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## **EUROPEAN SOCIAL CHARTER**

11<sup>th</sup> National Report on the implementation of  
the European Social Charter

submitted by

**THE GOVERNMENT OF BOSNIA AND HERZEGOVINA**

Articles 11, 12, 13, 14 and 23  
of the European Social Charter

for the period 01/01/2016 – 31/12/2019

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on 16 June 2021

**CYCLE 2021**



**BOSNIA AND HERZEGOVINA**  
**MINISTRY OF HUMAN RIGHTS AND REFUGEES**

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

**GROUP I: HEALTH, SOCIAL SECURITY AND SOCIAL PROTECTION**  
**ARTICLES 11, 12, 13, 14 AND 23**

**REFERENCE PERIOD:**  
**JANUARY 2016 - DECEMBER 2019**

**SARAJEVO, SEPTEMBER 2020**

## TABLE OF CONTENTS

<b>I.</b>	<b>INTRODUCTION</b> .....	3
<b>II.</b>	<b>ADMINISTRATIVE DIVISION OF BOSNIA AND HERZEGOVINA</b> .....	4
<b>III.</b>	<b>GENERAL LEGISLATIVE FRAMEWORK</b> .....	5
	1. Bosnia and Herzegovina .....	5
	2. Federation of Bosnia and Herzegovina.....	5
	3. Republika Srpska.....	9
	4. Brčko District of Bosnia and Herzegovina .....	10
<b>IV.</b>	<b>IMPLEMENTATION OF RATIFIED ESC/R/ PROVISIONS IN BOSNIA AND HERZEGOVINA</b> .....	11
	<b>1. Article 11 – Right to protection of health</b> .....	11
	1.1. Article 11 paragraph 1 - Removal of cause of ill-health .....	11
	1.2. Article 11 paragraph 2 – Advisory and educational facilities.....	32
	1.3. Article 11 paragraph 3 – Preventing disease and accident .....	43
	<b>2. Article 12 – Right to Social Insurance</b> .....	64
	2.1. Article 12 paragraph 1 – Existence of social insurance system.....	64
	2.2. Article 12 paragraph 2 – Maintaining social insurance system.....	75
	<b>3. Article 13 – Right to Social and Medical Assistance</b> .....	78
	3.1. Article 13 paragraph 1 – Adequate assistance for every socially vulnerable person.....	78
	3.2. Article 13 paragraph 2 – Prohibition of discrimination in exercising social and political rights .....	101
	3.3. Article 13 paragraph 3 – Preventing, removing, or alleviating. ....	103
	<b>4. Article 14 – Right to benefit from social welfare services</b> .....	104
	4.1. Article 14 paragraph 1 – Promoting or providing social services.....	104
	4.2. Article 14 paragraph 2 – Public participation in establishing and maintaining social protection services .....	108
	<b>5. Article 23 – Right of the elderly to social protection</b> .....	110
<b>V.</b>	<b>ABBREVIATIONS</b> .....	128
<b>VI.</b>	<b>CONCLUSION</b> .....	128
<b>VII.</b>	<b>APPENDIX 1: TABULAR DATA OVERVIEW FOR INSTITUTIONS OF BOSNIA AND HERZEGOVINA WITH REGARD TO INDIVIDUAL COMMITTEE QUESTIONS</b> .....	130

## I. INTRODUCTION

Bosnia and Herzegovina ratified the European Social Charter (revised) on 7 October 2008<sup>1</sup> and is delivering its Eleventh Report on the implementation 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/, relating to articles: 11, 12, 13, 14, 23, for the reporting period January 2016 - December 2019.

The Report was prepared in accordance with the new reporting system 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>2</sup> for all relevant information on adopted measures for its implementation, in particular:

- 1) Legislative framework - all laws or regulations, collective agreements or other provisions that contribute to its implementation;
- 2) Measures - administrative arrangements, programmes, action plans, projects, etc. taken to implement the legal framework;
- 3) Figures, statistics, or any other relevant information enabling an evaluation of the extent to which these provisions are applied.

All instructions arising 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 entirely clear.

The Eleventh Report of Bosnia and Herzegovina for the thematic group /health, social security and social protection/ includes updated information on legal framework from the prior reports, and relevant explanations, i.e. information on the situation development in the reporting period.

In accordance with Article 23 of the European Social Charter /revised/, copies of this Report will be delivered 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 the Brčko District of Bosnia and Herzegovina;
- The Association of Employers of Bosnia and Herzegovina;
- The Association of Employers of the Federation of Bosnia and Herzegovina;
- The Association of Employers of the Republika Srpska;
- The Association of Employers of the Brčko District of Bosnia and Herzegovina.

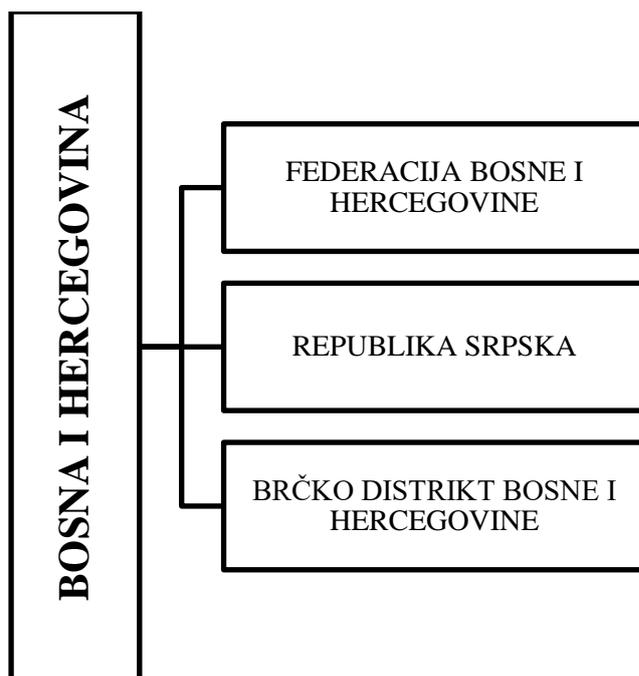
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<sup>1</sup> The BiH Presidency, at its 42<sup>nd</sup> session held on 16 July 2008, adopted the Decision on ratification of the European Social Charter /revised/ (Official Gazette of BiH, 8/08);

<sup>2</sup> It was adopted at the session of the Committee of Ministers of the Council of Europe on 26 March 2008;

## II. ADMINISTRATIVE DIVISION OF BOSNIA AND HERZEGOVINA

**NOTE:** At the 136<sup>th</sup> session of the Council of Europe's Committee on Social Rights, the Committee representatives requested the representatives of Bosnia and Herzegovina that all subsequent reports contain a scheme of administrative division of Bosnia and Herzegovina, in order to facilitate understanding of the application of ratified provisions of the European Social Charter /revised/ in Bosnia and Herzegovina.



The administrative division of Bosnia and Herzegovina was established by the Dayton Peace Agreement, and according to it Bosnia and Herzegovina is administratively divided into two Entities: the Federation of Bosnia and Herzegovina (51% of the state territory), the Republika Srpska (49% of the total territory of Bosnia and Herzegovina) and the Brčko District, which does not belong to either of the entities, but represents a separate administrative unit the Institutions of Bosnia and Herzegovina have sovereignty over.

The Federation of Bosnia and Herzegovina and the Republika Srpska are entities with their own constitutions, which must be in conformity with the Constitution of Bosnia and Herzegovina, as well as their governments, the legislative branch and the judiciary. The territory of Brčko, which was under arbitration, did not belong to either entity, but was decided by the International Arbitration Commission for Brčko to be placed under the administration of the State of Bosnia and Herzegovina as a separate district on 8 March 2000. The Brčko District has own multi-ethnic government with an elected assembly, executive Committee, judiciary and police forces.

The Federation of Bosnia and Herzegovina consists of 10<sup>3</sup> cantons, further administratively divided into municipalities.

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<sup>3</sup> 1. The Una-Sana Canton; 2. the Posavina Canton; 3. the Tuzla Canton; 4. the Zenica-Doboj Canton; 5. the Bosnia-Podrinje Canton; 6. The Central Bosnia Canton; 7. the Herzegovina-Neretva Canton; 8. the West Herzegovina Canton; 9. the Sarajevo Canton; 10. the Canton 10;

The division of competences between the different levels of government in Bosnia and Herzegovina for all areas, including labour legislation and social rights, is based on the Constitution of Bosnia and Herzegovina, the Constitution of the Federation of Bosnia and Herzegovina, the Constitution of the Republika Srpska, the Statute of the Brčko District of Bosnia and Herzegovina and the constitutions of the ten cantons.

In this respect, the legislative bodies of the both entities - the Federation of Bosnia and Herzegovina and the Republika Srpska, as well as the Brčko District of Bosnia and Herzegovina and the cantons, are competent to pass laws and by-laws in the field of labour legislation. The laws governing the work of civil servants and employees of the institutions of Bosnia and Herzegovina, enacted by the Parliamentary Assembly of Bosnia and Herzegovina are exceptions.

### **III. GENERAL LEGISLATIVE FRAMEWORK**

#### **1. Bosnia and Herzegovina**

- Law on Prohibition of Discrimination in BiH (Official Gazette of BiH, 59/09 and 666/16);
- BiH Law on Medicinal Products and Medical Devices (Official Gazette of BiH, 58/08);
- BiH Law on Radiation and Nuclear Safety in BiH (Official Gazette of BiH, 88/07);
- BiH Law on the Prevention and Suppression of Narcotic Drug Abuse (Official Gazette of BiH, 8/06);
- BiH Law on Food (Official Gazette of BiH, 50/04);
- Framework Law on the Protection and Rescue of People and Material Goods from Natural or Other Disasters in BiH (Official Gazette of BiH, 50/08);
- BiH Law on Health Data Records (Official Gazette of the R BiH, 37/12);

#### **2. The FBiH**

- Law on Health care (Official Gazette of the FBiH, 75/13);
- Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11, and 36/18);
- Law on Health Data Records (Official Gazette of the FBiH, 37/12);
- Law on Dental Care (Official Gazette of the FBiH, 37/12);
- Law on Medical Practice (Official Gazette of the FBiH, 56/13);
- Law on Nursing and Midwifery (Official Gazette of BiX, 43/13);
- Law on the Protection of Persons with Mental Disorders (Official Gazette of the FBiH, 14/13);
- Law on Rights, Obligations and Responsibilities of Patients (Official Gazette of the FBiH, 40/10);
- Law on Blood and Blood Components (Official Gazette of the FBiH, 9/10);
- Law on Transplantation of Organs and Tissues for Purpose of Medical Treatment (Official Gazette of the FBiH, 75/09 and 95/17);
- Law on Pharmaceuticals (Official Gazette of the FBiH, 40/10);
- Law on Protection of Population against Communicable Diseases (Official Gazette of the FBiH, 29/05);
- Law on Restricted Use of Tobacco Products (Official Gazette of the FBiH, 6/98, 35/98, 11/99, and 50/11);
- Law on System for Improvement of Quality, Safety and on Accreditation in Health Sector (Official Gazette of the FBiH, 59/05, 52/11, and 6/17);
- Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, and 14/09);
- Administrative Procedure Law (Official Gazette of the FBiH, 2/98 and 48/99);
- Law on Administrative Disputes (Official Gazette of the FBiH, 9/05);

- Law on Infertility Treatment by Biomedical Assisted Fertilisation (Official Gazette of the FBiH, 58/18);
- Order on the Programme on Mandatory Immunisations of Population against Communicable Diseases in 2016 (Official Gazette of the FBiH, 22/16);
- Order on the Programme on Mandatory Immunisations of Population against Communicable Diseases in 2017 (Official Gazette of the FBiH, 19/17);
- Order on the Programme on Mandatory Immunisations of Population against Communicable Diseases in 2018 (Official Gazette of the FBiH, 24/18);
- Order on amendments to the Order on Standards of Health care and Compulsory Health Insurance (Official Gazette of the FBiH, 58/18);
- Order amending the Order on the amount and payment of fees to cover the costs of testing and determining the health safety of foodstuffs and items of general use imported into the Federation of Bosnia and Herzegovina
- Order on the Programme on Mandatory Immunisations of Population against Communicable Diseases in 2019 (Official Gazette of the FBiH, 26/19);
- Rulebook on the conditions of premises, equipment and staff, as well as the verification procedure for healthcare institutions and Laboratories that perform transplant activity (Official Gazette of the FBiH, 22/16);
- Rulebook on amendment to the Rulebook on scope and type of public health activity that cannot be the subject of private activity (Official Gazette of the FBiH, 22/16);
- Rulebook on amendment of the Rulebook on requirements in regards the type of completed faculty of medicine that must be met by persons who compete for position of the director of a healthcare institution (Official Gazette of the FBiH, 22/16);
- Rulebook on the conditions regarding professional qualifications of employees, technical capacity, premises and other requirements that must be met by healthcare institutions, companies or natural persons-craftsmen to perform disinfection, disinsection and deratisation (Official Gazette of the FBiH, 30/16);
- Rulebook on the method of carrying out disinfection, disinsection and deratisation (Official Gazette of the FBiH, 30/16);
- Rulebook on manner of conducting compulsory immunisation, immunoprophylaxis and chemoprophylaxis against communicable diseases and on persons subject to that obligation (Official Gazette of the FBiH, 68/16);
- Rulebook on procedure and criteria to determine insured person's temporary incapacity for work (Official Gazette of the FBiH, 3/17);
- Rulebook on amendments to the Rulebook on conducting compulsory immunisation, immunoprophylaxis and chemoprophylaxis against communicable diseases and on persons subject to that obligation (Official Gazette of the FBiH, 16/17);
- Rulebook on amendments to the Rulebook on detailed criteria for appointment of the President and members of the Management Board of the Agency for Quality and Accreditation in healthcare in the FBiH (Official Gazette of the FBiH, 19/17);
- Rulebook on amendments to the Rulebook on internships and professional exams for health professionals (Official Gazette of the FBiH, 51/17);
- Rulebook on amendments to the Rulebook on conditions, organisation and work of emergency medical service (Official Gazette of the FBiH, 51/17);
- Rulebook on amendments to the Rulebook on continuous professional education in health management (Official Gazette of the FBiH, 51/17);
- Rulebook on requirements in regards the type of completed faculty of medicine that must be met by persons who compete for position of the director of a healthcare institution (Official Gazette of the FBiH, 77/17);

- Rulebook on amendment to the Rulebook on internships and professional exams for health professionals (Official Gazette of the FBiH, 96/17);
- Rulebook on amendment to the Rulebook on health safety requirements for general use items that can be placed on the market (Official Gazette of the FBiH, 96/17);
- Rulebook on amendment to the Rulebook on health safety of foodstuff that may be placed on the market (Official Gazette of the FBiH, 96/17);
- Rulebook on amendments to the Rulebook on requirements of space, personnel and medical and technical equipment for establishing and organising healthcare institutions for dialysis (Official Gazette of the FBiH, 1/18);
- Rulebook on the content of the form, the method and procedure of delivery, method of keeping records, and the procedure for revoking statements on non-donation of organs and tissue (Official Gazette of the FBiH, 21/18);
- Rulebook on the conditions of premises, equipment and staff, as well as the verification procedure for healthcare institutions and Laboratories that perform transplant activity (Official Gazette of the FBiH, 28/18);
- Rulebook on amendments to the Rulebook on detailed criteria for appointment of the President and members of the Management Board of the Agency for Quality and Accreditation in Healthcare in the FBiH (Official Gazette of the FBiH, 28/18);
- Rulebook on amendments to the Rulebook on criteria for testing donors on diseases that can be transmitted via transplantation (Official Gazette of the FBiH, 35/18);
- Rulebook on amendments to the Rulebook on the procedure for collection, storage and use of peripheral blood stem cells (Official Gazette of the FBiH, 37/18);
- Rulebook on amendments to the Rulebook on detailed criteria for premises, equipment and staff for the establishment and organisation of healthcare institutions (Official Gazette of the FBiH, 58/18);
- Rulebook on the form and the content of essential medical documentation (Official Gazette of the FBiH, 61/18);
- Rulebook on the form, the content and the method of keeping individual reporting forms and other auxiliary forms for keeping records (Official Gazette of the FBiH, 61/18);
- Rulebook on the manner and deadlines for submission, and on the form of summary reporting forms (Official Gazette of the FBiH, 61/18);
- Rulebook on amendments to the Rulebook on detailed criteria for premises, equipment and staff for establishing and organising healthcare institutions (Official Gazette of the FBiH, 89/18);
- Rulebook on professional development of health associates in the field of psychotherapeutic counselling for children and adolescents (Official Gazette of the FBiH, 7/19);
- Rulebook on amendments to the Rulebook on detailed criteria for selection of medicinal products, procedure and method of comprising the list of medicinal products in the FBiH, method of placing and removing medicinal products from the list of medicinal products, obligations of ministries of health, health insurance institutes, and manufacturers and distributors of medicinal products included in the lists of medicinal products, and the use of medicinal products (Official Gazette of the FBiH, 7/19);
- Rulebook on monitoring serious adverse events and serious adverse reactions in the field of tissue and cells application, method of keeping records and deadlines for reporting, and the content and the format of the annual report form (Official Gazette of the FBiH, 9/19);
- Rulebook on method of reporting, keeping records serious and deadlines for reporting on serious adverse events and serious adverse reactions in the tissue and cells transplantation procedure (Official Gazette of the FBiH, 9/19);
- Rulebook on amendments to the Rulebook on condition and procedure of referring insured persons to medical treatment abroad (Official Gazette of the FBiH, 16/19);

- Rulebook on amendments to the Rulebook on modalities of exercising the rights arising from compulsory health insurance (Official Gazette of the FBiH, 20/19);
- Rulebook on method of conducting compulsory immunisation, immunoprophylaxis and chemoprophylaxis against communicable diseases and on persons subject to that obligation (Official Gazette of the FBiH, 22/19);
- Rulebook on amendment to the Rulebook on condition and procedure of referring insured persons to medical treatment abroad (Official Gazette of the FBiH, 22/19);
- Rulebook on amendments to the Rulebook on conditions, organisation and work of emergency medical service (Official Gazette of the FBiH, 22/19);
- Rulebook on amendments to the Rulebook on specialisations and sub-specialisations of medical doctors, doctors of dental medicine, masters of pharmacy and biochemistry engineers (Official Gazette of the FBiH, 26/19);
- Rulebook on detailed criteria for premisses, equipment and personnel for establishing and conducting pharmaceutical activities in all organizational forms, and on their verification method and procedure (Official Gazette of the FBiH, 36/19);
- Rulebook on amendment to the Rulebook on the manner, procedure and medical criteria for determining brain death of a person whose organs and tissue may be taken for transplantation for the purpose of treatment (Official Gazette of the FBiH, 42/19);
- Rulebook on amendments to the Rulebook requirements for premisses, equipment and personnel for purposes of university education (Official Gazette of the FBiH, 53/19);
- Rulebook on amendments to the Rulebook on additional education in family medicine (Official Gazette of the FBiH, 87/19);
- Decision on the allocation of funds for the FBiH Solidarity Fond (Official Gazette of the FBiH, 12/16);
- Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 12/16);
- Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 24/16);
- Decision on prohibition or restriction of import, manufacture and use of specific hazardous industrial chemicals in the FBiH (Official Gazette of the FBiH, 52/16);
- Decision on the list of medicinal products in hospital health care in the FBiH (Official Gazette of the FBiH, 66/16);
- Decision on amendment to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 25/17);;
- Decision on amendment to the Decision on the list of medicinal products in hospital health care in the FBiH (Official Gazette of the FBiH, 25/17);
- Decision on amendments to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 78/17);
- Decision on accepting the Draft Protocol on cooperation in transplant medicine between the Ministry of Health of the Republic of Croatia and the FBiH Ministry of Health (Official Gazette of the FBiH, 96/17)
- Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 3/18);
- Decision on amendments to the Decision on the list of medicinal products in hospital health care in the FBiH (Official Gazette of the FBiH, 6/18);
- Decision on amendments to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 6/18);
- Decision on the allocation of funds for the FBiH Solidarity Fond (Official Gazette of the FBiH, 11/18);

- Decision on amendments to the Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 35/18);
- Decision on accepting a loan under the Loan Agreement between the Saudi Development Fund and Bosnia and Herzegovina for the implementation of the project "Construction and renovation of a number of hospitals in Bosnia and Herzegovina" (Official Gazette of the FBiH, 45/18);
- Decision on the allocation of funds for the FBiH Solidarity Fond for 2019 (Official Gazette of the FBiH, 6/19);
- Decision on amendments to the Decision on the list of medicinal products in hospital health care in the FBiH (Official Gazette of the FBiH, 33/19);
- Decision on amendments to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 33/19);
- Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 47/19);
- Decision on amendments to the Decision on prohibition or restriction of import, manufacture and use of specific hazardous industrial chemicals in the FBiH (Official Gazette of the FBiH, 47/19)
- Decision on amendment to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 56/19);
- Decision on the allocation of funds for the FBiH Solidarity Fond for 2020(Official Gazette of the FBiH, 90/19);
- Decision on amendments to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 98/19);
- Instruction on amendment to the Instruction on the content of forms in the implementation of the Law on Protection of Persons with Mental Disorders (Official Gazette of the FBiH, 77/19);

### **3. Republika Srpska**

- Law on Health care (Official Gazette of the RS, 106/09 and 44/15);
- Law on Health Insurance (Official Gazette of the RS, 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 106/09, 110/16, and 94/19);
- Law on Transfusion Medicine (Official Gazette of the RS, 01/08, 40/17, and 113/17);
- Law on Human Organ Transplantation (Official Gazette of the RS, 57/18);
- Law on Prohibition on Smoking Tobacco Products in Public Places (Official Gazette of the RS, 46/04, 74/04 i 92/09);
- Law on Advertising of Tobacco Products (Official Gazette of the RS, 46/04, 74/04 i 92/09);
- Law on Protection of Population from Communicable Diseases (Official Gazette of the RS, 90/17)
- Act on Safety at Work (Official Gazette of the RS, 1/08 and 13/10);
- Law on Air Protection (Official Gazette of the RS, 36/09 and 10/13);
- Family Law (Official Gazette of the RS, 54/02, 41/08, 63/14 and 56/19);
- Rulebook on the procedure and conditions for entry and deletion, content and manner of keeping register of food for special nutritional needs, register of food supplements, and register of nutrient-dense food (Official Gazette of the RS, 9/18);
- Rulebook on food suitable for persons intolerant to gluten (Official Gazette of the RS, 9/18);
- Rulebook on foods intended for use in energy-restricted diets for weight reduction (Official Gazette of the RS, 9/18);
- Rulebook on nutrient-dense food (Official Gazette of the RS, 9/18);
- Rulebook on food for special medical purposes (Official Gazette of the RS, 10/18);
- Rulebook on food supplements (Official Gazette of the RS, 10/18);
- Rulebook on cereal-based food and baby food for infants and young children (Official Gazette of the RS, 13/18);

- Rulebook on formula foods for infants and formula foods after breastfeeding (Official Gazette of the RS, 13/18);
- Rulebook on nutrition and health claims (Official Gazette of the RS, 19/18);
- Rulebook on the manner of conducting sanitary supervision (Official Gazette of the RS, 6/18);
- Rulebook on the method of determining the reference Laboratory for testing pathogens (Official Gazette of the RS, 15/18);
- Rulebook on the manner and conditions under which burial, exhumation and transportation of deceased persons is performed (Official Gazette of the RS, 38/18);
- Rulebook on performing health supervision of persons carriers of specific pathogens and of passengers in international traffic who arrive from the region infected or threatened by by a particularly dangerous infectious disease, cholera or malaria (Official Gazette of the RS, 38/18);
- Rulebook on procedure for determining the microbiological purity criteria (Official Gazette of the RS, 74/18);
- Rulebook on the manner of mutual information of health care institutions and veterinary organizations on the occurrence and movement of zoonoses (Official Gazette of the RS, 85/18);
- Rulebook on the content and implementing special education (Official Gazette of the RS, 94/18);
- Rulebook on the safety of water intended for human consumption (Official Gazette of the RS, 97/18);
- Rulebook on sanitary, technical and hygienic requirements for public areas and commercial buildings (Official Gazette of the RS, 98/18);
- Rulebook on the reporting method, content of the register and content of the report on communicable diseases (Official Gazette of the RS, 103/18);
- Rulebook on measures for prevention and suppression of infections related to provision of health care services (Official Gazette of the RS, 118/18);
- Rulebook on methods of disinfection, disinsection and deratisation (Official Gazette of the RS, 118/18);
- Rulebook on conditions and procedures for determining requirements of space, personnel and equipment, and on level of costs for determining fulfilment of requirements by authorised service provider (Official Gazette of the RS, 118/18);
- Rulebook on method of immunisation and chemoprophylaxis against communicable diseases (Official Gazette of the RS, 2/19);
- Programme of measures for prevention and suppression, elimination and eradication of communicable diseases for the RS territory for 2019 (Official Gazette of the RS, 07/19);
- Rulebook on amendments to the Rulebook on the content and implementing special education (Official Gazette of the RS, 47/19);
- Rulebook on amendments to the Rulebook on sanitary, technical and hygienic requirements for public areas and commercial buildings (Official Gazette of the RS, 73/19);
- Programme of measures for prevention and suppression, elimination and eradication of communicable diseases for the RS territory for 2020 (Official Gazette of the RS, 108/19);
- Action Plan for prevention and control of non-communicable diseases in the RS for the period 2019-2026;
- Action Plan for control of antimicrobial drug resistance in the RS for the period 2016-2020;
- Law on Non-Ionizing Radiation Protection (Official Gazette of the RS, 36/19);
- Rulebook on Protection Against Electromagnetic Fields up to 300GHz (Official Gazette of the RS, 99/19).

#### **4. Brčko District of Bosnia and Herzegovina**

- Law on Health care (Official Gazette of the BD BiH BiH, 38/11);
- Law on Health Insurance (Official Gazette of the BD BiH BiH, 27/18);

- Law on Social Protection (Official Gazette of the BD BiH BiH, 1/03, 4/04, 19/07, 2/08, 21/08, and 32/19);
- Law on Child Protection (Official Gazette of the BD BiH BiH, 51/11, 03/15, 21/18 i 04/19);
- Labour Law (Official Gazette of the BD BiH BiH, 34/19);

#### **IV. IMPLEMENTATION OF RATIFIED ESC/R/ PROVISIONS IN BOSNIA AND HERZEGOVINA**

##### **1. Article 11 - Right to protection of health**

###### **Article 11 - 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 cooperation 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.

##### **1.1. Article 11 paragraph 1 - Removal of cause of ill-health**

*The European Committee of Social Rights has postponed adoption of conclusions in regards to this Article of the Charter until additional information is provided (Concluding observations 2017).*

##### **1. The Committee seeks information on leading causes of death in the reference period, and on measures undertaken to combat leading causes of death.**

Answer:

According to the estimates from the World Health Organization, expected life expectancy **in Bosnia and Herzegovina** is 76.66 years of age, i.e. women 79.01 and men 74.23. Dead in the reference period by cause of death and sex by age, as well as leading causes of death are presented in Tables 1 to 66 (Appendix 1 to this Report).

**In the Federation of Bosnia and Herzegovina**, among leading causes of deaths are clearly chronic diseases, i.e. acute myocardial infarction, stroke/cerebral infarction/, cardiac arrest, cardiomyopathy, malignant neoplasms of the bronchi and lungs, essential /primary/ hypertension and chronic ischemic heart disease. Leading causes of death in the FBiH are represented in Tables 67, 68 and 69 (Appendix 1).

Based on the available indicators, a series of activities have been undertaken to reduce risk factors of leading causes of death. For the defined priority areas of action, strategic and priority interventions have been defined at the population level as well as at the level of the individual, and the focus is on activities to promote health and prevent the occurrence of non-communicable diseases.

With the support of the Swiss Agency for Cooperation and Development and the World Health Organization, the FBiH Ministry of Health, together with the FBiH Public Health Institute, has implemented project "Developing and Advancing Modern and Sustainable Public Health Strategies, Capacities and Services to Improve Population Health in Bosnia and Herzegovina

(CVRAM)". Within the project, a detailed analysis of health of the population was conducted, as well as the risk factor analysis, the Action Plan for prevention and control of chronic non-communicable diseases 2019-2025, and the Guidelines for the risk factors prevention and for family medicine teams; guides for primary healthcare on how to implement prevention for the most common and the most important risk factors have been developed. The guide was developed in cooperation with the Association of Cardiologist of Bosnia and Herzegovina and the FBiH Association of Family Medicine. All available family medicine teams have undergone training in 4 education centres Monitoring of quality standards was carried out by the AKAZ. All cantons were involved with all the activities, as well as all health centres in the Federation of Bosnia and Herzegovina.

The Swiss Agency for Cooperation and Development (SDC) ensured the financing in cooperation with the World Bank, and provided support to the FBiH Ministry of Health in designing and implementing promotional and preventive programmes aimed at reducing risk factors for the selected mass non-communicable chronic diseases among the population, within the "Reducing Health Risk Factors in Bosnia and Herzegovina" project. Project activities were focused on social mobilisation, advocating and media campaigns, interventions, and monitoring and evaluation of implemented interventions directed to population in two selected local communities in the Federation of Bosnia and Herzegovina (Zenica and Mostar). The Project goal is to reduce leading risk factors for the health of the population from non-communicable diseases by promoting the improvement of tobacco and alcohol control, and by promoting healthy eating programmes and physical activity of selected beneficiaries (preschool and school children, parents, teachers, health workers and local employees). authorities) in selected local communities. The Project objective is strengthening capacities of key stakeholders in local community to ensure better development coordination and implementation of communication and advocacy strategies aimed at raising awareness of risk factors that should be changed.

Strengthening Nursing in BiH project is also being implemented with the support of the Swiss Agency for Cooperation and Development, and is focused on the development of nursing in the community with additional training of community with additional training of , i.e. community nurses. Much of the additional training relates to primary prevention.

**In the Republika Srpska**, the biggest public health issue are cardiovascular disease, malignant tumours, diabetes, obstructive lung disease and others. National/population registers for cancer and diabetes have been created. Table 70 shows number of dead persons according to leading causes of death in the period 2016-2018 in the Republika Srpska (Figure 1).

**In the Brčko District**, leading causes of death in 2016, 2017 and 2018 were diseases of the circulatory system and neoplasms. Data for 2019 have not yet been processed (they are processed in August 2020).<sup>4</sup>

## **2. The Committee seeks information on adopted legislation and action plans on public health, and on the situation in regards implementation of health strategies.**

Answer:

**Bosnia and Herzegovina** does not have a health strategy at the state level, but, in accordance with their competences in health, the Federation of Bosnia and Herzegovina and the Republika Srpska have strategic planning documents:

**In the FBiH of Bosnia an Herzegovina**, a number of regulations related to the functioning of the health sector have been adopted.

The most significant activities of the FBiH Ministry of Health implemented in 2016 are:

The following document were developed: The Preliminary Draft Law on Infertility Treatment by Biomedical Assisted Fertilisation, the Preliminary Draft Law on Control and Restricted Use of Tobacco, Tobacco and other Smoking Products, and the Draft Law on Chemical is in its final phase.

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<sup>4</sup>Data source Annual bulletin - Demographics of the Brčko District of Bosnia and Herzegovina;

Expert basis for the Draft Law on Financial Consolidation of Public Health Institutions in the Federation of Bosnia and Herzegovina was created. Furthermore, in normative part, an order, four new rulebooks, and three rulebooks on amendments to relevant health rulebooks were issued.

It should be noted that the Centre for Transplant Medicine within the FBiH Ministry of Health, works continuously on strengthening the transplant network in the Federation of Bosnia and Herzegovina. The waiting list for kidney transplant was consolidated after a number of activities conducted in clinical centres in the Federation of Bosnia and Herzegovina. The list includes all registered patients from dialysis centres of the Federation of Bosnia and Herzegovina. Additionally, the liver transplant list was also consolidated. The Commission for Transplant Medicine of the FBiH Ministry of Health was also formed (Official Gazette of the FBiH, 53/15) and holds regular meetings.

Furthermore, decisions adopted by the FBiH Government are of great importance, and they are based on the Law on Medicinal Products (Official Gazette of the FBiH, 109/12), and the Law on Pharmacies (Official Gazette of the FBiH, 40/10). They are as follows: The Decision on amendment to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 12/16) and the Decision on amendments to the Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 24/16). It should be noted that we currently have a single market for essential medicinal products in the Federation of Bosnia and Herzegovina, regulated for the first time through a series of regulations that regulate the said area, aimed at ensuring equal access to more quality, efficient and verified medicinal products for all insured persons in cantons and in the Federation of Bosnia and Herzegovina. The FBiH Ministry of Health is aware that, even with new legal solutions and actions taken by this Ministry and the FBiH Government to issue the FBiH lists of medicinal products that should harmonize the lists of medicinal products in the cantons, they still differ to a certain degree, and thus the right of insured persons to medicinal products in the cantons. However, the situation in this area has been significantly improved compared to the past period.

The FBiH Government, at the proposal of the FBiH Ministry of Health, also adopted two most important decisions in regards to poisons/chemicals: The Decision on prohibition or restriction of import, manufacture and use of specific hazardous industrial chemicals in the FBiH (Official Gazette of the FBiH, 52/16) and the Decision on the procedure for determining the conditions for trade and use of poisons before the FBiH Ministry of Health (Official Gazette of the FBiH, 66/16).

The most significant activities of the FBiH Ministry of Health implemented in 2017 are:

The Draft Law on Chemicals was finalized and adopted in form of draft law by the FBiH Government, and referred to further parliamentary procedure. The following documents were developed: The Draft Law on Infertility Treatment by Biomedical Assisted Fertilisation and the Draft Law on Control and Restricted Use of Tobacco, Tobacco and other Smoking Products, discussed at the first reading by the FBiH Parliament. Public discussion was held about the said laws and they are being prepared for the 2nd discussion and adoption phase. Expert basis for the Draft Law on Financial Consolidation of Public Health Institutions in the Federation of Bosnia and Herzegovina was created. Furthermore, in normative part, an order, one new rulebook, and seven rulebooks on amendments to the relevant health rulebooks were issued (detailed overview provided in tables). Expert basis for five new rulebooks was also created.

It should be noted that the Centre for Transplant Medicine within the FBiH Ministry of Health, works continuously on strengthening the transplant network in the Federation of Bosnia and Herzegovina. There are 210 active patients on the FBiH kidney transplant waiting list as of 21/12/2017, while 60 patients have been temporarily removed from the list due to their worsened health condition, i.e. their status is 'temporary deregistered'. There are 26 patients on the FBiH liver transplant list, 11 patients for heart transplant, and 24 patients for the cornea transplant. During 2017, brain death was confirmed in nine patients in accordance with medical criteria and in the required manner, after which an interview was conducted with six families to obtain consent for

organ and tissue donation. Family gave their consent for organs and tissue donation with three patients with confirmed brain death, i.e. two in the Zenica Cantonal Hospital and one at the Tuzla University Clinical Centre, after which organ transplant surgeries were performed, i.e. four cornea transplants and four kidney transplants. The Commission for Transplant Medicine of the FBiH Ministry of Health was also formed (Official Gazette of the FBiH, 53/15) and holds regular meetings. It should be noted that the FBiH Government adopted Decision on accepting the Draft Protocol on cooperation in transplant medicine between the Ministry of Health of the Republic of Croatia and the FBiH Ministry of Health (Official Gazette of the FBiH, 96/17), after the procedures for harmonizing the text of the Protocol had been completed. The Protocol includes technical assistance forms and obligations arising thereof for the signatories of the Protocol. Signing this Protocol will allow citizens of the Federation of Bosnia and Herzegovina to access methods of treatment by solid organ transplantation, i.e. liver and heart, particularly vulnerable group of patients (children and highly urgent recipients) from the Federation of Bosnia and Herzegovina. The Protocol regulates reciprocity issue in regards to taking organs from the deceased donors, as well as a number of returned organs from the deceased donors citizens of the Federation of Bosnia and Herzegovina. The Protocol was signed 20/10/2017 in Zagreb, and it entered in force the day it was signed. By implementing this Protocol, transplant medicine services, related to liver and heart transplantation, will be available to the citizens of the Federation of Bosnia and Herzegovina who have been medically indicated.

Furthermore, decisions adopted by the FBiH Government are of great importance, and they are based on the Law on Medicinal Products (Official Gazette of the FBiH, 109/12), and the Law on Pharmacies (Official Gazette of the FBiH, 40/10). They are as follows: The Decision on amendment to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 25/17 and 78/17) and the Decision on amendment to the Decision on the list of medicinal products in hospital health care (Official Gazette of the FBiH, 25/17). Additionally, the FBiH Ministry of Health finalized the revision and development of new Decision on the list of medicinal product of the Solidarity Fund of the FBiH, and the draft decision was referred to the FBiH Government for consideration and adoption.

Activities in regards the response to the Questionnaire of the European Commission should be emphasized. Namely, the Questionnaire was submitted to Bosnia and Herzegovina in December 2016, to provide answers by all competent bodies, within their mandates. The said Questionnaire also applies to health sector. In addition to Chapter 28 that deals with public health issues, a number of other chapters included questions directly or indirectly related to health sector. All relevant chapters were reviewed, competence and obligations of the FBiH Ministry of Health were identified, answers and comments were provided, or interventions were made in accordance with conclusions of Working Groups in which the FBiH Ministry of Health had its representatives (Chapters 3, 12, 19, 27, and 28, and the Chapter 'Political Criteria'). The answers were finalized, and voted on via Working Groups. A number of the Ministry's representatives participated in different groups, as noted above.

The most significant activities of the FBiH Ministry of Health implemented in 2018 are:

The Draft Law on Infertility Treatment by Biomedical Assisted Fertilisation was finalized and adopted by the FBiH Parliament (Official Gazette of the FBiH, 59/18). The Law on amendments to the Law on Health Insurance was also adopted (Official Gazette of the FBiH, 36/18). Two laws were adopted by the FBiH Government in form of draft laws, and referred to further parliamentary procedure: The Draft Law on Control and Restricted Use of Tobacco, Tobacco and other Smoking Products, and the Draft Law on Financial Consolidation of Public Health Institutions in the FBiH (urgent procedure). The first text of the of the Preliminary Draft Law on Biocides. Furthermore, in the normative segment, two orders were issues, six new rulebooks and five rulebooks on amendments to relevant rulebooks.

It should be noted that the Centre for Transplant Medicine within the FBiH Ministry of Health, works continuously on strengthening the transplant network in the Federation of Bosnia and Herzegovina.

Furthermore, decisions adopted by the FBiH Government are of great importance, and they are based on the Law on Medicinal Products (Official Gazette of the FBiH, 109/12), and the Law on Pharmacies (Official Gazette of the FBiH, 40/10). They are as follows: The Decision on amendments to the Decision on the list of medicinal products in hospital health care in the FBiH (Official Gazette of the FBiH, 6/18) and the Decision on amendments to the Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 6/18). New Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 3/18 and 35/18).

It should be noted that the cooperation with the Agency for Medicinal Products and Medical Devices of BiH is continuous, and is aimed at improving the supply and distribution system with effective, safe and quality Medicinal Products that bring positive effects and contribute to reducing health care costs. The FBiH Ministry of Health, via its representatives, participates in the work of the Agency's commissions for medicinal products.

The most significant activities of the FBiH Ministry of Health implemented in 2019 are:

The Preliminary Draft Law on Mental Health care, and prepared expert basis for the Preliminary Draft Law on Biocides, and the Preliminary Draft Law on Protection of Population against Communicable Diseases.

In accordance with the Law on Infertility Treatment by Biomedical Assisted Fertilisation (Official Gazette of the FBiH, 59/18) the Commission for the Application of Biomedical Assisted Fertilisation Procedures was formed. The Commission holds sessions on regular basis. Guidelines for biomedical assisted fertilisation were developed, as well as a number of bylaws, and responses to individual requests by parties were prepared. Furthermore, in the normative part, three orders were issued, five decisions, four new rulebooks, 11 rulebooks on amendments to relevant rulebooks and one Instruction.

It should be noted that the Centre for Transplant Medicine within the FBiH Ministry of Health, works continuously on strengthening the transplant network in the Federation of Bosnia and Herzegovina.

Furthermore, decisions adopted by the FBiH Government are of great importance, and they are based on the Law on Medicinal Products (Official Gazette of the FBiH, 109/12), and the Law on Pharmacies (Official Gazette of the FBiH, 40/10). They are as follows: The Decision on the list of medicinal products of compulsory health insurance in the FBiH (Official Gazette of the FBiH, 33/19, 56/19, and 98/19); the Decision on the List of medicinal products in hospital health care in the FBiH (Official Gazette of the FBiH, 33/19), and the Decision on the list of medicinal products of the FBiH Solidarity Fond (Official Gazette of the FBiH, 47/19 and 90/19).

The implementation of the Order on health care standards of compulsory health insurance in the FBiH is continuously monitored. Realistic standards in health care ensure standardised healthcare services, as well as safety and stability of the health system. Good, quality and realistic standards are precondition for planning and defining health policy, and the precondition for all health system reforms.

The list of relevant regulations in the health system is provided in Appendix 1. The said list is updated regularly and is available on the website of the FBiH Ministry of Health.<sup>5</sup>

The umbrella document for the health sector is the 'Strategic Plan for Health Care Development in the Federation of Bosnia and Herzegovina for the period 2008-2018'. It should be noted that the Strategic Plan is still in force. Namely, the Strategic Plan was extended until the end of 2020 in

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<sup>5</sup><http://fmoh.gov.ba/index.php/zakoni-i-strategije/lista-zakonskih-i-podzakonskih-akata;>

accordance with the Law on Development Planning and Management in the FBiH (Official Gazette of the FBiH, 32/17). This Strategic Plan defines adequate strategic goals and objectives in health care, described in the past Report.

The aim of this document is to present strategic directions of health care development in the Federation of Bosnia and Herzegovina in a ten-year period. The Strategy is a framework for the development and improvement of the health system based on which operational plans are developed in accordance with financial resources to implement solutions from the Strategy. Given the fragmentation of the health sector in the FBiH and competences in health care divided between the FBiH and cantons, the FBiH and cantonal Ministries are in charge of implementing solutions from the Strategy, as well as the FBiH and cantonal Public Health Insurance, FBiH and cantonal Public Health Institutes, and health education institutions. The Strategy defines who and within what time frame is responsible for the implementation of activities, provided that the deadlines become valid from the moment the funds are allocated in relevant budgets to implement specific solutions from the Strategy.

Analysis is underway regarding the implementation of the Strategic Plan, i.e. based on the monitoring, an overview of the implemented measures and the implementation degree of the set objectives.

In the period January - December no strategic documents were adopted in the health sector in the FBiH, since the Law on Development Planning and Management in the FBiH, adopted in 2017, established new rules for drafting strategic documents, and different procedures and methodology. According to the Law, the key document for the Federation of Bosnia and Herzegovina will be the FBiH Development Strategy, and after its adoption the FBiH Government will decide if the sectoral strategic documents will be drafted.

Within its competences, the FBiH Ministry of Health also conducts activities on the implementation of a number multi-sectoral documents and strategies, adopted by other levels of government in Bosnia and Herzegovina.

**In the Republika Srpska**, the Policy for Improvement of Health of the Population in the RS by 2020 was adopted. Draft European Health Policy - Health 2020 and draft European Action Plan for Strengthening Public Health Services and Capacity were the basis for drafting the Policy for Improvement of Health of the Population in the RS by 2020. The policy's goal is health development, which is achieved through following priority courses of action: reducing differences in health of the population; including citizens in decision making process regarding health, and creating healthy local communities; controlling non-communicable and communicable diseases and improving health safety; creating healthy and encouraging environment for health and well-being; strengthening the user-oriented health system; strengthening public health capacities and preparedness for states of emergency; and promoting and endorsing the 'health in all policies' approach. The following regulations were also adopted:

1. Rulebook on the procedure and conditions for entry and deletion, content and manner of keeping register of food for special nutritional needs, register of food supplements, and register of nutrient-dense food (Official Gazette of the RS, 9/18);
2. The Rulebook on food suitable for persons intolerant to gluten (Official Gazette of the RS, 9/18);
3. The Rulebook on foods intended for use in energy-restricted diets for weight reduction (Official Gazette of the RS, 9/18);
4. The Rulebook on nutrient-dense food (Official Gazette of the RS, 9/18);
5. The Rulebook on food for special medical purposes (Official Gazette of the RS, 10/18);
6. The Rulebook on food supplements (Official Gazette of the RS, 10/18);
7. The Rulebook on cereal-based food and baby food for infants and young children (Official Gazette of the RS, 13/18);

8. The Rulebook on formula foods for infants and formula foods after breastfeeding (Official Gazette of the RS, 13/18);
9. The Rulebook on nutrition and health claims (Official Gazette of the RS, 19/18);
10. The Law on Protection of Population from Communicable Diseases (Official Gazette of the RS, 90/17);
11. The Rulebook on the manner of conducting sanitary supervision (Official Gazette of the RS, 6/18);
12. The Rulebook on the method of determining the reference Laboratory for testing pathogens (Official Gazette of the RS, 15/18);
13. The Rulebook on the manner and conditions under which burial, exhumation and transportation of deceased persons is performed (Official Gazette of the RS, 38/18);
14. The Rulebook on performing health supervision of persons carriers of specific pathogens and of passengers in international traffic who arrive from the region infected or threatened by a particularly dangerous infectious disease, cholera or malaria (Official Gazette of the RS, 38/18);
15. The Rulebook on procedure for determining the microbiological purity criteria (Official Gazette of the RS, 74/18);
16. The Rulebook on the manner of mutual information of health care institutions and veterinary organizations on the occurrence and movement of zoonoses (Official Gazette of the RS, 85/18);
17. The Rulebook on the content and implementing special education (Official Gazette of the RS, 94/18);
18. The Rulebook on the safety of water intended for human consumption (Official Gazette of the RS, 97/18);
19. The Rulebook on sanitary, technical and hygienic requirements for public areas and commercial buildings (Official Gazette of the RS, 98/18);
20. The Rulebook on the reporting method, content of the register and content of the report on communicable diseases (Official Gazette of the RS, 103/18);
21. The Rulebook on measures for prevention and suppression of infections related to provision of health care services (Official Gazette of the RS, 118/18);
22. The Rulebook on methods of disinfection, disinsection and deratisation (Official Gazette of the RS, 118/18);
23. The Rulebook on conditions and procedures for determining requirements of space, personnel and equipment, and on level of costs for determining fulfilment of requirements by authorised service provider (Official Gazette of the RS, 118/18);
24. The Rulebook on method of immunisation and chemoprophylaxis against communicable diseases (Official Gazette of the RS, 2/19);
25. The programme of measures for prevention and suppression, elimination and eradication of communicable diseases for the RS territory for 2019 (Official Gazette of the RS, 07/19);
26. The Rulebook on amendments to the Rulebook on the content and implementing special education (Official Gazette of the RS, 47/19);
27. The Rulebook on amendments to the Rulebook on sanitary, technical and hygienic requirements for public areas and commercial buildings (Official Gazette of the RS, 73/19);
28. The programme of measures for prevention and suppression, elimination and eradication of communicable diseases for the RS territory for 2020 (Official Gazette of the RS, 108/19);
29. The Action Plan for prevention and control of non-communicable diseases in the RS for the period 2019-2026;
30. The Action Plan for control of antimicrobial drug resistance in the RS for the period 2016-2020;
31. The Law on Non-Ionizing Radiation Protection (Official Gazette of the RS, 36/19); and
32. The Rulebook on Protection Against Electromagnetic Fields up to 300GHz (Official Gazette of the RS, 99/19).

**In the Brčko District** Draft Law on Protection of Population Against Communicable Diseases was prepared in 2019 and referred to the Brčko District Government for adoption. During 2019, a medium-term health care development plan for the Brčko District was drafted, and will be referred to the Government for adoption.

**3. The Committee requests the updated data for the reference period on infant and maternal mortality, and information on the implementation of measures aimed at reducing infant and maternal mortality and their effects in practice.**

Answer:

Tables 71 to 73 provide an overview of infants and maternal mortality rate in Bosnia and Herzegovina for the reference period (Appendix 1).

Based on the Report of the FBiH Public Health Institute, the following data are related to the infant mortality **in the Federation of Bosnia and Herzegovina** for the period 2016-2018:

- in 2016, mortality rate 7.7% (deceased infants per 1000 live births)
- in 2017, mortality rate 8.5% (deceased infants per 1000 live births)
- in 2018, mortality rate 8.3% (deceased infants per 1000 live births).

Maternal mortality was not registered during the reporting period (according to cause of death, maternal mortality rate is 0).

In the Federation of Bosnia and Herzegovina, one of the strategic commitments of the FBiH Ministry of Health is to ensure quality and accessible prenatal care for every mother, safe childbirth and comprehensive postpartum care.

In relation to the above, and for the purpose of accessible quality services for pregnant women and parturients, in accordance with health care regulations, gynaecological health care is provided at all three levels of health care, and each hospital must have maternity ward.

Furthermore, health care for children aged 0-6 is available in accordance with the regulations at all three health care levels.

In the past period, almost all births were performed with professional help.

When it comes to health insurance, the Decision on the basic package of health care rights (Official Gazette of the FBiH, 21/09) enured, among others, for women during pregnancy and birth, and puerperium and postnatal complications up to six month after the birth, regardless of the status of health insurance, for citizens of Bosnia and Herzegovina with residence on the territory of the FBiH health care

In order to achieve this goal, i.e. implement measures aimed at reducing infant and maternal mortality rate, the FBiH Ministry of Health has initiated and is now implementing partnership with the UNFPA through a program for the prevention deaths of mothers and infants, i.e. establishing the Obstetric Surveillance and Response System (OSRS). With the UNFPA support, the program structure and administrative arrangements for organizing this system have been adapted to systems of the Western Balkans countries. This initiative is in accordance with the UNFPA Agenda, and the vision and strategic commitment of the FBiH Ministry of Health, focused on achieving end result, i.e. reducing/eliminating preventable maternal deaths, which is in accordance with the UNFPA EECA RO strategic interventions (and other strategic documents of the UN, i.e. WHO) defined in order to provide quality and improved care, and sexual and reproductive health. The FBiH Ministry is actively participating in the implementation of this program and is providing support to the Clinical Centre teams on the FBiH territory. In the past period, consensus has been reached on structure of the Obstetric Surveillance System, administrative solutions necessary to establish the systems have been found, electronic system necessary to implement these activities has been designed. Special attention was paid to defining near-miss cases and reporting forms for reporting postpartum haemorrhage and eclampsia (leading causes of death in this population group). The training of trainer activity for the hospitals in the Federation of Bosnia and Herzegovina has been also implemented.

Furthermore, the Clinical Guides for Hypertension in Pregnancy, as a Clinical Guide to Postpartum Bleeding with the UNFPA support have been developed. The Clinical Guide to Antenatal Care is currently in the development phase.

**In the Republika Srpska**, death rate among women due to complications related to childbirth and puerperium in the Republika Srpska is low, according to the official data. In the period 2008-2017, five women were registered dead with cause of death, according to the 10th International Classification of Diseases, Conditions and Injuries were classified as Personal history of complications of pregnancy, childbirth and the puerperium (O00-O99).

Strategy for Improving Sexual and Reproductive Health in the Republika Srpska for the period 2019-2029 defines, among others, general goal titled "Family planning is available to everyone and all women of reproductive age, who desire offspring, have a healthy pregnancy, a normal birth and a preserved postpartum health" within which a specific objective is named "Improving the availability and quality of antenatal care" for which implementation a special measure "Establish a system for monitoring cases of serious complications that are life-threatening for women during pregnancy, childbirth and the 42-day postpartum period" was envisaged.

In accordance with the above, the RS Ministry of Health and Social Welfare appointed a Working Group for developing obstetric surveillance and response aimed at introducing systematic and long-term process of improving health of mothers based on scientific lessons and recommendations arising from introducing a system that will allow standardized identification and assessment of cases in which mothers suffered severe obstetric episodes. The data on infant and maternal mortality in the Republika Srpska are presented in Tables 74 and 75 (Appendix 1).

**In the Brčko District of Bosnia and Herzegovina**, specific infant and maternal mortality rate for the reference period are 0.00.<sup>6</sup>

#### **4. What is the health insurance coverage in BiH, but also individually in both entities and the Brčko District in the reference period.**

Answer:

Health insurance coverage in Bosnia and Herzegovina has been around 97.40% since 2015.<sup>7</sup>

In accordance with the relevant laws in Bosnia and Herzegovina, it was defined that every citizen has the right on health care in line with the highest standard of human rights and values, i.e. has the right to physical and psychological integrity and safety of personality, as well as to respect for his/her moral, cultural, religious and philosophical beliefs. Every child from birth to 18 years of age has the right to the highest possible health and health care standard. Foreign citizen, or stateless person has the right to health care in accordance with international agreements and other regulations that regulate this area.

**In the Federation of Bosnia and Herzegovina**, in 2016, the number of insured persons in the FBiH was 1,999,102 (90.61%), in 2017 the number was 1,957,447 (89.74%), and in 2018, total of 1,952,449 insured persons (88.90%) was registered in the FBiH.

**In the Republika Srpska**, the percentage of insured persons represents the ratio of the number of insured persons and the total number of inhabitants from the 2013 census, and overview is provided in Table 76 (Appendix 1).

**In the Brčko District of Bosnia and Herzegovina**, overview of total number of insurance holders and insured persons (family members) in the Brčko District Health Insurance Fund in the period 2016-2019 is provided in Table 77 (Appendix 1).

#### **5. The Committee inquires what expenditure rate is covered by the participation for the reference period.**

Answer:

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<sup>6</sup> Data source: Annual bulletin - Demographics of the Brčko District of Bosnia and Herzegovina;

<sup>7</sup> The Agency for Statistics of Bosnia and Herzegovina, Household Budget Survey in BiH, 2015;

In 2016, expenditure rate covered by participation in **Bosnia and Herzegovina** reached 3.3%, and 3.2% in 2017.<sup>8</sup>

**In the Federation of Bosnia and Herzegovina**, the participation is regulated by the Decision on maximum amounts for specific health insurance forms in the basic health rights package (Official Gazette of BiH, 21/09), and cantonal decisions on participation. The participation represents direct co-financing health care costs, i.e. cost-sharing.

The said FBiH decision regulates exemptions from copayment on the basis of health or social status.

In 2016, participation of the insured persons amounted to 32,107,331 BAM, in 2017 30,396,120 BAM, and in 2018 amounted to 27,958,538 BAM, 8% lower compared to 2017.

In 2016, personal participation of insured persons in the total realised funds in the FBiH was 1.8%; in 2017, they participated with 1.6%, while the percentage of personal participation of the insured persons in the total health care fund in 2018 was 1.3%. It is evident the participation is decreasing compared to 2016, and is a small share in the total realised funds.

**In the Republica Srpska**, it should be noted that the revenue from participation represents revenue of health care institutions only, and the coverage of expenditures with participation revenue may only be considered as a ratio of realized revenues from participation and total expenditures of health care institutions, and overview is provided in Table 78 (Appendix 1).

## **6. The Committee seeks information on whether the high participation level for health care means that specific health care services are not financed from the public fund and are not part of the public health system.**

Answer:

Until the moment this Report was sent to the Committee, the Ministry of Human Rights and Refugees of Bosnia and Herzegovina did not receive any information for the Republika Srpska and the Brčko District.

**In the Federation of Bosnia and Herzegovina**, the rights arising from compulsory health insurance are defined by the Decision on basic package of health care rights (Official Gazette of the FBiH, 21/09) (hereinafter: Decision on basic package), adopted by the FBiH Parliament, in accordance with the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/1, and 36/18). The same year, the FBiH Parliament also adopted the Decision on maximum amounts of direct participation of insured persons for specific health insurance forms in the basic health rights package (Official Gazette of the FBiH, 21/09), that regulates maximum amount of direct participation of insured persons for specific health insurance forms (hereinafter: participation) for specific services in basic health rights package. The said FBiH decision regulates exemptions from copayment by insured persons on the basis of their health or social status. Copayment is not envisaged for health services and medicinal products financed by the FBiH Solidarity Fund. The intention of the legislators was to harmonize the rights of insured persons by this Decision on the whole FBiH territory.

Namely, in accordance with the aforementioned decisions, insured persons exercise their rights arising from compulsory health insurance at the three health care levels, salary remuneration during incapacity to perform work, if employed, the right to medicinal products from the lists adopted by the FBiH Governments and cantonal governments; the right to use orthopaedic and other aids, dental prosthetic care and dental prosthetic replacements in accordance with the List of orthopaedic and other aids that may be prescribed within the compulsory health insurance, including the right to health care defined under priorities of FBiH health care programmes and the most complex priority of specialized forms of health care, and the right to the FBiH priority health care programmes financed from the FBiH Solidarity Fund.

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<sup>8</sup> The Agency for Statistics of Bosnia and Herzegovina, National Health Accounts in BiH;

Within the basic package of health care rights, the insured persons have the right to:

1. health care;
2. salary remuneration during temporary incapacity to perform work;
3. medicinal products determined by the List of essential medicinal products necessary for compulsory health insurance (Official Gazette of the FBiH), and the Order on the List of Medicinal Products in Hospital Health Care financed from the FBiH Solidarity Fund (Official Gazette of the FBiH, 38/06, 13/08 and 38/08).
4. use of orthopaedic and other aids, dental prosthetic care and dental prosthetic replacements in accordance with the List of orthopaedic and other aids that may be prescribed within the compulsory health insurance, and are the integral part of this Decision.

We note that the participation is defined as stated above, i.e. it represents direct co-financing of health care costs of insured persons.

In 2016, personal participation of insured persons in the total realised funds in the FBiH was 1.8%; in 2017, they participated with 1.6%, while the percentage of personal participation of the insured persons in the total health care fund in 2018 was 1.3%.

It is evident that the participation is decreasing compared to 2016, and the participation of these funds in the total realised funds in health care is not significant.

The Decision on basic health rights package defines health care services not financed from the compulsory health insurance:

1. plastic surgery services;
2. sports medicine;
3. issuing certificates and confirmations, with exception of medical certificates for enrolling in primary school;
4. treatments for varicose veins, unless there is a vital indication for the procedure;
5. vaccines not included in the Mandatory programme of immunisation of population against communicable diseases;
6. treatment in case of obesity (counselling, medication of surgery);
7. surgical treatment of uncomplicated haemorrhoids;
8. homeopathy, acupuncture, chiropractic, naturopathy, etc.;
9. prosthetic dentistry, except prostheses for insured persons over the age of 65;
10. special comfort benefits in hospital treatment and care;
11. spa and climate therapy and other spa treatments, unless included in rehabilitation programme as the continuation of hospital treatment;
12. gender reassignment surgery;
13. artificial insemination for women over the age of 37;
14. artificial insemination after a second attempt;
15. prostheses not included in the List of orthopaedic and other aids that may be prescribed within the compulsory health insurance, which is an integral part of this Decision;
16. medicinal products not included in the List of essential medicinal products necessary for health care within the necessary for compulsory health insurance standards in the FBiH and the List of medicinal products in hospital health care that may be financed from the FBiH Solidarity Fund;
17. non-emergency transport by ambulance;
18. ineffective or unnecessary treatment in accordance with good practice guides;

**7. The Committee inquires if the high deCentralisation level creates issues from the health care perspective, i.e. seeks clarification how the entities, the Brčko District and cantons cooperate in regards to health care.**

Answer:

There are three separate health systems in Bosnia and Herzegovina, the health system of the Federation of Bosnia and Herzegovina, of the Republika Srpska and of the Brčko District.

Persons with health insurance in different entities, and cantons have different rights and different access to health care, even if they pay same amounts for contributions.

The Brčko District of Bosnia and Herzegovina has a developed cooperation in this field with both entities and cantons in Bosnia and Herzegovina, which is primarily ensured by providing health care to the citizens of the Brčko District of Bosnia and Herzegovina by referring them to specialised healthcare institutions on the entity territory, in order to provide them with treatment that is not available on the Brčko District territory.

Entities, the Brčko District and the cantons cooperate on health care issues in accordance with the Agreement on manner and procedure of using health care services of insured persons on the territory of Bosnia and Herzegovina outside the territory of the entity, including the Brčko District, in which they are not insured.

**In the Federation of Bosnia and Herzegovina**, the BiH Ministry of Civil Affairs coordinates activities within the health sector at the state level. With that regards, a Ministerial Conference on Health in BiH was formed and has been active for a number of years now. Namely, it should be noted the Conference was formed in 2007 by the Memorandum of Understanding for establishing of the Ministerial Conference on Health in BiH, composed of four permanent members, i.e. BiH Minister of Civil Affairs, entity Ministers of Health and Head of the Brčko District Health Department. It is an advisory body that coordinates all activities in health sector, particularly in regards to single position towards other countries and international bodies in this field.

In accordance with the Chapter III Article 2 (b) and Article 3 of the FBiH Constitution, division of responsibilities between the FBiH government and the cantons in the field of health, however:

- the FBiH authorities have the right to define policy and adopt laws concerning the health sector (Article 3 paragraph 3);
- the cantons have the right to define policy and implement the law (Article 3 paragraph 4);
- in accordance with the needs, competences in the health sector are exercised by cantons, but are coordinated by the FBiH authorities (Article 3 paragraph 1), where the FBiH authorities take into account different situations in individual cantons and the need for the flexibility in their implementation (Article 3 paragraph 3).

In accordance with the FBiH Constitution, there are 10 Cantonal Ministries of Health and the FBiH Ministry of Health.

This Ministry, and the FBiH Government strongly support the regulatory practice regarding consistent compliance with constitutional competencies in the field of health, which, on the one hand, implies the adoption of the FBiH policies and laws with the opinion of the cantonal authorities, and on the other hand, consistent compliance with all FBiH regulations. health care at all levels of government, and refraining from passing cantonal regulations that are in conflict with the FBiH regulations, or refraining from passing regulations that are not within the competence of authorised authorities.

In its work, the FBiH Ministry of Health continuously cooperates with the cantons through coordination of relevant Ministers, and in all other ways. Furthermore, the FBiH Health Insurance and Reinsurance Institute, and the FBiH Public Health Institute have a continuous cooperation in regards to their work, through the coordination of directors of the said institutes, as well as in their regular work.

We note that the deCentralisation of public services is aimed at increasing accessibility and quality of public services due to better knowledge on health needs of local population and local conditions effective health care depends on. There is a series of examples that the deCentralised system is more favourable for human potential development and for enabling experts in "smaller" communities to develop professionally.

**8. The Committee inquires if the territorial distribution of health care institutions in the entities, the Brčko District and the cantons ensures equal access to health care services in the whole country (for both entities, the Brčko District and the cantons).**

**In the Federation of Bosnia and Herzegovina**, the Law on Health Care and accompanying legal solutions regulate the principles, measures, manner of organising and conducting health care, bearers of social care for the health of the population, rights and obligations of the users of health care, as well as the content, manner of the performance and supervision over the provision of health care on the territory of the Federation of Bosnia and Herzegovina. It also indirectly defines the schedule and structure of health care institutions by level of health care as well as the number, structure, capacities and spatial distribution of health care institutions and their organisational units by health care level, organisation of emergency medical care, and other issues relevant to health care system organisation on the territory of the Federation of Bosnia and Herzegovina. Health care institutions have been established and perform health care activities in accordance with this law at the primary, secondary and tertiary level of health care. One of the basic principles of the said law is the principle of equality in access to health care.

According to the data of regular health statistics for 2018, the population of the Federation of Bosnia and Herzegovina received primary health care within 918 geographical locations/clinics, which compared to 2016 represents a decrease in the number of clinics by 6.0%.

In primary health care, according to regular health statistics for 2018, one third of the total number of employed medical doctors worked in the FBiH, namely 1,634 (33.2%) of them, as well as 2,953 nurses/technicians (22%). Primary health care was provided by 74 medical doctors and 134 nurses/technicians per 100,000 inhabitants, thus on average, two nurses/technicians worked per one medical doctor. In the period 2014-2018, there was an increase in the number of medical doctors and nurses/technicians in primary health care per 100,000 inhabitants.

There are differences in the coverage of the population by primary health care teams. In 2018, the largest number of doctors worked in the Sarajevo Canton (93/100,000) and the Tuzla Canton (87/100,000), while the smallest number of medical doctors was registered in the Posavina Canton (48/100,000) and the Una-Sana Canton (48/100,000).

There were on average 1,344 inhabitants per one medical doctor in the PHC in the FBiH in 2018, with the largest number of inhabitants per one doctor in the Una-Sana Canton (2,104), and the smallest in the Sarajevo Canton (1,078).

According to regular health statistics for 2018, over half of all medical doctors (52.6%) and close to half of nurses/technicians (44.7%) employed in primary health care in the FBiH worked in family medicine services.

According to regular health statistics for 2018, over half of all medical doctors (52.6%) and close to half of nurses/technicians (44.7%) employed in primary health care in the FBiH worked in family medicine services. The largest percentage of medical doctors were pediatric specialists (87.2%).

In 2018, there was an average of 1,019 children per doctor of medicine in the health care of children aged 0-6 in the FBiH (in 2016 there were 1,374 children), with differences present across the cantons.

The population of the FBiH received dental care in 2018 within 280 geographical locations/dental clinics in the public sector, which is similar to 2016 (278). In 2018, dental care in the FBiH was provided by 588 dentists (27/100,000 inhabitants) and 653 dental nurses/technicians (30/100,000).

There are differences in the availability of dental care in the cantons of the FBiH, so the largest number of dentists was in the Sarajevo Canton (59/100,000), and the smallest in the Posavina and Zenica-Doboj Cantons (14/100,000).

In 2018, there was an average of 3,735 inhabitants per dentist in the FBiH, with the largest number of inhabitants per doctor in the Zenica-Doboj Canton (7,334), and the smallest in the Sarajevo Canton (1,824).

Mental health services are provided in 40 mental health Centres, which are integral units of health Centres in the FBiH.

The Centre for Mental Health in the community performs the promotion and prevention of mental health, rehabilitation of mentally ill persons, prevention of disability and rehabilitation, as well as care and assistance for the disabled.

In 2018, there were 309 employees in these Centres, which is 14% more than in 2016.

According to regular health statistics, in 2018 there were 59 public and 10 private pharmacies that employed 282 masters of pharmacy (12.8/100,000) and 255 pharmaceutical technicians (11.2/100,000), which is less than in 2016.

Specialist-consultative health care in 2018 was provided to the population of the FBiH within 877 places-points, which represents an increase in the number of points by 14.9% compared to 2016 (763 points).

In 2018, specialist-consultative health care was provided by 27.7 medical doctors, 60.1 nurses/technicians, and 5.6 health associates per 100,000 inhabitants.

In 2018, in the FBiH, hospital health care was provided in 23 hospitals (general and cantonal hospitals, clinical hospital, clinical Centres, special hospitals, spas, medical Centre) that employed 2,291 medical doctors (46.5%) out of total number of doctors, as well as 6,084 nurses/technicians (45.3%) out of total number of nurses/technicians, which is similar to previous years. In 2018, there were 103 medical doctors and 270 nurses/technicians per 100,000 inhabitants in hospitals, and an average of 2.6 nurses/technicians per one medical doctor.

In the FBiH, in 2018, there were 3.7 beds per 1,000 inhabitants, which is similar to previous years.

In 2018, the largest number of beds was in the Central Bosnia Canton (5.2/1,000 inhabitants), followed by the Sarajevo Canton (4.7/1,000 inhabitants) and the Herzegovina-Neretva Canton (4.7/1,000 inhabitants). The Sarajevo Canton has additional 120 beds for daily hospital admissions (0.3/1,000).

In 2018, in the FBiH, there was an average of 3.5 beds per hospital doctor, and there were an average of 1.3 beds per nurse/technician.

In 2018, according to regular health statistics relating to hospital treatment, 10% of the population used this type of health care.

The average bed occupancy in the FBiH in 2018 was 57.9%, and the average length of stay was 7 days, which is slightly less than in 2016 (average occupancy: 59.0%, and average length of stay: 7.3 days).

According to the Law on Health Care, public health activity at the level of primary health care in the FBiH is performed through hygienic-epidemiological services organised at health Centres or at public health institutes. The secondary level of public health activity is performed by cantonal institutes for public health, while the secondary and tertiary public health activity at the level of the FBiH is the responsibility of the Institute for Public Health of the FBiH that engages in both professional services and scientific research. Nearly two thirds of employees in public health institutes in all three observed years were health workers, there were about a quarter of administrative and technical workers, and 11% of health associates.

The number of private health institutions/private practices is continuously increasing in the FBiH. According to the data of the FBiH Health Insurance and Reinsurance Institute, in 2018, 1,225 private health institutions/private practices were registered with 4,907 employees (in 2016 there were 1,113 private health institutions/private practices).

From the above data, it can be concluded that insured persons in all cantons do not exercise equal rights from compulsory health insurance, nor do they have equal access to all levels of health care and appropriate health care institutions. This inequality is especially pronounced in terms of

exercising the right to tertiary health care services, which is especially pronounced in cantons where no conditions exist for organising tertiary health care.

**In the Republika Srpska**, the Law on Health Care defines that public and private health care institutions be established under equal conditions. Health care institutions are evenly distributed throughout the territory, namely 55 public health Centres (level of primary health care) and 9 public hospitals and the University Clinical Centre of Republika Srpska that provide services of secondary and tertiary health care. There are 670 public healthcare institutions. At the level of primary health care in public health institutions in the Republika Srpska, according to reports on the organisational structure of staff in 2018, 3,853 health workers were employed, of which 1,297 workers with higher education, 1,082 doctors (261 doctors, 705 specialists and 116 on specialisation), 209 dentists and 6 pharmacists, as well as 398 with higher education and 2,158 with secondary education. The ratio of doctors and other health workers is 1:2.5. There are a total of 1,390 administrative and technical staff and 74 health associates in health care institutions that provide primary health care. The ratio of health workers to administrative and technical staff employed in health care is 2.8:1. In 2018, secondary and tertiary health care in public health institutions was provided at: University Clinical Centre of Republika Srpska and in 9 hospitals, one of which is a university hospital (University Hospital Foča). Specialised health care is performed in two psychiatric hospitals (Hospital for Chronic Psychiatry Modriča and Psychiatric Hospital Sokolac), the Institute, the Institute for Forensic Psychiatry Sokolac and two specialised health institutions for rehabilitation (Hospital for Physical Medicine and Rehabilitation “Mlječanica”, Kozarska Dubica, Department of Physical Medicine and Rehabilitation “Dr. M. Zotović”, Banja Luka). Public health activity as a special type of health care is performed by the Public Health Institute of Republika Srpska with its 5 regional Centres. A total of 4,937 health workers, 1,347 doctors (of which 1,051 specialists and 296 doctors on specialisation) and 3,590 other health workers with higher, secondary and lower education are employed in hospitals in Republika Srpska (653 with higher, 2,929 with secondary and 8 with lower education). The ratio of doctors and other health workers is 1:2.7. Bed stock in hospital-inpatient institutions in the Republika Srpska in 2018 amounts to 4,820, or 4.20 beds per 1,000 inhabitants. In the hospital health care institutions in the Republika Srpska in 2018, the number of discharged patients was 214,580, and 1,419,008 sick days were realised. The average length of hospital stay was 6.61 days and the average bed occupancy was 80.66%. 201,877 persons, 95,244 men (47.16%) and 106,633 women (52.80%) were treated in inpatient health care institutions. Also, secondary and tertiary level health care services are provided at the Institute of Dentistry Banja Luka, the Institute of Occupational and Sports Medicine of Republika Srpska, the Institute of Transfusion Medicine, and the Institute of Forensic Psychiatry, while the Institute of Forensic Medicine of Republika Srpska performs activities in forensic medicine.

In the area of **the Brčko District of Bosnia and Herzegovina**, the territorial distribution of health care institutions is such that it enables equal access to health services to the population of the district.

**9. The Committee inquires what the average waiting time is for hospital services, as well as for the first examination in primary health care (for both entities, Brcko District and cantons).**

Answer:

In Bosnia and Herzegovina, primary health care services are on average waited for between seven and ten days. However, the waiting time for some non-emergency health services is very very long, and the length of waiting for appointments varies from 7 days to 10 months, depending on the type of health service and the health facility.

In order to reduce the waiting list for certain health services provided to insured persons, which are mainly specialist-consultative diagnostics services, the entity health insurance institutes sign contracts with private health care institutions to shorten the waiting time for certain health services and provide faster, more efficient and better health care.

Waiting lists in health care facilities present a serious problem in the Federation of Bosnia and Herzegovina. It is important to note that this problem is constantly being addressed in order to be solved through various measures, such as employment and increase of the number of professional staff, reorganisation of working hours, procurement of adequate and necessary equipment.

There is almost no waiting at all for the first examination in primary health care. However, in large health Centres, the waiting, or scheduling the first examination, can be extended up to seven days.

Waiting lists in hospitals differ, both across cantons and hospitals. Thus, some services are not waited for at all, while for some services, especially the diagnostics, the waiting lists are up to 6 months (MRI).

**10. Provide detailed information on barriers faced by persons belonging to national minorities (especially Roma) and returnees and on barriers to accessing health care.**

Answer:

In Bosnia and Herzegovina, the largest national minority is the Roma, and according to data obtained within the process of recording Roma needs, it was found that Roma are the most vulnerable national minority in all social parameters that are taken into account when assessing the social status of the community.

Due to the fact that an extremely small number of Roma are employed, either in the public or private sector, consequentially there is also a fact that there is a modest number of those who have health insurance and access to health care on that basis. In addition, most Roma, including primary school students, who have health insurance up to the age of 15, do not have a health card. This makes it difficult for them to access health care institutions and exercise the right to health care, but the responsibility for this falls mainly on the members of the Roma national minority, who, even when they have health insurance, do not provide personal documents, without which this particular right is more difficult to use.

Within the Ministry of Human Rights and Refugees of Bosnia and Herzegovina, the Roma Committee of the Council of Ministers of Bosnia and Herzegovina has been active since 2005, actively working to address Roma issues through the three most important areas - employment, housing and health care. The Committee for Roma is also in charge of systematic monitoring of the Action Plan for Resolving Roma Problems in the Areas of Employment, Housing and Health Care, as well as the Framework Action Plan on Roma Educational Needs in Bosnia and Herzegovina, which are continuously revised and supplemented in appropriate reference periods.

In addition, a number of projects are implemented by the non-governmental sector in cooperation with government institutions. One of them is the project "Health promotion and prevention of health risk factors In the Republika Srpska" from 2018, within which the mapping of the health needs of the Roma was done, and whose results show that the greatest difficulties in achieving the health care of the Roma are related to the socio-economic determinants of health: education and employment.

The health care system in the Federation of Bosnia and Herzegovina provides health care to all groups of the population, including the socially disadvantaged, Roma and other national minorities. In accordance with the Law on Health Care (Official Gazette of the FBiH, 46/10 and 75/13), every citizen has the right to receive health care in compliance with the highest possible standard of human rights and values, i.e., has the right to physical and mental integrity and the safety of their personality, as well as the appreciation of their moral, cultural, religious and philosophical beliefs.

The Law on Health Care prescribes priority health care measures that enable access to all levels of health care for vulnerable groups such as: persons with disabilities, persons over 65, materially uninsured persons, Roma, returnees, displaced persons and refugees, victims of violence, mental patients. Sources of funding are defined by the same law.

For persons with the status of returnees, financial resources for this purpose are planned by the ministries responsible for returnees, refugees and displaced persons. After the expiration of the

status of “returnees”, the conditions for entering the compulsory health insurance system are the same as for all other residents of the FBiH. We note that the Decision on exercising the rights within the hospital health care of returnees in the Republika Srpska, in health care institutions in the FBiH was adopted by the FBiH Government in 2007. It was implemented from 2008 to 2012 from the funds of the FBiH Solidarity Fund. From 2014, funds for this purpose are planned in the FBiH Budget. Given the problems encountered in terms of Roma health insurance, in the previous period, through the Action Plan for Roma in the field of health care, a number of activities were done, with the aim of increasing the coverage of health insurance.

As part of the implementation of the Action Plan of Bosnia and Herzegovina for solving the problems of Roma in the area of health care, for several years now activities have been carried out to achieve strategic goals related to improving, accessibility and quality of health care for Roma, and program activities to protect the education and information of the Roma population in the field of health care and the manner of acquiring the right to health care. Despite the evident progress, there is a continuous problem related to the lack of personal documents, which is implied by the procedure of obtaining health insurance with the competent health insurance institutes. As a result, the Roma community continues to have difficulty accessing health services.

We note that the process of civil registration has improved, but this issue should still be in focus and the Roma population should be encouraged to participate in these activities as well in the rights to health care insurance under existing regulations.

It is important to note that based on the Law on Health Care, financial resources are provided in the FBiH Budget for the health care of Roma persons who, due to the traditional way of life, do not have a permanent residence in the FBiH.

In the Republika Srpska, within the project “Health promotion and prevention of health risk factors in 2018”, a mapping of Roma health needs (2018) was done, the results of which show that the greatest difficulties in achieving Roma health care are related to socio-economic health determinants: education and employment.

#### **11. Provide information on the availability of mental health and treatment services, including information on the prevention of mental disorders and recovery measures.**

Answer:

**In Bosnia and Herzegovina**, within the BiH Ministry of Civil Affairs, in 2011 the “Regional Centre for Development of Mental Health in South-Eastern Europe” was established within the Health Network of Southeast Europe (South-Eastern Europe Health Network SEEHN). Through its work, in line with international and WHO guidelines and documents, the Centre has made a significant contribution to advancing mental health reform in the region, including Bosnia and Herzegovina. Specific areas in which progress has been made in Bosnia and Herzegovina include deinstitutionalisation, support for community mental health Centres, support for the association of users of mental health institutions, and the definition of standards for the protection of the human rights of persons with mental illness.

**In the Federation of Bosnia and Herzegovina**, the FBiH Government in 2012 adopted the Policy and Strategy for the Protection and Promotion of Mental Health in the Federation of Bosnia and Herzegovina for the period 2012-2020. These strategic documents were prepared as part of the first phase of the Mental Health Project in BiH (PMZ BiH, 2010-2014). The strategy determines the directions of action that will ensure the establishment of a system for the promotion of mental health, prevention of mental disorders, early detection and action, psychosocial rehabilitation and recovery, and reduction of stigma and discrimination.

The reform in the field of mental health care has brought, first of all, a paradigm shift in community mental health services, as well as improvements in the field of protection of the rights of persons with mental disabilities, and meeting their needs in the health system. In the FBiH, therefore, there

are clear legal, regulatory and administrative provisions covering the field of mental health care, which are partially in line with the list of EU regulations in this area.

Mental health services are organized and provided at all three levels of health care.

A substantial change in the context of mental health service delivery has meant limited use of psychiatric hospital beds, the opening of a network of mental health Centres, the development of other community services, a multidisciplinary approach and teamwork, and the establishment of intersectoral collaboration. The goals of these processes were to build effective, efficient and quality mental health services that will be integrated into the primary health care system and follow the needs of users, and be easily accessible to the majority of the population of the area they cover.

In the FBiH, activities were carried out that were aimed at the development of community mental health services. 42 community mental health Centres have been established, regulations on community mental health Centres have been adopted, as well as standards and norms for the provision of mental health services, quality standards have been developed and adopted, a number of community mental health Centres have been accredited, multidisciplinary teams have been established (psychiatrist, two psychologists, social worker, occupational therapist and three nurses). The teams were trained to work in the community, and in that sense, they were included in numerous trainings. The cooperation of the Centres with the community in which they operate has been established. Funding has been provided by the competent health insurance institutes. Very significant results have been achieved in the development of user associations and the improvement of their capacities. There are a number of user associations that implement their social inclusion projects, as well as programmes to combat anti-stigma in the community.

We note that where mental health Centres have not been established, it is the obligation of health Centres to organize multidisciplinary teams, structured for mental health Centres, which will provide the same type and scope of services to the population.

Community mental health services provide mental health promotion, prevention and treatment of mental problems and disorders, and psychosocial rehabilitation. These Centres have well-developed cooperation with the local community and other sectors, especially with the social and educational ones. Community mental health Centres also use case management in their work and are trained to develop an individual care and recovery plan that is developed multidisciplinary by members of the Centre, and one person is tasked with monitoring the implementation of the individual care plan. In hospitals, plans are proposed by the attending physician and discussed at an expert meeting. The recovery of service users is monitored in the same way.

In this way, it significantly contributes to deinstitutionalization. Currently, about 2300 service users are in coordinated care, which significantly reduces the number of rehospitalizations. Also, many of the Centres have helped to form user associations with which they now cooperate.

In addition to community services, mental health services at the secondary and tertiary levels are provided in psychiatric clinics of clinical Centres in Sarajevo, Tuzla and Mostar, psychiatric hospital in Sarajevo Canton and in 9 psychiatric wards of cantonal hospitals (694 beds), and in two cantonal institutes for substance use disorders.

In the previous period, activities were carried out to promote mental health, in cooperation with mental health Centres, but also other sectors such as the education sector and the civil society sector. In this area, user associations are also involved in promotional activities. It affects the promotion of mental health care, but also helps fight antistigma. In general, the practice is to include certain user associations as well as non-governmental organizations in promotional activities.

Thus, in the period from 2016 to December 2018, preventive programmes for adolescents were implemented in 11 communities, titled “Increasing the well-being of adolescents through strengthening protective factors in the school environment (10 communities)” and “Prevention of gambling addiction (1 pilot community).”

The program “Increasing the well-being of adolescents through strengthening protective factors in the school environment” conducted trainings of the psychological-pedagogical service (PSP) by the Centres for mental health.

The second program (Prevention of Gambling Addiction) was conducted in Mostar also through a mental health Centre in three primary schools, and included three grades in each school, where the focus was on breaking the myths about gambling/betting, risk factors and characteristics of adolescents who are at higher risk of starting gambling, resisting peer pressure and the like.

In 2018 and 2019, the preventive program “Increasing the well-being of adolescents through strengthening protective factors in the school environment” was repeated in 8 communities in the FBiH in the same way as in 2017 (with the same topics and methodology), but with a different students. In the mentioned year of implementation, 706 pupils, 16 high schools and 32 second grades within those schools participated.

We note that mental health Centres are obliged to continuously plan and implement prevention programmes in the local community.

**In the Republika Srpska**, the legislation by the end of 2019 was regulated through the Law on the Protection of Persons with Mental Disorders (National Assembly of Republika Srpska, 2004). During 2019, the drafting of the Law on the Protection of Mental Health began. The new Law on the Protection of Mental Health was adopted by the National Assembly of Republika Srpska (Official Gazette of the RS, 67/20).

Republika Srpska wants to improve existing and develop new ways of protecting mental health, not only of individuals, but also of society as a whole, reduce the occurrence of mental problems and disorders, increase access to quality and timely provision of health services, rehabilitation and social inclusion of people with mental disabilities health, while strengthening their role in decision-making in planning and decision-making processes, with the aim of increasing personal satisfaction, as well as the health of citizens, and encouraging economic and social development.

The reform process in the mental health sector in the Republika Srpska has significantly affected the process of deinstitutionalization and the transition to a system of mental health services in the community. This is in line with international mental health and human rights policies. Overall, the process met its objectives in a timely, effective and efficient manner, and had a significant impact on its target population.

The process has helped increase the skills and capacity of mental health professionals and other health professionals to provide appropriate interventions to service users. It has also increased the capacity and influence of service users' associations, whose voice is now heard more strongly in decision-making processes. Awareness of mental health has been raised among the population of Republika Srpska, and the levels of stigmatization and discrimination of persons with mental disorders have been reduced. The quality of services provided by community mental health Centres (CMZ) has increased, in addition, a health care information system (HIS) for mental health in CMZ was developed, which was previously lacking. The reform has therefore contributed to the development of a fairer and more inclusive mental health care system In the Republika Srpska, thus contributing to maintaining the level of social cohesion within the country.

In the coming period, work will be done on improving the mental health care system with the aim of fuller integration, as well as even stronger coordination and cooperation between community services and hospital services. In addition, close cooperation between mental health services and other services such as social services needs to be further encouraged.

The process of strategic planning took place through the Policies and Strategies of Health System Development In the Republika Srpska (National Assembly of Republika Srpska - 1996), then the Mental Health Policy (Government of RS - 2005), the Mental Health Development Strategy In the Republika Srpska (RS Government - 2009) to the Mental Health Development Strategy In the Republika Srpska for the period 2020-2030 (RS Government - 2020). The legislation is regulated through the Law on the Protection of Persons with Mental Disorders (National Assembly of

Republika Srpska in 2004), and the Law on Mental Health (National Assembly of Republika Srpska in 2020) is in the process.

A network of Centres for the protection of mental health (CMZ) has been established, consisting of 27 Centres evenly distributed throughout Republika Srpska, in which multidisciplinary teams work (teams include: psychiatrists, psychologists, nurses, occupational therapists, speech therapists, special educators and social workers), and provide standardized recovery-oriented mental health services.<sup>9</sup>

Also, In the Republika Srpska, over 20 associations of citizens dealing with mental health problems or gathering people with mental health problems and their family members , as well as four clubs for treated alcoholics, 17 day care Centres and several mobile crisis intervention teams are active.

The current geographical distribution of all the above institutions and organizations is very satisfactory and In the Republika Srpska there is a well-rounded system of services for mental health care. In cooperation with the Mental Health Project of Bosnia and Herzegovina, the RS Public Health Institute developed and implemented during 2016/2017 in nine local communities, and in 2017/2018 in ten local communities a program called “Cooperation of mental health Centres and family medicine services with the aim of timely detection of depression in the adult population.”

## **12. Provide information on dental care and treatment services, who is entitled to free dental services, costs for major treatments and the percentage of co-payments paid by patients.**

Answer:

The Laws on Health Care of the Entities and the Brčko District prescribe that dental health care is provided in health Centres within the primary level of health care, and dental care and dental treatment services are financed from the funds of compulsory health insurance within the basic package of health services. All health insurance policyholders are entitled to free dental services.

**In the Federation of Bosnia and Herzegovina**, in accordance with the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11 and 36/18), the Decision on determining the Basic Package of Health Rights (Official Gazette of the FBiH, 21/09) and Decision on maximum amounts of direct participation of insured persons in the costs of using certain types of health care in the basic package of health rights (Official Gazette of the FBiH, 21/09) which equalize the rights of insured persons within the compulsory health insurance on the entire territory of the FBiH, and introduce maximum amounts of participation for certain services from the basic package of health rights.

Pursuant to the aforementioned decisions, insured persons exercise their rights from compulsory health insurance, including the right to dental prosthetic care and dental prosthetic replacements in accordance with the List of orthopaedic and other aids that may be prescribed under compulsory health insurance.

The basic package of health rights provides services at the primary level, among other things, dental and oral health care for preschool children, school children, youth and students in regular schooling up to the age of 26.

Furthermore, in specialist-consultative health care, services are provided within the following activities: oral diseases; dental diseases; orthodontics; pediatric and preventive dentistry; oral surgery and dental prosthetics.

The list of orthopaedic and other aids that can be prescribed within the compulsory health insurance, which is part of the Decision on determining the basic package of health rights, among

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<sup>9</sup>At the secondary and tertiary level, mental health services are provided in eight institutions: Clinic for Psychiatry, PHI University Clinical Centre of the Republika Srpska Banja Luka; Department of Neuropsychiatry, PHI University Hospital Foča; PHI Psychiatric Hospital Sokolac; PHI Special Hospital for Chronic Psychiatry Modriča; Department of Neuropsychiatry, PHI Hospital Gradiška; Department of Psychiatry, PHI Hospital “Sveti apostol Luka” Doboj; Department of Psychiatry, PHI Hospital “Dr Mladen Stojanović” Prijedor and Department of Psychiatry, PHI Hospital Trebinje. Inpatient forensic-psychiatric mental health care services are provided by the PHI Institute for Forensic Psychiatry Sokolac, in accordance with modern standards;

other aids includes the following dental prosthetic replacements, namely: partial acrylic dentures (duration of aids is defined according to type of aid from 36 to 60 months, the amount financed by health insurance is 100%), total prosthesis made of acrylate (the amount financed by health insurance is 100%), temporary prosthesis (duration of aid 60 months, the amount financed by health insurance is 100%), orthodontic appliance for persons up to 18 years of age (the amount financed by health insurance is 100%), epithesis (obturator) (the amount financed by health insurance is 100%), etc.

The decision on the maximum amounts of direct participation of insured persons in the costs of using certain types of health care in the basic package of health rights exempts certain categories of insured persons, according to social and health status, from paying participation in provided dental services.

**In the Republika Srpska**, the Health Insurance Fund provides insured persons at the expense of compulsory health insurance in full or with the personal participation of the insured person in health care costs, dental health services at the primary and secondary level according to the Price List of health services within activities 1350 - Dentistry and 2240 - Dentistry (from 2016 to 2018, the Price List also included activity 2260 - Dentistry - specialist level), which are available on the official website of the Fund [www.zdravstvo-srpske.org](http://www.zdravstvo-srpske.org). Services are free of charge for insured persons who comply with the Ordinance on the content, scope and manner of exercising the right to health care (Official Gazette of the RS, 102/11, 117/11, 128/11, 101/12, 28/16, 83/16, 109/17, 115/17, 017/18, 053/18, 059 / 18, 112 / 18, 017/19, 98/19, 21/20) are exempted from paying the co-payment (personal participation of the insured person in the costs of health care). Insured persons who are not exempt from personal participation in the costs of health care pay a co-payment in the percentage of 50% of the price of the service.

### **13. Provide data on the health care of transgender people, the possibility of performing gender reassignment surgery in BiH, and how such treatments are covered through health insurance.**

Answer:

The legal framework in force in **the Federation of Bosnia and Herzegovina** requires strict compliance with the provisions on the prohibition of discrimination on any grounds. The prohibition of discrimination is clearly prescribed by the laws applicable in the health sector, especially in terms of the provision of services, which includes the protection of the health of all vulnerable groups, including transgender people.

The possibility of performing gender reassignment surgery is not available nor is it possible to cover such procedures in terms of health insurance. However, an interdepartmental team at the state level is engaged in the preparation of an Action Plan that would design solutions to issues related to discrimination against transgender people, including health care issues.

As for **Republika Srpska**, gender reassignment is defined by the Program for the Prevention and Control of Noncommunicable Diseases. Each case is resolved individually by submitting a request to the Fund. Considering the existing capacities for performing operations of this type, the Fund mostly sends a person abroad for treatment by decision, with the instruction that they can reimburse the costs of the operation. Also, in order for a transgender person to get to the stage when surgeries are being performed or surgery is being considered, it is necessary for the person to go through a path of transition and long-term preparation (taking hormones, psychological preparations, examinations, etc.).

At the end of 2019, a Working Group for the development of the LGBT Action Plan for Bosnia and Herzegovina was formed, consisting of representatives of relevant institutions from Republika Srpska, the mi and Brčko District. Negotiations are still ongoing in the RS Government regarding the position and final participation in this Working Group and the drafting of the document, but the

relevant ministries in the RS Government are actively participating in the discussions. This Working Group deals with issues of the LGBT population, including transgender people.

**In the Brčko District of Bosnia and Herzegovina**, surgical interventions for gender reassignment are not financed from the funds of compulsory health insurance, in accordance with Article 23 of the Law on Health Insurance - consolidated text (Official Gazette of the BD BiH BiH, 27/18 and 34/19) and Decision on types of health services that are not financed from the funds of the Brčko District Health Insurance Fund (Official Gazette of the BD BiH BiH, 36/13).

#### **4.1. Article 11, paragraph 2 - Advisory and educational opportunities**

*The European Committee of Social Rights in its Conclusions (2017) concludes that the situation in Bosnia and Herzegovina is not in line with Article 11, paragraph 2 of the Charter due to the fact that cancer screening policies in the country are not systematically established.*

**14. In the previous reference period, the Committee issued a negative conclusion under this article of the Charter regarding the fact that cancer screening policies in the country have not been systematically established.**

Answer:

**In Bosnia and Herzegovina**, measures for early detection of certain malignant diseases (cancer of the cervix, breast, colon and rectum and prostate) are organized and implemented by consultative services of health Centres in cooperation with family medicine teams and specialist hospital services.

**In the Federation of Bosnia and Herzegovina**, Strategy for Prevention, Treatment and Control of Malignant Neoplasms 2012-2020. was adopted by the FBiH Parliament in 2012. The strategic goals defined by this Strategy are the following: to reduce the incidence of malignant neoplasms in the population; ensuring early detection and screening of malignant neoplasms; ensuring effective diagnosis and treatment of malignant neoplasms; providing effective palliative care for patients with malignant neoplasms; ensuring comprehensive and continuous collection of data on malignant neoplasms, functioning of the monitoring and evaluation system, as well as improving research. The Strategy also determines the framework for the Action Plan for the implementation of the Strategy, on the basis of which two-year action plans are adopted with specific activities in accordance with priorities and in accordance with the financial capacities of the sector, i.e. defined holders of individual tasks.

The Action Plan for the implementation of the Strategy for the period 2013-2014 was adopted and implemented to a certain extent, and was mainly based on segments where goals can be largely achieved by better and more organized use of existing resources, with less investment, and according to strategic goals. This is due to the lack of financial resources, which could be programmatically allocated, in accordance with the Strategy. At the same time, this is the key reason why no significant progress has been made in the level of implementation of the Strategy.

Screening programmes are sporadically implemented at the cantonal level and are related to the available funds, whether they are funds from the budget, various projects and the like.

One example of a successful and comprehensive screening program is the Breast and Cervical Cancer Prevention Project for Roma Women in the Federation of Bosnia and Herzegovina.

**In the Republika Srpska**, the Program for the Prevention and Control of Noncommunicable Diseases covers a number of early detection activities, listed below:

- Early detection of the disease includes cardiovascular diseases, diabetes mellitus, cervical cancer
- uterus, breast, colon and rectum and prostate;

- Early detection of cervical cancer is performed in all women from 25 to 60 years of age once every three years;
- Early detection of breast cancer is performed by physical examination and mammography. Every physical examination of women over the age of 40 must include palpation of the breasts. Mammography is performed in all women from 50 to 70 years of age once every two years;
- Early detection of colon and rectal cancer is performed by digital examination of the rectum, examination of stool for blood and sigmoidoscopy. Digital examination of the rectum is performed in all persons over 50 years of life once in three years. In case of abnormal findings or in persons with a family history of the disease, a stool examination for blood and sigmoidoscopy is performed;
- Early detection of prostate cancer is performed by rectal digital examination of the prostate, test for specific antigen and transrectal ultrasound diagnostics;
- Rectal digital examination of the prostate is performed in men from 50 to 70 years of age once in two years; and
- Detection and reduction of risk factors include: high blood pressure, high blood cholesterol, high blood sugar, high body mass index and smoking.

**15. The Committee requests updated information on activities undertaken by public health services and other bodies to promote health and prevent disease.**

Answer:

At the level of **Bosnia and Herzegovina**, there are no health promotion and disease prevention programmes. Preventive activities planned by the framework documents of the World Health Organization are implemented at the level of the Federation of Bosnia and Herzegovina, the Republika Srpska and Brčko District of Bosnia and Herzegovina.

In order to promote health and prevent disease, raise public awareness and improve people's responsibility for their own health, in cooperation with non-governmental organizations, preventive activities were carried out to actively search for and detect TB patients among particularly vulnerable groups (Roma, prisoners, displaced persons, persons who have limited access to health services and other specific groups). These activities strengthened community-based tuberculosis care and supported NGO efforts for appropriate access to health care, as well as advocacy, communication, and social mobilization. Promotional activities were particularly intensified as part of the celebration of World Tuberculosis Day (24 March) and Tuberculosis Week (14-21 September), and World HIV/AIDS Day (1 December), and they were implemented in cooperation with institutions from the health sector and non-governmental organizations.

**In Federation of Bosnia and Herzegovina**, the FBiH Ministry of Health has previously worked on health promotion and disease prevention by promoting “Health in all policies”, which means, among other things, that all policies, strategies, action plans and programmes are based on a multisectoral approach to health.

Based on the above, this ministry coordinated the implementation of a number of promotional prevention programmes, which referred to the most common risk factors for public health, mental health prevention, reproductive health, promotion of healthy nutrition and breastfeeding, as well as early growth and development, etc.

Continuous activities are also being carried out to educate other sectors on their impact on health according to the principle of “Health in all policies”. The joint action in the field of animal and human health ONE HEALTH can be taken as an example.

We emphasize that activities for the preservation and improvement of health are carried out at the level of local communities, in accordance with the specifics and needs of local communities.

**In the Republika Srpska**, the RS Public Health Institute has been continuously implementing the project “Health Promotion and Prevention of Health Risk Factors in Roma Communities In the

Republika Srpska” since 2010, within which health promotion and disease prevention activities were organized. In the period from 2016 to 2019, within the mentioned project, individual contact was established with more than 500 Roma families who were educated on general hygiene measures, sexual and reproductive health, prevention of transmission of infectious diseases such as HIV and tuberculosis, the importance of immunisations and risk factors for mass noncommunicable diseases. The project also developed and printed informational and educational material that was distributed to Roma communities in the Republika Srpska. Also, over 50 workshops were organized with the participation of more than 1000 members of the Roma community, on the topic of hygienic and epidemiological waste management, prevention of infectious diseases and on the prevention of cervical cancer and breast cancer in women.

A depression prevention program is listed for mental health , but it fits in here as well. The Program for the Prevention and Control of Chronic Non-Communicable Diseases is also being partially implemented.

Within the activities of the RS Ministry of Health and Social Welfare, the RS Ministry of Education and Culture and the RS Public Health Institute, instructions for development, implementation and evaluation of the initiative How to become a school/preschool “Friend of proper nutrition” were prepared as well as Nutrition Standards in Preschools. The Institute for Public Health monitors and studies health problems and risks to the health of the population, performs activities on health promotion and disease prevention, and informs the population about the importance of preserving and improving health. These activities are continuously implemented. Through the Program of the school/preschool institution Friends of Proper Nutrition, the publication “Choose the right, grow healthy” was prepared with general information and messages for parents, guardians, educators and those who prepare food for children.

**In the Brčko District of Bosnia and Herzegovina**, in accordance with the health calendar adopted by the Public Health Subdivision, it also carries out certain activities related to those dates.

**16. The Committee requests information on whether health education is compulsory by law, how it is included in the curriculum (whether as a separate subject or integrated into other subjects) and the content of health education.**

Answer:

In accordance with the constitutional competencies, education and professional training of health workers for the Federation of Bosnia and Herzegovina, Republika Srpska and Brčko District of Bosnia and Herzegovina is performed through secondary schools and faculties, as well as health institutions in the field of health and education. Professional development and training are also provided through lifelong learning. Professional development and training are paid as self-financing or from public funds.

**In the Federation of Bosnia and Herzegovina**, health workers are educated and trained in health education and training institutions. After graduating from the faculty, the medical staff (doctor of medicine, doctor of dentistry, master of pharmacy) is additionally educated (professionally trained) through specialist training at faculties and teaching health institutions. Nurses are trained at three levels: secondary medical school, the first cycle of higher education and the second cycle of higher education.

When it comes to professional training, in the Federation of Bosnia and Herzegovina, the Law on Health Care (Official Gazette of the FBiH, 46/10 and 75/13) stipulates that it is the right and obligation of health workers to undergo professional training. Professional training of health workers, in addition to specialization and subspecialization, includes special forms of professional training. Special forms of training take place through continuous monitoring and adoption of modern knowledge and skills in certain areas. In terms of specializations and subspecializations, as a form of professional development, in the Federation of Bosnia and Herzegovina, health workers

and health associates with higher education may specialize in a particular branch of health care, and certain branches of subspecialization.

If health care institutions in the Federation of Bosnia and Herzegovina do not meet the requirements, part of the length of service or the entire length of service may be performed abroad, with the approval of the FBiH Minister of Health. Specialist and subspecialist trainings are financed by institutions that have referred health workers for training. However, in accordance with the regulations, citizens of Bosnia and Herzegovina residing on the territory of the Federation of Bosnia and Herzegovina may, upon personal request, request approval from the FBiH Ministry of Health for specialization or subspecialization, bearing the costs of the specialist or subspecialist exam. The Agency for Quality and Accreditation in Health Care in the Federation of Bosnia and Herzegovina (AKAZ) is also working on educating health professionals in the field of establishing a quality system in health care. So far, over 4,000 health professionals in the Federation of Bosnia and Herzegovina have completed AKAZ's training. The costs of education are borne mainly by the health institution that directs the health workers and associates to the education. Exceptionally, in accordance with the prescribed conditions, health workers themselves can access a certain type of education and bear the costs for that education.

**In the Republika Srpska**, the RS Ministry of Education and Culture defines the curriculum for the following occupations: medical technician, obstetric and gynecological technician, physiotherapeutic technician, pharmaceutical technician, dental and dental technician, Laboratory and sanitary technician.

In connection with adult education, in Republika Srpska, training programmes are implemented for medical technicians for work in radiotherapy, training of medical and Laboratory technicians for work in transfusion, and training of dental and dental technicians for work in dental prosthetics. Healthcare workers receive higher education at health care faculties in the country and abroad.

The condition for independent performance of health care activity is, in addition to the appropriate professional qualification, also to pass the professional exam. The professional exam is taken after completing higher and secondary education and completing an internship. The internship for a university degree lasts 12 months, and with a high school diploma six months. The internship is performed according to a specially approved program and under the direct supervision of an authorized healthcare professional.

Healthcare workers with a university degree and taken professional exam for the profession of doctor of medicine (Chamber of Doctors of Medicine of the Republika Srpska), doctor of dentistry (Chamber of Doctors of Dentistry of the Republika Srpska) or master of pharmacy (Pharmaceutical Chamber of the Republika Srpska) are issued a license for independent work.

In the Republika Srpska, health workers are educated at public and private secondary and higher education institutions. In addition to 15 public high school institutions, health education is provided by three private high school Centres. Secondary education of students in the health profession lasts four years, and is performed in six directions (medical, physiotherapeutic, pharmaceutical, dental, Laboratory-sanitary and obstetric-gynecological technician).

In addition to regular high school education, adults are also educated in the health profession. Among the programmes of formal adult education, which have been implemented since September 2010, there are also the professions of medical technician, obstetric and gynecological technician, physiotherapeutic technician, pharmaceutical technician, dental and Laboratory sanitary technician.

The education of nurses/technicians is carried out through a four-year high school, as well as health care faculties, after which, in accordance with the program they attend, they can acquire the titles of graduate health care physician, graduate nurse, graduate physiotherapist, graduate occupational therapist.

**In the Brčko District of Bosnia and Herzegovina**, at the proposal of the Department of Education of the Brčko District Government, the Government of the Brčko District makes a Decision on the

number of medical school students. The Department of Health and Other Services, in accordance with the development needs and priorities of the health institution, adopts the Annual Plan for the needs of specializations and subspecializations, in accordance with the standards of staffing for certain areas and levels of health, and the plan for staff development in health sector.

Health education is defined as an active process of learning and training individuals and communities to use the acquired knowledge about health, with the aim of adopting and applying proper attitude towards a healthy lifestyle and actively contributes to the protection of one's own health and the health of the community.

The World Health Organization points out that health education is not just about spreading information about health, but an active learning process through many life experiences.

Health education is included in the curriculum during primary and secondary education through the subjects, Physical and Health Education and Sports Culture, and it is integrated into all other subjects with a greater or lesser share.

**17. The Committee requests detailed information on how the public is informed, in particular through awareness-raising campaigns on the adverse health effects (smoking, alcohol and drugs) of developing a sense of individual responsibility, including aspects such as healthy eating, sexuality and the environment.**

Answer:

The BiH Ministry of Civil Affairs, in cooperation with the FBiH Ministry of Health, the RS Ministry of Health and Social Welfare and the Department of Health and Other Services of Brčko District of Bosnia and Herzegovina, prepares annual work plans with international and UN organizations. BiH Council of Ministers.

Measures to promote healthy lifestyles related to the prevention of non-communicable diseases in accordance with their competencies are implemented and regulated by the competent institutions of the Federation of Bosnia and Herzegovina, Republika Srpska and Brčko District of Bosnia and Herzegovina. These measures are implemented in cooperation with international organizations and the civil society sector.

**In the Federation of Bosnia and Herzegovina**, informing the public is done mostly through the functions of the cantonal institutes of public health and the FBiH Public Health Institute, through actions marking internationally important dates, on average about 20 different thematic areas each year.

Dissemination of information to the public related to the thematic areas of addiction is done through websites and social networks of the institute, by publishing thematic promotional materials, organizing professional meetings, cooperating with NGOs and cooperating with the media.

Furthermore, through the education of family medicine teams, the knowledge of health professionals and the population has been improved by continuous exchange of knowledge through the implementation of prevention programmes, such as programmes for the prevention of cardiovascular diseases or diabetes prevention programmes. Doctors also gained knowledge and skills for preventive and promotional work. It is especially important to emphasize the commitment to promoting healthy lifestyles.

With the support of the WHO, development of a guide for monitoring risk factors for cardiovascular disease for family medicine teams at the primary health care level, within which a Guide on services for smoking withdrawal and quitting for health professionals, as well as promotional and preventive materials for patients.

Furthermore, the FBiH Ministry of Health and the FBiH Public Health Institute, in cooperation with relevant institutions in the health system, including the civil society sector (PROI, Public Health Partnership, etc.), participate in marking thematic significant dates aimed at prevention and cessation. smoking (World Cancer Day, World No Tobacco Day, World Health Day, World No Smoking Day, World Heart Day).

**In the Republika Srpska**, the RS Ministry of Health and Social Welfare, in cooperation with the World Health Organization, implemented the project “Strengthening and Improving Modern and Sustainable Public Health Strategies, Capacities and Services to Improve Population Health”. Within this project, guides for the prevention of obesity in children and adults and the promotion of physical activity, and promotional material for the prevention of obesity and the promotion of physical activity were developed. In response to the sub-question “Healthy lifestyle” within this question, an overview of activities undertaken in order to develop healthy lifestyles and proper nutrition in the early stages of life is given.

In the Republika Srpska, by marking the health calendar through campaigns organized in cooperation with the Public Health Institution of the RS Public Health Institute and the RS Ministry of Health and Social Welfare (in the local community) and media information through websites of both institutions TV and radio shows, via social networks - FB accounts).

**In the Brčko District of Bosnia and Herzegovina**, informing the public, especially through awareness-raising campaigns on adverse health effects, is done through the portal of the Brčko District Government.

**18. The Committee requests detailed and updated information on the availability of primary free health care for children, as well as information on the frequency of school systematic examinations, their objectives, the proportion of students concerned and the number of staff involved.**

Answer:

Annual medical check-up of students and youth are primary prevention measures that actively monitor health in a certain period of life. They are performed for monitoring growth and development, for early detection and treatment of diseases as well as other developmental disorders. Despite the fact that young people are the healthiest part of the population, the number of children and adolescents with developmental disabilities, acute and chronic diseases is increasing every day. In order to prevent the increase of diseases and disorders, it is common in medical practice to conduct systematic examinations by school medicine specialists and pediatricians.

Regular medical check-up is performed in the second, fifth and eighth grade of nine-year primary education, and in the first and third grade of secondary education. The results of medical check-ups, data on diseases and treatment of students during schooling, and all measures taken for their health care are entered in the health card, which accompanies it from the beginning to the end of schooling.

Students come for medical check-ups in an organized manner by classes, which is a good way to educate in groups and develop awareness of a healthy lifestyle and create healthy habits from an early age.

Medical check-ups include: taking anamnestic data; observing the purity of the body; assessment of visual and hearing acuity; posture assessment; examination of the musculoskeletal system; assessment of development and nutrition; review of organic systems; oral health condition; assessment of mental development; registration of chronic and allergic diseases and control and implementation of vaccination and revaccination.

After the check-ups, the doctor draws up a conclusion on the health condition of the student, which contains an assessment of the health condition and assessment of physical ability, and measures to be taken to improve the health condition, if necessary.

In accordance with the regulations in the field of health, health care at all levels of health care, and thus primary health care, is provided to all children on the territory of the **Federation of Bosnia and Herzegovina**.

The Law on Health Insurance stipulates that every child is insured on some of the grounds, and the sources of financing are also determined.

At the primary level of health care, pediatricians provide services to children up to 6 years of age. Also, the current regulations at health Centres, in accordance with the needs of the local community, organize Centres for early growth and development in which multidisciplinary teams work. Health Centres are also obliged to organize Centres for immunisation of children.

Medical check-ups of children are defined in detail in the Standards and norms of health care and nomenclature of services in the FBiH.

Regulations in the field of health provide for medical check-ups of children aged 0-18 are performed periodically, as follows:

- Medical check-ups of newborns 0-2 months
- Medical check-ups of infants aged 6-11 months
- Medical check-ups of infants aged 3-6 months
- Medical check-ups of a child aged 1-3 years
- Medical check-ups of a child aged 4-6 years
- Medical check-ups of a child when enrolling in preschool education
- Medical check-ups of the child before starting primary school
- Medical check-ups of a school child in II, IV, VI, I VIII grade of primary school, and I and III grade of secondary school.
- Medical check-ups of an adult over the 18 years of age.

The scope and type of check-up is defined by the same regulation for each of the age groups.

The aim of medical check-up is to determine the deviation from early growth and development and to intervene as soon as possible, and to monitor the growth and development of preschool and school children with timely intervention.

Medical check-up services are conducted regularly every year at the level of primary health care, and the data for the period 2016-2018 for the FBiH are as follows:

- number of systematic and periodic examinations of children aged 0-6 years 62.192;
- number of systematic and periodic examinations of children aged 7-18 aged 23.602;
- the number of control examinations after systematic and periodic examination is for children 0-6 years of age is 18.531,
- the number of control examinations after systematic and periodic examination is for children 7-18 years of age is 241.

Data on the number of examinations are presented in the way in which data were collected and processed in the specified period.

**In the Republika Srpska**, in accordance with the Rulebook on the content, scope and manner of exercising the right to health care (Official Gazette of the RS, 102/11, 117/11, 128/11, 101/12, 28/16, 83/16, 109 / 17, 115/17, 017/18, 053/18, 059 / 18,112 / 18, 017/19, 98/19, 21/20) free health care is available to children up to 15 years of age, i.e. it is fully provided at the expense of funds of the compulsory health insurance.

**In the Brčko District of Bosnia and Herzegovina**, Article 8 of the Law on Health Care in the Brčko District of Bosnia and Herzegovina prescribes that health care is provided under equal conditions to population and nosologic groups of special socio-medical importance, and in the same article as the said group includes children up to 15 years of age, school children and students until the end of schooling, and no later than 27 years of age. This category of the population is provided with health care that is not covered by compulsory health insurance from the District budget.

Annual medical check-ups of teachers are mandatory and are conducted every year, students have a mandatory medical examination when enrolling in the first grade of primary school.

**19. The Committee requests detailed information on the implementation of the Rare Diseases Program for the period 2014-2020 In the Republika Srpska, and whether more documents with the same objectives have been adopted in the meantime.**

Answer:

**In the Federation of Bosnia and Herzegovina**, the Strategy for Rare Diseases sets certain goals, and in order to enable better comprehensive health care for people with rare diseases. However, due to a number of unforeseen circumstances that occurred in the meantime, the activities planned to achieve the goals were not realized as planned.

Thus, there was no approach to the development of the Register of Rare Diseases, as one of the basic tasks arising from the strategy. Namely, it is planned within the TAIEX project, which is being implemented in Bosnia and Herzegovina through cooperation with EU workshops that would provide basic knowledge for the development of such a register. The workshop was canceled on a couple of occasions. The development of the Register is planned after the implementation of adequate training for its development and management.

Furthermore, in the FBiH there are no adequate epidemiological data on rare diseases, which is a consequence of inadequate application of the International Classification of Diseases (MK-10), and the lack of a systematic approach to these diseases. Pursuant to the Law on Records in the Area of Health (Official Gazette of the FBiH, 37/12), a number of bylaws were adopted regulating the form, content and manner of keeping medical records and the manner and deadlines for submitting them to the FBiH Public Health Institute, which then processes them. The above regulations have been in force since 2019 and we expect in the coming period that we will have better epidemiological data that will be the basis for further action.

In the previous period, the analysis of existing screening programmes financed from the Solidarity Fund of the Federation of Bosnia and Herzegovina was started, which is also one of the activities planned by the Strategy. After considering the situation in this area, we remained with the same screening programmes for all children: screening for phenylketonuria, congenital hypothyroidism and adrenal hyperplasia.

Also, a working group for rare diseases was appointed, which would clearly define the criteria for sending children with rare diseases for diagnosis and treatment abroad.

It is important to note that within the activities based on the Strategy of Early Growth and Development, work was done on the development of training programmes especially related to neurodevelopmental disorders, but also other rare diseases. The programmes are designed for multidisciplinary teams of professionals as well as for parents.

**In the Republika Srpska**, program activities for rare diseases included the following:

In February 2015, the Ministry of Health and Social Welfare appointed the RS Coordinator for Rare Diseases - MScMed Nina Marić, who cooperated with health institutions in the RS, international organizations, professional associations and scientific institutions dealing with rare diseases, and gave proposals for improving the health care of these persons, and participated in the work of the RS Commission for Rare Diseases, gave statements to the media, proposals for answers to the questions of the representatives in the Assembly, gave lectures on rare diseases and closely cooperated with the representatives of the RS Association for Rare Diseases.

Then the Commission was formed and the Centre for Rare Diseases was established. The Minister of Health and Social Welfare appointed the Commission in June 2015 for a period of four years, and with the Decision from January 2019, an amendment was made that referred to some members. The Commission is currently composed of 16 members.<sup>10</sup>

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<sup>10</sup> The members of the Commission are: prof. dr. Jelica Predojević Samardžić (pediatrician-hematologist, UCC of Republika Srpska; chairwoman); MSc Med Nina Marić (pediatrician-clinical geneticist, UCC of Republika Srpska; deputy); prof. dr. Zdenka Gojković (oncologist, UCC of Republika Srpska); senior lecturer MD Snezana Petrovic Tepic (pediatrician-nephrologist, UCC of Republika Srpska); prim. dr. Biljana Suzić (pediatrician-specialist in eating disorders); MrSC Med Olivera Ljuboja (pediatrician-pulmonologist, UCC of Republika Srpska); dr. Dragana Starović (dermatologist, UCC of Republika Srpska), prim. dr. Ljiljana Ivančić (Ministry of Health and Social Welfare); dr. Danijela Tubak (Health Insurance Fund); dr. Željko Mišković (Health Insurance Fund); dr. Miodrag Marjanović (Republika Srpska Institute of Public Health); dr. Biljana Janjić (Institute of Public Health of Republika Srpska); MPharm Andjelka Stupar (Association for Rare Diseases of Republika Srpska; secretary); Biljana Kotur (Association for Rare Diseases of Republika Srpska); MrSc Med Dobrinka Dragić (Department of Orthopedics, Physical Medicine and Rehabilitation "Dr. Miroslav Zotović") and MSc Med Jasminka Vuckovic (Solidarity Fund for Diagnosis and Treatment of Children Abroad of the

One of the most important activities of the Centre is the establishment and maintenance of records for rare diseases for the territory of the Republika Srpska, which is in accordance with the law, with a guarantee of protection of personal and especially genetic data. Insight into the types of rare diseases and the number of patients in our country, creates the preconditions for improving the health care of this group of patients.

The records of the Centre contain data on 526 persons suffering from rare diseases in the Republika Srpska (199 different diagnoses).

Within the improvement of prevention and diagnosis of rare diseases, congenital anomalies and genetic predispositions / predispositions, the following is implemented:

- a) Mass neonatal screening<sup>11</sup>;
- b) Expansion / improvement of diagnostics of genomic diseases by application of modern diagnostic technology in medical genetics<sup>12</sup>;
- c) Improving the diagnosis of mental retardation by introducing new DNA technologies<sup>13</sup>;

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Republic of Srpska). The Commission held 12 meetings at which it made a large number of important decisions and sent proposals to the Ministry of Health, the HI Fund and UCC of Republika Srpska, which referred to: the establishment and systematization of the Centre for Rare Diseases, the distribution of funds in the humanitarian campaign "With love to brave hearts" in 2015, the content of rare diseases, the content of a positive list of drugs, the introduction of DNA isolation and new diagnostic methods in the UCC of Republika Srpska, appointment of experts for rare diseases as one of the measures to overcome the problem of transition of these patients, measures to strengthen the capacity of health workers in working with patients with rare diseases, improving neonatal screening, amending the Rules of the Health Insurance Fund for compulsory health care for patients with rare diseases regardless of age and inclusion of rare diseases in the Law on Amendments to the Law on Social Protection.

The Commission has launched an initiative towards the Health Insurance Fund to register children with rare diseases with a pediatrician up to the age of 18 instead of the age of 6, as regulated by the valid rulebook.

In October 2015, by the decision of the Ministry of Health and Social Welfare, the Centre for Rare Diseases of the Republika Srpska (hereinafter the Centre) was established in the UCC of the Republika Srpska. The Centre is located in a room located in the Maternite building, next to the Genetic Counseling Centre and is part of the Clinic for Children's Diseases. The Centre represents a scientific/professional base whose activities include the creation of standards and guidelines for clinical practice for the prevention, diagnosis, treatment and rehabilitation of persons with rare diseases, providing highly specialized education and training of health workers in the field of rare diseases, coordination of exchange of information and experiences in the treatment of rare diseases between health care institutions, and establishing and maintaining close cooperation with the European Reference Expert Network for Rare Diseases. The Centre keeps records of patients and keeps their medical records. The Centre issues identification cards to persons suffering from rare diseases, based on their request, medical documentation and the opinion of the Commission, which serve these persons to exercise the rights defined by the valid regulations of the Health Insurance Fund. So far, the Centre has issued 308 IDs. The Centre also coordinates all other activities envisaged by the Program, organizes the meetings of the Commission, implements its decisions and keeps the appropriate documentation. The Day of Rare Diseases was organized by the Centre. The Centre employs employees of the Clinic for Children's Diseases who are employed at the Genetic Counseling Centre;

<sup>11</sup> Neonatal screening is conducted continuously. With the support of the Ministry of Health, and organized by the Association of Pediatricians of Republika Srpska, in November 2017, a training on neonatal screening was held for representatives of all maternity hospitals in the Republika Srpska, which again pointed out the importance of its comprehensive, correct and continuous implementation. On that occasion, instructions for the proper performance of screenings for maternity hospitals were made, which were printed in a large format and plasticized. In the forthcoming period, special attention should be paid to the control of the implementation of neonatal screening by the competent institutions;

<sup>12</sup> In the Republika Srpska, postnatal diagnosis of monogenic diseases is not performed, and the Centre has established cooperation with reference Centres abroad, to which DNA samples are sent, and analyzes for children are paid for by the Solidarity Fund since its establishment. UCC Republika Srpska performs postnatal cytogenetic diagnostics in children with suspected chromosomal diseases and their first-degree relatives, in case of suspected balanced chromosomal aberrations, in couples with repeated pregnancy losses and infertility in preparation for assisted "in vitro" fertilization, and highly specialized clinical genetic consultation, providing informed consent for pregenetic testing and detailed genetic information and risk assessment after diagnosis in all subjects. These activities are part of the services of the Genetic Counseling Centre of the Clinic for Children's Diseases.

Within the projects of the Fund ZO "Congenital anomalies in the Republika Srpska - clinical and epidemiological characteristics" and "Prevention of congenital anomalies in the Republika Srpska and the creation of a national biobank", the Association of Pediatricians of Republika Srpska registered children born with congenital anomalies in 2015 and 2016, on the territory of the entire Republika Srpska and formed a database thanks to which one can get an insight into the epidemiological situation when it comes to congenital anomalies in our country, but also exposure to risk factors and the implementation of prevention measures. The registration was done according to the EUROCAT model so that in the future the obtained database could be part of the European register system. During the projects, health workers and the general public, and especially its reproductive part, are better acquainted with the problem of congenital anomalies and prevention measures through lectures, television shows, newspaper articles or brochures. The aim of the project was also to improve prenatal and postnatal detection of congenital anomalies and to improve prevention that would in the future lead to a reduction in the incidence of newborns with congenital anomalies;

- d) Improving the prenatal diagnosis of congenital anomalies and reducing the incidence of newborns with congenital anomalies and serious genomic diseases, which cannot be treated<sup>14</sup>;
- e) Improving the genetic diagnosis of reproductive diseases: male and female infertility, repeated pregnancy losses and stillbirth<sup>15</sup>;
- f) Improving diagnostics in hematological patients<sup>16</sup>;
- g) Improving the diagnosis of genetic predispositions to hereditary malignancies<sup>17</sup>;
- h) Improving the control and supervision of the overall treatment of genomic and congenital diseases<sup>18</sup>;
- i) Improving the knowledge and professional capacities of health workers in the field of early prevention, diagnosis, therapy and rehabilitation of patients with rare diseases<sup>19</sup>;
- j) Promotion of an integrated approach in the implementation of programmes for prevention, diagnosis, treatment and social inclusion of patients with rare diseases and their families<sup>20</sup>;
- k) Organizing public campaigns to raise general and professional awareness of the importance of rare diseases<sup>21</sup>;

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<sup>13</sup> Diagnosis of Fragile X chromosome syndrome for people with mental retardation and phenotypic characteristics of this syndrome is performed at the Faculty of Biology in Belgrade, and is funded for children by the Solidarity Fund. The commission made a proposal to introduce FISH diagnostics in the UCC of Republika Srpska.

In the meantime, the mentioned analysis was replaced with chromosomal and chromosomal microarray, and in the future, we should strive to introduce this method.

Chromosomal microarray is now being done in reference Centres abroad, and for children this analysis is funded by the Solidarity Fund. Clinical genetic consultations, informed consent before genetic testing and detailed genetic information and risk assessment after diagnosis in all subjects are performed at the Genetic Counseling Centre of the UCC of Republika Srpska;

<sup>14</sup> The UCC of Republika Srpska performs biochemical and ultrasound screening for chromosomal diseases of the fetus in the first trimester in UCC of Republika Srpska, in OB Doboј and recently in OB Gradiška.

In high-risk pregnant women, invasive prenatal diagnostics through amniocentesis are performed at the University Medical Centre of Republika Srpska. Prenatal cytogenetic diagnostics is performed at the UCC of Republika Srpska, and for the purpose of prenatal diagnosis of monogenic diseases, amniotic fluid samples were taken at UCC of Republika Srpska, and analyzed in reference laboratories abroad. Clinical genetic consultations, informed consent before genetic testing and detailed genetic information and risk assessment after diagnosis in all subjects are performed at the Genetic Counseling Centre of the UCC of Republika Srpska. The UCC of Republika Srpska has a First Instance Commission and an Ethics Committee that consider the requests of pregnant women for abortion whose fetus has been diagnosed with a congenital anomaly or a serious genomic disease that cannot be treated, which reduces the incidence of these diseases in live births;

<sup>15</sup> The UCC of Republika Srpska performs cytogenetic diagnostics of chromosomal aberrations in couples with infertility, in couples with more than two lost early pregnancies and in stillbirth, DNA diagnostics of mutations in genes responsible for hereditary predisposition to thrombosis in women with more than two lost pregnancies, and prior to genetic testing performed abroad, provides highly specialized clinical genetic counseling, providing informed consent prior to genetic testing, and detailed genetic information and risk assessment after diagnosis;

<sup>16</sup> Cytogenetic analysis of chromosomes in bone marrow and peripheral blood and immunophenotyping in hematological adult patients are performed in the UCC of Republika Srpska, while analyzes for children are performed in ZU in Serbia;

<sup>17</sup> In the Republika Srpska, there is no routine testing for susceptibility to malignant diseases, and there are very few people who ask for such a consultation;

<sup>18</sup> A highly professional analysis would be needed to assess the implementation of this activity. Thanks to the initiated measures that should lead to the introduction of specialized genetic diagnostic technologies, connection and close cooperation between all levels of health care and all relevant health institutions in the Republika Srpska with the Commission and the Centre, establishing cooperation and exchange of experiences with technologically highly developed international reference diagnostic and research Centres this activity will be partially realized;

<sup>19</sup> Education on rare diseases is carried out through lectures at the annual meetings of the Association of Pediatricians, through the education of medical students and at meetings on the occasion of the Day of Rare Diseases. According to the current regulations of the Health Insurance Fund, all persons older than six years are cared for at the primary level by a family doctor, so it is necessary that education on rare diseases is conducted at family physicians' meetings and that it is continuous. It is also necessary to provide financial resources for the development and distribution of professional brochures and protocols on rare diseases, development, distribution and application of written forms related to the treatment of rare diseases;

<sup>20</sup> The Commission, by involving experts from various fields, representatives of leading institutions and representatives of the affected rooms, enabled a coordinated cross-sectoral and multidisciplinary approach to rare diseases in the Republika Srpska that needs to be further maintained and improved. Implementation of activities within the "Lisbon Program" related to the preparation of campaigns to change the attitudes and behavior of the public towards people with rare diseases is the task of the whole society;

<sup>21</sup> Under the auspices of the Cabinet of the President of Republic of Srpska on 23.12.2015, a donor evening was held dedicated to children suffering from very rare genetic diseases. One month before the donor evening, the campaign "With love to brave hearts" was held, which contributed to raising public awareness of the importance of rare diseases, the problems faced by people with rare diseases and their families and changing attitudes and behavior towards people with rare diseases. During the campaign, many rare disease experts, members of the Commission, contributed to raising the overall level of knowledge and information of the general

- l) Cooperation and support of NGOs and patient organizations<sup>22</sup>; and  
m) Establishment of effective regional and international cooperation<sup>23</sup>.

At the end of January this year, the RS Minister of Health and Social Welfare appointed members of the Commission for Rare Diseases (the mandate of the previous Commission expired) and a working group for the development of another Program for Rare Diseases In the Republika Srpska.

**20. The Committee requests information on the conditions for access to preventive screening examinations, the percentage of persons concerned and the frequency of such examinations.**

Answer:

The activities carried out in this regard are at the level of the entities, i.e. the Federation of Bosnia and Herzegovina and the Republika Srpska, and which cooperate with the European Network of Cancer Registries (ENCR).

In **the Federation of Bosnia and Herzegovina**, the House of Peoples of the FBiH Parliament, at its 10<sup>th</sup> session held on March 28, 2012 adopted the Strategy for Prevention, Treatment and Control of Malignant Neoplasms 2012-2020. The strategic goals defined by this Strategy are to reduce the incidence of malignant neoplasms in the population, to ensure early detection and screening of malignant neoplasms, to ensure effective diagnosis and treatment of malignant neoplasms, to provide effective palliative care for patients with malignant neoplasms and to collect data on malignant neoplasms, the functioning of the monitoring and evaluation system, as well as the improvement of research. The Strategy also determines the framework for the Action Plan for the implementation of the Strategy, on the basis of which two-year action plans are adopted for specific activities in accordance with priorities and in accordance with the financial capacities of the sector, i.e. defined holders of individual tasks.

An expert coordination commission for the implementation of the Strategy was appointed in 2012 by the FBiH Ministry of Health. In addition to this commission, if necessary, working groups may be formed for each of the goals and the development of detailed plans. Currently, the Group for the development of a plan for palliative care of malignant neoplasms is active, which has the task of making an analysis of the situation in the field of palliative care, and to propose a plan for the development and improvement of palliative care.

However, screening programmes are not part of the regular health care system in the Federation of Bosnia and Herzegovina, i.e. there are no comprehensive population screenings for cancer in the Federation of Bosnia and Herzegovina. A systemic solution to the implementation of cancer screening has not been established, due to imbalances related to legislation and ongoing funding mechanisms.

However, we emphasize that within the Solidarity Fund, screening for hypothyroidism, phenylketonuria and adrenal hyperplasia are planned and available for all newborns.

In **the Republika Srpska**, measures for early detection of malignant diseases are implemented in accordance with the Program for Prevention and Control of Non-Communicable Diseases. The manner of monitoring and implementation of measures from the said program is defined by the Professional Instruction for detection and reduction of risk factors and early detection of diseases. Measures for early detection of certain malignant diseases are organized and implemented by the consulting services of the health Centre in cooperation with family medicine teams and specialist

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population about the risks of rare diseases and available screening programs for primary prevention and early diagnosis of rare diseases;

<sup>22</sup> Representatives of the Association for Rare Diseases of Republika Srpska, the Association of All Patients with Rare Diseases In the Republika Srpska, are members of the Commission for Rare Diseases since its establishment, and they have actively participated in the work of the Commission and presented problems of its members gave special importance;

<sup>23</sup> Cooperation has been established with experts in rare diseases and clinical genetics from some neighboring countries, but international cooperation for which financial resources need to be provided has not been established to a satisfactory extent;

hospital services. Early detection of the disease includes cardiovascular diseases, diabetes mellitus, cervical, breast, colon and rectal and prostate cancers.

Early detection of cervical cancer is performed in all women from 25 to 60 years of age once every three years.

Early detection of breast cancer is performed by physical examination and mammography. Every physical examination of women over the age of 40 must include palpation of the breasts.

Mammography is performed in all women from 50 to 70 years of age once every two years.

Early detection of colon and rectal cancer is done by digital examination of the rectum, examination of stool for blood and sigmoidoscopy. Digital examination of the rectum is performed in all persons over 50 years of age once every three years. In case of abnormal findings or in persons with a family history of the disease, stool examination for blood and sigmoidoscopy is performed.

Early detection of prostate cancer is performed by rectal digital examination of the prostate, a test for a specific antigen and transrectal ultrasound diagnostics. Rectal digital examination of the prostate is performed in men from 50 to 70 years of age once every two years.

Detection and reduction of risk factors include: high blood pressure, elevated blood cholesterol levels, elevated blood sugar levels, elevated body mass index, smoking.

- 4.2. In the period from 2016 to 2019, within the project “Health Promotion and Prevention of Health Risk Factors in Roma Communities in the Republika Srpska”, a preventive examination for early detection of cervical and breast cancer was organized for 150 Roma women and a preventive examination for early detection of prostate cancer and colon cancer for 20 Roma men.

### 1.3. Article 11, paragraph 3 - Prevention of diseases and accidents

*The European Committee of Social Rights notes in its Conclusions (2017) that the situation in Bosnia and Herzegovina is not in line with Article 11, paragraph 3 of the Charter because it has not been established that adequate measures have been taken in BiH to guarantee a healthy environment.*

**21. In the previous reference period, the Committee gave a negative conclusion under this article of the Charter regarding the fact that it has not been determined that adequate measures have been taken in BiH to guarantee a healthy environment.**

Answer:

In **Bosnia and Herzegovina**, based on the Law on Communications (Official Gazette of BiH, 31/03, 75/06, 32/10 and 98/12), the Communications Regulatory Agency on 10.09.2008. adopted Rule 37/2008 on limiting the emissions of electromagnetic radiation which prescribes the limited emissions of the electromagnetic radiation (Official Gazette of BiH, 80/08, hereinafter: Rule 37/2008) generated by emission devices in the frequency range from 9kHz to 300 GHz, determining measurement methods and prescribing marking and warning obligations for areas where the stay of people is not recommended or prohibited without the use of protective equipment. Rule 37/2008 is in line with Rec. 99/519 / EC: Council Recommendation of 12.07.1999 on the limitation of exposure of the general public to electromagnetic fields (0 Hz to 300 GHz), and reference European standards: 50364: 2001, EN 50371: 2002, EN 50385: 2002 and EN 50360: 2001.

In **the Republika Srpska**, the Law on Protection against Non-Ionizing Radiation (Official Gazette of the RS, 2/2005) from 2005 is in force, which regulates the principles, conditions and measures for the protection of human health and the environment from the harmful effects of non-ionizing radiation. Based on the said Law, the Ordinance on protection against electromagnetic fields up to 300 GHz (Official Gazette of the RS, 112/05, 40/07, 104/14, 117/14, and 105/15) was adopted, which, among other things, prescribes limit values of reference quantities of electromagnetic fields,

and Res. 99/519 / EC: Council Recommendation of 12.07.1999 was partially adopted on the limitation of exposure of the general public to electromagnetic fields (0 Hz to 300 GHz).

## **22. Provide information on the institutional organization for the proper application of the applicable positive legal regulations.**

Answer:

In accordance with Chapter III, Article 2, under b) and Article 3 of the Constitution of the **Federation of Bosnia and Herzegovina**, the field of health is in the shared competencies between the FBiH government and the cantons, provided that:

- the FBiH government has the right to determine policy and enact laws concerning this jurisdiction (Article III 3. paragraph 3);
- cantons have the right to determine policy and enforce laws (Article III, paragraph 3);
- according to the needs, competencies in the field of health are exercised by the cantons in coordination with the FBiH government (Article III, paragraph 1), where the FBiH government takes into account the different situations in individual cantons and the need for flexibility in implementation (Article III 3 paragraph 3).

Systematic laws regulating the field of health care are: Law on Health Care (Official Gazette of the FBiH, 46/10 and 75/13) and Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11, and 36/18).

In the field of health, other laws governing special areas also apply. However, the field of health is also reflected in laws from others, especially the financial field.

It should be noted that in accordance with Articles 83, 84 and 85 of the Law on Organization of Administrative Bodies in Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 35/05) the relationship between FBiH administrative bodies and cantonal, municipal and city administrative bodies based on the obligations derive from FBiH laws and other FBiH regulations, as well as international agreements concluded by the FBiH, i.e. Bosnia and Herzegovina. The FBiH administrative bodies are obliged to ensure the execution of FBiH regulations and agreements throughout the FBiH and in this regard, have the authority to take all those measures and activities towards lower levels of government that ensure the execution of all state administration tasks.

The authorities responsible for creating health policy and laws in this area are the FBiH and Cantonal Ministries of Health. These ministries also have an important supervisory function, as they are also obliged to control the work of health insurance institutes in the FBiH (Article 110 of the Law on Health Insurance).

In accordance with the FBiH Constitution, in the FBiH, there are 10 cantonal ministries of health and the FBiH Ministry of Health .

FBiH administrative bodies are obliged to ensure the execution of FBiH policies and laws throughout the FBiH and, in this regard, have the authority to take all those measures and activities towards lower levels of government that ensure the execution of all state administration tasks. In case of non-execution of appropriate tasks at lower levels of government, which are in the domain of FBiH regulations and laws, the only possibility is a warning from the FBiH Government to the competent cantonal, municipal or city body, which then has the obligation to inform the cantonal government. However, the law does not provide for specific sanctions for non-implementation of FBiH policies and laws by the authorities.

In practice, there are frequent overlaps of competencies, i.e., inconsistencies between cantonal and FBiH regulations from this area, which are not adequately resolved by the existing constitutional and legal solutions.

There are 10 cantonal health insurance institutes and the FBiH Health Insurance and Reinsurance Institute operating in the FBiH, which form a unique system of compulsory health insurance institutions in the FBiH.

The Cantonal Health Insurance Institute performs appropriate tasks and duties for the area of the canton that relate to: implementation of the policy of development and improvement of health care provided by compulsory health insurance; planning and collecting funds for compulsory health insurance, and paying for services to health institutions and private health workers with whom a contract has been concluded, performing activities related to the exercise of the rights of insured persons, ensuring the legal and timely exercise of these rights; participation in the drafting and implementation of international agreements on social insurance in the part related to compulsory health insurance; performing calculation of debts and claims for health insurance costs, as well as performing other tasks in accordance with these contracts, etc.

The FBiH Health Insurance and Reinsurance Institute performs the following tasks and duties for the entire territory of the FBiH, which relate to: the functioning of the FBiH Solidarity Fund; monitoring the policy of implementation and improvement of compulsory health insurance and coordinating the work of cantonal insurance institutes in that domain; performing the tasks of making a projection of funds necessary for the implementation of compulsory health insurance; planning and fundraising of the FBiH Solidarity Fund; determination of prices and price lists of health services from compulsory health insurance; performing activities related to concluding contracts, monitoring implementation, payment and control of performed health services; preparation of the calculation of the total funds realized and spent in health care, as well as preparation of the calculation of the funds of the FBiH solidarity fund, by purpose, with the report; ensuring the management of a unified information system of compulsory health insurance; drafting international agreements on social insurance in the part related to compulsory health insurance and implementing them, etc. The provision of health services is performed in health care institutions and private practices that should meet the requirements established by the Law on Health Care and regulations adopted on the basis of this law. They are considered health care providers. Verification of the work of health care institutions is performed by the competent ministries of health. Health care institutions are established at the primary, secondary and tertiary levels of health care, in all forms of ownership: public, private and mixed (e.g. health centres, pharmacies, institutes, hospitals, university-clinical centres, natural spas, etc.). Private practice is the independent performance of the duties of one's professional title by a healthcare professional. The work of private practices is verified by the competent cantonal ministries of health.

If health care is provided in the above-mentioned health care institutions and private practices at the expense of the funds of the compulsory health insurance, they must be in a contractual relationship with the health insurance institution.

The Law on Health Care and the Law on Health Insurance do not differentiate between the public and private health sector, but differences are often made at the level of health insurance institutes, because the provision of services at the expense of compulsory health insurance is usually contracted with public health institutions from public sector, and only sporadically with private health facilities and private practices, and only for those services for which there are waiting lists.

From the point of view of procurement of health services, the following appear as contractual bodies: health institutions, regardless of the form of ownership and private health workers who perform health activities on the basis of a contract concluded with competent health insurance institutes, as well as health insurance institutes, which undoubtedly belong to the category of contractual bodies from the regulations on public procurement. It indisputably follows from the above that health insurance institutes have the status of contracting authorities in the public procurement of health services whose consumption is financed from the funds of compulsory health insurance.

On the territory of **the Brčko District of Bosnia and Herzegovina**, the institutional competence for the application of valid legal regulations concerning the guaranteed right to a healthy environment is divided, and in the form of impact on human health there is the competence of the Department of

Health. public as well as private health care institutions in their activities concerning the preservation of a healthy environment.

Until the Report was sent to the Committee, the Ministry had not received a response in regards to this question from the entities the Federation of Bosnia and Herzegovina and the Republika Srpska.

**23. Provide updated information on levels of air pollution, drinking water pollution and food poisoning in the reporting period, or whether trends in these issues are increasing or decreasing.**

The BiH Food Safety Agency, in cooperation with the relevant authorities, has prepared a draft Ordinance on nutrition and health claims, which is in line with Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20.12.2006 on nutrition and health claims made on food, as well as with its amendments. The Ordinance transposes the Regulations approving certain nutrition and health claims. The Ordinance prescribes the conditions for declaring, advertising and presentation of food with nutritional or health claims, in order to ensure the efficient functioning of the market while ensuring a high level of consumer protection. The provisions of this Ordinance apply to nutrition and health claims made in commercial communication when declaring, advertising and presenting food, intended for delivery to the final consumer, and for the supply of catering facilities, canteens, hospitals, kindergartens, schools, social welfare institutions and other similar food business operators offering food to the final consumer for direct consumption.

It is envisaged that the Agency, in cooperation with the competent authorities of the FBiH, the Republika Srpska and the Brčko District, shall establish specific nutritional profiles, including exceptions, with which food or certain categories of food must comply in order to carry nutritional or health claims and conditions for the use of these dietary or health claims for food or food categories with respect to nutritional profiles. In order to more effectively monitor food bearing health claims on the market of Bosnia and Herzegovina, during the first placing on the market, the food business operator must notify the relevant ministry of Health/Department of Health, which shall notify the Agency thereof in writing with the submission of a copy of the prescribed documentation.

**In the Federation of Bosnia and Herzegovina**, according to the FBiH Water Management Strategy for the period 2008-2018, 60% of the population in the FBiH is covered by public water supply systems in which water is continuously controlled for health. In urban areas the coverage is 94%, and in rural areas it is significantly lower and amounts to 20%. The rest of the population fulfils their water needs through individual, group or local water supply systems, for the competence and management of which public utility companies are not in charge. Protective (sanitary) zones of their springs have not been established in a large number of cases, while chlorination of water is generally not carried out.

The quality and health safety of drinking water in the FBiH is controlled on the basis of the Rulebook on the health safety of drinking water (Official Gazette of BiH, 40/10 and 30/12 and 62/17), the Rulebook on table water (Official Gazette of BiH, 40/10 and 43/10) and the Rulebook on Natural Mineral and Natural Spring Waters (Official Gazette of BiH, 26/10 and 32/12). The FBiH Public Health Institute performs analyzes of basic physicochemical and microbiological parameters, as well as a large number of other toxicological parameters, according to the requirements of inspection bodies and through contractual services with utilities and spring, table and mineral water bottling plants. In cooperation with the Adriatic Sea Basin Agency, chemical, microbiological and radiological parameters are monitored in groundwater and surface waters of the Neretva and Cetina rivers, from springs to estuaries, their tributaries, natural lakes and artificial reservoirs, and the sea in Neum municipality.

The FBiH Public Health Institute, and the institutes of public health of Sarajevo, Tuzla, Central Bosnia and Una-Sana cantons, as well as the Zenica Institute for Health and Food Safety, have certified Laboratories for water analysis (ISO 17025). In other cantons, the Laboratories of the

Public Health Institute have the equipment to determine the basic bacteriological and physicochemical parameters. Due to the lack of modern equipment, it is not possible to determine all the physio-chemical parameters determined by the Ordinance on the health safety of drinking water (e.g. some heavy metals, pesticides, phenols, mineral oils, etc.).

In Sarajevo Canton, about 98% of the population is connected to public water supply systems - Sarajevo Waterworks, Misoča Ilijaš City Waterworks, Hadžići Waterworks and Trnovo Waterworks, which are managed by public utility companies owned by cantons and municipalities. Part of the population is supplied with drinking water from local waterworks and individual water facilities (e.g., small springs, wells, pumps). PI The Public Health Institute of Sarajevo Canton monitors the quality of drinking water from fifty-nine major water supply systems, in accordance with the Law on Communal Services in the area of nine municipalities in Sarajevo Canton. The sources of Central water supply systems generally have both the first and the second zone of sanitary protection regulated, and the water is continuously monitored for health safety and chlorinated. In the last three years, the hygienic safety of drinking water from the Central water supply system has continuously complied with the regulations of the Ordinance on the health safety of drinking water.

There is currently no official register of local waterworks in the Sarajevo Canton. The last register made by the Institute for local waterworks in the Sarajevo Canton was made in 2015. It contains data exclusively for local waterworks under the control of the Institute. Based on the official records of PI Public Health Institute of Sarajevo Canton, in the area of nine municipalities there are 71 local waterworks, of which 19 do not have a defined sanitary protection zone, while 52 have defined only the first zone. Permanent control of the health safety of drinking water, according to contracts with municipalities and the Public Utility Company, is performed for the municipalities of Centar, Novi Grad, Ilidža, Trnovo, Vogošća, Hadžići and Ilijaš. Of the total number of analyzed drinking water samples taken from local waterworks in 2016 and 2017, 7.5% were bacteriologically defective. In 2018, out of a total of 402 analyzed samples, 33 (8.2%) did not comply with the regulations of the Ordinance on the health safety of drinking water for microbiological parameters, and one (0.2%) for physico-chemical ones. Municipalities received information on a monthly basis on the work performed in the field, with the interpretation of analyzes and expert opinion.

According to the data of the public health institutes of Una-Sana, Herzegovina-Neretva, Zenica-Doboj, Central Bosnia, Bosansko Podrinje, Tuzla, West Herzegovina, Herceg-Bosna and Posavina cantons, in the area of these cantons the hygienic-sanitary condition of water facilities and the system of public health control of drinking water are not completely satisfactory. Central water supply sources generally have a regulated first and second sanitary protection zone. The first zone of sanitary protection is satisfactorily secured, while already in the second protection zone there are often one or more potential pollutants. Water quality at water intakes is generally good, but in the future, there will probably be less and less quality water resources if the process of water pollution continues and intensifies and if protection zones of springs are not established. The most common potential polluters are unregulated and illegal landfills. In majority of Central water supply systems, chlorination is performed automatically, with regular control of residual chlorine. In local waterworks under the control of public health institutes and public utility companies, regular control and chlorination of drinking water is performed. In local water supply systems owned by local communities or citizens' associations, regular control and chlorination of drinking water is not performed. In individual water supply facilities (e.g. wells, uncaptured springs), chlorination is in most cases not performed at all, or occasionally by hand, while sanitary protection zones are generally not defined. Water control in these water supply facilities is performed exclusively at the request of the owner.

In the last few years, the Tuzla Canton Public Health Institute has intensified its supervision over the health safety of drinking water from public fountains, as well as drinking water in separate school facilities and places that are not covered by systematic control of drinking water.

During the last three years, a high percentage of microbiologically defective drinking water samples was found in school buildings in the Zenica-Doboj Canton (35.4% in 2016, 43.3% in 2017 and 41.4% in 2018).

The quality of water supply can also be judged by the epidemiological situation related to diseases whose causes can be found in polluted water. Acute enterocolitis most often occurs in areas where the population is supplied with drinking water from individual water supply facilities (wells, cisterns, uncaptured springs), which are not under the supervision of public health institutes and utility companies. According to the data of the FBiH Public Health Institute, the incidence of acute enterocolitis in 2018 shows a decrease (127.07/100,000 population) compared to 2017 (231.24/100,000 population) and 2016 (169.07/100,000 population).

The Public Health Institutions, as part of their regular activities, periodically control the quality of surface water and bathing water. Due to the lack of legislation for recreational waters and bathing waters, reference values for these waters are determined according to the Rulebook on health safety of drinking water (Official Gazette of BiH 40/10, 32/12) and the Regulation on water classification /Official Gazette SR BiH 19/80). The waters of public baths (pools) are mostly under the regular supervision of the Public Health Institute, especially during the summer season.

When it comes to air, the most important air pollutants in the FBiH are thermal power plants, industrial plants, motor vehicles and individual furnaces (winter period). The main indicators of air pollution are SO<sub>2</sub>, nitrogen oxides, carbon monoxide and suspended particles (PM 10, PM 2.5). If the average concentrations of these pollutants in the air exceed the maximum allowed values, serious damage to human health can occur.

Air quality monitoring is performed by a number of operators within the FBiH Network of Stations (managed by the FBiH Hydrometeorological Institute) and local network of stations at the Canton and municipality level. Existing automatic air quality monitoring stations in the FBiH are located in Sarajevo, Tuzla, Lukavac, Zenica, Kakanj, Ivan Sedlo, Goražde, Jajce and Mostar. At the end of 2017, air quality monitoring stations started operating in Ilijaš. In several places in the FBiH, monitoring of individual pollutants by classical methods is performed. These are manual stations for monitoring the concentrations of smoke (soot) and sulfur dioxide at several locations in Zenica, Tuzla and Sarajevo (Metallurgical Institute Kemal Kapetanović, FBiH Hydrometeorological Institute and the Public Health Institute of Sarajevo Canton). In the FBiH, the distribution of measuring points is uneven and there are areas that are not covered by air quality monitoring, and in which there are indications that air quality is seriously impaired. Measurements have shown that the worst air quality situation is in Tuzla, Živinice, Lukavac, Zenica, Sarajevo and Kakanj, cities with the largest population and industrial capacity in the FBiH. Air quality in Banovići and Maglaj, where regular air quality monitoring is not performed, is also poor.

The air quality in the FBiH largely depends on geographical location, season and meteorological conditions. The greatest pollution occurs in colder periods when the so-called temperature inversions in which the concentrations of individual pollutants exceed the limit values many times over, even in the summer period, but in lower concentrations and with a much lower frequency. The air in most of Herzegovina-Neretva Canton, the Una-Sana Canton and the Bosnia-Podrinje Canton is “clean or slightly polluted”, except for densely populated areas where the air is “moderately polluted”. In contrast, in the rest of the FBiH, the air is “moderately polluted” to “excessively polluted”.

Sulfur dioxide in the air is measured at 18 stations in the FBiH, which then submit the data to the FBiH Hydrometeorological Institute. In the period from 2016 to 2018, the limit values of the average annual concentration of sulfur dioxide (50ug/m<sup>3</sup>) were exceeded at all stations in the area of Tuzla (Tuzla, Lukavac, Živinice) and the Zenica-Doboj Canton (Zenica, Kakanj). The permitted number of exceedances (3 times during the year) of the daily limit value of sulfur dioxide concentration (125 ug/m<sup>3</sup>) was also exceeded at all measuring stations in the area of these two

cantons, at the stations Otoka and Ilidža in Sarajevo and Ilijaš. At other measuring points, the legal requirements for the number of permitted overruns during the year are met.

Nitrogen dioxide in the air is measured at 16 stations. In the period from 2016 to 2018, the limit values of the average annual concentration of nitrogen dioxide (40 ug/m<sup>3</sup>) were exceeded only in Sarajevo at the Otoka station in 2017, which is expected given the increased impact of traffic on air quality in this city. Apart from short-term occasional exceedances of the prescribed values for this pollutant at the stations Ilidža and Tuzla Skver, no overruns were recorded in 2016 and 2017. In 2018, exceedances of daily limit values (> 85 ug/m<sup>3</sup>) were rare and were recorded at the following measuring points: Sarajevo Otoka and Vijećnica (5 times), Sarajevo Bjelave (4 times), Ilidža (2 times), Živinice (3 times), Zenica Tetovo (once).

Concentrations of suspended particles are measured at all measuring points in the FBiH. PM<sub>10</sub> particles are measured at 13 stations and PM<sub>2.5</sub> particles at all stations in Tuzla Canton, and at the Goražde station, where both sizes of suspended particles are measured at the same time. The limit value of the average annual concentration of suspended particles PM<sub>10</sub> (40ug/m<sup>3</sup>) and PM<sub>2.5</sub> (25ug/m<sup>3</sup>) was exceeded at all measuring stations except Ivan Sedlo and Jajce (2016 and 2017) and the measuring station Goražde in 2016. The permitted number of exceedances (35 times during the year) of the daily limit value of the concentration of suspended particles PM<sub>10</sub> and PM<sub>2.5</sub> was exceeded at all measuring stations except Ivan Sedlo and Jajce (2016 and 2017) and the measuring station Goražde in 2016. In 2018, the limit value of the average annual concentration of PM<sub>10</sub> suspended particles was exceeded at all measuring stations except in Dobož, Kakanj and Jajce. The allowed number of exceedances (35 times during the year) of the daily limit value of the concentration of suspended particles PM<sub>10</sub> (40 ug/m<sup>3</sup>) was exceeded at all measuring stations except at Ivan Sedlo.

The limit value of the average annual concentration of suspended particles PM<sub>2.5</sub> (25ug/m<sup>3</sup>) was exceeded in 2018 at two stations that achieved 90% of valid measurements (Tuzla Skver and Lukavac). Mean annual PM<sub>2.5</sub> concentrations were also high at other measurement stations.

(Note: the number of overruns and daily values for PM<sub>2.5</sub> are not defined by our regulations, however, since it is a smaller fraction of the same pollutant as PM<sub>10</sub>, each measured concentration of PM<sub>2.5</sub> automatically means that the concentration of PM<sub>10</sub> is the same or higher).

Carbon monoxide is measured at 12 stations in the Federation of Bosnia and Herzegovina. The average annual values are significantly below the prescribed values. No eight-hour value was exceeded more than 18 times at any station. Although in the days of the highest pollution the CO concentration at the measuring points in Tuzla, Živinice and Sarajevo can reach very high values, we can consider that the pollution with this pollutant is within the prescribed values and is limited to smaller areas. Based on the presented results, it is certain that the annual permitted mean values for this pollutant are not expected to be exceeded at measuring points in the FBiH.

Polluted air is one of the most important risk factors for the development of chronic obstructive pulmonary diseases. According to the data from the FBiH Public Health Institute, the incidence of chronic obstructive pulmonary diseases in the FBiH has shown an uneven trend in the last three years - 2016 (194.1 / 10,000), 2017 (201.2 / 10,000). ) and 2018 (186.4 / 10,000 inhabitants).

When it comes to food safety, due to changes in food production, distribution and consumption, changes in the environment, the emergence of new pathogens and the emergence of antimicrobial resistance, it is becoming an increasingly complex problem in the FBiH. Prevention and control of risks related to contaminated food implies continuous control, monitoring and supervision of the entire food safety system. Having a role and responsibility for monitoring, Laboratory control, prevention and promotion, risk control, and health statistical reporting, the public health sector forms one of the most important links in the food safety system.

When it comes to epidemics of infectious diseases, on the territory of the Federation of Bosnia and Herzegovina, in 2018, only one epidemic of food poisoning was reported with a total of 17 patients.

When it comes to the list of 10 leading infectious diseases, alimentary toxic infections, with 386 patients, are at ninth place, as was the case in 2017.

In 2018, the morbidity rate from food poisoning was 17,54% and compared to 2017 when with 468 patients, it was 21,26%, it is lower, and if we look at the past three-year period (in 2016. was 17,04%), it can be concluded that it did not vary significantly.

According to the received reports on food safety control in the Federation of Bosnia and Herzegovina, from samples from production 3,198 samples were analyzed for chemical safety, of which 367 or 11.47% were defective, while microbiological analyzes were performed on 14,949 samples, of which defective were 598 samples or 4%.

When it comes to trade, chemical analyzes were performed on a total of 8,004 samples from trade, of which 434 samples or 5.42% were defective. Microbiological analyzes were performed on 29,604 samples, of which 2,365 or 7.9% were defective.

The percentages of non-compliant food samples are similar to the previous year and without significant deviations and can be considered satisfactory.

In 2018, as part of the project Food in Cities with the aim of expanding the database on the composition of food consumed in urban areas in the FBiH, in cooperation with the FBiH Public Health Institute and the Public Health Institute Porto, Portugal the nutritional content of fast food in relation to trans fats and salts was analyzed.

A total of 118 fast food samples selected according to the internationally established WHO protocol for the selection of a representative sample were analyzed. Samples were taken at random from 44 outlets with street food and 74 outlets with takeaway food, 4 different samples with each of the 30 previously identified types of food.

The highest found salt content was 3,899 mg of salt per 100 g of fast food, which is 191% of the recommended total daily salt intake, while the highest found trans-fat content was 1.86 g per 100 g of fast food, or 86% of the total recommended daily intake.

In addition to the need to constantly strengthen the capacity for food hygiene control, and continuous and targeted monitoring, in the context of leading diseases burdening the population of the FBiH, and new legislation related to informing consumers about nutritional content of food, the need for targeted monitoring of nutritional composition is becoming more and more pronounced.

In **the Republika Srpska**, the quality of drinking water depends on the origin of the water itself, the composition of the soil and the technical-technological treatment of water treatment. In the last ten years, a trend of improving the microbiological correctness and physico-chemical quality of drinking water has been observed.

The impact of air pollution contributes to the development of chronic respiratory diseases.

Air protection and air quality control In the Republika Srpska is regulated by the Law on Air Protection (Official Gazette of the RS, 124/11 and 46/17). Air quality monitoring is performed by national and local networks of measuring stations for fixed measurements. Monitoring of air quality in the republic network, within its competencies, is performed by the RS Hydrometeorological Institute and authorized legal entities that are obliged to submit data on measurements to the RSHydrometeorological Institute. Local self-government units issue a regulation on air quality control at the local level with the consent of the relevant Ministry. Table 79 presents the causes of drinking water pollution in the Republika Srpska for the period 2016-2019. (Appendix 1).

In the Republika Srpska, the Rulebook on the health safety of water intended for human consumption is in force (Official Gazette of the RS, 88/17).

The Law on Food (Official Gazette of the RS, 19/17) defines the RS Ministry of Health and Social Welfare as the body responsible for establishing and implementing security policy within the following areas: food for special nutritional needs, food supplements, food fortified nutrients and informing consumers about nutritional and health claims of food. Until then, this area ("area of dietetics") was not regulated in the Republika Srpska.

In accordance with the Law on Food, the RS Ministry of Health and Social Welfare, in cooperation with other institutions, has built a set of rulebooks that regulate this area in detail:

- Rulebook on formulas for infants and formulas after breastfeeding (Official Gazette of the RS, 13/18);
- Rulebook on processed food based on cereals and baby food for infants and young children (Official Gazette of the RS, 13/18);
- Rulebook on food suitable for persons intolerant to gluten (Official Gazette of the RS, 9/18);
- Law on Food (Official Gazette of the RS 19/17);
- Rulebook on food intended for use in energy-restricted diets for weight loss (Official Gazette of the RS, 9/18);
- Rulebook on nutrient-dense food (Official Gazette of the RS, 9/18);
- Rulebook on food for special medical needs (Official Gazette of the RS, 10/18);
- Rulebook on food supplements (Official Gazette of the RS, 10/18);
- Rulebook on food and health claims (Official Gazette of the RS, 19/18).

The ordinances prescribe the quality, composition and list of substances that can be added to a certain category of food, as well as the manner and conditions of labeling and placing on the market.

The Rulebook regulating the registration of products is the Rulebook on the procedure and conditions of entry and deletion, content and manner of keeping the Register of branches for special food needs, the Register of food supplements and the Register of nutrient-dense food (Official Gazette of the RS, 9/18) and which regulates that a food business entity, before placing on the market of the Republika Srpska, food for special nutritional needs, food supplements and food enriched with nutrients, submits to the Ministry of Health and Social Welfare a request for entry of this food in the Register of Foods for Special Nutritional Needs, enriched with nutrients.

Product registration is preceded by obtaining an expert opinion and analytical report from the RS Public Health Institute.

In **the Brčko District**, in the reporting period, the results of analyzes of drinking water do not show contamination of drinking water. There were no registered food poisoning epidemics in the reporting period. Trends in drinking water pollution and food poisoning are not increasing.

**24. Provide updated information on the implementation of municipal waste management plans, and whether a similar document has been adopted at a higher level of government in the meantime.**

Until the Report was sent to the Committee, the Ministry had not received an answer to this question from the entity authorities or Brčko District of Bosnia and Herzegovina.

**25. Provide updated and detailed information on the status of smoking ban regulations in all environments, warnings on tobacco boxes about the harmful effects on health, the possible ban on the sale of tobacco products to persons under 18 years of age and whether there is a ban on tobacco advertising, promotion and sponsorship.**

Answer:

In Bosnia and Herzegovina, according to the data from the Questionnaire for reporting on the Framework Convention on Tobacco Control of the World Health Organization (Core Questionnaire of the Reporting Instrument of the World Health Organization's Framework Convention for Tobacco Control) from 2015, prepared on the basis of data from the Federation of Bosnia and Herzegovina from the Study on the state of health of the adult population of the Federation of Bosnia and Herzegovina, and the data of the Republika Srpska from the Survey of the Health of the Population of the Republika Srpska, the smoking rate was 40.7%. Sorted by gender: men 46.9% and women 34.5%.

At the level of Bosnia and Herzegovina, regulations are in force that are partially harmonised with Directive 2010/2013/EU. The regulation related to tobacco regulation is the Code of Commercial Communications (Official Gazette of BiH, 03/16). This Code applies to audiovisual media services and radio media services. The provisions of the said regulation prohibit any form of commercial communications relating to, inter alia, cigarettes and other tobacco products. Also, audiovisual media services or radio media services, as well as programmes, will not be sponsored by public or private legal or natural persons whose main activity is the production or sale of cigarettes and other tobacco products. Furthermore, the placement of products in terms of cigarettes and other tobacco products is not allowed.

At the level of Bosnia and Herzegovina, there is no legislation regulating issues related to the production, presentation and sale of tobacco and related products in the context of public health.

**In the Federation of Bosnia and Herzegovina**, the Law on Restricted Use of Tobacco Products (Official Gazette of the FBiH, 6/98, 35/98, 11/99, and 50/11) and the Rulebook on Labeling of Tobacco Packaging (Official Gazette of the FBiH, 57/11) are in force.

The Law on Restricted Use of Tobacco Products regulates the following issues: ban on the use of tobacco products; obligations of the manufacturer; advertising ban; sales ban; supervision and penal provisions.

Tobacco products, in terms of this law, are considered: cigarettes, cigars, cigarillos, pipe tobacco and smoking tobacco, snuff and chewing tobacco, and other tobacco products.

Pursuant to Article 3 of the Act, a general ban on the use of tobacco products in public spaces is prescribed: educational institutions, institutions for the accommodation and stay of children and students, health care institutions, social institutions, other public institutions. The smoking ban applies to all FBiH, cantonal, city and municipal authorities and institutions, to companies and other legal entities where the production process takes place. The smoking ban also applies to the work premises of companies and other legal entities in which work with clients takes place, ie in which two or more workers work, at least one of whom is a non-smoker.

The smoking ban also applies to closed facilities in which: cultural, entertainment, sports and other events, performances and competitions are held; where recording and broadcasting is performed; sessions and other organized gatherings of citizens are held (Article 4).

Pursuant to Article 5 of the Act, special smoking rooms are established in catering facilities where food is served. Smoking is prohibited in patisseries and dairy restaurants.

Furthermore, the Law prohibits smoking in: means of public transport in road transport (including means of urban transport); means of public transport by rail, air and inland navigation, except in specially designated smoking areas; cable cars; elevators. Smoking is also prohibited in station facilities, except in specially designated smoking areas.

The law also regulates the obligations of producers (data on packaging, marking).

Article 9 of the Law prescribes the prohibition of advertising tobacco products in the press, on radio and television, through cinema slides, films, billboards, boards, stickers and other forms of advertising in public places, on facilities and means of transport (traffic) through illuminated advertisements, books, magazines, calendars and clothing, including sponsorship of sports, cultural and other public events by companies engaged in the production and sale of tobacco products.

Article 12 of the Law prescribes the prohibition of the sale of tobacco products in facilities that are less than 100 meters away from preschool and school institutions and which are located within sports and recreational areas. In addition, the sale of tobacco products to persons under the age of 15 is prohibited.

Sanitary, Labour inspection and market inspection within the FBiH Administration for Inspection Affairs, as well as the FBiH Ministry of Finance and the Customs Administration are responsible for supervising the implementation of the Act.

The amendment to the Act was made in 2011 due to the need to harmonize the labeling of tobacco products with the regulations of the European Union. At that time, the legal basis for the adoption

of the Rulebook on marking the packaging of tobacco products was determined. That Ordinance was adopted and harmonised with Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the manufacture, advertising and sale of tobacco products. The Rulebook on Labeling of Tobacco Packaging (Official Gazette of the FBiH, 57/11) determines the manner of labeling data on the amount of tar, nicotine and carbon monoxide, as well as the appearance of these data on each original individual packaging of tobacco products in circulation, and conditions and manner of labeling tobacco products, content and appearance of general and special warnings.

Also, the amendments to the Law in 2011 prescribed higher fines for misdemeanors, harmonised with the then valid Law on Misdemeanors in the Federation of Bosnia and Herzegovina.

It should be noted that the Law on Restricted Use of Tobacco Products in force in the Federation of Bosnia and Herzegovina is not harmonised with EU regulations in this area. Therefore, the Ministry has undertaken activities to draft a completely new Law in this area, which is in line with the Framework Convention on Tobacco Control and Directive 2014/40/ EU of the European Parliament and of the Council as of 3 April 2014 on harmonization of laws, regulations and other regulations of Member States on the production, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC. The FBiH Government adopted the Draft Law on Control and Restricted Use of Tobacco, Tobacco and Other Smoking Products in July 2018, and sent it to the FBiH Parliament for consideration and adoption. However, until the end of 2019 (nor until the date of conclusion of this Report), the Bill was not considered by the FBiH Parliament.

The proposal of the new law, in order to protect and improve the health of the population, regulates measures to ban and restrict the use of tobacco, tobacco and other smoking products, ban their advertising, promotion and sponsorship, prevent access to minors, and the establishment of the FBiH Commission for Protection population health from tobacco and other smoking products.

As for concrete solutions, the Bill envisages a complete ban on smoking:

- in all enclosed public spaces;
- in all workplaces;
- in public transport;
- as well as in private cars if there is a person under 18 in them

Also, limited sales of tobacco and tobacco products are envisaged in the sense that the sale to minors, at a distance of less than 100 meters from educational institutions, is prohibited. The sale of tobacco products that contain flavors, aromas, vitamins, caffeine, taurine, color and other additives is prohibited.

The bill also defines packaging and graphic warnings on tobacco products; and provides for a ban on all types of advertising of tobacco products, as well as sponsorship of events and activities by the tobacco industry.

On the territory of Brčko District of BiH, this area is regulated by the Law on Prohibition of Smoking and Other Forms of Use of Tobacco and Tobacco Products in Public Places in the Brčko District of Bosnia and Herzegovina (Official Gazette of Brčko District, 53/17 and 32/19).

The Brčko District adopted the Law on the Prohibition of Smoking and Other Forms of Use of Tobacco and Tobacco Products in Public Places in 2017.

The Law on Prohibition of Smoking and Other Forms of Use of Tobacco and Tobacco Products in Public Places In the Brčko District of Bosnia and Herzegovina (Official Gazette of Brčko, 53/17 and 32/19) is in force in the Brčko District, which prohibits smoking in all public facilities.

The Law on Health Safety of Food Provisions and Articles of General Use (Official Gazette of the SFRJ, 53/91) which, on the basis of Article 17, prohibits the advertising of tobacco and tobacco products.

Neither of these two laws is in line with the relevant EU directives.

## **26. The Committee seeks smoking prevalence rates and information on the legal framework for smoking in public places.**

Answer:

Regarding the legal framework related to smoking in public places, the BiH Ministry of Civil Affairs has initiated the procedure for ratification of the Protocol on Removal/Elimination of Illicit Trade in Tobacco Products, which requires the consent of all relevant BiH institutions from all levels of government. .

In **the Federation of Bosnia and Herzegovina**, the prevalence of smoking is the subject of periodic population surveys conducted by the FBiH Public Health Institute, in accordance with its legal powers, every 5-6 years, with partner international organizations.

In the FBiH, according to the 2012 Study on the Health of the Adult Population of the Federation of Bosnia and Herzegovina, conducted by the FBiH Public Health Institute in the age group 18 to 65, 44.1% of smokers were recorded, of which 56.3% of smokers among men and 31.6% of smokers among women.

According to the results of the same study, exposure to passive smoking in the home is confirmed by 54.1% of citizens surveyed, 44.4% report exposure to tobacco smoke by other smokers in the workplace, and 52.7% report exposure to tobacco smoke by other smokers at public place.

According to the results of the Multiple Indicator Survey 2011-2012, conducted on age groups from 15 to 49 years, there are 33.4% of smokers among women in urban areas and 24.9% of smokers among women in rural areas, as well as 45% of smokers among men in urban areas and 41.1% of smokers among men in rural areas.

According to the results of the Global Youth Tobacco Survey (GYTS), conducted in 2019 by the FBiH Public Health Institute, on a sample of school children aged 13 to 15, almost a quarter of school children (24,4%) currently consume some kind of tobacco product, of which 27.7% are boys and 21.1% are girls. Over 1 in 10 school children (13.8%) currently smoke cigarettes, of which 15.8% are boys and 11.7% are girls. Also, 16.1% of school children currently smoke hookah or shisha of which 17.7% are boys and 14.4% are girls. Nearly 6 out of 10 school children (59.9%) were exposed to tobacco smoke by other smokers in their home, and 54.9% in enclosed public spaces. Over half of current smokers (52.0%) have tried to quit smoking in the last 12 months, and 28.9% of them want to quit smoking immediately. Nearly two-thirds of current smokers (60.0%) buy their cigarettes at a store or kiosk, out of which more than 8 out of 10 current smokers (81.4%) have never been turned down because of their age.

According to the Global Youth Tobacco Smoking Survey (school children) (GYTS) of the Federation of Bosnia and Herzegovina 2019, conducted by the FBiH Public Health Institute with the support of the FBiH Ministry of Health , almost a quarter or 24.4% of school children aged 13 to 15 currently consume tobacco product, of which 27.7% boys and 21.1% girls. In relation to the type of tobacco products, 13.8% of children smoke cigarettes, of which 15.8% boys and 11.7% girls, 16.1% children smoke hookah, of which 17.7% boys and 14.4% girls and 10.9% of children smoke e-cigarettes, out of which 15.9% are boys and 5.9% are girls.

According to the results of a survey conducted by the FBiH Public Health Institute in 2017 on a sample of 920 doctors and nurses in family medicine teams in the FBiH, 35% of smokers are recorded among health professionals, of which 28% smoke every day and 7% occasionally. The high prevalence of smoking among health professionals in the FBiH indicates the need for a systematic approach to smoking cessation and cessation in this group of professionals who provide daily health care services, representing not only a source of knowledge but also examples of health behaviors to their patients and the public.

The Law on Restricted Use of Tobacco Products regulates, among other things, the issue of banning the use of tobacco products.

Pursuant to Article 3 of the Act, a general ban on the use of tobacco products in public spaces is prescribed: educational institutions, institutions for the accommodation and stay of children and

students, health care institutions, social institutions, other public institutions. The smoking ban applies to all FBiH, cantonal, city and municipal authorities and institutions, to companies and other legal entities where the production process takes place. The smoking ban also applies to the work premises of companies and other legal entities in which work with clients takes place, ie in which two or more workers work, at least one of who is a non-smoker.

The smoking ban also applies to closed facilities in which: cultural, entertainment, sports and other events, performances and competitions are held; performs recording and broadcasting; hold sessions and other organized gatherings of citizens (Article 4).

The smoking ban also applies to closed facilities in which: cultural, entertainment, sports and other events, performances and competitions are held; recording and broadcasting are performed; sessions and other organized gatherings of citizens are held (Article 4).

In accordance with Article 5 of the Law, special smoking rooms are determined in catering facilities where food is served. Smoking is prohibited in patisseries and dairy restaurants.

Furthermore, the Law prohibits smoking in: means of public transport in road transport (including means of urban transport); means of public transport by rail, air and inland navigation, except in specially designated smoking areas; cable cars; elevators. Smoking is also prohibited in station facilities, except in specially designated smoking areas.

**In the Republika Srpska**, in relation to the production, presentation and sale of tobacco products, the following acts are in force: Law on Prohibition of Tobacco Smoking in Public Places (Official Gazette of the RS, 46/04, 74/04 and 92/09); Law on Prohibition of Sale and Use of Tobacco Products to Persons Under 18 (Official Gazette of RS, No. 46/04, 74/04, 96/05, and 92/09); Law on Prohibition of Advertising of Tobacco Products (Official Gazette of the RS, 46/04, 74/04, 96/05, and 92/09); Rulebook on marking the packaging of tobacco products (Official Gazette of the RS, 125/11) and Order on the prohibition of smoking and sale of tobacco products in health care institutions (Official Gazette of the RS, 07/07).

**In the Brčko District** of Bosnia and Herzegovina, the issue of smoking in public places is regulated by the Law on Prohibition of Smoking and Other Forms of Use of Tobacco and Tobacco Products in Public Places In the Brčko District of BiH (Official Gazette of Brčko District, 53/17 and 32/19) which in Article 5 provides for a ban on smoking in all public places in terms of this law.

**27. The Committee is seeking information on the laws and regulations in force regarding alcohol consumption, the age limit for the purchase of alcoholic beverages and whether there are statutory rules on alcohol advertising.**

Answer:

Institutions of the Council of Ministers of Bosnia and Herzegovina regulate the field of commercial communications, while legal and planning documents related to the control and prevention of alcohol abuse are adopted by legislative bodies regulating trade in the Federation of Bosnia and Herzegovina, the RS Ministry of Interior and the RS Ministry of Trade and Tourism.

**In Bosnia and Herzegovina**, the Law on the Public Broadcasting System (Official Gazette of BiH, 78/2005, 35/2009, 32/2010, 51/2015, and 25/2016) stipulates that television advertising and teleshopping of alcoholic beverages may not be directly targeted. to minors, it must not give the impression that consumption improves physical activity, contributes to social and sexual success, solves personal problems or has medicinal properties. Advertising and other forms of commercial communications related to alcoholic beverages in the program content of media service providers are regulated by the Code of Commercial Communications (Official Gazette of BiH, 3/2016) adopted by the Communications Regulatory Agency.

The Code prescribes certain qualitative requirements that commercial communications related to alcoholic beverages must meet, and that they will not: be specifically aimed at minors, and persons who are associated with the consumption of alcoholic beverages in these commercial

communications will not be and will not look like minors; link alcohol consumption to improved physical fitness or driving; claim that alcohol has medicinal properties, that it is a stimulant, sedative or means of solving personal problems; encourage excessive alcohol consumption or show abstinence or moderation in a negative light; emphasize the high alcohol content as a positive property of alcoholic beverages; and create the impression that alcohol consumption contributes to social or sexual success.

Also, the Code prohibits the advertising of, among other things, alcoholic beverages and beer 15 minutes before, during and 15 minutes after the children's program.

**In the Federation of Bosnia and Herzegovina**, the Law prohibits the sale of alcohol and other beverages containing alcohol to persons under 18 years of age and is regulated by Article 10 of the Law on Internal Trade of the Federation of Bosnia and Herzegovina (Official Gazette of FBiH, 40/10, 79/17 ), which reads: In the retail trade, the trader is prohibited from selling alcoholic beverages and other beverages containing alcohol, tobacco and tobacco products to persons under 18 years of age. At all points of sale where alcoholic beverages and beverages containing alcohol, tobacco and tobacco products are sold, a sign prohibiting their sale to persons under 18 years of age must be displayed. The trader is obliged to deny the sale of goods referred to in paragraph 1 of this Article to the buyer if they estimate that they are under 18 years of age, and the buyer does not voluntarily prove that they are over 18 years of age by giving the trader their identification document with a picture. The same area was also treated by Article 13 of the Law on Catering Activities of the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 32/09), which prohibits the serving and permitting of the consumption of alcoholic beverages by persons under 18 years of age. In 2019, a new Law on Catering Activity of the Federation of Bosnia and Herzegovina was drafted and referred to the the FBiH Parliament for adoption.

**In the Republika Srpska**, the area of prevention and control of alcohol abuse is regulated by the Law on Public Order and Peace (Official Gazette of the RS, 11/2015), the Decree on the Prohibition of Sale and Use of Alcoholic Beverages in Public Places to Persons Under 18 (Official Gazette of the RS, 106/2006) and the Decree on the prohibition of the sale, use and serving of alcoholic beverages to persons under the age of 18 in catering facilities (Official Gazette of the RS, 50/2011).

The Law on Public Order and Peace (Official Gazette of the RS, 11/2015) stipulates that a person who during the sale of alcoholic beverages consumed on the spot, in the case when alcoholic beverages are given to an obviously drunk person, minor, person with mental illness or a person with intellectual disability, or who encourages these persons to drink alcohol, shall be fined. The penalty is prescribed to the company and other legal entity, as well as to the responsible person in the company and other legal entity, i.e. the owner of the catering facility or the person entrusted with the management of the catering facility where alcoholic beverages are consumed on the spot.

The Decree on the Prohibition of the Sale and Use of Alcoholic Beverages in Public Places to Persons Under 18 prescribes offenses due to the ban on the sale, use and gift of alcohol and alcoholic beverages and the prohibition of consuming the same to persons under 18 and persons under 18 in public. The implementation of this regulation is supervised by the market and education inspector, communal police and police officers in all public places as an integral part of their work tasks.

The Decree on the prohibition of the sale, use and serving of alcoholic beverages to persons under the age of 18 in catering establishments prescribes: the prohibition of the sale of alcohol to persons under the age of 18 in catering establishments; prohibition of purchase and/or use (consumption) of alcohol by persons under 18 years of age in a catering facility, and the obligation of caterers to prominently display a notice prohibiting the sale, use or consumption of alcoholic beverages to persons under 18 years of age. Supervision over the implementation of the decree is performed by the RS Administration for Inspection Affairs, i.e. the competent republic and municipal market inspectors.

In accordance with its competencies, the RS Ministry of Interior controls alcohol abuse through regular activities, but also through intensified activities in order to reduce the number of injuries and deaths of traffic participants, which are a consequence of alcohol consumption. The RS Ministry of Interior implements preventive activities through the implementation of activities from the Plan and Program of Preventive Activities for the Prevention of Juvenile Delinquency in the Republika Srpska. The said programme was developed by the Directorate for Police Education of the RS Ministry of Interior, and includes prevention of all types of abuse that endanger the high school population (juvenile delinquency, narcotics, alcohol, smoking, internet, etc.).

The Law on Trade (Official Gazette of Brčko District, 40/04 and 19/07) is in force in **the Brčko District of Bosnia and Herzegovina**, which stipulates in Article 23 that a trader engaged in the provision of trade services is obliged to provide conditions that beer, wine and other alcoholic beverages may not be sold to persons under 18 years of age, and the Law on Public Order and Peace (Official Gazette of Brčko District, 32/09 and 14/10) in Article 13 as a misdemeanor prescribed the issuance of alcoholic beverages to a minor under 16 years of age.

Table 80 lists the regulations in force regarding the consumption and advertising of alcohol in the Brčko District of Bosnia and Herzegovina (Annex 1).

## **28. The Committee is seeking information on alcohol consumption trends.**

Answer:

**In the Federation of Bosnia and Herzegovina**, according to the results of the Study on the state of health in the Federation of Bosnia and Herzegovina from 2012, conducted by the FBiH Public Health Institute, alcohol consumption is a significant public health problem in the FBiH. Over one quarter of subjects in the FBiH (28.8%) confirm that they have consumed some of the alcoholic beverages over the past 12 months (beer, wine, brandy), of which 29.7% in urban and 28.1% in rural areas. During the previous 12 months, alcohol was consumed by almost half of men (46.1%), where majority (54.3%) are men aged 25-34 and the minority (30.0%) are aged 65 and over. Alcohol consumption is reported by 11.0% of women, with the majority (20.5%) of women aged 18-24 and the minority (5.0%) women aged 55-64.

According to the results of the same survey, in relation to the frequency of consumption of any alcoholic beverages in the past 12 months, the largest percentage of subjects (29.0%) report alcohol consumption several times a month. Alcohol consumption is stated several times a week by 23.5% of subjects, alcohol consumption is confirmed several times a year by 21.5% of subjects, while daily alcohol consumption is reported by 11.6% of subjects.

**In the Brčko District** of Bosnia and Herzegovina, Article 21 of the Law on Health Care in the Brčko District of BiH guarantees the right to health care to all citizens in accordance with this law and the Law on Health Insurance as well as the right of foreign citizens and stateless persons to health care in accordance with applicable regulations. In addition to the above, Article 9 envisages that the district budget finances the provision of emergency medical care to all persons in need, including persons coming from other entities.

Until the Report was sent to the Committee, the Ministry had not received an answer to this question from the Republika Srpska.

## **29. The Committee requests detailed information on the implementation of the national strategy for the supervision of narcotic drugs, prevention and suppression of drug abuse in BiH for the period 2009-2013, and whether a similar document was adopted for the next period.**

Answer:

**In Bosnia and Herzegovina**, there is a State Strategy for Drug Control, Prevention and Suppression of Abuse of Drugs in BiH for the period 2018-2023.

In the area of reducing the demand for narcotics, the goal of the National Strategy is to contribute to a measurable reduction in the use of illegal narcotics, in order to influence the delay in the start of drug use, prevent and reduce problematic drug use, drug addiction, and health and social risks. and drug-related harm through an integrated, multidisciplinary, evidence-based approach, and through improving and maintaining coherence between health, education, social, security and judicial policies.

Prevention programmes should focus on reducing risk and strengthening protective factors, applying three types of prevention (universal, selective and indicated), and plan specific interventions based on the degree of risk of target groups. The coordinating role in the development and monitoring of the implementation of preventive measures should be led by the Ministry of Civil Affairs of BiH in close cooperation with the competent state and entity ministries in the field of health, education, social protection and security.

A very important role in the development and implementation of prevention programmes should continue to be played by civil society organizations, the media, and youth associations that have contributed to reducing the demand for narcotics through quality prevention programmes and public awareness.

The Council of Ministers of Bosnia and Herzegovina, at the proposal of the Ministry of Security of BiH, will adopt the State Action Plan for Combating Abuse of Drugs, which will be structured in such a way as to ensure effective, coordinated and systematic suppression of drug abuse in BiH in medium term.

In accordance with the National Strategy and Action Plan, the entity governments, including the cantonal governments, and the Brčko District Government of Bosnia and Herzegovina, adopt their own action/operational plans for the implementation of the National Strategy, which are in line with the objectives and measures set out in this document.

**In the Republika Srpska**, strategic documents have been adopted that dealt with the problem of drug abuse. On February 27, 2008, the Republika Srpska National Assembly adopted the Strategy for Supervision of Narcotic Drugs and Suppression of Abuse of Narcotic Drugs In the Republika Srpska for the period from 2008 to 2012. The strategy is a framework document for the implementation of various activities to combat drug abuse, treatment and care for addicts and occasional drug users. The Strategy more specifically defined the organization and scope of work of the bodies of the RS Government designated to monitor the implementation of the Strategy, specified the composition and tasks of the RS Commission for Suppression of Abuse of Narcotic Drugs (Commission appointed by the RS Government, October 30, 2008). The Commission developed an Action Plan for the implementation of the Strategy, which was adopted by the RS Government on January 21, 2010. The new Strategy for Supervision of Narcotic Drugs and Suppression of Abuse of Narcotic Drugs in the Republika Srpska for the period from 2016 to 2021 was adopted by the National Assembly of Republika Srpska on June 23, 2016. The operational plan for the implementation of the strategy is adopted by the RS Government on an annual basis. The adopted strategy is partly in line with the strategy, action plan and policies adopted by the European Union, which relate to narcotic drugs and psychotropic substances. The Strategy partially adopts the EU Drugs Strategy (2013 - 2020). Cities and municipalities, also in accordance with their competencies assigned by law and financial possibilities, provide support for the implementation of measures and activities defined in the Strategy. Funds from games of chance pursuant to Article 6 of the Law on Games of Chance of Republika Srpska, funds of international organizations - UNODC, the European Union, the Council of Europe, as well as funds received from other donors and other sources are used as additional sources of funding. In the budget of the RS Ministry of Health and Social Welfare, funds in the amount of 160,000.00 BAM are planned on an annual level.

**30. The Committee inquires what steps are being taken to increase the vaccination/immunisation coverage rate.**

Answer:

**In the Federation of Bosnia and Herzegovina**, in accordance with the Law on Protection of the Population from Infectious Diseases (Official Gazette of the FBiH, 29/05), i.e. the Order on the program of mandatory immunisations of the population against infectious diseases in 2018, in order to improve immunisation coverage it is necessary to check the immunisation status of children and perform missed vaccinations, i.e. revaccination. Rejection and delay of vaccination leaves children susceptible to diseases that can be prevented by vaccination. In particular, given that measles continues to spread internally between European countries as well as in neighboring countries, with the potential to cause large-scale epidemics in environments with insufficient immunisation coverage. Delayed and incomplete primary immunisation with the whooping cough vaccine poses a risk of contracting the disease at an early age, when it can cause serious consequences.

The FBiH Ministry of Health and the FBiH Public Health Institute in cooperation with the WHO, UNICEF and health Centres initiated several educational workshops on the importance of immunisation and communication models, and in cooperation with the Sarajevo Canton Public Health Institute, a school for immunisation for health primary health care workers has started. We are continuously informing the public and citizens through media contributions, thematic content on the website of the FBiH Public Health Institute, as well as by using the social networks of the Institute. In cooperation with UNICEF, a mobile application was prepared for parents on the importance of immunisation and reminding of the dynamics of the program of mandatory vaccination of children.

Educating and raising awareness of the importance of immunisation and adhering to the recommended schedule is a shared social responsibility of several key actors: the education system, health professionals, all levels of government, the media and NGOs.

We note that in order to increase the coverage of the immunisation programme, health regulations enable each health centre to organize an immunisation centre, which has the task in addition to implementing the immunisation programme, to also perform immunisation promotion, parent counseling and the like.

**In the Brčko District of Bosnia and Herzegovina**, the steps taken to increase the immunisation rate are: 1. an agreement for joint procurement of vaccines with the RS Public Health Institute; 2. audit of vaccination records in the vaccination centre; 3. training for health professionals on interpersonal communication skills regarding immunisation; and 4. additional immunisation for children who missed vaccination.

Until the moment of sending the Report to the Committee, the Ministry has not received an answer to this question from the Republika Srpska.

**31. The Committee requests information on immunisation programmes and coverage (for both entities, Brčko District and the cantons).**

Answer:

**In Bosnia and Herzegovina**, the obligation to adopt an immunisation programme is defined by regulations at the level of both entities and Brčko District of Bosnia and Herzegovina. For the purpose of comparative analysis and through a joint and annual report for the notification of communicable diseases, the BiH Ministry of Civil Affairs submits to the World Health Organization consolidated data on disease incidence, immunisation coverage, vaccination policies and performance of immunisation systems of the Federation of Bosnia and Herzegovina Republika Srpska, and Brčko District of Bosnia and Herzegovina.

**In the Federation of Bosnia and Herzegovina** in 2018, a high immunisation coverage of 95.2% was achieved with the tuberculosis vaccine. Coverage with three doses of hepatitis B vaccine (Hep B) was 79.5%. Vaccination coverage in the primary vaccination with three doses for diphtheria,

tetanus, pertussis and poliomyelitis (DTP-IPV) was 72.8%. The lowest coverage of this vaccine was recorded in Sarajevo (60.3%) and West Herzegovina (66.1%) cantons. Coverage of over 90% was recorded in Bosnia-Podrinje Canton and Canton 10. Delaying the start of immunisation has an impact on the outcome of DTP-IPV vaccination of children up to one year of age (study Immunisation coverage and identification of parental characteristics in different vaccine groups in the Federation of Bosnia and Herzegovina). In 2018, 2,734 older children were vaccinated with the second and third doses. The coverage of the DTaP-IPV vaccine in the fifth year was 78.5%, while the coverage of school children in the final grade of primary school with the dT vaccine was 75.6%. Primoimmunisation against haemophilus influenzae type b was performed with three doses of the combined pentavalent vaccine (DTP-IPV-Hib, according to Scheme 2, 4, 10 months). Coverage with three doses of Hib vaccine was 62.1%.

In 2018, coverage with the first dose of MRP vaccine was 68.4% in the target cohort, with an additional 3,154 vaccinated children of older age groups. Coverage of the second dose of MRP vaccine in the sixth year of life was 68.4%.

The decline in DTP vaccine coverage coincides with the introduction of the combined DTP vaccine with the whole-cell pertussis component (due to the lack of a combined DTaP vaccine with the acellular pertussis component in the global market), and was halted by the introduction of the pentavalent vaccine (DTaP-IPVHib in 2016). The analysis of MRP vaccine coverage indicates significantly lower coverage in the last five years, compared to the target values needed to control diseases prevented by this vaccine.

Data on the number of vaccinated in the private sector are not available and are not presented in this report, but it is known that a smaller number of parents vaccinate their children in private pediatric clinics.

Also, in the report for 2018, lower immunisation coverage was recorded than the required values of 95% for the vaccine against measles, rubella and mumps, and for the vaccine against diphtheria, tetanus and whooping cough (combined vaccine containing components against polio and Hib-a), in the target age groups of children in the FBiH. These values are a sign of the decline in the quality of the population's collective immunity against these diseases and the threat of their occurrence in epidemic form.

Last year, 3,154 children of other age groups were vaccinated with the first dose of MRP vaccine, indicating the present delay in vaccination. Periodic evaluation of the Immunisation programme, which would include timing and delay of vaccination, would be a useful additional tool to improve oversight of the implementation of the immunisation programme.

During the implementation of the project and the realization of the goals of the Action Plan of Bosnia and Herzegovina for solving the problems of Roma in the field of health care, in 2019 there were 7 workshops, where the so-called peer education was used to educate school children. Trained and educated school children from the Roma population transferred the acquired knowledge and explained some concepts in the field of vaccination to their peers. The FBiH Public Health Institute of BiH has prepared materials for peer education and designed an educational brochure on the importance of immunisation in the prevention of vaccine-preventable diseases, which was printed in 2000 copies, with the current Mandatory Vaccination Program, and distributed in Roma settlements.

The coverage of those vaccinated according to the immunisation programme in the Federation of Bosnia and Herzegovina for 2017 and 2018 is presented in Table No. 81 (Appendix 1).

**In the Republika Srpska**, immunisation is carried out in accordance with the Law on Protection of the Population from Infectious Diseases (Official Gazette of the RS, 90/17, 42/20, and 98/20), the Rulebook on Immunisation and Chemoprophylaxis against Communicable Diseases (Official Gazette of the RS, 2/19) and the annual program of measures for prevention and suppression, elimination and eradication of communicable diseases for the territory of the Republika Srpska. Vaccination is mandatory against the following diseases: against hepatitis B, tuberculosis,

diphtheria, tetanus, pertussis, polio, haemophilus influenzae type B, measles, rubella and mumps, for children and adolescents of a certain age, as a systematic immunisation; against hepatitis B for health workers, and for health institutions, i.e. social protection institutions, which come into contact with infectious material, and other persons exposed to an increased risk of contracting this disease; against rabies, tetanus, pneumococcus and meningococcus for persons at increased risk of developing these diseases.

**In the Brčko District of Bosnia and Herzegovina**, compulsory immunisation against childhood infectious diseases is carried out in accordance with the Law on Health Insurance of Brčko District of Bosnia and Herzegovina (Official Gazette of the BD BiH, 1/02, 7/02, 19/07, 2/08, and 34/08) and the Program of Mandatory Immunisations against Certain Infectious Diseases In the Brčko District of Bosnia and Herzegovina (“Official Gazette of Brčko District of BiH” 16/17), adopted by the Department of Health and Other Services of Brčko District of Bosnia and Herzegovina for each year.

Mandatory immunisation of persons of a certain age is performed against the following infectious diseases: tuberculosis, polio, diphtheria, tetanus, whooping cough, smallpox, mumps, rubella, viral hepatitis B and haemophilus influenza type B.

Immunisation of persons according to epidemiological and clinical indications is performed against: viral hepatitis B, rabies, tetanus, influenza, yellow fever, diphtheria, meningococcal meningitis, diseases caused by streptococcus pneumonia (pneumococcus), viral hepatitis A, and other infectious diseases.

Mandatory immunisation of persons of a certain age against tuberculosis, polio, diphtheria, tetanus, whooping cough, haemophilus influenzae type B, hepatitis B, smallpox, mumps and rubella is carried out continuously throughout the year. Immunisation is carried out until all persons who are subject to compulsory immunisation are included, except for persons who have permanent medical contraindications.

For each calendar year, the Health Department, upon the proposal of the Public Health Subdivision, issues a Decision for the immunisation programme, which is published in the Official Gazette of Brčko District of Bosnia and Herzegovina. Table number 81 presents the scope of immunisation, i.e. the coverage of children with mandatory vaccines in the period from 01.01.-31.12.2016. In the Brčko District of BiH (Appendix 1). It can be concluded from the table that the first vaccinations were carried out more successfully in relation to the revaccinations, which is a sign of population migration and the impossibility of adequate monitoring of their mandatory vaccination.

Tables numbers 82, 83, 84 and 85 present the coverage of children with mandatory vaccines in the period from 01.01.- 31.12.2017, in the period from 01.01.- 31.12.2018 and in the period from 01.01.- 31.12.2019 In the Brčko District of BiH, noting that due to the lack of vaccines during 2018, the percentage of immunisation is not satisfactory (Appendix 1).

**32. The Committee requests detailed information on the results of the implementation of the Influenza pandemic preparedness plan and the AIDS Response Strategy, which was discussed in the previous BiH report.**

Answer:

The Influenza pandemic preparedness plan for Bosnia and Herzegovina, developed in accordance with the global guidelines of the World Health Organization, is a framework document that establishes clear coordination structures and defines competencies and activities at all levels in Bosnia and Herzegovina to prevent and control influenza pandemic. The plan contains all the important elements that can ensure coordinated action in the fight against pandemic influenza in Bosnia and Herzegovina, but also in the surrounding countries and beyond. It defines the chain of command, coordination, management, supervision, strategy of containment (prevention of spread) of the virus, case management, health services and protection measures, communication, research,

evaluation, etc. Based on this document, the lower levels of government in Bosnia and Herzegovina will develop their own operational plans.

There is also an Action Plan for Bosnia and Herzegovina in order to maintain the status of a country free of polio for the period 2015-2018, which, based on the consent of the FBiH Ministry of Health, the Ministry of Health and Social Welfare and Brčko District of Bosnia and Herzegovina, was submitted to the World Health Organization based on the request of the Regional Certification Commission.

Bosnia and Herzegovina is a country with a small number of registered persons living with HIV, and the state response to the HIV epidemic is appropriately designed in accordance with the realistically estimated epidemic rate in the country and the region, as defined in the adopted Strategy "Response to HIV and AIDS in Bosnia and Herzegovina" 2010-2015, in which voluntary counseling and testing for HIV is especially highlighted as an important component in the field of prevention and control of HIV/AIDS.

Thanks to the National HIV/AIDS Program and the support of the Global Fund to Fight Tuberculosis, HIV/AIDS and Malaria, targets have been set, with HIV rates of less than 1% in the general population and less than 5% in any groups at increased risk, are successfully implemented.

The BiH Ministry of Civil Affairs is involved in advocacy activities for the establishment of a social contracting system with the NGO sector when it comes to prevention activities in the field of HIV.

The BiH Council of Ministers, expressing readiness to support the activities of the non-governmental sector in providing preventive services in the field, at the proposal of the BiH Ministry of Civil Affairs, in 2018, approved grant funds to support these activities to maintain program results of low HIV infection and decrease in numbers of tuberculosis infection, and has, at 147. session, held on June 25, 2018, passed the Decision on the criteria for allocating funds from the current grant "Co-financing of projects of non-governmental organizations in the field of HIV and tuberculosis prevention in Bosnia and Herzegovina" for 2018 (Official Gazette of BiH, 55/18).

The grant of the BiH Council of Ministers was a basis for the inclusion of support to the non-governmental sector in performing preventive activities in the further strategic planning of the BiH Ministry of Civil Affairs.

This activity is the only way to support the non-governmental sector by the state in carrying out preventive activities, given that the creation of policies and funding in the field of health is the responsibility of the entities.

### **33. The Committee requests information on all types and percentages of accidents that are current in BiH, including traffic accidents, accidents at home and at school, accidents at work, etc., and on their prevention policies.**

Answer:

**In the Federation of Bosnia and Herzegovina**, the Public Health Institute does not collect or process the requested data. Namely, it takes them over from the FBiH Ministry of the Interior. These indicators show a downward trend in the number of traffic accidents, from a total of 29,374 in 2016, 27,663 in 2017 to 25,926 in 2018. In relation to the number of fatalities in traffic accidents, there is a decrease in the number of fatalities from 182 in 2016. 170 in 2017 to 140 in 2018 as well as a reduction in the number of seriously injured persons, from 7487 in 2016, 6,809 in 2017 to 6,785 in 2018.

There are no prevention policies in the health sector.

In the analysis of the health status of the population, indicators of traffic trauma trends are also important not only for assessing the state of traffic safety and identifying leading risk factors, but also for planning the necessary intersectoral preventive interventions.

**In the Republika Srpska**, according to the data from the Ministry of Labour, War Veterans and Disabled Persons' Protection, in 2019, 1,613 injuries at work were recorded. Injuries at work show

an increasing trend in 2019 compared to previous years. The data of the RS Administration for Inspection Affairs also speak in favor of that. Inspection controls have shown that the most common irregularities are related to omissions in terms of organization and implementation of occupational safety measures, application of preventive measures, training of workers, and omissions in compliance with and implementation of technical standards of occupational safety.

Forestry and wood industry, as well as construction, continue to stand out as the riskiest activities. The category of “other activities” in which the highest number of injuries was recorded includes individual cases of serious injuries at work in areas such as trade, traffic, culture, utilities, etc., in which injuries at work are not pronounced and compared to previous years they have no trend of continuity.

In the existing system of reporting on injuries at work, we consider as a significant shortcoming the lack of an adequate and Centralized system of reporting on injuries at work (IT support in data collection and processing) with adequate analysis of the causes of injuries at work, occupational diseases and illnesses, in line with international recommendations.

In the observed period, the Strategy for Occupational Safety and Health was not adopted, and the development and adoption of the Strategy are expected in 2021.

A significant role in the system of undertaking preventive activities is played by the Commission of the Ministry of Labour, War Veterans and Disabled Persons' Protection, whose scope of work refers to reviewing the fulfillment of prescribed conditions in the field of occupational health and safety for companies and entrepreneurs.

The provision of Article 18 of the Law on Occupational Safety stipulates that the fulfillment of the prescribed conditions in the field of occupational health and safety for companies and entrepreneurs is determined by the RS Ministry of Labour, War Veterans and Disabled Persons' Protection at the request of the employer.

The Rulebook on the Procedure for Determining the Fulfillment of Prescribed Conditions in the Field of Occupational Health and Safety (Official Gazette of the RS, 70/08 and 58/11) prescribes the conditions and procedure for determining the fulfillment of conditions in the field of occupational health and safety.

Depending on the number of employees and the type of activity they perform, there are two types of procedures for:

companies, i.e. entrepreneurs who employ up to ten workers, if they do not perform jobs where there is a risk of an explosive atmosphere,

companies, i.e. entrepreneurs who employ ten or more workers.

The commission of the Ministry checks the fulfillment of the conditions in the field of protection and health at work at the company, i.e. the entrepreneur who employs ten or more workers.

The Commission may also take appropriate preventive measures, such as warning the subject of supervision of the obligations under the regulations, pointing out possible harmful consequences, proposing measures to eliminate their causes, etc., which is stated in the minutes of the inspection.

The commission acquaints the employer with the regulations in the field of safety and health at work and instructs them on the manner of application of the prescribed measures and helps to achieve safe and healthy working conditions for workers. The commission in the field works preventively and educationally. Deficiencies in the field of safety and health at work, and proposals for their elimination, the commission states in the minutes of the inspection, which is handed to the employer. The Commission has an advisory role because it provides the employer, employees and their representatives with explanations and advice in the field of occupational health and safety, as well as on measures whose implementation ensures the implementation of the law in the most efficient way.

The results of the work of the commission show that in 80% of the performed inspections of the fulfillment of the prescribed conditions in the field of safety and health at work, deficiencies were identified, and appropriate measures were ordered.

Deficiencies in the manufacturing/production sector were related to: providing measures to protect electrical installations from direct or indirect contact of live/charged parts, in as many as 90% of cases - the most common reasons are ignorance of safety and health measures at work, failure to use adequate means and equipment for personal protection at work in 80% of cases - the reasons are lack of awareness of the need to use personal protective equipment at work for employers and workers, non-compliance with fire safety measures at work in 60% of cases, lack of adequate mechanical protection of rotating machine parts - the most common reasons are age ( over 30 years) and improvisations on means of work, most often in the field of wood processing, sawn timber, etc., non-compliance with measures for safe and healthy work in areas endangered by explosive atmospheres - the reasons are lack of adequate regulations in this area and lack of authorized bodies in the field of explosion protection, most often in areas of trade in motor fuels - gas stations, mill industry, paint shops, lack of chemical hazard testing where necessary, and inadequate measures for protection against chemicals, most often paint shops.

The time required for employers to eliminate the identified shortcomings and apply the appropriate safety measures at work is 6 to 12 months in manufacturing and 2 to 3 months in non-manufacturing activities. After the employers eliminate the irregularities, the Ministry issues a decision on fulfilling the conditions in the field of safety and health at work, for which a symbolic fee in the amount of 10 convertible marks is paid. Table 86 presents the number of injuries at work in the Republika Srpska for the period 2010-2019. year (Appendix 1).

**In the Brčko District of Bosnia and Herzegovina**, according to the data available to the Labour Inspectorate of Brčko District of BiH in the period 2016 - 2019, there were a total of 424 injuries at work. In most cases, injuries at work occurred due to a lack of general control over work. Measures taken by Labour Inspectors in order to reduce the possibility of injury to workers at work are control of the correctness of work equipment, provision and use of personal protective equipment, training of workers for safe and healthy work and other measures and actions, which is prescribed by the Law on Safety and Health care of Workers at Work (Official Gazette of Brčko District, 20/13). The provisions of the mentioned Law prescribe the obligation of employers to provide preventive measures for the safety and protection of workers' health during the organization of work and work process, and to identify risks and dangers at the workplace and in the work environment. The employer is obliged to train the worker for safe and healthy work, to acquaint them with all types of risks to which the employer assigns them and to provide them with appropriate means and equipment for personal safety at work.

## **2. Article 12 - Right to social insurance**

### **Article 12 – Right to social insurance**

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;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
  - a) equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the

- territories of the Parties;
- b) the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

## 2.1. Article 12, paragraph 1 - Existence of a social security system

*In its Conclusions (2017), the European Committee of Social Rights concludes that the situation in Bosnia and Herzegovina is not in line with the Charter, on three grounds:*

- *It has not been established that the existing social security schemes cover a significant percentage of the active population;*
- *that the minimum duration of compensation for unemployed persons who are insured from 3 months to five year is too short;*
- *It has not been determined that the amounts of social benefits are adequate.*

**34. The Committee gave a negative conclusion to the BiH authorities on this Article, on three grounds:**

- **It has not been established that the existing social security schemes cover a significant percentage of the active population;**
- **that the minimum duration of compensation for unemployed persons who are insured from 3 months to five year is too short;**
- **It has not been determined that the amounts of social benefits are adequate.**

**The Committee requests detailed and updated information on these three grounds of non-compliance with the Charter.**

Answer:

The international instruments ratified by Bosnia and Herzegovina in this regard are:

Bilateral social security agreements ratified by Bosnia and Herzegovina with other countries:

-Agreement between BiH and the Grand Duchy of Luxembourg on social security with the Administrative Agreement on the manner of application of the Agreement between Bosnia and Herzegovina and the Grand Duchy of Luxembourg on social security (“Official Gazette of BiH - International Agreements”, No. 07/11).

- Agreement between Bosnia and Herzegovina and the Swiss Confederation on Social Security as well as the Administrative Agreement on the implementation of the Agreement, signed on October 1, 2018 in Sarajevo. The decision to give consent for the ratification of these agreements was published in “Official Gazette – International Agreements”, no. 1/20.

**In the Federation of Bosnia and Herzegovina**, the health care and health insurance system is, in accordance with the FBiH Constitution, based on the principles of shared competence between the FBiH and cantonal authorities. The health care and health insurance system in the Federation of Bosnia and Herzegovina is based on Bismarck's model of social health insurance, which is based on the principles of reciprocity and solidarity, and which implies that the rich show solidarity with the poor, young with old, healthy with sick and individuals with families. The assumption of the Bismarck system is that the population is health insured according to some of the legal bases for acquiring health insurance, with certain exceptions. In the Federation of Bosnia and Herzegovina, the legal framework provides a large number of legal grounds for entering the health insurance system, however, in 2015 in the Federation of Bosnia and Herzegovina, approximately 14% uninsured persons were registered.

Health laws do not differentiate between the private and public health sectors.

Although according to the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 77/02, 70/08 and 48/11) the system of compulsory health insurance is based on the principles of

reciprocity and solidarity, and the Law on Health Care (“Official Gazette FBiH “numbers 46/10 and 75/13) guarantee equal rights to health care to all insured persons in the FBiH, the rights of insured persons to health care and other rights arising from compulsory health insurance are uneven across cantons/cantons, which is the largely due to the unequal economic opportunities from canton to canton.

Insured persons in all cantons do not exercise equal rights from compulsory health insurance, nor do they have equal and accessible access to all levels of health care and appropriate health care institutions, especially in terms of exercising the right to services in the field of tertiary health care. This is especially pronounced in the cantons where there are no conditions for organizing tertiary health care.

All insured persons in the Federation of Bosnia and Herzegovina have equal access to the right to health services and medication therapy, only in the case of health services and medications financed by FBiH solidarity funds allocated in the Health Insurance and Reinsurance Institute of the FBiH. FBiH Solidarity Funds are used for equal financing of the most complex forms of highly differentiated health care, priority programmes of interest to the FBiH, as well as procurement of expensive medications in accordance with the Decision on the List of Medicinal Products of the FBiH Solidarity Fund. 14, 91/14 and 24/16). In addition, the funds of this fund are used for the treatment of insured persons abroad in accordance with the Rulebook on the conditions and procedure for sending insured persons for treatment abroad (Official Gazette of the FBiH, 93/13 and 102/15). The services of this fund, under equal conditions, are available to all insured persons from the entire territory of the Federation of Bosnia and Herzegovina.

According to Article 28 of the Law on Mediation in Employment and Social Security of Unemployed Persons (“Official Gazette of the FBiH”, No. 55/00, 41/01, 22/05 and 9/08), employees are required to ensure their material and social security. during unemployment, primarily by unemployment insurance in accordance with this and other laws.

Material and social security includes: financial compensation, in accordance with this law and contributions for health and pension insurance, in accordance with this and other laws.

Please note that in the earlier report given for the reference period 2012-2015, described in detail the conditions prescribed by law for the exercise of these rights, and bearing in mind the issue, we reiterate that according to the Law on Mediation in Employment and Social Security of Unemployed Persons, employment services, inter alia, are responsible for determining the rights of unemployed people, as well as collecting and submitting data on unemployed persons to the FBiH Employment Agency.

Article 30, par. 1 and 2 of the Law on Mediation in Employment and Social Security of Unemployed Persons stipulates that the amount of cash benefit is 40% of the average net salary paid in the FBiH in the last three months before the termination of employment of an unemployed person, published by the FBiH Bureau of Statistics and is paid out in period of 3-24 months depending on the time spent at work.

In the manner prescribed above, the amount of cash benefits is determined according to the average net salary in the FBiH, which is a single regulation of the rights of all unemployed persons in the FBiH.

The length of receiving a cash benefit of three months is a motivation for the unemployed who should have a more active approach in seeking employment.

In addition, according to Article 30, paragraph 3 of the Law, an unemployed person who has fully used the cash benefit, when re-acquiring this right in the time spent at work, according to Article 29 of this Law, only time spent at work after the last established right to this compensation is taken into consideration.

Also, paragraph 4 of the same article stipulates that an unemployed person whose right to cash benefits was terminated by re-employment before the expiration of the time in which he/she was entitled to cash benefits, and who remained unemployed again, unless he/she knowingly contributed

to termination of employment or when if it is determined that he/she left the job voluntarily without a justified reason, the payment of the cash benefit for the remaining time shall continue, if it is more favorable for him/her.

Therefore, there were no amendments to the Law on Mediation in Employment and Social Security of Unemployed Persons (Official Gazette of the FBiH, 55/00, 41/01, 22/05 and 9/08).

In addition, in the next period, it is planned to draft a new Law on Mediation in Employment and Social Security of Unemployed Persons, which will, among other things, analyze the provisions related to the amount and length of receiving unemployment benefits.

The Law on Health Insurance in Article 19 exhaustively lists all persons, according to their employment and legal status characteristics, who have the status of health insured persons.

Health insurance at the level of the FBiH in 2018 covered 88.9% of the population, of which the 44.7%, percentage falls on employees, pensioners 28%, the unemployed 18.9%, foreign insured 3.3%, the disabled and civilian victims of war 3.4%, other insured 1%, and self-contributors 0.3%.

The number of employees with employers registered for health insurance in 2018 in the FBiH increased by 10,392 or 2% compared to 2017, which may be the result of increased overall economic activity in the FBiH as well as control by the Tax Administration of the Federation of Bosnia and Herzegovina. This category of insured insures 95% of the total realized funds from contributions.

**In the Brčko District of Bosnia and Herzegovina**, social security, as a collective activity of the social community, has an established model of giving equal opportunities to a person to provide themselves and their family with living conditions that give them a chance to meet their basic and special needs. Brčko District of BiH, through its institutional framework (established by law), has enabled them to be provided and enjoyed as such. It prevents the risks that lead to worsening or reducing living conditions.

Social benefits in the sector of social, family and child protection, i.e., the amounts of social benefits are always related to a certain percentage of the average salary earned In the Brčko District of BiH.

**U Brčko distriktu Bosne i Hercegovine** socijalna sigurnost, kao kolektivna aktivnost društvene zajednice, ima uspostavljen model davanja jednake mogućnosti licu, da sebi i svojoj porodici obezbediti uslove za život kojim mu je(im) data šansa da zadovolji(e) svoje osnovne i posebne potrebe. Brčko distrikt BiH je kroz institucionalni okvir(zakonom utemeljen) je omogućio da ih kao takve i obezbjede i u njima uživaju. Istim su spriječeni rizici, koji vode pogoršanju ili smanjenju uslova za život.

Socijalna davanja u sektoru socijalne, porodične i dječije zaštite, odnosno iznosi socijalnih naknada su uvijek vezani za određeni procenat od prosječne plate ostvarene u Brčko distriktu BiH.

### **35. The Committee requests detailed information on access to health care throughout the country, especially for persons moving from one entity to another, or across cantons.**

Answer:

At the level of Bosnia and Herzegovina, the accessibility of the health care system is mainly conditioned by the geographical distribution of health care institutions and the organization of health care in accordance with the administrative borders of the entities, cantons and Brčko District of BiH. The organization, financing and provision of health services to the population are the responsibility of the entities, cantons and Brčko District of BiH.

Although according to the Law on Health Insurance ("Official Gazette of the FBiH", No. 30/97, 7/02, 70/08 and 48/11) the system of compulsory health insurance is based on the principles of reciprocity and solidarity, and the Law on Health Care ("Official Gazette of the FBiH", No. 46/10 and 75/13), guaranteed equal rights to health care for all insured persons in the FBiH, the rights of insured persons to health care and other rights arising from compulsory health insurance are by cantons uneven, which is largely the cause of unequal economic opportunities from canton to

canton. Namely, the scope and type of health care rights are conditioned by the amount of funds realized by cantonal health insurance institutes, organization and level of equipment of health institutions in the canton, established health care financing system, rationality in spending funds from compulsory health insurance, distribution of funds by health care levels, control of spending funds, quality control in the provision of health services, etc.

Health care of the citizens of Republika Srpska is carried out on the principles of equality, accessibility, comprehensiveness, continuity and coordination. It is achieved without discrimination on any grounds. Equality in health care means that citizens with the same health needs receive the same level of health care, and citizens with different health needs receive different levels of health care, in accordance with the provisions of this law and other regulations governing this area. Access to health care is achieved by providing health care to citizens, which is physically, geographically and economically accessible. The comprehensiveness of health care at the primary level is achieved by providing health services to citizens. Continuity of health care is achieved through the organization of primary health care by establishing continuous monitoring of the state of health of citizens throughout all ages.

Every use of health care outside the canton takes place in accordance with the Agreement on the manner and procedure of using health care outside the area of the cantonal insurance institute to which the insured belongs ("Official Gazette of the Federation of Bosnia and Herzegovina", No. 41/01). The use of health care outside the Federation of Bosnia and Herzegovina and Republika Srpska takes place in accordance with the Agreement on the Manner and Procedure of Using Health Care on the Territory of Bosnia and Herzegovina, Outside the Federation of Bosnia and Herzegovina and Brčko District to which insured persons belong (Official Gazette of FBiH No. 30/2001).

**In the Federation of Bosnia and Herzegovina**, pursuant to the Law on Health Insurance ("Official Gazette of the FBiH", No. 30/97, 7702, 70/08 and 48/11), the system of compulsory health insurance based on the principles of reciprocity and solidarity, and the Law on Health Care (Official Gazette of the FBiH, 46/10 and 75/13) guarantee equal rights to health care to all insured persons in the Federation of Bosnia and Herzegovina.

The insured person receives health care only in health care institutions with which his/her parent cantonal health insurance institute has concluded a contract. In case of impossibility to exercise the right to health care in health care institutions with which the insured person's parent health insurance institution of the canton has concluded a contract, the person may exercise health care in health care institutions in another canton, i.e. in another entity, but with previously issued consent by the parent institute. Exceptionally, health care financed by the FBiH Solidarity Fund is equally available to all insured persons from the territory of the FBiH in contracted health institutions with which the Institute of Health Insurance and Reinsurance of the FBiH has concluded a contract, which includes treatment of certain diseases and conditions in reference health institutions. abroad with which this institute has concluded a contract.

The use of health care outside the canton also takes place in accordance with the Agreement on the manner and procedure of using health care outside the area of the cantonal insurance institute to which the insured person belongs (Official Gazette of the FBiH, 41/01). With this agreement, the cantonal health insurance institutes have undertaken to take measures to ensure the use of health care to insured persons when such persons use health care outside the area of the cantonal institute to which they belong as insured persons.

The use of health care outside the entities is carried out in accordance with the Agreement on the manner and procedure of using health care on the territory of Bosnia and Herzegovina, outside the entity or Brčko District to which insured persons belong (Official Gazette of BiH, 30/01).

**In the Brčko District of Bosnia and Herzegovina**, access to health care throughout the country is performed in accordance with the Agreement on the Manner and Procedure of Using Health Care of Insured Persons on the Territory of Bosnia and Herzegovina, outside the Entity, i.e., Brčko District

to which insured persons belong and the Agreements on the provision of health care services in reference health care institutions in BiH.

**36. The Committee inquires whether unemployed persons have health insurance and what percentage of such persons.**

Answer:

According to Article 31 of the Law on Mediation in Employment and Social Security of Unemployed Persons, it is prescribed that health insurance for an unemployed person is provided in accordance with the regulations on health insurance.

**In the Federation of Bosnia and Herzegovina**, social insurance in the field of health is regulated by the Law on Health Insurance, and is based on the mandatory payment of health insurance contributions.

Pursuant to the Health Insurance Act, unemployed persons who are registered with the Employment Service have the right to compulsory health insurance if they: - have registered within 30 days after termination of employment, performance of activity or after termination of receiving salary compensation to which they are entitled under this law or in accordance with the regulations adopted on the basis of this law, - reported within 30 days after military service or after the cessation of incapacity for work due to which they were discharged from that military service, - reported within 30 days after discharge from the institution for execution of criminal and misdemeanor sanctions, from a health or other specialized institution, if the security measure of mandatory psychiatric treatment in a health institution or compulsory treatment of alcoholics and drug addicts has been applied, - on professional training or retraining organized by the Employment Service - 30 days, upon return from abroad and if they were before departure abroad health insured, - applied within 90 days after the end of the school year in which they completed regular schooling, or from the day of passing the exam if they had previously lost the right to health care, - applied within 90 days after military service, i.e. from the day of cessation of incapacity due to illness due to which they were discharged from that military service, if they entered military service within 60 days from the day of completed education in the appropriate institution. Obligors for calculating and paying contributions for compulsory health insurance for unemployed persons are the Employment Bureaus for persons who are temporarily unemployed and with whom these persons are registered.

In the total number of insured persons in the FBiH in 2018, the unemployed make up 18.9%.

This ministry does not have data on the percentage of unemployed persons with health insurance.

Namely, in accordance with the Law on the Unified System of Registration, Control and Collection of Social Insurance Contributions (Official Gazette of the FBiH, 42/09, 109/12, 86/15 and 30/16), the Centralization of all information related to the payment of contributions has been established, and which are managed within the Unified System of Registration of Taxpayers and Collection of Contributions within the Tax Administration of the Federation of Bosnia and Herzegovina. Pursuant to this Law, the business functions of the Cantonal Health Insurance Institute were reorganized, in the direction of terminating the direct registration of contributors and insured persons in the Canton Health Insurance Institutions, since the FBiH Health Insurance and Reinsurance Institute takes data from the Unified Database. data of the Tax Administration of the Federation of Bosnia and Herzegovina and on the basis of such downloaded data updates its databases and databases of the health insurance institute of the canton.

**In the Republika Srpska** in the period 2016-2019 unemployed persons exercised the right to health insurance through the Employment Bureau. For them, contributions were paid from the RS Budget. The percentage of unemployed persons by years is shown in Table 87 (Annex 1).

**In the Brčko District of Bosnia and Herzegovina**, persons older than 65 years of age are defined as a group of persons of special social and medical significance, and health care that is not covered by compulsory health insurance is provided from the District budget.

Article 8 of the Law on Health Care In the Brčko District of Bosnia and Herzegovina stipulates that health care is provided under equal conditions to population and nosological groups of special socio-medical importance, and in the same article includes unemployed persons registered with the Institute for employment of Brčko District of Bosnia and Herzegovina. Health care, which is not covered by compulsory health insurance, is provided to this category of the population from the budget of the District. Table 88 provides an overview of the number of insurance carriers and insured persons belonging to the category of unemployed for whom the application for insurance was submitted to the Fund by the Employment Bureau of Brčko District of Bosnia and Herzegovina, from 2016-2019 (Appendix 1).

**37. What is the total number of insured persons against each risk, of the total number of active population.**

Answer:

**In the Federation of Bosnia and Herzegovina**, Health Insurance at the level of the FBiH in 2018 covers 88.9% of the population, of which the percentage of employees is 44.7%, pensioners 28%, the unemployed 18.9%, foreign insured persons 3.3%, disabled and civilian victims of war 3.4%, other insured persons 1%, and to persons who pay the contribution themselves 0.3%.

The number of employees with employers registered for health insurance in 2018 in the FBiH increased by 10,392 or 2% compared to 2017, which may be the result of increased overall economic activity in the FBiH as well as control by the Tax Administration of the Federation of Bosnia and Herzegovina. This category of insured insures 95% of the total realized funds from contributions.

Compulsory health insurance, in cases and under the conditions determined by this Law, provides insured persons with:

a) health care; b) salary compensation; c) reimbursement of travel expenses related to the use of health care.

The Law on Health Insurance (Article 28) (Official Gazette of the FBiH, 30/97, 7/02, 70/08 and 48/11) stipulates that legal and natural persons are obliged to report any injury at work and workers' occupational diseases to the cantonal insurance bureau, within three days from the day of the injury or determination of the occupational disease.

**38. The Committee seeks clarification on what is considered “appropriate employment” in terms of the provision that the unemployed person's rights under the FBiH Law on Employment Mediation and Social Security are terminated, and what remedies are available to challenge a decision denying the right to unemployment benefits.**

Answer:

Article 44 of the Law on Mediation in Employment and Social Security of Unemployed Persons stipulates that an unemployed person's rights determined by this Law shall cease if they:

- a) failed, without good reason, to accept appropriate employment;
- b) provided false information when applying;
- c) one of the conditions from Article 3.b of this Law is met, and in this case, it is if he/she refuses the appropriate job;
- d) acted contrary to Article 39 of this Law.

According to Article 3.b of the said Law, the employment service ceases to keep a person as unemployed in the basic records if that person, among other things, refuses a suitable job.

Otherwise, the determination of the rights of persons in case of unemployment is the responsibility of the employment services in the cantons.

Article 35 of the Law stipulates that the employment service decides on the received request for exercising the right during unemployment. An appeal may be lodged with the FBiH Bureau against the decision of the employment service. An administrative dispute may be initiated before the

competent court against the decision of the FBiH Institute. When deciding on rights during unemployment, the provisions of the Law on Administrative Procedure shall apply, unless otherwise provided by this Law.

At the end of August 2018, a new Rulebook on records in the field of employment was adopted (Official Gazette of the FBiH, 74/18), which prescribes records in the field of employment in the Federation of Bosnia and Herzegovina, manner and deadlines for registering unemployed persons, means of records in the field of employment and other issues related to record keeping.

**39. Indicate the amounts of cash benefits in relation to the length of service of unemployed persons and what is the minimum and maximum percentage of benefits in relation to the amount of the average net salary.**

Answer:

**In the Federation of Bosnia and Herzegovina**, according to Article 30 of the Law on Mediation in Employment and Social Security of Unemployed Persons, the amount of cash benefit is 40% of the average net salary paid in the FBiH in the last three months before termination of employment, published by the FBiH Bureau of Statistics. According to the law, employment services are responsible, among other things, for determining the rights in case of unemployment, as well as collecting and submitting data on unemployed persons to the FBiH Employment Agency.

In this regard, for a complete answer to the above question you need to contact the FBiH Employment Agency.

**In the Republika Srpska**, the entry into force of the Law on Amendments to the Law on Mediation in Employment and Rights during Unemployment (Official Gazette of the RS, 94/19) increased the rights to financial compensation and the duration of that right.

According to the provisions of Article 12 of the said law, the cash benefit is paid monthly, up to the tenth date of the month for the previous month and depends on the length of time spent insured: from one year to two years - two months; from two years to five years - three months; from five years to ten years - six months; from ten years to 20 years - nine months; from 20 years to 30 years - 12 months; from 30 years to 35 years - 18 months; over 35 years - 24 months.

According to the provisions of Article 17 of the said law, cash benefits as one of the most important rights based on unemployment that provides material security for the period determined by law and depends on the length of insurance, i.e. the effective time spent at work with the employer for which unemployment contributions are paid are determined in the amount of: for an unemployed person who has up to 15 years of insured work experience - 45% of the average salary earned by that person in the last three months of work; for an unemployed person who has more than 15 years of insurance experience - 50% of the average salary earned by that person in the last three months of work.

Having in mind the problems related to salary payments and its amount, the amount of monetary compensation is guaranteed, which cannot be lower than 80% of the lowest salary in the Republic, nor higher than the amount of one average salary after taxation in the Republic, for the previous year in case that the person was employed full time.

**In the Brčko District of Bosnia and Herzegovina**, unemployment benefit is realized as a right from unemployment insurance, under the conditions and in the manner prescribed by the Law on Employment and Rights during Unemployment (Articles 27-37). An unemployed person who has been compulsorily insured for unemployment for at least 8 months continuously in the last 12 months, or 12 months intermittently in the last 18 months, is entitled to cash benefits. The unemployed person is entitled to financial compensation in the event of termination of employment, provided that the termination of employment did not occur through their fault, with their consent.

The cash benefit is 40% of the average salary earned by a person in the last three months of work if she/he has more than 10 years of insured work experience, and 35% if she/he has up to 10 years of insured work experience. The amount of monetary compensation may not be lower than 20% of the

average paid net salary in the District, nor higher than the amount of one average net salary in the District determined according to the latest data published by the competent institution for statistics in the District.

Duration of the right to financial compensation: 3 months, for insurance period from 1 to 5 years; 6 months, for insurance experience from 5 to 15 years; 9 months, for insurance experience from 15 to 25 years; 12 months, for insurance experience longer than 25 years.

At the request of the beneficiary of the cash benefit, the Employment Service may pay a cash benefit in the event of unemployment in a lump sum for self-employment.

#### **40. State the rights of employees with regular health insurance with reference in terms of sickness and incapacity benefits.**

Answer:

**In the Federation of Bosnia and Herzegovina**, insured persons, in accordance with the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11 and 36/19) are entitled to salary compensation during the period of temporary incapacity as follows:

1. Temporarily prevented to work due to illness or injury, or placed in a medical institution due to medical treatment or examinations,
2. Temporarily prevented to work due to a specific medical treatment or examination that cannot be performed outside working hours of an insured person,
3. Isolated as carriers or due to an infection in their environment,
4. Designated as a companion of a patient sent for medical treatment or doctor's examination to the nearest location
5. Designated to care for a sick spouse or a child under the conditions prescribed by the Law on Health Insurance

Salary compensation is determined in the amount of at least 80% of the compensation basis, provided that it cannot be lower than the amount of the minimum salary valid for the month for which the compensation is determined.

Salary compensation is 100% of the compensation basis in the following cases:

- during temporary incapacity for work due to illness and complications caused by pregnancy and childbirth,
- during temporary incapacity for work due to transplantation of living tissue and organs for the benefit of another person

The amount of salary compensation and the highest amount of salary compensation paid at the expense of the cantonal insurance institute shall be determined by the management board of the cantonal insurance institute.

An insured person whose employment was terminated during a temporary incapacity to work, or more specifically whose self-employment was terminated, is entitled to salary compensation during a period of not more than 30 days after termination of employment (self-employment).

In addition to the above, Article 48 of the Law stipulates that insured persons are entitled to reimbursement of travel expenses related to the use of health care. Insured persons are entitled to compensation for funeral expenses. These rights are exercised in accordance with the regulations of the Cantonal Health Insurance Institute.

In case of injuries at work or an occupational disease, the insured persons must be entitled to the following:

1. Health care and implementation of measures for detection and prevention of injuries at work and occupational diseases,
2. Appropriate medical assistance and the right to orthopaedic aids for the purpose of treatment and medical rehabilitation from the consequences of injuries at work and occupational diseases in order to establish working capacity,
3. Reimbursement of travel expenses related to the use of health care and rehabilitation

caused by an injury at work or an occupational disease,

4. Salary compensation for the entire duration of sick leave caused by an injury at work or an occupational disease

For injuries at work and occupational diseases of the insured person, a legal or natural person shall fully provide the funds for exercising the above-stated rights. Legal or natural persons are obliged to reinsure themselves due to the stated risks.

During temporary incapacity for work due to an injury at work or an occupational disease, the salary compensation is 100% of the compensation basis.

In the event of temporary incapacity for work due to an injury at work or an occupational disease, the insured person is entitled to the salary compensation even after termination of employment, until re-establishment of his/her working capacity, until final assessment of working capacity or disability within a period of not more than 12 months.

Salary compensation due to injury at work or an occupational disease shall be calculated and paid from own funds by a legal or natural person with whom the insured person is employed, as long as the insured person is unable to work, or until the decision of the competent authority on determining disability of the insured person is made, except in case of bankruptcy proceedings, when the compensation shall be paid by the cantonal health insurance institute.

**In the Republika Srpska**, Article 129 of the RS Labour Law stipulates that an employee is entitled to salary compensation during his/her absence from work in cases provided by the law, general by-laws and an employment contract. According to Article 131 of the Labour Law, the salary compensation during temporary incapacity for work due to an injury at work or an occupational disease equals 100% of the average salary earned by the employee in the previous period, or the salary that the employee would earn if he/she would be at work. The health insurance regulations define more closely the conditions for exercising the right to salary compensation during temporary incapacity for work due to illnesses and injuries, the duration of the right to compensation, as well as the amount and method of exercising the right to salary compensation.

**In the Brčko District of Bosnia and Herzegovina**, during an illness or incapacity for work, the category of an employee is entitled to the health care and compensations (salary compensation and transportation costs related to health care) in accordance with the Law on Health Insurance - consolidated text (Official Gazette of the BD BiH BiH, 27/18 and 34/19).

#### **41. State information on compensations and pensions that are financed from the contributions and received in cases of an injury at work, occupational disease or disability (except for disability allowance and other compensations that are financed from the contributions and paid to the war victims).**

Answer:

**In the Federation of Bosnia and Herzegovina**, the Law on Pension and Disability Insurance of the Federation of Bosnia and Herzegovina prescribes the following rights of insured persons: a) the right to an old-age pension; b) the right to a survivor's pension; c) the right to a disability pension; d) rights with changed working capacity and e) rights based on physical disability.

The conditions for exercising the right to an old-age pension of the insured person are: 1. Completed 65 years of age, 15 years of pensionable service i.e. at least 20 years of pensionable employment or 40 years of pensionable service regardless of age; 2. An insured person who has completed the insurance period with an increased duration, the age limit of the required 65 years of age is reduced by the total period of the increase in the length of service; 3. Increase in length of service is the difference between the determined length of service of insurance with increased duration and length of service with effective duration for the same period; and 4. The age limit may be reduced to a maximum of 45 years of age.

Family members of the deceased who met the conditions for the old-age or disability pension on the date of death are entitled to a survivor's pension. The following are considered family members: 1.

Spouse - widower (min. 60 years) - widow (min. 50 years); 2. Widow of martyrs and fallen soldiers (min. 45 years). The widower of a deceased female war veteran is entitled to a survivor's pension when reaching the age of 60; 3. Divorced spouse, if he/she has been granted the right to maintenance by a final court judgment; 4. Child up to 15 years of age; a child from the age of 15 to the age of 26 if he/she regularly attends school; 5. A child, born in or outside marriage, an adopted child, a stepchild if the deceased insured person supported him/her; and 6. A Child - grandchild if the deceased insured person/pension beneficiary, supported him/her.

An insured person of with category I disability is entitled to a disability pension in the following cases: 1. If the disability is caused by an injury at work or an occupational disease, regardless of the length of pensionable service; 2. If the disability is caused by an injury at work or an occupational disease, provided that before the onset of the disability he/she had completed a pensionable service that covers at least 1/3 of the period from the age of 20 to the date of disability; 3. An insured person with a category I disability, who has less than 30 years of age, is entitled to a disability pension if the disability is caused outside of work or a disease, provided that before the onset of the disability he/she has completed at least one year of pensionable service; 4. Disability pension is determined in the same way as old-age pension; and 5. Disability caused by an injury at work or an occupational disease, the disability pension is determined for the insurance period of 40 years.

Disability of the insured person is a result of the permanent change in the health condition that cannot be eliminated by medical treatment or rehabilitation caused by changed working capacity or loss of working capacity at the workplace, i.e. work that he performed on the date of assessment of working capacity.

Disability can be caused by an injury at work, an occupational disease or an injury outside work and other types of illnesses.

The insured person to whom a changed working capacity has been determined is entitled to: 1. Reassignment to another job; 2. Professional retraining or additional training; and 3. Financial compensation related to changed working capacity.

The basis for calculating the compensation in case of physical disability is the minimum pension, which currently amounts to BAM 371.04, and the amount of compensation depends on the percentage of reduced physical ability. For physical disability of: 100%, the compensation in the amount of 60% of the basis is paid; 90% the compensation of 54% of the basis is paid; 80% the compensation of 48% of the basis is paid; 70% the compensation of 42% of the basis is paid; 60% the compensation of 36% of the basis is paid; 50% the compensation of 30% of the basis is paid; 40% the compensation of 24% of the basis is paid and 30% the compensation of 18% of the basis is paid. Tables 89 and 90 show the structure of expenditures in the Federation of Bosnia and Herzegovina for the period 2018-2019 and an average structure of pensions in the Federation of Bosnia and Herzegovina by type of the entitlements for 2019 (Attachment 1).

In case of injuries at work, or illness due to an occupational disease, the insured persons must have:

1. health care and implementation of measures for detection and prevention of injuries at work and occupational diseases,
2. appropriate medical assistance and the right to orthopaedic aids for the purpose of treatment and medical rehabilitation from the consequences of injuries at work and occupational diseases in order to establish working capacity,
3. reimbursement of travel expenses related to the use of health care and rehabilitation caused by an injury at work or an occupational disease,
4. compensation of salary for the entire duration of sick leave caused by an injury at work or an occupational disease.

For injuries at work and occupational diseases of the insured person, a legal or natural person fully provides funds for exercising of these rights. Legal or natural persons are obliged to reinsure themselves due to the stated risks.

During temporary incapacity for work due to an injury at work or illness due to an occupational

disease, the salary compensation is 100% of the compensation basis. In the event of temporary incapacity for work due to an injury at work or an occupational disease, the insured person is entitled to salary compensation even after termination of employment, until re-establishment of working capacity or a final assessment of working capacity or disability within a period of not more than 12 months.

Salary compensation due to injury at work or an occupational disease shall be calculated and paid from own funds by a legal or natural person with whom the insured person is employed, as long as the insured person is unable to work, or until the decision of the competent authority on determining disability of the insured person is final, except in case of bankruptcy proceedings, when the compensation shall be paid by the cantonal health insurance institute.

**In the Republika Srpska**, Article 152 of the Law on Pension and Disability Insurance (Official Gazette of the Republika Srpska, No. 134/11, 82/13 and 103/15), stipulates that funds for exercising the rights from the pension and disability insurance are provided from the budget of the Republika Srpska, and that the contribution is budget revenue. Article 60 of the Law defines exercising the right to disability pension in cases when the cause of disability is an injury outside work or illness, as well as when the cause of disability is an injury at work or an occupational disease.

The number of beneficiaries of all disability pensions from 2016 to 2019 is as follows: 2016 (December): 39,378; 2017 (December): 38,761; 2018 (December): 38,301 and 2019 (December): 37,900.

Until the date of sending the report to the Committee, the Ministry of Human Rights and Refugees of Bosnia and Herzegovina did not receive the relevant information from the Brčko District of Bosnia and Herzegovina.

#### **42. The Committee inquires for information regarding minimum salaries and information on minimum amounts and duration of payment of all social benefits in the referenced period.**

Answer:

**In the Federation of Bosnia and Herzegovina**, pursuant to the General Collective Agreement for the territory of the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, No. 48/16 and 62/16) which entered into force on 23.06.2016, the lowest hourly rate for the territory of the Federation of Bosnia and Herzegovina was determined. Accordingly, the amount of the minimum net salary was BAM 406.56. Upon termination of the said collective agreement, and since no agreement has been reached on determining the minimum hourly wage, the net salary in the above amount is valid for the reference period and thereafter until the agreement is reached.

**In the Republika Srpska**, according to Article 127 of the Labour Law, the minimum payment in the Republika Srpska is determined by the Government of the Republika Srpska at the proposal of the Economic and Social Council in the last quarter of the current year for the following year. If the Economic and Social Council does not define the proposal, the decision on the lowest salary is made by the Government of the Republika Srpska by taking into consideration movement of salaries, growth of production and living standard in the Republika Srpska. Furthermore, Article 128 stipulates that the minimum salary is paid for full-time work and the average achieved results of employees in accordance with the bylaws of the employer. The lowest salary shall be paid to the employee only when the amount of the employee's salary, calculated in accordance with the Law, bylaws or an employment contract, is below the amount of the minimum salary referred to in paragraph 1 hereinabove. The Government of the Republika Srpska adopted a Decision on the Lowest Salary for 2020, according to which the lowest salary is set at BAM 520 (Official Gazette of the Republika Srpska, No. 3/20).

**In the Brčko District of Bosnia and Herzegovina** for the period in 2019, an average salary was BAM 870.00, and the allowance for care and assistance by another person (attendance allowance) was:

- For the degree of full dependence, the compensation amounted to BAM 218.00;

- For the degree of severe dependence, the compensation amounted to BAM 157.00;
- For the degree of moderate dependence, the compensation amounted to BAM 105.00;
- For the degree of small dependence, the compensation amounted to BAM 61.00.

The compensation for permanent basic financial assistance amounted to BAM 182.00 (on average for 2019, per month). The monthly child allowance was BAM 87.00, and the increased child allowance was BAM 131.00. Monthly maternity allowance amounted was BAM 435.00. Allowance for a newborn amounted to BAM 218.00 one-off.

## **2.2. Article 12 Paragraph 2 – Maintenance of the social security system at satisfactory level, at least the one required for ratification of the European Social Security Code**

*The European Committee for Social Rights in Conclusions (2017) concluded that the situation in Bosnia and Herzegovina is not in line with the Charter, because it has not been found that BiH maintains the social security system at a satisfactory level, which means that the existing social security schemes cover a significant percentage of the active population, at least the one required for ratification of the European Social Security Code.*

**43. The Committee concluded that the situation in Bosnia and Herzegovina is not in line with the Charter, because it has not been found that BiH maintains the social security system at a satisfactory level, which means that the existing social security schemes cover a significant percentage of the active population, at least the one required for ratification of the European Social Security Code. The Committee requires detailed and updated information on the above.**

Answer:

In cooperation with the competent entity institutions and the institutions of the Brčko District of Bosnia and Herzegovina, the BiH Ministry of Civil Affairs coordinated the development of the Action Document “Social Policy, Education and Employment” under IPA 16. One of the identified objectives of this document is Development of the Analysis of Social Care Centres for the Purpose of Improving Efficiency of the Institutions. “Analysis of Needs of Social Care Centres in Bosnia and Herzegovina” is required to prepare projects related to the implementation of the results of “Improved Capacities of Social Care Centres for Better Work with Beneficiaries and Strengthening of Non-Institutional Forms of Social Protection” set out in IPA II for 2020 (AD) for the field of employment, education and social policy. The ToR for the said project has been harmonised.

The BiH Ministry of Civil Affairs participated in coordinating implementation of programme “Transformation of Institutions for Child Care and Prevention of Family Separation”. The programme was implemented in the period 2016-2018, and it is funded by the EU grant under IPA 2014. The goal of the program is to reduce the use of institutional care and the transformation of institutions into community support centres to encourage the promotion of foster care and prevent unnecessary separation of families. The programme was implemented in June 2018. Results of the evaluation of the Programme are used in planning and programming future activities in the field of social protection in Bosnia and Herzegovina.

The BiH Ministry of Civil Affairs organised the meeting on 4.2.2020 regarding the planning of a new employment strategy in Bosnia and Herzegovina and the use of technical assistance from the European Union.

A need to develop the employment strategy in Bosnia and Herzegovina, entity strategies and an appropriate strategic document for the field of employment of the Brčko District of Bosnia and Herzegovina for the next planning period was underlined.

Bosnia and Herzegovina's employment strategy will include goals that are common in both entities and will be harmonised in terms of time schedule for easier definition and monitoring. The strategy will define measures by which the strategic goals will be implemented, which will enable easier

employment and better working conditions, while respecting the rights of employees.

**In the Federation of Bosnia and Herzegovina**, in the previous report for the reference period 2012-2015. year, the entire legislation of the scheme related to Article 12, Paragraphs 1 and 2 has been described, and so far there have been no amendments to the Law on Mediation in Employment and Social Security of Unemployed Persons. In this regard, in this answer in Article 12, Paragraph 1, answers are given related to the scheme prescribed by the said Law, and for detailed and updated information, as well as relevant statistical data related to the number of beneficiaries of unemployment compensation, health insurance beneficiaries, and beneficiaries of pension and disability insurance for the reference period, the FBiH Employment Agency needs to be contacted.

Note: In relation to previous reports, as can be seen in the text, a new Rulebook on Records in the Employment Area has been approved.

Health insurance is part of social insurance.

Funds for exercising the right to compulsory health insurance are provided by contributions from which health insurance funds are formed at the cantonal health insurance institute, in accordance with the provisions of the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, and 48/11) and regulations enacted under the law.

Funds for exercising the right to compulsory health insurance are provided by contributions from which health insurance funds are formed at the cantonal health insurance institute and FBiH Health Insurance and Reinsurance Institute.

Compulsory health insurance rights are exercised at the expense of the compulsory health insurance fund, in accordance with the law.

Compulsory health insurance contributions provide health care to insured persons, health care to insured persons working abroad, the right to compensation of salary during temporary incapacity for work and the right to compensation of travel expenses related to the use of health care. (Official Gazette of the FBiH, 35/98, 54/00, 16/01, 37/01, 1/02, 17/06, and 14/08), 12.5% from net salaries + 4% from gross salaries, and under the decisions of cantonal assemblies for certain categories of insured persons (farmers, self-employed persons performing an activity in the form of occupation, persons who pay contributions for themselves, etc.), in accordance with the Health Insurance Law. Funds are collected in health insurance institutes.

The FBiH applies a classical model of determining the basis for social contributions to gross wages without additional benefits (annual leave compensation, hot meal, travel expenses, etc.) and it fits into the usual models present in other countries in the region. The FBiH has not set a maximum limit beyond which there is no payment of social security contributions. Pursuant to the provisions of the Law on Contributions, the basis for calculating contributions must not be below the minimum salary determined by the General Collective Agreement.

Pursuant to the Law on the Unified System of Registration, Control and Collection of Social Security Contributions (Official Gazette of the FBiH, 42/09, 109/12, 86/15, and 30/16), Centralization of all information related to the payment of social security contributions, which are managed within the Unified System of Registration of Contributors and Collection of Contributions within the FBiH Tax Administration has been established. In accordance with this Law, the business functions of the Cantonal Health Insurance Institute were reorganized, in the direction of terminating the direct registration of contributors and insured persons in the Cantonal Health Insurance Institutes, since the FBiH Health Insurance and Reinsurance Institute takes the data from the Single Database of the FBiH Tax Administration and on the basis of such downloaded data, it updates its databases and databases of the cantonal health insurance institute.

Please note that the sources of financing health insurance are defined by the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, and 48/11). The sources of financing health insurance in the FBiH include: insurers and insured persons (paying contributions and lump sums - foreign insurers, detachments, and participation), budgets of the FBiH and cantons, and other non-fiscal sources of income of health insurance institutes (grants, support, debits, etc.).

In order to define the insurers and insured persons more clearly as a source of funding in the FBiH, the Law defined the types of insured persons (quite wide, differentiated and comprehensive range of insured persons, which is in line with the basic principles of integrity and comprehensiveness of social protection).

According to all legal provisions in the FBiH, there is another group of insured persons, who have limited rights arising from compulsory health insurance, and these are family members of the insurance carrier (they are not entitled to compensation from so-called sick leaves or travel expenses):

The third group of insured persons includes persons residing in the FBiH, who are insured in special circumstances.

The law also determines the payers of health insurance contributions for each of the listed categories of insured persons. Contribution funds are allocated in the health insurance institutes of the FBiH and are used to finance health care in the FBiH, which is realized in contracted health care institutions and with a contracted private worker with whom the health insurance institute has concluded a contract. Funds raised through health insurance contributions are the most generous income of the health sector. Compulsory health insurance funds also include funds from other sources, such as: budget, support, grants, tax duties, interest and various receipts from borrowing.

Health insurance contributions are paid by those liable to pay health insurance to the health insurance institution according to the place of residence of the insured persons. Each calendar year, the FBiH Government determines the rate of allocation of health insurance contributions paid to the FBiH Health Insurance Institute in a special account, from which FBiH solidarity funds are formed, the purpose of which is to finance health services from highly differentiated health care, financing of priority vertical programmes of interest for the FBiH, procurement of expensive Medicinal Products determined by the Decision on the List of Medicinal Products of the FBiH Solidarity Fund, and medical treatment abroad. For now, this rate accounts for 10.2%, of each health insurance contribution that is paid to the FBiH Health Insurance Institute on a special account, from which FBiH solidarity funds are formed. The rest of the health insurance contribution at the rate of 89.80% is paid to the parent health insurance institution and is used to finance the health care of the insured persons.

Status of the insured persons and regular payment of health insurance contributions is a financial cover for the smooth use of health care.

### **3. Article 13 – Right to Social and Medical Assistance**

#### **Article 13 - 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;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical

Assistance, signed at Paris on 11 December 1953.

### **3.1. Article 13 Paragraph 1. – Appropriate assistance for every socially endangered person**

*The European Committee of Social Rights in its Conclusions (2017), concludes that the situation in Bosnia and Herzegovina is not in line with the Charter on the following grounds:*

- *It has not been found that appropriate medical care is provided to all persons in need in both entities and the Brčko District of BIH;*
- *It has not been found that the amounts of social benefits paid to one person without funds are adequate.*

**44. The Committee concludes that the situation in Bosnia and Herzegovina is not in accordance with the said Article, based on the fact that:**

- **It has not been found that appropriate medical care is provided to all persons in need in both entities and the Brčko District of BIH;**
- **It has not been found that the amounts of social benefits paid to one person without funds are adequate.**

**The Committee requests detailed and updated information on these two grounds for non-compliance with the Charter.**

Answer:

**In the Federation of Bosnia and Herzegovina**, in order to more clearly define insurers and insured persons as a source of funding in the Federation of Bosnia and Herzegovina, the Law defines the types of insured persons (quite broad, differentiated and comprehensive range of insured persons, which is in line with the main principles of comprehensiveness of social protection). According to the Health Insurance Act, insured persons from the so-called first group of insured persons are:

- persons employed with legal entities, employed with self-employed persons who independently perform their activities or perform a professional activity in BIH,
- persons employed with legal and natural persons with their registered seat in BIH sent to work abroad, and persons working with the families of insured persons working abroad,
- persons elected or appointed to permanent positions if they receive a salary for it,
- BIH citizens employed in foreign missions or international diplomatic and consular missions based in BIH,
- our citizens employed abroad by a foreign employer who do not have health insurance of a foreign institution,
- persons who work full-time on practical work after schooling,
- persons who, on the territory of all entities and the Brčko District, perform economic or non-economic activity through own work,
- persons owning a company if they are not insured on another basis,
- farmers engaged in agriculture as their main or only occupation and persons who have given or taken lease of a land property if they do not have other insurance,
- beneficiaries of pensions and beneficiaries of the right to rehabilitation and employment according to the regulations of the pension and disability insurance of the entities and Bosnia and Herzegovina,
- beneficiaries of pensions and disability benefits with residence on the territory of BIH, who exercise this right from a foreign pension and disability insurance carrier,
- unemployed persons registered at the employment office,
- persons who have reached the age of 18 and have not completed primary education,
- persons who have lost the status of a pupil or a full-time student have the right to health care for

- one year, if they have applied to the employment bureau,
- persons who have been recognized as war, peacetime and civilian war invalids (disabled persons), i.e. the status of family disability allowance, if they are not insured on another basis,
- social assistance beneficiaries,
- members of the police,
- persons who have terminated their work because the legal entity sent them for professional training or postgraduate examination,
- a person who, before starting the employment, was sent by a legal entity as its scholarship holders for practical work or to another legal entity for the purpose of training and professional development,
- persons sent abroad as part of an international, educational, technical and cultural cooperation and top athletes if they are not insured on other grounds.

According to all legal provisions in the Federation of Bosnia and Herzegovina, there is another group of insured persons, who have limited rights from compulsory health insurance, and these are family members of the insurance carrier (not entitled to sick leave or travel expenses), spouses, children born in marriage, out of wedlock, stepchildren or children without parents, parents, grandchildren, siblings, grandparents, if they do not have the means to support themselves.

The third group of insured persons includes persons residing in the FBiH, who are insured in special circumstances:

- persons participating in organized public works on the territory of the Federation of Bosnia and Herzegovina,
- participants in civil protection or monitoring and intelligence services, and
- members of fire brigades.

The so-called special group of insured persons also includes persons entitled to health care due to injuries at work and illnesses from occupational diseases. This group of insured persons includes:

- pupils and students in practical classes, practical work or professional development,
- handicapped children,
- persons assisting the police services,
- persons participating in organized rescue operations,
- persons who perform certain duties at the invitation of state bodies,
- athletes, coaches and organizers of sports activities,
- persons who, as members of the mountain rescue service, are exposed to danger by saving other lives and property,
- persons who, as members of various field formations, participate in rescue and health care in natural and other disasters.

The law also determines the payers of health insurance contributions for each of the listed categories of insured persons. Contribution funds are allocated in the health insurance institutes of the Federation of Bosnia and Herzegovina and are used to finance health care in the FBiH, which is realized in contracted health care institutions and with a contracted private employee with whom the health insurance institute has concluded a contract. Funds raised through health insurance contributions are the most generous income of the health sector. Compulsory health insurance funds also include funds from other sources, such as: budget, support, grants, tax duties, interest and various receipts from borrowing.

Please note that if a person is not insured on any of the above grounds, he/she can receive health care in accordance with the Basic Package of Health Rights in the FBiH, based on the package for uninsured persons, as follows:

a) for uninsured persons of up to 18 years of age:

children and youth up to 18 years of age, as well as school children and students in regular schooling up to 26 years of age, have the same rights as insured persons, in accordance with the

Health Insurance Law, the Health Care Law, as well as this decision;

b) for uninsured persons over 18 years of age:

emergency medical care in life-threatening conditions, treatment of serious infectious diseases (quarantine diseases, tuberculosis, HIV infection, SARS, bird flu, syphilis, hemorrhagic fever, hepatitis C and B, botulism, diphtheria, echinococcosis, acute meningitis and meningoencephalitis measles, pertussis, poliomyelitis, rabies, tetanus, typhoid fever, freckles), health care for women during pregnancy and childbirth, and puerperium and postnatal complications up to 6 months after childbirth, health care for mentally ill people who may endanger their lives due to the nature and condition of the disease or life of others, or damage material goods, health care in case of chronic disease (malignant tumors, insulin-dependent diabetes, endemic nephropathy, and chronic renal failure/hemodialysis, hemophilia, agammaglobulinemia), health care of patients with progressive paramuscular, neuromuscular diseases multiple sclerosis, health care in case of paraplegia and quadriplegia, health care in case of epilepsy, health services performed with the aim of donating organs for the purpose of transplantation for the treatment of another person, health services related to blood donation.

These rights are financed from the budget of the canton or municipality according to the place of last residence of the uninsured person.

**In the Republika Srpska**, social protection is an activity of general interest which provides assistance to persons when they are in a state of social need and taking the necessary measures to prevent the occurrence and elimination of the consequences of such a situation. Holders of social protection are Republika Srpska and local self-government units, social protection is financed from public revenues provided in the budget of the Republika Srpska and local self-government units. The system of social protection of citizens in the Republika Srpska is sustainable and continuous.

**The Brčko District of BIH** provides all persons in a state of social need with appropriate medical (health) assistance and provides them with annual budget funds for the payment of contributions to basic health insurance.

According to the condition and status of the Brčko District of BIH, and the sustainability of the budget system, the funds intended for social benefits (social, family and child protection) are adequate.

**45. List all applicable legal regulations governing the field of social and medical assistance, i.e. what changes in legislation occurred in the reference period in relation to previous reporting period**

Answer:

In the Federation of Bosnia and Herzegovina, the area of social protection in the Federation of Bosnia and Herzegovina is regulated by laws (primary legislation), as follows:

- Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16, and 40/18);
- Law on Foster Care in the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 19/17);
- Rulebook on the Central Register in the Field of Foster Care in the FBiH (Official Gazette of the FBiH, 35/18);
- Rulebook on Housing and Financial Conditions for Foster Care in the FBiH (Official Gazette of the FBiH, 31/18);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the USC, 5/00 and 7/01 and 11/14), Decision on the Amounts of Money, number: 09-35-7430-11/17);
- Law on Social Protection (Official Gazette of the Posavina Canton, 5/04, 07/09);
- Law on Maternity Benefits (Official Gazette of the Posavina Canton, 7/16) and Decision on

Maternity Benefits for Unemployed Mothers (Official Gazette of the Posavina Canton, 2/05, 8/06, 6/11, and 4/15);

- Law on Income for Children (Official Gazette of the Posavina Canton, 3/17);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of the Tuzla Canton (Official Gazette of the the Tuzla Canton, 5/12, 7/14, 11/15, 13/16 and 4/18);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of Zenica-Doboj Canton,. 13/07 and 13/11, 13/15 and 2/16);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the Bosnia-Podrinje Canton Goražde, 7/08, 2/13 and 12/13);
- Law on Law on Social Protection, Protection of Civilian Victims of War and Families with Children (Official Gazette of the Central Bosnia Canton,10/05 and 2/06);
- Law on Social Protection (Official Gazette of the Herzegovina-Neretva Canton, 3/05 and 1/16);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the West Herzegovina Canton, 16/01, 11/02, 4/04 9/05, 21/12, 13/14 and 14/16);
- Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of the Sarajevo Canton (Official Gazette of the Sarajevo Canton, consolidated text no. 38/14 and 38/16, 44/17, and 28/18);
- Law on Social Welfare of the Canton 10 (Official Gazette of the Canton 10, 5/98);
- Decision on the Right to Compensation instead of the Salary of a Woman - Mother during Absence from Work due to Pregnancy, Childbirth and Child Care (Official Gazette of the West Herzegovina Canton, 1/13 and 06/15);
- Decision on the Right to Financial Compensation for Unemployed Mothers (Official Gazette of the Herzegovina Canton, No. 6/15);
- Decision on Child Allowance (Official Gazette of the Herzegovina Canton No. 2/18);
- Law on Administrative Procedure (Official Gazette of the FBiH Nos. 2/98 and 48/99); and
- Law on Administrative Disputes (Official Gazette of the FBiH, 9/05).

The list of relevant regulations in the field of health for the territory of the Federation of Bosnia and Herzegovina are:

- Law on Health care (Official Gazette of the FBiH, 46/10 and 75/13);
- Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11 and 36/18);
- Law on Rights, Obligations and Responsibilities of Patients (Official Gazette of the FBiH, 40/10);
- Law on Blood and Blood Ingredients (Official Gazette of the FBiH, 9/10);
- Law on Organ and Tissue Transplantation for Medical Purposes (Official Gazette of the FBiH, 75/09 and 95/17);
- Law on Infertility Treatment with Biomedically Assisted Fertilization (Official Gazette of the FBiH, 59/18);
- Law on Doctor's (Official Gazette of the FBiH, 56/13);
- Law on Dental Activity (Official Gazette of the FBiH, 37/12);
- Law on Nursing and Midwifery (Official Gazette of the FBiH, 43/13);
- Law on Records in the Field of Health (Official Gazette of the FBiH, 37/12);
- Law on Medicinal Products and Medical Devices (Official Gazette of BiH, 58/08);
- Law on Medicinal Products (Official Gazette of the FBiH, 109/12);
- Law on Pharmacy (Official Gazette of the FBiH, 40/10);
- Law on Protection of the Population from Infectious Diseases (Official Gazette of the FBiH, No. 29/05);
- Law on Protection of Persons with Mental Disabilities (Official Gazette of the FBiH, 37/01,

- 40/02, 52/11, and 14/13);
- Law on the System of Improving Quality, Safety and Accreditation in Health Care (Official Gazette of the FBiH, 59/05, 52/11 and 6/17);
  - Law on Restricted Use of Tobacco Products (Official Gazette of the FBiH, 6/98, 35/98, 11/99 and 50/11);<sup>24</sup>
  - Law on Health Safety of Foodstuffs and Articles of General Use (Official Gazette of RBiH 2/92 and 13/94);
  - Law on Trade in Poisons (Official Gazette of RBiH, 2/92 and 13/94);
  - Law on Radiation and Nuclear Safety in Bosnia and Herzegovina (Official Gazette of BiH, 88/07).

The List emphasizes the issues of the Official Gazette of the Federation of Bosnia and Herzegovina, in the case of laws passed in the reporting period.

**In the Republika Srpska**, Article 8, Paragraph 2, item k) of the Law on Health Care (Official Gazette of the Republika Srpska, No. 106/09 and 44/15), the health care is provided under equal conditions, population and nosologic groups of special socio-medical significance, which include sick or injured persons who are provided with emergency medical care at the level of the Republika Srpska.

In the Republika Srpska, the exercise of the right to social assistance is prescribed by the Law on Social Protection of the Republika Srpska (Official Gazette of the RS, 37 / 12,90 / 16 and 94/119). Assistance to families and children through the right to child allowance, maternity allowance and other rights is defined by the Law on Child Protection of the Republika Srpska (Official Gazette of the RS, 114/17, 122/18 and 107/19).

The following laws are valid in the **Brčko District of Bosnia and Herzegovina**:

- Law on Child Protection of the Brčko District of BiH (Official Gazette of the BD BiH, 01/03, 04/04, 21/05, 19/07, 02/08, 51/11, 03/15, 21/18 and 04/19);
- Law on Social Protection of the Brčko District of BiH (Official Gazette of the BD BiH, 01/03, 04/04, 19/07, 02/08, 21/18, and 32/19);
- Family Law of the Brčko District of BiH (Official Gazette of the BD BiH, 23/07);
- Law on Health Insurance of the Brčko District of BiH (Official Gazette of the Brčko, 01/02, 07/02, 19/07, 02/08, 34/08, and 34/19); and
- Law on Health care of the Brčko District of BiH (Official Gazette of the BD BiH, 38/11, 09/13, 27/14, 03/15, 50/18, 52/18, and 34/19).

#### **46. Indicate which persons are entitled to permanent financial assistance and under what conditions.**

Answer:

**In the Federation of Bosnia and Herzegovina**, pursuant to the provisions of Article 22, Paragraph 1 of the Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16, and 40/18) persons and families are entitled to permanent financial and other material assistance, under the following conditions: 1. that they are incapable of work, i.e. prevented from exercising the right to work; 2. that they do not have sufficient income for support and 3. that they do not have family members who are legally obliged to support them or if they have them, that these persons are not able to perform the obligation to support.

The right to assistance referred to in Paragraph 1 above shall be exercised with the competent authority of the municipality of residence of that and his/her family members (Article 22 Paragraph 2 of the Law)

Incapable of work, i.e. prevented from exercising the right to work, (Article 23 of the Law) is a person: completely incapable of independent work and contribution to work, a person older than 65

years of age, a woman during pregnancy, childbirth and after childbirth, in accordance with labour regulations, parents, stepfather, stepmother or adoptive parent who takes care of one or more children up to one year of age, and has no family members or relatives who are legally obliged to support him or her, if any, that those persons are unable to perform the obligation to support a child up to the age of 15, and if he/she is in regular schooling until the age of 27, a person with permanent disabilities in physical and mental development, a person caring for a person with a disability or a seriously ill person, if determined that help and care from another person is desperately needed to that person.

Findings and opinions on the incapacity for work of persons referred to in Article 23, Item 1 of the said Law shall be provided by medical commissions in accordance with the regulations of the canton. Findings and opinions on the ability and classification of children with physical and mental disabilities give expert commissions in accordance with the regulations of the canton. The regulation of the canton prescribes the manner and procedure for the detection and assessment of ability, classification and records of children with physical and mental disabilities (Article 24 of the Law).

Permanent financial assistance is determined in a monthly amount equal to the difference between all incomes of household members and the amount of the lowest household income that is considered sufficient for support, pursuant to Article 27 of the said law (Article 25 of the Law).

The cantonal regulation (Article 27 of the Law) determines the amounts of permanent financial assistance and financial compensation for assistance and care, as well as the revenues that are taken into account when determining the amount of such assistance and compensation. For children and adults with disabilities and persons with permanent disabilities in physical and mental development, the regulations of the canton define more favourable conditions for acquiring rights from social protection and the amount of financial benefits. When determining household income, with reference to Paragraph 1 of this Article, income realized for financial compensation, i.e. disability allowance for physical injury, financial compensation for assistance and care by another person, child allowance and scholarships for pupils and students shall not be taken into account.

The regulations of the canton determine the conditions and procedure for acquiring these rights and their use. The Una-Sana Canton - In accordance with the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the Una-Sana Canton, 5/00, 7/01 and 11/14) - (Articles 10, 11, 12, 13, 15, 17) persons and families are entitled to permanent financial assistance under the conditions determined by this and FBiH law.

This right is exercised by persons and families who transfer their immovable property or a part of it, by will or contract, to the state, if it meets the conditions established by this and FBiH law. The right is exercised by persons and families if the income of their joint household is not sufficient to support them. The user beneficiary not be the owner of a house or apartment, the size of which exceeds the needs of the family household, on which the criteria are prescribed by the Minister of the relevant ministry, and the beneficiary or family household members must not be owners or possessors of motor vehicles (car, truck, tractor, etc.).

The amount of the lowest household income that is considered sufficient for support, depending on the number of household members, is determined in the percentage of: 10% of the determined basis for a single-member household; 12% of the established basis for a two-member household; 14% of the established basis for a three-member household and 16% of the established basis for a four-member and multi-member household.

If the household has a person with a disability of at least 70% disability, then the amounts are increased by 2%. The basis for the calculation of financial compensation defined by this law is determined periodically and in accordance with the planned and provided funds, the decision of the Cantonal Government at the proposal of the Cantonal Minister of Health and Social Policy. Permanent financial compensation is determined in a monthly amount of the difference between the minimum support and total household income. It is financed from the budget of the Canton.

The total income of the joint household, which is determined on the basis of the attached documentation, knowledge and insights in the field, consists of the income that household members earn from:

- Salary and other income arising from employment (income does not include financial allowance based on disability for bodily injury, financial allowance for assistance and care by another person, child allowance and scholarships for pupils and students and one-off assistance);
- Old-age, disability and survivors' pensions;
- Income generated on the basis of economic, service and other activities;
- Agricultural activities (cadastral income from the previous year is considered, which is divided into 12 months by the number of household members);
- Income according to the regulations on war veterans' and disabled persons' protection and protection of civilian victims of war;
- Income generated on the basis of property rights;
- Additional work;
- Securities, savings deposits and other income.

Income from agricultural activity is considered to be the cadastral income from the previous year, which is divided into twelve months and by the number of household members. It is considered that persons and families do not have income from the agricultural activity if they transfer immovable property, or a part of it, to the state union by will or contract in order to exercise the right to permanent financial assistance. Income does not mean a financial benefit based on disability for bodily injury, a financial benefit for assistance and care of another person, child allowance and scholarships for pupils and students and one-off assistance.

The Posavina Canton - In accordance with the Law on Social Protection (Official Gazette of the Posavina Canton, 5/04 and 7/09) - (Articles 15, 16, 18, 19, 20, 21, 22,23, 24,27, 28 , 29, 30, 31, 32,33) the right to maintenance assistance may be exercised by a single person or family who does not have sufficient means of support in the amount determined by Article 16 of the Law, and are not able to exercise them through their work or income from property or other way. The right to maintenance assistance can be exercised by a single person or a family if they own certain property if, given the market value and current status of that property, the provision of funds necessary to meet basic living needs cannot be expected. The value status of the property cannot take into account the property whose sale or lease would provide significant material assets needed to achieve the purpose of maintenance for a one-year period. The beneficiary of financial assistance can be an individual (single-member household) or a family (multi-member household).

The determined categorization and value of property is determined by the Posavina Canton Government at the proposal of the relevant ministry.

In accordance with Article 21 of the Law, a person may support himself if he can earn income by selling or leasing or renting property that does not serve him and his family members to meet basic living needs. Exceptionally, the child's property may be exempted from encumbrance or alienation, which is decided by the competent social security body.

In terms of the said Law, a person may support himself if he is duly registered with the employment service and refuses the offered employment regardless of education, i.e. if he/she has the opportunity to earn funds to meet basic living needs or other income through at least temporary, seasonal, occasional and similar jobs.

The amount of maintenance allowance is determined as a percentage of the basis for:

1. single person 100% of the basis;
2. family:
  - an adult 80% of the basis;
  - child up to 7 years 80% of the basis;
  - child from 7 to 15 years 90% of the basis; and

- a child from 15 to 18 years of age, or up to the age of 27 if he/she attends school regularly, 100% of the basis.

Amounts are increased if the beneficiary is: 1. pregnant woman after 12 weeks of pregnancy and puerpera up to 2 months after delivery by 50% of the basis; 2. a child of a single parent for 20% of the basis; 3. a fully incapacitated adult living alone for 50% of the basis and 4. a fully incapacitated adult living in a family for 30% of the basis.

The amount of maintenance allowance is determined as the difference between the amount of maintenance allowance determined by this Law and the amount of average monthly income of a single person or family earned in the three months preceding the month in which the application for maintenance allowance was submitted. Exceptionally, when determining income from agricultural activity, income from the calendar year preceding the year in which the procedure initiated is stated, expressed in accordance with the provisions of this Law. The basis on which the amount of maintenance assistance is determined is defined by the Posavina Canton Government. Maintenance allowance may be granted in whole or in part as in-kind assistance when the competent social security authority determines that it is more favourable to the beneficiary or that the financial assistance is not used or is unlikely to be used to meet basic living needs. Maintenance allowance is paid monthly, and the right is exercised from the date of submitting the request, i.e. initiating the procedure ex officio. It is financed from the Posavina Canton Budget.

Pursuant to the said Law, income means all financial and material resources that a single person or family realizes on the basis of: 1. salary and other income from work; 2. pension income; 3. income earned from the rights of military and civilian victims of war; 4. income from agricultural activity and 5. income realized on the basis of property and other income that is subject to calculation and payment of taxes.

Income from agricultural activity within the meaning of this article is considered to be the cadastral income from the previous year expressed in the total amount, divided by the number of household members and the number of months in the year.

Income does not include the allowance for assistance and care, orthopaedic allowance, monetary compensation for bodily injury, awards, alimony and scholarships, provided that the bodily injury for which the said allowance is earned occurred before their eighteenth year of life.

The Tuzla Canton - In accordance with the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the Tuzla Canton, 5/12, 7/14, 11/15, 13/16, and 4/18) - (Articles 11, 12, 13, 14, 15) the right to permanent financial assistance is exercised by a person and a family in the manner and under the conditions determined by FBiH law and this law.

The right to permanent financial assistance is exercised by a person and a family if the income of the joint household is not sufficient to support them, i.e. if the total income per one household member per month does not exceed 7% of the average salary. A household with a person with a disability and a person with permanent physical or mental disabilities in this case is considered to be insufficient to support themselves, if the total income per household member per month does not exceed 12% of the average salary. The right to permanent financial assistance is not exercised by a person if he/she is placed in another family or social protection institution, at the expense of the cantonal budget.

The basis for determining financial and long-term material assistance is the average net salary realized in the previous year in the Canton (average salary in the Tuzla Canton). Permanent financial assistance is determined in the monthly amount of 16% of the average salary. A beneficiary who is an incompetent member in his/her household, i.e. a child in regular schooling, is also entitled to an allowance in the amount of 30% of the amount of permanent financial assistance, for each member. This right is financed from the budget of the Canton.

Total household income consists of income that household members earn based on:

- salary and other income from employment;

- old-age, disability and survivors' pensions;
- agricultural activities;
- income under the regulations on protection of war veterans and disabled persons and civil victims of war;
- income generated on the basis of property rights;
- additional work;
- material benefits during unemployment;
- alimony fee.

Income in the sense of the said Law is not considered personal disability allowance, financial compensation for assistance and care by another person, orthopaedic allowance, permanent financial assistance, child allowance and scholarships for pupils and students.

The Zenica-Doboj Canton - In accordance with the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of Zenica-Doboj Canton, 13/07, 13/11, 3/15, and 2/16) - Articles 21, 24, 25, 27, 28, persons and families are entitled to permanent financial assistance under the following conditions: that they are incapable of work, i.e. prevented from exercising the right to work, that they do not have enough income to support themselves, that they do not have family members who are obliged by the law to support them or, if they have them, that those persons are not able to perform the obligation of maintenance. The right to material assistance, except for the conditions prescribed by this law, cannot be exercised by a person who is the owner or possessor of immovable property (house, apartment and other immovable assets) whose size exceeds the needs of the household, or whose sale or lease could generate funds needed for maintenance, and on the basis of that property, support could be provided by a contract on lifelong support, which in each specific case is assessed by the social work centre, i.e. the competent municipal administration service. Possession of immovable property (house or apartment) is not an obstacle to exercising the right to material assistance, provided that the size of the house or apartment does not exceed 40 m<sup>2</sup> of living space for a single-member household, or an additional 5 m<sup>2</sup> for each subsequent member.

Persons or households that have earned funds by selling property or have donated their property, are not entitled to financial assistance for the period in which the amount of assistance corresponds to the price achieved by selling or donating property. The rights to financial assistance cannot be exercised by households in which one of the members is the owner of a company or independent business or has a registered ancillary activity, or households in which one or more members own a car.

If the total income per household member per month does not exceed 10% of an average salary of the Canton, the person is considered to have insufficient income to support himself/herself. The total household income consists of income earned by household members on the basis of: salary and other employment income; old-age, disability and survivors' pensions; agricultural activities; income according to regulations on war veterans' and disabled persons' protection and protection of civilian victims of war; income generated on the basis of property rights; income generated on the basis of economic, service and other activities; additional work; and other income. Income from agricultural activity is considered to be cadastral income from the previous year, doubled. The following are not considered income: financial compensations based on the rights of persons with disabilities, child allowance, scholarships, student loans, alimony and one-off assistance.

The Bosnia-Podrinje Canton - In accordance with the Law on Social Protection, Protection of Civilian Victims of War and Families with Children (Official Gazette of the Bosnia-Podrinje Canton, 7/08, 2/13 and 12/13), a right to permanent financial assistance cannot be claimed by a household where one of its members owns a business or is a sole entrepreneur or has a registered additional business, i.e. a household where one or more of its members own or is in possession of a car, except if these are persons with disabilities who are allowed to import or buy locally a motor vehicle as an orthopaedic or other aid in line with tax and customs policy regulations. The basis for

determination of financial and other material assistance is an average net salary of employees in the Canton earned over the previous calendar year. Financial assistance amounts are being aligned at minimum of an annual basis subject to an order by the cantonal ministry in accordance with average salary trends in the Canton based on data published by the FBiH Statistics Bureau. Permanent financial assistance is being determined on a monthly basis and represents a difference between total income of household members and the lowest household income level found sufficient to ensure support. Depending on the number of household members, the lowest household income level found sufficient to ensure support is being determined as a percentage of: 25% od prosječne plate u kantonu za jednočlano domaćinstvo;

- 25% of an average salary in the canton for a single-member household;
- 30% of an average salary in the canton for a two-member household;
- 35% of an average salary in the canton for a three-member household;
- 40% of an average salary in the canton for a household with four or more members.

As an exception, if a household includes one or more members that are disabled persons not having attained a right to an allowance for care and assistance by another person, the permanent financial assistance shall be determined at the percentage of 10% of an average salary in the canton.

If a household includes a disabled person or a person with permanent problems in physical or psychological development, the lowest household income level (depending on the number of household members) found sufficient to ensure support is being determined as a percentage of:

- 30% of an average salary in the canton for a single-member household;
- 35% of an average salary in the canton for a two-member household;
- 40% of an average salary in the canton for a three-member household;
- 45% of an average salary in the canton for a household with four or more members.

A maintenance obligation among family members and relatives is being determined and applied in accordance with the Family Law of the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 35/05, 41/05, and 31/14). A family member, i.e. relative, is found incapacitated to meet the maintenance obligation to a family member not living in the same household if his/her income (including the part intended for the family member he/she supports) do not exceed 35% of the average salary in the canton.

Total household income includes income earned by its members:

1. Salary and other employee compensations;
2. Old-age pension, disability pension and survivor pension;
3. Income from agricultural activities;
4. Income based on regulations defining war veterans and disabled persons' protection and protection of civilian victims of war;
5. Income based on property rights;
6. Income from commercial, service and other business activity;
7. Additional work.

Income from agricultural business is found to be a cadastral income determined for the previous year divided by 12 months and by family members. Income in sense of this Law shall be income earned through sale of property, property rental or lease. Income in sense of salary and other employee compensations does not include allowance for care and assistance by another person, child allowance, rewards, severance pays, alimonies, scholarships and one-off assistance.

Srednjobosanski Canton – In accordance with the Law on Social Protection, Protection of Civilian Victims of War and Families with Children (Official Gazette of the Central Bosnia Canton Nos. 10/05 and 2/06) – (Articles 26, 30, 31), a right to permanent financial and other material assistance can be claimed by individuals and families subject to the following conditions:

1. they are unfit for work, or prevented in exercising the right to work;
2. they do not have income sufficient for supporting themselves;

3. they do not have family members who are legally obliged, or are incapable of, providing for their support.

A right to the permanent financial assistance may be born only by a family head. In sense of this Law, a beneficiary of the permanent financial assistance cannot be at the same a beneficiary of some other form of social protection, except for the right to the allowance for care and assistance by another person or home care and assistance at home if living alone and having no income on any grounds.

The level of permanent financial assistance shall be determined: for a single-member household or an individual as a family head, as the beneficiary of permanent financial assistance, at the rate of 15% of the average monthly net salary achieved in the Canton over the past year and for every additional household member found to be unfit for work by the medical Committee (with min.70% disability) this amount shall be higher by 10%. This assistance is being financed against the Canton's budget.

Total household income consists of income earned by family members through:

- Salary and other employee compensations;
- Old-age pension, disability pension and survivor pension;
- Income from agricultural activities;
- Income based on allowance for temporary unemployment, during vocational training and maternity leave or other sick leave of absence;
- Income earned as sole entrepreneur;
- Additional work.;
- Income related to protection of war veterans and disabled persons, families of fallen soldiers and civilian victims of war;
- Income from sale or rental of real property, i.e. income based on property rights;
- Income from commercial, service and other business activity;
- Income based on the cantonal Law on Social Protection, Protection of Civilian Victims of War and Families with Children and the FBiH Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Families with Children, except for income earned from membership in management and supervisory boards, legislative and other bodies and based on dividends, interest, insurance, rent payments, etc.

Income from agricultural business is found to be a cadastral income determined for the previous year divided by 12 months and by family members. Income in sense of this Law shall not be income earned through cash benefits, i.e. disablement benefit for physical injury at work, allowance for care and assistance by another person, child allowance and pupil and student scholarships. When determining total monthly income per household member, one should consider total income earned in the previous year divided by 12 months and by household member.

The Hercegovina-Neretva Canton – In accordance with the Law on Social Protection (Official Gazette of Herzegovina-Neretva Canton, 3/05 and 1/16) – (Articles 13, 14, 15, 16, 17, 18, 19, 20), a right to permanent financial assistance can be claimed by an individual or a family if their common household income is not sufficient to ensure support, if total income per household member does not exceed 10% of an average net salary in the FBiH over the previous year. Therein, the Law prescribes that, for households with two or more members that are entitled to the permanent financial assistance, this financial assistance amount shall increase by 10% of such assistance per each household member. For households with a disabled person or a person with permanent problems in physical or psychological development, income is deemed insufficient if total income per household member does not exceed 15% of an average salary.

Basis for determination of financial and other material assistance is an average monthly net salary earned in the previous year in the FBiH. Total income of a household as a basis for claiming the rights under this Law includes income that household members earn through:

- Salary and other employee compensations;
- Old-age pension, disability pension and survivor pension;
- Income from agricultural activities;
- Income related to protection of war veterans and disabled persons, civilian victims of war;
- Income earned from property rights;
- Income earned from copyrights;
- Income from commercial, service and other business activity;
- Income from registered additional work;
- Income from unemployment allowance;
- Income based on maintenance allowance (alimony);
- Income from shareholder and other co-ownership rights.

When determining household income as a part of the process of attainment of right to the permanent financial assistance, one should not consider income from a cash benefit, i.e. disablement benefit for physical injury at work, allowance for care and assistance by another person, child allowance and pupil and student scholarships.

A level of the permanent financial assistance for a single-member household shall be determined by the decision of the Hercegovina-Neretva Canton and it shall not be lower than 10% of an average salary. For households with two or more members that are entitled to the permanent financial assistance, this financial assistance amount shall increase by 10% of such assistance per each household member.

The right to permanent financial assistance is not attainable by an individual or a family member who:

- does not wish to receive or request a maintenance allowance from a person required to do so by relevant family regulations, except if the competent Social Work Centre does not determine that such person is not in capacity to do so,
- is committed to a social care institution,
- has earned income from proceeds from sale of property or has provided their property as a gift are not entitled to the permanent financial assistance for the period during which the amount of assistance corresponds with the sales price or property gift,
- is an owner or co-owner of immovable property (house, apartment and other immovable property) where its size exceeds the household needs or whose sale or rental may provide funds for support or such property may be used in an agreement of lifelong maintenance, all of which in any of the cases shall be evaluated by a professional team from the Social Work Centre,
- is an owner or co-owner of a business or is a sole entrepreneur or has a registered additional business, i.e. a household where one or more of its members own or is in possession of a car, except if these are persons with disabilities who are allowed to import or buy locally a motor vehicle as an orthopaedic or other aid in line with tax and customs policy regulations,
- is in capacity to support himself/herself,
- does not want to claim support based on the agreement on life-long maintenance and has not initiated the process to terminate this agreement,
- is in capacity to ensure support on some other grounds.

The West Herzegovina Canton – In accordance with the Law on Social Protection, Protection of Civilian Victims of War and Families with Children (Official Gazette of the West Herzegovina Canton, 16/01, 11/02, 4/04,9/05, 21/12, 13/14, 14/16) – (Articles 22, 26, 27, 28, 31), a right to permanent financial assistance can be claimed under the following conditions:

1. they are unfit for work, or prevented in exercising the right to work;
2. they do not have income sufficient for supporting themselves;

3. they do not have family members who are legally obliged, or are incapable of, providing for their support.

An entitlement to this form of assistance can be claimed with competent municipal bodies within the area of residence of such person or family. The level of permanent financial assistance is being determined on a monthly basis and represents a difference between total income of household members and the income of all household members over the three-month period preceding the month in which the request was filed.

Basis for the calculation of the level of permanent financial assistance is being determined by the West Herzegovina Canton Government.

A person without family and living alone is entitled to the permanent financial assistance equivalent to the calculation basis. If two or more members of the household meet eligibility conditions for the permanent financial assistance, for every additional beneficiary this amount shall increase by 10% of the principal. The assistance may be approved, in full or in part, as an assistance in kind if the competent social work centre determines that this is more suitable for the beneficiary or if the monetary assistance is not being used or is most probably used for purposes other than basic living needs. A right to the permanent financial assistance cannot be claimed by an individual or a family member that: 1. is in capacity to support himself/herself, does not wish to receive a maintenance allowance by a person required to provide it under the Family Law of the FBiH – if the competent social work centre determines that the legal obligor in this sense is not in capacity to provide such allowance; and 2. Is in capacity to ensure support on other grounds. This form of assistance is being funded against the Canton's budget.

Basis for the calculation of the permanent financial assistance shall be determined on an annual basis in line with financial capacity. A household income includes the following: salary and other employee compensations (excluding cash benefit for physical injury, allowance for care and assistance, orthopaedic aid, rewards, alimonies, scholarships and one-off assistance); 2. pension; 3. income from agricultural activities (meaning cadastral income from the previous year), and 4. Income related to property and other income subject to tax calculation and payment.

Sarajevo Canton – In addition to conditions prescribed by the FBiH laws and the Law on Social Protection, Protection of Civilian Victims of War and Families with Children (Official Gazette of the Sarajevo Canton, 38/14, 38/16, 44/17 and 28/18) – (Articles 9, 18, 19, 21, 22, 23, 24, 25), a right to the permanent financial assistance can be claimed by a beneficiary who is not a immovable property owner (house, apartment or other form of immovable property) where its size exceeds the household needs or whose sale or rental may provide funds for support or such property may be used in an agreement of lifelong maintenance, all of which in any of the cases shall be evaluated by a professional team from the Social Work Department. An individual or a household that has earned income from proceeds from sale of property or has provided their property as a gift is not entitled to the permanent financial assistance for the period during which the amount of assistance corresponds with the basis for the immovable property sales tax.

A right to the permanent financial assistance cannot be claimed by households where one of its members owns a business or is a sole entrepreneur or has a registered additional business, i.e. a household where one or more of its members own or is in possession of a car, except if these are persons with disabilities who are allowed to import or buy locally a motor vehicle as an orthopaedic or other aid in line with customs policy regulations.

The basis for determination of financial and other material assistance is an average net salary of employees in the Canton earned over the previous calendar year multiplied by an appropriate ratio (average salary in the Canton).

The lowest household income found sufficient to ensure support for a single-member household is 20% of the average salary, while for every additional household member this amount increases by 10% of the said amount. If one or more household members are disabled persons having attained a

right to an allowance for care and assistance by another person in line with Article 27 of the Law on Social Protection, Protection of Civilian Victims of War and Families with Children in the Sarajevo Canton, the total amount from the previous paragraph shall increase by 20% of the amount sufficient for support of a single-member household. The permanent financial assistance shall be determined on a monthly level in an amount representing the difference between total income of household members and an amount of the lowest household income found sufficient to ensure support within the meaning of Article 18 of the Law. For persons referred to in Article 27 of the Law on Social Protection, Protection of Civilian Victims of War and Families with Children in the Sarajevo Canton the amount of permanent financial assistance shall increase by 30% of the amount found sufficient to ensure support for the single-member household.

Total income of a household as a precondition to attainment of rights from this Law shall mean income that household members earn from:

Salary and other employee compensations;

- Old-age pension, disability pension and survivor pension;
- Income from agricultural activities;
- Income related to protection of war veterans and disabled persons, civilian victims of war;
- Income related to social protection, except for income based on cash benefits and allowance for care and assistance by another person;
- Income related to right to personal disability pension on all grounds, except for the process of attainment of a right to the permanent financial assistance and for the cash benefit and allowance for care and assistance by another person;
- Income earned from property rights;
- Income earned from copyrights;
- Income from commercial, service and other business activity;
- Income from registered additional work.

Households having attained the right to the permanent financial assistance are entitled to a financial allowance for payment of utility services. The level of this allowance shall be determined by the Cantonal Government in line with financial capacities. Beneficiaries of the permanent financial assistance shall be awarded a right to healthcare if they are not able to attain it on some other grounds. As an exception, the right to permanent financial assistance can also be attained by displaced persons if relevant authorities have ascertained there is no possibility for a safe return to their place of residence and subject to a condition that they have not attained a right to accommodation and food in line with regulations defining rights of displaced persons and refugees.

Canton 10 – In accordance with the Law on Social Protection (Official Gazette of the Hercegovbosanski Canton No. 5/98) - (from Articles 19 to 39), the right to financial assistance can be claimed by an individual or a family in a way and under conditions prescribed by the said law and the FBIH Law and if they do not have funds to ensure support at the level defined by the Law and are not in capacity to earn income through their work or income related to property or in some other manner. The competent social work centre may appoint an adult with working capacity to represent the family in the process of attainment of rights from this Law. The basis for calculation of this assistance shall be determined by the Cantonal Government.

The level of assistance shall be determined as a percentage of the calculation basis and shall amount as follows:

1. 100% of the calculation basis for single person,
2. For families:
  - 80% of the calculation basis for an adult person,
  - 80% of the calculation basis for a child up to 7 years of age,
  - 90% of the calculation basis for a child of 7-15 years of age,
  - 100% of the calculation basis for a child of 15-18 years of age.

The determined amount shall increase if a beneficiary is:

- an adult person entirely unfit to work and living alone (by 50% of the calculation basis),
- an adult person entirely unfit to work and living with the family (by 30% of the calculation basis),
- a pregnant woman after 12 weeks of pregnancy and a postpartum woman for up to 2 months after birth (by 50% of the calculation basis),
- a child of a single parent (for 25% of the calculation basis).

The level of assistance shall be determined on a monthly level and shall represent a difference between an amount of support determined in line with Article 20 of the Law and an amount of average monthly income of a single person or a family earned over the period of three months preceding the month in which the request for assistance was filed, i.e. in which the ex-officio process was initiated.

If, during the process of issuance of the first instance decision on attainment of the right to support, a single person or a family earns monthly income by 10% lower than the amount defined by the Law, the assistance level shall be calculated on basis of such income.

The assistance may be approved, in full or in part, as an assistance in kind if the competent social work centre determines that this is more suitable for the beneficiary or if the monetary assistance is not being used or is most probably used for purposes other than basic living needs. A right to permanent financial assistance shall not be paid to a single person or a family subject to mandatory enlistment to military service, serving a prison sentence longer than 30 days, being hospitalised for more than 2 months, persons in foster families or social care institutions, as well as persons whose schooling includes entirely free of charge accommodation, food, clothing and other.

Income in sense of the said Law shall mean all financial and material funds that a single person or a family earns from work, pension, income related to property or in some other manner. Income shall not include assistance for accommodation costs, cash benefit for physical injury, allowance for care and assistance, orthopaedic aid, personal disability pension, child allowance, rewards, severance pays, alimonies, scholarships and one-off assistance.

An income amount defined as above mentioned, shall be reduced by an amount that a family member pays for maintenance allowance to family members outside his/her household subject to family regulations.

A single person or a family member is not entitled to the financial assistance if:

- is in capacity to support himself/herself,
- does not wish to receive or request a maintenance allowance from a person required to do so by relevant family regulations, except if the competent Social Work Centre does not determine that such person is not in capacity to do so,
- does not want to claim support based on the agreement on life-long maintenance and has not initiated the process to terminate this agreement,
- is in capacity to ensure support on some other grounds.

It is deemed that a person is in capacity to support herself/himself if income can be generated through sale, rental or lease of property not serving the purpose of meeting basic living needs for himself/herself or their family members or if he/she has been duly registered with the employment bureau and did not accept an offered employment irrespective of qualifications, i.e. if he/she was given an opportunity for at least temporary, seasonal, periodic or similar work, thus earning sufficient to meet basic living needs or earn some other income.

In the Republika Srpska, financial assistance may be claimed by an individual who is unfit for work, has no income of his/her own or whose total support income is below the financial assistance level defined by relevant law, who has no excess living space, has no other property to generate funds for support, who has no persons obliged to provide maintenance allowance under the Family Law of the Republika Srpska (Official Gazette of the RS, 54/02,41/08, and 63/14) or if such persons

are in not capacity to provide maintenance allowance due to their disability status or an objective unfitness to work or provide such allowance. An entitlement to financial assistance may be attained also by an entire family whose members are unfit for work, have no income of their own or whose total support income is below the financial assistance level, who have no excess living space, have no other property to generate funds for support, who has no persons obliged to provide maintenance allowance or if such persons are in not capacity to provide maintenance allowance due to their disability status or other reasons are not able to provide such allowance.

In the Brčko District of Bosnia and Herzegovina, as per Article 31 of the Law on Social Protection in the Brčko District of BiH (Official Gazette of the BD BiH, 01/03, 04/04, 19/07, 02/08, 21/18, and 32/19), a right to the permanent financial assistance can be claimed by a materially unsecured person under the following conditions: a) to hold residence within the District area for at least two consecutive years until the date of the request filing; b) to be unfit to work; c) to have no source of income; d) have no relatives legally required to provide maintenance allowance or if having such relatives, that they are not in capacity to provide such allowance; e) is not in possession of land greater than 2,000 m<sup>2</sup>, and f) that is not in possession of more than one residential unit. An exception from provisions contained in Item d) is a full age person who has been classified as a child with special needs while he/she was under aged.

Illnesses such as paralysis, dystrophy, related muscular and neuromuscular disorders, multiple sclerosis, psychological development problems, blindness, diabetes with significant complications, carcinoma, severe forms of rheumatoid arthritis and degenerative skeletal and muscular disorders, severe (advanced stadium) of cardio-respiratory diseases – all of which are diseases found to be the basis for determination of unfitness for work of persons undergoing the process of eligibility for the permanent financial assistance and family allowance.

**47. Please state information as to which persons are entitled to health care, under which conditions and to what extent/what they are included in such care.**

Answer:

Response by the Republika Srpska is provided under the previous item 46.

**In the Federation of Bosnia and Herzegovina**, according to the Law on Health Care, every person is entitled to a health care and the highest level of health according to provisions of the said law and the Law on Health Insurance, as well as regulations enacted on the basis of the law. The Law on Health Insurance determines that the right to Compulsory Health Insurance can be claimed by employed persons and other persons performing certain activities or having certain status defined under this law (see the response under Item 45 herewith).

The right to Compulsory Health Insurance rests also with family members of an insuree in cases defined by the said law.

Compulsory Health Insurance provides insurees and their family members (hereinafter: insured persons) a right to health care and a right to cash benefits and assistance under this law. An extent of rights under the Compulsory Health Insurance is defined in this law and regulations resulting from the law.

A decision defining the basic health care package was enacted on basis of the Law on Health Insurance. It defines the minimum extent of rights under the Compulsory Health Insurance, as well as other rights under the said insurance on the territory of the Federation of Bosnia and Herzegovina, including therein the following:

- special priority FBiH health care programmes in effect on the territory of the Federation of Bosnia and Herzegovina,

- high priority, most complex forms of health care related to specialised services provided to insured persons on the territory of the Federation of Bosnia and Herzegovina.

The rights are covered by this insurance under identical conditions for all insured persons on the territory of the Federation of Bosnia and Herzegovina in line with the Law on Health Insurance,

Law on Health Care (Official Gazette of the FBiH, 29/97), regulations resulting from this law and the Decision on Principles of Reciprocity and Solidarity of Insurees.

In exceptional cases, this Decision defines also the health care package for uninsured persons - citizens of Bosnia and Herzegovina residing on the territory of the FBiH.

At the cantonal level, even greater extent of the basic health care package can be determined, subject to sufficient funds provided for the purpose.

The Decision on determining the basic health care package (Official Gazette of the FBiH, 21/09) defines rights of insured persons, to include also the following:

1. health care,
2. salary compensation for the duration of a sick leave;
3. Medicinal Products defined by the Decision on the list of essential medicinal products used in health care for the compulsory health insurance (Official Gazette of the FBiH, 52/08) and the Rulebook on the list of medicinal products used in hospital health care from the FBiH Solidarity Fund (Official Gazette of the FBiH, 38/06, 13/08 and 38/08),
4. use of orthopaedic and other aids, dental prosthetic aids and replacements in line with the List of Orthopaedic and Other Aids that can be prescribed within the Compulsory Health Insurance and that forms integral part of the said Decision.

The said rights can be attained also by family members of an insuree to the same extent, except for the right to salary compensation during temporary incapacity to work.

Under certain circumstances from Article 24 of the Law on Health Insurance, insured persons can use rights from Paragraph 1 of this Item as long as such circumstances exist, to the extent defined in relation to the insuree's family members.

The health care right includes a right to health care services resulting from measures, activities and processes classified into the following six groups:

1. Health improvement or promotion;
2. Prevention and suppression of diseases;
3. Early detection of diseases;
4. Diagnostics;
5. Medical treatment;
6. Rehabilitation.

Health care encompasses the following:

1. Primary health care;
2. Preventive-promotional programmes;
3. Specialist-consultancy exams if indicated by an authorised medical doctor;
4. Health care in hospitals;
5. Health care services defined under the priority FBiH health care program implemented on the territory of the FBiH (hereinafter: the FBiH Priority Health Care Program) and health care services defined as high priority, most complex forms of health care related to specialist services provided to insured persons on the territory of the FBiH (hereinafter: the high priority, most complex forms of health care related to specialist services) all being financed from the Solidarity Fund of the Federation of Bosnia and Herzegovina (hereinafter: the FBiH Solidarity Fund).

The health care package for uninsured persons encompasses the following:

a) for uninsured persons up to 18 years of age:

children and youth up to 18 years of age, as well as school children and regular full-time students up to 26 years of age hold identical rights to those of insured persons in line with the Law on Health Insurance, Law on Health Care and the said Decision;

b) for uninsured persons over 18 years of age:

emergency health care in life threatening situations, treatment of severe infective diseases (quarantine diseases, tuberculosis, HIV infections, SARS, bird flu, syphilis, hemorrhagic fever, hepatitis type C and B, botulism, diphtheria, echinococcosis, acute meningitis and

meningoencephalitis, morbili, pertussis, poliomyelitis, rabies, tetanus, typhoid fever, typhus), health care of women during pregnancy and labour and puerperium and postnatal complications up to 6 months after labour, health care of mental patients who are (due to the nature of their illness) life-threatening to themselves and others or may cause damage to property, health care in case of chronic illnesses (malignous tumors, insulin dependent diabetes, endemic nephropathy and chronic renal insufficiency/hemodialysis, hemophilia, agamaglobulinemia), health care of persons suffering from progressive neuromuscular diseases, cerebral paralysis and multiple sclerosis, health care in case of paraplegia and quadriplegia, health care in case of epilepsy, health care services related to transplantation of donated organs for medical treatment of other persons, health services related to blood donations.

**In the Brčko District of Bosnia and Herzegovina**, a right to health care is guaranteed to all citizens in line with the Law on Health Care and the Law on Health Insurance. The same stands for the rights of foreign citizens and persons without citizenship related to health care as per effective regulations. Article 8 of the said law defines that health care is being provided under equal terms, population and nosologic groups of special social-medical importance. The health care not encompassed by Compulsory Health Insurance is being provided to these categories of population from the District's budget.

**48. Please provide information whether citizens from one BiH entity seeking health care services in another BiH entity are entitled to health care at the same level as the citizens of that entity or they are entitled solely to emergency medical treatment free of charge.**

Answer:

**In the Federation of Bosnia and Herzegovina**, one of basic principles of the Law on Health Care is the principle of equity of health care that prohibits discrimination in rendering of health care services subject to race, gender, nationality, social background, religion, political or other beliefs, sexual orientation, financial situation, culture, language, type of illness, psychological or physical disability.

Also, the Law on Health Insurance and related regulations define manner of financing of health care services, as mentioned above.

Use of health care services outside one of the BIH entities is based on the Agreement on manner and procedure of health care use on the territory of Bosnia and Herzegovina and outside state entities, i.e. Brčko District in which insured persons are registered (BIH Official Gazette No. 30/01).

**In the Brčko District of Bosnia and Herzegovina**, the Law on Health Care (i.e. its Article 8) denotes sick and injured persons being provided with emergency medical care as a group of persons of special social and medical importance, so the emergence medical care is being provided free of charge to all citizens, including those in state entities.

An access to health care at the country level is being provided in accordance with the Agreement on manner and procedure of health care use on the territory of Bosnia and Herzegovina and outside state entities, i.e. Brčko District in which insured persons are registered and agreements on health care service rendering in reference health care institutions in BiH.

As of the date of this Report, the Ministry received no relevant response from the Republika Srpska.

**49. The Committee seeks information on amounts of basic compensations and extended rights provided to persons without income, i.e. on cash amount of all benefits in the social protection system.**

Answer:

Total number of beneficiaries of the permanent financial assistance **in the Federation of Bosnia and Herzegovina** and monthly amounts per beneficiary for the period from 2016-2019 is listed in Table 91 (Appendix 1).

**In the Republika Srpska**, level of financial assistance (permanent social aid) is being determined on basis of the number of family members, i.e. as a percentage of the calculation basis – average net salary in the Republika Srpska earned over the previous year (906.00 BAM): a) for individuals 15% - 135.90 BAM; b) for a two-member family 20% - 181.20 BAM; c) for three-member family 24% – 217.44 BAM; d) for four-member family 27% - 244.62 BAM; e) for a family of five or more members 30% – 271.80 BAM.

If a beneficiary generates own income, the level of financial assistance shall be determined as a difference between the financial assistance amount and the amount of average monthly income of an individual or a family earned over the three month period preceding the month in which relevant request was filed.

The right to a one-off financial assistance shall be provided to an individual, family members or an entire family presently found to be in a state of social need. Over the calendar year, an amount of one-off assistance from the paragraph of this Article cannot be higher than the three-month amount of financial assistance for beneficiaries of health care (as per the number of family members). As an exception and subject to special circumstances, the director of the Centre can approve a one-off assistance in an amount greater than the one defined in paragraph 2 of this Article, whereas such amount cannot be more than triple the amount from the said paragraph.

The level of an allowance for care and assistance by another person is: 10% of the calculation basis (906 BAM) - 90.60 BAM and 20% of the calculation basis (906 BAM) - 181.20 BAM.

Tables 92, 93 and 94 show the number of beneficiaries of basic rights from the Law on Social Protection and their share in total number of beneficiaries in 2018 in the Republika Srpska, as well as the level of financing of these rights from the budget of local communities in 2018 and level of co-financing of these rights by the Republika Srpska in 2018 (Appendix 1).

The level of personal disability allowance acquired through the attained right to this type of allowance shall be calculated as a percentage of an average salary after taxation earned over the previous year in the Republika Srpska and amounting as follows:

- a) 15% of the calculation basis for persons with physical disability of 100% - 135.90 BAM
- b) 13% of the calculation basis for persons with physical disability of 90% - 117.78 BAM
- v) 11% of the calculation basis for persons with physical disability of 80% - 99.66 BAM
- g) 9% of the calculation basis for persons with physical disability of 70% - 81.54 BAM

Extended rights to social protection shall be attained on basis of a municipal decision on extended rights and in line with the needs of its inhabitants and available funds. Tables 95-100 show extended rights in the Republika Srpska and total number of beneficiaries and realised budget, as well as structure of allocations by the Ministry of Health and Social Protection related to co-financing of the system of social, family and child protection in 2018 and rights attained by the beneficiaries in line with the Law on Child Protection (Official Gazette of the RS, 114/17, 122/18, 107/19) (Appendix 1).

As of the date of this Report, the BiH Ministry of Human Rights and Refugees received no information in this respect from the Brčko District of Bosnia and Herzegovina.

**50. Please provide information on the poverty threshold in the country (defined to represent 50% of the weighted income).**

Answer:

Bosnia and Herzegovina has no official poverty line or a systemic process of analysis of this segment. The first official research of the poverty in BIH was conducted by the World Bank (in 2001) based on public spending data.

In its Survey of Household Consumption, the BIH Statistics Agency publishes a basic set of poverty indicators aligned with EU standards. This survey is being published every three years (2004, 2007 and extended survey in 2011). However, there is still no systemic approach to monitoring all key indicators of poverty and social exclusion as per EUROSTAT requirements.

**51. The Committee seeks information on a possibility of filing complaints against decisions of social care institutions and whether second instance bodies may, in individual cases, decide on meritum or only of process issues.**

Answer:

**In the Federation of Bosnia and Herzegovina**, social work centres/departments are an initial address for seeking and attaining rights related to social protection, protection of civilian victims of war and protection of families with children, i.e. they are the first-instance authority for such rights. During the process of attaining the social protection rights, provisions of the Law on Administrative Procedure shall apply (Official Gazette of the FBiH, 2/98 and 48/99). The second instance process falls within the competence of cantonal ministries in charge of the social protection segment, except in case of rights to cash benefits of disabled persons where the second-instance authority is with the FBiH Ministry of Labour and Social Policy. According to Articles 230-245 of the Law on Administrative Procedure, in addition to process issues, the second instance body also decides on meritum.

An administrative dispute may be initiated before cantonal courts in the FBiH based on the place of residence/seat of a defendant. The process before courts is regulated by the Law on Administrative Procedure (Official Gazette of the FBiH, 9/05). An administrative dispute may be initiated against an administrative act adopted within the second-instance administrative proceedings. The administrative dispute may also be instigated against the first instance administrative act if the law does not permit a complaint to be filed against this act/document as a part of an administrative procedure. Also, a party may initiate court proceedings (administrative dispute) if, as a part of the administrative procedure, the second-instance body did not issue a decision on the complaint filed by that party within 30 days since the date when the complaint was filed against the first instance decision and if this decision is not reached even within further 7 days since delivery of a written request. In this case, the party may initiate court proceedings as if the complaint was rejected.

The Law on Pension and Disability Insurance in the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 13/18) defines implementation of a principle of two instances in handling administrative procedures. Quote: "Article 8, Paragraph (1) – In the process of attaining rights related to pension and disability insurance, insured person is entitled to a two instances in solving issues, as well as protection of his/her rights through courts. (2) During the process of deciding on rights related to pension and disability insurance, provisions of the Law on Administrative Procedure shall apply, if this Law does not state otherwise." In majority of cases, if rights of insured persons were breached subject to first-instance decision, the second-instance body shall return the case to the competent first-instance body for decision-making, denoting therein the identified omissions. Often, there would be cases where the second-instance body shall decide on a complaint in meritum.

**In the Republika Srpska**, every decision by the social care institution can be subject to a complaint to the second-instance body – Ministry of Health and Social Welfare. Complaint against the decision by the first instance body shall be decided upon by the Minister. In specific cases, the second instance body shall also decide on the meritum. In the segment of social protection, there is an internal, inspection and technical control. An internal control may be regular and special and is conducted ex officio or at a request of the beneficiary, i.e. at a request by a founder of a social care institution. An internal control shall be performed in line with the said law, as well as the law regulating activities of administrative bodies and the law on administrative inspection. An inspection over implementation of this law and resulting regulations shall be performed by a social protection inspection authority. An inspection related to sanitary and hygienic conditions in social care facilities shall be performed by an inspection authority in charge of this segment. A social protection inspector is required to determine whether activities of a social care institution and a natural and legal person conducting this activity are in line with the said law and regulations

defining this segment. Besides rights and responsibilities prescribed by the law regulating the inspection activity, a social protection inspector is also authorised and required to perform the following:

- a) prohibit performance of social protection activities if there is no decision on fulfillment of conditions regarding staff, space and equipment and order the facility to be vacated within the defined timeline in terms of equipment, items and service users,
- b) prohibit performance of activities not listed in the decision issued by the Ministry,
- c) prohibit operations of a social care institution not registered with the court, as such institution is required by law to perform such registration,
- d) prohibit operations of an institution which fails to correct deficiencies noted in the inspection order within the defined timeline,
- e) prohibit discharge of service users prior to all measures have been taken under the social care agreement,
- f) prohibit change of activity of an institution without consent of its founder,
- g) prohibit admission of other categories of service users, i.e. service rendering contrary to the decision issued by the Ministry,
- h) prohibit other actions contrary to this law and resulting regulations,
- i) order alignment of activities with the law, resulting regulations and decision by the Ministry,
- j) order protection of data on service users and professional secrecy,
- k) order performance of minimum processes during strikes at the institution and order temporary suspension of operations,
- l) order elimination of deficiencies and irregularities identified during the inspection (within set deadlines), and
- m) order implementation of other measures and actions prescribed by the law and resulting regulations.

Ministry of Health and Social Welfare performs inspection over activities of social care institutions irrespective of their ownership type. Such professional inspection includes examination of condition related to organisation of work, activities of employees, employees performing other social care duties, use of professional work methods, observance of prescribed procedures, quality and extent of rendered services. A social care institution is required to enable performance of an inspection. The inspection shall be performed by a commission appointed by the Minister.

**In the Brčko District of Bosnia and Herzegovina**, a complaint may be filed by an insuree against decisions of the first instance body. Such a complaint may be filed with the Appellate Commission of the Brčko District of BIH or with the second instance commission with the Brčko District Health Insurance Fund, depending on the case subject. These bodies shall also decide on meritum and on process issues.

**52. The Committee inquires in what way the State ensures the equal enjoyment of the right to adequate medical and social assistance to its nationals, but also the nationals of other member states residing legally on their territory, and the manner in which it ensures emergency medical and social assistance to persons illegally present in their territory.**

Answer:

**Bosnia and Herzegovina** has concluded numerous international bilateral agreements regarding social security with the EU member states and candidate countries for the EU membership (Austria, Croatia, Slovenia, Belgium, Hungary, Luxembourg, Turkey, Macedonia). Based on the succession of the former Socialist Federal Republic of Yugoslavia, Bosnia and Herzegovina applies agreements and conventions with the EU member states: France, the United Kingdom, the Czech Republic, Italy, Bulgaria, Germany, Switzerland, Norway, Romania, the Netherlands, Denmark, and Sweden.

Based on adopted obligations to implement agreements or conventions, the obligation Bosnia and Herzegovina has adopted on the basis of the succession of the former Socialist Federal Republic of Yugoslavia, their implementation is carried out according to the following:

- Group 1: France, the Netherlands, Italy and Germany. This group consists of countries with which contracts are implemented through established bilingual forms and where the costs of health care are paid to each other through a flat fee and actual costs;
- Group 2: the United Kingdom, Bulgaria, Poland, the Czech Republic and Slovakia. This group consists of countries with which a system of reciprocity for the use of health care has been established. Given that there have been territorial and political changes in the countries that have applied these agreements and there is no way to implement this agreements in practice, they are not applied as such.
- Group 3: Switzerland, Sweden, Denmark and Norway. This group consists of countries whose citizens, when using health care, pay the costs of health care themselves and, based on the invoices issued by health institutions in their country, exercise the right to reimbursement according to their regulations.

**In the Federation of Bosnia and Herzegovina,** The Law on the Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16, and 40/18) regulates, among others: basics of social protection of citizens and their families, basic rights to social protection, beneficiaries of rights to social protection and establishment and work of social protection institutions and associations of persons with disabilities (Article 1 of the Law).

A social need, in terms of the said law, is a permanent or a temporary condition in which an individual or family finds itself, caused by war, natural disasters, general economic crisis, psychophysical condition of an individual or other causes, which cannot be eliminated without the assistance from the community (Article 11 of the Law).

A family, within the meaning of the said law, consists of: the spouse or the extramarital partner, child (married, illegitimate, adopted, stepchild or orphaned child under the care of the subject), father, mother, stepmother, grandparents (paternal and maternal) and brothers and sisters of spouses (Article 5 paragraph 1 of the Law).

A joint household, within the meaning of the said law, is an economic community of one or more families in which money and other material assets acquired through work and the use of common material goods (land, buildings, etc.) are jointly acquired and spent (Article 5 paragraph 5 of the Law).

Social protection beneficiaries, within the meaning of the Law on the Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16 and 40/18), are persons in a state of social need, namely: children without parental care, educationally neglected children, children whose development is hindered by family circumstances, persons with disabilities and persons with physical and mental impairments, financially unsecured persons and persons incapable of work, elderly persons without family care, persons with socially negative behavior, persons and families in the state of social need, who require appropriate form of social protection due to special circumstances (Article 12 paragraph 1 of the Law).

The regulations of a canton may expand the circle of social protection beneficiaries in accordance with the programmes for the development of social protection and specific opportunities in the canton (Article 12 paragraph 2 of the Law).

Given that the social protection is provided at the cantonal level, cantons ensure equal enjoyment of the right to appropriate social aid for their residents, citizens of Bosnia and Herzegovina, but also citizens of other states that are signatories of the international regulations, who legally reside in the canton, by applying domestic laws, international regulations, as well as bilateral and other

agreements governing this area, on the level of the BiH Ministry of Human Rights and Refugees, the BiH Ministry of Security and the BiH Ministry of Foreign Affairs.

In the Federation of Bosnia and Herzegovina, within the framework of international agreements on social insurance Bosnia and Herzegovina has concluded with other states or adopted from former Yugoslavia based on succession, the following is envisaged:

- Referral of patients for treatment in health facilities of the Contracting States in case of an insured event (targeted treatment);
- Emergency treatment of our insured persons during their temporary stay in those states;
- Health care of insured persons of one State residing in another Contracting State.

According to the FBiH Law on Health Insurance (Official Gazette of the FBH, 30/97, 7/02, 70/08, and 46/11), foreign citizens and stateless persons are provided with health care under the same conditions as the citizens of the Federation of Bosnia and Herzegovina. The principle of equal treatment as domestic citizens is represented in all social security agreements concluded by Bosnia and Herzegovina, which guarantee equal position of insured persons and nationals of the Contracting States in acquiring and exercising health insurance rights.

According to the Article 30 of the Law on Health Insurance (“Official Gazette of FBH” numbers 30/97, 7/02, 70/08 and 46/11), foreign citizens and stateless persons are provided with health care under the same conditions as citizens of the Federation of Bosnia and Herzegovina.

Citizens, or insured persons of countries with which an international agreement on social insurance has been concluded, exercise the rights from compulsory health insurance in the content and scope determined by the Law on Health Insurance and international agreements on social insurance. Accordingly, citizens, or insured persons of the countries an international agreement on social insurance has been concluded with, receive health care in the same way and to the same extent as the citizens of the Federation of Bosnia and Herzegovina, while they have a permanent or temporary residence on its territory. In addition, the principle of equal treatments is represented in all social security agreements concluded by Bosnia and Herzegovina, which guarantee equal position of insured persons and nationals of the Contracting States in acquiring and exercising health insurance rights.

Apart from this, according to Article 27 of the Law on Health Insurance, persons with no compulsory insurance may be included in compulsory health insurance in order to insure for themselves and their immediate family members the rights arising from the compulsory health insurance, under the conditions, in the manner, in the content and the scope prescribed by this Law. These persons pay contributions from their own funds, in accordance with the law governing contributions for compulsory social insurance.

From the above it can be concluded that citizens of countries an international agreement on social insurance has been concluded with, as well as the foreigners who have acquired compulsory health insurance, exercise the same rights as those with compulsory health insurance and to the same extent as other categories of insured persons and citizens of Bosnia and Herzegovina - Federation of Bosnia and Herzegovina. Citizens of countries an international agreement on social insurance has not been concluded with, or those who are not included in the compulsory health insurance, have the right to emergency health care.

In the Republika Srpska, the RS Law on Health Care and the Law on Health Insurance apply to the citizens of the Republika Srpska. Article 16 of the RS Law on Social stipulates that the beneficiaries of the rights and services under this law are individuals, family members or whole with residence in the RS, who are in a state of social need and cannot fulfil it with their work, income from property and the use of other sources. Paragraph 2 of Article 16 defines that foreign citizens and members of their families, persons under international legal protection who have residence permit in the RS, may exercise their rights in accordance with this Law and the international agreement. Paragraph 3 of Article 16 stipulate that a person not covered by paragraphs 1 and 2 of this Article, and is located on the territory of the RS, may temporarily exercise social protection rights under the conditions

prescribed by this Law, if required by particularly difficult life circumstances in which the person finds him or herself.

The Law on Aliens (Official Gazette of BiH, 88/15), as well as the bylaw based on this Law on Aliens apply to foreigners.

In order to provide health care, the RS Health Insurance Fund conducts activities in accordance with concluded, signed and ratified valid international agreements, treaties or conventions. The RS Health Insurance Fund has signed agreements on business and technical cooperation and provision of health services with numerous institutions in Serbia.

According to the Law on Health Care (Official Gazette of the RS, 106/09 and 44/15), foreign citizens or stateless persons have the right to health care in accordance with the provision of this law and the provisions of international agreements and other regulations in this area. Therefore, the health care of citizens is provided based on the equality principles, accessibility, comprehensiveness, continuity and coordination, without discrimination on any grounds. Every citizen has the right to health care while respecting the highest possible standard of human rights, as well as the right to physical and mental integrity and the safety of the individual, including the respect for his or her moral, cultural and religious beliefs.

In the Brčko District of Bosnia and Herzegovina, persons insured by the Brčko District Health Insurance Fund are referred to treatment outside Bosnia and Herzegovina according to the Rulebook on health care outside contracting health institutions from the Brčko District of Bosnia and Herzegovina (Official Gazette of the BD BiH, 33/12). The Brčko District Health Insurance Fund has concluded agreements on the providing of health care services with numerous health care institutions in Croatia and Serbia.

The Law on Health Care in the Brčko District of Bosnia and Herzegovina guarantees the right to health care to all citizens in accordance with this law and the Law on Health Insurance as well as the right of foreign citizens and stateless persons to health care in accordance with applicable regulations and international agreements. Article 9 stipulates that the District budget finances the supply of emergency medical care to all persons in need, including persons from other entities, while Article 15 prescribes equality in health care, meaning that citizens with the same health needs receive the same level of health care, and citizens with different health needs receive different levels of health care.

During their stay outside Bosnia and Herzegovina, the rights and obligations of insured persons of the Brčko District, as well as the rights and obligations of foreign insured persons during their stay on the territory of the Brčko District are regulated by signing the Agreement on Social Insurance and the Administrative Agreement on the Implementation of the Agreement between Bosnia and Herzegovina and other countries.

Based on the signed Agreement on Social Insurance between the two Contracting States, the insured are entitled to health insurance:

- An insured person, insured by the competent institution of one Contracting State, is entitled to emergency medical services during a period of temporary stay on the territory of the other Contracting State,
- An insured person insured by the competent institution of one Contracting State, who resides on the territory of the other Contracting State shall be entitled, at the expense of the competent institution, to the health services of the institution of the place of residence,
- An insured person insured by the competent institution of one Contracting State and who has obtained his or her approval (for example: Form BH6, on the basis of which he or she received a sick leave for a foreign insured person) to go to the territory of another Contracting State is entitled to emergency medical services on the territory of the other Contracting State in accordance with the legal regulations of that Contracting State and at the expense of the competent institution,

- Health insurance benefits are paid by the competent institution according to its legal regulations,
- These provisions also apply to family members of the insured.

**53. The Committee inquires whether it is the practice in Bosnia and Herzegovina to withdraw a residence permit for a foreign national on the grounds that the person does not have the funds and is unable to support his or her family (they need assistance) and how these situations are regulated by the means of the applicable law.**

Answer:

The Ministry had not received this response from the entity authorities or the Brčko District of Bosnia and Herzegovina prior to sending the report to the Committee.

**54. The Committee inquires whether the State provides basic human needs to foreigners (food, clothing, shelter) in emergencies and in serious need, including the health state.**

Answer:

The Ministry had not received this response from the entity authorities or the Brčko District of Bosnia and Herzegovina prior to sending the report to the Committee.

### **3.2. Article 13 Paragraph 2 – Prohibition of discrimination in the exercise of social and political rights**

*The European Committee on Social Rights postponed drawing a conclusion under this article of the Charter until the requested additional information is received (Concluding Observations 2017).*

**55. The Committee is requesting information regarding there being no restrictions in practice for social aid beneficiaries in exercising their social and political rights, or the prohibiting of discrimination in this aspect.**

Answer:

**In the Federation of Bosnia and Herzegovina**, the Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of the FBiH (Official Gazette of the FBiH, 36/99, 54/04, 39/06 14/09, 45/16 and 40/18) stipulates that social protection institutions in the FBiH, when performing their activities, may not establish any restrictions regarding the territorial, national, religious, political and any other affiliation of the beneficiaries of these institutions (race, skin color, gender, language, social origin, etc.) (Article 50 of the Law).

Therefore, when it comes to social protection, any kind of discrimination is prohibited. However, the FBiH Ministry of Labour and Social Policy is not a competent institution for the exercise of political rights and for this reason, it does not have the information related to the discrimination against beneficiaries of social aid in the exercise of political rights.

**In the Republika Srpska**, there are no restrictions in practice for the social aid beneficiaries and discrimination is prohibited. Every beneficiary exercises the rights from social protection under the same conditions and the same criteria stands for everyone, the Law is the same for all inhabitants of the Republika Srpska, the Law on Social Protection.

**As for the Brčko District of Bosnia and Herzegovina**, the Law on Social Protection of the Brčko District of BH (Official Gazette of the BD BiH of BH, 01/03, 04/04, 19/07, 02/08, 21/18 and 32/19) regulates principles of protection of the elderly, the weak and other persons in a state of social need, the minimum scope of rights to certain forms of social protection and the conditions for their realization, the basics of organization in the field of social protection and the financing of that activity, as well as other issues of importance for social protection. hereinafter: the District).

For the purposes of this law, social protection is an organized activity aimed at combating and eliminating the causes and consequences of the state of social need in all areas of social life, work and providing assistance to citizens and their families when they find themselves in such circumstances. “

**56. Provide updated data for the reference period on whether the provisions establishing the principle of equality and non-discrimination in the exercise of political or social rights are interpreted in practice in a way that prevents discrimination on the grounds of receiving social or medical aid.**

Answer:

There are no restrictions in practice for social aid beneficiaries in the entities and discrimination is prohibited. Each beneficiary exercises the rights of social protection under the same conditions and the same criteria stands for everyone in accordance with the entity laws on social protection. Social protection rights may be exercised by a person under the conditions of having residence in the area of the local self-government unit in which he or she seeks the exercise of rights, except for persons who have found themselves in special circumstances and foreign nationals legally residing in the entities, who do not exercise the said right in other systems of social security or those who have found themselves in the state of social need due to material, social or psychosocial condition.

**In the Federation of Bosnia and Herzegovina**, one of the basic principles of the Law on Health Care is the principle of fairness of health care, which is achieved by prohibiting discrimination in providing health care based on race, gender, age, nationality, social origin, religion, political or other beliefs, sexual orientation, financial status, culture, language, type of illness, mental or physical disability.

Health regulations have regulated the procedure for complaints from health service beneficiaries in cases where they believe that this violates any of the guaranteed rights, or are discriminated against on any grounds.

As a rule, this ministry is a second-level body in the appeal procedure, and resolves only those cases that are in the second-level procedure, in other words, when health beneficiaries are not satisfied with the first-level decisions.

There is no database from which we could give the correct answer.

**In the Republika Srpska**, there are no restrictions in practice for social assistance beneficiaries and discrimination is prohibited. Each beneficiary exercises the rights from social protection under the same conditions and the same criteria applies to everyone, the Law is the same for all inhabitants of the Republika Srpska, the Law on Social Protection. Social protection rights may be exercised by a person under the conditions of having a residence in the area of the local self-government unit in which he or she seeks exercise of rights, except for persons who found themselves in special circumstances and foreign citizens legally residing in the Republic, they do not exercise the same rights in other systems of social security and have found themselves in a state of social need due to a material, social or psychosocial condition.

**3.3. Article 13 Paragraph 3.– Preventing, eliminating or alleviating poverty**

*The European Committee on Social Rights in its Conclusions (2017) concludes that the situation in Bosnia and Herzegovina is not in accordance with the Charter because it has not been established that there are services which provide advice and aid to people without resources.*

**57. The Committee has concluded that the situation in Bosnia and Herzegovina is not in accordance with the the said article on the grounds that it had not been established that there**

**are services which provide advice and aid to people without resources. The Committee requests updated information on the above.**

Answer:

The Ministry had not received this response from the entity authorities or the Brčko District of Bosnia and Herzegovina prior to sending the report to the Committee.

**58. The Committee requests updated and detailed information on all institutions providing social and other professional work services.**

Answer:

**In the Federation of Bosnia and Herzegovina**, the Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16, and 40/18) (Article 19, paragraph 1 of the Law), prescribes the right to social and other professional work services.

The provision of Article 46, Paragraph 1 of the aforementioned law regulates that the right to social and other work services may be exercised by individuals, families and social groups, regardless of material possibilities and the use of some form of social protection, in order to protect their rights and interests and prevent mitigating the consequences of social problems.

In the terms of the said law, social and other professional work services (Article 46, Paragraph 2 of the Law) is the work performed by institutions in resolving family and marital problems, and measures and actions, in cooperation with local communities and other bodies, for combating and preventing socially unacceptable behavior of children and other individuals, families and social groups.

**In the Republika Srpska** there are 50 Social work centres and 13 social protection services, which are shown in tables 101-103 (Appendix 1).

**In the Brčko District**, institutions providing these services are the Brčko District Government, the Department for Health and Other Services and the Subdivision for Social Protection.

**59. The Committee seeks information on whether there are mechanisms in place for ensuring that those who are in a state of need receive aid and personal counseling services free of charge and whether such institutional services are adequately geographically distributed, as well as how the legislation regulates these issues.**

Answer:

**In the Federation of Bosnia and Herzegovina**, one of the services within the scope of activity of social welfare institutions, with emphasis on social work Centres and competent municipal services operating in all municipalities / cities in the Federation of Bosnia and Herzegovina, is the supply of free counseling and professional aid to individuals, families and groups of citizens.

These services in the Federation of Bosnia and Herzegovina are also provided by the non-governmental sector, or the social protection associations.

According to data collected from cantonal ministries in charge of social protection, there were 217,772 social and professional work service beneficiaries in 2018, implying the increase of the scope of social and professional work services provided when compared to 201,678 beneficiaries in 2017. The data are presented in table 104 (Appendix 1).

**In the Republika Srpska**, the Law on Social Protection prescribes the right to counseling. Counseling is a systemic and programmed professional aid provided by professionals using methods of social work and other social sciences and humanities, whose purpose is to help the individual, family members or the family as a whole in developing, supplementing, preserving and improving their own social abilities, as well as helping in case of old age, disability, unemployment, death of relatives, issues in raising children and in parent-child relationships, issues of risky behavior of children and youth, problems of marital and extramarital relations, marriage, domestic violence, inclusion in everyday life after a long period of institutionalization, realization of certain

social rights, and in other unfavorable social circumstances and crisis situations. The counseling is conducted on the basis of an assessment of the total needs of the beneficiary, an individual plan and an agreement between the service providers and the beneficiary. The counseling can be conducted by the Centre, social welfare institution, non-governmental organization and an independent professional worker in the field of social welfare, provided that they have a special place and professional qualifications. The Minister of Health and Social Welfare issued instructions for conducting counseling.

**As for the Brčko District of Bosnia and Herzegovina**, according to the Article 11 of the Law on Social Protection of the Brčko District of BH (Official Gazette of the BD BiH of BH, 01/03, 04/04, 19/07, 02/08, 21/18, and 32/19) the holder of social protection on the territory of the District is the Government of the Brčko District of BH, and the funds for exercising the rights of social protection are covered by the budget of the District. According to this law, the rights of social protection are: 1) services of social and other professional work, 2) financial and other material aid, 3) training of the minors with special needs and adult with disabilities for life and work, 4) placement in a social welfare institution or another family, 5) home care and help at home.

#### **Article 14 – The right to use social protection services**

##### **Article 14 – The right to use social protection 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.

#### **4.1. Article 14 Paragraph 1 – Promotion and supply of social services**

*The European Committee on Social Rights has postponed the adoption of a conclusion under this Article of the Charter until the receipt of the requested additional information (Concluding Observations 2017).*

#### **60. The Committee requests updated and detailed information on the geographical distribution of social services in both entities and the Brčko District of Bosnia and Herzegovina.**

Answer:

**In the Federation of Bosnia and Herzegovina**, in the year 2016 and 2017 there were 59 social protection Centres, 46 in the Republika Srpska and 1 in the Brčko District (amounting to a total of 106 social protection Centres in Bosnia and Herzegovina). In 2018, the number of social protection Centres in the Federation of Bosnia and Herzegovina increased to 66 and in the Republika Srpska to 50. There is still 1 social protection Centre in the District, so there is a total of 117 social protection Centres in Bosnia and Herzegovina in 2018.

The BiH Ministry of Civil Affairs coordinated the realization process of the Government of Japan Grant in the amount of over 7 million BAM (500 million Japanese yen) for the procurement of 120 new generation vehicles. The vehicles are directed exclusively to public institutions in the social protection system in Bosnia and Herzegovina, which have been identified as a priority by the competent authorities of the entities and the Brčko District of Bosnia and Herzegovina. This

donation has significantly improved the mobility of social welfare institutions, raised the quality of their services to a higher level and helped to ensure that existing resources in the field of social protection can be fully and timely used. In October 2016, 40 vehicles were handed over to social protection institutions in Bosnia and Herzegovina and 80 vehicles were handed over to beneficiaries in April 2017.

#### 1 Network of social protection services

In the FBiH, the FBiH Constitution, the provision of Article II.

2. n) it has been determined that all persons on the territory of the FBiH enjoy the right to social protection.

According to the provisions of Article 3(2)e, regarding the Article 3(3) of the FBiH Constitution, it is established that the FBiH government has the right to determine policy and enact laws concerning social policy.

According to the provisions of Article Article 3(2)e / and of Article 3(3)/1/ and / 2 / of the FBiH Constitution, the FBiH Government and the cantons are jointly responsible for social policy. This competence is exercised jointly or separately, or by the cantons while coordinated by the FBiH government. With regard to these competencies, the cantons and the FBiH government agree on a permanent basis.

The cantons in this aspect have the right to determine policy and implement laws (Article III.3. (4)), as well as implement social policy and establish social protection services (Article III.4.j).

The Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16, and 40/18) prescribe that the activities of social protection, protection of civilian victims of war and protection of families with children are performed by social protection institutions. Social protection institutions have the status of a legal entity. The regulations on institutions shall apply to the establishment and operation of social protection institutions, unless otherwise established by this Law (Article 3 of the Law).

The activities of social protection, protection of civilian victims of war and protection of families with children may also be performed by humanitarian organizations, citizens' associations, religious communities and organizations they establish, individual citizens, foreign natural or legal persons (Article 4 of the Law).

Institutions provide services that fully or partially meet the social and other needs of social protection beneficiaries. Institutions are established for the purpose of taking care of certain categories of social protection beneficiaries and performing professional and other social protection tasks. The work of social protection institutions is public. The public may be excluded in certain proceedings when this is determined by the regulations on family relations and criminal proceedings (Article 48 paragraphs 1, 2, 3 and 4 of the Law).

Institutions are established, unless otherwise determined by cantonal regulation, as:

- 1) Social work centre,
- 2) institutions for children, namely
  - children without parental care,
  - educationally neglected children,
  - physically and mentally disabled children,
  - institutions for adults and the elderly,
  - institutions for social and health care of the disabled and others,
  - institutions for the daily accommodation of social protection beneficiaries (Article 48 paragraph 5 of the Law).

The provision of Article 49 of the Law regulates that the establishment and operation of institutions referred to in the Article 48 of the same Law shall be regulated by the cantonal provisions. The

establishment and operation of institutions referred to in Article 48 of the Law, and of importance to the FBiH, shall be regulated by FBiH provisions.

When performing the activities of social protection institutions in the FBiH, they may not establish any restrictions regarding the territorial, national, religious, political and any other affiliation of the beneficiaries of these institutions (race, skin color, gender, language, social origin, etc.) (Article 50 of the Law).

With the goal of achieving a better position and protection of persons with disabilities and meet their needs, depending on the type and degree of disability, associations of persons with disabilities can be established, as associations of citizens. Associations of persons with disabilities are established, in accordance with the FBiH regulation on association of citizens, persons with disabilities themselves, or if this is not possible due to the degree of disability, parents of these persons, teaching and other staff in special education institutions and other citizens (Article 51 of the Law).

Competent bodies of the FBiH, cantons and municipalities, when determining the policy for the implementation of social protection programmes, cooperate with legitimate representatives of the Association of Citizens with Disabilities or their guardians, as well as other organizations dealing with social protection, at the initiative of these organizations, in accordance with Resolution 48 of the UN which adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (Articles 52 and 53 of the Law).

By the Law on Assumption of Rights and Obligations of Founders over Social Protection Institutions in the FBiH (Official Gazette of the FBiH, 31/08 and 27/12), the FBiH Parliament took over the rights and obligations of founders over five social protection institutions in the FBiH, while all other social protection institutions are under the jurisdiction of the canton, with the establishment, operation, financing, supervision and other issues being regulated by the provisions of the canton.

From the FBiH Budget, according to the Law on Affiliation of Public Revenues in the FBiH (Official Gazette of the FBiH, 22/06, 43/08, 22/09, 35/14 and 94/15) (Article 15, Paragraph 1, Item 14) institutions, or institutes of importance to the FBiH in the field of social protection are financed, while in accordance with the provisions of Article 11 of the said law, social issues are financed from the budget of the canton.

In the FBiH, the activities of social protection, protection of civilian victims of war and protection of families with children are performed by the FBiH Ministry of Labour and Social Protection, 10 cantonal ministries responsible for social protection and protection of families and children, through 79 local services (57 social work centres and 22 services responsible for social protection and protection of families and children), two cantonal Social work centres and 66 institutions for the care of social protection beneficiaries (Government sector, NGOs and private institutions).

In 2013, the FBiH Ministry of Labour and Social Policy adopted the Rulebook on standards for work and provision of services in social welfare institutions in the FBiH (Official Gazette of the FBiH, 15/13 and 44/16), which prescribes joint minimum standards for work and provision of services as well as other separate minimum standards for performing activities, or social protection activities in social protection institutions in the FBiH.

According to the cited provisions of the FBiH Constitution, the FBiH Ministry of Labour and Social Policy has the right to determine policy and enact laws concerning social policy. According to the provisions of Article 11 of the Law on FBiH Ministries and Other Authorities of the FBiH Administration (Official Gazette of the FBiH, 58/02, 19/03, 38/05, 2/06, 8/06, 61/06, 52 / 09 and 6/11) The FBiH Ministry of Labour and Social Policy performs administrative, professional and other tasks determined by law, related to the competences of the FBiH in the field of: social policy, labour, pension and disability insurance, and among others: social security and solidarity, protection of civilian victims of war; family protection, adoption and guardianship; social protection and other tasks determined by law. The FBiH Ministry of Labour and Social Policy proposes a framework

law in the field of social protection, which determines the social protection policy in the FBiH, determines the basic rights, criteria and beneficiaries of social protection, monitors the status and exercise of rights, establishes and directs the work of social protection institutions and ensures the optimal development of social protection is achieved within the framework of economic and social policy. Furthermore, the FBiH Ministry supervises the implementation of FBiH law and regulations adopted on the basis of FBiH law, as well as the professional work of institutions established by the FBiH, supervises and controls the use of funds intended for social welfare institutions which are of importance to the FBiH and covered by the FBiH budget. Social protection activities within the FBiH Ministry of Labour and Social Policy are conducted by the Sector for Social Protection and Protection of Families with Children by the means of two departments: the Department for Social Protection and the Department for Protection of Family and Children.

Cantonal ministries in the field of social protection, on the basis of FBiH regulations issue provisions that further regulate the activities of social protection, conditions, manner, procedure and financing of social protection rights, make decisions on extended rights, establish and take care of social protection institutions relevant to the canton, coordinate social protection activities in the canton and perform other tasks in achieving social protection goals, supervise the implementation of laws, other regulations and general acts of cantons adopted on the basis of this law, as well as the professional work of institutions established by the canton or municipality, control the earmarked spending of funds intended for the exercise of rights under this Law, which are covered from the cantonal budget.

**In the Federation of Bosnia and Herzegovina**, social protection centres / services have been established at the level of each local community. Social work centres / social protection services play a key role in providing social protection services to citizens and proper implementation of social protection programmes. The work of the Social work centres is organized by areas, namely: social and family legal protection, child protection, criminal legislation, work with persons with mental disabilities and work from regulations and decisions. Social work centres / social protection services in the FBiH are the first stop in seeking and exercising rights from social protection, protection of civilian victims of war and protection of families with children. Social work centres / social protection services in the FBiH are the first level body for exercising social protection rights, and are presented in Table No. 105 (Appendix 1).

In the Republika Srpska, there are 50 Social work centres and 13 social protection services, presented in Table 106 (Appendix 1).

**In the Brčko District of Bosnia and Herzegovina**, the Department of Health and Other Services of the Brčko District Government and the Subdivision for Social Protection are in charge of social protection services.

**61. The Committee requests information on the number and qualifications of staff and the ratio of staff to the number of beneficiaries, and which mechanisms are in place to monitor the adequacy (quality control) of services provided by public and private institutions, and how these issues are regulated by the Personal Data Protection Act (people's right to privacy).**

Answer:

Supervision of the adequacy (quality control) of services is performed through professional and inspection supervision both in local social protection services and in public and private institutions / associations.

The protection of personal data is done in accordance with the Law on Personal Data Protection of BH (Official Gazette of BiH, 49/16 76/11).

**In the Republika Srpska**, professional workers in social protection in accordance with the Law on Social Protection are persons who have acquired first cycle education lasting at least three and at most four years and are valued with at least 180 and 240 ECTS credits, or the ones that have professional education acquired under the law governing higher education, with appropriate

orientation. Professional workers in the Social work centre are workers of the following professions: graduate social worker, graduate lawyer, graduate psychologist, graduate sociologist, manager of social policy and social protection, graduate pedagogue, graduate special pedagogue and graduate defectologist (graduate special educator and rehabilitation worker). Professional workers employed in institutions for accommodation of beneficiaries, in addition to the occupations referred to in paragraph 2 of this Article, are also employees who have completed the appropriate pedagogical and health orientations. Based on the Rulebook of the conditions for the establishment of social protection institutions and the performance of social protection activities Official Gazette of the RS, 90/17), the minimum criteria for the number of employees in relation to the number of beneficiaries are defined.

A social work centre may start its activities if it employs at least three professional workers: a graduate social worker, a law graduate and one of the other professional workers. Furthermore, the minimum criteria for employees in social work centres are: one graduate social worker for every 7,000 inhabitants, one graduate lawyer for every 15,000 inhabitants, one graduate psychologist for every 20,000 inhabitants, one graduate defectologist for every 30,000 inhabitants, one graduate pedagogue for every 30,000 inhabitants, one graduate sociologist per 150,000 inhabitants.

A home for children and youth without parental care may start its activities if the following workers are employed: graduate social worker, graduate pedagogue, graduate psychologist, nurse for every five children under the age of three, educator with a university degree for every five children and technical staff.

A home for children and youth with disabilities may start its activities if it employs following professional workers: graduate special educator, social worker, psychologist or pedagogue, one nurse for every 25 beneficiaries, one educator or therapist for every seven beneficiaries.

A home for persons with disabilities may start its activities if it employs following professional workers: a graduate special educator, a social worker, a psychologist, one nurse for every 25 beneficiaries, one educator or therapist.

Institution for daily care of the beneficiaries may start its activities if there is one employed social worker, psychologist or pedagogue, special educator, worker on work-occupational activities. For all social protection institutions, the aforementioned Rulebook prescribes criteria for minimum conditions for employment of professional workers.

Representation by occupation and total number of employees in social work Centres and municipal services (five Social and Child Protection Services do not employ professional workers): graduate social worker: 149, graduate lawyer: 90, graduate psychologist: 53, master of science in social work: 18, graduate pedagogue: 18, manager in social protection: 9, graduate special pedagogue: 5, graduate defectologist: 5, master of psychology: 5, graduate sociologist: 8, master of pedagogical sciences: 2, graduate social pedagogue: 3, master of supervision in social work: 2, pedagogue-psychologist: 1, master of legal sciences: 1, graduated special educator and rehabilitator 4. Numerical indicators in social protection institutions founded by the Republika Srpska are presented in Table 107 (Appendix 1).

**In the Brčko District**, Department of Health and Other Services, the Subdivision of Social Protection have 28 permanent employees: 14 social workers, 2 pedagogues, 1 psychologist, 2 lawyers, 7 administrative workers and 2 technical staff workers. According to the last census from 2013, the Brčko District of BH has 83,516 inhabitants.

- Monthly number of beneficiaries by rights:
  - Permanent basic financial aid: 902 beneficiaries;
  - Supplement for the care and aid from another person: 2910 beneficiaries;
- Personal assistance: 442 beneficiaries.

The Ministry of Human Rights and Refugees had not received this response from the Federation of Bosnia and Herzegovina prior to sending the report to the Committee.

#### **4.2. Article 14 Paragraph 2 – Public participation in the establishment and maintenance of social protection services**

*European Committee on Social Rights has postponed the adoption of a conclusion under this Article of the Charter until the receipt of the requested additional information (Concluding Observations 2017).*

#### **62. The Committee requests information regarding statistics on subsidies paid by local authorities to voluntary organizations providing social services and a description of any other types of support that may exist for voluntary organizations (such as tax incentives).**

Answer:

**In the Federation of Bosnia and Herzegovina**, subsidizing the work of associations and voluntary organizations that provide social services is done through a public call, and for projects that they apply for in the field of social protection. The FBiH Government subsidizes social services every year, as do the cantonal governments. Tables 108-110 provide an overview of funds allocated from the FBiH in the reference period (Appendix 1).

Attached is an overview of the funds that the Cantons allocate for subsidizing the programmes of non-governmental organizations in the field of social protection.

Based on a public call, and according to projects applied by voluntary organizations in the field of social policy, the the Herzegovina-Neretva Canton Government subsidizes social services every year. For this purpose, in 2019, funds were paid from the Budget of the Herzegovina-Neretva Canton in the amount of 170,000.00 BAM, from which 100,000.00 BAM was allocated to the aforementioned non-governmental associations, and 70,000.00 BAM for subsidizing public kitchens.

The Zenica-Doboj Canton Government continuously approves funds to the Zenica-Doboj Canton Red Cross planned within the Cantonal Budget for the current year. In the period from 2016 to 2019, through this Ministry, funds amounting to 10,000.00 BAM were approved to the said organization, while in 2020, funds amounting to 20,000.00 BAM were approved.

The of Una-Sana Canton Government has long co-financed non-governmental organizations that care for victims of violence in “Safe Houses” such as the Association “Women from Una” and the Centre for Children without Parental Care “Duga” Kulen Vakuf, as well as some other organizations or associations of persons with disability.

Every year, the Posavina Canton Government, as well as the municipal local authorities, announce a public call for the allocation of funds from the budget to non-profit organizations and associations of citizens that provide social, health and humanitarian services. Funds for these purposes are provided in the Budget of Posavina Canton as well as in the municipal budgets. Table 111 presents the programmes and projects of NGOs operating in the field of social protection through the program activities of the Government of Tuzla Canton, in the reference period from January 2016 to December 2019 (Appendix 1).

Of these funds, a significant amount of funds is allocated for the services of the Soup Kitchen. NGOs with the support of the budget of the Government of Tuzla Canton, through the relevant ministry, develop and provide non-institutional social protection services which are not provided by public institutions, such as: shelter for female victims of violence, day care Centres for children and youth with disabilities, day care Centre for the elderly, accommodation services for people with disabilities, home help and care, employment, advocacy for the rights of marginalized groups, counseling services, rehabilitation, psychosocial assistance and education.

In 2019, in the Sarajevo Canton, the overview of the financing of associations and the non-governmental sector is as follows:

The amount of financial resources from the position of the relevant ministry that were spent for PWD associations that are regularly financed from the Budget of the Sarajevo Canton totals 479,500.00 BAM.

According to the Public Invitation for allocation of funds to humanitarian organizations / non-profit organizations and associations for 2019, funds in the amount of 195,200.00 BAM were spent, and according to the Public Invitation for allocation of funds to humanitarian organizations / non-profit organizations for 2019, funds in the amount of 110,000.00 BAM were spent.

According to the Public Invitation for the realization of Children's Week in Sarajevo Canton for 2019, which financed the activities of the association, but also the institutions that deal with children and carry out activities for children, funds in the amount of 20,193.00 BAM were approved.

In the Bosnia-Podrinje Canton, the Ministry of Social Policy, Health, Displaced Persons and Refugees continuously supports the work and activities of the non-governmental sector, or associations in the field of social and health sector. Within its budget, every budget year, this Ministry plans financial resources meant for financing and co-financing of programmes, projects and other activities of the non-governmental sector in the area covered by this ministry.

Table 112 provides an overview of allocated funds by the Bosnia-Podrinje Canton Goražde Ministry of Social Policy, Health, Displaced Persons and Refugees for the NGO sector in the period from 2016 to 2019 (Appendix 1).

Subsidies paid by the FBiH Pension and Disability Insurance Institute as a form of support to individuals and non-governmental organizations are planned in the Financial Plan on an annual basis and are paid during the year according to the requests of individuals and organizations. An overview of planned payments and paid amounts is presented in Table 113 (Appendix 1).

**63. The Committee requests information on supervising mechanisms for monitoring the quality of services provided by public and private institutions in the entities and the Brčko District of Bosnia and Herzegovina, and whether dialogue with civil society regarding social services is provided and in what way.**

Answer:

**In the Federation of Bosnia and Herzegovina**, control and monitoring of the quality of services provided by public and private institutions is performed through the prescribed professional and inspection supervision. Dialogue is also ensured through the implementation of various coordination bodies made up of representatives of the governmental and non-governmental sectors. The expenditure of funds on the applied projects is controlled and the funds are refunded if they have not been spent or if they have not been adequately and purposefully spent according to the projects.

The founders of the institutions exercise supervision through the governing bodies, but also through the consideration of the annual reports of the institutions.

It is necessary to highlight the continuous cooperation with the Association of Social Workers of the Federation of Bosnia and Herzegovina in activities important for the improvement and reform of social protection, as well as with unions / associations of persons with disabilities, which together with this ministry are members of the Coordination body for monitoring, implementation and reporting on the activities of the Strategy for Improving the Rights and Position of Persons with Disabilities in the Federation of Bosnia and Herzegovina (2016-2021), which is implementing activities to finalize the new Local Action Plan in the field of disability (2019-2021). Then it is necessary to allocate cooperation and financial support to non-governmental organizations that implement programmes and projects for the prevention, protection and fight against domestic violence at the level of the Federation of Bosnia and Herzegovina.

## 5. Article 23 – Right of the elderly to social protection

*European Committee on Social Rights has postponed the adoption of a conclusion under this Article of the Charter until the receipt of the requested additional information (Concluding Observations 2017).*

### **64. The Committee inquires whether there is case law on age discrimination outside the field of employment that could protect the elderly from this type of discrimination.**

Answer:

**In the Republika Srpska**, the provision 204 of the RS Labour Law enables the conclusion of a Contract on performing temporary and occasional jobs that do not last longer than 90 days in a calendar year with the beneficiary of the old-age pension. This limit refers to a contract with one employer which means that the old-age pension beneficiary can conclude more such contracts per year.

The Ministry of Human Rights and Refugees had not received this response from the Federation of Bosnia and Herzegovina and the Brčko District of Bosnia and Herzegovina prior to sending the report to the Committee.

### **65. The Committee requests information on laws, programmes and strategies relating to the elderly that may have been adopted in the reference period.**

Answer:

The Project “Support to Social Service Providers and Improving Monitoring Capacities in Bosnia and Herzegovina” (SOCEM) IPA 2011 was implemented in the period from July 2015 to July 2017. The Ministry of Civil Affairs, in cooperation with the competent entity and other institutions, coordinated the implementation of the project. The total funds in the amount of 1,758,000 / 3,438,349 BAM were provided by the Delegation of the European Union to Bosnia and Herzegovina.

This project has strengthened the capacity of social protection institutions in BiH, which are responsible for creating social policy and providing social protection, as well as the implementation of programmes and measures such as meeting the specific needs of vulnerable groups. The project, among other things, was aimed at supporting the development of Social work centres in Bosnia and Herzegovina, with a focus on improving the protection of the elderly and the persons with disabilities.

This project has improved coordination between institutions responsible for providing social protection services and it has developed local models and capacities for social protection and inclusion. Measures were also created according to the needs of social service beneficiaries in order to implement them in accordance with best practices, and two pilot “mobile teams for home help for the elderly” were established and vehicles and IT equipment were procured for 12 social work Centres in both entities. Through the project, proposals of normative acts were made, which will serve to improve the work in the Social work centres. The project contained two components whose implementation was monitored by the BiH Ministry of Civil Affairs and the Ministry of Human Rights and Refugees of BH.

**In the Federation of Bosnia and Herzegovina**, and on the basis of the adopted Public Policy on the Development of Foster Care, the Law on Foster Care in the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 19/17) was adopted and implemented in March 2018, along with the bylaws provided by the said Law. The enactment of the said Law systematically regulates the right to placement in another family, which until the enactment of the said law was regulated by the Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children. In the context of real circumstances that exist in the FBiH, strengthening the existing forms (traditional and specialized), with the introduction of new

forms of foster care (urgent and occasional), created preconditions for the improvement of the existing and the establishment of a harmonised foster care system according to the needs and status of foster care. The issue of accommodation and support for children without parental care, adults without family care, and the elderly, the weak and persons with disabilities is regulated in a systematic way through care and protection in the family environment.

In the period from 2016 to 2019, the following regulations in the field of pension and disability insurance were adopted in the FBiH:

- FBiH Law on Pension and Disability Insurance (Official Gazette of the FBiH, 13/18);
- FBiH Law on Voluntary Pension Funds (Official Gazette of the FBiH, 104/16);
- Statute with systematization of jobs of the FBiH Pension and Disability Insurance Institute;
- The FBiH Government has adopted and sent to the parliamentary procedure Amendments to the FBiH Law on Pension and Disability Insurance;
- At the end of 2013, both Houses of the FBiH Parliament adopted the Strategy for the Reform of the Pension System in the FBH, at the proposal of the FBiH Government.

The most important goal of the reform is to ensure the long-term sustainability and financial stability of the pension system and to reduce poverty by ensuring an adequate level of income in old age.

One of the general goals of the reform is a fairer pension system through stronger linking of pensions to paid contributions, the level of salaries, and the length of insurance.

The specific objectives are: organizing insurance carriers that will meet the needs of clients, restoring confidence in the pension system among policyholders and beneficiaries, harmonised functioning of the social insurance system, improving conditions for private sector development and business environment, and reducing labour costs.

The reform of the pension system in the FBiH goes in the direction of changing the way of calculating the pension base through the points system and introducing regular and transparent adjustment of pensions instead of the current system of coefficients, along with the transition to the treasury mode of financial operations of the FBiH Pension and Disability Insurance Institute.

It is also planned to gradually raise the age limit for early retirement, and tighten the conditions for disability and family pension, increase financial discipline and coverage of the pension system, introduce adequate contribution rates for the so-called benefitted length of service, improve the unified system of registration, control and collection of contributions, and to calculate special length of service in double duration only in the case when it is necessary for exercising the rights from pension and disability insurance.

It was decided that the future pension system would be modeled on two pillars:

First pillar – compulsory pension and disability insurance. Pensions that depend on income (salary) or the amount of paid contributions, the basis of the pension and disability insurance system. The minimum pension as a right should be kept in the model as it is today in the form of a pension that has the function of protection against extreme poverty. This pension would cover only persons who meet the conditions under current legal solutions, which means that they have at least 20 years of service and 65 years of age. Beneficiaries of disability and family pensions would also have this type of protection.

A special part of the first pillar includes persons who have been introduced to the right (retired) under more favorable conditions in relation to the general regulations of pension and disability insurance, on various grounds and are classified in the so-called “more affordable pensions”.

Second pillar, or the planned segment of pension insurance is voluntary and belongs to the individual pension insurance that operates on the capitalized principle of long-term savings. Some forms of such insurance have existed in BH for twenty years and are known as long-term savings schemes and life insurance policies from insurance companies, but they should be incorporated into the legislation and supervised by the state, the government said.

The strategy for the reform of the pension system implies, first of all, the adoption of a new law on pension and disability insurance in the FBiH, which will implement the reform commitments.

The FBiH Law on Pension and Disability Insurance (Official Gazette of the FBiH, 13/18) was adopted in February 2018 and applies from March 1, 2018.

**In the Republika Srpska**, Strategy for improving the position of the elderly 2019-2028 was adopted in October 2020 at the session of the Republika Srpska National Assembly.

**In the Brčko District of Bosnia and Herzegovina**, there is no law relating to the elderly (given that the PIO is the responsibility of the entities), but it is the implementer of social-program protection measures, which mostly apply to the elderly, through the program of spending grants intended for the payment of one-time financial aid for pensioners residing in the Brčko District, subsidizing the payment of utility services, subsidizing spa and air conditioning treatment. In the social protection system, through the right to care and assistance allowance from another person and the extended right from social protection: Personal assistance services, 1/3 of the beneficiaries are elderly people.

**66. The Committee seeks information on the legal framework for assisting the elderly in decision-making and, in particular, whether there are safeguards to prevent the arbitrary deprivation of the elderly of the opportunity to make independent decisions.**

Answer:

**In the Republika Srpska**, the Law on Extra-Judicial Proceedings (Official Gazette of the RS, 36/90, 91/19) defines in the Article 29 paragraph 1 that the procedure for deprivation and restoration of legal capacity is initiated at the proposal of: the competent guardianship authority; competent prosecutor, spouse, child or parent of the person for whom the deprivation or restoration of legal capacity is proposed, grandfather, grandmother, brother, sister, grandson and other persons, if they live permanently in the household with the person for whom the deprivation or restoration of legal capacity is proposed; persons whose legal capacity is deprived or restored if they can understand the significance and legal consequences of their proposal, and other persons, if provided by law. Proceedings may also be initiated by the Court ex officio. Thus, only a court can make a decision on deprivation of legal capacity (partial or complete).

The legal norm for **the Brčko District of Bosnia and Herzegovina**, which is related to assisting elderly people in making decisions, and protective measures to prevent arbitrary deprivation of the elderly of the opportunity to make independent decisions, is contained in the Family Law of the Brčko District of BH (Official Gazette of the BD BiH, 23/07).

The Ministry of Human Rights and Refugees had not received this response from the Federation of Bosnia and Herzegovina prior to sending the report to the Committee.

**67. The Committee requests updated and detailed information on the pension and disability insurance system and on the implementation of the enjoyment of rights from the funds, including the categories of insured persons and average pension amounts and, in particular, information on possible changes in legislation in this aspect, if provided, during the reference period.**

Answer:

Pension and disability insurance in **the Federation of Bosnia and Herzegovina** is regulated by the Law on Pension and Disability Insurance. This law is based on the principles of reciprocity, generational solidarity and the obligation of pension and disability insurance. The risks covered by this insurance are: old age, disability, death and physical disability caused by work, and the rights arising from these risks are the right to old-age, disability and survivors' pension, and the right to financial compensation for physical disability caused by work. These rights are personal and inalienable, and cannot be transferred to other persons or become obsolete. This law also establishes the possibility of voluntary insurance for persons who are not compulsorily insured. This law is the

beginning of the reform of pension and disability insurance in the Federation of Bosnia and Herzegovina. Funds required for exercising the rights from pension and disability insurance are provided from pension and disability insurance contributions prescribed by the Law on Contributions, income from voluntary insurance, income generated by the insurance carrier, budget and other sources. Favorable acquisition of the right to a pension is regulated by special regulations for which funds from contributions are provided, as well as from the budget of the FBiH and the budget of Bosnia and Herzegovina. According to positive regulations, pension and disability insurance is financed from contributions whose rate is 23% on the gross salary in the FBiH (from the salary of 17% and for the salary of 6%). By raising the level of economic activities in the FBiH, as well as greater discipline of taxpayers, it was achieved that the revenues of the FBiH Pension and Disability Insurance Institute collected on the basis of contributions for pension and disability insurance constantly grew in the period from 2002 to 2019.

The FBiH Pension and Disability Insurance Institute has existed since 2002, when the Law on the Organization of the FBiH Pension and Disability Insurance Institute (PIO / MIO) was applied. Until then, there were two separate legal entities: the Social Fund PIO based in Sarajevo and the Institute for Pension and Disability Insurance Mostar. Nowadays, the FBiH Institute of PIO / MIO is a unique institution that covers the entire territory of the FBiH. The structure and average amounts of pensions, and the amounts of pensions by type and the average salary and pensions in the Federation of Bosnia and Herzegovina in the reference period are presented in Tables 114-119 (Appendix 1).

**In the Republika Srpska**, the Law on Pension and Disability Insurance Official Gazette of the RS, 134/11, 82/13, and 103/15), which entered into force on January 1, 2012, September 25, 2013, and January 1, 2016 is relevant for the pension and disability insurance system. This law regulates mandatory pension and disability insurance on the basis of intergenerational solidarity and voluntary pension and disability insurance for persons who are not compulsorily insured under this law, as well as rights and obligations based on these insurances.

There were no amendments to the law in the reference period.

According to the provisions of Article 40, the rights from pension and disability insurance in accordance with this Law are: a) in case of old age - old-age pension; b) in case of disability - assignment to another job, retraining or additional training, cash benefits related to reduced working capacity, disability pension, and c) in case of death of the insured, i.e. beneficiary of old-age or disability pension - survivor's pension.

The insured person is entitled to an old-age pension when he or she reaches the age of 65 and has at least 15 years of insurance experience. An insured person who has not reached 65 years of age is entitled to an old-age pension when he or she reaches 60 years of age and 40 years of pensionable service. An insured woman who has not reached the age of 65 is entitled to an old-age pension when she reaches the age of 58 and has 35 years of insurance experience. Notwithstanding Paragraph 1 of this Article, a police officer, an officer of the Judicial Police of the Republika Srpska and a member of the security service - a police officer of a penitentiary institution in the Republic of Srpska, have the right to an old-age pension when they reach 40 years of pensionable service, regardless of age.

Notwithstanding Article 41 of this Law, an insured woman with at least 15 years of insurance experience is entitled to an old-age pension when she reaches: a) 60 years and four months of age in 2012, b) 61 years of age in 2013, c) 61 years and eight months of age in 2014, d) 62 years and four months of age in 2015, e) 63 years of age in 2016, f) 63 years and eight months of age in 2017 and d) 64 years and four months of life in 2018.

Notwithstanding Article 42 paragraph 1 of this Law, an insured person with 40 years of pensionable service is entitled to an old-age pension when he reaches: a) regardless of age in 2012; b) 56 years of age in 2013; c) 56 years and four months of age in 2014; d) 56 years and eight months of age in 2015; g) 57 years of age in 2016; e) 57 years and four months of age in 2017; f) 57 years and eight

months of age in 2018; d) 58 years of age in 2019; h) 58 years and four months of age in 2020; i) 58 years and eight months of age in 2021; j) 59 years of age in 2022; k) 59 years and four months of age in 2023 and l) 59 years and eight months of age in 2024.

Notwithstanding Article 42, Paragraph 2 of this Law, an insured woman with 35 years of insurance experience is entitled to an old-age pension when she reaches: a) regardless of age in 2012; b) 54 years of age in 2013; c) 54 years and four months of age in 2014; d) 54 years and eight months of age in 2015; e) 55 years of age in 2016; f) 55 years and four months of age in 2017; g) 55 years and eight months of age in 2018; h) 56 years of age in 2019; i) 56 years and four months of age in 2020; j) 56 years and eight months of age in 2021; k) 57 years of age in 2022; l) 57 years and four months of age in 2023 and m) 57 years and eight months of age in 2024.

An insured person is entitled to a disability pension if the loss of ability to work is caused by an injury outside work or illness, occurred before fulfilling the conditions for old-age pension in terms of age referred to in Article 41 of this Law, provided that the person has five years of insurance or ten years of pensionable service.

The right to a disability pension belongs to an insured person whose reduced working capacity has been determined after the age of 58, with the right to retraining or additional training, provided that the person has five years of insurance experience or ten years of pension experience until the disability occurs.

An insured person with a loss of ability to work caused by an injury at work or an occupational disease is entitled to a disability pension regardless of the length of retirement.

The insured person referred to in Paragraph 1 of this Article is entitled to a disability pension until the age of 35, provided that he or she has two years of insurance experience until the onset of the disability.

Family members of the deceased insured person who met the conditions for disability pension on the day of death and family members of the deceased beneficiary of old-age or disability pension are entitled to a survivor's pension.

When it comes to the enjoyment of rights from pension and disability insurance, it is important to point out that with the amendments to the law that came into force on January 1, 2016, the following articles were also amended: The right to a pension is provided after the termination of insurance. Paragraph 1 of this Article shall not apply to the insured from the Articles 12, 13 and 14 of this Law, in the procedure of exercising the right to an old-age pension. Paragraph 2 of the said Article refers to self-employed persons, religious officials and farmers.

If one of the beneficiaries of the survivor's pension acquires the status of an insured person, the payment of the pension to that beneficiary is suspended for the period of the insurance period and a new amount of pension is determined for the remaining beneficiaries.

It follows from the stated provision that for the beneficiaries of old-age and disability pensions, acquiring the status of an insured person in the compulsory insurance is not an obstacle for further use of the pension. Beneficiary categories and average pension amounts are presented in Table 120 (Appendix 1).

#### **68. The Committee requests a detailed explanation of the difference between the minimum and guaranteed pensions.**

Answer:

**In the Federation of Bosnia and Herzegovina**, the categories of the lowest and guaranteed pension are defined by Articles 81 and 82 of the FBiH Law on Pension and Disability Insurance (Official Gazette of the FBiH, 13/18), which reads: The lowest amount of pension belongs to the beneficiary of the old-age, family or disability pensions, and whose pension is determined in a smaller amount than the pension determined in accordance with the provisions of paragraph (2) of this Article. The minimum amount of pension is the amount of the minimum pension paid for December 2016 in the FBiH, adjusted for all related increases on the day of the exercising the right,

and further adjusted in accordance with Article 79 paragraph (1) of this Law. Exceptionally, if there are financial possibilities, the FBiH Government may, by means of a special decision, determine an increase in the amount of the minimum pension in a percentage higher than the percentage referred to in Paragraph (2) of this Article, up to the growth rate of real gross domestic product. The guaranteed amount of pension belongs to the insured who has exercised the right to a pension with 40 years of insurance experience, and whose pension is determined in a smaller amount than the pension determined in accordance with the provisions of paragraph (5) of this Article. Guaranteed amount of pension is the amount of guaranteed pension paid for December 2016 in the FBiH, adjusted for all related increases on the day of the exercising the right, and further adjusted in accordance with Article 79, Paragraph (1) of this Law.

The provisions of Article 81, paragraphs (1), (2), (4) and (5) of this Law do not apply to insured persons who have exercised the right to a proportional part of the pension under international agreements, as well as to beneficiaries who do not reside on the territory of BiH, unless otherwise regulated by an international agreement.”

The amounts of the lowest and guaranteed pensions in the reference period in the FBiH are presented in Table 121 (Appendix 1).

**In the Republika Srpska**, there is no guaranteed pension in the pension and disability system, only the minimum pension and it is regulated by the following provisions: The minimum pension may not be lower than 50% of the average pension paid by the Republic for the month of December of the previous year. The lowest old-age and disability pension at the expense of the Republic depends on the length of pension service and is determined as a percentage of the average pension paid by the Republic for the month of December of the previous year: a) for 15 years of pensionable service and more and less than 20 years it cannot be lower than 60%; b) for 20 years of pensionable service and more and less than 30 years it cannot be lower than 70%; c) for 30 years of pensionable service and more and less than 40 years it cannot be lower than 80% and d) for 40 years or more of pensionable service and it can no longer be lower than the average pension the Republic paid for the month of December of the previous year. The government issues an act determining the amount of the minimum pension.

The provisions of Article 85 of this Law do not apply to proportional pensions earned through the application of international agreements on social insurance and the Agreement on Mutual Rights and Obligations in the Implementation of Pension and Disability Insurance in BiH.

**69. The Committee seeks information on the types and amounts of aid / benefits for the elderly who are not entitled to a pension, and whether different benefits and allowances can be combined (subsidies, electricity, heating, funeral expenses, etc.).**

Answer:

**In the Federation of Bosnia and Herzegovina**, Article 12, Paragraph 1, Item 7 of the Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16 and 40/18) defines elderly persons without family care as beneficiaries of social protection.

An elderly person without family care, in the sense of the said law, is considered to be a person older than 65 years (male) or 60 years (female), who has no family members or relatives who are legally obliged to support him, or if there are such persons, they are unable to perform the obligation of supporting him or her (Article 16 of the Law).

In accordance with the said law (Article 19 of the Law) and the regulations of the canton, assistance to the elderly is provided through basic rights and social protection services, namely: permanent financial assistance and other material assistance, cash benefits for care and assistance, home care and assistance at home, institutional care for Elderly and Infirm, alternative accommodation for the elderly without family care and persons with disabilities in another family, as well as the daily care

in day care Centres and clubs for the elderly, social and other professional services, regulations of the right to humanitarian aid, and appropriate subsidies (electricity, heating, funeral expenses, etc.). The provision of Article 22, Paragraph 1 of the said law regulates that persons and families have the right to permanent financial and other material aid, under the following conditions: they are incapable of work, or prevented from exercising the right to work, they do not have enough income to support themselves; they do not have family members who are legally obliged to support them or, if they have them, those persons are not able to perform the obligation to support them.

In terms of the provision of Article 23, paragraph 1, Item 2 of the said Law, a person older than 65 years of age is considered incapable of work or prevented from exercising the right to work.

Cash benefits for assistance and care from another person can be received by persons over 65 years of age, if they are old and weak persons who, due to permanent changes in health, desperately need help and care from another person to meet their living needs (Article 26 of the Law).

The right to placement in another family (Article 32, paragraph 1, Item 2 of the Law) have, among others, persons with disabilities, the elderly and persons with socially negative behavior, who are unable to take care of themselves, and due to housing or family circumstances do not have the possibility to receive protection in another way.

The provision of Article 41 of the said law regulates that placement in a social protection institution may be provided to children and adults who need constant care and assistance in meeting their living needs, and cannot be provided on their own or in another family or in any other way.

The provision of Article 46, Paragraph 1 of the said law regulates that the right to social and other work services may be exercised by individuals, families and social groups, regardless of material possibilities and use of some form of social protection, in order to protect their rights and interests and prevent mitigating the consequences of social problems.

In accordance with the provisions of Article 47 of the said Law, the right to home care and assistance at home means the organized supply of various services, such as: food, household and other necessary tasks and maintenance of personal hygiene to persons completely incapable of independent work and business, the elderly from the age of 65, persons with permanent disabilities in physical and mental development when those persons are unable to take care of themselves.

Thus, elderly people who do not have a pension can be entitled to permanent financial assistance in accordance with the above-cited provisions and answers given to question 47. The amount of compensation varies from canton to canton and it varies in the ranges shown in response to the question from the Questionnaire No. 50. With the stated fee, the beneficiary receives a subsidy for electricity, one-time financial aid if they meet the conditions for its realization, the right to a meal in a public kitchen, the right to health care, if they do not have health care on other grounds and burial costs. In addition, they can receive financial compensation for help and care from another person if they have a change in health, the right to accommodation in another family, the right to accommodation in an institution, the right to social and other work services and the right to home care and assistance at home, depending on the assessment of which of the listed services an individual needs.

**In the Brčko District of Bosnia and Herzegovina**, regardless of whether the elderly person has exercised the right to a pension, by applying the provisions of Articles 43 and 43a. The Law on Social Protection of the Brčko District of BiH (Official Gazette of the BD BiH, 01/03, 04/04, 19/07, 02/08, 21/18, and 32/19) is according to the indicators, and they make up 1/3 out of the total number of beneficiaries (2910 total number of beneficiaries) introduced into the right of the determined compensation for the allowance for care and assistance from another person: for the degree of complete dependence, compensation of 218,00 BAM; for the degree of severe dependence, compensation of 157.00 BAM; for the degree of moderate dependence, a fee of 105.00 BAM and for the degree of low dependence, a fee of 61.00 BAM;

Extended right from social protection: Personal assistance services - compensation of 87.00 BAM; Public kitchen services - 1 hot meal a day all year round (total number of monthly meals for 180

users, of which 1/3 are elderly); One-time financial aid, a fee of 150.00 BAM, 100.00 BAM or 50.00 BAM, depending on the amount of pension; Subsidizing communal services: a fee 67,00 BAM. Different benefits can be combined.

**70. The Committee requests detailed information on the level of weighted income, and on the reforms implemented by the entities and the District regarding poverty lines.**

Answer:

In the Brčko District of Bosnia and Herzegovina, the weighted revenue, as the sum of several individual indicators from the Budget of BD BH for 2019:

Permanent basic financial aid.....	2,103,000,00 BAM
Allowance for care and assistance from another person.....	4,648,100.00 BAM
Personal assistance.....	900,000.00 BAM
Child allowance.....	9,210,000.00 BAM
Maternity allowance.....	1,137,000.00 BAM
Equipment for a newborn.....	135,000.00 BAM
Ontime financial aid due to special circumstances.....	200,000.00 BAM
Foster care fee.....	120,000.00 BAM
One-time financial aid to pensioners.....	1,370,000.00 BAM
Subsidy of communal services.....	830,000.00 BAM
Accommodation in a social protection institution.....	775,000.00 BAM
Procurement of medication and funeral expenses.....	98,000.00 BAM
Reimbursement of maternity leave.....	1,600,000.00 BAM
Expenditures for public kitchen.....	300,000.00 BAM
Subsidy for spa/climatic treatment.....	100,000.00 BAM

Reform processes in the Brčko District of BiH were represented in 2018 and 2019 in the system of child and social protection, through the Laws on Amendments to the Law.

The Ministry had not received this response from the entities of the Federation of Bosnia and Herzegovina and the Republika Srpska prior to sending the report to the Committee.

**71. The Committee requests information on what the authorities in Bosnia and Herzegovina are doing regarding the scope of the issue of ill-treatment of the elderly, awareness-raising and the need to eradicate abuse and neglect of this category of the population, and whether legislative or other measures have been taken or envisaged in this area.**

Answer:

**The Brčko District of Bosnia and Herzegovina**, through the Law on Protection from Domestic Violence (Official Gazette of the BD BiH, 07/18), through the provisions of Article 6, which reads: "Special assistance and protection in accordance with this law is enjoyed by victim is: a) a child, b) a person aged 65 and over, c) a person with a disability and d) a person under guardianship.

The Ministry had not received this response from the entities of the Federation of Bosnia and Herzegovina and the Republika Srpska prior to sending the report to the Committee.

**72. Provide information on whether elderly people cared for by their family are also entitled to certain social benefits.**

Answer:

**In the Federation of Bosnia and Herzegovina**, elderly people cared for by their family are entitled to certain social benefits such as permanent financial aid if the income per household member does not exceed the defined percentage of the average salary. The percentage of the average salary of income per household member is defined by cantonal regulations and it can be seen from the cited provisions and the answer to the question from Questionnaire No. 47.

All persons who meet the legally prescribed conditions for exercising the right to some form of pension and disability insurance, exercise their right regardless of the manner of their care (family, nursing homes, geriatric centres, etc.). So, in that respect, there is no discrimination.

**In the Republika Srpska**, a family caring for an elderly person has no additional benefits.

**73. The Committee seeks updated data on the home care and household assistance for the elderly, including what kind of services are provided through day care Centres and similar.**

Answer:

**In the Federation of Bosnia and Herzegovina**, even though the home care and home help service is defined by the Law on Fundamentals of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children (Official Gazette of the FBiH, 36/99, 54/04, 39/06, 14/09, 45/16 and 40/18) as well as cantonal regulations, it is still not developed in the Federation of Bosnia and Herzegovina as a service at a level that meets the needs of local communities. Within the EU SOCEM project, a social home help service (Tuzla and Lukavac) was piloted in two municipalities in the Federation of Bosnia and Herzegovina. Two teams for the supply of home care services for a minimum of 50 beneficiaries have been established. Each of the home help teams also employs a qualified social worker as a coordinator and additional six caretakers. The initially identified group of service beneficiaries in both pilot sites is in fact sixty, and with the improvement of the management of this service when it is established, an increase of this number is expected.

In Zenica-Doboj Canton, home care and home help services are provided by the municipal first-level body, by engaging associations of legal and natural persons that meet the requirements prescribed by the law.

Positive examples of practice on this issue in the Zenica-Doboj Canton are:

- Mobile home care project in the Radakovo and Crkvice facilities, which is being implemented for displaced persons by the Public Institution Retirement Home with the Zenica-Doboj Canton Hospital in cooperation with the Ministry,
- the work of the private institution of social protection, or the Institution for home care “SeVital” from Kakanj, which began conducting business at the end of November 2018.

In order to support the establishment of this service, the Ministry co-finances or finances work programmes or projects of unions and associations whose members and persons are elderly or whose activities are aimed at supporting them. The funds are approved by conclusions or decisions of the Zenica-Doboj Canton Government, as a result of the conducted procedures of public calls from the year 2016 to 2019, as well as at the request of the union or association. For example, on the basis of the Public Call for financing/co-financing of programmes/projects of cantonal organizations and associations of social character, and associations of displaced persons and returnees in 2016, the project “Home care and home help” was co-financed by the Zenica-Doboj Canton Red Cross, and the program activities of the Association of Retirees/Pensioners of the Zenica-Doboj Canton and similar are also supported.

**In the FBiH**, there are several day care centres (Tuzla, Mostar, Olovo, Domaljevac, Sarajevo) that are mainly focused on children with disabilities, children with special needs and children who live and/or work on the streets or are at risk of it, as well as day care Centres for healthy aging that have been developed in three cantons in the Federation of Bosnia and Herzegovina. There are three day care Centres in Sarajevo. When it comes to day care Centres for healthy aging, it should be emphasized that they are not part of the social protection system.

In the Republika Srpska, the Law on Social Protection prescribes the exercise of the right to home help. This right is exercised by 201 persons, according to data from December 31, 2018. The right to help and care in the home is provided to an elderly and weak person, a seriously ill person and another person who is unable to take care of himself. Assistance and care in the home is provided from the budget if:

- a) the person is not able to cover help and care at home with their own funds and the funds of a relative who has the obligation to support them according to the law,
- b) the person has not concluded a contract on lifelong support,
- c) the person has not alienated property by the donation contract and
- d) the total income of the beneficiary on all bases does not exceed the amount of 50% of the base referred to in Article 23 of this Law.

Assistance and care in the home includes doing household chores, maintaining personal hygiene, supplying food and organizing meals and meeting other daily needs. Assistance and care in the home can be provided by a social welfare institution, citizens' association, religious community and other legal entity of this right. The Minister issued a rulebook on exercising the right to help and care at home. The rulebook prescribes all types of services, more detailed conditions related to exercising the right to help at home, as well as the inclusion of the beneficiary and his relative in charge of taking care of him/her in the cost of home help and home care. The right to day care includes various types of organized daily services and stays, outside one's own family, through which food, care, custody, health care, upbringing and education, psychosocial rehabilitation, work occupation and other services are provided. Day care can be provided in another family, social welfare institution, separate Centres or day care Centres organized and provided by public institutions, citizens' associations, religious communities and other legal entities. The right to daily care belongs to a child and an adult who has the right to accommodation in institution or care in a foster family and another person who due to their psychosocial difficulties and other unfavorable living circumstances needs this form of protection, based on the decision of the Centre. The Minister issued a rulebook on exercising the right to day care, care, supervision, participating in the costs of daily care of the user and his relatives required for maintenance.

**In the Brčko District of Bosnia and Herzegovina**, home care and assistance is one of the rights from the Law on Social Protection of the Brčko District of BiH (Official Gazette of the BD BiH, No. 01/03, 04/04, 19/07, 02/08, 21 / 18 and 32/19):

More specifically, through the provisions of Article 59: “Home care and assistance in the home is the organized supply of various services, such as: food, housework, and other necessary tasks, and maintaining personal hygiene of beneficiaries.”

Brčko District of BH, through the institutional framework, has been conducting organized meals since 2005, through public tendering, food preparation services (restaurant service) and annually has 65,700 beneficiaries introduced to organized meals (public kitchen services / organized meals). In answering the question number 70, it was stated that 1/3 of the beneficiaries are elderly users.

**74. Provide information on possible projects related to social service providers and social work Centres (compared to the previous report which mentioned a joint project of both entities from 2015 in order to strengthen social work Centres).**

Answer:

**In the Federation of Bosnia and Herzegovina**, at the cantonal level, the competent ministries carry out continuous education of experts from the Social work centres and social protection institutions, as well as the supply of financial aid in terms of providing better service to beneficiaries. At the FBiH level, there are five institutions that, through grants from the Budget of the Federation of Bosnia and Herzegovina, are financially supported every year in terms of ensuring the supply of better service to beneficiaries and education of professional staff.

According to the conclusions of the Zenica-Doboj Canton Government, in the reporting period, projects or requests of social work centres for overcoming difficulties in work and functioning were financially supported, as presented in Table No. 122 (Appendix 1).

In the period from January to December 2016, the Zenica-Doboj Canton Ministry of Labour, Social Policy and Refugees conducted the necessary activities with the aim of implementing the project Modular Training Program for professional staff at social work Centres, municipal services

responsible for social protection and social protection institutions from the Zenica-Doboj Canton, with the financial support of the FBiH Ministry of Labour and Social Policy.

With the financial support of this ministry, the Association of Social Workers of the Zenica-Doboj Canton conducts activities of continuous education and other activities to strengthen the capacity of these institutions, as well as to promote and increase public awareness of social protection rights (Social Work Bulletin, Guide to exercising rights from areas of social protection, posters, etc.).

**In the Republika Srpska**, the RS Ministry of Health and Social Welfare approved projects related to social services from 2018 through lottery funds, as presented in Table 123 (Appendix 1).

Since 2019, **the Brčko District of Bosnia and Herzegovina**, through a UNICEF project, has been included in the membership of the Board of Labour Force Assessment in the field of social protection.

**75. The Committee seeks information on whether the offer of home help services for the elderly matches the demand for such services, whether there is a possibility for such persons to complain about the services, whether there are services for people suffering from dementia or Alzheimer's disease, and whether there are cultural/recreational and educational facilities available to the elderly.**

Answer:

**In the Brčko District of Bosnia and Herzegovina**, in a part of organized nutrition from 2005 to 2020, there were no complaints by the elderly about the service. There is a possibility to complain.

Brčko District of BiH, through the supply of services of the Centre for Mental Health (organizational unit of the Health Centre of the BD BiH) provides services to persons suffering from dementia or Alzheimer's disease.

It is not known that there are cultural/recreational and educational facilities in the area of BD BiH that are available to the elderly.

The Ministry had not received this response from the entities of the Federation of Bosnia and Herzegovina and the Republika Srpska prior to sending the report to the Committee.

**76. The Committee requests detailed information about the ways in which the elderly are informed of the existence of services, benefits and facilities that can be provided to them.**

Answer:

**In the Federation of Bosnia and Herzegovina**, information on services, benefits and facilities where they can be provided, is available to the elderly on the premises and on Internet portals, or official websites of social welfare institutions and other institutions responsible for providing services in the subject area, by going to the field of professionals, through public events, through the media and other means of getting information, promotional materials, bulletin boards in local communities and institutions, through NGOs and similar.

The FBiH Pension and Disability Insurance Institute is organized in such a way that it covers all municipalities of the FBiH through branches. Also, in the headquarters of the Canton, Cantonal Administrative Services have been established, while the official seat of the Institute is in Mostar - Duborovačka 2. Part of the Central Administrative Service is located in Sarajevo (Ložionička Street 2) for easier work in order to have better service for the citizens. All branches and Cantonal administrative services are IT connected to the Central Administrative Service. It is thanks to this connection that our employees provide all services to pension beneficiaries and insured persons who turn to them for help, through the counter service. Also, all types of legal advice and assistance are provided in the Cantonal Administrative Services for persons who apply for any type of aid. In addition to direct assistance, the Institute's website ([www.Fzmiopio.ba](http://www.Fzmiopio.ba)) has been established and is regularly updated, which contains all relevant information for both insured persons and pension beneficiaries.

**In the Brčko District of Bosnia and Herzegovina**, the elderly are informed through the transparency of the law and through public information.

**77. The Committee inquires whether and to what extent the elderly are taken into account when it comes to national or local housing policies.**

Answer:

**In the Federation of Bosnia and Herzegovina**, pension beneficiaries had at their disposal a housing fund from before the year 1991, the owner of which prior to 1991 was the Social Fund for Pension and Disability Insurance of Bosnia and Herzegovina. By changing the socio-economic system of Bosnia and Herzegovina after 1995, all holders of tenancy rights were enabled to purchase permanent ownership of all apartments that were owned by the Social Fund of the Pension and Disability Insurance Fund of BH. The purchase was conducted with state certificates and money on the basis of positive legal regulations.

- Law on Sale of Apartments with Occupancy Right (Official Gazette of the FBiH, 27/97, 11/98, 22/99, 27/99, 7/00, 32/01, 15/02, 54/04, 36/06, 51/07, and 72/08);
- Law on Taking Over the Law on Housing Relations (Official Gazette of the FBiH, 11/98, 38/98, and 19/99);
- Law on Termination of Application of the Law on Abandoned Apartments (Official Gazette of the FBiH, 11/98, 38/98, 12/99, 27/99, 43/99, and 29/03);
- Law on Return, Allocation and Sale of Apartments (Official Gazette of the FBiH, 28/05 and 2/08).

**The Brčko District of Bosnia and Herzegovina** does not discriminate against anyone on the basis of nationality; That is, they are all the same before the law without inquiring about nationality; In the last two decades (as well as the whole of BiH), the local housing policy of BD BiH has made positive discrimination only towards members of the Roma minority population.

**78. Provide information on the number of elderly people living with their families, the number of those living in their homes and the number of those living in other families.**

Answer:

**The Brčko District of Bosnia and Herzegovina** does not have data on the number of elderly people living with their families, the number of those living in their homes and the number of those placed in other families.

In the context of giving a response for the elderly placed in another family under the social protection system, there is not a single elderly person.

The Ministry had not received this response from the entities of the Federation of Bosnia and Herzegovina and the Republika Srpska prior to sending the report to the Committee.

**79. The Committee requests updated and detailed information on the programmes and health care available to the elderly and their financial contributions to health care and medication included in the health package.**

Answer:

**In the Federation of Bosnia and Herzegovina**, elderly persons as well as all residents of the Federation of Bosnia and Herzegovina are enabled, by the regulations in the field of health, to use health services at all levels of health care. All services are equally available.

Health insurance in the Federation of Bosnia and Herzegovina covers all elderly persons who receive a pension or are beneficiaries of some form of social protection, which is regulated by the Law on Health Insurance. In accordance with the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11, and 36/18), pension beneficiaries have the right to compulsory health insurance under the regulations on pension and disability insurance of the FBiH, as well as beneficiaries of pensions and disability benefits residing on the territory of the FBiH who exercise

this right exclusively from a foreign pension and disability insurance provider, unless otherwise provided by an international agreement. After reaching the age of 65, persons who have a residence on the territory of the FBiH, and are not health insured on another basis in BH or another state, are considered insured with the right to compulsory health insurance.

Health care provided by this law includes: health care of citizens over 65 years of age, provided that they do not have income per household member higher than the average salary in the FBiH, earned in the previous month.

For persons over 65 years of age, who are not insured on another basis, the payment of direct participation in the costs of health care is made by the cantonal administration bodies responsible for social protection.

Funds from the budget of a canton or municipality are approved by the legislative body of the canton or municipality on the basis of a request determined by the administrative council of the cantonal insurance institute based on the plan of necessary funds for the implementation of compulsory health insurance. These funds cover the costs of health care for persons over 65 years of age outside the level of compulsory health insurance due to certain extraordinary or other difficult conditions for the supply of health care.

The decision on the maximum amounts of direct participation of insured persons in the costs of using certain types of health care in the basic package of health rights (Official Gazette of the FBiH, 21/09) exempts persons over 65 from paying participation, if they are not beneficiaries of pensions or other monthly income in the amount of the minimum pension according to the last published data.

**In the Republika Srpska**, pensioners and persons over 65 years of age are provided with health care and are exempted from paying co-payments. The Law on Contributions defines the rate of contributions for health insurance on pensions paid from the RS Pension and Disability Insurance Fund as being 1%. The average monthly income per insured person ranged from 3.65 BAM to 4.11 BAM, as presented in Table 124 (Appendix 1).

**In the Brčko District of Bosnia and Herzegovina**, the Law on Health Care in the Brčko District of BiH defines persons over 65 years of age as a group of persons of special socio-medical significance, and health care that is not covered by compulsory health insurance is provided from the District budget.

Insured elderly persons have the same rights as other insured persons in the insurance system.

**80. The Committee seeks information on the supply of services to the elderly (staff, type of services) in homes/gerontology centres in order to improve the quality of their care.**

Answer:

**In the Federation of Bosnia and Herzegovina**, there are social protection institutions that perform registered social protection activities in institutions with accommodation for the elderly and persons with disabilities without or with minimal care, other social protection activities in institutions with accommodation, social protection activities without accommodation for elderly persons with disabilities and other social protection activities without accommodation. Institutions are obliged to meet the requirements of the Rulebook on Standards for Work and Supply of Services in Social Protection Institutions in the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 15/13 and 44/16) or cantonal regulations related to the engagement of professional staff (social worker, nurse / technician, caregiver, physiotherapist, occupational therapist, defectologist educator-rehabilitator or psychologist, assistant). Elderly people in institutions / gerontology centres are provided with services through 4 levels of intensity support, namely: through health care, beneficiary care, physical therapy, social work, active pastime and work activities.

Under the Article 19 of the Law on Health Insurance (Official Gazette of the FBiH, 30/97, 7/02, 70/08, 48/11 and 36/18) in Paragraph 13 b) insured persons entitled to health insurance are

considered to be persons over 65 years of age who have a residence on the territory of the FBiH, and who are not health insured on another basis in BH or another state.

According to the Law on Health Care (Official Gazette of the FBiH, 46/10 and 73/15), health care is provided at the primary, secondary and tertiary levels of health care as well as in specialized health care institutions. At the primary level of health care provided by the health Centre, the largest part of health services is provided, which includes the supply of health care to persons over 65 years of age. The health Centre provides primary health care through family medicine teams, Laboratory, radiological diagnostic services, emergency medical services, community mental health Centre, physical rehabilitation Centre, polyvalent dental care service, community nursing service. Also, the law allows for the organization of health care institution in the home, a palliative care institution, according to the needs of the local community.

According to the latest indicators, the Brčko District of Bosnia and Herzegovina has 79 beneficiaries in the accommodation for the elderly in social protection institutions.

**81. The Committee requests information on the manner in which services to persons over 65 in the Brčko District of Bosnia and Herzegovina are provided (number of health care institutions, manner in which home care is provided to these persons, whether these persons are provided with the right to free health care, etc.).**

Answer:

**In the Brčko District of Bosnia and Herzegovina**, persons over 65 years of age are defined as a group of persons of special socio-medical significance, and health care that is not covered by compulsory health insurance is provided from the District budget to the specified category of population.

Insured persons over the age of 65 have the same rights as other insured persons in the insurance system.

The Ministry had not received this response from the entities the Federation of Bosnia and Herzegovina and the Republika Srpska prior to sending the report to the Committee.

**82. The Committee requests information on whether there are mental health programmes for any psychological problems of the elderly, adequate palliative care services and whether training is provided for persons caring for this category of persons.**

The Ministry had not received this response from the Republika Srpska or the Brčko District of Bosnia and Herzegovina, prior to sending the report to the Committee.

**In the Federation of Bosnia and Herzegovina**, the reform of the mental health care system is underway, which is being implemented throughout BH, in cooperation with the Mental Health Project in Bosnia and Herzegovina, supported by the Swiss government. On the territory of the FBiH, above all else, extensive measures have been implemented aimed at the development of community of mental health services. Forty-two community mental health Centres have been established, regulations on community mental health centres have been adopted, standards and norms for the supply of mental health services have been adopted, quality standards have been developed and adopted, a number of community mental health centres have been accredited, multidisciplinary teams have been established (psychiatrist, two psychologists, social worker, occupational therapist and three nurses). The teams were trained to work in the community, and in that sense they were included in numerous trainings. The centres have cooperated with the community in which they operate. Funding has been provided by the competent health insurance institutes. Very significant results have been achieved in the development of user associations and the improvement of their capacities. There are a number of beneficiary associations that implement their social inclusion projects, as well as anti-stigma programmes in the community.

The Law on Health care of the Federation of Bosnia and Herzegovina (Official Gazette of the FBiH, 46/10 and 75/13) stipulates that social health care at the level of cantons/cantons includes

measures to ensure and implement health care of interest to citizens in the canton/Canton and, among other things, includes the supply of palliative care for the terminally ill or dying in cooperation with institutions in the field of social care, charities and other associations and individuals. The law stipulates that palliative care and pain therapy health services may be performed in health care institutions of the primary level of health care and special departments of health care institutions of hospital health care. Also, it is anticipated that an independent institution for palliative care can be established as a social and health institution with a palliative interdisciplinary team, an outpatient clinic for pain and palliative care.

Implementing regulations determines the standard and norm of staff, space and equipment for palliative services, both outpatient and inpatient.

Trainings for palliative care staff were conducted sporadically.

In addition to the above, PHC includes: monitoring the health status of the population and implementing measures to preserve and improve health; prevention, treatment and rehabilitation of diseases and injuries; detection and control of risk factors for mass non-communicable diseases; specific preventive health care for young people, especially in primary and secondary schools and colleges in their area; immunisation against infectious diseases; home treatment and rehabilitation and palliative care.

The Law on Patients' Rights, Obligations and Responsibilities (Official Gazette of the FBiH, 40/10) regulates the rights, obligations and responsibilities of patients when using health care, the manner of exercising these rights, the manner of protecting and promoting these rights, as well as other issues with the rights, obligations and responsibilities of patients. This law guarantees every patient, among other things, the right to access health care, information and participation in the treatment process, self-determination and consent, including the protection of the rights of the incapacitated patient, the right to personal dignity, and the prevention and alleviation of suffering and pain.

### **83. Provide information on all measures taken to improve the availability and quality of geriatric and long-term care, and on the coordination of social and health services for the elderly.**

Answer:

**In the Federation of Bosnia and Herzegovina**, in accordance with the Law on Health Care, priority health care measures are prescribed which enable accessibility to all levels of health care to vulnerable groups such as: persons with disabilities, persons over 65 years of age, financially uninsured persons, Roma, returnees, displaced persons and refugees, victims of violence, mentally ill. Sources of funding are defined by the same law.

In line with reform commitments, strengthening community services is one of the reform priorities. Through the PHC reform, the network of family medicine clinics, Centres for mental health and physical rehabilitation, services in the field of early growth and development, and the activities of nurses in the community have been improved. This continuously improves the availability of health teams and services.

Furthermore, the aforementioned law stipulates that in social care institutions that take care of orphans, children not cared for by parents, socially neglected children, physically and mentally disabled children, adults, and the weak and the elderly, health care measures are implemented through health Centres or health professionals in private practice.

The performance of primary health care is mandatorily regulated by a contract between the health Centre, or a private health worker and the health insurance institute of the canton. In social care institutions that care for persons dependent on other people's help, who need medical care and rehabilitation, according to the instructions and under the professional supervision of a doctor, health care measures are provided in accordance with the conditions regarding space, equipment and staff prescribed by the cantonal minister.

Long-term care is provided in social care institutions and in existing health care facilities.

The Brčko District does not have geriatric and long-term care facilities.

The Ministry had not received this response from the Republika Srpska prior to sending the report to the Committee.

**84. The Committee requests updated and detailed information on the number of institutions for the institutional care of the elderly (including governmental, non-governmental and private), the types of these institutions, the services they provide, the number of persons cared for and the cost and waiting time for access.**

Answer:

Table 125 lists the institutions for institutional care of the elderly (including governmental, non-governmental and private) in the Federation of Bosnia and Herzegovina, the number of persons cared for, prices and information regarding waiting times for accommodation (Appendix 1).

**In the Republika Srpska**, the price of accommodation is determined by the Minister every year for the elderly who are accommodated through social work Centres. Decision on the protected price of accommodation (“Official Gazette of the Republika Srpska, No. 111/19”): accommodation of an elderly person who is independent and psychophysically well is -650.00 BAM per month and accommodation of an elderly person who is completely dependent on the help of another person is 725.00 BAM. The RS Ministry of Health and Social Welfare co-finances the accommodation of beneficiaries of social work Centres in institutions founded by the Government of the Republika Srpska on the basis of the Decision on Co-financing the Costs of Accommodation of Beneficiaries housed by public institutions and Centres of social work in institutions of social protection founded by the Republika Srpska (Official Gazette of the RS, 111/19) - co-financing per beneficiary is 130.00 BAM. The price in private accommodation is higher and different from institution to institution, and the founders decide on it. In general, the price prescribed by the Minister of Health and Social Welfare applies to all persons accommodated through social work Centres.

Article 111 of the Law on Social Protection prescribes the services that the Home for the Elderly can provide, as follows: - housing, food, care, clothing, health care, cultural and entertainment, recreational, occupation and other activities, social work services and other services depending on the needs, abilities and interests of beneficiaries; it can perform the tasks of providing help and care at home and daily care for the elderly on the basis of a contract concluded with legal and natural persons, as well as counseling and preparation of beneficiaries and citizens for the aging process. A home for the elderly can have a social-geriatric section where services are provided to the elderly who due to their psychophysical and health condition need intensive care and can form a shelter for the elderly who are in a state of acute social need for temporary care.

For all public or private institutions, there must be a decision on meeting the conditions for providing social protection services in nursing homes and gerontology Centres, which is adopted through the procedure prescribed by the Ordinance on the conditions for establishing social protection institutions and performing social protection activities (Official Gazette of the RS, 90/17).

**The Brčko District of Bosnia and Herzegovina** does not have an institution for the institutional care of the elderly.

Tables 126-128 present data on the beneficiaries of social protection institutions in Bosnia and Herzegovina according to their age, reasons for the residence and payment for residence (Appendix 1).

**85. The Committee seeks information on how institutions for the institutional care of the elderly receive work permits, how they are inspected and what authorities conduct inspection, and whether there are procedures for appeals against the standard of health care and services or abuse in this type of institution.**

Answer:

**In the Federation of Bosnia and Herzegovina**, the competent line ministries of the canton shall determine by a decision whether the institutions for the accommodation of the elderly meet the requirements in terms of space, equipment and professional staff required for the beginning of work. Conditions for FBiH institutions are prescribed by the Rulebook on Standards for Work and Provision of Services in Social Welfare Institutions in the FBiH (Official Gazette of the FBiH, 15/13 and 44/16) and for cantonal institutions by cantonal regulations. Supervision of the professional work is performed by the competent line ministries of the canton and inspection supervision is performed by the inspection bodies of the canton. In addition, in some cantons there are prescribed procedures for filing complaints about the quality of health care, as well as about the abuse of beneficiaries in these institutions.

**In the Republic of Srpska**, for all public or private institutions there must be a decision on the meeting of the conditions for providing social protection services in homes for the elderly and gerontology Centres, which is adopted through the procedure prescribed by the Ordinance on the conditions for establishing social protection institutions and performing social protection activities (Official Gazette of the RS, 90/17). In the field of social protection, internal, inspection, and professional supervision is performed. Internal supervision can be regular and occasional and is performed officially or at the request of the beneficiary, or at the request of the founder of the social protection institution. Internal supervision is performed in accordance with this law, the law prescribing the work of administrative bodies and the law on administrative inspection. Inspection supervision of the implementation of this law and regulations adopted on the basis thereof shall be performed by the inspection in charge of social protection. Supervision over the conditions regarding the sanitary-hygienic condition in the facilities where the social protection activity is performed is performed by the competent inspection. The inspector in social protection is obliged to determine whether the work of the social protection institution, legal and natural person performing the activity of social protection is in accordance with this law and by-laws that regulate this field. In addition to the rights and duties prescribed by law governing the field of inspections, the inspector for social protection is authorized and obliged to:

- a) prohibit the performance of social protection activities without a decision on meeting the conditions in terms of staff, space and equipment and order the facility in which the activity is performed to be released from the equipment, items and beneficiaries of services within the prescribed period,
- b) prohibit the performance of activities that are not specified in the decision of the Ministry,
- c) prohibit the operation of a social protection institution that is not registered in court, and which is obliged to register under this Law,
- d) prohibit the work of the institution that does not eliminate the deficiencies imposed by the decision of the inspector within the prescribed period,
- e) prohibit the release of the beneficiary before all measures determined by the contract on the care of the beneficiary have been taken,
- f) prohibit the change of activity of the institution without the consent of the founder,
- g) prohibit the admission of other categories of beneficiaries, or the provision of services contrary to the decision of the Ministry,
- h) prohibit other actions contrary to this Law and regulations adopted on the basis of this Law,
- i) order the coordination of activities with this Law, regulations adopted on the basis of this Law and the decision of the Ministry,
- j) order the protection of user data and the protection of professional secrecy,
- k) order the supply of a minimum work process during a strike in the institution and order a temporary cessation of work,
- l) order that the deficiencies and irregularities determined by the inspection be eliminated within a certain period of time, and

m) order the implementation of other measures and actions prescribed by this Law and regulations adopted on the basis of this Law.

The RS Ministry of Health and Social Welfare supervises the implementation of the professional work of social welfare institutions, regardless of the ownership in which the institution was established. Professional supervision includes an overview of the situation regarding the organization of work, work of professional workers, workers in other social protection jobs, associates, use of professional working methods, compliance with prescribed procedures, quality and scope of services provided. The social protection institution is obliged to enable the implementation of supervision. Expert supervision is performed by a commission appointed by the Minister.

**In the Brčko District**, in 2019, according to the application of the provisions of the Brčko District Law on Social Protection, the Government adopted the Rulebook on General, Technical and Professional Conditions for the Establishment and Operation of Social Protection Institutions for Adults and the Elderly; and gave a legal or natural person the opportunity to establish them;

The consent for the work of the Institution is issued by the Head of the Department of Health and Other Services, by a decision based on a documented request and direct insight with the applicant; direct inspection is performed by a three-member Commission for determining the conditions prescribed by the Rulebook and the Minutes on the fulfillment of conditions in terms of space, equipment and professional workers, it is proposed to issue a decision on giving consent for the work of the institution;

Supervision of the professional work of the institution of social protection for the accommodation of adults and the elderly is conducted by the Department of Health and Other Services, Subdivision for Social Protection.

Supervision is performed constantly and systematically, including direct insight, control and other forms of verification of tasks, or ways of organizing and applying appropriate professional procedures and methods for exercising certain rights and forms of social protection, as well as providing direct professional assistance;

In February 2020, the Head (Minister) of the Department of Health and Other Services issued the First Decision on giving consent to the work of the institution, which was established by a natural person; provided that the same decision is part of the documentation by which they will be able to register with the Basic Court of BD BH as a service provider.

## V. ABBREVIATIONS

BiH - Bosnia and Herzegovina

FBiH - Federation of Bosnia and Herzegovina

RS - Republika Srpska

BD BiH - The Brčko District of Bosnia and Herzegovina

BPC – Bosnia-Podrinje Canton

HNC – Herzegovina-Neretva Canton

ESC/R/ - European Social Charter /Revised/

ECSR - European Committee of Social Rights

ILO - International Labour Organization

WHO - World Health Organization

BAM - Convertible Mark

PI - Public Institution

## VI. CONCLUSION

The proposal of the text of the Eleventh Report on the Application of the European Social Charter/Revised/for BH for Group II/Health, Social Security and Social Protection / and Articles 11, 12, 13, 14 and 23, was prepared by the Inter-Agency Working Group composed of appointed expert representatives from the following institutions, and according to the Decision of the Ministry of Human Rights and Refugees of BH on the establishment of the Interdepartmental Working Group for the preparation of the said report number: 01-02-3-1202-56 / 19 from February 24, 2020, is as follows:

1. Amela Hasić, Coordinator of the Interdepartmental Working Group, BiH Ministry of Human Rights and Refugees;
2. Ajla Nanić, member, BiH Ministry of Human Rights and Refugees;
3. Sanela Fočo, member, BiH Ministry of Civil Affairs;
4. Amela Adilović, member, BiH Ministry of Civil Affairs;
5. Aida Eskić Pihljak, member, Agency for Statistics of Bosnia and Herzegovina;
6. Emina Zuko, member, FBiH Ministry of Labour and Social Policy;
7. Šefika Hasanagić, member, FBiH Ministry of Labour and Social Policy;
8. Mirela Spahović, member, FBiH Ministry of Labour and Social Policy;
9. Umihana Prguda, member, FBiH Ministry of Health;
10. Sulejman Garib, member, FBiH Pension and Disability Insurance Institute;
11. Rajko Kličković, member, RS Ministry of Labour and Veterans' and Disabled Protection;
12. Jelena Čajić, member, RS Ministry of Labour and Veterans' and Disabled Protection;
13. Branka Sladojević, member, RS Ministry of Health and Social Welfare of the Republika Srpska;
14. Vanja Vilipić, member, RS Office for Statistics;
15. Dragana Šarenac, member, RS Pension and Disability Insurance Fund;
16. Senka Petković, member, Department of Health and Other Services of the Government of the Brčko District of Bosnia and Herzegovina;
17. Marina Pančić, member, Department of Health and Other Services of the Brčko District Government; and
18. Edisa Bajraktarević, member, Department of Health and Other Services of the Brčko District Government.

The BiH Ministry of Human Rights and Refugees, in order to fulfill the obligation of Bosnia and Herzegovina as an international entity submitting a report on the implementation of the European Social Charter/Revised/, proposes that the Council of Ministers of Bosnia and Herzegovina, after considering the proposal of the Report, adopt the following:

### CONCLUSIONS

1. Adopting The Eleventh Report of Bosnia and Herzegovina on the implementation of the European Social Charter/Revised/ which belongs to the thematic group II /Health, Social Security and Social Protection/Articles 11, 12, 13, 14 and 23, for the reference period from January 2016 to December 2019;
2. Instructing the Ministry of Human Rights and Refugees to submit the Eleventh Report of Bosnia and Herzegovina on the Implementation of the European Social Charter/Revised/which belongs to the thematic Group II /Health, Social Security and Social Protection/ Articles 11, 12, 13, 14

and 23, for the reference period from January 2016 to December 2019, through the Ministry of Foreign Affairs of BH, to the Committee on Social Rights of the Council of Europe in Strasbourg and the Associations of Employers and Trade Unions in Bosnia and Herzegovina, according to the Articles 21 and 23 of the European Social Charter, upon its adoption at the session of the Council of Ministers of Bosnia and Herzegovina.

**APPENDIX 1:  
TABULAR DATA OVERVIEW FOR INSTITUTIONS OF BOSNIA AND HERZEGOVINA WITH REGARD TO INDIVIDUAL  
COMMITTEE QUESTIONS**

**TABLE 1**

DEATHS BY CAUSE OF DEATH AND SEX BY AGE IN 2016 IN BOSNIA AND HERZEGOVINA																					
CAUSE OF DEATH	UKUPNO TOTAL	do 1 god to 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Unknown
<b>TOTAL</b>	<b>36.571</b>	<b>178</b>	<b>28</b>	<b>24</b>	<b>28</b>	<b>81</b>	<b>117</b>	<b>111</b>	<b>152</b>	<b>206</b>	<b>360</b>	<b>655</b>	<b>1.220</b>	<b>2.202</b>	<b>3.033</b>	<b>3.593</b>	<b>4.069</b>	<b>6.997</b>	<b>7.073</b>	<b>6.443</b>	<b>1</b>
<b>TOTAL female</b>	18.029	67	16	8	12	23	24	32	48	77	129	224	405	738	1.041	1.421	1.870	3.645	4.089	4.159	1
<b>TOTAL male</b>	18.542	111	12	16	16	58	93	79	104	129	231	431	815	1.464	1.992	2.172	2.199	3.352	2.984	2.284	0

Source: BiH Agency for Statistics

**TABLE 2**

DEATHS BY CAUSE OF DEATH AND SEX BY AGE IN 2017 IN BOSNIA AND HERZEGOVINA																					
CAUSE OF DEATH	UKUPNO TOTAL	do 1 god to 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Unknown
<b>TOTAL</b>	<b>37.979</b>	<b>196</b>	<b>19</b>	<b>22</b>	<b>26</b>	<b>58</b>	<b>109</b>	<b>106</b>	<b>148</b>	<b>221</b>	<b>368</b>	<b>639</b>	<b>1.175</b>	<b>2.073</b>	<b>3.200</b>	<b>3.876</b>	<b>4.059</b>	<b>6.894</b>	<b>7.649</b>	<b>7.137</b>	<b>4</b>
<b>TOTAL female</b>	18.793	91	5	7	14	16	25	23	47	82	139	225	421	709	1.145	1.463	1.798	3.566	4.444	4.572	1
<b>TOTAL male</b>	19.186	105	14	15	12	42	84	83	101	139	229	414	754	1.364	2.055	2.413	2.261	3.328	3.205	2.565	3

Source: BiH Agency for Statistics

**TABLE 3**

DEATHS BY CAUSE OF DEATH AND SEX BY AGE IN 2018 IN BOSNIA AND HERZEGOVINA																					
CAUSE OF DEATH	UKUPNO TOTAL	do 1 god to 1 year	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Unknown
<b>TOTAL</b>	<b>37.744</b>	<b>183</b>	<b>26</b>	<b>17</b>	<b>22</b>	<b>60</b>	<b>108</b>	<b>102</b>	<b>122</b>	<b>239</b>	<b>360</b>	<b>614</b>	<b>1.108</b>	<b>2.035</b>	<b>3.110</b>	<b>4.014</b>	<b>4.200</b>	<b>6.377</b>	<b>7.702</b>	<b>7.344</b>	<b>1</b>
<b>TOTAL female</b>	18.737	91	11	9	7	19	25	31	37	82	135	233	340	646	1.078	1.529	1.930	3.356	4.462	4.715	1
<b>TOTAL male</b>	19.007	92	15	8	15	41	83	71	85	157	225	381	768	1.389	2.032	2.485	2.270	3.021	3.240	2.629	0

Source: BiH Agency for Statistics

**TABLE 4**

(A00-B99) INFECTIOUS AND PARASITIC DISEASES, 2016																					
	412	7	1	1	1	1	1	4	3	4	7	9	12	39	33	40	56	78	72	43	0
<b>all</b>	412	7	1	1	1	1	1	4	3	4	7	9	12	39	33	40	56	78	72	43	0
<b>female</b>	198	5	0	1	0	0	1	2	1	2	4	4	13	9	20	26	40	45	25	0	0
<b>male</b>	214	2	1	0	1	1	3	1	3	5	5	8	26	24	20	30	38	27	18	0	0

Source: BiH Agency for Statistics

**TABLE 5**

<b>(A00-B99)</b>																					
<b>INFECTIOUS AND PARASITIC DISEASES IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>395</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>13</b>	<b>16</b>	<b>23</b>	<b>37</b>	<b>39</b>	<b>50</b>	<b>71</b>	<b>71</b>	<b>51</b>	<b>0</b>
<b>female</b>	186	2	0	0	2	1	0	1	1	4	1	2	6	6	14	17	18	38	40	33	0
<b>male</b>	209	0	1	0	0	0	0	0	4	2	5	11	10	17	23	22	32	33	31	18	0

Source: BiH Agency for Statistics

**TABLE 6**

<b>(A00-B99)</b>																					
<b>INFECTIOUS AND PARASITIC DISEASES IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>443</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>11</b>	<b>11</b>	<b>22</b>	<b>17</b>	<b>45</b>	<b>65</b>	<b>37</b>	<b>87</b>	<b>72</b>	<b>62</b>	<b>0</b>
<b>female</b>	200	1	0	1	0	0	0	0	2	3	5	3	7	3	12	26	13	46	38	40	0
<b>male</b>	243	2	0	0	0	0	1	0	2	2	6	8	15	14	33	39	24	41	34	22	0

Source: BiH Agency for Statistics

**TABLE 7**

<b>(C00-C97, D00-D48)</b>																					
<b>NEOPLASMS IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>7.761</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>12</b>	<b>17</b>	<b>24</b>	<b>55</b>	<b>108</b>	<b>199</b>	<b>441</b>	<b>843</b>	<b>1.134</b>	<b>1.108</b>	<b>1.011</b>	<b>1.354</b>	<b>946</b>	<b>488</b>	<b>0</b>
<b>female</b>	3.297	0	2	1	2	2	5	10	11	29	63	105	203	337	391	424	430	605	434	243	0
<b>male</b>	4.464	0	2	3	2	7	7	7	13	26	45	94	238	506	743	684	581	749	512	245	0

Source: BiH Agency for Statistics

**TABLE 8**

<b>(C00-C97, D00-D48)</b>																					
<b>NEOPLASMS IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>8.136</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>9</b>	<b>18</b>	<b>30</b>	<b>60</b>	<b>119</b>	<b>193</b>	<b>409</b>	<b>785</b>	<b>1.207</b>	<b>1.276</b>	<b>1.052</b>	<b>1.352</b>	<b>1.083</b>	<b>522</b>	<b>0</b>
<b>female</b>	3.504	2	1	3	3	2	2	6	12	38	71	108	205	331	480	483	419	576	512	250	0
<b>male</b>	4.632	0	1	4	1	4	7	12	18	22	48	85	204	454	727	793	633	776	571	272	0

Source: BiH Agency for Statistics

**TABLE 9**

<b>(C00-C97, D00-D48)</b>																					
<b>NEOPLASMS IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>7.881</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>12</b>	<b>9</b>	<b>16</b>	<b>14</b>	<b>54</b>	<b>96</b>	<b>186</b>	<b>365</b>	<b>768</b>	<b>1.111</b>	<b>1.304</b>	<b>1.110</b>	<b>1.263</b>	<b>1.049</b>	<b>514</b>	<b>0</b>
<b>female</b>	3.275	1	1	1	2	4	2	5	8	31	59	92	148	292	415	481	475	549	463	246	0
<b>male</b>	4.606	0	2	2	1	8	7	11	6	23	37	94	217	476	696	823	635	714	586	268	0

Source: BiH Agency for Statistics

**TABLE 10**

<b>(D50-D89)</b>																					
<b>DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS, DISORDERS INVOLVING THE IMMUNE MECHANISM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	54	0	1	0	0	0	2	0	0	1	1	0	2	4	10	3	7	7	10	6	0
<b>female</b>	32	0	0	0	0	0	1	0	0	0	0	0	2	3	4	1	6	5	7	3	0
<b>male</b>	22	0	1	0	0	0	1	0	0	1	1	0	0	1	6	2	1	2	3	3	0

Source: BiH Agency for Statistics

**TABLE 11**

<b>(D50-D89)</b>																					
<b>DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS, DISORDERS INVOLVING THE IMMUNE MECHANISM IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	69	0	0	1	0	0	1	1	1	1	3	1	2	2	8	4	3	11	19	11	0
<b>female</b>	44	0	0	0	0	0	0	1	1	1	1	1	1	2	6	2	3	4	16	5	0
<b>male</b>	25	0	0	1	0	0	1	0	0	0	2	0	1	0	2	2	0	7	3	6	0

Source: BiH Agency for Statistics

**TABLE 12**

<b>(D50-D89)</b>																					
<b>DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS, DISORDERS INVOLVING THE IMMUNE MECHANISM IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	72	1	0	0	1	0	0	0	1	0	2	0	3	2	3	7	8	14	16	14	0
<b>female</b>	45	1	0	0	1	0	0	0	1	0	1	0	2	1	1	3	6	8	10	10	0
<b>male</b>	27	0	0	0	0	0	0	0	0	0	1	0	1	1	2	4	2	6	6	4	0

Source: BiH Agency for Statistics

**TABLE 13**

<b>(E00-E90)</b>																					
<b>ENDOCRINE METABOLIC AND NUTRITIONAL DISEASES IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	1.961	0	1	1	0	1	1	4	3	2	7	14	37	69	149	241	295	469	420	247	0
<b>female</b>	1.172	0	1	1	0	0	0	0	2	0	2	7	15	24	62	126	171	303	285	173	0
<b>male</b>	789	0	0	0	0	1	1	4	1	2	5	7	22	45	87	115	124	166	135	74	0

Source: BiH Agency for Statistics

**TABLE 14**

<b>(E00-E90)</b>																					
<b>ENDOCRINE METABOLIC AND NUTRITIONAL DISEASES IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	2.170	1	0	0	0	0	2	3	2	6	3	25	30	94	148	259	306	501	488	302	0
<b>female</b>	1.285	1	0	0	0	0	1	1	1	1	2	9	12	26	59	127	177	325	332	211	0
<b>male</b>	885	0	0	0	0	0	1	2	1	5	1	16	18	68	89	132	129	176	156	91	0

Source: BiH Agency for Statistics

**TABLE 15**

<b>(E00-E90)</b>																					
<b>ENDOCRINE METABOLIC AND NUTRITIONAL DISEASES IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>2.086</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>19</b>	<b>26</b>	<b>79</b>	<b>156</b>	<b>232</b>	<b>331</b>	<b>448</b>	<b>485</b>	<b>284</b>	<b>0</b>
<b>female</b>	1.205	0	0	0	0	0	3	3	2	3	3	7	9	30	61	102	182	289	319	192	0
<b>192male</b>	881	0	1	0	0	0	0	2	2	4	3	12	17	49	95	130	149	159	166	92	0

Source: BiH Agency for Statistics

**TABLE 16**

<b>(F00-F99)</b>																					
<b>MENTAL AND BEHAVIOURAL DISORDERS IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>226</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>8</b>	<b>17</b>	<b>17</b>	<b>15</b>	<b>24</b>	<b>16</b>	<b>25</b>	<b>43</b>	<b>50</b>	<b>0</b>
<b>female</b>	85	0	0	0	0	0	0	0	0	0	2	2	2	2	2	6	6	11	20	32	0
<b>male</b>	141	0	0	0	0	0	0	2	1	3	3	6	15	15	13	18	10	14	23	18	0

Source: BiH Agency for Statistics

**TABLE 17**

<b>(F00-F99)</b>																					
<b>MENTAL AND BEHAVIOURAL DISORDERS IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>265</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>10</b>	<b>15</b>	<b>26</b>	<b>31</b>	<b>20</b>	<b>39</b>	<b>46</b>	<b>61</b>	<b>0</b>
<b>female</b>	118	0	0	0	0	0	0	0	0	1	0	1	2	4	6	13	5	21	22	43	0
<b>male</b>	147	0	1	0	0	0	2	0	1	2	2	7	8	11	20	18	15	18	24	18	0

Source: BiH Agency for Statistics

**TABLE 18**

<b>(F00-F99)</b>																					
<b>MENTAL AND BEHAVIOURAL DISORDERS IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>236</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>6</b>	<b>22</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>32</b>	<b>42</b>	<b>52</b>	<b>0</b>
<b>female</b>	115	0	0	0	0	0	0	1	0	1	0	1	3	2	10	12	10	21	25	29	0
<b>male</b>	121	0	0	0	0	0	0	0	0	3	4	9	3	20	12	9	10	11	17	23	0

Source: BiH Agency for Statistics

**TABLE 19**

<b>(G00-G99)</b>																					
<b>DISEASES OF THE NERVOUS SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>386</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>12</b>	<b>14</b>	<b>13</b>	<b>23</b>	<b>26</b>	<b>43</b>	<b>42</b>	<b>80</b>	<b>60</b>	<b>38</b>	<b>0</b>
<b>female</b>	173	5	0	2	2	1	0	0	0	2	3	6	5	9	11	19	21	34	34	19	0
<b>male</b>	213	0	3	2	2	5	2	4	2	3	9	8	8	14	15	24	21	46	26	19	0

Source: BiH Agency for Statistics

**TABLE 20****(G00-G99)**

<b>DISEASES OF THE NERVOUS SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>382</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>12</b>	<b>20</b>	<b>14</b>	<b>35</b>	<b>28</b>	<b>41</b>	<b>65</b>	<b>79</b>	<b>50</b>	<b>1</b>
<b>female</b>	189	1	2	1	0	0	2	1	2	3	4	3	13	5	23	14	15	28	45	27	0
<b>male</b>	193	0	2	0	3	3	4	4	0	2	3	9	7	9	12	14	26	37	34	23	1

Source: BiH Agency for Statistics

**TABLE 21****(G00-G99)**

<b>DISEASES OF THE NERVOUS SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>337</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>7</b>	<b>12</b>	<b>15</b>	<b>9</b>	<b>19</b>	<b>27</b>	<b>31</b>	<b>34</b>	<b>59</b>	<b>65</b>	<b>36</b>	<b>0</b>
<b>female</b>	166	0	0	1	0	1	2	3	3	2	6	6	5	12	10	12	16	30	35	22	0
<b>male</b>	171	2	0	0	4	2	1	3	1	5	6	9	4	7	17	19	18	29	30	14	0

Source: BiH Agency for Statistics

**TABLE 22****(H60-H93)**

<b>DISEASES OF THE EAR AND ADNEXA IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>													
<b>female</b>	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
<b>male</b>	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	3	0

Source: BiH Agency for Statistics

**TABLE 23****(H60-H93)**

<b>DISEASES OF THE EAR AND ADNEXA IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>							
<b>female</b>	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
<b>male</b>	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0

Source: BiH Agency for Statistics

**TABLE 24****(H60-H93)**

<b>DISEASES OF THE EAR AND ADNEXA IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>0</b>																				
<b>female</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 25**

<b>(100-I99)</b>																					
<b>DISEASES OF THE CIRCULATORY SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>18.959</b>	<b>26</b>	<b>5</b>	<b>3</b>	<b>5</b>	<b>13</b>	<b>16</b>	<b>16</b>	<b>35</b>	<b>58</b>	<b>103</b>	<b>207</b>	<b>406</b>	<b>762</b>	<b>1.105</b>	<b>1.483</b>	<b>1.951</b>	<b>3.815</b>	<b>4.393</b>	<b>4.557</b>	<b>0</b>
<b>female</b>	10.179	5	4	0	2	5	5	10	13	19	27	45	106	203	383	596	916	2.100	2.662	3.078	0
<b>male</b>	8.780	21	1	3	3	8	11	6	22	39	76	162	300	559	722	887	1.035	1.715	1.731	1.479	0

Source: BiH Agency for Statistics

**TABLE 26**

<b>(100-I99)</b>																					
<b>DISEASES OF THE CIRCULATORY SYSTEM IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>19.207</b>	<b>14</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>8</b>	<b>19</b>	<b>10</b>	<b>30</b>	<b>42</b>	<b>111</b>	<b>211</b>	<b>399</b>	<b>728</b>	<b>1.135</b>	<b>1.542</b>	<b>1.873</b>	<b>3.641</b>	<b>4.551</b>	<b>4.881</b>	<b>3</b>
<b>female</b>	10.327	7	1	1	2	3	6	5	9	13	24	62	102	216	343	581	881	2.043	2.786	3.241	1
<b>male</b>	8.880	7	1	1	3	5	13	5	21	29	87	149	297	512	792	961	992	1.598	1.765	1.640	2

Source: BiH Agency for Statistics

**TABLE 27**

<b>(100-I99)</b>																					
<b>DISEASES OF THE CIRCULATORY SYSTEM IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>18.818</b>	<b>13</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>14</b>	<b>18</b>	<b>27</b>	<b>57</b>	<b>95</b>	<b>215</b>	<b>390</b>	<b>673</b>	<b>1.133</b>	<b>1.540</b>	<b>1.824</b>	<b>3.298</b>	<b>4.503</b>	<b>5.000</b>	<b>1</b>
<b>female</b>	10.241	6	3	1	1	0	3	5	7	19	29	81	95	182	358	577	873	1.861	2.809	3.330	1
<b>male</b>	8.577	7	3	1	4	4	11	13	20	38	66	134	295	491	775	963	951	1.437	1.694	1.670	0

Source: BiH Agency for Statistics

**TABLE 28**

<b>(J00-J99)</b>																					
<b>DISEASES OF THE RESPIRATORY SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>1.487</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>14</b>	<b>19</b>	<b>36</b>	<b>75</b>	<b>97</b>	<b>134</b>	<b>168</b>	<b>315</b>	<b>327</b>	<b>279</b>	<b>0</b>
<b>female</b>	608	0	3	0	0	1	0	0	2	3	6	2	12	27	27	42	57	128	154	144	0
<b>male</b>	879	2	0	1	2	0	1	3	3	2	8	17	24	48	70	92	111	187	173	135	0

Source: BiH Agency for Statistics

**TABLE 29**

<b>(J00-J99)</b>																					
<b>DISEASES OF THE RESPIRATORY SYSTEM IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>1.579</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>9</b>	<b>15</b>	<b>12</b>	<b>37</b>	<b>41</b>	<b>113</b>	<b>139</b>	<b>167</b>	<b>346</b>	<b>384</b>	<b>302</b>	<b>0</b>
<b>female</b>	643	1	0	0	1	0	1	1	1	5	8	4	12	14	41	38	47	133	177	159	0
<b>male</b>	936	1	2	1	1	2	0	1	1	4	7	8	25	27	72	101	120	213	207	143	0

Source: BiH Agency for Statistics

**TABLE 30**

<b>(J00-J99)</b>																					
<b>DISEASES OF THE RESPIRATORY SYSTEM IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>1.856</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>17</b>	<b>23</b>	<b>44</b>	<b>59</b>	<b>114</b>	<b>195</b>	<b>205</b>	<b>326</b>	<b>442</b>	<b>406</b>	<b>0</b>
<b>female</b>	866	1	1	2	0	1	1	2	3	0	9	11	12	20	44	79	84	147	226	223	0
<b>male</b>	990	2	2	0	0	2	2	0	3	3	8	12	32	39	70	116	121	179	216	183	0

Source: BiH Agency for Statistics

**TABLE 31**

<b>(K00-K93)</b>																					
<b>DISEASES OF THE DIGESTIVE SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>1.077</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>10</b>	<b>21</b>	<b>35</b>	<b>55</b>	<b>91</b>	<b>127</b>	<b>128</b>	<b>112</b>	<b>200</b>	<b>174</b>	<b>111</b>	<b>0</b>
<b>female</b>	458	1	0	0	1	0	1	0	2	5	5	9	15	31	32	48	56	94	100	58	0
<b>male</b>	619	0	0	0	0	0	2	2	4	5	16	26	40	60	95	80	56	106	74	53	0

Source: BiH Agency for Statistics

**TABLE 32**

<b>(K00-K93)</b>																					
<b>DISEASES OF THE DIGESTIVE SYSTEM IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>1.007</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>32</b>	<b>48</b>	<b>88</b>	<b>107</b>	<b>122</b>	<b>109</b>	<b>169</b>	<b>180</b>	<b>120</b>	<b>0</b>
<b>female</b>	437	2	0	0	0	0	1	1	2	2	3	8	9	20	30	42	51	90	95	81	0
<b>male</b>	570	0	0	0	0	0	1	4	4	5	7	24	39	68	77	80	58	79	85	39	0

Source: BiH Agency for Statistics

**TABLE 33**

<b>(K00-K93)</b>																					
<b>DISEASES OF THE DIGESTIVE SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>1.052</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>31</b>	<b>58</b>	<b>71</b>	<b>110</b>	<b>124</b>	<b>130</b>	<b>169</b>	<b>210</b>	<b>126</b>	<b>0</b>
<b>female</b>	442	0	0	0	0	0	1	1	0	2	2	7	14	19	33	47	66	75	105	70	0
<b>male</b>	610	0	1	0	1	0	0	1	6	2	6	24	44	52	77	77	64	94	105	56	0

Source: BiH Agency for Statistics

**TABLE 34**

<b>(L00-L99)</b>																					
<b>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>35</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>10</b>	<b>8</b>	<b>0</b>									
<b>female</b>	19	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	2	7	7	0
<b>male</b>	16	0	0	0	0	0	0	0	0	0	0	1	1	3	1	1	4	1	3	1	0

Source: BiH Agency for Statistics

**TABLE 35**

<b>(L00-L99)</b>																					
<b>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>9</b>	<b>6</b>	<b>12</b>	<b>0</b>
<b>female</b>	32	0	0	0	0	1	0	0	0	0	0	0	3	1	1	1	4	6	5	10	0
<b>male</b>	12	0	0	0	0	0	0	1	0	0	0	1	1	0	1	2	0	3	1	2	0

Source: BiH Agency for Statistics

**TABLE 36**

<b>(L00-L99)</b>																					
<b>DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>40</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>8</b>	<b>11</b>	<b>6</b>	<b>0</b>								
<b>female</b>	19	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	3	4	4	5	0
<b>male</b>	21	0	0	0	0	0	0	0	0	0	1	0	1	3	1	1	2	4	7	1	0

Source: BiH Agency for Statistics

**TABLE 37**

<b>(M00-M99)</b>																					
<b>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>46</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>7</b>	<b>8</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>0</b>
<b>female</b>	37	0	1	0	0	0	0	0	1	0	3	0	2	3	7	4	4	7	2	3	0
<b>male</b>	9	0	1	0	0	0	1	0	0	0	0	0	1	0	0	4	0	1	0	1	0

Source: BiH Agency for Statistics

**TABLE 38**

<b>(M00-M99)</b>																					
<b>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>44</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>0</b>						
<b>female</b>	27	0	0	0	0	0	0	0	2	0	2	1	1	0	3	4	3	4	6	1	0
<b>male</b>	17	0	0	0	0	0	0	0	0	2	0	1	1	0	1	3	4	0	2	3	0

Source: BiH Agency for Statistics

**TABLE 39**

<b>(M00-M99)</b>																					
<b>DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>5</b>	<b>12</b>	<b>8</b>	<b>2</b>	<b>0</b>
<b>female</b>	40	0	0	0	0	0	1	0	1	1	2	3	2	3	2	4	5	9	5	2	0
<b>male</b>	13	0	0	0	0	0	1	0	0	0	1	1	0	1	1	2	0	3	3	0	0

Source: BiH Agency for Statistics

**TABLE 40**

<b>(N00-N99)</b>																					
<b>DISEASES OF THE GENITOURINARY SYSTEM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>696</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>5</b>	<b>17</b>	<b>19</b>	<b>32</b>	<b>56</b>	<b>63</b>	<b>86</b>	<b>152</b>	<b>154</b>	<b>104</b>	<b>0</b>
<b>female</b>	351	0	0	0	0	2	0	0	1	0	3	8	7	10	30	28	49	78	91	44	0
<b>male</b>	345	0	0	0	0	0	0	2	2	1	2	9	12	22	26	35	37	74	63	60	0

Source: BiH Agency for Statistics

**TABLE 41**

<b>(N00-N99)</b>																					
<b>DISEASES OF THE GENITOURINARY SYSTEM IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>587</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>11</b>	<b>18</b>	<b>50</b>	<b>45</b>	<b>76</b>	<b>132</b>	<b>128</b>	<b>109</b>	<b>0</b>
<b>female</b>	288	2	0	0	0	0	0	0	1	0	0	3	2	5	22	22	34	64	72	61	0
<b>male</b>	299	0	0	0	0	1	1	0	3	1	0	6	9	13	28	23	42	68	56	48	0

Source: BiH Agency for Statistics

**TABLE 42**

<b>(N00-N99)</b>																					
<b>DISEASES OF THE GENITOURINARY SYSTEM IN BOSNIA AND HERZEGOVINA, 2018</b>																					
<b>all</b>	<b>631</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>9</b>	<b>28</b>	<b>51</b>	<b>58</b>	<b>76</b>	<b>116</b>	<b>172</b>	<b>103</b>	<b>0</b>
<b>female</b>	294	0	0	0	0	0	0	0	0	2	2	1	5	9	15	30	35	52	88	55	0
<b>male</b>	337	0	0	0	0	0	0	1	1	2	3	6	4	19	36	28	41	64	84	48	0

Source: BiH Agency for Statistics

**TABLE 43**

<b>(O00-O99)</b>																					
<b>PREGNANCY, CHILDBIRTH AND THE PUERPERIUM IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>																	
<b>female</b>	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 44**

<b>(O00-O99)</b>																					
<b>PREGNANCY, CHILDBIRTH AND THE PUERPERIUM IN BOSNIA AND HERZEGOVINA 2017</b>																					
<b>all</b>	<b>0</b>																				
<b>female</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 45**

(O00-O99)

PREGNANCY, CHILDBIRTH AND THE PUERPERIUM IN BOSNIA AND HERZEGOVINA, 2016																					
<b>all</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>																	
<b>female</b>	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 46**

(P00-P96)

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD IN BOSNIA AND HERZEGOVINA, 2016																					
<b>all</b>	<b>117</b>	<b>117</b>	<b>0</b>																		
<b>female</b>	43	43	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	74	74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 47**

(P00-P96)

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD IN BOSNIA AND HERZEGOVINA, 2017																					
<b>all</b>	<b>136</b>	<b>135</b>	<b>1</b>	<b>0</b>																	
<b>female</b>	61	61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	75	74	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 48**

(P00-P96)

CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD IN BOSNIA AND HERZEGOVINA, 2018																					
<b>all</b>	<b>134</b>	<b>134</b>	<b>0</b>																		
<b>female</b>	67	67	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	67	67	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 49**

(Q00-Q99)

CONGENITAL MALFORMATIONS, DEFORMATIONS IN BOSNIA AND HERZEGOVINA, 2016																					
<b>all</b>	<b>16</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>						
<b>female</b>	7	5	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
<b>male</b>	9	6	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 50****(Q00-Q99)**

CONGENITAL MALFORMATIONS, DEFORMATIONS IN BOSNIA AND HERZEGOVINA, 2017																				
<b>all</b>	27	17	2	1	0	2	2	0	0	1	0	0	1	0	0	1	0	0	0	0
<b>female</b>	11	7	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0	0	0	0
<b>male</b>	16	10	2	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 51****(Q00-Q99)**

CONGENITAL MALFORMATIONS, DEFORMATIONS IN BOSNIA AND HERZEGOVINA, 2018																				
<b>all</b>	26	17	2	2	0	0	0	1	0	0	0	0	0	0	1	1	0	1	0	0
<b>female</b>	14	9	2	0	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0
<b>male</b>	12	8	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 52****(R00-R99)**

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED IN BOSNIA AND HERZEGOVINA, 2016																					
<b>all</b>	1,730	5	3	0	3	5	9	6	12	14	20	40	52	101	133	169	153	303	319	383	0
<b>female</b>	858	1	2	0	2	3	2	2	2	4	4	12	12	33	41	68	64	167	178	261	0
<b>male</b>	872	4	1	0	1	2	7	4	10	10	16	28	40	68	92	101	89	136	141	122	0

Source: BiH Agency for Statistics

**TABLE 53****(R00-R99)**

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED IN BOSNIA AND HERZEGOVINA, 2017																					
<b>all</b>	2,294	11	0	0	2	2	9	12	19	16	32	37	71	126	170	209	202	367	437	572	0
<b>female</b>	1,126	4	0	0	1	1	4	2	6	5	11	10	19	43	61	74	88	168	249	380	0
<b>male</b>	1,168	7	0	0	1	1	5	10	13	11	21	27	52	83	109	135	114	199	188	192	0

Source: BiH Agency for Statistics

**TABLE 54****(R00-R99)**

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED IN BOSNIA AND HERZEGOVINA, 2018																					
<b>all</b>	2,581	7	5	2	0	10	7	15	13	23	36	39	72	162	190	277	269	398	457	599	0
<b>female</b>	1,280	4	3	1	0	3	3	4	4	5	7	11	23	42	75	102	120	205	257	411	0
<b>male</b>	1,301	3	2	1	0	7	4	11	9	18	29	28	49	120	115	175	149	193	200	188	0

Source: BiH Agency for Statistics

**TABLE 55**

<b>(S00-T98)</b>																					
<b>INJURIES, POISONING AND CONSEQUENCES OF EXTERNAL COUSES IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>1,040</b>	<b>0</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>42</b>	<b>63</b>	<b>46</b>	<b>52</b>	<b>37</b>	<b>45</b>	<b>83</b>	<b>97</b>	<b>90</b>	<b>91</b>	<b>77</b>	<b>83</b>	<b>102</b>	<b>68</b>	<b>46</b>	<b>0</b>
<b>female</b>	257	0	3	2	3	9	10	8	9	9	7	23	12	26	23	14	21	32	26	20	0
<b>male</b>	783	0	1	4	5	33	53	38	43	28	38	60	85	64	68	63	62	70	42	26	0

Source: BiH Agency for Statistics

**TABLE 56**

<b>(S00-T98)</b>																					
<b>INJURIES, POISONING AND CONSEQUENCES OF EXTERNAL COUSES IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>1,067</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>29</b>	<b>49</b>	<b>44</b>	<b>37</b>	<b>49</b>	<b>48</b>	<b>68</b>	<b>87</b>	<b>96</b>	<b>101</b>	<b>99</b>	<b>74</b>	<b>111</b>	<b>88</b>	<b>65</b>	<b>0</b>
<b>female</b>	287	0	1	2	5	6	5	4	7	7	8	11	23	24	30	25	22	29	48	30	0
<b>male</b>	780	2	3	6	3	23	44	40	30	42	40	57	64	72	71	74	52	82	40	35	0

Source: BiH Agency for Statistics

**TABLE 57**

<b>(S00-T98)</b>																					
<b>INJURIES, POISONING AND CONSEQUENCES OF EXTERNAL CAUSES IN BOSNIA AND HERZEGOVINA 2018</b>																					
<b>all</b>	<b>1,015</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>24</b>	<b>64</b>	<b>31</b>	<b>32</b>	<b>62</b>	<b>56</b>	<b>47</b>	<b>87</b>	<b>98</b>	<b>101</b>	<b>89</b>	<b>85</b>	<b>79</b>	<b>85</b>	<b>59</b>	<b>0</b>
<b>female</b>	242	1	1	2	1	8	9	4	3	10	7	9	10	23	26	28	23	25	29	23	0
<b>male</b>	773	1	3	2	5	16	55	27	29	52	49	38	77	75	75	61	62	54	56	36	0

Source: BiH Agency for Statistics

**TABLE 58**

<b>(V01-Y98)</b>																					
<b>EXTERNAL CAUSES OF MORTALITY IN BOSNIA AND HERZEGOVINA, 2016</b>																					
<b>all</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>
<b>female</b>	3	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1
<b>male</b>	11	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	2	3	1	2	0

Source: BiH Agency for Statistics

**TABLE 59**

<b>(V01-Y98)</b>																					
<b>EXTERNAL CAUSES OF MORTALITY IN BOSNIA AND HERZEGOVINA, 2017</b>																					
<b>all</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>						
<b>female</b>	6	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	1	1	0	0	0
<b>male</b>	9	0	0	0	0	0	0	0	0	2	1	1	2	1	2	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 60**

(V01-Y98)

EXTERNAL CAUSES OF MORTALITY IN BOSNIA AND HERZEGOVINA, 2018																				
all	11	0	0	0	0	1	0	1	1	2	0	0	0	1	0	3	2	0	0	0
female	2	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
male	9	0	0	0	0	1	0	1	1	0	0	0	0	1	0	3	2	0	0	0

Source: BiH Agency for Statistics

**TABLE 61**

(Z00-Z99)

FACTORS INFLUENCING HEALTH STATUS AND CONTRACT WITH HEALTH SERVICES IN BOSNIA AND HERZEGOVINA, 2016																				
all	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 62**

(Z00-Z99)

FACTORS INFLUENCING HEALTH STATUS AND CONTRACT WITH HEALTH SERVICES IN BOSNIA AND HERZEGOVINA, 2017																				
all	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: BiH Agency for Statistics

**TABLE 63**

(Z00-Z99)

FACTORS INFLUENCING HEALTH STATUS AND CONTRACT WITH HEALTH SERVICES IN BOSNIA AND HERZEGOVINA, 2016																				
all	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
male	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

Source: BiH Agency for Statistics

**TABLE 64**

UNKNOWN, 2016.

all	545	4	0	3	0	1	5	5	4	10	8	8	28	47	48	68	76	83	74	73	0
female	249	2	0	0	0	0	0	1	2	4	2	0	8	16	18	24	41	39	44	48	0
male	296	2	0	3	0	1	5	4	2	6	6	8	20	31	30	44	35	44	30	25	0

Source: BiH Agency for Statistics

**TABLE 65**

UNKNOWN, 2017																					
<b>all</b>	<b>550</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>14</b>	<b>26</b>	<b>41</b>	<b>53</b>	<b>70</b>	<b>74</b>	<b>74</b>	<b>80</b>	<b>75</b>	<b>0</b>
<b>female</b>	219	1	0	0	0	0	1	0	1	1	4	2	10	12	25	18	30	36	38	40	0
<b>male</b>	331	4	0	1	0	2	5	4	5	9	5	12	16	29	28	52	44	38	42	35	0

Source: BiH Agency for Statistics

**TABLE 66**

UNKNOWN, 2018																					
<b>all</b>	<b>470</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>14</b>	<b>28</b>	<b>41</b>	<b>59</b>	<b>58</b>	<b>67</b>	<b>85</b>	<b>80</b>	<b>0</b>
<b>female</b>	223	0	0	0	2	2	0	2	2	1	3	1	5	7	14	25	19	34	49	57	0
<b>male</b>	247	0	1	0	0	1	1	1	5	5	5	6	9	21	27	34	39	33	36	23	0

Source: BiH Agency for Statistics

**TABLE 67**

LEADING CAUSES OF POPULATION DEATH IN FEDERATION OF BOSNIA AND HERZEGOVINA IN 2016				
RANK	CODE	DIAGNOSIS BY ICD10	TOTAL	PER 100.000 CITIZENS
1	I21	ACUTE MYOCARDIAL INFRACTION	2,008	91
2	I63	BRAIN STROKE / CEREBRAL INFRACTION	1,922	87
3	I46	CARDIAC ARREST	1,510	68
4	I42	CARDIOMYOPATHY	1,409	64
5	C34	MALIGNANT NEOPLASMS OF THE BRONCH AND LUNGS	1,105	50

Source: FBiH Ministry of Health

**TABLE 68**

LEADING CAUSES OF POPULATION DEATH IN FEDERATION OF BOSNIA AND HERZEGOVINA IN 2017				
RANK	CODE	DIAGNOSIS BY ICD10	TOTAL	PER 100.000 CITIZENS
1	I21	ACUTE MYOCARDIAL INFRACTION	1,903	86
2	I63	BRAIN STROKE / CEREBRAL INFRACTION	1,754	80
3	C34	MALIGNANT NEOPLASMS OF THE BRONCH AND LUNGS	1,095	50
4	I10	ESSENTIAL / PRIMARY / HYPERTENSION	1,066	48
5	I25	CHRONIC ISCHEMIC HEART DISEASES	1,006	46

Source: FBiH Ministry of Health

**TABLE 69**

LEADING CAUSES OF POPULATION DEATH IN FEDERATION OF BOSNIA AND HERZEGOVINA IN 2018				
RANK	CODE	DIAGNOSIS BY ICD10	TOTAL	PER 100.000 CITIZENS
1	I21	ACUTE MYOCARDIAL INFARCTION	2,053	93
2	I63	BRAIN STROKE / CEREBRAL INFARCTION	1,850	84
3	C34	MALIGNANT NEOPLASMS OF THE BRONCH AND LUNGS	1,127	51
4	I10	ESSENTIAL / PRIMARY / HYPERTENSION	1,094	50
5	I25	CHRONIC ISCHEMIC HEART DISEASES	972	44

Source: FBiH Ministry of Health

**TABLE 70**

NUMBER OF DEATHS BY LEADING CAUSES OF MORTALITY IN THE PERIOD 2016-2018 IN REPUBLIC OF SRPSKA						
Leading causes of death	2016		2017		2018	
	Number	%	Number	%	Number	%
Diseases of the circulatory system	6920	49.5	7180	48.9	6989	47.3
Tumors	2948	21.1	3027	20.6	2938	19.9
Symptoms, signs and pathological clinical and laboratory findings	1198	8.6	1435	9.8	1650	11.2

Source: RS Public Health Institute

**TABLE 71**

INFANT DEATHS BY AGE AND SEX IN BOSNIA AND HERZEGOVINA, 2016				
Age (in days/months)	All	Female	Male	Age (in days/months)
<b>Total infant deaths</b>	<b>178</b>	<b>67</b>	<b>111</b>	<b>Total infant deaths</b>
Under 1 day	50	20	30	Under 1 day
1-6 days	61	20	41	1-6 days
1 day	19	7	12	1 day
2 days	7	2	5	2 days
3 days	9	2	7	3 days
4 days	8	2	6	4 days
5 days	8	4	4	5 days
6 days	10	3	7	6 days
7-27 days	32	13	19	7-27 days

7-13 days	<b>16</b>	10	6	<i>7-13 days</i>
14-20 days	<b>9</b>	3	6	<i>14-20 days</i>
21-27 days	<b>7</b>	0	7	<i>21-27 days</i>
28 days and < 2 months	<b>5</b>	<b>2</b>	<b>3</b>	<i>28 days and &lt; 2 months</i>
2-11 months	<b>30</b>	<b>12</b>	<b>18</b>	<i>2-11 months</i>
2 months	<b>11</b>	4	7	<i>2 months</i>
3 months	<b>5</b>	2	3	<i>3 months</i>
4 months	<b>2</b>	1	1	<i>4 months</i>
5 months	<b>3</b>	1	2	<i>5 months</i>
6 months	<b>2</b>	0	2	<i>6 months</i>
7 months	<b>2</b>	1	1	<i>7 months</i>
8 months	<b>0</b>	0	0	<i>8 months</i>
9 months	<b>3</b>	2	1	<i>9 months</i>
10 months	<b>1</b>	1	0	<i>10 months</i>
11 months	<b>1</b>	0	1	<i>11 months</i>

Source: BiH Agency for Statistics

**TABLE 72**

**INFANT DEATHS BY AGE AND SEX IN BOSNIA AND HERZEGOVINA, 2017.**

<b>Age (in days/months)</b>	<b>All</b>	<b>Female</b>	<b>Male</b>	<b>Age (in days/months)</b>
<b>Total infant deaths</b>	<b>196</b>	<b>91</b>	<b>105</b>	<b>Total infant deaths</b>
Under 1 day	<b>33</b>	<b>15</b>	<b>18</b>	<i>Under 1 day</i>
1-6 days	<b>65</b>	<b>30</b>	<b>35</b>	<i>1-6 days</i>
1 day	29	12	17	<i>1 day</i>
2 days	9	5	4	<i>2 days</i>
3 days	6	3	3	<i>3 days</i>
4 days	8	2	6	<i>4 days</i>
5 days	9	6	3	<i>5 days</i>
6 days	4	2	2	<i>6 days</i>
7-27 days	<b>38</b>	<b>17</b>	<b>21</b>	<i>7-27 days</i>
7-13 days	18	10	8	<i>7-13 days</i>
14-20 days	10	4	6	<i>14-20 days</i>
21-27 days	10	3	7	<i>21-27 days</i>
28 days and < 2 months	<b>29</b>	<b>13</b>	<b>16</b>	<i>28 days and &lt; 2 months</i>
2-11 months	<b>31</b>	<b>16</b>	<b>15</b>	<i>2-11 months</i>
2 months	6	3	3	<i>2 months</i>
3 months	12	6	6	<i>3 months</i>
4 months	3	0	3	<i>4 months</i>
5 months	2	2	0	<i>5 months</i>
6 months	4	3	1	<i>6 months</i>

7months	1	0	1	7 months
8months	2	1	1	8 months
9months	0	0	0	9 months
10months	0	0	0	10 months
11months	1	1	0	11 months

Source: BiH Agency for Statistics

**TABLE 73**

**INFANT DEATHS BY AGE AND SEX IN BOSNIA AND HERZEGOVINA, 2018.**

Age (in days/months)	All	Female	Male	Age (in days/months)
<b>Total infant deaths</b>	<b>183</b>	<b>91</b>	<b>92</b>	<b>Total infant deaths</b>
Under 1 day	32	17	15	Under 1 day
1-6 days	72	34	38	1-6 days
1 day	25	12	13	1 day
2 days	16	6	10	2 days
3 days	9	4	5	3 days
4 days	11	6	5	4 days
5 days	7	4	3	5 days
6 days	4	2	2	6 days
7-27 days	31	16	15	7-27 days
7-13 days	15	8	7	7-13 days
14-20 days	9	5	4	14-20 days
21-27 days	7	3	4	21-27 days
28 days and < 2 months	14	7	7	28 days and < 2 months
2-11 months	34	17	17	2-11 months
2 months	9	3	6	2 months
3 months	7	4	3	3 months
4 months	6	4	2	4 months
5 months	3	2	1	5 months
6 months	3	1	2	6 months
7 months	2	2	0	7 months
8 months	2	0	2	8 months
9 months	0	0	0	9 months
10 months	1	1	0	10 months
11 months	1	0	1	11 months

Source: BiH Agency for Statistics

**TABLE 74**

<b>INFANT DEATHS BY LEADING CAUSE OF DEATH FOR THE PERIOD OF 2016-2018 IN THE REPUBLIC OF SRPSKA</b>			
<b>Number of Leading Causes of Death</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Infant mortality rate (per 1000 live births)</b>	1.9	2.1	1.1
<b>Total</b>	18	19	11
<b>Conditions in the postpartum period</b>	17	15	8
<b>Congenital malformations, deformities and chromosomal abnormalities</b>	1	3	1
<b>Diseases of the circulatory system</b>	0	0	1

Source: RS Ministry of Health and Social Welfare / RS Office for Statistics

**TABLE 75**

<b>NUMBER OF MOTHERS DEAD DUE TO COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND POSTPARTUM FOR THE PERIOD OF 2016-2018 IN THE REPUBLIC OF SRPSKA</b>			
<b>Number of dead mothers</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Pregnancy, childbirth and midwifery (O00-O99)</b>	1	0	1
<b>Maternal mortality rate (100000 women of fertile period)</b>	0.4	0	0.4

Source: RS Ministry of Health and Social Welfare / RS Office for Statistics

**TABLE 76**

<b>PERCENTAGE OF THE INSURED POPULATION IN THE REPUBLIC OF SRPSKA IN THE REFERENCE PERIOD</b>	
<b>Year</b>	<b>% insured population</b>
2016	84%
2017	85%
2018	83%
2019	83%

Source: RS Ministry of Health and Social Welfare

**TABLE 77**

<b>OVERVIEW OF THE TOTAL NUMBER OF INSURED (INSURANCE HOLDERS) AND INSURED PERSONS (FAMILY MEMBERS) IN THE BRCKO DISTRICT INSURANCE FUND IN BOSNIA AND HERZEGOVINA FROM 2016 TO 2019</b>						
<b>YEAR</b>	<b>TOTAL INSURANCE HOLDERS</b>	<b>%1:3</b>	<b>TOTAL FAMILY MEMBERS</b>	<b>%2:3</b>	<b>TOTAL INSURED PERSONS IN BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA</b>	<b>%</b>
	<b>1</b>		<b>2</b>		<b>3</b>	
<b>2016</b>	<b>47,194</b>	<b>64.31</b>	<b>26,196</b>	<b>35.69</b>	<b>73,390</b>	<b>100.00</b>
<b>2017</b>	<b>47,627</b>	<b>65.31</b>	<b>25,284</b>	<b>34.69</b>	<b>72,917</b>	<b>100.00</b>
<b>2018</b>	<b>47,922</b>	<b>66.15</b>	<b>24,523</b>	<b>33.85</b>	<b>72,445</b>	<b>100.00</b>
<b>2019</b>	<b>48,478</b>	<b>67.04</b>	<b>23,837</b>	<b>32.96</b>	<b>72,315</b>	<b>100.00</b>

Source: Brčko District Government

**TABLE 78**

<b>RELATIONSHIP BETWEEN THE REALIZED INCOME FROM PARTICIPATION AND THE TOTAL EXPENDITURE OF HEALTHCARE INSTITUTION IN THE REFERENCE PERIOD IN THE REPUBLIC OF SRPSKA</b>	
<b>Year</b>	<b>% expenditure coverage by participation income</b>
2016	3.13%
2017	3.14%
2018	3.18%
2019	3.00%

Source: RS Ministry of Health and Social Welfare

**TABLE 79**

<b>DRINKING WATER POLLUTION FOR THE PERIOD 2016-2019 IN THE REPUBLIC OF SRPSKA</b>				
<b>Parameters</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Physico-chemical	10235 samples analyzed; 712 (6.96%) faulty.	9349 samples analyzed; 560(5.98%) faulty.	9555 samples analyzed; 689(7.21%) faulty.	9828 samples analyzed; 669 (6.80%) faulty.
Microbiological	10399 samples analyzed; 586(5.84%) faulty.	11474 samples analyzed; 904 (7.87%) faulty.	11241 samples analyzed; 1034 (9.20%) faulty.	11089 samples analyzed; 851 (7.67%) faulty.
<p>The most common causes of the physicochemical faultiness are color, turbidity and odor, and as for the microbiological faultiness, these are indicators of old and fresh fecal contamination (E.coli, Enterococci, increased number of colonies at 22°C i 37°C).            In the Republic of Srpska, a total of 54 central water supply systems are inspected annually.            No linear upward or downward trend in pollution was detected. The percentage of faulty samples is 5-10%.</p>				

Source: RS Ministry of Health and Social Welfare

**TABLE 80**

<b>REGULATIONS IN FORCE IN THE BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA IN REGARDS TO THE CONSUMPTION AND ADVERTISEMENT OF ALCOHOL</b>		
<b>Government Level</b>	<b>Name of the Regulation</b>	<b>Official Herald</b>
	<b>Regulations in Regards to Consumption</b>	
<b>Brcko District of Bosnia and Herzegovina</b>	Trade Law	Official Gazzette of the BD BiH, 40/2004 and 19/2007
	Law on Catering Activity in the Brcko District of Bosnia and Herzegovina	Official Gazzette of the BD BiH, 31/2005 and 19/2007
	<b>Regulations in Regards to Advertising</b>	
<b>Bosnia and Herzegovina</b>	Commercial Communications Code	Official Gazzette of BiH,3/2016
	Code of the Audiovisual Media Services and Radio Media Services	Official Gazzette of BiH,3/2016

Source: Brčko District Government

**TABLE 81**

<b>SCOPE OF VACCINATED PEOPLES ACCORDING TO THE IMMUNIZATION PROGRAM IN THE FEDERATION OF BOSNIA AND HERZEGOVINA FOR 2017 AND 2018</b>												
<b>Canton</b>	<b>Scope (%) in 2017</b>						<b>Scope (%) in 2018</b>					
	<b>BCG</b>	<b>HepB 3</b>	<b>DTP 3</b>	<b>POLI O3</b>	<b>Hib 3</b>	<b>MRP 1</b>	<b>BCG</b>	<b>HepB 3</b>	<b>DTP 3</b>	<b>POLI O 3</b>	<b>Hib3</b>	<b>MRP 1</b>
<b>Una-Sana</b>	100.0	95.8	83.5	83.5	68.1	83.5	89.4	96.3	81.7	81.7	77.3	88.3
<b>Posavina</b>	76.0	94.5	94.0	94.0	76.3	87.7	57.3	97.0	68.9	68.9	62.8	72.7
<b>Zenica-Doboj</b>	94.8	68.1	74.8	74.8	70.3	62.4	96.5	84.1	72.3	72.3	57.9	56.9
<b>Tuzla</b>	98.2	88.5	79.3	79.3	70.6	79.6	94.5	92.2	81.7	81.7	79.9	76.0

<b>Central Bosnia</b>	95.2	60.1	60.3	60.3	49.5	65.4	95.8	72.7	69.4	69.4	56.1	70.0
<b>Bosnia-Podrinje</b>	98.3	68.4	97.8	67.8	61.8	65.5	93.1	92.2	95.5	95.5	95.5	89.6
<b>Herzegovina-Neretva</b>	98.7	70.1	66.8	66.8	54.4	62.1	93.8	83.1	76.0	76.0	67.2	70.9
<b>West Herzegovina</b>	99.7	59.7	64.7	64.7	53.5	47.4	93.9	70.1	66.1	66.1	53.0	62.2
<b>Sarajevo</b>	99.8	56.3	51.1	51.1	27.9	40.1	99.7	59.1	60.3	60.3	41.8	57.9
<b>Canton 10</b>	92.0	90.7	92.0	92.0	52.3	92.8	91.1	87.3	93.5	93.5	81.6	99.0
<b>Federation of Bosnia and Herzegovina</b>	97.7	72.0	68.7	68.7	55.0	63.9	95.2	79.5	72.8	72.8	62.1	68.4

Source: FBiH Ministry of Health

**TABLE 82**

<b>SCOPE OF IMMUNISATION - COVERAGE OF CHILDREN WITH MANDATORY VACCINES IN BRCKO DISTRICT IN 2016</b>			
<b>Vaccination against</b>	<b>Planned</b>	<b>Vaccinated</b>	<b>%</b>
Tuberculosis	750	750	100%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - I dose	750	737	98%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - II dose	750	728	97%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - III dose	750	673	90%
Measles - Rubella - Mumps	750	650	87%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B RV I	750	503	67%
Diphtheria - Tetanus - Whooping Cough RV II	750	587	78%
Polio RV II	750	282	37%
Measles - Rubella - Mumps RV	750	585	78%
Diphtheria - Tetanus adultis	800	780	97%
PolioRVIII	800	780	97%
Tetanus	800	800	100%
HepatitisB I dose	750	750	100%
HepatitisB II dose	750	685	91%
HepatitisB III dose	750	694	93%

Source: Brčko District Government

<b>SCOPE OF IMMUNIZATION - COVERAGE OF CHILDREN WITH MANDATORY VACCINES IN BRCKO DISTRICT IN 2018</b>			
<b>Vaccination against</b>	<b>Planned</b>	<b>Vaccinated</b>	<b>%</b>
Tuberculosis	750	750	100
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - I dose	750	672	90
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - II dose	750	700	93
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - III dose	750	701	93
Measles - Rubella - Mumps	750	643	86
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B RV I	750	567	76
Diphtheria - Tetanus RV II	800	580	73
Polio RV II	800	580	73
Measles - Rubella - Mumps RV	800	560	70

Diphtheria - Tetanus adultis	800	706	88
Polio RV III	800	706	88
Tetanus	750	628	84
Hepatitis B I dose	750	750	100
Hepatitis B II dose	750	661	88
Hepatitis B III dose	750	652	87

Source: Brčko District Government

**TABLE 85**

<b>SCOPE OF IMMUNIZATION - COVERAGE OF CHILDREN WITH MANDATORY VACCINES IN BRCKO DISTRICT IN 2016</b>			
<b>Vaccination against</b>	<b>Planned</b>	<b>Vaccinated</b>	<b>%</b>
Tuberculosis	700	700	100%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - I dose	700	700	100%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - II dose	700	692	99%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B - III dose	700	700	100%
Measles - Rubella - Mumps	700	619	88%
Diphtheria - Tetanus - Whooping Cough - Polio - Hemophilus Influenza Type B RV I	700	600	86%
Diphtheria - Tetanus - Whooping Cough RV II	750	508	68%
Polio RV II	750	508	68%
Measles - Rubella - Mumps RV	750	552	74%
Diphtheria - Tetanus adultis	780	580	74%
Polio RV III	780	580	74%
Hepatitis B I dose	700	700	100%
Hepatitis B II dose	700	672	96%
Hepatitis B III dose	700	700	100%

Source: Brčko District Government

**TABLE 86****NUMBER OF INJURIES AT WORK IN THE REPUBLIC OF SRPSKA FOR THE PERIOD 2010-2019**

<b>Labor Inspection and Protection at Work</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Number of Serious Injuries at Work</b>	<b>65</b>	<b>86</b>	<b>55</b>	<b>70</b>	<b>57</b>	<b>71</b>	<b>57</b>	<b>88</b>	<b>79</b>	<b>91</b>
Forestry and Wood Industry	16	16	12	24	17	10	9	28	19	19
Electric Power Industry	3	4	2	4	6	3	1	5	-	5
Construction	11	18	8	11	8	21	10	13	15	12
Chemical Industry	-	2	1	2	-	3	3	15	2	1
Textile Industry	-	2	-	1	-	-	-	-	1	1
Serious Injuries: Other Activities	35	44	32	28	26	34	34	26	42	53
<b>Number of Fatal Injuries at Work</b>	<b>15</b>	<b>14</b>	<b>14</b>	<b>6</b>	<b>13</b>	<b>4</b>	<b>10</b>	<b>8</b>	<b>14</b>	<b>8</b>
Forestry and Wood Industry	4	5	4	2	4	1	4	1	2	4
Electric Power Industry	3	1	1	1	2	-	-	-	2	1
Construction	5	1	5	2	2	1	3	4	7	4
Textile Industry	-	1	-	-	-	-	-	-	-	1
Chemical Industry	-	1	-	-	1	-	1	-	1	-
Other Activities	3	5	4	1	4	2	2	3	2	2

<b>INJURIES - RECORDS OF THE Y OF LABOR</b>	<b>918</b>	<b>1029</b>	<b>1088</b>	<b>1060</b>	<b>1028</b>	<b>1040</b>	<b>1165</b>	<b>1351</b>	<b>1474</b>	<b>1613</b>
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Source:  
RS Ministry  
of Labor and  
Veterans'  
and

Disabled Protection

**TABLE 87**

<b>PERCENTAGE OF UNEMPLOYED PERSONS IN THE REFERENCE PERIOD IN THE REPUBLIC OF SRPSKA</b>	
<b>Year</b>	<b>% of unemployed persons</b>
2016	17%
2017	16%
2018	16%
2019	15%

Source: RS Ministry of Labor and Veterans' and Disabled Protection

**TABLE 88**

<b>OVERVIEW OF THE NUMBER OF INSURANCE HOLDERS AND INSURED PERSONS BELONGING TO THE UNEMPLOYED CATEGORY FOR WHICH THE INSURANCE APPLICATION WAS SUBMITTED TO THE FUND BY THE EMPLOYMENT OFFICE OF THE BRCKO DISTRICT OF BOSNIA AND HERZEGOVINA FROM 2016 TO 2019</b>						
<b>YEAR</b>	<b>UNEMPLOYMENT INSURANCE HOLDERS</b>	<b>% 1:3</b>	<b>FAMILY MEMBERS OF THE UNEMPLOYED</b>	<b>% 2:3</b>	<b>TOTAL</b>	<b>%</b>
	<b>1</b>		<b>2</b>		<b>3</b>	

<b>2016</b>	12,939	55.89	10,211	44.11	23,150	100.00
<b>2017</b>	12,692	56.70	9,693	43.30	22,385	100.00
<b>2018</b>	12,310	56.90	9,324	43.10	21,634	100.00
<b>2019</b>	12,161	57.70	8,914	42.30	21,075	100.00

Source: Brčko District Government

**TABLE 89**

**EXPENDITURE STRUCTURE IN THE FEDERATION OF BOSNIA AND HERZEGOVINA FOR THE PERIOD 2018-2019 (KM)**

Type of Expenditure	Planned2019	Achieved I-XII2018	Achieved I-XII2019	Index	Index	Achieved Structure
1	2	3	4	5(4/3)	6(4/2)	7
<b>Payment of Pensions</b>	1,933,258,520	1,785,771,398	1,906,742,365	106.77	98.63	84.84
<b>Pensions funded from the FBiH Budget</b>	262,583,783	245,333,218	268,711,080	109.53	102.33	11.96
<b>Retirement Health Insurance Contribution</b>	25,410,779	23,680,634	25,300,845	106.84	99.57	1.13
<b>Compensation for Physical Damage</b>	2,315,852	2,115,786	2,275,920	107.57	98.28	0.10

**TABLE 90**

<b>AVERAGE STRUCTURE OF PENSIONS IN FBIH, BY TYPED OF RIGHT, 2019</b>			
<b>Structure by Type of Right</b>	<b>Number of Paid Pensions</b>	<b>Amount</b>	<b>Average Pension</b>
<b>Age</b>	236,31	107,991,753.97	456.98
<b>Disability</b>	68,300	24,854,436.94	363.90
<b>Family</b>	119,392	43,731,309.34	366.28
<b>TOTAL</b>	424,009	176,577,500.25	416.45

Source: FBiH Ministry of Labour and Social Policy

<b>TOTAL NUMBER OF BENEFICIARIES OF THE RIGHT TO PERMANENT FINANCIAL AID IN FBIH AND MONTHLY AMOUNTS PER BENEFICIARY IN THE PERIOD OF 2016-2019</b>								
<b>Canton</b>	<b>2016</b>		<b>2017</b>		<b>2018</b>		<b>2019</b>	
	<b>Number of Benef.</b>	<b>Monthly Amount per Beneficiary in BAM</b>	<b>Number of Benef.</b>	<b>Monthly Amount per Beneficiary in BAM</b>	<b>Number of Benef.</b>	<b>Monthly Amount per Beneficiary in BAM</b>	<b>Number of Benef.</b>	<b>Monthly Amount per Beneficiary in BAM</b>

<b>UNA-SANA</b>	386	1 member 50,00 2 members 60,00 3 members 70,00 4 members 75,00	346	1 member 50,00 2 members 60,00 3 members 70,00 4 members 75,00	299	1 member 81,00 2 members 97,00 3 members 114,00 4 members 130,00	270	1 member 81,00 2 members 97,00 3 members 114,00 4 members 130,00
<b>POSAVINA</b>	604		363		555	-	350	-
<b>TUZLA</b>	3129	1 member 117.00 2 members 152.00 3 members 187.00 4 members 222.00 5. members 257.00 6.members 292.00 7. members 327.00	3091	1 member 119.00 2 members 155.00 3 members 191.00 4 members 227.00 5. members 263.00 6. members 299.00 7. members 335.00	3554	1 member 123.00 2 members 160.00 3 members 197.00 4 members 234.00 5.members 271.00 6.members 308.00 7.members 345.00 8.members 382.00	3488	1 member 128.00 2 members 166.00 3 members 204.00 4 members 242.00 5.members 280.00 6.members 318.00 7.members 358.00 8.members 394.00

		8.members 362.00 9.members 397.00		8. members 371.00 9. members 407.00		9.members 419.00		9.members 432.00
<b>ZENICA-DOBOJ</b>	1336	122.05-165.15	1339	1 and 2 members 124.10  3 members 136.51  4 members 150.16  5.members 165.18  6.members 167.90	1335	1 and 2 member 125.29  3 members 137.82  4 members 151.60  5.members 166.76  6.members 169.51	1490	1 and 2 member 129.71  3 members 142.68  4 members 156.95  5.members 172.65  6.members 175.49
<b>BOSNIAN- PODRINJE</b>	166	1 member 149.50  2 members 179.50  3 members 209.50  4 members 239.50	166	1 member 149.50  2 members 179.50  3 members 209.50  4 members 239.50	172	1 member 149.50  2 members 179.50  3 members 209.50  4 members 239.50	193	1 member 149.50  2 members 179.50  3 members 209.50  4 members 239.50
	830	1 member 100.95  2 members 111.05	830	1 member 101.70  2 members 111.87	1022	1 member 105.00  2 members 115.50	1211	1 member 108.50  2 members 119.35

<b>CENTRAL BOSNIA</b>		3 members 121.14 4 members 130.95 5.members 141.33 6.members 151.40		3 members 122.04 4 members 132.21 5.members 14238 6.members 152.55		3 members 126.00 4 members 136.50 5.members 147.00 6.members 157.50		3 members 130.20 4 members 141.05 5.members 151.90 6.members 162.75
<b>HERZEGOVINA-NERETVA</b>	478	1 member 100.00 2 members 110.00 3 members 120.00 4 members 130.00 5.members 140.00 6.members 150.00	331	1 member 100.00 2 members 110.00 3 members 120.00 4 members 130.00 5.members 140.00 6.members 150.00	425	1 member 100.00 2 members 110.00 3 members 120.00 4 members 130.00 5.members 140.00 6.members 150.00	387	1 member 130.00 2 members 142.00 3 members 156.00 4 members 169.00 5.members 182.00 6.members 195.00
	611	1 member 80,00 2.members 88,00 3.members 96,00	586	1 member 80,00 2.members 88,00 3.members 96,00	559	1 member 100,00 2 members 110,00	569	1 member 100,00 2 members 110,00

<b>WEST HERZEGOVINA</b>		4 members 104,00		4 members 104,00		3 members 120,00		3 members 120,00
		5.members 112,00		5.members 112,00		4 members 130,00		4 members 130,00
		6.members 120,00		6.members 120,00		5.members 140,00		5.members 140,00
		7.members 128,00		7.members 128,00		6.members 150,00		6.members 150,00
		8.members 136,00		8.members 136,00		7.members 160,00		7.members 160,00
		9.members 144,00		9.members 144,00		8.members 170,00		8.members 170,00
						9.members 180,00		9.members 180,00
<b>CANTON SARAJEVO</b>	497	1 member 120,00	501	1 member 120,00	487	1 member 120,00	557	1 member 126,00
		2 members 132,00		2 members 132,00		2 members 132,00		2 members 138,00
		3 members 144,00		3 members 144,00		3 members 144,00		3 members 151,20
		4 members 156,00		4 members 156,00		4 members 156,00		4 members 163,80
		5.members 168,00		5.members 168,00		5.members 168,00		5.members 176,40
		6.members 180,00		6.members 180,00		6.members 180,00		6.members 189,00

		7.members 192,00		7.members 192,00		7.members 192,00		7.members 201,60
		8.members 204,00		8.members 204,00		8.members 204,00		8.members 214,20
		9.members 216,00		9.members 216,00		9.members 216,00		9.members 226,80
<b>CANTON 10</b>	729	100,00	711	100,00	696	100,00	702	100,00
<b>TOTAL</b>	8766	-	8264		9104		9217	

Source: Data obtained from the relevant cantonal ministries of social protection

**TABLE 92**

<b>NUMBER OF BENEFICIARIES OF THE FUNDAMENTAL RIGHTS UNDER THE SOCIAL PROTECTION LAW AND THEIR SHARE IN THE TOTAL NUMBER OF BENEFICIARIES IN THE REPUBLIC OF SRPSKA, 2018</b>	
<b>RIGHT</b>	<b>Total number of beneficiaries</b>
FINANCIAL ASSISTANCE	4,487
CONTRIBUTION FOR ASSISTANCE AND CARE OF ANOTHER PERSON	26,394
SUPPORT IN ACHIEVING EQUAL OPPORTUNITIES FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL DISABILITIES	8,884
ACCOMMODATION IN AN INSTITUTION FOR SOCIAL PROTECTION	17,510
CARE IN A FOSTER FAMILY	382
HELP AT HOME	1,145
DAILY CARE	390
ONE-OFF FINANCIAL ASSISTANCE	201

FINANCIAL ASSISTANCE	312
CONTRIBUTION FOR ASSISTANCE AND CARE OF ANOTHER PERSON	11,418
SUPPORT IN ACHIEVING EQUAL OPPORTUNITIES FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL DISABILITIES	4,192
ACCOMMODATION IN AN INSTITUTION FOR SOCIAL PROTECTION	3,153
PERSONAL DIBILITY - MINORS	1,039
COUNCELLING	0
<b>TOTAL</b>	<b>48,921</b>

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 93**

<b>AMOUNT OF FINANCING RIGHTS FROM THE BUDGET OF THE LOCAL COMMUNITIES IN THE REPUBLIC OF SRPSKA, 2018</b>	
<b>RIGHT</b>	<b>KM</b>
FINANCIAL AID	7,164,419.60BAM
SUPPLEMENT FOR AID AND CARE OF ANOTHER PERSON	34,436,723.71BAM
SUPPORT IN ACHIEVING EQUAL OPPORTUNITIES FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL DISABILITIES	566,133.68BAM
ACCOMMODATION IN AN INSTITUTION FOR SOCIAL PROTECTION	7,878,116.51BAM

CARE IN A FOSTER FAMILY	2,154,022.00BAM
HELP AT HOME	305,552.41BAM
DAILY CARE	373,225.44BAM
ONE-TIME FINANCIAL AID	1,672,903.13BAM
PERSONAL DISABILITY (as of July 2018)	2,090,500.00BAM
CONSULTING	0.00BAM
<b>TOTAL</b>	<b>56,706,398.48BAM</b>

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 94**

<b>AMOUNT OF CO-FINANCING THE RIGHTS BY THE REPUBLIC OF SRPSKA, 2018</b>	
<b>RIGHT</b>	<b>KM</b>
FINANCIAL AID	3,594,249.77 BAM
SUPPLEMENT FOR AID AND CARE OF ANOTHER PERSON	17,459,049.37 BAM
HEALTH INSURANCE	1,113,425.13 BAM
SUPPORT IN ACHIEVING EQUAL OPPORTUNITIES FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL DISABILITIES	628,169.30 BAM

PERSONAL DISABILITY (as of July 2018)	2,090,500.00 BAM
<b>TOTAL</b>	<b>24,885,393.57 BAM</b>

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 95**

<b>EXTENDED RIGHTS IN SOCIAL PROTECTION IN REPUBLIC OF SRPSKA WITH THE NUMBER OF BENEFICIARIES</b>		
<b>RIGHT</b>	<b>RIGHT</b>	<b>RIGHT</b>
Accommodation in another family	5	12,000.00
Tuition cost	10	4,000.00
Newborn fee	108	67850
Assistance to non-profit organizations	28	1,110.00
Foster care	4	15,752.00
One-time Aid for Marriage	3	1,500.00
Accommodation in a Safe House	1	952
Children's Sunday	24	2,400.00
Single Parent Assistance	1	480
Health Insurance	519	480,700.33
Transportation - High School	53	8,503.50
Electricity, food, heating, medicine, shoes-clothes, school books	289	36,150.00

CDPP	22	105,998.79
Day Centre for children at risk	32	60,909.30
Treatment assistance	58	6,670.00
First Instance Commission	202	18,101.00
Personal assistance	117	319,301.00
Reception Station - Adults	17	17,090.00
Reception Station - Wandering children and youth	12	19,550.00
Day Centre for the elderly	60	26,156.00
Retirement aid	90	12,466.08
Aid for children without parents	3	4,043.00
Reception Station for the elderly	12	62,000.00
Subsidy - preschool institutions	1	1,021.00
Additional aid - permanent financial aid	16	16,038.00
Accommodation of children in SPZ	4	18,200.00
Aid for children with special needs	11	8102
Rent subsidy	1	900
Family aid	29	22,258.00
Birth rate stimulation	101	21190
Subsidy for better standard of living	28	19,065.00
Warm meal	12	1,546.00

Transportation for children with special needs	133	78174.75
Soup Kitchen	276	99913.42
Assistance with housing issues	24	23495.88
Assistance for equipping beneficiaries	14	3,500.00
Day Centre for the elderly	60	26,156.00
Additional assistance - one-off financial aid	150	108125
Additional assistance - someone else's care	3	840
Pocket money - Becici	81	2694
Aid in the acquisition of school books	485	61418.18
Food and hygiene packages	964	151704.38
Packets	149	2253.45
Aid in living space furnishing	15	7181
Funeral expenses	193	82751.88
Medication	400	27943.42
Utility subsidy	196	23431
Water subsidy	55	1091
Electricity subsidy	46	5612
Firewood	519	88216.44

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 96**

<b>STRUCTURE OF THE AID ALLOCATION OF THE MINISTRY OF HEALTH AND SOCIAL PROTECTION OF THE REPUBLIC OF SRPSKA FOR THE CO-FINANCING OF THE SOCIAL, FAMILY AND CHILD PROTECTION SYSTEM IN 2018</b>	
Cofinancing of the social institutions	3.232.107,00BAM
Dedicated allocations for the Public Foundation for Children Protection	6,000,000.00 KM
Co-financing of the right to financial aid and the right to an allowance for the aid and care of another person (50% of total amount) and health insurance	22,166,724.27 KM
Funding of the right to equal opportunities for children and youth with disabilities	628,169.30 BAM
Funding of the right to personal disability benefits (100% of total amount)	2,090,500.00 BAM
<b>TOTAL</b>	<b>34,117,500.57 BAM</b>

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 97**

<b>RIGHTS EXERCISED BY BENEFICIARIES IN THE REPUBLIC OF SRPSKA ON THE BASIS OF THE LAW OF CHILD PROTECTION (“OFFICIAL HERALD OF RS” NUMBER 114/17, 122/18 AND 107/19)</b>			
<b>Number of beneficiaries / parents</b>			
<b>Month</b>	<b>Beneficiary from current month</b>	<b>Retroactively recognized, processed and subsequently paid</b>	<b>Total</b>
January	13,093	7	13,100
February	13,168	10	13,178
March	13,230	3	13,233
April	13,291	6	13,297
May	13,307	19	13,326
June	13,222	9	13,231
Total	79311	54	79365
6 months average	<b>13,219</b>	<b>9</b>	<b>13,228</b>

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 98**

<b>MATERNAL SUPPLEMENT IN THE REPUBLIC OF SRPSKA</b>					
<b>Month</b>	<b>Beneficiary from current month</b>	<b>Retroactively recognized, processed and subsequently paid</b>	<b>Total</b>	<b>TOTAL FUNDS SPENT FOR THE EXERCISE OF RIGHTS</b>	
January	4,787	64	4,851	1,963,845.00	
February	4,896	47	4,943	2,001,510.00	
March	4,959	39	4,998	2,024,190.00	
April	5,012	54	5,066	2,051,730.00	
May	5,101	79	5,180	2,097,900.00	
June	5,186	57	5,243	2,123,415.00	
Total	29,941	340	30,281	<b>12,262,590.00</b>	
6 months average	4,990	57	<b>5,047</b>	<b>2,043,765.00</b>	
<b>MONTHLY AMOUNT</b>		<b>405.00 BAM</b>			
<b>PRONATALITY COMPENSATION</b>					
<b>Month</b>	<b>Number of third-born children</b>	<b>Number of fourth-born children</b>	<b>Number of mothers</b>	<b>TOTAL FUNDS SPENT FOR THE EXERCISE OF RIGHTS</b>	
January	163	37	187	114,450.00	
February	104	24	125	73,200.00	

March	102	21	119	70,650.00
April	68	15	81	47,550.00
May	105	19	119	77,850.00
June	114	22	130	71,550.00
Total	656	138	761	<b>455,250.00</b>
6 months average	<b>109</b>	<b>23</b>	<b>127</b>	<b>75,875.00</b>
<b>AMOUNT PER CHILD</b>	<b>600.00 BAM</b>	<b>450.00 BAM</b>		

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 99**

<b>ASSISTANCE FOR EQUIPMENT FOR INFANTS IN THE REPUBLIC OF SRPSKA</b>			
Month	Broj djece	Broj majki/porodilja	UKUPNO UTROŠENA SREDSTVA
January	974	955	243,500.00
February	690	679	172,500.00
March	684	676	171,000.00
April	514	509	128,500.00
May	858	847	214,500.00

June	731	714	182,750.00
Total	4.451	4.380	1,112,750.00
6 months average	742	730	185,458.33
AMOUNT PER CHILD	250.00		

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 100**

NUMBER OF CHILDREN EXERCISING CERTAIN RIGHTS BY MONTHS IN THE REPUBLIC OF SRPSKA														
Month	Children who have exercised their right in the current month				Retroactively recognized, processed and subsequently paid				OVRALL IN THE CALCULATION OF THE CURRENT MONTH					TOTAL FUNDS SPENT FOR THE EXERCISE OF THE RIGHT
	Second	Fourth	Third	Children from the article 18 and 19 of the Child Protection Law	Second	Fourth	Third	Children from the article 18 and 19 of the Child Protection Law	Second	Fourth	Third	Children from the article 18 and 19 of the Child Protection Law	TOTAL	

January	7769	1354	5663	4154	4		6		7,773	1,354	5,669	4,154	18,950	1,104,921.65
February	7760	1370	5704	4220	3	4	4	3	7,763	1,374	5,708	4,223	19,068	1,118,106.45
March	7791	1386	5734	4239	1		1	1	7,792	1,386	5,735	4,240	19,153	1,127,049.70
April	7830	1392	5740	4259	4	0	2	3	7,834	1,392	5,742	4,262	19,230	1,134,434.90
May	7871	1392	5735	4298	19	8	10	4	7,890	1,400	5,745	4,302	19,337	1,141,053.55
June	7799	1394	5691	4286	6		3	4	7,805	1,394	5,694	4,290	19,183	1,141,910.00
Total	46820	8288	34267	25456	37	12	26	15	46,857	8,300	34,293	25,471	114,921	6,767,476.25
January	7,803	1,381	5,711	4,243	6	2	4	3	7,810	1,383	5,716	4,245	19,154	1,127,912.71
<b>MONTHLY AMOUNT PER CHILD INBAM</b>										39.60	39.60	79.20	101.20	

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 101**

<b>SOCIAL PROTECTION INSTITUTIONS FOR ACCOMMODATIONS OF PERSONS FOUNDED BY THE REPUBLIC OF SRPSKA</b>				
<b>INSTITUTION</b>	<b>PHONE NO.</b>	<b>FAX</b>	<b>EMAIL</b>	<b>ADDRESS</b>
<b>HOME FOR CHILDREN AND YOUTH WITHOUT PARENTAL CARE "RADA VRANJEŠEVIĆ, BANJALUKA</b>	051/461-932	051/461-932	<a href="mailto:info@djecijidom.com">info@djecijidom.com</a>	Filipa Macure 25
<b>PI HOME FOR PERSONS WITH DISABILITIES PRIJEDOR</b>	052/323-300; 322-101	052/323-300	<a href="mailto:dompd@poen.net">dompd@poen.net</a>	Milana Vrhovc a 117

<b>PI HOME FOR PERSONS WITH DISABILITIES VIŠEGRAD</b>	058/620-099; 630-452; 630-451	058/620-099; 630-452	<a href="mailto:zavodvgd@teol.net">zavodvgd@teol.net</a>	Birčanskabb
<b>PI NURSING HOME ELDERLYPRIJEDOR</b>	052/233-750; 751	052/211-982	<a href="mailto:domprijedor@teol.net">domprijedor@teol.net</a>	ProteMatijeNe nadovićabb
<b>PI NURSING HOME ISTOČNOSARAJEVO</b>	057/378-122; 378-130	057/378-120	<a href="mailto:judomzastaralica@teol.net">judomzastaralica@teol.net</a> ; <a href="mailto:info.domis@gmail.com">info.domis@gmail.com</a>	AkademikaVo jinaKomadine 13
<b>GERONTOLOY CENTRE BANJALUKA</b>	051/319-407; 305-399; 302-071; 300-367; 300-368; 392-215	051/319-407	<a href="mailto:info@jugerontoloskicentarbl.com">info@jugerontoloskicentarbl.com</a>	Krajiškihbriga da 104
<b>CENTRE FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL DISABILITIES "BUDUĆNOST" DERVENTA</b>	053/333-340; 331-876	053/333-340	<a href="mailto:os109@teol.net">os109@teol.net</a>	StevanaNema nje 12

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 102**

<b>PRIVATE HOMES AND HOMES FOUNDED BY MUNICIPALITIES - HOMES FOR THE ELDERLY WITH A DECISION OF THE MINISTRY ON THE FULFILLMENT OF WORKING CONDITIONS NOTED IN THE REGISTER OF THE INSTITUTIONS FOR SOCIAL PROTECTION</b>					
<b>NAME OF THE INSITUATION</b>	<b>MUNICIPALITY</b>	<b>STREET AND NUMBER</b>	<b>PHONE NO.</b>	<b>FAX</b>	<b>WEBSITE</b>

<b>Nursing Home “Natura”</b>	Pale	Donji Pribanj bb	057/223-945	057/223-946	<a href="http://www.domnatura.com">www.domnatura.com</a>
<b>Nursing Home “Sunce”</b>	Rogatica	Srpske sloge 105	058/420-644, 058/420-610		<a href="http://www.mojdomrogatica.com">www.mojdomrogatica.com</a>
<b>Social protection institution Nursing Home “DomBorovi”</b>	Modriča	Dobojska 33	053/816-345		
<b>Caritas Diocese Social Centre Banja Luka “IvanPavaoII”– Nursing Home</b>	Banja Luka	Njegoševa 66	051/357-000	051/357-026	<a href="http://www.caritasdomzastare.com">www.caritasdomzastare.com</a>
<b>Social protection institution Nursing Home “Lenkom”</b>	Bijeljina	Jermenska 41	055/215-113	055/421-866	<a href="http://www.lenkombn.com">www.lenkombn.com</a>
<b>Social protection institution Nursing Home “Naš dom Enea”</b>	Prijedor- Kozarac	Kozaruša 66	052/911-811	052/911-811	<a href="http://www.nasdomenea.com">www.nasdomenea.com</a>
<b>Nursing Home “Zlatnilug”</b>	Derventa	Lug bb	053/351-333	053/351-004	<a href="http://www.zlatnilug.ba">www.zlatnilug.ba</a>
<b>Social protection institution Nursing Home “Zlatno doba”</b>	Lopare	Kralja Petra I 1	055/650-144		
<b>Social protection institution Nursing Home “Sladur”</b>	Bijeljina	Trnjaci 80, 76310 Bijeljina	066/306-840	-	-

<b>Nursing Home “MiranŽivot”</b>	Gradiška	Laminci Sredani bb	051/874-095	051/874-095	<a href="http://www.miranzivot.com">www.miranzivot.com</a>
<b>Social protection institution Nursing Home the sick“San”</b>	Prijedor	Gornji Garevci bb	052/357-070, 065/782-635	-	<a href="http://www.usz-san.com">www.usz-san.com</a>
<b>JUInstitution“Domzastari ja licaDoboj”</b>	Doboj	Cara Dušana – zgrada Doma vojske	053/247-017	-	-
<b>Social protection institution Nursing Home”Dana”</b>	Modriča	Dobrinja bb	066/258-618	-	<a href="http://www.starackidomdanamodrica.com">www.starackidomdanamodrica.com</a>
<b>Social protection institution Nursing Home”Agape”</b>	Mrkonjić Grad	Podorugla bb	050/221-460	050/221462	<a href="http://www.agape-mg.com">www.agape-mg.com</a>
<b>Nursing Home “Životumiru”, Stanovi</b>	Doboj	Stanovi bb	053/288-450	-	-
<b>Nursing Home “Trećedoba”</b>	Kozarska Dubica	Dušana Silnoga 111	052/430-094	052/430-094	-
<b>Nursing Home “KućanjeSandić”</b>	Prnjavor	Doline bb	051/665-319	051/665-319	-
<b>Social protection institution Nursing Home “Mir” Povelič</b>	Srbac	Povelič bb	051/922-772, 065/371-736	-	-
<b>Social protection institution Nursing Home “Našakuća Španić”</b>	Prnjavor	Kulaši bb	051/660-126	051/660-126	-

<b>Social protection institution for the elderly “Eva”</b>	Podnovlje, Doboj	Podnovlje bb	053/279-142, 066/671-113	053/279-142	-
<b>PNursing Home Prijedor</b>	Prijedor	Prote Matije Nenadovića bb	052/233-750, 052/233-751	052/211-982	-
<b>Social protection institution Nursing Home “Novidomkod Miće”</b>	Mrkonjić Grad	Milana Budimira 19	050/211-238	-	-
<b>Social protection institution Nursing Home “Mildom”</b>	Laktaši	Cara Dušana 40	051/585-640, 065/206-349	-	-
<b>Social protection institution Nursing Home “Sveti Nikola”</b>	Bijeljina	Gojsovac 26A	055/425-995, 065/953-721	-	<a href="http://www.svetinikola.com">www.svetinikola.com</a>
<b>JU “Dom za starija lica Kalinovik”</b>	Kalinovik	Pera Tinguza 12A	057/623-400	057/623-400	<a href="http://www.domkalinovik.com">www.domkalinovik.com</a>
<b>Social protection institution Nursing Home “Našaporodica”</b>	Kozarska Dubica	Đačka 1, Knežica	065/565-282, 063/282-808, 066/884-090	-	-
<b>Social protection institution Nursing Home “Bardača”</b>	Srbac	Vardača bb	066/444-999, 065/093-333	-	<a href="http://www.domzastarebardaca.com">www.domzastarebardaca.com</a> <u>m</u>
<b>Social protection institution Nursing Home “Zlatno doba”</b>	Doboj	Trebavske srpske brigade 296	053/961-240, 065/809-318	-	-

<b>Social protection institution Nursing Home “Zenit”</b>	Modriča	Arsenija Čarnojevića 18	053/250-544	-	<a href="http://www.domzenit.com">www.domzenit.com</a>
<b>Social protection institution Nursing Home “Vidovovrelo”</b>	Kneževo	Vidovo vrelo bb	066/583-070	-	<a href="http://www.domzastare.bussines.s&lt;br/&gt;ite">www.domzastare.bussines.s ite</a>
<b>PINursing Home IstočnoSarajevo</b>	Istočno Sarajevo	Akademika Vojina Komadine 13	057/378-120, 057/378-130	057/375-713	<a href="http://www.domzastarijalicais.co&lt;br/&gt;m">www.domzastarijalicais.co m</a>
<b>Social protection institution Nursing Home “Kotur”</b>	Gradiška	Gornji Podgradci 126	065/531-599	051/825-052	-
<b>Social protection institution Nursing Home and the sick “Tara”</b>	Prijedor	Nikole Luketića bb	052/323-338, 052/490-338 066/925-224	052/323-338, 052/490-338	<a href="http://www.dom-tara.com">www.dom-tara.com</a>
<b>Social protection institution Nursing Home and the sick“Milena”</b>	Prijedor	Nikole Luketića bb	052/323-709, 061/850-766	-	-
<b>Social protection institution Nursing Home “Jović”</b>	Modriča	Kladari Gornji75	053/250-291	-	-

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 103**

<b>OTHER REGISTERED INSTITUTIONS OF SOCIAL PROTECTION IN THE REPUBLIC OF SRPSKA</b>				
1	PI“Centar zadnevno zbrinjavanje djece i omladine”	Doboj	Kneginje Milice 1A	053/231-902
2	Social Welfare Institution Centre for Specialist Social Services“Zamajkuidijete”	Banja Luka	Starog Vujadina 53	051/490-616
3	Home Help and Care Centre “Kod mene”	Gradiška	Braće Čubrilović 13	051/941-802

Source: RS Ministry of Labor and Veterans' and Disabled Persons Protection

**TABLE 104**

<b>SCOPE OF OFFERING SOCIAL AND PROFESSIONAL WORK SERVICES IN CENTERS FOR SOCIAL WORK IN THE FEDERATION OF BOSNIA AND HERZEGOVINA, 2018</b>				
<b>CANTON</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>UNA-SANA</b>	12058	3118	4932	-
<b>POSAVINA</b>	392	69	333	-
<b>TUZLA</b>	19757	23076	22601	-
<b>ZENICA-DOBOJ</b>	42238	42582	42668	-
<b>BOSNIAN-PODRINJE</b>	-	8288	7300	-
<b>CENTRAL BOSNIA</b>	7147	6436	8295	-
<b>HERZEGOVINA-NERETVA</b>	11035	13708	15336	-

<b>WEST HERZEGOVINA</b>	903	1152	1902	-
<b>SARAJEVO CANTON</b>	101740	100653	112009	-
<b>CANTON10</b>	2321	2596	2396	-
<b>TOTAL</b>	<b>197591</b>	<b>201678</b>	<b>217772</b>	-

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 105**

<b>INSTITUTIONS FOR SOCIAL PROTECTION IN THE FEDERATION OF BOSNIA AND HERZEGOVINA</b>					
<b>PUBLIC SECTOR</b>					
<b>Name of the Institution</b>	<b>Headquarters</b>	<b>Type of beneficiaries</b>	<b>Number of beneficiaries</b>	<b>Number of staff members</b>	
<b>Institute for the Care of the Mentally Disabled Persons–Drin</b>	Fojnica Central Bosnia Canton	Persons with disabilities	484	239	
<b>Institute for the Care of the Mentally Disabled Persons–Bakovići</b>	Fojnica Central Bosnia Canton	Persons with disabilities	302	112	
<b>Institute for the Care of the Mentally Disabled Children and Youth –Pazarić</b>	Sarajevo Sarajevo Canton	Persons with disabilities	333	147	
<b>Institute for the Education of Male Children and Youth–Sarajevo</b>	Sarajevo Sarajevo Canton	Children and young persons	20	25	
<b>Social Protection Institution – Ljubuški</b>	Ljubuški West Herzegovina Canton	Elderly and infirm	100	33	
<b>PI Nursing Home Tomislavgrad</b>	Tomislavgrad Kanton 10	Elderly and infirm	115	43	
<b>JU Therapeutic Community CampusSarajevoCanton</b>	Sarajevo Sarajevo Canton	Addicts to psychoactive substances	20	62	

<b>CPI Home for Social Health Care of Persons with Disabilities and Others</b>	Sarajevo Sarajevo Canton	Persons with disabilities	190	82	
<b>CPI Gerontology Center</b>	Sarajevo Sarajevo Canton	Elderly and infirm	348	112	
<b>CPI Educational Centre of Sarajevo Canton</b>	Sarajevo Sarajevo Canton	Children and young persons	45	46	
<b>CPI Home for Children without Parental Care</b>	Sarajevo Sarajevo Canton	Children	95	71	
<b>PI Social Pedagogical Life Community</b>	Bihać Unsko-sanski	Children	106	34	
<b>Centre for Children without Parental Care “Duga”</b>	Kulen Vakuf Una-Sana Canton	Children	24	21	
<b>PI Home for Children without Parental Care</b>	Tuzla Tuzlanski kanton	Children	50	49	
<b>PI Rehabilitation Centre for Psychoactive Substance Addicts</b>	Tuzla Tuzlanski kanton	Addicts to psychoactive substances	18	13	
<b>PI Nursing Home</b>	Tuzla Tuzla Canton	Elderly and infirm	28	30	
<b>Social Work Centre Gradačac– Family Home “Duga”</b>	Tuzla Tuzla Canton	Obitelji s djecom	8	4	
<b>Home for Social and Health Care of Persons with Disability and Others</b>	Stolac Herzegovina-Neretva Canton	Persons with disabilities	158	67	
<b>PI Centre for the Weak and the Elderly Mostar</b>	Mostar Herzegovina-Neretva Canton	Elderly and infirm	100	54	
<b>PI Children’s Home Mostar</b>	Mostar Herzegovina-Neretva Canton	Children	31	22	
<b>PI Nursing Home Jablanica</b>	Jablanica Herzegovina-Neretva Canton	Elderly and infirm	32	18	
<b>PI Nursing Home Goražde</b>	Goražde Bosansko-podrinjski kanton	Elderly and infirm	50	22	

<b>PI Family Home Zenica</b>	Zenica Zenica-Doboj Canton	Children	83	65	
<b>PI Centre for Children and Adults with Special Needs ZDC</b>	Zenica Zenica-Doboj Canton	Children	350	55	
<b>PI “Dom za stara lica Zenica”</b>	Zenica Zenica-Doboj Canton	Elderly and infirm	76	29	
<b>PI Retirement Home and Hospital ZDC</b>	Zenica Zenica-Doboj Canton	Elderly and infirm	160	57	
<b>NON-GOVERNMENTAL / PRIVATE SECTOR</b>					
<b>Name of the Institution</b>	<b>Headquarters</b>	<b>Type of Beneficiaries</b>	<b>Number of Beneficiaries</b>	<b>Number of Staff</b>	
<b>Home for the Weak and the Elderly “Miransan”</b>	Mostar Herzegovina- Neretva Canton	Elderly and infirm	21	9	
<b>Rehabilitation Center “Svetaobitelj”</b>	Mostar Herzegovina- Neretva Canton	Persons with special needs	30	20	
<b>Home for children “Ivan Pavao II” Vionica</b>	Vionica Herzegovina- Neretva Canton	Children	40	14	
<b>Institution for preschool education and social care “Majčino selo” Medugorje</b>	Medugorje Herzegovina- Neretva Canton	Children	35	25	
<b>Home for the Weak and the Elderly “Domanovići” Čapljina</b>	Čapljina Herzegovina- Neretva Canton	Elderly and infirm	46	15	
<b>Home for the Weak and the Elderly “Mirna Luka” Neum</b>	Neum Herzegovina- Neretva Canton	Elderly and infirm	23	8	
<b>Home for the Weak and the Elderly “Betanija” Capljina</b>	Čapljina Herzegovina- Neretva Canton	Elderly and infirm	78	30	
<b>Home for the Weak and the Elderly Ravno</b>	Ravno Herzegovina- Neretva Canton	Elderly and infirm	51	17	
<b>Home for the Weak and the Elderly “Ivan Pavao II” Vionica</b>	Vionica Herzegovina- Neretva Canton	Elderly and infirm	52	12	

<b>Home for the Weak and the Elderly “Zelena oaza” Široki Brijeg</b>	Široki Brijeg West Herzegovina Canton	Elderly and infirm	30	10	
<b>Home for the Weak and the Elderly “Miran san” Mostar, podr. Posušje</b>	Posušje West Herzegovina Canton	Elderly and infirm	29	9	
<b>Home for the Weak and the Elderly “Vita” Grude</b>	Grude West Herzegovina Canton	Elderly and infirm	147	47	
<b>Home for the Weak and the Elderly “Grubišić” Ljubuški</b>	Ljubuški West Herzegovina Canton	Elderly and infirm	50	20	
<b>Home for the Weak and the Elderly “Sv. Josip Radnik” Ljubuški</b>	Ljubuški West Herzegovina Canton	Elderly and infirm	52	26	
<b>SUMERO Community Disability Support Center, Branchoffice Zenica</b>	Zenica Zenica-Doboj Canton	Persons with dissabilities	49	15	
<b>Center for the care and nursing of the elderly and infirm</b>	Zenica Zenica-Doboj Canton	Elderly and infirm	26	12	
<b>Institution for the reception and upbringing of children “Mala škola” Vareš</b>	Vareš Zenica-Doboj Canton	Children	21	9	
<b>Institution for accommodation of the elderly “Zlatno doba” Usora</b>	Usora Zenica-Doboj Canton	Elderly and infirm	28	8	
<b>Institution for accommodation and care of the elderly “Rajkovača&amp;Šušak” Usora</b>	Usora Zenica-Doboj Canton	Elderly and infirm	43	11	
<b>Institution for accommodation of the elderly and infirm “Sira dom” Tešanj</b>	Tešanj Zenica-Doboj Canton	Elderly and infirm	39	17	
<b>Institution “Ministro” home for the elderly and infirm Žepče</b>	Žepče Zenica-Doboj Canton	Elderly and infirm	29	22	

<b>Home for the elderly “Sv. Nikola”</b>	Tomislavgrad Canton 10	Elderly and infirm	73	20	
<b>Home for the elderly “Emilija” Lištani</b>	Livno Canton 10	Elderly and infirm	20	17	
<b>Safe house “Žene sa Une” Bihać</b>	Bihać Una-Sana Canton kanton	Žrtve obiteljskog nasilja	8	5	
<b>Association Tuzlanska Amica - House for young people “Kuća porodica”</b>	Tuzla Tuzla Canton	Children i obitelji	8	4	
<b>Association “Vive žene” Tuzla</b>	Tuzla Tuzla Canton	Žrtve obiteljskog nasilja	11	7	
<b>SOS Children's village Gračanica</b>	Gračanica Tuzla Canton	Children	26	20	
<b>Foundation “Selo mira” Turija</b>	Lukavac Tuzla Canton	Children	28	30	
<b>Reception center “Duje”</b>	Doboj Istok Tuzla Canton	Children i odrasli s posebnim potrebama	334	149	
<b>Revitalis Bugojno</b>	Bugojno Central Bosnia Canton	Elderly and infirm			
<b>Center “Sveti Josip” Vitez</b>	Vitez Central Bosnia Canton	Elderly and infirm	83	36	
<b>“Aura vitalis” Jajce</b>	Jajce Central Bosnia Canton	Elderly and infirm	35	15	
<b>“Eden raj” Vitez</b>	Vitez Central Bosnia Canton	Elderly and infirm	55	13	
<b>“Naš dom” Travnik</b>	Travnik Central Bosnia Canton	Elderly and infirm	236	78	
<b>PINursing home “PZU-7” Fojnica</b>	Fojnica Central Bosnia Canton	Elderly and infirm			
<b>Nursing home “Starimo zajedno” Novi Travnik</b>	Novi Travnik Central Bosnia Canton	Elderly and infirm	62	13	
<b>“Otac Kristofor” Nova Bila</b>	Nova Bila Central Bosnia	Elderly and infirm	105	43	

	Canton				
<b>Center Brnjaci Kiseljak</b>	Kiseljak Central Bosnia Canton	Elderly and infirm	30	19	
<b>“Paradise Peace – Rajski mir” Bugojno</b>	Bugojno Central Bosnia Canton	Elderly and infirm			
<b>“Linija života” Donji Vakuf</b>	Donji Vakuf Central Bosnia Canton	Elderly and infirm	26	6	
<b>Educational-rehabilitation center “Duga”</b>	Novi Travnik Central Bosnia Canton	Children s posebnim potrebama	100		

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 106**

<b>SOCIAL WORK CENTRES IN THE REPUBLIKA SRPSKA</b>					
<b>SOCIAL WORK CENTRE</b>		<b>PHONE NO.</b>	<b>FAX</b>	<b>EMAIL</b>	<b>ADDRESS</b>
1	<b>BANJA LUKA</b>	051/348-515	051/348-544	csrbl@blic.net	GUNDULIĆEVA 31
2	<b>BIJELJINA</b>	055/201-090; 207-546	055/201-090	csrbn@teol.net	POTPORUČNIKA SMAJIĆA 18
3	<b>BILEĆA</b>	059/370-210; 380-590	059/380-590	centarbil2@teol.net centarbil.dragana@teol.net	KRALJA ALEKSANDRA 28
4	<b>BROD</b>	053/621-451; 450	053/620-731	csrbrod@teol.net	SVETOG SAVE BB
5	<b>BRATUNAC</b>	056/420-275	056/420-275	yuczrbratunac@gmail.com	DRINSKA 1
6	<b>VIŠEGRAD</b>	058/620-310; 630-761; 762	058/620-310	09csrvg@teol.net	CARA LAZARA 5A

7	<b>VLASENICA</b>	056/710-340; 341	056/710-341	centarvlasenica@yahoo.com	SVETOSAVSKA 94
8	<b>GACKO</b>	059/470-080; 082	059/472-081	csr111ga@teol.net	NEMANJINA 7
9	<b>GRADIŠKA</b>	051/814-853	051/813-118	socijalnirad@gradiska.com	KOZARSKIH USTANIKA 34
10	<b>DERVENTA</b>	053/311-080	053/310-080	czr_der@teol.net	Cerska 39
11	<b>DOBOJ</b>	053/242-171; 227-528	053/227-528	javnaustanovacsrdojoj@gmail.com	KRALJA DRAGUTINA 60
12	<b>ZVORNIK</b>	056/210-582; 214-021; 214- 020; 213-507	056/213-507	czsr.zv@teol.net	VUKA KARADŽIĆA 120
13	<b>ISTOČNA ILIDŽA</b>	057/310-140; 141	057/310-141	centarsocradii@gmail.com	OTADŽBINSKA 1
14	<b>ISTOČNO NOVO SARAJEVO</b>	057/320-930, 931	057/320-931	jucsrins@gmail.com	STEFANA NEMANJE 13
15	<b>KNEŽEVO</b>	051/591-188; 151-188	051/591-188	soknezevo@teol.net	Gavrila Principa 5
16	<b>KOSTAJNICA</b>	052/664-350, 352	052/664-352	czsr.kostajnica@teol.net	SVETOSAVSKA 21
17	<b>KOTOR VAROŠ</b>	051/784-440; 051/760-422	051/760-422	czsrk.varos@gmail.com	CARA DUŠANA 7
18	<b>KOZARSKA DUBICA</b>	052/416-755; 424-052	052/424-051	info@csrkd.org	MIHAJLA PUPINA BB
19	<b>LAKTAŠI</b>	051/530-306; 535-605; 606; 607	051/535-606	cenlak@teol.net centarlaktasi@gmail.com	NEMANJINA 53

20	<b>LOPARE</b>	055/655-050; 650-177	055/650-177	centarlo@teol.net	CARA DUŠANA 130
21	<b>LJUBINJE</b>	059/630-210; 211	059/630-210	centarsr@teol.net	SVETOSAVSKA 2
22	<b>MILIĆI</b>	056/745-640	056/745-261	czsrml@teol.net	P.P Njegoša 12
23	<b>MODRIČA</b>	053/810-737	053/813-968	czsrmodrica@yahoo.com	TRG NEMANJIĆA 4
24	<b>MRKONJIĆ GRAD</b>	050/214-346	050/220-570	csrmg@zona.ba	BORACA SRPSKIH 12
25	<b>NEVESINJE</b>	059/610-210; 211; 212	059/602-370	mojanada@gmail.com csrnevesinje@gmail.com	NEVESINJSKIH USTANIKA BB
26	<b>NOVO GORAŽDE</b>	058/432-100	058/432-100	<a href="mailto:csrnovogorazde@gmail.com">csrnovogorazde@gmail.com</a>	Božidara Gorazdanina 64
27	<b>NOVI GRAD</b>	052/720-420	052/720-420	czsrnovigrad@teol.net	KARAĐORĐA PETROVIĆA 73
28	<b>PALE</b>	057/201-120; 121	057/201-120; 121	<a href="mailto:jucsrpale@gmail.com">jucsrpale@gmail.com</a>	NIKOLE TESLE 2-3
29	<b>PELAGIĆEVO</b>	054/815-090; 811-175	054/815-091	centarzasocradpelag@teol.net; csrpelagicevo@gmail.com	Vuka Karadžića 3
30	<b>PETROVO</b>	053/262-100; 101	053/262-101	<a href="mailto:czsrpetr@gmail.com">czsrpetr@gmail.com</a>	OZRENSKIH ODREDA 25
31	<b>PRIJEDOR</b>	052/231-967; 211-785; 787	052/211-554	<a href="mailto:csrprijedor@teol.net">csrprijedor@teol.net</a>	OSLOBODILACA 8
32	<b>PRNJAVOR</b>	051/660-428; 663-447	051/663-447	soc.rad@teol.net	KARAĐORĐEVA 6

33	<b>ROGATICA</b>	058/420-540; 541; 542	058/420-541	csr137ro@gmail.com	SRPSKE SLOGE bb
34	<b>RUDO</b>	058/700-160; 161	058/700-161	csr138ru@teol.net	VOŽDA KARAĐORĐA PETROVIĆA 38
35	<b>SOKOLAC</b>	057/400-280; 281	057/448-079	<a href="mailto:centarsz@teol.net">centarsz@teol.net</a>	ROMANIJSKA 4
36	<b>SRBAC</b>	051/741-229; 066/816-079	051/741-229	<a href="mailto:csr.srbac@gmail.com">csr.srbac@gmail.com</a>	MOME VIDOVIĆA 21
37	<b>SREBRENICA</b>	056/445-212	056/445-212	<a href="mailto:socijalnicentar@gmail.com">socijalnicentar@gmail.com</a>	MARŠALA TITA BB
38	<b>TESLIĆ</b>	053/430-404; 810	053/410-811	<a href="mailto:center.teslic@cutuk.net">center.teslic@cutuk.net</a>	SVETOG SAVE BB
39	<b>TREBINJE</b>	059/260-201; 270-810	059/224-460	<a href="mailto:socrad@teol.net">socrad@teol.net</a>	VUKA KARADŽIĆA 5
40	<b>UGLJEVIK</b>	055/773-225; 353, 773-350	055/772-321	czsrug@gmail.com	TRG DRAŽE MIHAJLOVIĆA 4
41	<b>FOČA</b>	058/220-870	058/220-871	csr220fo@teol.net	NJEGOŠEVA 10
42	<b>ČAJNIČE</b>	058/310-030; 031	058/310-030	csr.cajn@teol.net	ĐENERALA DRAŽE 10
43	<b>ČELINAC</b>	051/555-095; 555-096; 552-613	051/552-613	csrcelinac@gmail.com	VIDOVDANSKA 5a
44	<b>ŠAMAC</b>	054/611-125; 620-210, 212	054/611-125	csrsamac@gmail.com	NIKOLE PAŠIĆA 54
45	<b>ŠIPOVO</b>	050/360-040; 371-455	050/371-455	czsr-sip@teol.net	TRG PATRIJARHA SRPSKOG PAVLA 1

46	<b>VUKOSAVLJE</b>	053/707-407	053/707-702	<a href="mailto:centar_vukosavlje@yahoo.com">centar_vukosavlje@yahoo.com</a>	MUSE ĆAZIMA ĆATIĆA 155
47	<b>KALINOVIK</b>	057/623-144	057/623-335	<a href="mailto:jagodavisnic@yahoo.com">jagodavisnic@yahoo.com</a>	KARAĐORĐEVA 37
48	<b>RIBNIK</b>	050/490-225	050/490-224	<a href="mailto:csribnik@gmail.com">csribnik@gmail.com</a>	Previja 4
49	<b>DONJI ŽABAR</b>	054/875-100; 853-040	054/875-100	<a href="mailto:czsrdonjizabar@gmail.com">czsrdonjizabar@gmail.com</a> <a href="mailto:gaga.t1987@gmail.com">gaga.t1987@gmail.com</a>	TRG MLADOSTI 2
50	<b>STANARI</b>	053/201-810; 201-824	053/290-966	<a href="mailto:socijalnazastita@opstinastanari.com">socijalnazastita@opstinastanari.com</a> <a href="mailto:a.ignjic@gmail.com">a.ignjic@gmail.com</a>	STANARI BB
	<b>SLUŽBE</b>				
1	<b>BERKOVIĆI</b>	059/860-111	059/860-099	<a href="mailto:berkoviciopstina@gmail.com">berkoviciopstina@gmail.com</a>	Poginulih boraca otadžbinskog rata bb
2	<b>PETROVAC</b>	050/465-002	050/465-001	<a href="mailto:petrovac@teol.net">petrovac@teol.net</a> <a href="mailto:romicmilijana102092sr@gmail.com">romicmilijana102092sr@gmail.com</a>	CENTAR 12; 79290 DRINIĆ
4	<b>ISTOČNI DRVAR</b>	050/465-703; 701	050/465-703	<a href="mailto:opstinaistocnidrvar@teol.net">opstinaistocnidrvar@teol.net</a>	POTOCI 17
5	<b>IST. STARI GRAD</b>	057/265-114	057/265-114	<a href="mailto:info@opstinaisg.net">info@opstinaisg.net</a> <a href="mailto:jelenaletic4@gmail.com">jelenaletic4@gmail.com</a>	HREŠA BB
6	<b>JEZERO</b>	050/291-001; 290-054	050/291-002 065/331-046	<a href="mailto:opstinajezero@yahoo.com">opstinajezero@yahoo.com</a> <a href="mailto:kutanjacmilena74@gmail.com">kutanjacmilena74@gmail.com</a>	21 NOVEMBRA BB
7	<b>KRUPA NA UNI</b>	052/750-001	052/750-002	<a href="mailto:socijalnazastita@krupanauni.org">socijalnazastita@krupanauni.org</a>	DR. MILANA JELIĆA 3, Donji Dubovik 79227
8	<b>KUPRES</b>	050/490-600	050/490-601	<a href="mailto:kupres.g.rs@gmail.com">kupres.g.rs@gmail.com</a>	NOVO SELO 1

9	<b>OSMACI</b>	056/337-443	056/337-259	petra.gorw@gmail.com	OSMACI bb
10	<b>OŠTRA LUKA</b>	052/337-200; 337-800	052/337-201	<a href="mailto:soc.zastita@opstinaostraluka.org">soc.zastita@opstinaostraluka.org</a>	OŠTRA LUKA 55
11	<b>TRNOVO</b>	057/610-237	057/610-242	<a href="mailto:infotrnovors@teol.net">infotrnovors@teol.net</a>	TRNOVSKOG BATALJONA 86
12	<b>HAN PIJESAK</b>	057/559-383; 557-108	057/557-285	socijalna.zastita@hanpijesak.org	ALEKSANDRA KARAĐORĐEVIĆA 4
13	<b>ŠEKOVIĆI</b>	056/654-617	056/654-604	soczastita.opst@gmail.com	JOSIPA KOVAČEVIĆA bb

Source: RS Ministry of Labour, War Veterans and Disabled Persons' Protection

**TABLE 107**

<b>INDICATORS IN SOCIAL PROTECTION INSTITUTIONS FOUNDED BY THE REPUBLIKA SRPSKA ON DECEMBER 31, 2018</b>				
<b>Institution</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
HOME FOR CHILDREN AND YOUTH WITHOUT PARENTAL CARE "RADAVRANJEŠEVIĆ", BANJA LUKA	150	78	53	23
PIHOME FOR PERSONS WITH DISABILITIES PRIJEDOR	225	186	70	57
PIDOMZALICASAINVALIDITETOMVIŠEGRAD	200	180	82	49
PIHOME FOR THE ELDERLY PRIJEDOR	221	175	77	39
PIHOME FOR THE ELDERLY ISTOČNOSARAJEVO	144	143	43	20
PIGERONTOLOGY CENTER BANJALUKA	320	316	106	68
CENTER FOR CHILDREN AND YOUTH WITH DEVELOPMENTAL DISABILITIES "BUDUĆNOST" DERVENTA	57	21	58	36

Total	1,317	1,099	489	292
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1. Total accommodation capacity of the institution (1. Number of spots for beneficiaries in the institution, 2. Number of accommodated beneficiaries in the institution on December 31, 2018, 3. Total number of employees in the institution, 4. Number of employed professional workers and workers who directly serve beneficiaries - excluding management, administrative and technical services).

**TABLE 108**

<b>DISTRIBUTION OF FUNDS ON THE BASIS OF REVENUE ACHIEVED ON THE BASIS OF FEES FOR THE ORGANIZATION OF THE GAMES OF CHANCE - LOTTERY IN THE FEDERATION OF BOSNIA AND HERZEGOVINA</b>	
<b>Year</b>	<b>AMOUNT OF ALLOCATED FUNDS</b>
2016	3,046,130.26
2017	2,418,826.07
2018	1,274,430.07

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 109**

<b>ORGANISATIONS OF DISABLED CIVILIANS IN THE FEDRATION OF BOSNIA AND HERZEGOVINA</b>	
<b>Year</b>	<b>AMOUNT OF ALLOCATED FUNDS</b>
2016	530,000.00

2017	371,000.00
2018	500,000.00
2019	500,000.00

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 110**

<b>OVERVIEW OF ALLOCATED FUNDS FOR SAFE HOUSES / SHELTERS OPERATING IN THE AREA OF THE FEDERATION OF BOSNIA AND HERZEGOVINA AND ALLOCATED FUNDS FROM THE BUDGET OF THE FEDERATION OF BOSNIA AND HERZEGOVINA FOR THE PERIOD FROM 2016-2019</b>				
<b>Safe House</b>	<b>2016 in BAM</b>	<b>2017 in BAM</b>	<b>2018 in BAM</b>	<b>2019 in BAM</b>
ASSOCIATION“VIVEŽENE”TUZLA	38,118.00	34,020.00	38,260.00	46,635.26
ASSOCIATION“ŽENESAUNE”BIHAĆ	33,353.00	27,900.00	37,500.00	37,500.00
ASSOCIATION “MEDICA”ZENICA	45,264.00	35,640.00	45,550.00	58,415.35
LOCAL DEMOCRACY FOUNDATION SARAJEVO	45,265.00	32,400.00	40,690.00	-
ASSOCIATION“ŽENABIH”MOSTAR	-	32,040.00	-	44,900.00
<b>Total:</b>	<b>162,000.00</b>	<b>162,000.00</b>	<b>162,000.00</b>	<b>187,450.61</b>

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 111**

<b>PROGRAMS AND PROJECTS OF NGOS IN TUZLA CANTON ACTING IN THE FIELD OF SOCIAL PROTECTION WITH THE AMOUNTS OF FUNDS, FOR THE PERIOD FROM 2016-2019</b>				
<b>Year</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Amount of allocated funds</b>	392,000.00	392,000.00	457,000.00	453,804.00

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 112**

<b>ALLOCATED FINANCIAL RESOURCES FROM THE MINISTRY OF SOCIAL POLICY, HEALTH, DISPLACED PERSONS AND REFUGEES OF BPK GORAZDE FOR NGO SECTOR IN THE PERIOD FROM 2016-2019</b>				
<b>Year</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>Amount of allocated funds</b>	52,000 BAM	55,000 BAM	50,000 BAM	30,000 BAM

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 113**

<b>SUBSIDIES PAID BY THE FEDERAL INSTITUTE FOR PENSION AND DISABILITY INSURANCE AS A TYPE OF SUPPORT TO INDIVIDUALS AND NON-GOVERNMENTAL ORGANIZATIONS</b>							
	<b>Type of Expenditure</b>	<b>Plan2019</b>	<b>AchievedI-XII2018</b>	<b>AchievedI-XII2019</b>	<b>Index</b>	<b>Index</b>	<b>Structure of Achieving</b>
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5(4/3)</i>	<i>6(4/2)</i>	<i>7</i>
<i>1.</i>	<b>Compensation for Funeral Expenses</b>	<b>5,000,000</b>	<b>628,288</b>	<b>3,935,966</b>	<b>626.46</b>	<b>78.72</b>	<b>0.18</b>
<i>2.</i>	<b>Other grants to individuals and nonprofits</b>	<b>772,000</b>	<b>33,980</b>	<b>734,502</b>	<b>2.161.60</b>	<b>95.14</b>	<b>0.03</b>
<i>3.</i>	<b>Aid for retirees for treatment through associations</b>	<b>470,000</b>	<b>464,414</b>	<b>462,865</b>	<b>9.67</b>	<b>98.48</b>	<b>0.02</b>

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 114**

<b>A) Number of paid pensions on the territory of the Federation of Bosnia and Herzegovina by structure:</b>				
<b>Year</b>	<b>FBIH</b>			
	<b>AGE</b>	<b>DISABILITY</b>	<b>FAMILY</b>	<b>TOTAL</b>
<b>2016</b>	<b>176,767</b>	<b>64,424</b>	<b>104,438</b>	<b>345,629</b>
<b>2017</b>	<b>180,810</b>	<b>62,103</b>	<b>103,625</b>	<b>346,538</b>
<b>2018</b>	<b>185,643</b>	<b>59,893</b>	<b>103,622</b>	<b>349,158</b>
<b>2019</b>	<b>190,666</b>	<b>57,828</b>	<b>103,944</b>	<b>352,438</b>

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 115**

<b>B) Number of paid pensions on the territory of the Entity of Republic of Srpska:</b>				
<b>Year</b>	<b>REPUBLIKA SRPSKA</b>			
	<b>AGE</b>	<b>DISABILITY</b>	<b>FAMILY</b>	<b>TOTAL</b>
<b>2016</b>	<b>5,395</b>	<b>1,832</b>	<b>3,884</b>	<b>11,111</b>
<b>2017</b>	<b>5,687</b>	<b>1,790</b>	<b>3,917</b>	<b>11,394</b>
<b>2018</b>	<b>6,062</b>	<b>1,728</b>	<b>3,903</b>	<b>11,693</b>
<b>2019</b>	<b>6,982</b>	<b>1,709</b>	<b>4,014</b>	<b>12,705</b>

Source: RS Ministry of Labour, War Veterans and Disabled Persons' Protection

**TABLE 116**

<b>C)Number of paid pensions in the Brcko District in the reference period:</b>				
<b>Year</b>	<b>BRCKO DISTRICT</b>			
	<b>AGE</b>	<b>DISABILITY</b>	<b>FAMILY</b>	<b>TOTAL</b>
<b>2016</b>	<b>2,014</b>	<b>1,028</b>	<b>1,671</b>	<b>4,713</b>
<b>2017</b>	<b>2,111</b>	<b>995</b>	<b>1,667</b>	<b>4,773</b>
<b>2018</b>	<b>2,203</b>	<b>961</b>	<b>1,703</b>	<b>4,867</b>
<b>2019</b>	<b>2,336</b>	<b>923</b>	<b>1,675</b>	<b>4,934</b>

Source: Brčko District Government

**TABLE 117**

<b>D)Number of paid pensions in Bosnia and Herzegovina - TOTAL:</b>	
<b>Year</b>	<b>TOTAL B i H</b>
<b>2016</b>	<b>361,453</b>
<b>2017</b>	<b>362,705</b>
<b>2018</b>	<b>365,718</b>
<b>2019</b>	<b>370,077</b>

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 118**

<b>Pension amount according to type</b>						
<b>Year</b>	<b>Age</b>	<b>Disability</b>	<b>Family</b>	<b>Average</b>	<b>Lowest</b>	<b>Guaranteed</b>
<b>2016</b>	<b>409.16</b>	<b>324.62</b>	<b>323.94</b>	<b>368.93</b>	<b>326.17</b>	<b>434.90</b>
<b>2017</b>	<b>413.14</b>	<b>324.31</b>	<b>322.95</b>	<b>371.59</b>	<b>326.17</b>	<b>434.90</b>
<b>2018</b>	<b>441.77</b>	<b>346.34</b>	<b>347.95</b>	<b>398.97</b>	<b>348.06</b>	<b>450.12</b>
<b>2019</b>	<b>456.98</b>	<b>363.90</b>	<b>366.28</b>	<b>416.45</b>	<b>371.77</b>	<b>465.87</b>

Highest pension amounts to 2,174.48 BAM.

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 119**

<b>Average salary and average pension in the Federation of Bosnia and Herzegovina:</b>		
<b>Year</b>	<b>Average salary</b>	<b>Average pension</b>
<b>2016</b>	<b>839.25</b>	<b>369.81</b>
<b>2017</b>	<b>875.00</b>	<b>371.59</b>
<b>2018</b>	<b>914.00</b>	<b>400.95</b>
<b>2019</b>	<b>958.00</b>	<b>416.45</b>

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 120**

<b>Beneficiary category and average pension amount in the Republic of Srpska Kategorije korisnika i prosječni iznosi penzija u Republici Srpskoj</b>								
<b>Year</b>	<b>Age</b>		<b>Family</b>		<b>Disability</b>		<b>Total</b>	
	<b>Number of beneficiaries</b>	<b>Average**</b>						
2016*	141,427	335.03	76,514	263.72	39,378	287.75	257,319	306.59
2017*	145,374	340.86	76,163	270.18	38,761	295.04	260,298	313.36
2018*	149,900	353.07	75,483	281.28	38,301	307.09	263,684	325.84

2019*	154,548	364.43	74,775	291.59	37,900	318.10	267,223	337.48
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Source: RS Ministry of Labour, War Veterans and Disabled Persons' Protection

\*Data refers to the month of December of the year in question

\*\*Data refers to average pensions in total (independent and proportional)

**TABLE 121**

<b>AMOUNT OF LOWEST AND GUARANTEED PENSION IN THE REFERENCE PERIOD IN THE FEDERATION OF BOSNIA AND</b>		
<b>Year</b>	<b>Lowest</b>	<b>Guaranteed</b>
<b>2016</b>	326.17	434.90
<b>2017</b>	326.17	434.90
<b>2018</b>	348.06	450.12
<b>2019</b>	371.77	465.87

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 122**

<b>SUPPORTED PROJECTS OR REQUIREMENTS OF SOCIAL WORK CENTERS FOR OVERCOMING DIFFICULTIES AT WORK AND FUNCTIONING IN THE GOVERNMENT OF ZENICA-DOBOJ CANTON</b>			
<b>Institution</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
PI SWCBreza	–	2,134.00 BAM	–
PISWCOlovo	–	8,800.00 BAM	5,000.00 BAM
PISWCVareš	–	5,000.00 BAM	5,000.00 BAM
PI SWCZavidovići	–		5,000.00 BAM
PI SWCŽepče	–	5,000.00 BAM	–

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 123****Projects related to the social services in the Republic of Srpska in 2018**

No	Name of applicant and name of project	Granted in KM
1.	Alliance of Associations for the Assistance of Mentally Underdeveloped Persons of the Republic of Srpska, "UN	19,562.00
2.	"Convention on the Rights of Persons with Disabilities - a tool for equality" Association of the Deaf and Partially Deaf of the Republic of Srpska, "With Sign Language We are All Involved"	6,581.98
3.	Social Work CenterKotorVaroš „Support to the socially endangered Vrljanović family”	5,964.00
4.	Social Welfare CenterGradiška,,Providing theSocial WelfareCenterGradiška with technical equipment”	4,665.00
5.	Inter-municipal organization of the blind and partially blindGradiška,,Let's make life better for the members and enable efficient work of the organization	2,965.23
6.	Association of Paraplegics, Patients with Polio and Other Physically Handicapped People of Republika Srpska	9,400.00
7.	"Assistance to socially disadvantaged members of the Association from local associations and their	23,400.00

	<i>families</i>	
	Association of the Blind of the Republic of Srpska, <i>“Social - humanitarian aid and support to the families of the blind and visually impaired people in the local community”</i>	
8.	City Organization of the Blind Banja Luka, <i>“Moment of Happiness”</i>	6,292.00
9.	Inter-municipal association of the deaf and partially deaf Gradiška, <i>“Nobody likes to be forgotten”</i>	7,680.00
10.	Association of amputees “Udas” Gradiška, <i>“Concrete assistance packages for people with amputations”</i>	4,600.00
11.	Association of parents and friends of children and youth with disabilities “Vedarosmjeh” Bileća, <i>“Hygiene is a condition for a healthy life”</i>	2,910.00
12.	Association of parents and friends of children and youth with special needs “Growing Up Together”, Gacko, <i>“Be there and help me”</i>	7,494.42
13.	Inter-municipal association of the deaf and almost deaf Gradiška for the project <i>“Bathroom for a Family 8+1”</i>	7,807.50
14.	Inter-municipal association of civilian disabled persons - victims of the war Gradiška, <i>“Bathroom for Stefan Dudak”</i>	3,480.00
15.	Inter-municipal association of civilian disabled persons - victims of the war <i>“For a richer life of the Zeljko Voin family”</i>	5,663.25
16.	Republic Organization of Veterans and Civilians with Post-Traumatic Stress Disorder “Jedinstvo” Luka <i>“Humanitarian support to vulnerable categories of society”</i>	3,995.00
17.	Association of paraplegics, those suffering from polio and other physically disabled people Prijedor, <i>Helping a family - Changing the Carpentry in the Apartment”</i>	5,850.00
18.	Social Work Center Šamac, <i>“Pružimiruku –dajmiriliku”</i>	4,200.00
19.	Association of parents of children with disabilities in physical and mental development “Neven” Prnjavor <i>“Speak Together”</i>	7,487.97
20.	Citizens' Association “Daily Center for the Elderly Banja Luka <i>“Support to Social Protection of the Elderly”</i>	6,842.10
21.	Association of the Deaf and Partially Deaf Banja Luka <i>“Food packages for socially disadvantaged families” “Prehrambeni paketi za socijalno ugrožene porodice”</i>	3,380.00
22.	Social Work Center Laktaši, <i>“Supported Housing”</i>	6,035.00
23.	Multiple Sclerosis Association in the region of Eastern Herzegovina; Nevesinje, <i>“Better to Prevent than Treat”</i>	4,200.00
24.	Social Work Center Rogatica, <i>“Construction of an access ramp in the family house of Kosorić Miodrag for the underage Kosoric Milena, a child with a disability”</i>	5,262.61
25.	Municipality of Osmaci – Social and Child Protection Service, <i>“Improvement of a residential building of a family in the state of social need”</i>	9,000.00
26.	Association for Assistance to Mentally Retarded Persons “Nada”, Bijeljina, <i>“Support for the Kulašević family for the improvement of their residential building”</i>	3,810.00
27.	Social Work Center Novi Grad, <i>“Help and care at home in rural areas of the municipality of Novi Grad”</i>	8,625.00
28.	Association of parents and friends of children and youth with special needs “Zračak”, Ljubinje, <i>“Construction of a bathroom for Dragan Dangubic”</i>	2,980.00
29.	Association of parents with four or more children Prnjavor, <i>“Furnishing the office of the</i>	2,444.20

	<i>association4+ ”</i>	
30.	Municipality Oštra Luka, “Housing care for large families”	7,021.46
31.	Association of Blind and Visually Impaired Persons of the Municipality of Kneževno, “Let's help those who do not see as well as you3 ”	2,398.00
32.	Social Work Center Rudo, “For a better and nicer life of S. Perišć”	7,000.00
33.	Municipal Organization of the Blind Prnjavor, “Education against Discrimination”	4,870.00
34.	Association of Patients with Dystrophy and Related Diseases, “Personal Assistance - the Key to Independent Living”	8,225.00
35.	Association of Citizens “Sana2008”, “Care of persons with housing issues ”	9,626.80
36.	Municipal organization of the Red Cross Osmaci, “Reconstruction and equipping of a residential building with necessary furniture for a socially disadvantaged family”	3,640.00
37.	Social Work Center Banja Luka, “Housing solution-social security for the marginalized”	4,514.94
38.	Social Work Center Prijedor, “They Are Not Alone”	1,913.27
39.	Association of Disabled Workers of the Municipality of Gradiška, “Assistance for Disabled due to Work”	4,191.76
40.	Society of voluntary blood donors Ljubinje, “Improvement of Voluntary Blood Donation”	7,500.00
41.	Municipal Association of Patients with Posttraumatic Stress Disorder Gradiška, “Key for Happy Faces”	4,287.00
42.	City Organization for the Blind Zvornik, “Help for socially most vulnerable”	4,000.00
43.	Municipal Veteran Organization Oštra Luka, “Housing for a demobilized fighter”	5,908.50
44.	The Association of citizens Daunov Sindrom, “Work training and independent living of people with downs syndrome”	6,513.30
	T o t a l	274,187.29

Source: RS Ministry of Labour, War Veterans and Disabled Persons' Protection

**TABLE 124**

AVERAGE MONTHLY INCOME OF RETIREES IN THE REPUBLIC OF SRPSKA	
Year	Average Monthly Income for Retirees
2016	3.65
2017	3.93
2018	4.11
2019	3.66

Source: RS Ministry of Labour, War Veterans and Disabled Persons' Protection

**TABLE 125**

SPISAK USTANOVA ZA INSTITUCIONALNO ZBRINJAVANJE OSOBA TREĆE ŽIVOTNE DOBI U FEDERACIJI BOSNE I HERCEGOVINE				
Name	Capacity	Number of Persons Admitted	Number of Employees	Price
PI „Nursing Home Zenica“ Zenica	77	75		<u>Basic Package:</u> Mobile: 620 KM Semi-mobile: 720 KM Immobile: 820 KM with increased care; 920 KM immobile  <u>Additional:</u> Single bed: basic package +80 KM Suites: basic package +130 KM
PI Retirement Home with Hospital/ZDK	203	165		Mobile: 810 KM (27 KM per day) Semi-mobile: 840 KM (28 KM per day) Immobile: 900 KM (30 KM per

				day)
<b>Institution and Centre for the Care of Infirm Zenica</b>	26	23		Mobile: 810 KM (25-27 KM per day) Semi-mobile: 870 KM (29 KM per day) Immobile: 930 KM (30-32 KM per day)
<b>Institution for the Accommodation of Elderly and Infirm "SIRA DOM" Tešanj</b>	30	27		Mobile: 750 KM Semi-mobile: 750-800 KM Immobile: 800 KM
<b>Institution for the Accommodation and Care of Elderly "Rajkovača &amp; Šušak" Usora</b>	39	39		Mobile: 600 KM Semi-mobile: 650 KM Immobile: 700 KM
<b>Institution "Ministro" Home for Infirm and Elderly Žepče</b>	32	39		Mobile: 700 KM Semi-mobile: 800 KM Immobile: 800 KM
<b>Association HO International Solidarity Forum – Emmaus" Reception Centre – "Duje" Klokočnica, Doboj Istok Accommodation for Elderly and Infirm</b>	120	28		Mobile: 1,000 KM Semi-mobile: 1,200 KM Immobile: 1,200 KM Suite: 1,500 KM Persons with dementia – exception +10%
<b>Home for Social and Health Care of Persons with Disabilities and</b>		67		No waiting list

<b>Others Stolac</b>				
<b>Centre for the Elderly and the Infrim Mostar</b>		208		Cost of accommodation between 500.00KM and 720.00 KM
<b>Home for Elderly and Infrim “Domanovići” Čapljina</b>		152		According to the information submitted by the relevant ministry of the Herzegovina-Neretva Canton, prices of accommodation in social protection institutions that assume the institutional care for the elderly in this canton ranges from 650.00 KM to 1,100 KM. The accommodation price depends on the type of service provided and the condition of the beneficiary (mobile, semi-mobile, immobile and demented persons).
<b>Home for Elderly and Infrim “MiranSan” Mostar</b>		140		
<b>Home for Elderly and Infrim “Domanovići” Čapljina</b>		50		
<b>Home for Elderly and Infrim “MiranSan” Mostar</b>		21		
<b>Home for Elderly and Infrim “MirnaLuka” Neum</b>		27		
<b>Home for Elderly and Infrim Jablanica</b>		50		
<b>Home for Elderly and Infrim “Betanija” Čapljina</b>		84		
<b>Home for Elderly and Infrim Ravno</b>		54		
<b>Home for Elderly and Infrim “SENIOR” Odžak</b>		26	10	
<b>Home for Elderly and Infrim “Dobrosrce”</b>		39	8	“According to the information submitted by the relevant ministry of the Posavina Canton, all three homes are in private ownership and the prices range from 600.00

<b>Domaljevac</b>				KM and more, depending on the health condition of the accommodation beneficiary. The ministry has no information on the waiting lists, although demand for accommodation has increased significantly recently. “
<b>Home for Elderly and Infrim “REVIRAJ.M.” Orašje</b>		39	15	
<b>Home for Elderly and InfrimGoražde</b>	100	60	22	The Ministry of the Bosnia-Podrinje Canton Goražde did not submit data on the cost of accommodation in this institution.
<b>CPIGerontology Centre</b>	343	343		The price of accommodation in this institution is different depending on the type of beneficiary, so the accommodation of an independent / mobile beneficiary costs 407.00 KM, the dependent / immobile beneficiary 627.00 KM, while the accommodation of a beneficiary in a single room costs 700.00 KM. Regarding the length of waiting for accommodation in the Gerontology Centre, waiting for accommodation in this institution is on average 1 to 3 months.
<b>Home for Elderly and Infrim</b>				The competent ministry of Sarajevo Canton did not submit data on capacity, number of accommodated and prices in these institutions
<b>DomVillaFilis</b>				
<b>DomVitalis</b>				
<b>Home for the Protection of the Elderly “Dompensionera Green”Ilidža</b>				
<b>Drugidom</b>				
<b>ParkVogošća</b>				

<b>Miran sanBranchoffice Sarajevo</b>				
<b>MIRSEN</b>				
<b>DomSentino</b>				
<b>Social Protection Institution Lpibuški</b>	100	100	41	Daily price of accommodation service in the Social Protection Institution - Lpibuški for I category of beneficiaries is 29.00 KM and II category of beneficiaries is 35.74 KM  According to the information of the competent ministry of the Central Bosnia Canton, the prices of services in these institutions are from 600.00 KM to 1,500.00 KM, depending on the services provided and the health condition of the beneficiary. Waiting lists exist in some institutions, while waiting lists do not exist in others. “
<b>Home for Elderly and InfrimREVITALIS Bugojno</b>	40	40	13	
<b>Home for Elderly and Infrim “SvetiJosip” Vitez</b>	85	83	36	
<b>Home for Elderly and Infrim “Auravitalis”Jajce</b>	37	35	15	
<b>EdenrajVitez</b>	80	55	13	
<b>Našdom Travnik</b>	260	236	78	
<b>Home for Elderly and Infrim“PZU-7”Fojnica</b>				
<b>Care Home “Starimozajedno” NoviTravnik</b>	64	62	13	
<b>Home for the Elderly “OTACKRISTOFOR” NovaBilaTravnik</b>	105	105	43	
<b>Home for Elderly and Infirm Brnjaci –Kiseljak</b>	70	30	19	
<b>Home for the Elderly “Linijaživota”</b>	35	26	6	

<b>Donji Vakuf</b>				
<b>Private Institution of Social Protection for Adults and the Elderly</b>  –Home for the Elderly  “Stara jesen”, Sanskimost	50	Nije dostavljen podatak o broji smjestenih	26	According to the information of the relevant ministry of the Una-Sana Canton, the prices range from 800.00 KM to 1,300.00 KM. One does not have to wait long for the accommodation.
<b>Private Institution of Social Protection for Adults and the Elderly</b>  –Home for the Elderly  “TOPLI DOM” BIHAĆ	18	18	7	
<b>Private Institution of Social Protection for Adults</b>  –Home for the Elderly  “MIRNA OAZA” BIHAĆ	20		8	
<b>Private Institution of Social Protection for Adults and the Elderly</b>  –Home for the Elderly  “VitaNova” Sanski Most	50	46	26	
<b>Private Institution of Social Protection for Adults and the Elderly</b>  –Home for the Elderly  “VitaNova” Sanski Most	30	26	13	

<b>Private Institution of Social Protection for Adults and the Elderly</b>  –Home for the Elderly  “VitaNostra” Bihać	60	60	37	
<b>Private Institution of Social Protection for Adults and the Elderly</b>  –Home for the Elderly  “Villa Adriana “Bihać”	47			
<b>Private Institution Home for the Elderly</b> “VILLAMINKA” Cazin	26			
<b>Home for Elderly and Infirm</b> “Zelenaooza” Široki brijeg	30	10		The competent cantonal ministry did not provide any information on the cost of accommodation services in these institutions.
<b>Home for Elderly and Infirm</b> “Miran san “Mostar BranchofficePosušje	29	9		
<b>Home for Elderly and Infirm</b> “Vita”Grude	147	47		
<b>Home for Elderly and Infirm</b> “Grubišić”Lpibuški	50	20		
<b>Home for Elderly and Infirm “Sv. JosipRadnik”Lpibuški</b>	52	26		
<b>Home for the</b>	73	20		The competent cantonal ministry did not

<b>Elderly“Sveti Nikola”Tomislavgrad</b>				provide any information on the cost of accommodation services in these institutions.
<b>Home for the Elderly “Emilija”Livno</b>	20	17		
<b>PIHome for the Elderly Tomislavgrad</b>	115	43		

Source: The FBiH Ministry of Labour and Social Politics

**TABLE 126**

Residents of social welfare institutions by age <sup>24</sup>									
	Total	Age of residents							
		Under 40 years	40-49	50-59	60-64	65-69	70-74	75-79	80 and older
<b>2016</b>	5,324	103	194	462	359	451	625	1,069	2,061
<b>2017</b>	5,778	100	200	472	369	432	591	1,118	2,496
<b>2018</b>	6,284	78	161	482	416	473	758	1,161	2,755

Source: BiH Agency for Statistics

**TABLE 127**

Residents of social welfare institutions by payment					
	Total	Paying for residence			Not paying for residence
		All	Completely	Partially	
2016	5,324	4,583	3,459	1,124	741
2017	5,778	5,048	3,730	1,318	730
2018	6,284	5,721	4,543	1,178	563

Source: BiH Agency for Statistics

**TABLE 128**

<sup>24</sup>Agency for Statistics Bosnia and Herzegovina (The latest data on poverty (Article 45, question 51) refer to 2015 and were obtained from the Household Budget Survey in Bosnia and Herzegovina. A new survey is in process this year, and the first data will be available in 2021).

<b>Residents of social welfare institutions by reason for institutionalisation</b>									
		<b>All</b>	<b>Old age</b>	<b>Severely chronically diseased</b>	<b>Mental handicaps</b>	<b>Physical handicaps</b>	<b>Housing troubles</b>	<b>Disturbed family relations</b>	<b>Other</b>
<b>2016</b>	<b>All</b>	<b>5,324</b>	<b>2,232</b>	<b>986</b>	<b>1,118</b>	<b>697</b>	<b>166</b>	<b>38</b>	<b>87</b>
	<b>Male</b>	2,159	782	438	487	302	73	21	56
	<b>Female</b>	3,165	1,450	548	631	395	93	17	31
<b>2017</b>	<b>All</b>	<b>5,778</b>	<b>2,554</b>	<b>925</b>	<b>1,174</b>	<b>815</b>	<b>164</b>	<b>47</b>	<b>99</b>
	<b>Male</b>	2,187	854	348	528	316	77	21	43
	<b>Female</b>	3,591	1,700	577	646	499	87	26	56
<b>2018</b>	<b>All</b>	<b>6,284</b>	<b>2,869</b>	<b>1,252</b>	<b>1,144</b>	<b>685</b>	<b>159</b>	<b>39</b>	<b>139</b>
	<b>Male</b>	2,436	1,072	493	488	227	67	15	74
	<b>Female</b>	3,848	1,797	759	656	458	92	24	62

Source: BiH Agency for Statistics