Youth Partnership

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CHAPTER VII BOSNIA AND HERZEGOVINA: HEALTH AND WELL-BEING

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Contents

7.1. GENERAL CONTEXT 3

7.2. ADMINISTRATION AND GOVERNANCE 5

7.3. SPORT, YOUTH FITNESS AND PHYSICAL ACTIVITY 6

7.4. HEALTHY LIFESTYLES AND HEALTHY NUTRITION 7

7.5. MENTAL HEALTH 9

7.6. MECHANISMS OF EARLY DETECTION AND SIGNPOSTING OF YOUNG PEOPLE FACING RISKS 11

7.7. MAKING HEALTH FACILITIES MORE YOUTH FRIENDLY 13

7.8. CURRENT DEBATES AND REFORMS 14

7.1. General context

Bosnia and Herzegovina is classified as an upper-middle-income country. As a former republic of the Socialist Federal Republic of Yugoslavia, Bosnia and Herzegovina inherited a fully articulated modern system of education, healthcare, social insurance and social assistance. Although the basic structures of the system remain in place today, the consecutive impact of the conflict of the 1990s, economic transition, external economic shock, austerity policies, low growth and rising inequality have left many parts of the system unable to provide the quality of care and equality of access required by citizens.

The existing social assistance system creates inequality among its clients based on both their place of residence (territorial inequality) and the social category to which the user belongs (status-based inequality).

Overall, the social assistance system in Bosnia and Herzegovina fails to reach many of the most vulnerable and keep them from descending into poverty.

At 9.2% of GDP, health care expenditure in Bosnia and Herzegovina is the highest in the region yet has lower health outcomes, fewer medical staff and a lower number of hospital beds in comparison with neighbouring countries. This is in part a result of the devolved administration, which entails substantial duplication and hinders co-ordination.

Main trends in the health conditions of young people

When it comes to the lifestyle of young people in Bosnia and Herzegovina, it seems worth mentioning that in 2014 the Canton Sarajevo Ministry of Education, Science and Youth, acting in co-operation with “Association XY”, issued a syllabus called Healthy Lifestyles, targeting pupils at elementary schools, which should help youth to have more quality of life and to learn what quality of life is. According to an Association XY survey conducted before the syllabus was created, young people in Bosnia and Herzegovina enjoy shopping (33.9% of them say they go shopping at least once a week, although half of them have never done any shopping online), and 39% of young people believe that wearing branded clothes is important or very important. Healthy eating is important or very important to 84.5% of young people, while only 1.2% of them says it is not important at all. Of the only 16.7% of young people who say that they have more money for personal needs in comparison to other youth in Bosnia and Herzegovina, it is questionable how much they can afford healthy food and branded clothes. Yet 81% of respondents say that looking good is important or very important to them (48.5% of them say they are satisfied with the way they look, and 27.2% are very satisfied).

51% of youth say they never drink any alcohol and 96% have never used any soft drugs. Also, 66.6% of youth say they do not smoke cigarettes and never have. On the other hand, 20.3% of them smoke cigarettes every day.

When it comes to sexual and reproductive health, the most common age for the first sexual intercourse is 17-18, with 42% of young people saying they use birth control methods as a rule. However, 15.5% of young people were uncomfortable about discussing this issue.

71.6% of respondents rate their health as very good or excellent. In general, one can say that young people are aware of the importance of healthy lifestyles and try to base their lives on these foundations as much as possible.

In this context, 66.3% of young people say that engaging in sports is important or very

important, although 49% of youth do sports rarely or never. Since engaging in sports has a significant commercial aspect (it requires specific equipment, membership fees at sports clubs or for using sports facilities), one can say that young people would like to do sports and consider this to be quite important but cannot afford it. 40.8% of them say that they are concerned about poverty in society, allowing one to identify this as an issue that affects their life. Of course, there are some sports activities that do not require significant financial investments by youth, but most sports clubs are commercial ones.

Main concepts

Bosnia and Herzegovina inherited a system of social insurance (health care, old age pension insurance, unemployment and disability insurance and in Republika Srpska child protection) in which entitlement is linked to employment and based on paid contributions. Cover is straightforward for anyone who is formally employed along with his or her dependants. The employer deducts the employee's health insurance contribution from his or her wages as a constant percentage of base pay that cannot be lower than the minimum wage, with no minimum or maximum levels, and pays it directly into the respective insurance fund in the employee's place of residence.

Given that citizens of Bosnia and Herzegovina can live in one entity and work in another, the interrelationship between place of residence, payment and treatment is important. The health insurance contributions employers deduct from their employees' wages flow into the fund in the employee's place of residence and are not transferable. Citizens in the Federation of Bosnia and Herzegovina are expected to receive planned care through the entity or the canton of their residence, while by law emergency medical treatment is provided at the nearest appropriate facility regardless of insurance cover. Patients can be referred elsewhere for specialist treatment with the payments being transferred between the respective funds and care institutions.

Each registered individual receives a health booklet and must ensure that it is stamped regularly (monthly or quarterly) to show that the contributions have been paid by them or on their behalf. The paper booklets are gradually being replaced by smart cards, but the principle remains the same.

While the underlying principle of an insurance-based health care system is that care is provided to those who have insurance cover, the Constitution of Bosnia and Herzegovina follows the European Convention for the Protection of Human Rights and Fundamental Freedoms. In 2008, in ratifying the European Social Charter, Bosnia and Herzegovina accepted the obligation to provide the uninsured with access to necessary health care. Under the charter, parties are required "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". In practice, however, many people lack adequate cover. Current estimates suggest that only 78% of the population of Republika Srpska and 86% of the population of the Federation of Bosnia and Herzegovina are covered by health insurance. This estimate ranges from a low of 64% in Canton 10 to a high of 96% in the Sarajevo and the West Herzegovina cantons. In addition to the variation in the levels of cover across the entities, the level of average per capita expenditure varies widely across the cantons of the Federation of Bosnia and Herzegovina. The rate in Sarajevo Canton, for example, is nearly double that of the Central Bosnia

Canton. Aside from those employed by enterprises that are in financial difficulty (including many state-owned companies and hospitals) that fail to pay the health insurance contributions required by law, the lack of cover most frequently affects individuals outside the formal economy who are vulnerable according to one or more dimensions.

Although individuals without health insurance have the right to medical treatment, they and their dependent family members are less likely to seek preventive care and more likely to delay addressing health problems until they become more acute and thus more difficult as well as expensive to treat. While emergency care is provided for those without insurance, despite the absence of the “adequate assistance” guarantee, vulnerable individuals may not be aware of their right to receive care and may find it difficult or impossible to obtain care.

7.2. Administration and governance

Governance

The Constitution of Bosnia and Herzegovina delegates the responsibility for the provision of health care to the two entities and Brčko District. There is no state-level ministry of health, although the Ministry of Civil Affairs is responsible for national co-ordination and international strategies relating to health. Bosnia and Herzegovina has a total of 13 health insurance funds and 13 ministries or departments responsible for the provision of health care services, in an arrangement that directly follows the constitutional structure of the country.

The Constitution of the Federation of Bosnia and Herzegovina describes health care as a joint responsibility of the entity and of the cantons, supported by the 11 ministries of health and the 11 health insurance funds: one fund in each canton and at the entity level through the “Solidarity Fund”. The latter was designed to equalise access to the most sophisticated health care and to pay for priority public health programmes such as immunisation. Service provision varies widely across the cantons in terms of access, quality and cost, with some cantons requiring an annual fee as well as co-payments for a wide range of services. Republika Srpska has one health ministry and one health insurance fund, while Brčko District has one department that is responsible for health and one health insurance fund.

The health care system includes the insurance funds, medical facilities and staff. The structure of health facilities in both entities reflects the model and system of former Yugoslavia comprising specialist clinical centres, specialist and general hospitals, health centres and smaller outpatient clinics. There is also a network of public health institutes that are responsible for monitoring and surveillance, health protection, disease prevention and health promotion. These institutes are distributed geographically with the central Public Health Institute for the Federation of Bosnia and Herzegovina located in Sarajevo and cantonal public health institutes in the Central Bosnia, Posavina, Sarajevo, Tuzla and Zenica cantons, while the central Public Health Institute of Republika Srpska is located in Banja Luka with five branches distributed throughout the entity. Health issues in the Republika Srpska are centralized and exist at the entity-wide level. Thus, the centralised system of health insurance in Republika Srpska is much more favourable for the insured persons compared with what is provided for the insured persons in the Federation of Bosnia and Herzegovina.

The Brčko District authorities regulate the health issues of the Brčko District of Bosnia and Herzegovina.

Cross-sectoral co-operation

According to Article 15 of the Law on Ministries and Other Administrative Bodies, the Ministry of Civil Affairs is responsible for carrying out activities and tasks which are under the jurisdiction of Bosnia and Herzegovina and relate to defining the basic principles of co-ordinating activities, harmonising plans of entity authorities and defining the strategy at the international level in the areas of health and social welfare, pensions, science and education, labour and employment, culture and sport, surveying, geological and meteorological affairs.

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

7.3. Sport, youth fitness and physical activity

National strategy(ies)

There is no current national strategy since the institutions that are primarily responsible for issues of culture, sport and leisure time of youth are ministries at the entity level.

The Ministry of Civil Affairs is responsible at the state level.

The main challenges for young people in this field are:

- legal disorder;
- lack of strategy or strategic framework for the development and investment in the field of culture and sport;
- the absence of a programmatic approach;
- lack of adequate institutional capacity;
- poor co-ordination and co-operation between different levels/institutions of government in Bosnia and Herzegovina;
- financial difficulties;
- incompetence and lack of qualification of a part of the professional sports personnel.

Promoting and supporting sport and physical activity among young people

Currently, there are no specific support measures at any level that target the promotion and support of sport and physical activity among young people. There are specific funds dedicated to sports collectives at both national and entity levels, but no specific funds just for youth sports. Most sports clubs, however, are promoting sports and physical activities.

Physical education in schools

Physical education in primary and secondary schools is regulated by the Framework law on

primary and secondary education in Bosnia and Herzegovina.

Physical education in schools are defined by two entity laws and law in Brcko district BiH. The Federation of Bosnia and Herzegovina as well as Republika Srpska and Brčko District implement two mandatory physical activity classes per week, both in primary and secondary education. Other than obligatory physical school classes, most schools organize sports teams in football, basketball, handball, or volleyball (the most popular sports) and most of those sports are extracurricular activities. Available curriculums for all levels of education in Republika Srpska are listed on the Republic Pedagogical Institute of the Republic of Srpska webpage, while the Federation of Bosnia and Herzegovina has adopted the Framework curricula for nine-years education.

Collaboration and partnerships

The Youth Sports Games are the biggest amateur sports event in which children and youth from schools in Bosnia and Herzegovina can participate. The games are organised in three countries: Bosnia and Herzegovina, Croatia and Serbia. In 2019, 202 000 participants competed.

The Youth Sports Games started in 1996 in Split, Croatia. The primary motive was to enable high-school students to participate in organised sporting events and other free activities.

Children and young people from all participating countries are offered the possibility of attending the competitions free of charge. The most successful individuals and teams are granted a "mini vacation" in the form of participating in the international finals.

EYOF 2019 (the European Youth Olympic Festival) is the biggest sports event organised in Bosnia and Herzegovina since the 1984 Winter Olympic Games in Sarajevo. It was held from 9 to 16 February 2019. The vision and idea of organising EYOF in Sarajevo and East Sarajevo was initiated by the Presidency of the NOC of Bosnia and Herzegovina.

The Olympic Committee of Bosnia and Herzegovina, as a guarantor of credibility for the candidacy, together with the host cities Sarajevo and East Sarajevo, signed a contract with the EOC for the organisation of this major sports event.

The opening ceremony on 10 February 2019, held under the slogan "We create together", was attended by 25 000 people. The closing ceremony was held on 15 February 2019.

A total of 904 athletes from 46 European countries, members of the EOC, competed in eight sports (32 disciplines) in seven venues.

7.4. Healthy lifestyles and healthy nutrition

National strategy(ies)

There is no national strategy on healthy lifestyles and healthy nutrition.

Encouraging healthy lifestyles and healthy nutrition for young people

Healthy lifestyles and healthy nutrition for young people are not topics of any state-level policy or strategy. According to the Global Nutrition report from 2020, Bosnia and Herzegovina has shown limited progress towards achieving its diet-related non-communicable disease (NCD) targets. The country has shown no progress towards

achieving the target for obesity, with an estimated 18.4% of adult (aged 18 years and over) women and 17.1% of adult men living with obesity. Bosnia and Herzegovina's obesity prevalence is lower than the regional average of 23.3% for women and 22.2% for men. At the same time, diabetes is estimated to affect 6.9% of adult women and 8.0% of adult men.

Health education and healthy lifestyles education in schools

In 2013, Association XY and the Ministry for Education, Science and Youth of Sarajevo canton introduced a new subject in primary schools called Healthy Lifestyle, with an integrated chapter on Comprehensive Sexuality Education (CSE).

During 2016, Association XY established a collaboration with representatives of the Ministry of Education Bosnia-Podrinje canton. Selected experts from the ministry implemented a short assessment for Healthy lifestyles subject introduction. The main result of the assessment was that it is necessary to conduct a deep, comprehensive and cross-sector review of all school curricula in this canton in order to identify possibilities for Comprehensive sexuality education. A comprehensive programme has only been implemented in the capital, Sarajevo, and not (yet) in the rest of the country. Additionally, this programme is not mandatory and very few pupils (fewer than 10%) choose to attend it.

Peer-to-peer education approaches

"Programme Y – Youth Innovative Approaches in GBV Prevention and Healthy Lifestyle Promotion for Young Men and Women" is a new educational programme for the prevention of violence and promotion of healthy lifestyles. The programme is accredited in the Herzegovina-Neretva canton and authorised to work in secondary schools in the Republika Srpska. It is also applied in the Sarajevo canton and the Central Bosnia canton. The Manual for educators in high schools and youth workers "Programme Y – Youth" is a tool that was developed out of the Young Men Initiative by CARE International NW Balkans and its collaborative partners from Western Balkans countries focused on addressing gender inequalities, harmful health practices and violence in everyday life with young men and young women aged from 14 to 19 in schools and the community.

The most important project implemented in the field of healthy lifestyles among youth is called the Young Men Initiative – Promoting Healthier Lifestyles among Youth in Bosnia and Herzegovina by Challenging Gender Stereotypes II, or Young Men Initiative II (YMI II). This project builds upon CARE's comprehensive and programmatic effort to fight interpersonal and gender-based violence (GBV) as well as to improve gender equality in Bosnia and Herzegovina and address preventive issues relating to youth extremism and violence. The project's overall goal was to increase the uptake of healthy, non-violent and gender-equitable lifestyles among young men and young women in Bosnia and Herzegovina.

The project is organised and supported by CARE International, the Swiss Agency for Development and Co-operation (SDC) and the Oak Foundation. It was implemented with the co-operation of local youth and non-governmental organisations: Association "XY" (Sarajevo), Perpetuum mobile – Institute for Youth and Community Development (Banja Luka), NGO "Youth Power" (Mostar) and youth NGOs: Forum Theatre (East Sarajevo), New Vision (Novi Travnik), Otaharin (Bijeljina), Zemlja djece u Bosnia and Herzegovina (Tuzla), Proni (Brčko), Youth Club "Pod istim suncem" (Jablanica).

Collaboration and partnerships

There are no national programmes of collaboration and partnership in this field.

Raising awareness of healthy lifestyles and of factors affecting the health and well-being of young people

In 18 municipalities in Bosnia and Herzegovina there is an initiative called "Be a Man Club". This project aims to empower young men (13 to 19 years old) to build attitudes and behaviours that contribute to gender equality in their societies, not choosing and rejecting bullying directed against peers or female persons. The project has been implemented since 2006 and includes youth from more than 50 towns and municipalities in Bosnia and Herzegovina, Serbia, Kosovo[*] and Croatia. The project consists of four main parts: Education; Campaign "Be a Man"; Research and Policy Development; and Work with Roma population.

An educational methodology "Be a Man" Club uses is the "Manual M" which has been developed by the partner organisation "Promundo" (Rio de Janeiro, Brazil). The manual consists of more than 100 educational workshops about gender equality, violence prevention, healthy lifestyles, alcohol and drug abuse, sexual and reproductive health, HIV/Aids, fatherhood and adulthood. The campaign is run by young people who have been through educational workshops and thus become members of "Be a Man" clubs. Clubs were established as centres for high-school students who want to get engaged in the creative promotion of responsible and mature young men's values. Members of these clubs conduct interesting activities in order to animate their peers to understand that a real man is not violent, that he respects women and is responsible in sex. Regular work with governmental institutions and local non-governmental organisations that deal with issues of research on violence, conflicts, gender norms, health and fatherhood aims to advocate for a governmental programme methodology in regard to working with young men in schools and create the conditions needed for empowering the youth sector on local and national levels. Since 2010, young Roma have been involved in project activities as a vital part of this project. Work with young Roma largely completes the project and raises it to a higher level. So far there have been three training sessions for young Roma on the topics of sexual and reproductive health, violence prevention, and alcohol and drug abuse.

During the past 10 years of the project, more than 2 000 young men and over 500 young women were directly involved in this project (through education and the campaign). More than 300 young individuals attended educational workshops each year, while more than 200 young men and women were engaged in the work of "Be a Man" clubs. Currently, there are over 40 active members of the "Be a Man" club in Banja Luka. "Be a Man" initiatives are implemented in 18 different towns and municipalities in Bosnia and Herzegovina.

7.5. Mental health

[*] All references to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

National strategy(ies)

There is no national strategy on mental health in Bosnia and Herzegovina.

Although it is one of the most vulnerable societies in the region, Bosnia and Herzegovina has made considerable progress in the field of mental health care reform, which was launched in 1996 focusing on community-based mental health. Bosnia and Herzegovina is the only country in the South-East Europe (SEE) region that has set up a network of 74 community-based mental health centres which provide services to 3.8 million residents. The centres employ multi-disciplinary teams comprising psychiatrists, psychologists, social workers and medical nurses; some centres, however, also employ occupational therapists, defectologists, speech therapists, somatotherapists, and child psychiatrists. The essential change of the context of service provision in mental health implies a decrease in the rate of psychiatric bed occupancy, opening a network of mental health centres, a multi-disciplinary approach and teamwork, development of other community-based services and improvement of inter-sectoral co-operation. These processes aim to build an effective, efficient and quality mental health service focused on user needs and accessible to as many people as possible in the context of the integrated system of service delivery. The mental health care system needs to protect human rights, ensure gender equality and efficiently respond to diverse needs of the population, especially of the most vulnerable groups.

Improving the mental health of young people

The COVID-19 pandemic has touched every aspect of people's lives, including mental health. At the same time, it was also obvious that this is still a forbidden subject and we have seen reluctance and hesitancy to acknowledge and discuss it openly among family members, peers and service providers. There is an urgent need to promote mental health and well-being, and the severity of the global burden of mental health problems for children, adolescents, parents, and caregivers.

All children and adolescents are at risk of poor mental health outcomes. [WHO's Global Health Estimate] shows that up to one in five adolescents will experience a mental disorder each year, self-harm is the third leading cause of death for adolescents and depression is among the leading causes of disability. However, these risks are particularly acute for the most vulnerable children and families, for example, those with disabilities, those facing violence, neglect, and abuse in the home, or who live in humanitarian emergencies and low-resource settings.

It is encouraging that mental health and psychosocial support services are now seen as an increasingly urgent part of the COVID-19 response globally and in Bosnia and Herzegovina.

When the COVID-19 pandemic broke out in Bosnia and Herzegovina in March 2020, non-essential health and social welfare services were limited and/or interrupted and physical access to centres for mental health and centres for social welfare was interrupted by lockdown measures. Children, adolescents, parents, and caregivers, including those who experienced prior mental health issues and those who experienced mental health issues due to the COVID-19 pandemic, due to number of factors, struggled to access mental health and psychosocial support services. Upon the request of the Federal Ministry of Health and the Republika Srpska Ministry of Health and Social Welfare, UNICEF has intensified support to ensure access to mental health and psychosocial support, with a particular focus on

children, adolescents, parents and caregivers as well as support aimed at prevention of burnout for teachers and professionals in centres for mental health and centres for social welfare.

With the support of the international community, in particular USAID and the Swiss and Swedish Governments, UNICEF delivered IT equipment such as tablets, smartphones and personal protective equipment to centres for mental health, centres for social welfare and key child protection service providers to ensure and even restore mental health and critical child and family welfare services. In partnership with the Associations of Psychologists in the Federation of Bosnia and Herzegovina and Republika Srpska and the Bosnian Herzegovinian Association for Integrative Child and Adolescent Psychotherapy, relevant professionals were trained and certified for virtual crisis interventions, particularly by phone. This intervention was complemented by the establishment of community-based support groups across the country.

More than 45 000 children, adolescents, parents and caregivers across the country have benefited from this support, including 5 000 children and parents from direct mental health and psychosocial support services.

However, much more remains to be done to ensure greater access to tailored, holistic and community-based mental health and psychosocial support, especially for the most vulnerable children, adolescents, parents and caregivers in Bosnia and Herzegovina, during and after COVID-19.

7.6. Mechanisms of early detection and signposting of young people facing health risks

Policy framework

The three administrations – the Federation of Bosnia and Herzegovina, Republika Srpska, and Brčko District – each have a justice and social welfare system with similar structures. Structurally, the child protection systems deliver services that are mainly responsive, with challenges to promoting preventive services and initiatives. Child protection issues are covered by different laws and strategies at entity/cantonal level; there is no overarching normative framework for child protection that outlines a strategic vision for strengthening the protective environment of children in Bosnia and Herzegovina as a whole, nor at entity, district and canton levels. This results in a fragmented and non-holistic approach. Implementation of existing laws and strategies relating to child protection is inadequate, and not enough attention is paid to all budgetary, staffing and institutional frameworks and monitoring requirements for translating policy into action. Comprehensive information on budget allocation and utilisation for child protection is scarce and requires further analysis. It is evident that budget allocations are often insufficient, and budget utilisation are inefficient in ensuring adequate quality and coverage of child protection services.

The function of preventing and protecting children and families from harm, while promoting their welfare, is not clearly defined, and often surfaces at the margins of the overall discourse on social protection. While a lot has been done to promote an integrated approach to social protection and inclusive services at local level, the place of child protection (intended as prevention and response to violence, abuse, neglect and

exploitation) has not yet been clearly defined in laws and policies.

As stated in the Situation Analysis of children in Bosnia and Herzegovina, more than half the country's population was at risk of poverty or social exclusion in 2010, with no indication that this situation has changed much since then. Children are among the most vulnerable categories: they consistently have higher poverty rates than the general population (30.6% in 2011 compared to 23.4% of the total population). The most recent Household Budget Survey conducted in 2015 did not disaggregate data on child poverty. Total social assistance benefits account for approximately 4% of GDP, of which about three quarters are paid to war veterans and their families. The social exclusion of families from rural areas, Roma families and families with children with disabilities is multi-dimensional. While social and child protection legislative reforms improving the adequacy and coverage of child cash benefits have advanced in Republika Srpska, the Law on Financial Support to Families with Children in the Federation of Bosnia and Herzegovina was only approved in February 2020.

Stakeholders

An important step forward in improving child welfare services has been the development of uniform, standardised case management tools for centres for social welfare (CSWs). Entity and cantonal ministries responsible for social welfare, together with academia, developed guidelines for child protection case management in both the Federation of Bosnia and Herzegovina and Republika Srpska in 2018. The guidelines have been rolled out in all municipalities in Republika Srpska as well as in several cantons in the Federation of Bosnia and Herzegovina. Significant improvements have also been made in establishing a sound system of foster care, with the adoption of relevant legislation and regulations, the professionalisation of the social service workforce in foster care and education, and education and certification of foster parents.

Fundamental challenges to further enhancing child (and family) welfare relate to the fact that the social protection system is stretched between a "generous" (in intention) list of social benefits for vulnerable groups and responsive child protection services stepping in when there is "evidence" of abuse. Available services are unable or seriously restricted in their capacity to provide proactive prevention and supportive services between the two ends of the spectrum. The services currently provided are largely limited to financial assistance, in-kind assistance, little social work services, foster care, and the institutionalisation of children. To enable CSWs to provide more effective child protection, they require more human, financial and technical resources.

Guidance to stakeholders

The national authority is the Ministry of Civil Affairs, and this ministry is in charge of defining basic principles for the co-ordination and consolidation of entities' plans and definition of international strategy.

In entity Federation of Bosnia and Herzegovina, Federation Bosnia and Herzegovina Ministry of Health, is responsible authority for health. The Department of Social welfare and protection of families and children of the Ministry of Labour and Social Policy, is responsible institutions for children and youth well-being while in Republika Srpska. The

department for social, family and child protection of the Republika Srpska Ministry of Health and Social Welfare is responsible for health and social security issues.

There is no state or entity youth health policy. The only available strategies that currently treat this subject are the Social inclusion strategy in the Federation of Bosnia and Herzegovina 2021-2027 and the Social inclusion strategy in Republika Srpska 2021-2027. Both of these strategic documents deal with children and youth health and well-being issues, together with other aspects, and recognise the importance of youth.

Target groups

More than half of Bosnia and Herzegovina's population was at risk of poverty or social exclusion in 2010, with no indication that this has changed much since then. Children are among the most vulnerable categories: they consistently have higher poverty rates than the general population (30.6% in 2011 compared to 23.4% of the total population). Total social assistance benefits account for approximately 4% of GDP, of which about three quarters are paid to war veterans and their families. Therefore, the actual expenditure on families with children, persons with non-war-related disabilities, and all other vulnerable individuals in Bosnia and Herzegovina is between 1 and 1.2% of GDP, the lowest in the region. The social exclusion of families from rural areas, Roma families and families with children with disabilities is multi-dimensional. While social and child protection legislative reforms improving the adequacy and coverage of child cash benefits have advanced in Republika Srpska, the Law on Financial Support to Families with Children in the Federation of Bosnia and Herzegovina was approved in February 2020.

Funding

As stated in the situation analysis of children in Bosnia and Herzegovina, total health expenditure in Bosnia and Herzegovina has increased significantly since 2000, to 9.3% of total GDP in 2016. Child health is showing signs of improvement. Despite the constitutional provisions, quality health care is not available to all, particularly to vulnerable groups such as Roma. Fragmented service delivery, high spending on pharmaceuticals and inefficiencies in insurance and hospital systems cast doubt on the sustainability of health services. About 58% of health funding in Bosnia and Herzegovina is allocated for inpatient hospital treatment and medical devices for outpatients, with just 1.8% spent on preventive health care. In 2016, out-of-pocket payments accounted for 29% of health spending in the country; it is likely that the poorest households forgo essential health care because they cannot afford it. Health insurance entitlement is sometimes not realised among the Roma for various reasons, some of which include the lack of required documentation.

The number of medical staff compared to the overall size of the population is significantly less than the EU average; this makes adequate provision and timely access to health care services difficult. Planning and coverage of vulnerable groups remain problematic and significant exclusions persist. The varying levels of skills and expertise of health providers underpin a lack of trust between patient and medical staff and lead to variable outcomes, while the absence of uniform standards throughout the country structurally discriminates against those in rural areas.

7.7. Making health facilities more youth friendly

There are no national policy or programmes/initiatives to make health facilities more youth

friendly.

7.8. Current debates and reforms

Forthcoming policy developments

Republika Srpska and Brčko District have started the process of adopting youth policies for the next five years. The Federation of Bosnia and Herzegovina, on the other hand, has not yet announced any activities towards adopting its first youth policy. Current status is that Republika Srpska and Brčko District have finished their research on youth needs but those documents are not public yet.

Both the Federation of Bosnia and Herzegovina and Republika Srpska are developing their strategies in the field of youth health and sport.

There are no data on when Federation of Bosnia and Herzegovina and Republika Srpska strategies would be adopted.

Ongoing debates

There is currently a debate on a legislative change regarding the smoking law in the Federation of Bosnia and Herzegovina, where the Law on Control and Restricted Use of Tobacco, Tobacco Products and Other Smoking Products has been adopted at the Federation of Bosnia and Herzegovina House of Representatives. More information is available on the project page.

In the Federation of Bosnia and Herzegovina, data shows that 8 400 persons die annually from diseases attributed to tobacco smoking; 43.95% of adults and 24.4% of children aged 13-15 are current consumers of tobacco products; and 55% of children in this age group are exposed to second-hand smoke in enclosed public places.

Support for this Law has been given by many international and national institutions and organisations.

While this is a great success, it is just the beginning of the process for the improvement of healthy lifestyles in Bosnia and Herzegovina.

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