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RIGHT TO HEALTH AND ACCESS TO HEALTH SERVICES

- **National legal and policy framework**

In Bosnia and Herzegovina, access to health services is achieved through mandatory, supplementary and voluntary insurance based on reciprocity and solidarity.

The health insurance system in Bosnia and Herzegovina falls under the jurisdiction of the two entities and the Brčko District. Each entity has its own laws and funds, so healthcare services are not transferable between two entities, or between cantons. The legal provisions are generally harmonised between the cantons, however, the inflow of health insurance funds in the cantonal funds is different. Activities in the health sector are based on the Healthcare Act and the Health Insurance Act of the Federation of Bosnia and Herzegovina as fundamental laws in the field of health.

In the Republika Srpska, the Health Insurance Act of the Republika Srpska applies to the entire territory of the Republika Srpska and all citizens of the Republika Srpska are covered by mandatory insurance. In the Brčko District, there is a Department of Healthcare and Other Services within the Brčko District Government, and the Brčko District Health Insurance Fund.

Primary healthcare services for older persons in the Federation of Bosnia and Herzegovina are provided through healthcare centres. These services are more difficult to access in remote rural areas where older persons have to travel long distances to reach healthcare facilities. This is especially a problem during the winter period or bad weather. Secondary and tertiary healthcare is available primarily in larger urban areas, which makes it difficult to meet the health needs of older persons, especially those who live in rural areas and do not have organised means of transportation to healthcare centres (either by close relatives or through public transportation services). Bearing in mind that older persons are more susceptible to diseases, and that they are the majority of users of healthcare services, this threatens their health and affects the quality and length of life.

- **Progressive exercise and utilisation of maximum available resources**

What steps have been taken to align macroeconomic policies and measures with international human rights law, to use maximum available resources for the realisation of older persons' right to health, such as through expanding fiscal space, adopting targeted measures and international cooperation?

IHROBiH does not have the data requested.

- **Equality and non-discrimination**

The Act on Prohibition of Discrimination¹, which has been in force in Bosnia and Herzegovina since August 2009, is a good starting point that provides protection for older persons in its segments. The aforementioned Act stipulates that for the purposes of this Act, discrimination shall be considered any different treatment, including any exclusion, restriction or preference based on real or presumed grounds towards any person or group of persons and those who are related to them by family or otherwise on the ground of, *inter alia*, age.

The Healthcare Act of the Federation of Bosnia and Herzegovina stipulates that the principle of fairness in healthcare is exercised by prohibiting discrimination in providing healthcare on the grounds of race, gender, age, nationality, social origin, religion, political or other conviction, sexual orientation, financial status, culture, language, type of illness, mental or physical disability.

The Healthcare Act of the Republika Srpska stipulates that citizens are equal in exercising the right to healthcare, regardless of race, gender, language, nationality, religion, social origin, birth, education, property status, political and other beliefs, social position or other personal characteristic that can be a cause of discrimination.

A large number of received complaints related to the right to access healthcare refer to excessively long waiting lists for examination, poor nutrition and treatment in hospitals, and unkindness of medical staff, as well as unjustified refusal to provide health services for people from other entities, cantons such as and denial of health information.

Additional problems for older persons are waiting lists for health services at higher levels of healthcare in terms of diagnostics and consultative specialist examinations, as well as surgical procedures related to chronic conditions, due to the fact that during the waiting period, secondary conditions can occur in older persons that could have been avoided by earlier intervention. In addition to chronic diseases, it was also established that there was an increase in the number of older persons registered in the healthcare system with reduced physical or sensory abilities, which increases the costs of the Health Insurance Institute through the subsidies for orthopaedic aids. Institutions for older persons report an increased incidence of accommodating older persons with malignant diseases, Alzheimer's disease, autoimmune diseases and dementia.

- **Accountability**

Protection mechanisms related to violations of the right to healthcare have been established in healthcare centres and hospitals in such a way that a person who is dissatisfied with the healthcare provided or who has objections to the behaviour of the staff has a possibility to file a written complaint to the patients' rights protection commission. Ultimately, older persons have the

¹ *BiH OG*, no 59/09 and 66/16

possibility to use judicial protection. Negative public perception and overcoming stereotypes that older persons are slow, of poor health and that they are ignorant in the use of new technologies leads to social isolation of this population. Declining standard of living and poverty of older persons increases social isolation and leads to the marginalisation of older persons. Despite the desire to be socially active, many are prevented from doing so for economic reasons.

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