

Institucija ombudsmena/ombudsmana
za ljudska prava Bosne i Hercegovine



Институција омбудсмeна/омбудсмана
за људска права Босне и Херцеговине

Special Report *Children's Health Care in BiH*

with support of



Institucija ombudsmena/ombudsmana
za ljudska prava Bosne i Hercegovine



Институција омбудсмена/омбудсмана
за људска права Босне и Херцеговине

Special Report

Children's Health Care in BiH

with support of



Save the Children

Banja Luka, December 2012

The opinions and views expressed in this report are those of the Institution of B-H Human Rights Ombudsman/Ombudsmen and do not necessarily represent the views of Save the Children.

CONTENTS

I INTRODUCTION.....	5
II METHODOLOGY.....	7
III LEGAL FRAMEWORK.....	9
3.1. International standards.....	9
Compliance of B-H legislation with the Convention on the Rights of the Child.....	11
3.2. B-H legislation	11
3.2.1. B-H	11
3.2.2. Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina	11
IV RESULTS OF THE RESEARCH.....	12
4.1. Consultative meetings.....	12
4.1.1. FB-H Ministry of Health.....	12
4.1.2. FB-H Health Insurance and Reinsurance Institute.....	13
4.1.3. FB-H Public Health Institute.....	16
4.1.4. RS Ministry of Health and Social Welfare.....	17
4.1.5. RS Health Insurance Fund.....	18
4.1.6. RS Public Health Institute.....	19
4.1.7. BDB-H Department for Health and Other Services.....	20
4.1.8. Social Work Centers.....	22
Social Work Center Zenica	22
Social Work Center Banja Luka	23
Social Work Center Bihać	23
Social Work Center Mostar	24
Social Work Center Tuzla	24
4.1.9. Public Health Institutes' Data.....	24
FB-H Public Health Institute.....	24
RS Public Health Institute.....	25
Brcko District B-H	25
4.2. Field research	26
4.2.1. Health Centers	26
Number of primary health care institutions	26
Working conditions.....	26
Human resources.....	27
Children as beneficiaries of the right to health care.....	28
Institutional cooperation.....	29
Obstacles.....	29
4.2.2. Hospitals.....	30
Working conditions.....	30

Human resources.....	31
Institutional cooperation.....	31
Children as beneficiaries of the right to health care.....	32
Possibility for parents' stay with their children in children's hospitals/services.....	33
4.2.3. FB-H Cantonal Public Health Institutes	35
Immunization of children.....	36
Education of children.....	36
Systematic medical examinations of school children	36
Institutional cooperation.....	38
4.3. Observations from the focus group meetings.....	38
4.3.1. Associations of parents and children with mental and physical disabilities.....	38
Specific concerns.....	39
4.3.2. Representatives of Roma NGO sector.....	42
Focus groups' observations.....	42
Specific concerns.....	42
4.3.3. „Otaharin" Association, Bijeljina	45
Focus groups' observations.....	45
Specific concerns.....	45
V FINAL CONSIDERATIONS OF THE OMBUDSMEN.....	47
VI GENERAL RECOMMENDATIONS.....	49
ANNEX I	51
ANNEX II	53
ANNEX III	54
ANNEX IV	56

I INTRODUCTION

The institution of the Ombudsman/Ombudsmen for Human Rights in Bosnia and Herzegovina, the Department for monitoring of children's rights, (hereinafter: B-H Ombudsmen), in collaboration with Save the Children, conducted in 2012, within the project "Strengthening the capacity of the Department for monitoring of children's rights at the Institution of Ombudsmen for Human Rights in B-H", a research in the field of health care for children in Bosnia and Herzegovina (BiH), with special attention dedicated to equal access and opportunities to achieve health care for every child.

BiH Ombudsmen evaluated that it is necessary to draw up such an analysis in order to obtain data and information on the basis of which a realistic picture of the current state of child health care on the state level can be presented.

The study is based on a direct, oral and written correspondence with the relevant authorities for the field, non-governmental organizations, as well as insight into the current state of the health care institutions at the level of cantons in the Federation of Bosnia and Herzegovina (FB-H), Republika Srpska (RS), and Brcko District (BD B-H).

Ombudsmen believe that every child in B-H should have equal access and equal opportunities to get health care without discrimination on any grounds. Equal access and equal opportunities imply ensuring equal conditions and possibilities for all children, and one of the prerequisites for this is good cooperation and coordination of all relevant authorities.

Research conducted by the Institution of Ombudsmen in B-H within the framework of this Special Report showed that health care for children in BiH is not at a satisfactory level and legislation in this area is not fully in line with the Convention on the Rights of the Child, the document that represents the minimum rights and standards the state should ensure for every child in B-H. However, the situation in B-H is such that the right to health care for a child depends on the status of the parent/guardian or the regular education of a child.

Preparation of this Report is a continuation of the activities of the Ombudsmen from 2010, when the Report on children with special needs/mental and physical disabilities was prepared, taking into consideration the cases of violation of children's rights that are registered with the Department for monitoring of children's rights. On that occasion it was established that the experiences of Ombudsmen suggest that the exercise of the rights of children is most closely related to factors such as poverty, unemployment, political system, lack of education, lack of statistical data and the appropriate development strategies.

B-H Ombudsmen



Nives Jukić



Ljubomir Sandić



Jasminka Džumhur

II METHODOLOGY

Preparation of the Special Report was of a research character, and notably includes an analysis of the situation on the ground. In this regard, a study was conducted in two phases, as follows

- Analysis of the relevant legal framework, which includes an analysis of international standards and national legislation in this legal area.
- Analysis of the situation on the ground was conducted using qualitative and quantitative methods. Questionnaires were sent to institutions of primary, secondary and tertiary health care in FB-H, RS and BD B-H, consultative meetings conducted with representatives of the relevant institutions, as well as discussions within the focus groups.

Data collection was conducted during the period June - November 2012.

Analysis of the legal framework covers the international standards, especially the UN Convention on the Rights of the Child, the European Social Charter, the Universal Declaration on Human Rights, the European Convention on Human Rights, the Declaration on the Promotion of Patients' Rights in Europe, the Standard Rules on Equalization of Opportunities for Persons with Disabilities, and B-H legislation governing the issue of health care for children.

Analysis of the situation on the ground covers the collection of data through the questionnaires submitted, consultative meetings with government representatives at the entity level – FB-H, RS and BD B-H, centers for social work at the entity level, as well as work in focus groups with representatives of the Association of people with mental and physical disabilities and Association of parents and children with mental and physical disabilities, as well as representatives of the Roma NGO sector.

Questionnaires were submitted to FB-H Institutes of Public Health (10), FB-H health centers (40), RS health centers (28) and BD B-H field ambulances (10), as well as the hospitals in the FB-H (15), RS hospitals (9) and the BD B-H hospital (1).¹

Consultative meetings were organized and held with representatives of: the FB-H Ministry of Health, RS Ministry of Health and Social Protection, BD B-H Department of Health and other services, FB-H Public Health Institute, RS Public Health Institute, FB-H Health Insurance and Reinsurance Institute, RS Public Health Institute, as well as centers for social work. Structured interview that was used was pre-made for the purposes of this research.²

Consultative meetings were held with six focus groups, three of which were representatives of the Roma NGOs (Sarajevo, Tuzla, Bijeljina), and the remaining three - representatives of associations and organizations of people with mental and physical disabilities (Banja Luka, Sarajevo, Mostar).

The research team based all the activities concerning the preparation of this Special Report on the provisions of the Law on the Human Rights Ombudsmen of Bosnia and Herzegovina³, as well as the Rules of procedure of the Institution of Human Rights Ombudsmen of Bosnia and

¹ Questionnaires were sent to randomly selected institutions from a list of health care facilities submitted by the FB-H Public Health Institute, RS Public Health Institute and the BD B-H Department of Health and other services.

² See Annex I.

³ „B-H Official Gazette“, No: 19/02, 35/04, 32/06 and 38/06

Herzegovina⁴, Freedom of Access to Information Act⁵ and the Law on Prohibition of Discrimination.⁶

⁴ „B-H Official Gazette “, No: 104/11

⁵ „B-H Official Gazette “, No: 28/00, 45/06, 102/09 and 62/11; “FB-H Official Gazette “, No: 32/01; RS Official Gazette, No: 20/01

⁶ „B-H Official Gazette “, No: 59/09

III LEGAL FRAMEWORK

3.1. International standards

Assessment of the situation in the field of health care for children in B-H was based on the principles and standards set out in international conventions directly applicable in the domestic legal system, in particular the **UN Convention on the Rights of the Child**⁷, the **European Social Charter**⁸ and other international documents.

The right to the highest standard of health care for children is regulated by Article 24 of the UN Convention on the Rights of the Child, as well as fundamental and universal international documents on protection of children's rights.

Article 24 of the **UN Convention on the Rights of the Child** defines the obligation of the states parties to *recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*

States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- a) *To diminish infant and child mortality;*
- b) *To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;*
- c) *To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution.*
- d) *To ensure appropriate pre-natal and post-natal health care for mothers;*
- e) *To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents;*
- f) *To develop preventive health care, guidance for parents and family planning education and services.*

States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

⁷ Opened for signing, ratification and accession by the General Assembly Resolution 44/25 from 20 November 1989, entered into force on 02 September 1990, upon ratification by 20 states. B-H adopted the Convention by notification of succession from 23 November 1993.

⁸ The Council of Europe opened it for signing on 18 October 1961, it entered into force in 1965, was revised in 1996. B-H ratified the Revised European Social Charter in October and December 2008. European Social Charter (revised) was published in IA 6/08

*States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.*⁹

By ratifying the **European Social Charter**, B-H has committed to provide for, among other things, implementation of the Charter provisions that directly relate to exercise of the right to health care, the right to health insurance and establishment of an accessible and effective system of primary health care for the population, as well as provisions specifying that special attention should be paid to vulnerable groups in the population, including children.¹⁰

Universal Declaration on Human Rights guarantees the right to a health-adequate standard of living.¹¹

According to the **Declaration on the promotion of patients' rights in Europe**, everyone has the right to be respected as a human being, everyone has the right to maintain their physical and mental integrity and protection of their personality, everyone has the right to respect of their moral and cultural values, as well as religious and philosophical beliefs, as well as maximum protection of their health.¹²

Provision of effective health care to people with disabilities is contained in the **Standard Rules for Equalization of Opportunities for Persons with Disabilities** in the part relating to health care.¹³

Compliance of B-H legislation with the Convention on the Rights of the Child¹⁴

According to the analysis, there is a number of obstacles to access to health care and the children are often required to complete various administrative procedures, such as the submission of certificates of school attendance, parents' health insurance, etc. These procedures are in conflict with the provisions of the Convention, regulating the issue of health care, that has to be provided for every child under 18 years of age. In B-H, there is still a phenomenon that children's access to health care is conditioned by the requirement that one parent of the child has to have health insurance, thus a large number of children excluded from health care. This is particularly influenced by the deadlines in the legislation on health care, where by missing the deadlines the parents remain deprived of health care. In the past two years efforts have been made to separate the health care status of children from their parents' status, but again with an age limit for the children affected, specifically to 15 years of age. It is obvious that the legislator chose this age for children conditioning it with the elementary education, which is compulsory by law. In this way, the Convention on the Rights of the Child, defining every person under the age of 18 as a child, is being violated. Although some progress has been made in sense of legislation, there is still a problem in practice for pregnant women who often, after childbirth, can not leave the hospital with the baby if they do not have health insurance or a paid bill for delivery and post-partum treatment. The consequence is that women (especially Roma) are forced to commit different types of abuse, such as going to delivery with other woman's health cards as proof of having health

⁹ Article 24, UN Convention on the Rights of the Child

¹⁰ Articles 11, 12 and 13 of the European Social Charter

¹¹ Article 25, adopted by the UN General Assembly in 1948

¹² Declaration (Amsterdam 1994) is based on the Universal Declaration on Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the European Convention on Human Rights and Fundamental Freedoms and the European Social Charter (all documents ratified by BiH)

¹³ Rule 2 of the Standard Rules on Equalization of Opportunities for Persons with Disabilities. Adopted by the UN General Assembly in 1993. B-H Council of Ministers also adopted the Rule by its Decision from 30 September 2003.

¹⁴ Processed in the Compliance Analysis of Bosnia and Herzegovina legislation with the Convention on the Right of the Child, by the Institution of Human Rights Ombudsmen of Bosnia and Herzegovina, November 2009 , p. 121

insurance. This creates problems with registration of children in birth registers.

There is certain progress in prevention of HIV/AIDS, in the segment of organizing testing for HIV/AIDS and public campaigns, which are mainly organized or supported by UNICEF and UNFPA. Unfortunately, not enough is done to prevent the consumption of alcohol, tobacco and narcotics among adolescents, where such consumption is widespread with no significant restrictions on advertising of alcohol and drugs in public. Fragmentation of the health care system and the lack of coordination in the field of health by the B-H Ministry of Civil Affairs also contribute towards creating poor access to health care in the country.

3.2. B-H Legislation

3.2.1. B-H

According to the B-H Constitution, the authority for health care is at the level of the entities and BD B-H, while the **Ministry of Civil Affairs**, under the Law on Ministries and Other Bodies of Administration of Bosnia and Herzegovina, has a coordinating role and deals with harmonization of plans of the entity authorities and defining of strategies at international level in the field of health and social welfare.¹⁵

3.2.2. Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina

The issue of health care for children at the entity level of FB-H and RS, as well as at the level of BD B-H, is regulated by the following laws: the Law on Health Care¹⁶, the Health Insurance Act¹⁷, and the Act on the protection of the population against infectious diseases¹⁸.

According to the Constitution of the FB-H, the issue of health care is a shared jurisdiction between the federation and cantonal authorities, and for this reason, certain normative acts in this field were adopted by both levels of government.¹⁹

The RS regulates the health care system in a way similar to that of the FB-H, as well as the system of compulsory and extended insurance, right to insurance, rights arising from the insurance, ways to exercise those rights and the principles of private health insurance.²⁰

Similar to the situation in the entities, BD B-H regulates the organization and implementation of health care.²¹

¹⁵ Article 15, „B-H Official Gazette“, No: 5/03, 42/03, 26/04, 42/04, 45/06, 88/07, 35/09 and 59/09

¹⁶ See Articles 3, 11, 26, 33, 34, 94 and 116, „FB-H Official Gazette“, No: 46/10; See Articles 7, 8, 9 and 66, „RS Official Gazette“, No: 106/09; See Articles 8, 21, 44, 45, 51 and 99 „Brcko District of Bosnia and Herzegovina Official Gazette“, No: 38/11

¹⁷ See Articles 9, 20, 22, 23, 25, 28, 31, 32, 33, 86 and 90, „FB-H Official Gazette“, No: 30/97, 7/02, 70/08 and 48/11; See Articles 2, 3, 7, 10, 14, 16, 19, 21, 22, 28, 44 and 45, „RS Official Gazette“, No: 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09, 01/09, 106/09; See Articles 19 and 21 „Brcko District of Bosnia and Herzegovina Official Gazette“, No: 1/02, 7/02, 19/07, 2/08 and 34/08

¹⁸ „FB-H Official Gazette“, No 29/05; „RS Official Gazette“, No: 125/04;

¹⁹ Idem, p. 115 - 116

²⁰ Idem, p. 116-117

²¹ Idem, p. 117

IV RESULTS OF THE RESEARCH

4.1. Consultative meetings

In order to obtain answers to the question how practically applied are the laws and regulations regarding the health care of children in B-H, the Ombudsmen Institution research team conducted a consultative meeting with representatives of the ministries at the entity level of FB-H and RS, as well as BD B-H, representatives of the FB-H Institute of Public Health, RS Institute of Public Health, FB-H Institute for Health Insurance and Reinsurance, RS Health Insurance Fund and the Centres for Social work of Banja Luka, Bihac, Mostar, Tuzla and Zenica.

In addition to the meetings held with the aim of collecting more comprehensive data, the FB-H Institute of Public Health, RS Institute of Public Health and the BD B-H Department of Health and other services provided additional relevant information they had at their disposal.

4.1.1. FB-H Ministry of Health

FB-H Ministry of Health (hereinafter FMH) has authority in passing legislation, strategies and coordination.²² One of the most important documents in addition to the legislation is the Strategy for primary health care development. The purpose of this document is to contribute to the development of primary health care in Bosnia and Herzegovina. It defines the primary health care system, its organization, protection and strengthening, strategic documents and objectives and, among other things, Recommendations for preparation of the human resources strategy. FMH includes the list of essential medicines in the Federation, applied depending on the material situation of a Canton, as the cantons have at their disposal funds for this purpose. The same goes for the orthopedic supplement and maternity leave.

list of essential medicines is applied depending on the material situation of cantons

In order to obtain more precise information about the problems faced by the FMH in implementation of the provisions of the FB-H Law on Health Care and the FB-H Law on Health Insurance and Reinsurance which, among other acts, regulate the issues of health care and health insurance of children in FB-H, interviews were conducted with representatives of the FMH. Unfortunately, the Law on Social Insurance²³ has not been enacted in the FB-H yet.

Information obtained during the interviews indicate large-scale failures during the early childhood and development of children, especially children of age 0-3. Also, large percentage of children do not attend preschool education, and because of such failures in this period of growth and development of a child it is later required to intervene in order to remedy the resulting difficulties that may have been eliminated or prevented if detected at an earlier stage.

²² Law on FB-H Ministries and other bodies of FB-H administration, Article 14 "FB-H Official Gazette", No. 58/02, 19/03, 38/05, 2/06 and 61/06

²³ According to the FB-H Law on Health Insurance, Article 1, health insurance, as part of social security of citizens, presents a unified system within which the citizens, through mandatory investments within the cantons, based on principles of solidarity, ensure that their right to health care and other forms of insurance is exercised.

In this regard, the B-H entity levels adopted the documents "Policy to promote early childhood and development of children in the FB-H", adopted by the FB-H Government on 11 May 2011, and "Policy to promote early childhood and development of children in Republika Srpska for the period 2011 - 2016", adopted by the RS Government on 24 March 2011. The goal of these policies is to ensure optimal conditions for proper growth and development of children in B-H, so that every child can enjoy a quality childhood and encouragement to develop all its potential. The policies note that each stage of life of a child has its own specifics seeking appropriate measures and activities and in this regard the intersectoral actions are aiming at population groups that include the prospective parents, pregnant and parturient women, families with children, and children from 0 - 3, 3 - 6, and 6 - 10 years of age.

The FMH representatives particularly stressed the need to improve and promote the cooperation between all sectors of health care, because the past experience shows that sectors cooperate among themselves, but that cooperation is not sufficient or effective.

4.1.2. FB -H Health Insurance and Reinsurance Institute

FB-H Health Insurance and Reinsurance Institute (HII) is an extra-budgetary fund registered as a public institution by the competent registration court, under the Health Insurance Act and the Decision on Commencement of the Activities of the FB-H Health Insurance and Reinsurance Institute.²⁴ Activities of the HII are regulated by the Act on Health Insurance, including the activities such as maintaining the record-keeping in the area of compulsory health insurance, providing for management over a unified information system of compulsory health insurance, monitoring policy implementation and promotion of compulsory health insurance and coordinating the activities of cantonal insurance institutes in this domain, planning and fundraising for the FB-H Solidarity Fund, performing duties related to preparation of accounts of the FB-H Solidarity Fund, by allocations, with a report, performing tasks related to preparation of accounts for the total funds generated and consumed in the FB-H health sector, with a report, preparing international agreements on social security in the part relating to the compulsory health insurance, performing duties related to exercising the rights guaranteed by the compulsory health insurance.²⁵

The right to compulsory health insurance is granted to employed persons and persons who perform certain duties or have certain characteristics, as well as family members of the insured. According to the Law on Health Insurance, compulsory health insurance provides the insured with the health care, salary remuneration, reimbursement of travel expenses related to health care, and family members of the insured are provided with health care and reimbursement of travel expenses related to health care. In order to ensure the right to health care or the rights that are not covered by compulsory health insurance, the cantonal legislative body may introduce the extended health insurance.

The Law on Health Insurance, Article 19, regulates the category of an insured person. As for children, insured are the children who have reached the age of 15, or older minors, up to 18 years of age, who have not completed elementary school or have not found employment upon completion of elementary school, if they registered at the Employment Bureau, as well as children during their regular education in elementary and secondary schools, or studying at colleges and high schools and universities, who are citizens of B-H residing on the territory of the FB-H, and are not insured as family members of other insured persons, not exceeding the age of 26.

²⁴ Report on the audit of the financial statements of the FB-H Health Insurance and Reinsurance Institute for 2010, No. 05-2/11, Sarajevo, April 2011.

²⁵ The Law on Health Insurance, Article 100

A special segment of talks with the HII referred to the provisions of the FB-H Law on Health Insurance and Reinsurance, regarding the HII mandate, compulsory health insurance, co-payments, preventive programs for improving children's health and treatment of children abroad and the issue of annual health insurance premiums (stamps). In accordance with Articles 91 and 94 of the Law on health insurance, compulsory health insurance and reinsurance are organized and carried out within the FB-H. Article 92 of the Law stipulates, inter alia, that the FB-H Parliament, by its decision, defines the risks from the category of compulsory reinsurance, and the Article 93 of this Law stipulates that the proceeds of the realized reinsurance premiums at the FB-H Institute shall be used to form the FB-H Reinsurance Fund.

In FB-H, or between the cantons, there are differences in co-payments for insured persons in the use of certain health services. Cantons are free to determine the level of participation, where they must pay attention to the socioeconomic minimum.²⁶

In particular, they stated that it must be taken into account that children are excluded from participation. On the basis of Article 90 of the Law on Health Insurance, children under the age of 15, older minors - under the age of 18, and people above the age of 65, who are not health-insured on other grounds, are exempt from personal participation of insured persons in the use of health care.

Based on the aforementioned article in the Law, the Decision on maximum amounts of direct participation of the insured persons to the cost of using certain aspects of health care was adopted; the basic health care package defines the categories of persons who are exempt.²⁷

Although the FB-H Decision on participation provides for participation of the insured on the basis of health service provided, some of the cantons have organized the personal participation in the costs of treatment through the annual premium or annual stamps in amounts ranging from 15 to 30 KM, depending on the canton (Una-Sana 15 KM, Tuzla 16 KM, Central Bosnia 25 KM, Herzegovina-Neretva 20 KM, West Herzegovina 20 KM, Canton 10 30 KM). In these cantons, the insured person is obligated to pay an annual premium/stamp before the month of March of the current year in order to be able to certify their health cards. If the insured person fails to pay the annual stamp in due time, they will have to pay participation for each health service provided.²⁸

Representatives of HII are of the opinion that in these cantons there should be no charge for the stamps for children, which does not correspond with information obtained from the above referred-to health insurance funds.²⁹

According to the Law on Health Care, all the insured persons, or all those who are funded from the Solidarity Fund, will be provided equal conditions. The Law on Amendments to the Law on Health Insurance provided for the forming of the FB-H Solidarity Fund under the FB-H Institute, in order to create equal conditions for implementation of compulsory health insurance, in all the cantons, for priority vertical programs of health care of interest to the FB-H, as well as provide for the priority most complex forms of health care in certain specialist areas. Forming of the Solidarity Fund expands the activities of the FB-H Institute. Sources of the FB-H Solidarity Fund are the contributions for compulsory health insurance, the FB-H budget, and other sources in accordance with the Law and the Decision of the FB-H Government.³⁰

²⁶ FB-H Law on Health Insurance, Article 90

²⁷ „FB-H Official Gazette“, No: 21/09

²⁸ Rights for all, Guide on how to exercise the rights to health care, March 2011

²⁹ The Ombudsmen Institution research team contacted over the telephone the cantonal health insurance institutes in order to obtain information whether in their cantons the children are exempted from paying the annual stamps.

³⁰ Report on the audit of the financial statements of the FB-H Health Insurance and Reinsurance Institute for 2010, No. 05-2/11, Sarajevo, April 2011.

The intention of the HII is that all children receive health care services provided by programs on the basis of equality. Also, taken into account is the gravitational background of the child. All children are insured up to the age of 15, 18 or 26 if they are in regular education.³¹

Also, the child exercises certain rights indirectly, through the pre-birth rights of a pregnant woman. For an example, in a situation where a pregnant woman faces complications in her pregnancy, she is entitled to compensation in the amount of 100% of her salary.³²

If a child drops out of school due to illness, it is entitled to health insurance.³³

In addition to insurance and reinsurance, the Institute also develops and implements prevention programs that relate to:

- Improving oral health;
- Immunization;
- Purchasing and procuring appliances and strips to measure the level of sugar.

Protection of population from infectious diseases is achieved by measures for prevention and control of infectious diseases that can be general, special, and other measures. General and special measures are implemented in accordance with the programs adopted by the FB-H minister, or the competent cantonal minister upon a proposal of an expert advisory panel of the HII or cantonal institutions that have the responsibility to monitor and examine the epidemiological situation of infectious diseases under the law, in line with the accepted international agreements and programs of the World Health Organization. Programs must include measures for prevention and control of infectious diseases, their agents, deadlines for implementation and the funding sources.³⁴ Obligation of FB-H is to finance the acquisition of the vaccines in line with the approved program adopted for each year. Vaccination is a process of creating a controlled protection against infectious diseases.

HII funds installation of pacemakers in invasive cardiology diseases, transplantation medicine (bone marrow, stem cells), funds the orthopedic implants which can be very expensive, artificial cochlea for deaf-mute children, and replacements of hearing-speech processors older than 7 years. It happens that the children get multiple sclerosis and hepatitis, which are considered diseases of adults, and in such cases children have the exclusive advantage over the adults.

Prepared was a list of diseases that can not be treated in Bosnia and Herzegovina. For example, allogeneic transplantation is performed only abroad. As for the children's oncology and cardiac surgery diseases, only the most complex cases are sent abroad.

Children are exempt from co-payments for treating diseases abroad at institutions with which the HII has signed an agreement. The costs are fully covered by the HII. Treatments abroad are very expensive, especially the aforementioned allogeneic transplantation, and the results are sadly uncertain. Expenses for the child's companion are borne by the Institute only if approved by the internal decision of the Institute.

Children are exempt from co-payments for treating diseases abroad at institutions with which the FB-H HII has signed an agreement

FB-H funds do not cover the costs of providing early amniocentesis as a preventive measure for

³¹ FB-H Law on Health Care, Article 12 Item 8.

³² FB-H Law on Health Insurance, Article 47

³³ FB-H Law on Health Insurance, Article 19

³⁴ Law on protection of population against infectious diseases, Article 9.

early detection of the Down's syndrome. This service is provided in Sarajevo Canton, while the information for other cantons is not available

HII provided additional information that children from student marriages are entitled to compulsory health insurance, which used to be a big problem in the past. After completion of primary education, which is compulsory, children may register themselves at the Employment Bureau. It was noted that the registration period of 30 days, that previously created problems, was cancelled, because the children happened to remain uninsured due of missing the deadline for registration.

The fundamental problem in the field of health insurance is the lack of funding, particularly for hospital medicine lists.

4.1.3. FB-H Public Health Institute

FB-H Public Health Institute (hereinafter: PHI) is a health care provider performing public health related activities on the territory of the Federation of Bosnia and Herzegovina. This institution proposes and implements statistical research for the purpose of monitoring, evaluation and analysis of the health status of the population, deals with organization of health care, including planning, proposing, monitoring and evaluation of specific health care for young people in primary and secondary schools and the faculties.³⁵ The meeting with the representatives of PHI was based on compliance of the legal regulations and standards with practice, as well as most common difficulties and problems encountered by the PHI.

PHI does not supervise the work of community health centers and hospitals. The Law defines that PHI shall coordinate, but not sanction. Sanctioning is the task of the relevant Ministries. The control is exercised through a system of reporting, networks, human resources and services provided. Health Inspection controls the work of community health centers and hospitals where they can issue fines in cases of failure to comply with the law. In practice, private providers do not act in compliance with the law. Control is also a task of the sanitary inspections that control health facilities and conduct sanitary inspections of personnel. PHI monitors and evaluates the health status of employees working with the ionizing radiation sources, monitors and evaluates the radiological quality of water, food and construction materials, and monitors radioactivity of the biosphere.³⁶

Representatives of the PHI believe that in order to provide equal access to health care for all children in the Federation of Bosnia and Herzegovina, measures must be taken to ensure that the essential medicines lists are uniform on both cantonal and entity level. PHI, within its scope of work, does not address the rights of children to use orthopedic devices or their compliance with the prescribed law.

Problems arise in practice, including the one that the right to health care is mainly provided for children up to 15 years age and children between 15-18 years of age who regularly attend school and that children from families that frequently move have limited access to healthcare. The fact that the insured persons exercise most of their rights at the cantonal level, and that the rights are not transferable has a negative impact on citizens, because they may have a status of internally displaced persons, or may be forced to migrate internally because of economic and social conditions, thus having a problem to exercise the right to health care and health insurance.

According to information provided by the PHI, 16% of population of the Federation of Bosnia and Herzegovina is uninsured. Health workers receive patients who are not insured, however,

³⁵ FB-H Law on Health Care, Articles 115-117

³⁶ FB-H Law on Health Care, Article 116

problems arise when uninsured people have to buy medicines. The practice is that it is compulsory that children are received by the health workers and that health care services are provided to them regardless of the health insurance status.

During an interview with representatives of the PHI, it was stated that the monitoring of growth and development of children up to 15 years of age should be within the competence of pediatricians. Strategy for development of primary health care is that pediatricians shall continue monitoring the growth and development of children, while in the areas where there is no pediatrician, this is not mandatory,³⁷ and that pediatricians should treat children up to the preschool age on a compulsory basis, and for the school age – on the preventative basis. Representatives of PHI believe that all children, at the entity level, have equal rights in treatment, including the availability of free medicines from the primary lists, where the primary lists vary between the cantons and are directly dependant on the economic situation of the canton. Ultimately, this results in the fact that children, with regards to territorial (cantonal) affiliation, do not have equal access to medicines since the essential medicines lists are not identical.

Representatives of PHI emphasized that all the children on the level of FB-H/canton can receive psychosocial support in mental health centers established within the framework of primary health care. Mental Health Center is organized as a part of a health center.³⁸ However, representatives of the PHI pointed out that they do not know how effective the established system of psychosocial support to children actually is and whether psychologists were employed in health centers due to difficult financial situation in the country. For an example, it was noted that, according to the model established by the law, all the health centers should have a team of 5 people who would work with children, while Sarajevo Canton has only 2 speech therapists at the Health Center and the Clinical Center as it is, and only the Clinical Center in Sarajevo has a Department of Adolescent Psychiatry. Obviously the need to establish a system of health care for children was not accompanied by strengthening of human and financial capacities for this purpose. PHI works with all levels of health care. Their most successful collaboration is with UNICEF, particularly in the area of policy-making and research. Programs of capacity building through education are organized for the PHI staff. When it comes to preventive action in the field of health care for children, the issue of child nutrition is an important priority. Representatives of PHI emphasize that no menu of healthy nutrition for nurseries and kindergartens was ever made on the level of FB-H. Certain ad hoc activities are being implemented, such as education on healthy eating for children in primary and secondary schools, as well as prevention of obesity, where a Guide to healthy eating for parents, children and school services was prepared. This activity was implemented with the help of the City Administration of the City of Sarajevo.

4.1.4. RS Ministry of Health and Social Welfare

Analysis of the state of exercising of the right to health care for children in the RS is based on information received from the RS Ministry of Health and Social Protection (hereinafter: RSMH) and includes information on equality of rights in treatment on the level of the RS, methods of exercising the right to health care at this level and psychosocial support to children. According to the RS Law on Ministries, RSMH performs administrative and other professional tasks related to preservation and improvement of public health and monitoring the health status and health needs of the population, the health care system, health care organization in all conditions, professional training and specialization of health care professionals, medical inspections, organization of supervision of the professional work of medical institutions; health insurance and provision of health care from public revenue; manufacturing and marketing of medicines, poisons and narcotics, medical equipment and medical supplies, the safety of water, foodstuffs and items of general use; inspection

³⁷ Strategy for primary health care development, FB-H Ministry of Health, page 20

³⁸ B-H Law on Health Care, Article 88

supervision in the sanitary field, social welfare system, social care of the family and children; activities of social organizations and associations of citizens in social and humanitarian sphere, provision of information through the media and other platforms about their work and performance of other duties, in accordance with law and other regulations of the RS and B-H.³⁹

According to information obtained from RSMH, all children in the RS have equal rights to treatment, have a right to health care, and the only condition to exercise this right is that a parent registers the child with the Health Insurance Fund. Meanwhile, representatives of RSMH believe that the growth and development of children of up to 15 years of age does not necessarily need to be followed by pediatricians, and that treatment of children of that age can be adequately covered by the family medicine clinics, so the parents can choose whether they prefer to have their children treated by pediatricians or family doctors. According to info obtained from the RSMH, there are rules according to which all the children in the RS are guaranteed the right to use orthopedic devices and that all children can receive psychosocial support within the mental health centers that have established cooperation with social welfare centers and homes for children deprived of parental care. At the same time, at the hospitals, pediatric wards have psychologists for children, speech and hearing rehabilitators, and it would be desirable to have a Department of Adolescent Psychiatry at the Banja Luka Clinical Center. The biggest problem is the lack of staff, and insufficient number of child psychiatrists available.

Within the health care system in the RS, cooperation was established at all levels of health care, and further measures undertaken to improve both horizontal and vertical cooperation.

When it comes to the plan of establishing special capacities at hospitals dedicated to children with combined disorders or adolescent children who are included in institutional care which does not correspond to their health condition, and requires a special form of health care, RSMH has not provided a precise answer, only pointing to the fact that just a small number of children is placed in these institutions.

There are education programs within the health care system in the RS, according to information received from RSMH representatives, aimed at prevention, early detection and early intervention for children with special needs, as well as programs to work with the families. Also, in order to prevent diseases associated with inadequate nutrition of children, measures have been undertaken to introduce healthy eating menus, prepared in consultation with nutritionists, in nurseries and kindergartens. In addition to that, children in primary and secondary schools were educated about healthy eating, in collaboration with health care institutions and health professionals, and a Day of food was organized in schools.

4.1.5. RS Health Insurance Fund

RS Health Insurance Fund (hereinafter: RS HIF) is a public institution authorized to deal with health insurance of people on the principles of solidarity, reciprocity and equality. Priorities of the RS Health Insurance Fund are rational spending of contributions, care that the insured persons can exercise all their rights to the full extent, contribution to improvement of the quality of health care and health status of the RS population.⁴⁰

Unlike the FB-H, or individual cantons in FB-H, health insurance premiums (stamps) do not exist in the RS. Over 50% of the insured persons are exempt from co-payments, including children under the age of 15 (in some cases up to 18 years of age) and pregnant women.⁴¹

³⁹ RS Law on Ministries, Article 11, "RS Official Gazette", No: 70/02, 33/04, 118/05 and 33/06

⁴⁰ "Strategic Development Plan for the RS Health Insurance Fund, from 2012", Banja Luka 2008, p. 19

⁴¹ RS Law on Health Care, Article 8 Paragraph 2

In the RS, there is also a number of children who do not receive health care, because they have no health insurance, and the main obstacle in this regard, according to information received from the RS HIF, is the fact that such children do not have a settled residence in B-H and they are usually Roma. For children up to 15 years of age, their health cards have to be certified even in cases where contributions are not paid for them. So, all children registered with the RS HIF can exercise their right to health insurance. In cases where the child is older than 15, and when there is no legal basis for it to be covered by health insurance, RS HIF identifies alternative solutions, since children are a priority and there should be no exceptions.

Children are entitled to free medical treatment and health care in its entirety, which includes dental health. RS Health Insurance Fund has provided funding for full treatment of children abroad, if it can not be provided in the country. There is a Book of Rules on the content and scope of health care.

RS HIF also bears the full cost of early amniocentesis, a preventive measure for early detection of Down syndrome, and there is a mass immunization program for children. A key problem for the RS HIF is the lack of funds and poor structure of the insured persons, which results in poor payments.

RS HIF provides funding for full treatment of children abroad, if it can not be provided in the country

4.1.6. RS Public Health Institute

Public Health Institute (hereinafter referred to as the Institute) is responsible for observing, assessing and analyzing the health status of the population, monitoring and studying the health problems and health risks, conducting activities of health promotion and disease prevention and informing the public about the importance and promotion of health.⁴² The RS Law on Social Protection was changed in 2012.⁴³ Representatives of the Institute are of the opinion that the existing legal framework is good and consistent with the principles of the EU, and there is a need to ensure its application in practice. The process of amending the law and its implementation has been designed in such a way that the relevant ministries are informed about the implementation of the law and the new plans. At the same time, members of the working group, including the representatives of the Institute, are to give their opinion on the legal acts they receive. Representatives of the Institute believe that it is necessary to adopt specialized by-laws to regulate the issue of health care for children – Books of Rules for children's health care. Because of physiognomy and prevention of violence, children of up to 15 years of age can be treated in the family medicine clinics. This is significant because if the doctors are familiar with and follow the health of parents, they can see the child's inherited characteristics. Disputed, though, is the question whether a family medicine physician has time to monitor the state of diseases and health of both children and the adults. Representatives of the Institute believe that in monitoring of the growth and development of children by the age of 15 the pediatrician is not the only one important, but also the parental awareness and health awareness of the citizens that should be promoted by the relevant institutions and the media. Representatives of the Institute also believe that all children in the RS have equal rights to treatment, which refers to the uniform list of available free medicines, the so called “primary list medicines”. Roma children tend to have more difficulties in exercising their rights to treatment due to frequent relocations, but, in principle, all children have equal rights, with different ways of exercising them.

⁴² Article 68 of the Law on Health Care, “RS Official Gazette“, No: 106/09

⁴³ The Law on Social Protection, “RS Official Gazette“, No: 37/12

Through the legislation, they are familiar with the rights to use orthopedic aids for children in the RS. The RS Health Insurance Fund allocates the resources for this purpose and adopts the Book of Rules.

According to representatives of the Institute, all children in the RS can receive psychosocial support through the Mental Health Centers, the first instance of contact that observes the changes. Support can be provided through the Family Centers as well. Family and the institutions are obliged to observe changes in the child. Often, the question is whose task that is, and the support often fails due to the parents' failure to recognize the changes. That is one deficiency that occurs, where the children do not recognize the problems and changes, and that is why it would be necessary to introduce, through learning, education for children to teach them about the basics of being under stress and what influences them particularly, or to conduct certain research in that regard

Health centers, clinics for children and pediatric wards employ through the health care system psychologists for children and speech and hearing rehabilitators, which also depends on the size of the health center, and it is certainly important to ensure the interest of the parents.

Cooperation with all levels of authority in the RS works well through legal regulations of horizontal and vertical coordination.

Representatives of the Institute believe that a single psychiatric ward, located within the Clinical Center of Banja Luka, is sufficient for the RS. They have no information whether there is a plan to establish special capacities at the hospitals for children with combined disorders or adolescents who are included in residential care that does not suit their health status, which requires a special form of health care (psychiatric supervision and group psychotherapy for severe behavioral and emotional difficulties). If necessary, children with special needs receive the necessary additional care.

Institute, in cooperation with the RS Ministry of Education, conducted the training, in elementary and secondary schools, on healthy eating as well as prevention of obesity, and a healthy eating menu for nurseries and kindergartens, which is constantly improving, was put together for the level of the RS. Also, there is counseling in nutrition, and the kindergartens mark the Day of healthy breakfast. Regular medical check-ups take place in the RS schools, while the state of hygiene is followed by hygienic-epidemiological services that provide information to the founders.

There are frequent trainings to improve the skills of medical personnel, and variety of projects to monitor the work of family doctors and their training.

Appointments of guardians for the special cases of escorting children to medical treatment abroad are regulated by the RS Health Insurance Fund, and a Book of Rules was prepared for application in such cases.

4.1.7. BDB-H Department for Health and Other Services

BDB-H Department for Health and Other Services (hereinafter referred to as the Department) performs professional, administrative and other duties within the competence of the Government relating to implementation of relevant laws and regulations issued by the responsible institutions of B-H and the District, in the field of health care and other services under the supervision and guidance of the Mayor, protection of public health and functioning of health care institutions in the District; social assistance and social protection of citizens, especially the elderly, the mentally and physically handicapped people, as well as marriage, family and children, and planning of actions

to be taken in cases of threats to public health, as well as the public healthcare companies and other tasks within the jurisdiction of the Department, in accordance with the law and regulations of BiH, the Parliament, or the orders of the Mayor.⁴⁴

Health care for uninsured persons is regulated so that people without health insurance report to the municipality for 3 months and get access to the health care system for the period of three months. BDB-H Insurance Fund exists in practice, but there is a problem in implementation.

System of health care for children was set up in a way that children up to 15 years of age visit family medicine clinics, so that physicians can monitor the diagnosis of disease, and follow the genetics of the child, because they also treat those children's parents. Pediatricians are available if a family medicine physician can not cure the child. Opinion of representatives of the Department is that it is not necessary to leave the monitoring of the growth and development of children of up to 15 years of age to pediatricians. All children in BD B-H have equal rights to treatment, uniform lists of available free medicines – the primary list medications, where there is a system of primary and secondary health care, while the tertiary level is provided outside the BD B-H.

Children are provided priority treatment. As for dental care, there are only 4 dental clinics in the BD B-H that provide services to all population on the territory of BD, where only the children can get their teeth repaired, and the adults extracted, and it is considered that the children are in a better position. There is a single orthodontics clinic that provides dental care to children in the domain of orthodontics. Children in BD B-H have the right to use orthopedic devices.

If the child under the age of 7 must be treated abroad, the service is free, as well as the costs of the escort for the child. With babies, escorts are either parents or family members, or someone from the center for social work, a nurse or a doctor. For children older than 7 years of age, costs are paid by the companion, except for the cases of children with special needs. Health Insurance Fund provides funding for treatment of children abroad if the treatment is not possible within Bosnia and Herzegovina. If the resources of the HIF are insufficient, additional funds are provided from the municipal budget. Costs of such treatment are covered in full.

Funding for programs relevant to protection of children's health is allocated from the BD B-H budget and the Health Insurance Fund. On the level of BD B-H, provision of any health service requires participation, but the children are relieved of that obligation. Children over 15 who are not eligible for health insurance by any means have a possibility to apply to social welfare. If the application is acceptable, the social welfare center records the family history and approves the temporary health insurance, allowing for free medical treatment and health care in the full, including the dental care. Since BD B-H has no facilities to perform amniocentesis as a preventive measure for early detection of the Down's syndrome, this procedure is performed in Tuzla.

Representatives of the Department believe that funds should be allocated for children so that they can always have regulated health insurance, even without parents/guardians, and without having to go through the centers of social work and all the paperwork, but to simply get the health insurance if needed. The problem occurs with children of parents over the age of 65 who are not registered at the Employment Bureau, have no retirement and their children remain without health insurance.

In BD B-H, all children can receive psychosocial support. Center for Mental Health was developed for this purpose, including the educational and rehabilitative day center for people with disabilities. Mental Health Center is qualified to work with children through counseling for children and adolescents. Department for work with children with special needs is highly developed. No department of adolescent psychiatry was established at the level of BD B-H. In

⁴⁴ The Law on BD B-H Government, "BDB-H Official Gazette", No: 19/07, 36/07, 38/07, 02/08, 23/08 and 14/10

case of a need for that type of medical treatment, children need to go to Sarajevo and Banja Luka. BD B-H has a Service for children with special needs and provides transportation of those children to the institution. Primary health care includes daily stays at the Center.

Health centers/field clinics in BD B-H have no psychologists for children, or rehabilitators of speech and hearing. Mental Health Center employs speech therapists and psychologists.

Department representatives find it difficult to collaborate with all levels of health care. According to information obtained from the Department, the Government of BD B-H intends to allocate funds to establish next year a health institution to include the Department, primary and secondary care.

When it comes to strengthening the capacity of staff working in the health system of BD B-H, physicians are provided capacity building programs through special trainings aimed at prevention, early detection, early intervention for children with special needs and work with their families, depending on their managers and affinities. Department representatives have pointed to the fact that employees of the health care institutions are older - the average age of physicians is 50, which is a limiting factor in further development because older people rarely opt for education and training.

Department representatives also pointed to the fact that a healthy eating menu for schools was developed in BD B-H, in cooperation with a nutritionist. BD B-H Department for Health and Other Services cooperates well with the school system, in particular in the area of educating children about healthy eating and preventing obesity in primary and secondary schools, in collaboration with health care institutions and health professionals. System of training workshops provides the education on issues of youth addiction (cigarettes), venereal diseases and sexual health.

4.1.8. Social Work Centers

Consultative meetings with representatives of social work centers were primarily related to their role in exercising the right to health insurance for children, the data on number of children who exercise this right through the centers, as well as any other problems that CSWs face through their engagement in this area.

Social Work Center Zenica

Social work centers provide health insurance for all children below the school age, or the age of six. Children who are a part of the regular education get the health insurance through the Municipality of Zenica, in accordance with the instructions of the Ministry of Education, Science, Culture and Sports of the Zenica-Doboj Canton, issued in 2011.

As of September, 127 children exercise the right to health care through the Social Work Center Zenica.

Children are exempt from co-payments, or have the right to free health care.

Representatives of the Social Work Center Zenica have stressed that they have a problem with health care of the Roma children who were not registered at the birth registers or have no designated personal names. Also, they referred to the poorly defined regulations, specifying the importance of clarifying the Article 18 of the Law on Social Welfare, Protection of Civilian

Victims of War and Families with Children of Zenica-Doboj Canton⁴⁵. They find it necessary to simplify the procedures when seeking health insurance for a child.

Social Work Center Banja Luka

According to information presented by the representatives of the Social Work Center Banja Luka at a consultative meeting, the social work center provides the right to health insurance to children who are placed in social care institutions or whose parents are beneficiaries of social assistance. Also, the same rights are provided to children subject to other persons' care and assistance, or children placed in foster families. Available information indicates that over 205 children are insured through the Social Work Center Banja Luka. Children are exempt from co-payments, or have the right to free health care.

Children of up to 15 years of age are not defined as a separate category. If their parents do not hold health insurance or if the children are not a part of regular education, they remain uninsured.

Children with disabilities in development, between 0-3 years of age are not insured on any grounds if their parents do not hold health insurance.

Social Work Center Bihać

The issue of health care for children, according to information received from the director of the Social Work Center Bihać, is regulated in a way that children up to 7 years of age, or children of preschool age, which are not insured on any other grounds, shall be provided for through the Center. This is done in a way that the application is submitted along with documentation and, in a very short period of time, children are provided with everything they need to become eligible for the free health care. Center statistics indicate the number of 208 insured children. Children under the guardianship of the Centre, children located in residential social care institutions, and children placed with the foster families are also insured through the Center. According to statistics, the Center currently provides health care for 23 children in this way. Established procedures to ensure the right to health care for this category of children anticipate that the procedure is implemented by the Centre and the children are registered at the Centre, while the costs are borne by the Cantonal Ministry of Health.

School children who are not insured on any other grounds are covered through cantonal ministries of education, and the ministries bear the cost of healthcare services. In practice, there is a noticeable problem in cases of children who are not in regular education system, not attending high school, or not covered by health insurance through their parents. Most often it's the children of the Roma population. In these cases, the problem is solved in a way that the employees of the Center contact the parents and work with them, advising them and recommending to them that the children report to the employment bureau, or, what is more important, to return to school in order to attain the status of a health-insured person.

Una-Sana Canton Government adopted a decision that the people who developed certain diseases, which are specifically enumerated, including malignant or celiac diseases, shall be provided compulsory health insurance, where the treatment costs will be borne by the Cantonal Ministry of Health and Welfare. In the opinion of the Social Work Centre, the population is familiar with the ways of exercising the right to health care, as well as institutions in charge of treatment.

What they see as a problem is the health care for labor force exercising their right to health care

⁴⁵ Zenica-Doboj Canton Official Gazette“, No: 13/07

through the Employment Bureau, where dissatisfaction was noted about the method of work of that institution.

Social Work Centre Mostar

Children from the area of Mostar who are not insured on any other grounds can be provided for through the Social Work Centre until they reach the school age, based on the Decision of the Government of the Herzegovina-Neretva Canton from 18 July 2012. School children are insured through the Ministry of Education, Science, Culture and Sports of the HNC. Measures undertaken have largely contributed to reduction of the number of uninsured children in Mostar.

Representatives of the Social Work Centre Mostar have stressed that they are facing the problem of Roma children remaining without health insurance because of incomplete documentation when applying for insurance, which normally refers to the certificate of residence. A certain number of Roma children gained the status of an insured person through the Social Work Centre Mostar thanks to legal aid and assistance of the Organization Vasa prava (Your Rights) from Mostar.

Children in Mostar are not exempt from co-payments and they pay an annual premium of health insurance (stamp) in the amount of 20 KM.

Social Work Centre Tuzla

Children under the age of 18 can be insured through the Social Work Centre Tuzla. Children are not exempt from co-payments in Tuzla Canton and must pay an annual premium of health insurance in the amount of 20 KM. However, the Ministry of Labor and Social Policy of the Tuzla Canton provides funds to pay for the children's insurance.

71 children are insured through the Social Work Centre Tuzla.

4.1.9. Public Health Institutes' Data

FB-H Public Health Institute

FB-H Public Health Institute, aiming at a more comprehensive data collection, submitted to the Institution of Ombudsmen the data indicating that the FB-H has 366 family medicine clinics, with 705 teams. 107 (rate of 1.8) pediatricians are working in primary healthcare and preschool medicine, while 41 (rate of 11.2) are engaged in primary healthcare and school medicine.

According to data submitted for 2000 and 2006, for the Federation of Bosnia and Herzegovina, malnutrition in children aged 0-5 ranged from 5% in 2000 to 3% in 2006, when talking about weight in relation to age, while the data on thinness (weight in relation to height) show that, in 2000, 8% of children were considered thin, as well as 5% in 2006. It is important to point out the indicators related to stunting, that point to a standstill in development with regards to the ratio between height and age. In 2000, 13% of children in FB-H classified into this category, while in 2006 the percentage decreased to 9%. The presented results suggest that the number of malnourished children in the FB-H has decreased over the period of 6 years. This information is important for the comparison with the data on children who are overweight and obese. Comparative indicators for B-H indicate that the rate of overweight children in FB-H is lower in both 2000 and 2006, with the disturbing indicator that for both FB-H and B-H there was a growth in percentage of children who are overweight and obese, which can be seen from the indicators presented in Table 1. Thus, it can be concluded, on the basis of comparable data that the trend of decrease of the number of malnourished children is accompanied by the increase of the number of

children who are overweight and obese, which is an indication of an increased standard of living, as well as changes in eating habits of children.

Table 1

	Bosnia and Herzegovina (2000)	FB-H (2000)	Bosnia and Herzegovina (2006)	FB-H (2006)
Overweight	13.2%	12.2%	20.22%	17.4%
Excessively obese	4.8%	4.6%	20.22%	17.4%

RS Public Health Institute

As for dental offices, the number of health stations is 67, and the number of practitioners' offices - 124. According to information provided by the RS Public Health Institute, RS has a total of 28 mental health centers, 24 of which are active. As for the dental offices, the number of locations is 67, and the number of offices - 124.

50 pediatricians to treat children aged 0-6 are engaged in pre-school medicine in primary healthcare. According to data from 2010, the birthrate in the RS was 7.1%, while the mortality rate was 9.4%.

In the period from 01 August 2009 to 30 June 2010, 371 Roma children were vaccinated, according to the information submitted by the Roma Children Immunization Project. The largest number of unvaccinated Roma children is located in the municipality of Bijeljina.

There are 409 cases of children suffering from diabetes mellitus 0-19.

Brcko District B-H

According to information obtained from the Brcko District Public Health Institute (BD B-H), 5 pediatricians are currently working in pediatric services in BD B-H and the pediatric sector is one team short, but that will soon be solved. The available data of the BD B-H pediatric service cover 4451 children aged 0-6, and 7746 children aged 7-14. Children attending high school are covered by family physicians.

Due to the poor response of Roma children, additional vaccinations are offered each year.

Looking at the institutional structure in the health sector of the BD B-H, it is evident that 22 outpatient family medicine facilities were established, with 36 teams. Pre-school medicine in primary health care employs 107 (rate of 1.8) pediatricians to treat children aged 0-6. The birthrate in BD B-H, according to data from 2010, is 12.10%, while the mortality rate is 11.97%. There are 14 children aged up to 18 diagnosed with diabetes. BD B-H vaccination system includes 211 Roma children.

4.2. Field research

4.2.1. Health Centers

Primary level health care is provided and monitored at the health centers in FB-H and RS, and field clinics in BD B-H.

The analysis of the situation in the field was based on the data obtained through questionnaires filled by the professionals at the health centers and field clinics.

The goal of the questionnaire was to gain insight into conditions of work, human resources, children's rights as beneficiaries of the right to health care, institutional cooperation, as well as obstacles in work of the health centers.

The study included 40 health centers in FB-H, 31 of which submitted the completed questionnaires, 28 health centers in the RS, 26 of which submitted the completed questionnaires, and 10 field clinics in BD B-H, 1 of which submitted the filled questionnaire.

Number of primary health care institutions

Primary health care facilities, based on territorial units, are distributed as follows: cantonal facilities in the FB-H, regional centers in the RS and health centers in BD B-H.

There is a total of 78 health centers at the level of FBiH, 53 in the RS and 19 field clinics in BD B-H.⁴⁶

Working conditions

Financing of health centers at the entity level (FB-H and RS) is based on budgetary funding⁴⁷ and - a small percentage - from donations⁴⁸ while the field clinics in BD B-H are fully financed from the budget.⁴⁹

At the entity level, most respondents are satisfied with their working conditions⁵⁰, in contrast to the BD B-H, where the situation is the opposite, and the respondents are not satisfied with the working conditions⁵¹. In this regard, respondents who expressed dissatisfaction with the working conditions believe that the physical conditions should be improved, such as equipment, facilities, etc.⁵², as well as human resources, particularly at the level of BD B-H⁵³. It is also evident that the

⁴⁶ See Annex II

⁴⁷ This opinion represents 93.55% respondents in the FB-H and 92.31% in the RS

⁴⁸ In FB-H, 3.23% of respondents believe that health centers are co-financed by donations, as well as 3.85% in the RS

⁴⁹ 100% in BD B-H, according to the respondents

⁵⁰ 61,29% of respondents in FB-H shares this opinion, as well as 73,08% in the RS

⁵¹ 100% in BD B-H, according to the respondents

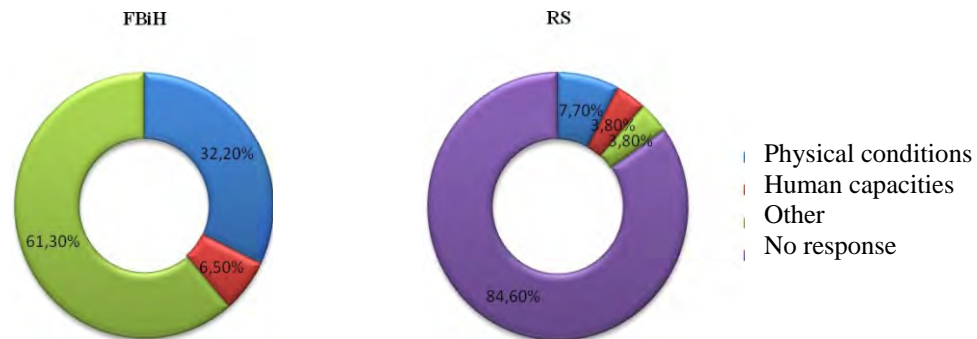
⁵² 32,26% of respondents in FB-H shares this opinion, as well as 7,69% in the RS

⁵³ 6,45 of respondents in FB-H shares this opinion, as well as 3,85% in the RS and 100% in BDB-H

entity-level respondents, despite expressing dissatisfaction with their working conditions, have not, for unknown reasons, specified what they would like to improve.

Chart 1

If you are not satisfied you're your working conditions, what should be improved?



Particularly interesting is the fact that a large number of health centers have no dental clinic specializing in children with special needs.⁵⁴

Respondents – on the entity level - believe that they have at their disposal, at any time, sufficient medicines and other products necessary for provision of health care to patients, while the BD B-H level respondents do not think they have enough medicines⁵⁵, which prevents them from providing adequate care to their patients.

Human resources

Basic data on facilities related to the number of teams for children's health care and the number of employees working in those teams, as well as the structure of expert associates working in the teams, are shown in the table presented in Annex III to this report.

At the entity level, small percentage of health centers have special teams to work with children at the mental health centers⁵⁶, while a special team was not even established in BD B-H.

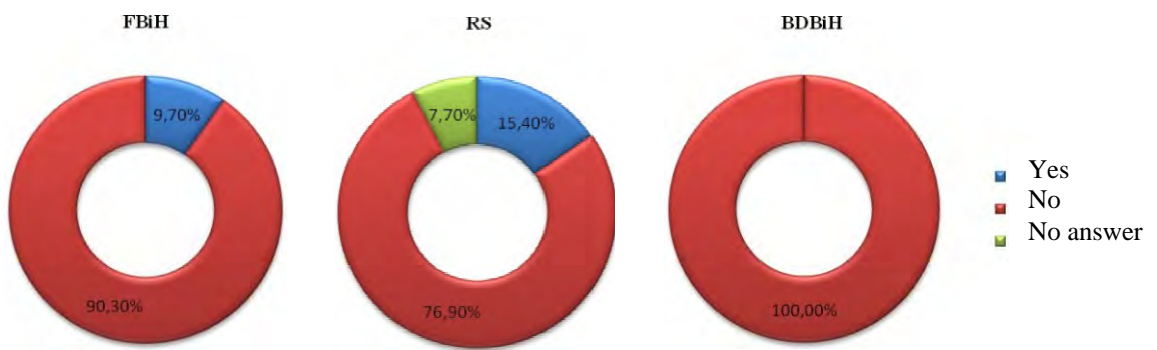
⁵⁴ FB-H 96,77%, RS 73,08%, BDB-H 100%, large number of respondents answered negatively, which is a concern

⁵⁵ 87,10% of FB-H respondents shares this opinion, as well as 84,62% respondents in the RS and 100% in BD B-H

⁵⁶ FB-H 9,68%, RS 15,38%

Chart 2

Do health centers have any special teams to work with children at mental health centers?



As for the education of health professionals and associates working within the health center teams in FB-H and BD B-H, in most cases they attend educational seminars twice a year⁵⁷, as opposed to the RS, where their colleagues attend such seminars more than three times a year⁵⁸.

Children as beneficiaries of the right to health care

Respondents stated that the employees engaged in special teams for children at the entity level are familiar with the UN Convention on the Rights of the Child, as opposed to the situation in BD B-H, where such teams were not even formed.⁵⁹

Large number of respondents does not consider it justified that children above 15 are not entitled to free health care program.⁶⁰

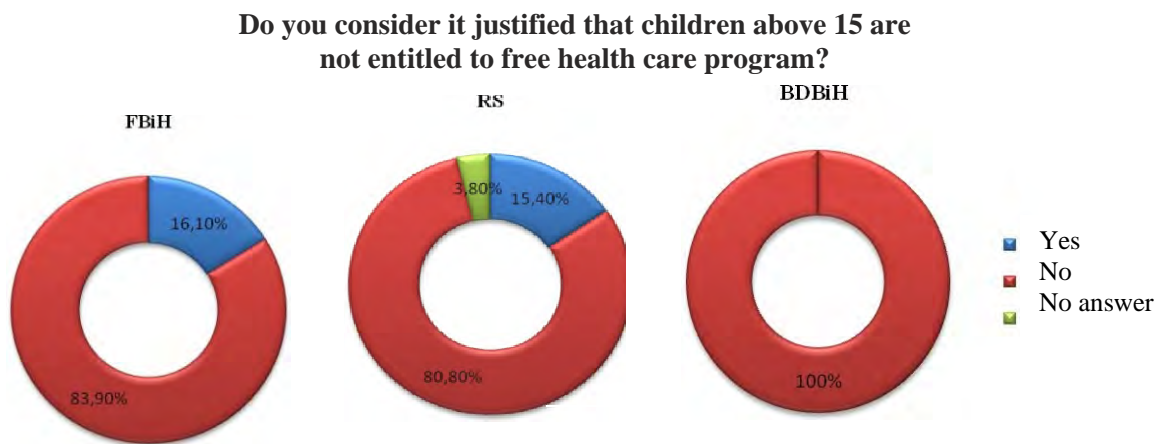
⁵⁷ 45,16% in FB-H, 100% in BD B-H

⁵⁸ 46,15% of respondents in the RS share this opinion

⁵⁹ 80,65% of respondents in FB-H share this opinion, as well as 88,46% respondents in the RS and 100% in BD B-H

⁶⁰ 83,87% in FB-H, 80,77% in the RS and 100% in BD B-H

Chart 3



Respondents point out that they rarely encounter the problem of uninsured children⁶¹, however, 74.19% of respondents in the FB-H feel that they are obliged to provide services to a child without health insurance, as well as 84.62% of the respondents the RS and 100% of respondents in BD B-H.

Contrary to that, a number of respondents feel that they are not obliged to provide services to a child without health insurance, but they still provide such services, that are in domain of their duties, nevertheless.⁶²

The issue of children not registered in the birth registers, which is constantly present in our society, is in contrast to the response of respondents saying that they do not encounter the issue of unregistered children.⁶³

According to the survey, the respondents have taken the view that the possibility that children aged 14-18 will choose doctors on their own is not permitted on the level of the entities, in most cases, while in the BD B-H this option is feasible. Thus, 51.61% of respondents in the FB-H believe that children do not have the right to choose a doctor, as well as 57.69% of respondents in the RS.

However, children aged 14-18 are allowed to take initiative to visit a doctor or medical service.⁶⁴

Institutional cooperation

Cooperation with the relevant entity level ministries was rated as mostly good⁶⁵, although majority of respondents from the RS indicated that they are not familiar with the degree of success of cooperation with the relevant ministry⁶⁶. Respondents from BD B-H rated their cooperation with the Department of Health and Other Services as absolutely successful.

Cooperation with the public health institutes at the entity level was assessed as completely

⁶¹ 9,68% of respondents in FB-H, 65,38% in the RS

⁶² FB-H 25,81%, RS 15,38%

⁶³ FB-H 38,71%, RS 57,69%, BD B-H 100%

⁶⁴ FB-H 93,55%, RS 96,15%, BD B-H 100%

⁶⁵ FB-H 70,97%, RS 34,62%

⁶⁶ RS 37,69%

successful⁶⁷ - mostly successful by 64.52% of respondents in the FB-H, and 46.15% of respondents in the RS. Cooperation with social work centers was rated as mostly successful.⁶⁸

74.19% of respondents in the FB-H believe that health centers and field clinics cooperate with institutions for children with special needs. 73.08% of respondents in the RS and 100% of respondents in BD B-H share that opinion.

80.65% of respondents at the level of FB-H rate the cooperation with parents/guardians of children as mostly successful, as well as 76.92% of the respondents in the RS and 100% of respondents in BD B-H.

⁶⁷ FB-H 29,3%, RS 46,15%

⁶⁸ FB-H 61,29%, RS 69,23%, BDB-H 100%

Obstacles

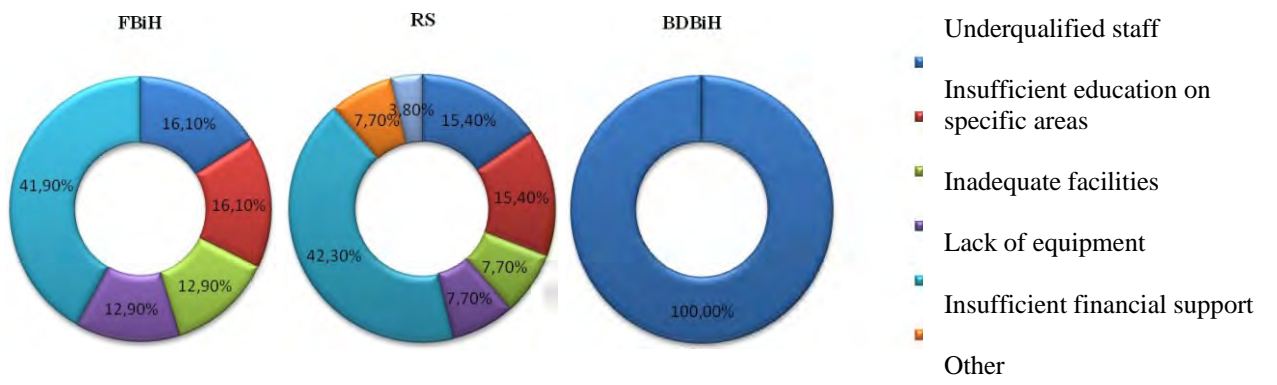
Insufficient financial support is considered the biggest obstacle in work at the entity level⁶⁹, vs. the inadequate staff skills on the level of BD B-H.⁷⁰

⁶⁹ FB-H 41,94%, RS 42,31%

⁷⁰ 100% in BD B-H, according to respondents

Chart 4

In your opinion, what are the biggest obstacles to your work?



4.2.2. Hospitals

Children's health care in B-H is provided on both secondary and tertiary level in the hospitals and pediatric wards/departments for children's diseases, on the level of the entities and BD B-H. In order to gain insight into the conditions of work, human resources, rights of children as beneficiaries of the right to health care and equality in receiving this type of care, a survey was conducted in a form of questionnaire for professional staff in the hospitals. The obtained data were utilized to prepare an analysis of the situation on the ground. Survey included 15 hospitals and children's services in FB-H, 11 of which submitted the completed questionnaires (Center for Mother and Child - Pediatric Services, RMC "Dr. Safet Mujic" Mostar, PI Cantonal Hospital Zenica, PI General Hospital "Prim. Dr. Abdulah Nakas" Sarajevo, PHI General Hospital "Dr. Mustafa Beganović" Gracanica, PI General Hospital Konjic, PI Hospital Travnik, Cantonal Hospital "Dr. Irfan Ljubijankic" Bihac, Children's Hospital UCH Mostar, Jajce General Hospital, General Hospital Tešanj, Pediatric Clinic Sarajevo-Center); 9 hospitals in the RS, 8 of which responded to the questionnaires (PHI Nevesinje Hospital, Clinical Center of Banja Luka, General Hospital "Dr. M. Stojanović" Prijedor, Gradiška General Hospital, General Hospital "St. apostle Luke" Doboje, General Hospital "Sveti vracevi" Bijeljina, Trebinje General Hospital, General Hospital of Zvornik), and 1 hospital on the level of BD B-H (BD B-H General Hospital).

Working conditions

Information obtained show that the hospitals in the entities and BD B-H are financed from different sources, depending on the entity, or the Canton in the FB-H.⁷¹

Employees of hospitals/services for children in the entities and BD B-H express different levels of satisfaction with their working conditions. In FB-H, 54.55% of them are dissatisfied with working conditions, as well as 50% in the RS, while 100% in BD B-H expressed dissatisfaction with the working conditions. Still, this indicator has to be put in context of the number of health facilities that were included in the study. Specifically, while the study in the entities involved multiple hospitals/services for children that can be interconnected at various stages of development, which indirectly reflects on the operating conditions, in BD B-H the study was conducted only in one hospital. Chart 5 shows the assessment of the working conditions.

In order to improve the working conditions, the study subjects were required to indicate the factors that could improve their situation. Thus, according to the respondents, it is important to act towards strengthening human capacities,⁷² physical working conditions, which include facilities, more comfortable space tailored to children, etc.⁷³ In the RS, 50% of respondents did not answer the question what could be improved if they are not satisfied with the working conditions .

The respondents' answers indicate that, at the state level, large percentage of hospitals have enough medicines and other products that are necessary for the provision of health care to children.⁷⁴

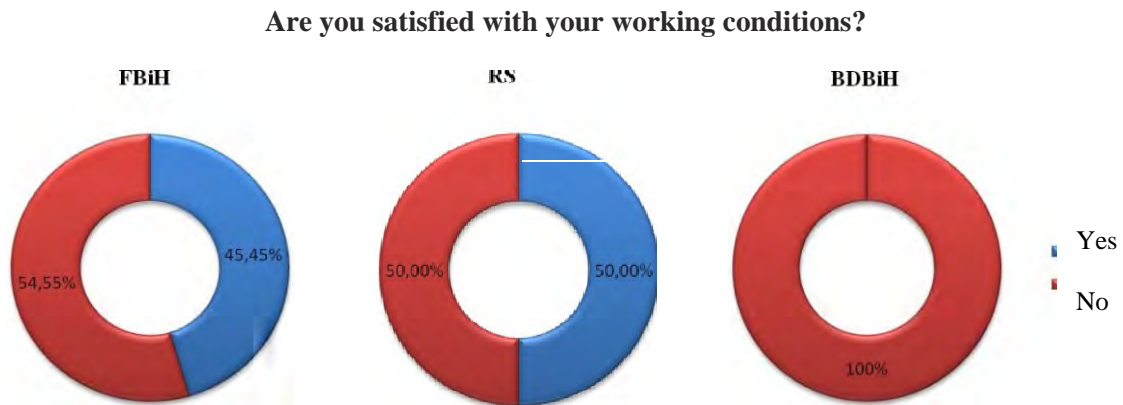
⁷¹ Annex IV

⁷² 9,09% of respondents in FB-H and 100% of respondents in BD B-H share this opinion

⁷³ 36,36% of respondents in FB-H stated this factor

⁷⁴ 81,82 % of respondents in FB-H share this opinion, as well as 87,50% in the RS and 100% in BD B-H

Chart 5



Human resources

Basic data on the number of staff in special teams are shown in the Table in Annex IV to this Report. Expert associates engaged in the entity level children's services attend different educational seminars more than three times a year⁷⁵, unlike their colleagues in BD B-H, who attend such educational seminars only once a year.

Institutional cooperation

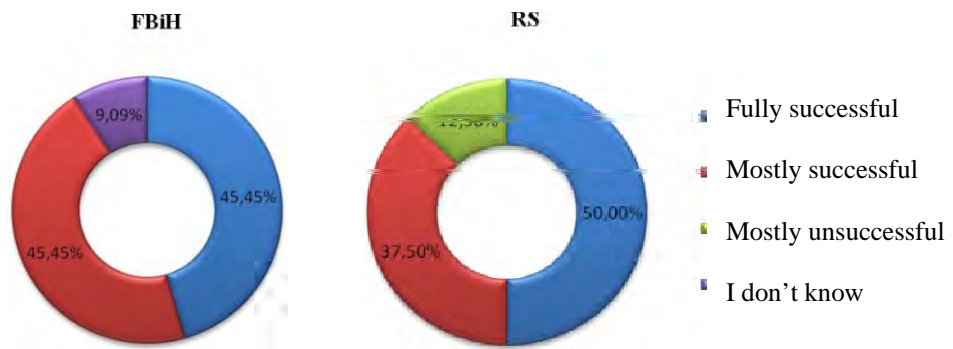
Professional staff at the pediatric wards/children's services cooperate with the Departments of Health of the entities in which they are located, as well as the social work centers, institutions for children with special needs and their parents/guardians. They have the most successful cooperation with institutions for children with special needs.⁷⁶ Respondents differently evaluated their cooperation with the relevant Departments of Health. 18.18% of respondents in FB-H and 50% in the RS assess this cooperation as fully successful, while 63.64% of respondents in FB-H and 25% in the RS, as well as 100% of respondents in BD B-H rate this cooperation as mostly successful. Only 18.8% of respondents in the FB-H rated the cooperation as mostly unsuccessful. Hospitals in the entities and BD B-H cooperate with social work centers and assess this cooperation as successful. The assessment of cooperation with social work centers is presented in Chart 6.

⁷⁵ 27,27% of respondents in FB-H and 50% of respondents in the RS share this opinion

⁷⁶ FB-H 90,91%, RS 62,50%, BD B-H 100%

Chart 6

How do you rate your cooperation with social work centers?



Partnership with the children's parents/guardians was assessed as mostly successful.⁷⁷ A parent/guardian has the right to refuse hospitalization or necessary medical procedures for the child in the entities, which is regulated by the appropriate written procedure⁷⁸

Children as beneficiaries of the right to health care

Employees at the B-H Service for Children's Diseases are familiar with the Convention on the Rights of the Child⁷⁹ and, in this regard, do not consider it justifiable that children under 15 years of age are not included in the program of free health care⁸⁰ (shown in Chart 7).

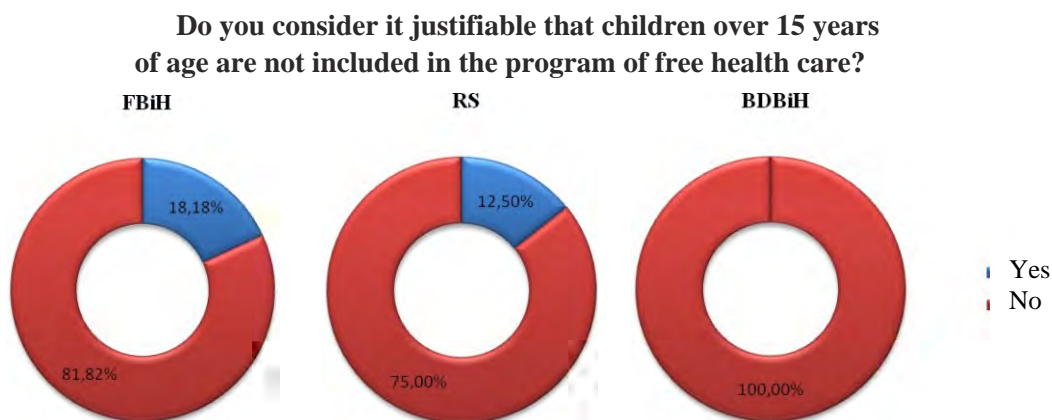
⁷⁷ RS and BD B-H 100% , FB-H 45,45% fully successful, 54,55% mostly successful.

⁷⁸ All hospitals have regulated written procedures. According to the data submitted, Sarajevo University Clinical Center regulates this issue by written consent, and Cantonal Hospital "Dr. Irfan Ljubijankic" in Bihac by signature.

⁷⁹ FB-H 81,82%, RS 100%, BD B-H 100%

⁸⁰ FB-H 81,82%, RS 75%, BD B-H 100%.

Chart 7



The respondents in BD B-H are not informed whether the children exercise the same rights to treatment in primary and secondary health care at the state level, while certain percentage of respondents in the FB-H and the RS is better informed. Respondents from the FB-H and the RS believe that children exercise the same rights throughout the country.⁸¹

Respondents' opinions were divided on the issue of providing health care to a child who has no health insurance. 9.09% of respondents from the FB-H and 12.50% of respondents from the RS do not think they are obliged to provide services to a child without health insurance, while in the BD B-H they believe they are obliged to provide this service, even if a child has no health insurance⁸²

Employees of hospitals/wards for children face the problem of children uninsured outside of their entity very often (9.09% FB-H, 12.50% RS), often (FB-H 27.27%), sometimes (36.36% FB-H, 62.50% RS), or rarely (FB-H 27.27%, 25% RS).

Costs of treatment for children are mostly borne by the competent authorities in the entities⁸³, as well as the parents/guardians in smaller number of cases⁸⁴, while in BD B-H the costs of treatment of a child are borne exclusively by the competent authorities⁸⁵

The problem of uninsured children who need certain hospital services appears in the entities and the BD B-H: very often (in FB-H 9.09%), often (27.27% in FB-H, 12.50% in the RS, 100% BD B-H), sometimes (45.45% in FB-H, 25% in the RS) and rarely (18.18% in FB-H and 50% in the RS). These data are contained in Chart 8.

⁸¹ FB-H 54,55% and RS 62,50%.

⁸² 90,91% of children's services in FB-H do not receive children without health insurance, while in the RS 87,50% provide services that are within their domain of work.

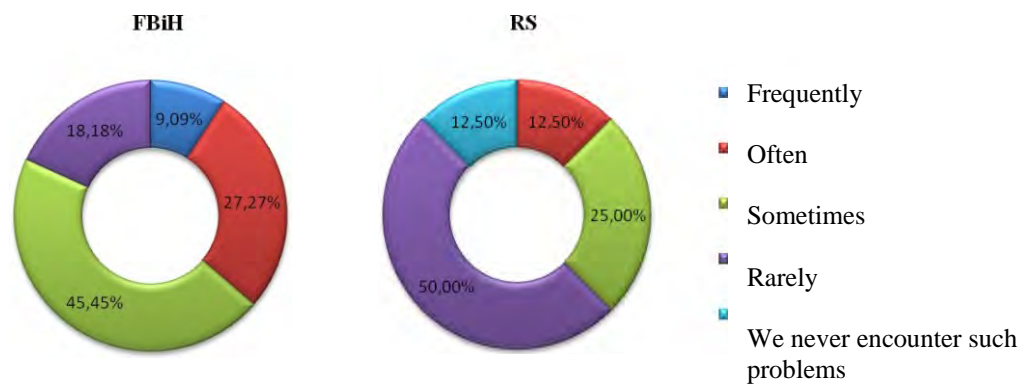
⁸³ FB-H 81,82% and RS 62,50%.

⁸⁴ FB-H 25% and RS 9,09

⁸⁵ BDBiH 100%

Chart 8

How often do you encounter the problem of uninsured children?



While the representatives of social work centers pointed to the issue of health insurance for children not registered at the birth registers, especially relating to children of the Roma population, hospitals/pediatric wards rarely encounter this problem. Such answer was provided by 62.50% of respondents in the FB-H and 63.64% in the RS, while the mentioned problem does not occur at all in BD B-H. The problem mentioned is not encountered often according to 25% of respondents in the FB-H and 27.27% in the RS. Respondents from the RS and BD B-H mostly believe that children who require surgery do not wait on this health service, while 9.91% of respondents in the FB-H are of the opinion that children do wait for such medical interventions.

Respondents in FBiH and RS believe that the possibility of a “school in a hospital” would be useful for school children on long-term treatment or frequent hospitalizations.⁸⁶ All hospitals in the RS and BD B-H, which were included in this study stated that they had officially acquired the status of a “Hospital - a friend of children.” Questionnaires submitted by the hospitals in the FB-H confirm the percentage of 81.82%.

Children aged 15-18 in the RS have no possibility to access Internet in the hospitals, while the respondents from BD B-H for some reason did not respond to the question.⁸⁷ Internet access for this age group is possible only in a small percentage in the FB-H.⁸⁸

Possibility for parents’ stay with their children in children’s hospitals/services

Children's wards in B-H hospitals provide for daily and overnight stay for the parents of hospitalized children.⁸⁹ However, parents pay different amounts of money for their stay with children that are hospitalized, depending on the entity, canton and BD B-H, as well as the age of the child. Detailed account is given in Table 2.

⁸⁶ FB-H 100%, RS 75%, BD B-H never responded.

⁸⁷ RS 100%

⁸⁸ 27,27%

⁸⁹ See Annex IV - Capacity of the wards for mothers guardians and number of mothers guardians per year.

Table 2

Amounts paid by the parents for their stay with hospitalized children in FB-H	
General Hospital Jajce	Paid only in cases regulated by cantonal rulebooks on patients' participation in treatment.
Public Institution Hospital Travnik	Parents do not pay if they have certified medical cards and insurance premiums.
PHI General Hospital "Dr. Mustafa Beganović" Gračanica	Not stated whether the parents pay for their stay.
Cantonal Hospital "Dr Irfan Ljubijankić" Bihać	25 KM/day for children older than 1 year of age.
Children's Diseases Clinic UCH Mostar	If parents have a referral, they do not pay for their stay in the hospital.
General Hospital Konjic	Cost of service is 20 KM, except for breastfeeding mothers of children younger than 1 year of age.
Sarajevo University Clinical Center – Pediatric Clinic	Service is free upon presenting a referral.
Public Institution Cantonal Hospital Zenica	Parents of children with special needs of all profiles, dying or severely ill children, and breastfeeding mothers of children below 1 do not pay. For children above 1, non-breastfeeding mothers pay 20 KM/day. Hospital employees sometimes deviate from the written rules, for the sake of the best interest of children.
General Hospital Tešanj	Mothers guardians of children younger than 12 months do not pay. For children older than 1 year, parents pay 20 KM/day.
Center for Mother and Child – pediatric service "Dr. Safet Mujić" Mostar	Free service.
PI General Hospital "Prim.dr. Abdulah Nakaš"	Free service.

Amounts paid by the parents for their stay with hospitalized children in the RS	
Clinical Center Banja Luka	Breastfeeding mothers and mothers of children with special needs do not pay to stay with their hospitalized children, while the others pay 41 KM/day.
Public Health Institution Hospital Nevesinje	Company is registered as in Daily Hospital
General Hospital "St. Apostle Luke" Doboj	Free service.
General Hospital Gradiška	45 KM/day.
General Hospital "Dr. M. Stojanović" Prijedor	Mothers of children older than 1 pay 45 KM/day.
General Hospital Zvornik	Mothers who are legally exempt from paying do not pay, while the others pay 15 KM for children up to 6 years of age, and 30 KM for older children.
General Hospital Trebinje	Free service.
General Hospital "Sveti vračevi" Bijeljina	If the child is older than 1 year and there are no medical indications for the mother to stay with the child, the mother pays 20 KM/day.
In BD B-H General Hospital, mothers staying with children older than 3 years pay 23 KM/day.	

4.2.3. FB-H Cantonal Public Health Institutes

With the aim of obtaining information on immunization, education of children and health care professionals, medical examinations of school children, the research team of the Institution of B-H Ombudsmen conducted a survey via questionnaires sent to FB-H Cantonal Public Health Institutes (hereinafter referred to as: Cantonal Institutes) and obtained the relevant information from the field. According to the Law on Health Care, See Annex IV - Capacity of the wards for mothers guardians and number of mothers guardians per year.⁹⁰ the activities of the cantonal health institutes include the performance of professional and scientific-research health functions from the framework of the rights and duties of the canton in the field of public health, occupational medicine, addictions and sports medicine.

The survey included 10 Cantonal Public Health Institutes, 7 of which submitted the completed questionnaires.

⁹⁰ See Article 43 Paragraph 2.

Consultative meeting was held with representatives of the FB-H Public Health Institute and the RS Public Health Institute.⁹¹

Immunization of children

Information obtained shows that large number of mass immunization programs for children is implemented at the level of FB-H, what was confirmed by 87.50% of the respondents. Respondents believe that preventable childhood diseases, disorders and deformities are present in the percentage of 1-30.⁹²

Education of children

Cantonal Institutes implement programs in preschools and schools to increase awareness of a healthy lifestyle, keeping in mind the nutrition, substance abuse, smoking, pollution, recreation, road safety and sexual behavior.⁹³ In this regard, their educational material is available in all health centers and public health institutes, on the website and upon request of anyone interested,⁹⁴ as well as the schools, according to 87.50% of respondents.

⁹¹ See p. 16 and 19

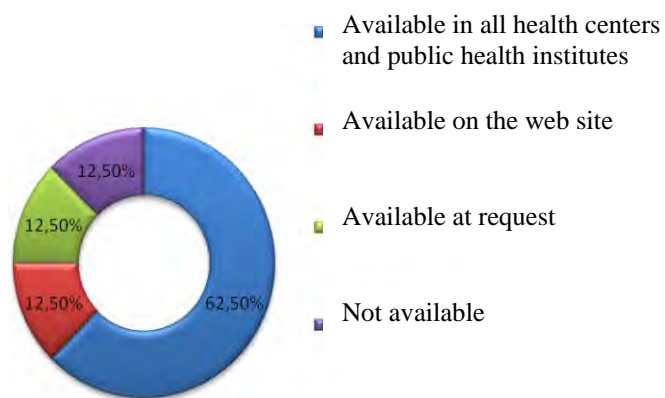
⁹² 75,50%, 12,50% of respondents has not answered

⁹³ According to the opinion of 75% of respondents

⁹⁴ Health centers and public health institutes 62,50%, web page 12,50%, upon request 12,50%, not available 12,50%

Chart 9

How available to children and parents is your education material on promotion of health, prevention of addiction etc?



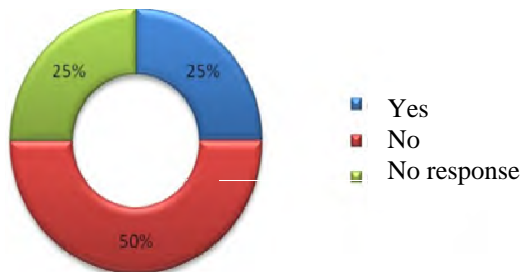
Systematic medical examinations of school children

About 75% of respondents said they do not organize systematic medical examinations of school children, while 25% of respondents do. In terms of the obligation to pay for such medical examinations, 25% of respondents believe that the parent/guardian is responsible to pay, 25% said they were not, while 50% of respondents, for some reason, did not respond to the question, as shown in Chart 10.

According to responses of a small number of respondents, the price for this services is above 20 KM, while a large number of respondents did not answer the question⁹⁵

Chart 10

Are parents/guardians obliged to pay for medical examinations to enroll their children in school?

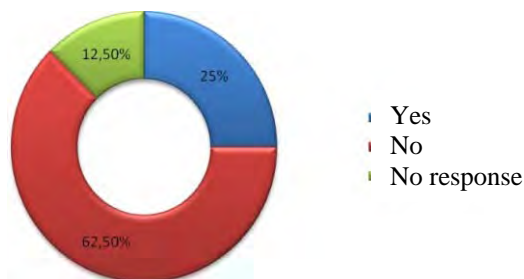


Cantonal Institutes conduct anthropometric measuring of school children, with the aim of monitoring the growth and development, as well as early detection of diseases and disorders.⁹⁶

A large percentage of Institutes do not perform screening in primary and secondary schools. 62.50% of respondents said they do not perform screenings, 25% do, and 12,50% of respondents did not answer.

Chart 11

Do you perform screenings of the state of children's teeth in primary and secondary schools?



Monitoring of sanitary and hygienic conditions in schools and facilities to accommodate students takes place mostly when needed⁹⁷, once a year⁹⁸ or once in six months.⁹⁹

Institutes provide training for health care professionals in the area of protection of children from violence in the family, but not frequently.¹⁰⁰

⁹⁵ 25% of respondents answered that the cost of such examinations is more than 20 KM, while 75% of respondents did not answer that question.

⁹⁶ 50% of respondents support this statement, while 37,50% do not.

⁹⁷ 50%

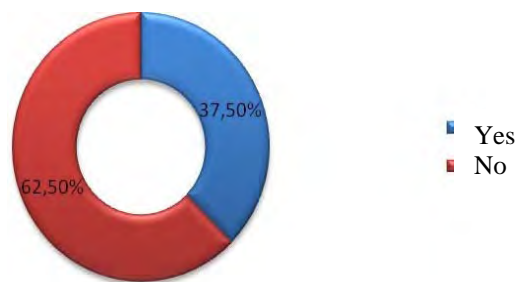
⁹⁸ 37,50%

⁹⁹ 12,50%

¹⁰⁰ According to 37,50% of respondents

Chart 12

Do you provide training for health care professionals in the area of protection of children from violence in the family?

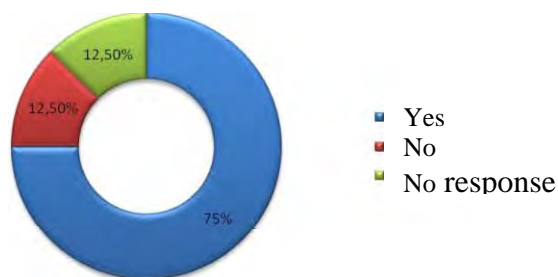


Institutional cooperation

Successful cooperation and communication was developed with other health institutions that protect children's health. According to information provided, 87.50% of respondents believe that this cooperation has been developed and 12,50% of respondents are not satisfied with it. At the same time, 75% of respondents believe that children from different entities/cantons have equal rights to health care and exercise them equally in most Institutes, while 12.50% of respondents believe that the rights are not equal, and 12.50% of the respondents did not answer the question.

Chart 13

Do children from different entities/cantons have equal rights to health care and exercise them equally?



4.3. Observations from the focus group meetings

Focus group meetings were held with representatives of the associations of parents and children with mental and physical disabilities and representatives of Roma NGOs.

4.3.1. Associations of parents and children with mental and physical disabilities

A total of 17 people were involved, representing 10 associations of people with mental and physical disabilities, 4 NGOs, one rehabilitation center and one union. Number of persons per focus group ranged from 4 to 7.

Given the number of participants in the focus groups, and since they had almost identical opinions on the issues discussed, processing and analysis of data collected was done in a descriptive way,

where it was attempted to take into account differences in exercising of the relevant rights in the entities/cantons where the focus groups met.

All responses collected during the course of the focus group meetings were systemized by the key issues and recorded as they were spoken. Responses were then grouped according to categories, based on which the narratives were prepared, in relation to specific categories.

Specific concerns

a) Architectural barriers

In all segments of achieving equal access and increasing quality of life, priority are the architectural barriers that reduce those possibilities. In cities, some of the everyday problems are the high-rising sidewalks, uneven roads and service facilities that are located in areas intended for pedestrians.

Facilities in health centers, clinics and hospitals are inadequate and in most cases not adjusted for access to mothers with children, especially if children are in wheelchairs. Hospitals have no wheelchair-friendly rooms, elevators, beds or toilets. Even equipment for individual procedures is not tailored to the needs and age of children, who are usually dependent on help of the family members.

Access to clinics is orderly, priority is given to war veterans with disabilities, families of the victims and children with mental and physical disabilities. Respondents stressed that there is discrimination in sense of advantages in providing services, so that the war veterans with disability have advantage over children in wheelchairs. This rule is often posted in a visible place within the healthcare institutions, municipalities and other key institutions.

- Aware of the situation that technical requirements to solve the problem of access for persons with physical disabilities do not exist everywhere, Sarajevo Canton proposed to relevant institutions to equip a clinic to gather specialists in all areas of medicine, where everyone will be able to freely exercise their right to adequate healthcare.
- On the territory of the HNC, the law prescribes that each reconstructed or newly built institution shall provide access for persons with special needs. Older buildings are not adjusted, and new ones are built to barely meet the standards. The only facilities built are the concrete ramps, which do not provide the actual access. In some cases, access to public institutions has been adjusted, mostly religious institutions, post offices and emergency rooms. A positive example is an initiative raised by Association Pužnica four years ago, related to the project to build a center for children that are deaf or hard of hearing. Funds for the project were obtained, basic construction works completed, and the facility is already in this phase of works adapted for children with disabilities. Special attention is paid to the access road, parking, interior in terms of acoustics, so the floors are custom made, glass surfaces adjusted, and the tables curved. The facility should go through certification procedure for medical facilities in FB-H early in 2013.
- In the RS, particularly in the city of Banja Luka, good relationship was established between the associations and the Faculty of Architecture in Banja Luka. In this way, training and assistance are provided to persons with disabilities, in sense of knowledge on adjusting new buildings to the needs of persons with disabilities.

b) Orthopedic devices

Participants in all three groups, related to Sarajevo, Mostar and Banja Luka, noted the existence of difficulties in exercising their right to orthopedic devices.

Although the laws predict the right to orthopedic devices, the needs were not analyzed from all aspects, so that no account was taken of developmental changes and additional supplies. For example, in cases of children with cerebral palsy, a number of extensions (headrest, bones) is needed, that require additional payments. Deadlines for entitlement to a new device suitable for level of development are generally within the range of the children's right to be entitled to a new wheelchair every three years. In addition to devices, the problem is similar with the primary medicines list.

- In Sarajevo Canton, it was pointed out that there is a regulation listing the "wheelchair", but there is no developmental adjustment, or adjustment in all aspects of a child's physical condition. In fact, the situation is such that a footrest is more expensive than the institute's participation for a wheelchair. Also, there is a provision on the cantonal level that health insurance partially participate in the purchase of orthopedic devices, however, that is not sufficient, especially when it comes to wheelchairs for children. Institute participates with 450-500 KM, and parents pay for the rest.
- In Sarajevo Canton, several organizations have formed a body called the Coordinating Committee of persons with disabilities in an attempt to resolve all issues of common concern.
- In HNC, there is a disagreement between the Federation and the Cantonal Health Insurance Institutes in relation to the payment of orthopedic devices for children. In the last two years there has been an agreement that certain therapeutic devices are funded 50% by the Federation, and 50% by the Canton. This year, the situation has changed, and the Federation Institute discontinued the co-funding.
- Participants in Banja Luka stated that there is the Protector of Health Insurance Rights at the RS Health Insurance Fund, whom the beneficiaries that are aware of his/her existence contact for the protection of their rights. There is a new Book of Rules on orthopedic devices in the RS in which greater attention should have been focused on the real needs and everything should have been simplified.

c) Dental services for children with mental and physical disabilities

There is no specialized dental clinic for children and adults with disabilities, or any practice or additional training for dentists and dental technicians. So, it's not about special equipment required for dental intervention or prevention of certain diseases, it is only necessary to additionally train the existing professional staff.

The Association from Sarajevo had established one such clinic that has worked for a very short period of time due to fear in the dentists and the responsibility of the job. Parents generally use private dental services for their children, which is both financially ineffective and risky.

In the area of HNC and WHC there was a project to provide dental services to children with disabilities, providing such services in several municipalities (Mostar, Trebinje and Široki Brijeg). Upon termination of the project, children were deprived of provision of the adequate dental

services. Health centers are not registered as institutions that can provide general anesthesia and hospitals do not have specialized dentists to deal with dental treatments. Health Center Mostar has 3 children's dental specialists, 2 of which will retire this year and the last one next year. Other municipalities and nearby towns have no children's dentists, so the children in the area of HNC in general have no dentists. If a dental clinic was established, it is believed to be possible to organize the dentists willing to even volunteer. Since the letter was sent to the Institution of the B-H Ombudsmen regarding the situation of the absence of dental clinics, and soon also the children's dentists in the area of HNC, there is a hope for a positive resolution of this situation.

d) Human resources in health institutions

Information obtained from all three focus groups indicates a lack of qualified staff to work with children with mental and physical disabilities. In primary health care, there are generally no special education teachers, speech therapists, or hearing rehabilitators. Representatives of local associations engage the special education teachers, speech therapists and psychologists, who provide services two or more times a week. Such services are usually paid by the parents who can afford to pay. Consequently, all children do not have the same basis to exercise their rights, and the necessary services are available to those lucky children whose parents can provide for them.

Information obtained from all three focus groups indicates a lack of qualified staff to work with children with mental and physical disabilities.

They believe that there are not enough primary care physicians or medical staff and, due to the volume of work, waiting for an examination takes hours. Professionals to work with children with mental and physical disabilities are very few, and the demand for such staff is not large in health care institutions, regardless of the actual needs expressed. The most common use of their services are individual engagements of such personnel as external associates. That presents a tremendous effort for children with a disability. Also highlighted was the fact that students on voluntary internship in institutions for treatment and rehabilitation of children with special needs express certain prejudices, which can be regarded as fear, due to lack of education of the students during their studies.

In primary health care, there are generally no defectologists, speech therapists or hearing rehabilitators.

There is no Department of Psychiatry for Children at the Clinical Center in Mostar, while the only two such departments exist in Sarajevo and Banja Luka. Centers for Mental health, according to the experiences of participants, insufficiently deal with the problems of children with mental and physical disabilities and children in general, and focus more attention on adults. Participants point out that primary health care staff are overworked and there are too few of them in comparison to number of patients, which is constantly growing. Home visit service is usual number of staff, or similar reasons.

All children do not have the same foundation to exercise their rights and essential services are provided only to those lucky ones whose parents can afford them.

e) **Education and availability of information**

Responsibility for the lack of timely and accurate information is mostly on the employees of the institute and the fund, as well as physicians in the field of primary and secondary health care. It happens that even doctors have no information on whom to address and what to do in case of a child with, for example, the Down syndrome.

Participants of the focus group meeting believe that the health professionals shall rely on the Declaration on the Rights of the Patient in their work, according to which all health care workers must have a special communication with the children's parents. Inadequate communication and lack of non-complicated transfer of information presents a critical problem for the parents and creates in them resentment and distrust of the doctors. An additional problem is the lack of education of physicians in the field of psychological and physical problems, but also the lack of sensibility. Often there are conflicts between pediatricians and parents for giving false diagnoses, medications, and information. The same situation is present in both primary and secondary health care.

Part of responsibility is on the parents, because it is important that they keep informed. It is important to educate parents, because they have no information, out of sheer ignorance, and do not know whom to contact and how. Children with mental and physical disabilities in this case do not exercise their rights. It is important that parents are informed and that we keep working on educating them. Experiences are the same in all parts of the country in which the focus group meetings took place.

The aim of the NGO representatives who participated in work of the three focus groups is that the problematic situations be anticipated, and at least timely and appropriate information provided to parents of children with mental and physical disabilities.

4.3.2. Representatives of Roma NGO sector

A total of 8 people, from 7 Roma associations and one non-governmental organization, "Children's Earth", from Tuzla, were involved. Number of people per focus group was 4, which is less than the invited and planned number.

Focus groups' observations

Given the small number of participants in the focus groups, and almost identical opinions on the existing problems, processing and analysis was done on two levels:

1. All responses collected during the course of the focus group meetings were systemized by the key issues and recorded as they were spoken.
2. Responses were then grouped by the categories, based on which narratives were formed for specific categories.
3. Due to the small number of participants and a uniform attitude towards the questions, there is no specification of percentage of participation for each of the categories of responses.

Specific concerns

a) Exercising the right to health insurance, free medical treatment and health care in its entirety

All participants in the work of focus groups in Sarajevo and Tuzla stated that the problem is constant and severe, and that one of the fundamental issues in the FB-H is non-implementation of the existing Law on Health Insurance.

Dissatisfaction with the current situation in health care, especially health care for children of Roma, is a result of slow or no problem solving, and it is necessary to separate the concept of the right to health care and the adequacy of health care. Besides the laws and measures prescribing that each child up to 15 years of age must be adequately taken care of in sense of health care, frequently situations occur where it is inevitable to pay for individual services. Difficulties also arise from the fact that health facilities do not accept children with a place of residence in another canton, which is a particular problem with the Roma in terms of their propensity to migration within the country. Rural populations were excluded due to lack of information, lack of access, lack of transportation to health care facilities and the like.

A particular problem is posed by children who are not registered in the birth registers, which is common for children of members of the Roma minority. Also, insufficient attention is given to a high degree of abortions among young Roma girls.

Participants do not collectively exclude liability of the Roma for the difficulties resulting in their exercising the right to health insurance for children. Many children do not have health care because of parental neglect or untimely reporting to the relevant employment office. Cases of parents receiving one-time financial assistance to pay health insurance premiums and spending the funds for other purposes are not rare. Participants in both focus groups state that every child must be covered by health insurance at the expense of the state, and thus protected from negligent parents. This attitude and these cases are related to all children, regardless of their nationality.

- Participants in the work of the focus group in Sarajevo stress that, according to the legal provisions, a child under 15 years of age must in some way get access to health care, but they know of a number of cases in which children attend school, but are not eligible for health insurance. According to the subjective evaluation of the representatives of Roma associations, 70% of Roma children in Canton Sarajevo are not covered by health insurance.
- In Tuzla Canton, positive changes were made in providing access to health care for Roma children. In 2007 launched was a campaign for children, in accordance with international standards and conventions, particularly in order to ensure the rights of children up to 18 years of age to health insurance, regardless of their status or dependency on parents/guardians. This followed the decision of the Tuzla Canton Ministry of Labor and Social Policy to provide health care for all children from one year of age to the end of primary education. If they continue the education, they exercise their health insurance through the Ministry of Education of the TC and the Center for social work, where those institutions are responsible to cover the costs. Difficulties arise due to administrative procedures in exercising the right to health insurance, since the parents must provide confirmation that their children attend school every two months. Also, large number of children who do not enroll in high schools, and at age of 15 have no option to register themselves at the Employment Bureau, lose the right to health insurance. According to a study conducted in Tuzla Municipality, more than 500 children who attend school do not have health insurance. Participants believe that a key issue is the lack of information in students and parents on their rights.

- Another prominent issue in Tuzla Canton is payment of health insurance premiums, or stamps. In the city of Tuzla, municipality provides for large number of insurance stamps for Roma children, but that is not the case in other municipalities in the Canton. This creates discrimination on territorial principle within the Canton, but also the state because, for example, children in the RS do not pay the participation, while in certain cantons in FB-H they do. Participants stressed that it is necessary that all children are equal and have free health insurance.

b) Implementation of the Action Plan for the Health Care of Roma, the segment that relates to immunization of Roma children

Generally, there is a high level of dissatisfaction in both focus groups regarding the implementation of the Action Plan and the transparency of the funds spent, especially in the segment that was planned for children's health care. Of the funds available under the Methodology of implementation of the Action Plan for Health Protection of Roma, most of the funding is directed to immunization of children. Participants unanimously cited the exceptional lack of transparency and inaccuracy in reporting the data on the number of children vaccinated. Listed were the children who were not vaccinated in Cantons Sarajevo and Tuzla, and representatives of Roma communities were excluded from the entire process. Participants stated that an undue emphasis was placed on immunization in previous years, given that everyone who is familiar with legal regulations knows they are obliged to take their child to be immunized in a period of time defined by the health care system. According to unofficial information, in December 2011, 30 000 KM remained available, and were then spent on information campaigns. In 2012 the funds allocated will reportedly focus on disinfection of the Roma settlements.

They believe it is critical that the funds allocated for health care focus on providing health insurance and education of the Roma on their rights in sense of obtaining health insurance.

c) Cooperation with other stakeholders and availability of information

Roma are very little involved in working groups engaged in issues of their own existence and implementation of relevant action plans. However, they emphasize that the problem is in Roma people as well, because it often happens that unqualified Roma become members of important committees and working groups. Cooperation exists, but it would be better if Roma people qualified for specific areas were taken as partners in those areas of work.

Roma NGOs have developed and they now receive relevant information and data electronically, and forward that information further to the Roma community. It is necessary to establish better cooperation with institutions in the field of health care, in order to provide for timely and adequate distribution of information. There is information material available in some health centers, but it is not useful to everyone, considering the high level of illiteracy. Most parents and children do not know what their rights are, especially in the area of health insurance and health care. They also believe that health institutions are obliged to provide transparent information and make it available to children and parents. Relevant social services do not provide information in an appropriate manner either, especially bearing in mind the level of education of people. Health Insurance Institute, in accordance with the Health Insurance Act and the Law on Health Care, shall regularly conduct information campaigns on the rights and ways of exercising the rights on health care and health insurance. They are obliged to do so through public campaigns broadcasted through media channels, but also the distribution of material in different settlements and rural areas. However, in most cases this is done by nongovernmental organizations in the field, by talking to people, using information material and all other available methods.

Roma Associations in Tuzla and Sarajevo Cantons organize meetings to talk with the parents, and give them advice and information on where and whom to contact. They emphasize that associations are the only service providing advice on how people can exercise their rights and the rights of their children.

Based on the initiative of one non-governmental organization, an announcement for parents was posted at an elementary school.

Participants believe that the relevant Ministry of Education shall send a letter to schools on the basic rights of students, and provide an instruction on the obligation of schools to disseminate this information to students and parents. Bearing in mind that school is a place where children spend a large amount of time, they referred to disinterest of schools on this issue.

4.3.3. „Otaharin“ Association, Bijeljina

Association "Otaharin" focuses majority of its activities on increasing the number of children attending school, inclusion of children in this organization's Activity Center, and increasing awareness of the importance of integrating Roma into society. Particular attention is given to the problem of street begging.

Focus groups' observations

Members of "Otaharin" Association are involved in the field of health care through projects implemented by the RS Ministry of Health, in collaboration with the Bijeljina Health Center. One such recent project has referred to the mapping and raising awareness of anemia in children, involving also the Roma children and their parents. Some of the activities were carried out in the Activity Center of the "Otaharin" Association. During the conduct of that research it was noticed that many children below 15 had no medical cards, even though they have a right to them. This was attributed mostly to negligence of the parents and their irresponsibility. On the other hand, those who are entitled to health insurance, in most cases have no funds to pay for participation. These findings are related to Roma children who attend elementary schools, since high school is currently attended by only one child, although the total of 11 of them has enrolled in high schools in the last 4 years. The most common reasons for leaving school are insufficient integration into society, distrust in the educational system, traditional way of life of the Roma, and, to a lesser extent, financial situation. Roma Association "Otaharin" actually covers most of the costs for the children who attend the school. Children who do not attend school are used for labor and begging, so it is necessary to pay special attention to children aged 15-18 who are not exercising their legal right to health care on any grounds.

Specific concerns

a) Children's records

There are no official records on the number of Roma children in Bijeljina municipality. At the same time, statistics are available according to which 140 children attend school in that area. According to the last listing, conducted by the B-H Ministry for Human Rights and Refugees, around 200 families live in the area. Great difficulty is posed by the migrations, which are very common and well known in the area of Bijeljina. Migrations lead to a situation that some children are not known and many of them are not registered at the birth registers. Problem is also in

parturient women who use other people's health cards at birth, as they do not have their own health insurance.

b) Cooperation with other associations

Cooperation with more active NGOs in the municipality of Tuzla exists, but is not sufficient.

c) Implementation of the Action Plan

Implementation of the Health Care Action Plan is disputable. Immunization should actually be free, since it is the obligation of the state. Apart from immunization of a certain number of children, nothing else has been done in relation to the obligations established in the Action Plan. Work needs to be done on providing health insurance for all children and maternal health care, given that Roma do not pay attention to family planning and prevention of sexually transmitted diseases. Such type of education of Roma women is rarely carried out. Focus group participants believe that the Mental Health Center Bijeljina could provide that type of education. There is a great lack of education of Roma parents on the issue of health. They often resort to homeopathic treatments, and avoid the traditional methods.

V FINAL CONSIDERATIONS OF THE OMBUDSMEN

Well-organized health care of children in B-H is the foundation to provide conditions for the overall development of a child and the safe and happy childhood, to alleviate, remedy and preclude some of the negative health impacts.

Conditions for establishment of quality health services are, among other things, good quality programs, promotion of health in health care facilities, as well as kindergartens, schools and the local community, regular and reliable sources of funding, an appropriate ratio of children and health care professionals, well-trained staff and parental involvement.

Ombudsmen wish to especially point out the following weaknesses of the health care of children in B-H:

- Research on health care of children in B-H showed that the procedures for exercising the right of access to health care are in conflict with the provisions of the Convention on the Rights of the Child, which regulates the issue of health care, and that care must be provided for every child under 18 years of age.
- Situational analysis showed that the framework of the health care of children in B-H does not provide for equal access, equal opportunities, or overall equal conditions for all children.
- The established cost of participation for services in the health care for children in B-H is a limiting factor in ensuring that all children enjoy the same services.
- Institutions that provide health care services are faced with a problem of a lack of certain educational profiles, as well as additional training for the existing personnel.
- Situational analysis showed that additional measures to include children with mental and physical disabilities, as well as children from marginalized groups such as Roma (IDPs), etc. are not in place.
- These efforts to create minimum standards in relation to health care for children in B-H have not resulted, to a sufficient degree, in children's health services being tailored to the needs of a developed society.

Ombudsmen wish to use the opportunity to inform the professional and general public that the UN Committee on the Rights of the Child has considered the combined second, third and fourth periodic reports on Bosnia and Herzegovina and, in their sessions held on 19 September 2012 and 05 October 2012, adopted the concluding observations and recommendations, and forwarded them to Bosnia and Herzegovina.¹⁰¹

¹⁰¹ The State, non-governmental organizations in B-H, UNICEF B-H and the Institution of B-H Ombudsmen submitted to the Committee a report on the state of child rights in B-H and the implementation of the Convention, where the Committee, considering all the reports, submitted to the State of B-H the observations and recommendations, with the aim of full implementation of the Convention on the Rights of the Child.

When it comes to children with disabilities, concerns and recommendations of the Committee are largely identical to those of the Ombudsmen, listed in Special Report on the Rights of Children with Disabilities/Special Needs from 2010.

The Committee, *inter alia*, reiterates its previous recommendation, from 2005, regarding the need that the State take all necessary measures to ensure that all children enjoy access to quality health services, with special emphasis on vulnerable children, especially Roma.

VI GENERAL RECOMMENDATIONS

1. To the FB-H Ministry of Health, cantonal Ministries of Health, and the RS Ministry of Health and Social Protection, ***to take measures to ensure unconditional and free health care for all children in BiH.***

2. To Health Insurance Institutes and the RS Health Insurance Fund
 - ***To conduct public awareness campaigns in local communities, especially in Roma communities, on the right to health insurance and care,***

 - ***To have the health cards of children with mental and physical disabilities certified each month.***

3. To Una-Sana Canton Health Insurance Institute
To Tuzla Canton Health Insurance Institute
To Herzegovina-Neretva Canton Health Insurance Institute
To West Herzegovina Health Insurance Institute
To To Central Bosnia Canton Health Insurance Institute
To Herzeg-Bosnia Canton Health Insurance Institute
 - ***That children be exempt from direct personal participation in the form of annual premiums - stamps.***

4. To Federation Ministry of Education and the RS Ministry of Education and Culture
 - ***To consider and investigate the possibility to introduce compulsory practical lessons in high schools and faculties whenever possible, including medical schools and faculties of medicine, social sciences faculties, faculties of education, social work, pedagogy and, in order to accomplish the discussed goals, involve the NGOs active in the areas of protection of children's rights, so that the future employees are properly educated and gain some experience in working with children with mental and physical disabilities.***

5. To Governments of FB-H/cantons, RS Government, and the Government of BD B-H
 - ***In line with the available financial resources, to allocate budgetary resources for financial support to health centers at the entity level and the level of BD B-H, in order to recruit additional qualified personnel for field clinics and improve capacities of the special teams to work with children at the mental health centers.***

- *To allocate funds to equip specialized dental clinics for children with special needs in entity level health centers and BD B-H field offices.*
- *To allocate funds for the strengthening of human resources and personnel training of health care workers at the level of the entities and BD B-H.*

Annex I

Schedule of consultative meetings with representatives of ministries at the entity and BD B-H level, representatives of the FB-H Public Health Institute, RS Public Health Institute and the Department of Health and other services of BD B-H.

Institution	Date of meeting	Delegation¹
FB-H Ministry of Health	21 June 2012	- dr. Vildana Doder, Assistant Minister of Health of FB-H
FB-H Health Insurance and Reinsurance Institute	22 June 2012	- Jasna Hasić - Slijepčević, Deputy Director - Kadić Muharem, Prim. dr. spec. med., Medical – Pharmaceutical Service
FB-H Public Health Institute	22 June 2012	- Irena Jokić – Social Medicine and Organization of Health Care Service - Alma Gusinac - Škopo – Health Statistics - Aida Filipović Hadžiomerović – Health Ecology Service
RS Ministry of Health and Social Protection	26 June 2012	- Amela Lolić, Deputy Minister
PHI Public Health Institute of the RS	27 June 2012	- Mr. sci. dr. Slađana Šiljak, Head of Service
RS Health Insurance Fund	27 June 2012	- Biljana Rodić Obradović, Executive Director of Health Insurance Development Sector - dr. Mira Zrilić

¹ Delegation of the BiH Ombudsmen consisted of the Expert Advisor and the trainee in the Department for Protection of the Children's Rights

Department of Health and other services of BD B-H	08 August 2012	- Branimir Filipović, Deputy Head of BD B-H Department of Health and other services
Social Work Center Mostar	09 August 2012	- Zdravka Marić, Head of Legal and General Affairs
Social Work Center Zenica	09 August 2012	- Nurka Babović, Director - Halil Šabanović - Ejaz Šraić - Lamija Piljug, officers
Social Work Center Tuzla	13 November 2012	- Sonja Brčinović, Director - Elvira Jahić, dipl. iur
Social Work Center Banja Luka	13 November 2012	- Jadranka Štrkić, dipl. iur - Dijana Batoš, dipl. Social Worker
Social Work Center Bihać	15 November 2012	- Aida Osmanović, Director

Annex II

Number of primary health care institutions

FB-H	
Una-Sana Canton	8
Posavina Canton	3
Tuzla Canton	13
Zenica-Doboj Canton	12
Bosnian Podrinje Canton	3
Central Bosnia Canton	11
Herzegovina-neretva Canton	10
West Herzegovina Canton	4
Sarajevo Canton	9
Canton 10	5

RS	
Regional Center Banja Luka	19
Regional Center Bijeljina	3
Regional Center Doboj	7
Regional Center EastSarajevo	6
Regional Center Foca	6
Regional Center Trebinje	6
Regional Center Zvornik	6

BD B-H	
Health Center Brcko	11
Health Center Bijela	4
Health Center Maoca	4

Annex III

GENERAL DATA ON HEALTH CARE INSTITUTIONS							
Name of Institution ¹	Number of Children's Health Care Teams	Number of staff in the team	Number of doctors/specialists	Number of doctors/residents	Number of senior medical staff	Number of senior medical technicians	Number of medical technicians
Health Center Ilidža (KS)	9	/	8	/	2	16	/
Health Center "Dr. Isak Samokovlija" Goražde	2	2	/	/	/	/	/
Health Center "Izudin Mulabecirović - Izo" Tešanj	1	/	1	1	/	/	3
Health Center Bosanska Krupa	2	/	2	/	/	1	5
Health Center Breza	1 team for 0-6 yrs, 3 family medicine teams for 6-25 yrs	/	2x per week 1 general practitioner	1	/	1, 2x per week	1
Health Center Centar (KS)	11	/	11	/	/	3	16
Health Center Čitluk	1	/	1	/	1	/	2
Health Center Foča - Ustikolina	1	3	1	/	/	/	2
Health Center Fojnica	1	2	7	3	2	/	25
Health Center Glamoč	* within family medicine - along with a monthly visit of paediatrician from Livno	1	1	/	/	/	/
Health Center Gračanica	3	3	3	/	1	/	5
Health Center Ilijaš (KS)	3	10	2	1	/	1	5

Health Center Jablanica	2	1 doctor, 2 med. Tehnicians	2	/	/	1	3
Health Center Kiseljak	2	4	2	/	/	/	4
Health Center Ključ	5	/	2	1	/	1	10
Health Center Kreševo	1	2	1	/	/	1	1
Health Center Livno	/	/	1	/	1	1	3
Health Center Lukavac	/	/	2	1 doctor who is not yet at specilization	2	/	5
Health Center Ljubuški	2	/	2	1	/	/	3
Health Center Maglaj	1	4	1	/	/	/	3
Health Center Neum	5 medical teams providing medical care for all the citizens	/	/	/	/	/	/
Health Center Orašje	1	3	1	/	1	/	1
Health Center with polyclinic "Dr. Mustafa Šehović" Tuzla	11	1 spec. paediatrician and 1,5 med. Nurse	/	2	3	1	/
Health Center Stolac - Uzinovići	2	/	1	1	/	/	/
Health Center Široki Brijeg	4	/	/	/	/	/	/
Health Center Tomislavgrad	2	/	1	1	/	/	4
Health Center Velika Kladuša	2,66	/	1	1	1	2	3
Health Center Vitez	2	3	1	/	/	/	2
Health Center Zenica	10	3	7	3	/	/	21

Health Center Živinice	4	/	2	1	/	/	6
Health Center Srbac	up to 6 yrs 1 team, over 6 yrs 12 family medicine teams	/	/	/	/	/	/
Health Center "Dr. Mladen Stojanović" Laktaši	2	2	2	1	/	/	3
Health Center "Sveti Luka" Bileća	7	3	1	/	/	/	2
Health Center Banja Luka	128+14+11	2	113+8+5+11	7+4+3+1	128+20	25+3	175+36+20
Health Center Bijeljina	4	3	4	1	/	/	8
Health Center Brod	10	2	2	2	13	4	24
Health Center Derвента	2	3	2	/	/	/	3
Health Center Doboј	0-6 ksz covering 3 paediatricians and above 32 spm	2	3	/	/	/	7
Health Center Gradiška	2	/	2	/	/	1	4
Health Center Istočno Sarajevo	1	2	1	1	/	/	2
Health Center Kostajnica	5	/	2	1	7	2	14
Health Center Krupa na Uni	/	/	/	/	/	/	/
Health Center Lopare	/	/	/	/	/	/	/
Health Center Modriča	2	/	2	/	/	/	4
Health Center Nevesinje	1		1	1	/	/	2
Health Center Novo Goražde	1	2	1		/	/	1
Health Center Prijedor	3	3	4	1	/	1	4

Health Center Srebrenica	6 + 1 paediatricians	/	3	1	/	3	13
Health Center Trnovo	/	/	/	/	/	/	/
Health Center in Kneževo	/	/	1	/	/	/	1
Health Center Višegrad	8	3	7	1	10	1	15
Health Center Vlasenica	1	/	1	/	1	/	3
Health Center Zvornik	4	2	4	/	6	/	6
Department of Health and other services of Brcko District	5	/	5	/	/	1	9

GENERAL DATA ON HEALTH CARE INSTITUTIONS									
Psychologist / social worker	Number of designated insured persons per working team	Mental Health Center							
		Number of teams to work with children at mental health centers	Number of staff in the working team	Expert staff in working teams					
				Number of doctors / specialists	Number of doctors / residents	Number of senior medical staff	Number of sr.medical technicians	Number of medical technic.	Psychologist / social worker
/	1000 pre-school age children, 2000 school-age children	/	/	/	/	/	/	/	/
1 psychologist / 1 social worker	3000	/	/	/	/	/	/	/	/
/	about 2000	/	/	/	/	/	/	/	/
/	Pre-school age children team 1,827 / School-age children and youth 3,923	/	/	/	/	/	/	/	/
/	0-6 yrs 687, 7-19 yrs 1693	/	/	/	/	/	/	/	/
/	866 pre-school age children, 1100 school-age children	/	/	/	/	/	/	/	/
1		/	/	/	/	/	/	/	/
/	350	/	/	/	/	/	/	/	/
1	2000	/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/	/	/
1	1500	/	/	/	/	/	/	/	/
1	1000	/	/	/	/	/	/	/	/
	up to 2000	/	/	/	/	/	/	/	/
1/4 psychologist, 1/4 social worker	2500	/	/	/	/	/	/	/	/

/	about 500	grad. psychologist, spec. neuropsychiatrist	2	1	/	/	/	/	1 psychologist/1 social worker
/	1500	/	/	/	/	/	/	/	/
1	/	/	/	/	/	/	/	/	/
1	/	/	/	/	/	/	/	/	/
1	2500	/	/	/	/	/	/	/	/
/	2772	/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/	10	/
/	/	/	/	/	/	/	/	/	/
1	1300	/	/	/	/	/	/	/	2 psychologists/1 social worker
/	502	/	/	/	/	/	/	/	/
/	1200	1	5	1	/	1	/	/	1
1 psychologist	4230	/	/	/	/	/	/	/	/
1 psychologist / 1 social worker	/	/	/	/	/	/	/	/	/
	3500	/	/	/	/	/	/	/	/
	2500-3000	/	/	/	/	/	/	/	/
1 psychologist / 1 speech therapist / 1 social worker	/	/	/	/	/	/	/	/	/
1	up to 6 yrs 950	/	/	/	/	/	/	/	/
/	800	/	/	/	/	/	/	/	/
/	160	/	/	/	/	/	/	/	/
/	700	1	4	1		1	2	/	1 psychologist, 1 speech therapist, 1 defectologist, 1 social worker
1+1	800			3	1	/	3	6	1+1
/	about 1500					/	/	/	/
/	1400	2	3	3	1	3	/	6	1
/	1500	1	6	/	/	4	/	2	1

2 psychol ogists, 1 social worker	1300	/	/	/	/	/	/	/	/
1	0-6 yrs 1209, 6- 15 yrs 3100	1	/	2	1	/	/	2	1
/	179-217	/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/	/	/
/	1300	/	/	/	1	/	/	4	1 psychol ogist / 1 social worker
/	562	/	/	/	/	/	/	/	/
/	143	/	/	/	/	/	/	/	/
/	800	/	/	/	/	/	/	/	/
1	93 (paediatricia n), up to 150 per team	/	/	/	/	/	/	/	/
/		/	/	/	/	/	/	/	/
/	800 per 1 team	/	/	/	/	/	/	/	/
1 psychol ogist	0-6 about 60, above 6 yrs about 200	/	3	2	1	4	/	3	1 psychol ogist
1	764	/	/	/	/	/	/	/	/
2	800	/	/	/	/	/	/	/	/
/	about 12000	/	5	2	planned 1	/	1	5	2 psychol ogists / 1 social worker

Annex IV

Name of Institution	Financed by	Total number of staff in services/departments for Children's Diseases	Number of doctors / specialists	Number of doctors / residents	Number of senior medical staff	Number of senior medical technicians
General Hospital Jajce	HII SBC, Novi Travnik	8	2	/	2	/
General Hospital Konjic	CANTON	10	1	/	/	1
Center for mother and child - Pediatrics	/	/	7	/	1	/
Public Institution Hospital Travnik	FUND	21 medical staff, 5 cleaners and wrappers	5	2	/	2
Public Institution Cantonal Hospital Zenica	Zenica-Doboj Canton HII	64	11	3	2	1
Public Institution General Hospital "Prim.dr. Abdulah Nakaš"	Agreement with health insurance institute	13	3	/	/	/
PHI General Hospital "Dr. Mustafa Beganović" Gračanica	ZZO	9	2	1	/	/
Cantonal Hospital " Dr Irfan Ljubijankić "	ZZO	35	6	3	/	6
Sarajevo University Clinical Center - Pediatrics	RS HII + FB-H HII	218	41	5	11	5
UCH Clinic for Children's Diseases Mostar	/	74	16	5	/	6
General Hospital Tešanj	Fund	12	3	/	/	1
Clinical Center Banja Luka	RS HIF	122	24	1	3 doctors of medicine	10
Public Health Institution Hospital Nevesinje	Fund	5	1	1	/	/

General Hospital "Dr. M. Stojanović" Prijedor	HIF	/	5	1	2	/
General Hospital "Sv. Apostol Luka" Doboj	Budget	18	5	/	1	/
General Hospital "Sveti vračevi" Bijeljina	Budget	38	7	6	/	3
General Hospital Gradiška	/	14	2	2	/	1
General Hospital Trebinje	/	18	2	1	/	1
General Hospital Zvornik	/	/	4	1	2	/
General Hospital Brčko DC B-H	Budget of Brčko DC B-H, HIF	16+ 1 maintenance worker	5	/	/	1

Number of medical technicians	Psychologist / social worker	Accommodation capacities of children's services	Kapacity of department for mothers / companions	Annual number of hospitalized children	Annual number of children in specialized consultative examinations	Annual number of mothers / guardians
4	/	12	10	0-6 : 247; 7-15-:64; 15-18: 5	0-6:3800; 7-15: 1100;15-18:100 + UZV 0-6:496; 7-15:23; 15-18:10 + allergy tests 0-6: 56;7-15:21	252
8	1	12	6	0-6:98 ; 7-15:16 ; 15-18:2	0-6: 850 ; 7-15: 250 ; 15-18: 110	80
18	1	11 + 5 incubators	3	total number for 6 months:142	total number for 6 months: 17257	142
12 (permanent 8)	/	40 beds + 6 cribs	6 in mothers' room + 4 on the ward	variable, for 2011 total of 2039 patients,70% up to 6 yrs 1350,7-18:800	0-18: total of 3538 (no reliable data)	According to data from 2011: total of 1300 mothers
43	/	100	18	0-15: 2576; 15-18: under department for internal medicine, by organizational scheme	0-15: 9951 ; 5-18: under department for internal medicine, by organizational scheme	According to data from 2011: 736
10	1	10	2 do 5	0-6: 192; 7-15: 118 ; 15-18: 92	0-6: 1335; 7-15: 879; 15-18: 618	310
6	/	three hospital rooms / 14 beds	three hospital rooms / 14 beds	0-6: 217; 7-15: 186; 15:18:/	0-6: 96; 7-15: 28; 15-18:/	200
20	/	22	4	0 -1 months (0-30 days) separate department for premature babies, from 1-16 total of 900-1000 children	1-16: 2 200-2 300	200 - 300
127	2	130+30 beds on the intensive care ward	10	0-6: 2500; 7-15: 1500; 15-18: 1000	0-6: 20 000 ; 7-15: 15 000; 15-18: 10 000	18 000
45	/	90	24	0-6: 1375 ; 7-18:620	0-6:4749; 7-15: 2230	1005
8	/	22	22	0-6: 845; 7-15: 309; 15-18: 65	0-6: 142; 7-15: 37; 15-18:2	54
82	1 + 1 pedagogue	59 beds + 21 incubators	20	0-6: 2303; 7-15: 958; 15-18: 271	0-18: 25 101	1 091

4	/	5	5	0-6:101; 7-15: 17; 15-18: 3	0-6: 2400; 7-15: 493; 15-18:62	/
9	/	24	12	0-6: 614; 7-15: 330; 15-18: 61	0-6: 3176; 7-15: 1087; 15-18:243	597
11	/	15	9	0-18: 819	0-18:2213	678
13 in pediatrics, 9 in neo-natal ward	1	27	mothers get a bed if there are beds available	0-6: 1040; 7-15: 232; 15-18: 37	0-6: 1302; 7-15: 580; 15-18: 47	349
8	/	21	9	0-6: 600 ; 7-15: 200 ; 15-18: 10	/	300
13	/	/	/	0-6:205; 7-15: 126; 15-18: 36	/	/
10	/	35	10	0-6:735; 7-15: 193; 15-18: 38	0-6: 1280; 7-15: 380; 15-18: 88	176 mothers with doctors' referrals, not paying for stay; no records on those who paid to stay with children
10	/	35	capacity not limited since mothers stay with children	0-6: 80 % of patients treated is of that age; 7-15: 230 patients during 2011; 15-18: not treated on the children's ward	70% are children of age 0-6 years (total number of children examined in clinics: 11 536)	According to data from 2011: 900

