection. Public consultations were attended by representatives of other ministries and public institutions, persons with disabilities, representatives of unions of associations which have the status of organizations of public interest and representatives of persons with disabilities, representatives of non-governmental organizations, the service sector and the private sector.

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 self-government. 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.

According to 2011 data the total number of persons who had a decision (rješenje) on needs assessment and inclusion of children and youth with disabilities in the social security system is 6742. Of this total number 2648 persons were of minors and the total number of adult persons was 4094. The total number of beneficiaries of attendance allowance granted by decision was 2643. The total number of beneficiaries of attendance allowance was 15059. The total number of persons who were subject to needs assessments and inclusion in 2011 was 867, while the total number of persons who were subject to capability assessment in the process of exercise of social protection entitlements in 2011 was 3017.

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.

According to 2011 data the total number of beneficiaries of allowance was 5451, the total number of beneficiaries of support of the equalization of opportunities of children and youth with disabilities was 270, the total number of beneficiaries placed in a social care institution or another institution was 997, the total number of beneficiaries placed in foster family was 372, the total number of beneficiaries of home help was 285, the total number of beneficiaries of health care services was 3572 and the total number of beneficiaries of one-time cash assistance was 10317.

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.

The "Early identification of children with special needs and their development problems" project has defined guidelines to improve the child protection system in order to improve the children situation in RS. This project has contributed to early identification and recording of children with special needs, regardless of whether they were subject to needs assessments and inclusion, which is a requirement for quality treatment, support of development, systematic monitoring of this group of children, planning of measures to support the development of children with special needs, their families and timely application of habilitation treatment, rehabilitation and socialization.

In RS for many years now the "Child Socialization of RS" project has been implemented to target *inter alia* children with physical and mental disabilities. Objectives of this project are socialization, integration, promotion of physical and mental development of children beneficiaries, affirmation, rehabilitation and training.

The "Quality Social Protection for the quality of life of vulnerable children" project produced minimum standards of a day care centre for children with developmental disabilities and minimum standards for the early detection of children with developmental disabilities.

## BD

The right to social security is exercised through the system of social protection that is governed by the Law on Social Protection of BD, as the only law that governs the way of carrying out and financing of social protection, beneficiaries, entitlements, procedures for the exercise of such rights and other issues of importance for this activity.

According to Article 2(1) of the Law on Social Protection of BD 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.

According to Article 2(2) of the Law on Social Protection of BD 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 satisfy his basic needs of life.

Pursuant to principles of reciprocity and solidarity social protection shall be performed through provision of social workers' services as well as other expert services.

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.

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, Article 101.

Pursuant to of the Law on Social Protection of BD (Article 33) a person is 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 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.

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 | December 2008 | 2009 | 2010 | 2011 |
|------------------|---------------|------|------|------|
| BENEFICIRIES     | 49            | 50   | 48   | 59   |

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.

The number of meals is conditional upon funds appropriated for this purpose. Meals are delivered to bedridden people at their address and ambulatory beneficiaries have them in the soup kitchen or take them away.

In 2010 owing to rules of the Law on Public Procurement (tendering procedures) cooked meals were not supplied.

The beneficiaries received meal allowance in monthly instalments.

| SOUP KITCHEN  | December 2008 | 2009 | 2010 | 2011 |
|---------------|---------------|------|------|------|
| BENEFICIARIES | 162           | 158  | 114  | 169  |

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 2011 approved the Expenditure Program of these funds. The decision is made on an annual basis.

In 2011, a portion of electricity bills is subsidized for the following groups of persons residing in BD:

- Pensioners with a pension not exceeding BAM 310.74, who registered with the BD Subdepartment for Social Welfare in 2011 and who were eligible for one-time financial assistance for pensioners in 2011;
- 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 2011 and older;
- Beneficiaries of basic permanent allowance that was garneted to them in August 2011 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 310,74.

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 | December 2008 | 2009 | 2010 | 2011 |
|----------------------|---------------|------|------|------|
| BENEFICIARIES        | 679           | 8620 | 9101 | 9692 |

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 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 Brcko 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.

## 2. Health care

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.

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 the provision of health care, health care principles, rights and duties of citizens and patients while using health care services. Article 8, para. 1 determines that, at the level of RS, health care shall be provided under same conditions to population and nosological groups of particular social and medical importance. Article 8, para. 2 determines that the health care under paragraph 1 of this Article shall include:

- a) children until they turn 15 years of age, school children and university students until the end of statutory schooling and maximum up to 26 years of age, in compliance with the law;
- b) women in relation to family planning, as well as during pregnancy, childbirth and maternity up to 12 months after childbirth;
- c) persons over 65 years of age;
- d) persons with disabilities
- e) mentally retarded persons;
- f) unemployed persons registered with the Employment Services whose monthly income threshold is in accordance with the law governing unemployment benefits;
- g) beneficiaries under legislation on the protection of veterans, militaries with disabilities, members of veterans' families and the protection of civilian victims of war;
- h) persons in need in accordance with special law,
- i) persons who have contracted HIV/AIDS or other communicable diseases that are specified in a separate law governing the area of protection of the population from communicable diseases,
- j) persons suffering from malignant diseases, haemophilia, diabetes mellitus, psychosis, epilepsy, multiple sclerosis, rheumatic fever,
- k) persons in the terminal stage of chronic kidney insufficiency,
- l) diseased and/or injured persons receiving emergency medical care and
- m) health care related to donation and receiving of tissues and organs.

Article 11 of this Law defines that the health protection of citizens is based on the principles of equality, accessibility, comprehensiveness, continuity, coordination and non-discrimination on any grounds.

The Law on Health Insurance („Official Gazette of RS“ 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 106/09) governs the system of mandatory and extended health insurance, insurance rights, the exercise of rights and principles of private health insurance. The mandatory health insurance covers all RS citizens and other persons in accordance with the law and the implementation of compulsory health insurance scheme is ensured by the RS Health Insurance Fund and employers under conditions provided for by the Law and by-laws of the HIF. The health insurance rights are: health care, salary compensation during temporary disability and other rights provided for by the Law and by-laws of the HIF. Funds for health care of insured persons are collected in the Health Insurance Fund through contributions of the insurees and other contribution payers and from other sources as provided by law.

RS by-laws on health care

- 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 Using Health Care Services Outside RS („Official Gazette of RS“ 68/11)
- Rulebook on the Protection of Rights of the Insured („Official Gazette of RS“ 26/11).

- Rulebook on the Conditions and Manner of Exercising the Right to Extended Medical Rehabilitation in Specialized Rehabilitation Facilities („Official Gazette of RS“ 63/10).
- 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 Exercising the Right to Salary Compensation During Temporary Incapacity for Work („Official Gazette of RS“ 63/08, 38/10, 61/11).
- 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 RS“ 9/02) („Official Gazette of BiH“ 30/01).

This Agreement obliges the RS Health Insurance Fund, BD Government - Department of Health, Public Safety and Other Services Provided to Citizens and the Health Insurance and Reinsurance 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.

Complaints, reports on violations of rights under mandatory health insurance

The protection of rights of the insurees is also one of the strategic objectives of HIF. In this regard, in 2006 the Department of Control, which *inter alia* monitors the execution of contracts with health facilities and establishes facts in relation to alleged violations of insurees' rights. The HIF Board of Directors adopted the Rulebook on the Nature, Content and Manner of control, which *inter alia* provides for a complaint process about violations and maximum duration of complaint resolution procedure. In case of a confirmed violation the insuree's payment is refunded if he was improperly charged for service or out-of-pocket costs and the health facility is fined. Rights violations can be reported by telephone. In order to improve the protection of rights of the insured, earlier this year the Rulebook on the Protection of Insurees' rights, which is modelled on the European Charter of Patients' Rights, was adopted and provides for 13 rights of the insurees of RS HIF. Among other things, the law relating to the right to respect patients' time, the right to a second opinion, the right to kind conduct of medical staff.

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.

BD

Health care

The Health Insurance Fund decides on medical treatment outside BD issuing a decision (rješenje).

### Right to appeal

Right 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 Brcko 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:**

RS

The RS Health Insurance Fund is one of the parties to the Agreement on the Implementation of the Health Care Monitoring System of RS. According to this Agreement, HIF established an organizational unit for monitoring, participating in the work of "Mestag" Group of the Ministry of Health and Social Welfare of RS. In 2010 representatives of HIF participated in monitoring of the implementation of the Primary Health Care Strategy of RS.

The exercise of the right to benefit from social welfare services on the territory of RS is governed 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 of RS 9/02, Official Gazette of BiH 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 RS consistently applies the Agreement and has never denied health care to pensioners from the Federation who live in the Republika Srpska and even when contributions have not been paid.

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

Unfortunately, in some cantons in FBiH (e.g. Canton 10) RS Fund pensioners who live in the Federation have problems in exercising the right to health care (they are charged for health card certifying, certifying of the health card is denied if payment of contributions is late although this is contrary to agreement).

In addition, the RS Health Insurance Fund has had business cooperation with medical institutions in Sarajevo, Tuzla, Mostar and Brcko for years now. Based on the signed contract, insurees of the RS Health Insurance Fund have an option of hospitalisation in Serbia and the Federation if the particular service is not provided in RS and insurees in boundary municipalities have an option of hospitalisation in less remote hospitals in the Federation. Unfortunately, none of the cantonal institutes has shown desire to provide its citizens with an option to use services of health care institutions in the RS.

## 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.

The Decision on Maximum Out-Of-Pocket Medical Costs to be Paid for Particular Health 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.

## Monitoring

The exercise of the right to benefit from social welfare services on the territory of RS is governed 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 of BiH“ 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.

### 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:

FBiH

#### Permanent allowance

| Year                 | 2008                    |                         | 2009                    |                         | 2010                    |                         |
|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Canton               | Number of beneficiaries | Monthly amount in BAM   | Number of beneficiaries | Monthly amount in BAM   | Number of beneficiaries | Monthly amount in BAM   |
| Una-Sana             | 464                     | 50,00-90,00             | 425                     | 34,00-90,00             | 425                     | 50,00-90,00             |
| Posavina             | 537                     | 79,00                   | 483                     | 79,00                   | 481                     | Information unavailable |
| Tuzla                | 2.731                   | 100,00                  | 2.953                   | Information unavailable | 3.078                   | 112,00                  |
| Zenica- Doboj        | 1.344                   | 46,90                   | 1.347                   | Information unavailable | 1.387                   | 46,90                   |
| Bosnia-Drina         | 124                     | Information unavailable | 139                     | 100,00                  | 129                     | Information unavailable |
| Middle Bosnia        | 823                     | 79,00-82,00             | 811                     | 80,00-108,00            | 826                     | 79,00-82,00             |
| Herzegovina- Neretva | 963                     | 100,00                  | 938                     | 100,00                  | 898                     | 100,00                  |
| Western Herzegovina  | 912                     | 80,00                   | 912                     | Information unavailable | 892                     | 80,00                   |
| Sarajevo             | 608                     | 170                     | 612                     | 170                     | 587                     | 176,00                  |
| Canton 10            | Information unavailable | Information unavailable | 669                     | 100,00                  | 691                     | Information unavailable |

|                                       |       |       |       |
|---------------------------------------|-------|-------|-------|
| Total number of beneficiaries in FBiH | 8.506 | 9.289 | 9.394 |
|---------------------------------------|-------|-------|-------|

Source: Federation Ministry of Labour and Social Policy on the basis of data of relevant cantonal ministries

With regard to the rest of social welfare entitlements, such as one-time and other types of assistance, attendance allowance, the number of beneficiaries and amount of benefits vary in different cantons and municipalities in each individual canton.

### Number of beneficiaries of one-time financial assistance in FBiH in 2010

| Canton                                | 2010                    |
|---------------------------------------|-------------------------|
| Una-Sana                              | 1.285                   |
| Posavina                              | 163                     |
| Tuzla                                 | 8.684                   |
| Zenica- Dobož                         | 3.881                   |
| Bosnia-Drina                          | Information unavailable |
| Middle Bosnia                         | 3.356                   |
| Herzegovina- Neretva                  | 1.361                   |
| Western Herzegovina                   | 404                     |
| Sarajevo                              | 3.473                   |
| Canton 10                             | 1.159                   |
| Total number of beneficiaries in FBiH | 23.766                  |

Source: Federation Ministry of Labour and Social Policy

The Ministry does not have information about the number of beneficiaries of one-time financial assistance in FBiH in other years of the reporting period.

RS

According to data obtained during a 2011 public health survey in RS conducted by the Public Health Institute of RS, the main income of households in RS in 2010 was pension (37.9%). With the accelerated privatization of public property, the percentage of households whose main income were wages in the private sector increased (from 8.0% in 2002 to 19.8% in 2012) while the percentage of households whose main income source is civil service decreased (from 25.8% in 2002 to 18.3% in 2010).

### 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).

## BD

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.

Article 13 paragraphs 1 and 4 of the Statute of the Brcko 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.

## 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.

## QUESTION:

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

## ANSWER:

"Disability Policy of Bosnia and Herzegovina", which was adopted by the Council of Ministers at the 46th meeting held on 8 May 2008 („Official Gazette of BiH“ 76/08), provides basic guidelines for social inclusion of people with disabilities in BiH. The document expressed the commitment of BiH to create a different approach in the field of disability, human rights- based and after a social security model, which is a comprehensive approach to disability. The goal of this policy is to provide all people with disabilities in Bosnia and Herzegovina betterment of quality of life, respect for dignity, independence, productivity and equal participation in society and better setting.

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

### Article 13, para. 3

#### QUESTION:

1) 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 („Official Gazette of FBiH“ 36/99, 54/04, 39/06, 14/09); (Article 19, para 1) provides for the right to social welfare services and other expert assistance.

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.

For the purpose of the Law above, (Article 46, para. 2), social work and other professional services are considered to be advisory activities conducted by the institutions for the purpose of solving family and marriage problems, as well as measures and actions, in cooperation with local communities and other bodies, on stamping out and preventing socially unacceptable behaviour of children and other individuals, families and groups.

| YEAR                              | 2008    | 2009    | 2010    |
|-----------------------------------|---------|---------|---------|
| Expert assistance and counselling | 225.715 | 340.257 | 250.220 |

Source: Federation Ministry of Labour and Social Policy

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. 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».

Pursuant to the Law on Social Protection of BD, competences of the Centre for Social Work are: to decide as the first instance authority on social welfare rights and rights in the field of children care; to decide as the first instance authority on exercising rights in the fields of family protection and custody; to provide social welfare services in the course of deciding on

entitlements in the field of social welfare; to make payments for the exercise of financial entitlements defined by 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 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 Article 29 of 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   | December 2008 | 2009. | 2010. | 2011. |
|---------------|---------------|-------|-------|-------|
| Beneficiaries | 2740          | 29733 | 28520 | 23726 |

Source: : 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. BiH.

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.

- 1. Please describe measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.**
- 2. Supply pertinent figures, statistics or any other relevant information enabling an evaluation of the extent to which these provisions are applied.**

#### **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.

In FBiH the social protection, protection of civilian victims of war and protection of families with children is carried out by the Federation Ministry of Labour and Social Welfare Policy, 10 cantonal ministries in charge of social protection and protection of families and children through 79 local services ( 57 Social Welfare Centres and 22 services in charge of social protection and protection of families and children), two cantonal Social Welfare Centres and 66 institutions for placement of social security beneficiaries (governmental sector, NVOs and private institutions).

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.

In 2009 the Social Welfare Centres in the Federation had a total 739 employees, of which 450 ones were full-time professionals and 17 ones were under short-term special service agreements. In addition, Social Welfare Centres have volunteers and interns, most of them relevant professionals such as: social workers, pedagogues, lawyers, special education teachers, sociologists, criminologists. In 2009, 11 volunteers and 23 interns were in the total number of employees.

The largest number of professionals in the centres and services are aged between 46 and 56 years, followed by the age group of 24 to 35 years, which indicates that a significant number of young professionals have been recruited after undergraduate and postgraduate studies.

#### **Age structure of professionals in the social welfare centres and offices in FBiH in 2009**

| <b>AGE</b> | <b>NUMBER</b> | <b>PERCENTAGE</b> |
|------------|---------------|-------------------|
| 24 – 35    | 124           | 29,1              |
| 36 – 45    | 49            | 11,5              |
| 46 – 56    | 180           | 42,3              |
| 55 – 66    | 73            | 17,1              |

Source: Federation Ministry of Labour and Social Policy

#### **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 the 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 the 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 the institution                          | Place    | Number of beneficiaries |
|-----|--|----------|-------------------------|
| 1.  | PI “Bjelave” Children's Home of Sarajevo         | Sarajevo | 100                     |
| 2.  | “Dom Porodica” Zenica                            | Zenica   | 124                     |
| 3.  | Home For Children Without Parental Care of Tuzla | 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 the institution                                     | Place     | Number of beneficiaries |
|-----|---|-----------|-------------------------|
| 1.  | Kinderdorf Internacional SOS Children's Village of Sarajevo | Sarajevo  | 114                     |
| 2.  | Kinderdorf Internacional SOS Children's                     | Gračanica | 143                     |

|     |  |   |     |
|-----|--|---|-----|
|     | Village of Gračanica   |   |     |
| 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, Ključ | 68  |
| 6.  | „Majčino Selo” Children's Home of Bijakovici                             | Međugorje   | 48  |
| 7.  | „Egyptat” 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 non-governmental sector and 6 private elderly care institutions.

#### **Elderly care institutions – governmental sector**

| <b>No.</b> | <b>Name of the institution</b> | <b>Place</b> | <b>Number of beneficiaries</b> |
|------------|--------------------------------|--------------|--------------------------------|
| 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.         | Domanovići Nursing Home        | Čapljina     | 50                             |
| 9.         | PI Nursing Home - 150 beds     | Tuzla        | -                              |

Source: Federation Ministry of Labour and Social Policy

#### **Elderly care institutions – non-governmental sector**

| <b>No.</b> | <b>Name of the institution</b>  | <b>Place</b> | <b>Number of beneficiaries</b> |
|------------|---------------------------------|--------------|--------------------------------|
| 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**

| <b>No.</b> | <b>Name of the institution</b> | <b>Place</b>                     | <b>Number of beneficiaries</b> |
|------------|--------------------------------|----------------------------------|--------------------------------|
| 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                            |
| 6.         | Miran San Nursing Home         | Mostar with a branch in Sarajevo | -                              |

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 Klokotnica Shelter of MFS NGO of Doboj East (with 450 beneficiaries) which takes care of vulnerable groups.

In FBiH, the SUMERO Alliance of Organizations for support of people with intellectual disabilities and elderly people successfully launched a programme of supportive housing in the community, where special role was played by local organizations in the Federation. It helped 30 persons to continue living in the local community, of which 12 people moved out of social care institutions while 18 people were helped not to be placed in social care institutions. The Supportive Housing started as a pilot project, but in 2011 the SUMERO Alliance registered a first ever provider of supportive housing services in the local community.

Most users of these services are persons under 35 years, mostly parentless children who grew up in youth homes and foster families and after the loss of the right to further placement in foster families, the only form of support for them was placement in institutions. This programme prevented their placement in institutions. Of these 30 persons 7 persons are elderly persons who spent over 30-40 years in institutions, after which they moved out of the institutions.

As part of this programme, residential communities were set up in Sarajevo, Mostar, Tuzla. 10 people were employed in this program: social workers, psychologists, therapists and assistants. In the cities of Bihac, Zenica, Bugojno professional teams were trained how to start a supportive housing programme. There is a plan to set up residential communities in the future in these cities.

Further, in the Federation there are: the Institution for Boys and Young People of Sarajevo, established by the Federation Parliament and 3 disciplinary centres for juveniles in Sarajevo (39 beneficiaries), Tuzla (22 beneficiaries) and Tesanj (5 beneficiaries) founded by the cantonal governments. These institutions are social care institutions that enforce correctional measures of referral to a disciplinary centre for juveniles under the Criminal Code of FBiH and the Law on Execution of Criminal Sanctions.

In the territory of the Federation of BiH there are six safe houses operated by non-governmental 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**

| <b>No.</b> | <b>Name of the institution</b>                          | <b>Place</b> | <b>Number of beneficiaries</b> |
|------------|---|--------------|--------------------------------|
| 1.         | Foundation for Local Democracy-Sarajevo                 | Sarajevo     | 92                             |
| 2.         | „Žene sa Une“ Association                               | Bihac        | 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                     |
| 2.  | Day centre for street children and children who 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 short-term accommodation (11 beneficiaries) and Medica Zenica Shelter (10 beneficiaries).

## 2. Access to social services by vulnerable groups

Beneficiaries of social protection / vulnerable groups are afforded services through the social protection rights defined in Article 19 of the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children, specifically: work and living skills training, placement into foster family/household, placement in a social care institution, social workers' and other professional services, home care and assistance rendered at home.

**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).

**Placement in foster family** shall be afforded to children and adults who need permanent care

and assistance in order to satisfy needs of life and are incapable of satisfying them in their own families or in some other way (Article 31).

The right of placement into foster family shall be afforded to the following persons (Article 32):

- children without parental care, neglected children, uncared-for children, children retarded due to domestic situation before returning to their own families and before the completion of their full-time education, for a maximum period of 12 months following the completion of their full-time education,
- 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 may not have the protection ensured in some other manner,
- women during pregnancy, during or after giving birth and single mothers with children younger than 1 year in case that they do not have means to support themselves or who need temporary shelter due to the lack of housing or disorderly family relations.

A centre for social work decides on placement into foster family and on termination of such placement of individuals who reside in its territory. The centre for social work which has decided on placement of a person into foster family shall supervise, provide assistance to this family and maintain contact with the person placed through regular visits (Article 33).

A member of the family in which the person is placed, who is in charge of caring of that person, (hereinafter: foster parent) shall 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 of that person (Article 34).

A person cannot be placed in a family (Article 35): 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.

To place a child in foster family the consent of parents, adoptive parents or custodian(s) and, if the person is aged 15 years and older, his/her consent shall be required as well. Consent of parents shall not be required if the parents have been deprived of parental rights (Article 36).

A family in which the child is placed shall not undertake, without consent of parents, adoptive parents or custodian(s), actions relevant to the child's future and especially it shall not give the child away to someone to care of him/her, terminate his/her education, change the type of school, decide on vocation choice and conclude an employment contract under labour regulations (Article 37).

A foster parent has the right to compensation. The amount of the compensation is determined in the cantonal legislation. The compensation is not considered a salary or other kind of income that is liable to taxation (Article 38).

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 (Article 39).

Costs of placement into 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 accordance with the cantonal legislation (Article 40).

**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).

**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.

#### 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 multi-disciplinary 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.

#### Mental health project

A successful start of project activities led to the achievement of key objectives envisaged in the terms of reference and action plan in the period between July 2010 and March 2012. In this period the Rulebook on the Establishment, Operation and Financing of the Commission for the Protection of Persons with Mental Disorders was drafted and completely brought in line with recommendations of the Council of Europe and the European Union. The RS Ministry of Health and Social Welfare adopted the Rulebook and appointed/re-established the Commission, while this process in the Federation is currently in progress and the legislation is being amended in order to comply with recommendations made by the Council of Europe in this area, which will allow the successful establishment and operation of the Commission for the Protection of Persons with Mental Disorders in the Federation. The FBiH drafted the Rulebook on the Organization, Detailed Requirements of Space, Medical and Technical Equipment, Qualified Personnel for Mental Health Centres in the Community and Training in the Substance Abuse, which was adopted by the Federation Ministry of Health, while the process of negotiations with the Federation Insurance and Reinsurance Fund about the adoption of new standards and norms is in progress. A minimum set of unique indicators for monitoring the execution of the service at the level of mental health services and institutions, divided into ten areas, was prepared and formally adopted by the entity ministries of health.

A progress towards project goals:

Goal A. An improved administrative and legislative framework that enables efficient operation and processes in the field of mental health care in both BiH Entities

Goal B. People with mental health disorders have improved access to and quality of mental health services in the community.

Goal C. Achieving high quality mental health care in the community is supported as one of the strategic objectives of the reform by the management of Health Care Centres.

Goal D. Capacities to combat stigmatisation and discrimination associated with mental disorders have been built.

#### **QUESTION:**

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

#### **ANSWER:**

The “Strengthening the Social Protection and Inclusion System for Children in BiH” Programme (SPIS Programme) aims at enhancement of the system of social protection at all levels of governance and capacities for social protection and inclusion of children of social welfare services providers with a special focus on needs based and human rights-based approach. In order for the goals to be viable, eight permanent municipal commissions were established. Seven centres for early growth and development of children, which contribute to children's development and their integration and adaptation to the social environment, were opened.

The plan is to further strengthen capacity, particularly when it comes to social welfare centres, and to expand a model of social protection and inclusion in order to include a larger number of municipalities.

Within SPIS project, "The Framework Policy to Improve Early Growth and Development of Children in Bosnia and Herzegovina" was adopted (March 2012).

SPIS programme has been implemented in BiH since 2008, relevant ministries and BD Government through its Department for Health Care taking part in it and it being coordinated at the state level by the Ministry of Civil Affairs of BiH (chairing SB).

This year's achievements of SPIS project have clearly shown that, regardless of the complexity of the reform of the institutional framework and the need for long-term planning and dedication as a basis for reform in the area of social protection and inclusion of children, the results emphasize the value of effort. SPIS project as an approach offers systemic as well as innovative solutions to key issues in this area - such as integrated Early Childhood Development Centres which, thanks to the proven value and success during the SPIS project, have expanded onto municipalities<sup>[1]</sup> that are not included in SPIS project. To illustrate it, the number of services and beneficiaries in four centres<sup>[2]</sup> in 2010 was: a) number of services - 4146, b) number of beneficiaries - 2582, c) number of children - 1180 i d) number of parents - 1402.“

**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:**

### **Number of Social Welfare Centres in BiH**

|             | FBiH | RS | DB | <b>BiH</b> |
|-------------|------|----|----|------------|
| <b>2008</b> | 72   | 45 | -  | <b>117</b> |
| <b>2009</b> | 72   | 45 | -  | <b>117</b> |
| <b>2010</b> | 72   | 45 | -  | <b>117</b> |
| <b>2011</b> | 72   | 45 | -  | <b>117</b> |

Source: BiH Statistics Agency

There is no social welfare centre in BD but only one sub-department under Department of Health instead.

<sup>1</sup> In RS, since 2009 there have been 10 social welfare offices operating in municipalities.

### **Number of employees in Social Welfare Centres in BiH**

<sup>[1]</sup> Kiseljak, Foča and Tuzla

<sup>[2]</sup> Laktaši, Novi Grad Sarajevo, Bileća and Kotor Varoš

|                         | 2008  | 2009  | 2010  | 2011 |
|-------------------------|-------|-------|-------|------|
| TOTAL                   | 1.248 | 1.250 | 1.286 | 1265 |
| Male                    | 326   | 298   | 316   | 332  |
| Female                  | 922   | 952   | 970   | 933  |
| Social workers          | 456   | 468   | 474   | 472  |
| Pedagogues              | 48    | 52    | 51    | 54   |
| Psychologists           | 55    | 48    | 55    | 52   |
| Special ed.<br>teachers | 21    | 21    | 20    | 19   |
| Health workers          | 6     | 6     | 16    | 13   |
| Lawyers                 | 146   | 145   | 152   | 154  |
| Administrative<br>staff | 350   | 339   | 348   | 325  |
| Others                  | 166   | 171   | 170   | 176  |

Source: BiH Statistics Agency

### Juvenile beneficiaries of social security in BiH

|        | 2008           | 2009           | 2010           | 2011           |
|--------|----------------|----------------|----------------|----------------|
| TOTAL  | <b>162.303</b> | <b>162.648</b> | <b>170.594</b> | <b>173.791</b> |
| Male   | 84.521         | 85.876         | 90.092         | 92.635         |
| Female | 77.782         | 76.772         | 80.502         | 81.156         |

Source: BiH Statistics Agency

### Adult beneficiaries of social security in BiH

|        | 2008           | 2009           | 2010           | 2011           |
|--------|----------------|----------------|----------------|----------------|
| TOTAL  | <b>489.169</b> | <b>483.590</b> | <b>498.828</b> | <b>482.228</b> |
| Male   | 240.085        | 228.684        | 234.661        | 230.326        |
| Female | 249.084        | 254.906        | 264.167        | 251.902        |

Source: BiH Statistics Agency

## Types of services in the social security scheme - Juvenile beneficiaries in BiH

| Beneficiary groups   | 2008          | 2009           | 2010           | 2011          |
|--|---------------|----------------|----------------|---------------|
| <b>TOTAL</b>   | <b>72.775</b> | <b>100.929</b> | <b>102.871</b> | <b>99.039</b> |
| <b>Vocational training</b>   | 220           | 256            | 257            | 448           |
| <b>Rehabilitation</b>  | 88            | 120            | 86             | 409           |
| <b>Employment</b>  | 16            | 4              | 8              | 5             |
| <b>Inclusion in other forms of work (working at home)</b>                  | 2             | 17             | -              | 1             |
| <b>Health care at the expense of municipality or social welfare centre</b> | 3.220         | 3.108          | 2.934          | 2.857         |
| <b>Assistance in solving housing problems</b>                              | 187           | 149            | 161            | 137           |
| <b>Reconciliation of spouses</b>   | 184           | 39             | 34             | 20            |
| <b>Care and assistance rendered at home</b>                                | 152           | 3              | 44             | 82            |
| <b>Assistance in conflict resolution</b>                                   | 6.617         | 5.415          | 4.994          | 8.354         |

|   |        |        |        |        |
|---|--------|--------|--------|--------|
| <b>Services of social and other professional work</b>   | 38.937 | 70.925 | 75.935 | 68.293 |
| <b>Allowances for food, fuel, clothing and footwear</b> | 4.676  | 6.631  | 4.677  | 4.410  |

Source: BiH Statistics Agency

### Types of services in the social security scheme - Adult beneficiaries in BiH

| <b>Beneficiary groups</b>                                    | <b>2008</b>    | <b>2009</b>    | <b>2010</b>    | <b>2011</b>    |
|--|----------------|----------------|----------------|----------------|
| <b>TOTAL</b>   | <b>424.225</b> | <b>392.856</b> | <b>418.492</b> | <b>398.636</b> |
| <b>Placement in rehabilitation and protection facilities</b> | 266            | 125            | 447            | 586            |
| <b>In other social care facilities</b>                       | 1.015          | 1.005          | 1.095          | 978            |
| <b>Placement in institution for old persons</b>              | 609            | 402            | 512            | 582            |
| <b>Assistance with vocational training</b>                   | 336            | 328            | 187            | 233            |
| <b>Vocational training</b>                                   | 74             | 89             | 74             | 39             |
| <b>Rehabilitation</b>  | 54             | 178            | 62             | 122            |
| <b>Employment</b>  | 194            | 51             | 31             | 38             |
| <b>Inclusion in other forms of work</b>                      | 14             | 10             | 20             | 34             |

|  |         |         |         |         |
|--|---------|---------|---------|---------|
| (working at home)  |         |         |         |         |
| <b>Health care at the expense of municipality or social welfare centre</b> | 19.045  | 17.018  | 15.853  | 16.030  |
| <b>Assistance in solving housing problems</b>                              | 607     | 965     | 672     | 681     |
| <b>Reconciliation of spouses</b>   | 3.436   | 2.996   | 4.666   | 4.576   |
| <b>Care and assistance rendered at home</b>                                | 1.113   | 500     | 798     | 1.597   |
| <b>Assistance in conflict resolution</b>                                   | 9.814   | 9.139   | 14.616  | 11.535  |
| <b>Services of social and other professional work</b>                      | 249.913 | 242.676 | 271.437 | 260.830 |
| <b>Allowances for food, fuel, clothing and footwear</b>                    | 21.584  | 18.478  | 14.080  | 10974   |

Source: BiH Statistics Agency

**Types of services in the social security scheme - Adult beneficiaries in BiH**

|  | FBiH | RS  | BD | BiH        |
|--|------|-----|----|------------|
| <b>U ustanovu za rehabilitaciju i zaštitu</b><br><i>In institution for rehabilitation and care</i> |      |     |    |            |
| 2008   | 231  | 35  | 0  | <b>266</b> |
| 2009   | 78   | 47  | 0  | <b>125</b> |
| 2010   | 281  | 166 | 0  | <b>447</b> |

|      |     |     |   |     |
|------|-----|-----|---|-----|
| 2011 | 360 | 226 | 0 | 586 |
|------|-----|-----|---|-----|

**U druge ustanove socijalne zaštite**  
*In other social welfare facilities*

|      |     |     |   |              |
|------|-----|-----|---|--------------|
| 2008 | 788 | 227 | 0 | <b>1.015</b> |
| 2009 | 847 | 154 | 4 | <b>1.005</b> |
| 2010 | 921 | 174 | 0 | <b>1.095</b> |
| 2011 | 813 | 164 | 1 | <b>978</b>   |

**Smještaj u dom za stara lica** *In*  
*institution for old persons*

|      |     |     |   |            |
|------|-----|-----|---|------------|
| 2008 | 307 | 298 | 4 | <b>609</b> |
| 2009 | 253 | 149 | 0 | <b>402</b> |
| 2010 | 217 | 295 | 0 | <b>512</b> |
| 2011 | 214 | 368 | 0 | <b>582</b> |

**Pomoć za osposobljavanje i privređivanje**  
*Assistance in vocational training*

|      |     |    |   |            |
|------|-----|----|---|------------|
| 2008 | 266 | 70 | 0 | <b>336</b> |
| 2009 | 256 | 72 | 0 | <b>328</b> |
| 2010 | 110 | 77 | 0 | <b>187</b> |
| 2011 | 163 | 70 | 0 | <b>233</b> |

**Osposobljavanje za rad i privređivanje**  
*Vocational training*

|      |    |    |   |           |
|------|----|----|---|-----------|
| 2008 | 69 | 5  | 0 | <b>74</b> |
| 2009 | 85 | 4  | 0 | <b>89</b> |
| 2010 | 64 | 10 | 0 | <b>74</b> |
| 2011 | 39 | 0  | 0 | <b>39</b> |

**Pomoć za rehabilitaciju**  
*rehabilitation*

|      |     |    |   |            |
|------|-----|----|---|------------|
| 2008 | 27  | 27 | 0 | <b>54</b>  |
| 2009 | 154 | 24 | 0 | <b>178</b> |
| 2010 | 38  | 24 | 0 | <b>62</b>  |
| 2011 | 118 | 4  | 0 | <b>122</b> |

**Uključivanje u radni odnos**  
*Employment*

|      |     |    |   |            |
|------|-----|----|---|------------|
| 2008 | 164 | 30 | 0 | <b>194</b> |
| 2009 | 17  | 34 | 0 | <b>51</b>  |
| 2010 | 7   | 24 | 0 | <b>31</b>  |
| 2011 | 6   | 32 | 0 | <b>38</b>  |

**Uključivanje u ostale oblike (kućna radinost )**  
*Inclusion in other forms of work (working at home)*

|      |   |    |   |           |
|------|---|----|---|-----------|
| 2008 | 6 | 8  | 0 | <b>14</b> |
| 2009 | 0 | 10 | 0 | <b>10</b> |
| 2010 | 1 | 19 | 0 | <b>20</b> |
| 2011 | 0 | 34 | 0 | <b>34</b> |

**Zdravstvena zaštita na teret općine ili  
centra** *Health  
care at the expense of municipality or  
social welfare centre*

|      |        |       |     |               |
|------|--------|-------|-----|---------------|
| 2008 | 13.777 | 5.018 | 250 | <b>19.045</b> |
| 2009 | 12.913 | 3.855 | 250 | <b>17.018</b> |
| 2010 | 12.093 | 3.647 | 113 | <b>15.853</b> |
| 2011 | 12.904 | 3.043 | 83  | <b>16.030</b> |

**Pomoć u rješavanju stambenog pitanja**  
*Assistance in solving housing problems*

|      |     |     |    |            |
|------|-----|-----|----|------------|
| 2008 | 279 | 258 | 70 | <b>607</b> |
| 2009 | 293 | 602 | 70 | <b>965</b> |
| 2010 | 368 | 247 | 57 | <b>672</b> |
| 2011 | 303 | 339 | 39 | <b>681</b> |

**Mirenje bračnih partnera**  
*Reconciliation of spouses*

|      |       |       |     |              |
|------|-------|-------|-----|--------------|
| 2008 | 1.901 | 1.451 | 84  | <b>3.436</b> |
| 2009 | 1.690 | 1.222 | 84  | <b>2.996</b> |
| 2010 | 2.291 | 2.255 | 120 | <b>4.666</b> |
| 2011 | 1.984 | 2.442 | 150 | <b>4.576</b> |

**Njega i pomoć u kući** *Care  
and assistance rendered at home*

|      |     |     |   |              |
|------|-----|-----|---|--------------|
| 2008 | 375 | 738 | 0 | <b>1.113</b> |
| 2009 | 71  | 429 | 0 | <b>500</b>   |
| 2010 | 323 | 475 | 0 | <b>798</b>   |
| 2011 | 996 | 601 | 0 | <b>1.597</b> |

**Pomoć u sređivanju konfliktnih situacija**  
*Assistance in conflict resolution*

|      |       |       |     |               |
|------|-------|-------|-----|---------------|
| 2008 | 6.553 | 2.911 | 350 | <b>9.814</b>  |
| 2009 | 5.956 | 2.833 | 350 | <b>9.139</b>  |
| 2010 | 7.921 | 6.315 | 380 | <b>14.616</b> |
| 2011 | 5.256 | 5.959 | 320 | <b>11.535</b> |

**Usluge socijalnog i drugog stručnog rada**  
*Services of social and other professional work*

|      |         |        |        |                |
|------|---------|--------|--------|----------------|
| 2008 | 164.046 | 56.888 | 28.979 | <b>249.913</b> |
| 2009 | 152.366 | 61.331 | 28.979 | <b>242.676</b> |
| 2010 | 187.158 | 56.429 | 27.850 | <b>271.437</b> |
| 2011 | 192.213 | 45.483 | 23.134 | <b>260.830</b> |

**Pomoć za ishranu, ogrjev, odjeću i obuću**  
*Allowances for food, fuel, clothing and footwear*

|      |        |       |   |               |
|------|--------|-------|---|---------------|
| 2008 | 16.809 | 4.775 | 0 | <b>21.584</b> |
|------|--------|-------|---|---------------|

|      |       |       |   |               |
|------|-------|-------|---|---------------|
| 2009 | 13161 | 5.317 | 0 | <b>18.478</b> |
| 2010 | 8.397 | 5.683 | 0 | <b>14.080</b> |
| 2011 | 5.711 | 5263  | 0 | 10974         |

Source: BiH Statistics Agency

A social welfare beneficiary is any person who used certain forms and measures of social welfare and social work services on one or more occasions in the reporting year.

A form, measure or service of social welfare means any case of protection carried out on the basis of laws and regulations in this area by the centre for social work/ social welfare services. Data on forms, measures and services of social welfare relates to the number of provided or used forms, measures and services in the reporting period, not to the number of people. The same person may appear many times as beneficiary, i.e. as often as he used some of the forms, measures and services in the reporting year.

If a person repeatedly uses the same form, measure or service, he will be counted only once. If a person uses multiple forms, measures or services, he will be counted in every form, measure and service.

#### **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.

### **International sources**

#### **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 BiH<sup>5</sup> 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.

There is a big problem in analyzing demographic trends in BiH, as there are no reliable data on the population. After the last census in 1991 demographic statistics are based on various estimates. Health Report for Bosnia and Herzegovina<sup>6</sup> allowed for the first time after 20 years an insight into the most important demographic indicators and health status of the population. According to the report, the 2009 population of BiH was 3,842,566, of which 1,965,253 were female and 1,877,313 were male or 51.14% and 48.86% respectively. According to the 2009 statistics the population aged 65+ years was 579,938 or 15.10% of the total makes the population in BiH.

According to the last census (1991), the BiH population was 4.377.033 and the 2010 population is estimated, because of the lack of census, at 3,843,126<sup>7</sup> (2,337,660 in FBiH, 1,433.038 in RS and 75.674 in BD, which was 12.20% less than in 1991. The next census in BiH is expected in 2013.

The composition of BiH population in 2010 by sex is as follows: 1,877,587 male (1.143.897 in FBiH, 697.524 in RS and 37.816 in DB) and 1,965.539 female (1.193.781 in FBH, 735,514 in RS, 37.858 in DB), the ratio being 100 males to 104.08 females and corresponding the EU-27 average (104.9). Sex-disaggregated statistics of the population at the lower levels are not produced, whereas the age composition of the population lacks detailed statistics and the statistics are produced only for three age groups: 0-14, 15-64 and 64+. As part of the EC – funded project „Strengthening the National Institute of Public Health" part of demographic statistics (pilot version) was brought in line with Eurostat and detailed age-disaggregated 2009 statistics. All other demographic statistics for the period before 2009 and for 2010 are available for only three basic age groups. Demographic age-disaggregated are not available for the level of RS.

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<sup>5</sup> 2010 Report, Directorate for Economic Planning

<sup>6</sup> Publisher: Ministry of Civil Affairs, EU IPA 2007-funded BiH report

<sup>7</sup> BiH Statistics Agency. Demography Bulletin.

The mortality rate in 2010 was 9.1 deaths per 1000 people and was almost equal to the birth rate, which was 9 new-borns per 1000 people.

The share of women aged 65 + was 17%, while the share of men was 13%. In 2009 Bosnia and Herzegovina was among countries demographically dominated by older people. This information is particularly important in the health care system and the supply of age-specific medical services for different generations and sexes. Compared to the 1991 census, in 2009 the ratio of pensioners was twofold, which was a big burden for the government with social welfare schemes as well as for families in which needs of dependent persons were satisfied.

Elderly people in BiH are among the most vulnerable population groups.

The 2010 old age dependency ratio was 22.38%.

The age composition was as follows: 0-14 - 17,46%, 15-64 - 67,45% and 65+ - 15.09%.

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 statistics<sup>8</sup> we can argue that the age composition of the population of BiH is not significantly different from the composition of EU.

Working age population of 15-64 years old in the EU 27 made 67% of total population (2010) and the BiH percentage was almost the same as in EU 27. 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.

BiH showed a declining trend in fertility rate and in 2007 it amounted to 1,174<sup>9</sup> (1,3<sup>10</sup> u FBiH). The critical value of the total fertility rate that ensures simple reproduction of the

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<sup>8</sup> Eurostat; BHAS

<sup>9</sup> BiH Statistics Agency (2008). *Thematic Bulletin - Demography*

<sup>10</sup> FBiH Public Health Institute (2008). *The health status of the population and health care in FBiH, 2007*. RS Statistics Institute does not collect these statistics.

population is 2.1 (average number of children per woman of childbearing age). In 2010 the total fertility rate was<sup>11</sup> 1.303.

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 Brcko 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 reforms

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<sup>11</sup> The average number of live births in a woman's lifetime.

that 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 and older.

### **FUNCTIONAL ORGANIZATION OF SOCIAL WELFARE SCHEME IN FBiH**

|               | <b>COMPETENCES</b>                           | <b>LEGISLATION</b>                                      | <b>FUNDING</b>  |
|---------------|--|---|---|
| <b>FBiH</b>   | 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 non-war connected disabilities and partly civilian victims of war |
| <b>CANTON</b> | Implementing the                             | Implementing laws                                       | Funding of social welfare   |

|  |   |  |   |
|--|---|--|---|
|  | social welfare policy and establishing social welfare offices   | and regulations and by-laws governing social welfare           | activities from cantonal budget   |
| <b>MUNICIPALITY</b>                        | Providing services and social welfare entitlements (allowances and other types of assistance, placement in foster family or institution, adoption, guardianship etc.) | Implementing regulations and by-laws (decrees, decisions etc.) | <ul style="list-style-type: none"> <li>- Funding of types, measures and services of social welfare from municipal budget in agreement with the Canton</li> <li>- beneficiaries' chipping in</li> <li>- bequests, endowments</li> <li>- other sources</li> </ul> |
| <b>NON-GOVERNMENTAL AND PRIVATE SECTOR</b> | Implementing the social welfare policy and activities together with governmental sector   |  | <ul style="list-style-type: none"> <li>- self-funding</li> <li>- donations</li> <li>- other sources</li> </ul>  |

Source: Federation Ministry of Labour and Social Policy

### Demographic statistics concerning elderly people of FBiH

No census has been carried out in the last two decades in BiH, so it is estimated that about 32.500 people die in BiH every year, of which almost 20.000 die in the Federation. An estimate is that the total population of FBiH is 2,338,270 of which the number of the elderly over 65 years is 328,532 or 14% (of which 146,197 or 44% are men and 182,335 or 56% are women). Therefore, it can be seen as a country which has the number of elderly people dominating the total population.

#### Percentage of the elderly people aged 65+ living



in F BiH

Source: Federation Statistics Institute, 2010 Population statistics

In some cantons of FBiH, i.e. Posavina Canton and Canton 10, for the tenth year running, fewer children have been born than people have died, while in Herzegovina-Neretva Canton and Western Herzegovina Canton the trend of negative birth rate has been recorded since 2005. In recent months, a negative birth rate has been recorded in Bosnia-Drina Canton. Despite the steady decline, the Federation of Bosnia and Herzegovina as a whole has not recorded a negative vital index yet. (Source: Federation Statistics Institute – IX/2011.)

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.

In 2010 the total number of people without sufficient income to support themselves in the Federation was 97,505 or 81% of beneficiaries, out of which 23,504 or 19% were elderly people over 65.

Owing to its legal ambiguities the Law on Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of the Federation of BiH has opened a lot of possibilities for different interpretation of jurisdiction over the exercise of certain entitlements and brought about a large influx of claims for disability allowance, attendance allowance and orthopaedic allowance both by people with disabilities and old and sick persons over 60/65 years.

So, 55,605 or 56% of the elderly have sought and were granted disability allowance, 28,183 or 29% of the elderly have sought and were granted disability allowance and 14,718, or 15% of the elderly have sought and were granted orthopaedic allowance in the Federation.

The amounts of disability allowance ranged from BAM 149.10 to 42.60 from the first group with 100% bodily impairment to the fifth group with 20% bodily impairment, depending on the findings, assessment and opinion of health condition performed by the Institute for Medical Assessment, the attendance allowances amounted to BAM 149.10 and 106.50 for the first and second group respectively, while the orthopaedic allowances amounted to BAM 31.95 across-the-board.

The Law has been amended to afford the disability allowance only to people with 100% disability in the amount of BAM 109.76 and people with 90% disability in the amount of BAM 82.32, the attendance allowance in the amount of BAM 274.40 to the first groups (100%) and BAM 137.20 to the second group and the orthopaedic allowance of BAM 19.21.

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. The data above is 2008 data and as soon as in 2009, with the passage of the amendments to the law, the number of the elderly who are entitled to disability benefits, care and support and orthopaedic allowance was reduced and they again fell under jurisdiction of the Cantons.

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). The cantonal budgets are in a similar situation. Thus, Sarajevo Canton, which is the richest, does not appropriate any funds for the protection of the elderly, whether to allocate them in cash or to subsidy costs of accommodation in social care institutions.

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.

Funds for the elderly are not appropriated in the FBiH budget (funds are mostly appropriated for people with disabilities, civilian victims of war etc.). The same goes for the cantonal budgets.

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.

### **Pensions**

In 2010 the Federation Government designed the Pension Scheme Reform Strategy of the Federation. The Economic and Social Council of the Federation has failed to take a united stance on the proposed text, so it was not adopted. The Draft Strategy enumerates the following goals: to prevent vulnerability of the elderly, to ensure steady income for all age groups – poverty reduction; to ensure long-term sustainability, financial market development, greater involvement of the insured and coverage by the pension scheme.

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 343,000 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. The Federation has about 375,554 pensioners whose pensions are mostly below or at the poverty threshold. Of this number, 174,884 pensioners receive old age pensions, 82,051 pensioners receive disability pensions and 118,619 pensioners receive survivor's pensions.

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).

**Demographic statistics concerning elderly people of FBiH** - . An estimate is that the total population of FBiH is 2,338,270 of which the number of the elderly over 65 years is 328,532 or 14% (of which 146,197 or 44% are men and 182,335 or 56% are women). Therefore, it can be seen as a country which has the number of elderly people dominating the total population..

In some cantons of FBiH, i.e. Posavina Canton and Canton 10, in the tenth year running, fewer children have been born than people have died, while in Herzegovina-Neretva Canton and Western Herzegovina Canton the trend of negative birth rate has been recorded since 2005. According to the Federation Statistics Institute, in May 2010 the vital index was the worst in Posavina Canton, where deaths outnumbered births by two times.

Despite the steady decline, the Federation of Bosnia and Herzegovina as a whole has not recorded a negative vital index yet.

### **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.

The competent health insurance authority concludes a contract for the provision of health services under the basic package of health care for the insured, as well as the provision of health services defined in the package of rights for the uninsured, with health care institutions, regardless of the form of ownership, as well as private health care providers, which thereby acquire the status of contracted private health facility/practice/worker.

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 2010 to be as high as 47.3%, which complicated the situation in the funding of health care and social welfare in the Federation.

According to the Federation Statistics Institute, 45.09% of the working age population is unemployed, which has an impact on the health of the population.

According to the same data, in 2010, 2,337,660 inhabitants lived in the territory of the Federation of Bosnia and Herzegovina, which has an area of 26,110.5 km<sup>2</sup>, so the average population density was 89.5 inhabitants per km<sup>2</sup>. As in previous years, the population of the Federation of Bosnia and Herzegovina is stationary-regressive population, with 14% of people aged 65 and over. The largest share of the population lives in Tuzla Canton (21.3%), while women make up 51% of the population.

According to the Federation Institute for Pension and Disability Insurance, in late 2010 the share of pensioners in the total population was 15% and had a rising trend.

Dependency ratio - In 2010, as in previous years, the dependency ratio was 47%, which means that almost every other citizen is either young or old to work. This is an important demographic indicator and measure of aging population and the share of dependents in the total population.

The increase in the dependency ratio is a significant problem for health care funding. This applies in particular to the fact that health care costs significantly increase as an individual ages.

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 2010. Leading diseases in this age group in 2010 were identical to diseases in 2009 and they were hypertensive diseases, acute infections of the upper respiratory tract; diabetes, cystitis and diseases of musculoskeletal system.

As in 2009, the leading group of diseases fatal for people over 65 years are: circulatory diseases, malignant neoplasms, endocrine and metabolic disorders with eating disorders.

In addition to these mandatory forms of health care of the elderly, there is a number of local prevention programs. These programs are implemented at the community's level (not at entity's level but at cantons and municipalities' level) and in accordance with the financial capacity of local authorities (Health Care Law of FBiH). In addition, there is a number of institutions for the elderly, where the same health care services are provided as when the persons reside outside the institution.

The Centre for Healthy Aging has been recently opened in Sarajevo, funded through the Social Transformation Programme (Matra) by the Ministry of Foreign Affairs of the Netherlands.

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

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 nursing home provides housing, food, clothes, care, health care, cultural, recreational, occupational and other activities, services of social work and other services depending on the needs, abilities and interests of beneficiaries.

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. The centre rendering home care and assistance in the house also provides children with disabilities and children with serious chronic illness with care in their houses.

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.

The new Law on Social Protection has brought in line attitudes of persons with disabilities and attitudes of authorities on the basis of inclusive United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, the United Nations Convention on the Rights of Persons with Disabilities, the Disability Policy of BiH and the 2010-2015 Strategy to Improve the Social Status of Persons with Disabilities of Republika Srpska. The new Law on Social Protection introduces the functional assessment of persons with disabilities who are in the social security system, which is based on the social model. There is a plan to 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. Fundamental rights that are introduced now 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 new Law brings a more accurate and clearer definition of social welfare, basic needs of people in need, a more precise definition of social welfare beneficiaries, social welfare entitlements, the creation of favourable conditions for assistance in overcoming needy situations and other difficulties. A novelty: preference for non-institutional care and provision of social services as opposed to exclusive monetary benefits. New beneficiaries: victims of violence and trafficking. 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.

Foster families (non-institutional care): the entitlement 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. Counselling is a new entitlement consisting of professional support to an individual, family members or a family as a whole. It is systemic and programmed expertise. 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.

Funding from public funds: RS budget -50% for co-funding of allowances, 50% for co-funding of attendance allowance, funding of the equalization of opportunities for children and youth with disabilities, co-funding of costs of accommodation of beneficiaries placed by the Social Welfare Centre in an institution founded by the government, funding of construction, redecoration, repair and equipping of and co-funding of fuel for the institution and local government budget-50% for co-funding of allowances, 50% for co-funding of attendance allowance, funding of the placement into social care institution and foster family, funding of day care, funding of assistance in the house, funding of one-time financial assistance, extended rights, social welfare centres and incentive and development programmes.

The legal framework of social protection in RS that applies to the elderly consists of: the Law on Social Protection, the Family Law, and the Law on Protection of Domestic Violence Victims.

Social, family and child care are three important segments of social policy in the RS. In addition to the three laws (the Law on Social Welfare, the Law on Child Protection, and the Law on Family Protection) there are other laws that indirectly govern the segments such as the Law on the Protection of Domestic Violence Victims.

The Law on Social Welfare of RS defines social welfare in RS as an activity of general interest to RS, which provides assistance to people when they are in need and takes necessary measures to prevent and eliminate effects of such a situation.

The Family Law of RS governs family legal relations, relations between spouses, parents and children, adoptive parents and the adopted child, guardian and ward. This law only partially positions a family as a cell of society.

The Law on Protection of Domestic Violence Victims particularly governs treatment of victims of domestic violence, procedures of shelter providing to victims of violence, treatment of abuser, psychosocial treatment of victims of violence etc.

### **RS strategic documents for the elderly**

- Strategic Information Paper on "Status and Prospects for Development of Social Welfare" (Adopted)
- Action Plan for Fight Against Domestic Violence
- Procedures by Relevant Ministries in Domestic Violence Cases
- Strategy for Fight Against Domestic Violence
- Family Development Strategy of RS
- Strategy to Improve the Social Status of Persons with Disabilities is being designed
- Disability Policy

### **Health care system**

The Ministry of Health and Social Welfare is the central institution that manages the health care system of RS, whose powers are defined in the Law on Ministries. The Ministry of Health and Social Welfare performs administrative and other professional tasks related to: preservation and improvement of citizens' health and monitoring of the health status and health needs of the population; the health care system; organization of health care under all conditions; professional training and specialization of health professionals; organization of supervision over professional work of health facilities; providing health insurance and health care from public revenues; production and sale of drugs, poisons and opiates, medical equipment and medical supplies; safe water, food and consumer goods; social welfare scheme; social welfare for families and children; activities of public organizations and associations in the social welfare and humanitarian fields; providing information through the media and other forms of information about their work; and other activities in accordance with the law and other pieces of legislation of RS.

According to the Law on Health Care of RS, health care is organized and performed at the primary, secondary and tertiary levels. A special form of protection of public health is achieved by organization of public health.

Several groups of insured persons are exempt from the general rule of full contribution requirement for the certification of health card/the exercise of the right to health insurance. Health cards of people who are aged 65 years and over will be certified in by Health Insurance Fund office even when the contributions have not been paid. This group of citizens, provided that they are registered with Health Insurance Fund, will be provided with health care services under compulsory health insurance even when the contributions have not been paid. Persons over 65 do not pay out-of-pocket medical costs under package of compulsory health insurance.

### **Pension policy**

This matter is governed in RS by: the Law on Pension and Disability Insurance of RS, the RS Law on Contributions, the Law on the Central Records of Insurees and Beneficiaries of Pension and Disability Insurance Benefits (it was repealed in 2005 and was integrated into the Law on Pension and Disability Insurance of RS).

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.

According to data from the Subdepartment for Social Welfare of BD, attendance allowance was paid to 2113 individuals in November 2011 and home care and assistance at home were provided to 180 individuals (through provision of meals).

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.

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:**

In accordance with legal obligations arising from the 2011-2014 Action Plan of the Programme for BiH, adopted by the Council of Ministers of BiH, and European human rights instruments for elderly persons, the implementation of the common policy for the persons in their third age in all segments of human rights protection has commenced in BiH.

With this aim, the Ministry of Human Rights and Refugees of BiH, supported by the United Nations Population Fund (UNFPA), and in cooperation with Age UK/ Ageing with Dignity NGO Network of BiH, the Ministry of Civil Affairs of BiH, the Ministry of Labour and Social Policy of FBiH, the Ministry of Health and Social Protection of RS, the Ministry of Health of FBiH and the Department of Health and Other Services of BD, has started activities on developing the Framework Policy for the Elderly Persons of BiH.

## RS

Several groups of insured persons are exempt from the general rule of full contribution requirement for the certification of health card/the exercise of the right to health insurance. Health cards (zdravstvena knjizica) of people who are aged 65 years and over will be certified by the Health Insurance Fund office even when the contributions have not been paid. This group of citizens, provided that they are registered with the Health Insurance Fund, will be provided with health care services under compulsory health insurance even when the contributions have not been paid. Persons over 65 do not pay out-of-pocket medical costs under package of compulsory health insurance.

In the period from 2008 to 2011, the following programmes, policies and strategies were adopted:

### 2008

- 2008 - 2012 Policy for Young People's Health ("Official Gazette of RS" 44//08)
- 2008 - 2012 Strategy for Supervision over Narcotic Drugs and Narcotic Drugs Prevention in RS ("Official Gazette of RS" 22/08)
- 2008 - 2012 Programme for Prevention of Narcotic Drugs Abuse in RS ("Official Gazette of RS" 64/08)
- 2008 - 2012 Strategy for Tobacco Control Policy in RS with the Action Plan made for Tobacco and Tobacco Products Use Control Strategy in RS ("Official Gazette of RS" 62/08)

### 2009

- 2009 - 2012 Youth Health Strategy in RS ("Official Gazette of RS" 55/09)
- 2009 - 2015 RS Mental Health Development Strategy ("Official Gazette of RS" 88/09)
- RS e-Health Care Strategy ("Official Gazette RS" No 102/09)
- 2008 - 2014 Strategy for Improvement of Social Protection of Children without Parental Care with the Action Plan ("Official Gazette of RS" 89/09)

### 2010

- "2009-2013 Strategy for Fight against Domestic Violence" (Official Gazette of RS 136/10)
- 2011 and 2012 Operational Plan for "Strategy for Fight against Domestic Violence" was adopted.

### 2011

- Policy for Improvement of Early Growth and Development of Children in RS ("Official Gazette of RS" 37/11)
- Government of Republika Srpska adopted the Law on Protection and Treatment of Children and Minors in the Criminal Procedure ("Official Gazette of RS" 13/10) which entered into force on 1 January 2011.

### 2012

- Policy for Improvement of Diet of Children under Five Years of Age in RS (“Official Gazette of RS” 14/12)

**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

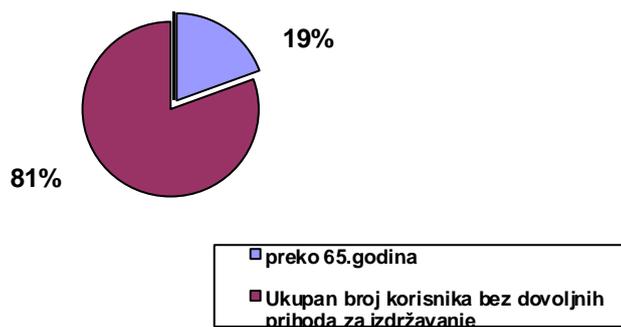
**BENEFICIARIES AGED 65 YEARS AND MORE WITHOUT SUFFICIENT MEANS IN 2010 IN FBiH BY SEX AND GROUPS**

| BENEFICIARIES WITHOUT SUFFICIENT MEANS IN THE TOTAL OF PERSONS AGED 65 YEARS AND MORE IN 2010 IN FBiH | SEX           |               | TOTAL         |
|---|---------------|---------------|---------------|
|   | M             | F             |               |
| Elderly persons without means and unable to work  | 1.816         | 2.728         | 4.544         |
| Elderly persons without family to take care of them   | 2.834         | 3.914         | 6.748         |
| Elderly persons in need due to the special circumstances  | 2.899         | 2.901         | 5.800         |
| Other elderly persons in need   | 3.276         | 1.984         | 5.260         |
| Beneficiaries of humanitarian aid   | 423           | 729           | 1.152         |
| <b>TOTAL</b>  | <b>11.248</b> | <b>12.256</b> | <b>23.504</b> |

Source: Federation Ministry of Labour and Social Policy

In 2010, the Federation recorded a total of 97.505 beneficiaries without sufficient means, out of which 23.504 or 19 % people were aged 65 years and more.

**Percentage of beneficiaries without sufficient means in the total number of persons aged 65 years and more in 2010 in FBiH**



## 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 KM   | EMPL OYEE S |
|--|---|---|--|---------------------------|----------|---|-------------|
|  |   |   | Capacity   | Waiting list              |          |   |             |
| <b>Gerontology Centre PI, SARAJEVO</b>   | Sarajevo Canton   | By beneficiaries and 20% from the budget of the founder | -338 beds<br>-shelters for vagrants, beggars and old persons | 60                        | 339<br>5 | 370,00 ambulatory<br>570,00 bedridden<br>700,00 single room | 94          |
| <b>Nursing Home, ZENICA</b>  | Zenica Municipality   | By beneficiaries and Social Welfare Centres             | 69   | There is a waiting list   | 78       | 500,00-800,00   | -           |
| <b>Nursing Home, GORAŽDE</b>   | BD Canton Government  |   | 100  | 50% occupied              | 41       | 430,00 ambulatory<br>610,00 bedridden                       | 22          |
| <b>Nursing Home, MOSTAR</b>  | City of Mostar  | City is obligated to share costs                        | 104  | 60 occupied               | 101      | 570,00 ambulatory<br>700,00 bedridden                       | 58          |
| <b>Nursing Home, JABLANICA</b>   | Jablanica Municipality  | Jablanica Municipality                                  | 30   | 10-15 persons are waiting | 30       | 500,00 ambulatory<br>600,00 bedridden                       | 12          |
| <b>Domanović Nursing Home, ČAPLJINA</b>  | Čapljina Municipality   | Čapljina Municipality                                   | 45   | 11 persons are waiting    | 52       | 500,00 ambulatory<br>600,00 bedridden                       | 12          |
| <b>Naš dom Nursing Home, TRAVNIK</b>   | Travnik Municipality and the employees in the Home are majority shareholder   |   | 300  | There is a waiting list   | 227      | 460,00 - 690,00   | 70          |
| <b>Nursing Home, TOMISLAVGRAD</b>  |   |   | 120  |                           | 110      |   |             |
| <b>Retirement Home PI, TUZLA</b>   |   |   | 1250   |                           | 161      |   |             |
| <b>Institution for social and health care of people with disabilities and other people, SARAJEVO</b> | 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 Klokočnica 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 KM | EMPLOYEES |
|--|---|---------|----------|--------------|----------|-------------|-----------|
|  |   |         | Capacity | Waiting list |          |             |           |
| Father Kristofor Nursing Home NOVA BILA              | H.H. Hospitalarias de Jesus Nazareno, franciscanas-congregacion-curia generalicia magmolias | -       | 91       | -            | 86       | -           | -         |
| Kuća Njege Starimo Zajedno Nursing Home NOVI TRAVNIK | Swiss Government, local community   | -       | 60       | -            | 60       | -           | -         |
| Sveti Josip Radnik / Charity Home LJUBUŠKI           |   | -       | 50       | -            | 50       | -           | -         |
| Dom Svetih i Josip sestara 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 Dobož 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   | FINANCE | CAPACITY |              | OCCUPIED | PRICE IN KM | EMPLOYEES |
|--|---|---------|----------|--------------|----------|-------------|-----------|
|  |   |         | Capacity | Waiting list |          |             |           |
| Father Kristofor Nursing Home NOVA BILA              | H.H. Hospitalarias de Jesus Nazareno, franciscanas-congregacion-curia generalicia magmolias | -       | 91       | -            | 86       | -           | -         |
| Kuća njege Starimo Zajedno Nursing Home NOVI TRAVNIK | Swiss Government, local community   | -       | 60       | -            | 60       | -           | -         |
| Sveti Josip Radnik / Charity Home LJUBUŠKI           |   | -       | 50       | -            | 50       | -           | -         |
| Sveti Josip sestara 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**

| <b>CANTON</b>                  | <b>NAME OF THE INSTITUTION</b>                                   | <b>NUMBER OF BENEFICIARIES</b> |
|--------------------------------|--|--------------------------------|
| UNA-SANA                       | „SANA“ NURSING HOME<br>SANSKI MOST                               | 31                             |
| UNA-SANA                       | „ZLATNA JESEN“ NURSING<br>HOME SANSKI MOST                       | 6                              |
| SARAJEVO CANTON                | „VITALIS“ PI - SWI SARAJEVO-<br>ILIDŽA MUNICIPALITY              | 30                             |
| SARAJEVO CANTON                | „VILA FILS“ NURSING HOME<br>SARAJEVO –STARI GRAD<br>MUNICIPALITY | 15                             |
| SARAJEVO CANTON                | „GREN“ RETIREMENT HOME<br>SARAJEVO                               | 150 BEDS<br>AVAILABLE          |
| HERZEGOVINA-<br>NERETVA CANTON | MIRAN SAN NURSING HOME<br>MOSTAR WITH A BRANCH IN<br>SARAJEVO    |                                |

Source: Federation Ministry of Labour and Social Policy

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### **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**

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