COUNTRY REPORT

BOSNIA AND HERZEGOVINA

MIPEX HEALTH STRAND

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MIGRANT INTEGRATION POLICY INDEX

HEALTH STRAND

Country Report Bosnia and Herzegovina

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READER'S GUIDE TO THE REPORT

This report was produced within the framework of the IOM's EQUI-HEALTH project, in collaboration with Cost Action IS1103 ADAPT and the Migrant Policy Group (MPG). Full details of the research and its methodology are contained in Sections I and II of the Summary Report, which can be downloaded from the IOM website at http://bit.ly/2g0GlRd. It is recommended to consult this report for clarification of the exact meaning of the concepts used.

Sections 5–8 are based on data from the MIPEX Health strand questionnaire, which covers 23 topics, in 10 of which multiple indicators are averaged. Each indicator is rated on a 3-point Likert scale as follows:

0 no policies to achieve equity
50 policies at a specified intermediate level of equity
100 equitable or near-equitable policies.

'Equity' between migrants and nationals means that migrants are not disadvantaged with respect to nationals. This usually requires equal treatment, but where migrants have different needs it means that special measures should be taken for them. Scores relate to policies adopted (though not necessarily implemented) by 31st December 2014. However, some later developments may be mentioned in the text.

To generate the symbols indicating a country's ranking within the whole sample, the countries were first ranked and then divided into five roughly equal groups (low score – below average – average – above average – high). It should be remembered that these are relative, not absolute scores.

The background information in sections 1-4 was compiled with the help of the following sources. Where additional sources have been used, they are mentioned in footnotes or references. It should be noted that the information in WHO and Eurostat databases is subject to revision from time to time, and may also differ slightly from that given by national sources.

Section	Key indicators	Text
1. Country data	Eurostat	CIA World Factbooks, BBC News (http://news.bbc.co.uk), national sources
2. Migration background	Eurostat, Eurobarometer (http://bit.ly/2grTjIF)	Eurostat, national sources
3. Health system	WHO Global Health Expenditure Database[1] (http://bit.ly/1zZWnuN)	Health in Transition (HiT) country reports (http://bit.ly/2ePh3VJ), WHO Global Health Expenditure database
4. Use of detention		National sources, Global Detention Project (http://bit.ly/29lXgf0), Asylum Information Database (http://bit.ly/1EpevVN)

These reports are being written for the 34 countries in the EQUI-HEALTH sample, i.e. all EU28 countries, the European Free Trade Area (EFTA) countries Iceland, Norway and Switzerland, and three 'neighbour' countries – Bosnia-Herzegovina, FYR Macedonia and Turkey.

All internet links were working at the time of publication.

[1] For the definition of these indicators please see p. 21 of the WHO document *General statistical procedures* at http://bit.ly/2lXd8JS

1. COUNTRY DATA

KEY INDICATORS		RANKING
Population (2014)	3.830.911	●●○○○
GDP per capita (2014) [EU mean = 100]	28	●○○○○
Accession to the European Union	Potential candidate since 2003	

Bosnia and Herzegovina (BiH) is located in Southeast Europe and borders Croatia, Serbia, and Montenegro. Its constitution was drawn up in accordance with the 1995 General Framework Agreement for Peace in BiH (GFAP), otherwise known as the Dayton Peace Agreement, which defines three constituent peoples as citizens: Bosniacs, Serbs, and Croats. The country consists of two entities and one district: the Republika Srpska (RS), the Federation of BiH (FBiH), and the Brčko District of Bosnia and Herzegovina (DB). Figure 1 shows a map of the territory, with Brčko District shown in light green. [2]

Figure 1. Map of Bosnia and Herzegovina

[2] Source: By PRODUCER - Own work, CC BY-SA 3.0, https://commons.wikimedia.org/w/index.php?curid=20652252

According to the Dayton Agreement, the enjoyment of rights and freedoms should be secured for all persons in BiH without discrimination on any ground including sex, race, colour, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

State level government is represented by a tripartite rotating presidency, a Council of Ministers of BiH (executive branch) and a bicameral Parliamentary Assembly. The Federation of BiH is a rather decentralised entity with ten cantons, each with its own decision-making powers, including at the municipal level. In contrast, RS has only the state and municipal (local) level governance structures. DB has its own government and one municipality.

The BiH constitution assigns 'immigration, refugee and asylum policy and regulation' to the BiH state level and partly to the entity level. The institutional framework for BiH migration politics is as follows:

- **State-level bodies:** Presidency of BiH, Council of Ministries, Ministry of Security, BiH border policies, State Investigation and Protection Agency (SIPA), Intelligence and Security Agency (OSA), Ministry of Human Rights and Refugees, Ministry of Foreign Affairs, Ministry of Justice, Ministry of Civil Affairs, Director for European Integration, Court of BiH, Constitutional Court;
- **Entity-level bodies:** RS Ministry of Interior, Ministry of Administration and Local Self-Governance; FBiH Ministry of Interior.

BiH's healthcare system is regulated by entities, cantons, the Brčko district, and municipalities. The constitutional framework of BiH health politics is as follows:

- **Entity-level bodies:** Ministry of Health and Social Welfare RS (Health Insurance Fund, Clinic Centres, Public Health Insurance), Ministry of Health FBiH (Federal Health Insurance Fund, Public health institutions), Department of Health, Public Safety and Community Service of the Brčko District;
- **Cantonal-level bodies:** Ten cantonal ministries in FBiH (Cantonal Health Insurance Fund, Cantonal Institute of Public Health, Clinical Centres, Cantonal Hospitals, General Hospitals;
- **Local-level bodies:** Dom Zdravlja, Ambulanta.

Due to lack of official statistics and data in BiH in general, all estimated numbers are collected through individual institutions and agencies with other additional sources of qualitative information needed for interpreting migration and health statistics and trends (Ministry of Security, 2015).

2. MIGRATION BACKGROUND

KEY INDICATORS (2014)		RANKING
Foreign-born population as percentage of total population	0,9	●○○○○
Percentage non-EU/EFTA migrants among foreign-born population	48	●●○○○
Foreigners as percentage of total population	n/a	
Non-EU/EFTA citizens as percentage of non-national population	n/a	
Inhabitants per asylum applicant (more = lower ranking)	84.000	●○○○○
Percentage of positive asylum decisions at first instance	29	●●○○○
Positive attitude towards immigration of people from outside the EU (Question QA11.2, Eurobarometer)	n/a	
Average MIPEX score for other strands (MIPEX, 2015)	41	●○○○○

Because migration statistics for BiH are not collected by Eurostat, this report relies on nationally published and United Nations figures. In 2009 the BiH Council of Ministries adopted an annual *BiH Migration Profile* as an instrument for monitoring migration flows and developing a migration policy for BiH, which included the legal, institutional, and organisational framework for gathering migration statistics in BiH and an overview of European and international standards and practices in the area of migration statistics (Ministry of Security 2015:4). The annual update of this document fulfils a commitment from the Visa Liberalisation Road Map presented by the European Commission to BiH authorities in June 2008 with respect to migration management: "set up and start to apply a mechanism for the monitoring of migration flows, defining a regularly updated migration profile for BiH, with data both on illegal and legal migration, and establishing bodies responsible for collection and analysis of data of migration stocks and flows" (ibid.).

Emigration. Bosnia and Herzegovina has long had a high rate of emigration. It is estimated that half of those born within its borders now live abroad. The emigration flows involve economic, security, family reunion and other forms of migration. They can be broadly divided into three stages: pre-war, war, and post-war migrations.

- **Pre-war emigration** refers to the period before the 1990s and the economic migration of BiH citizens as members of the former Yugoslavia. The main destinations were former Yugoslav republics, Western European countries (in particular Germany, where thousands emigrated under the guest workers scheme), USA, Canada, and Australia.

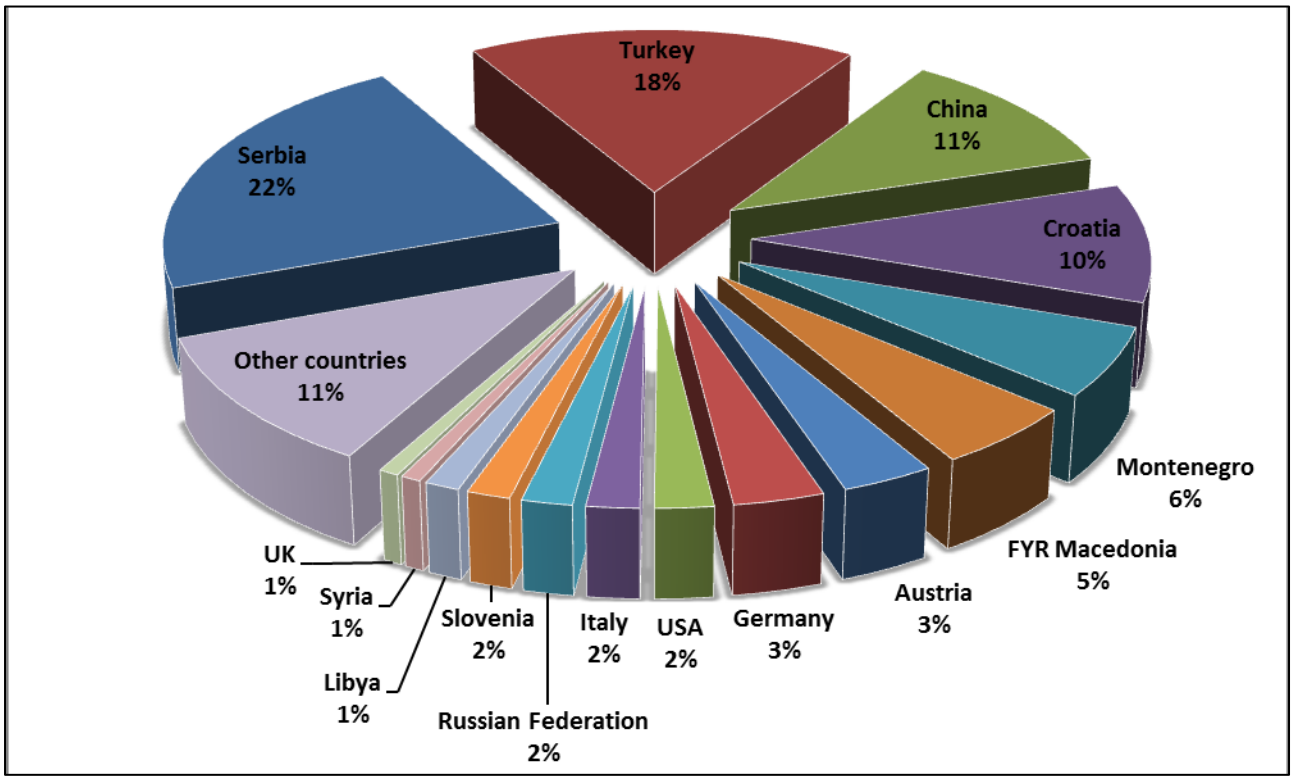
- **War emigration** refers to the 1991-1995 period, during which many people fled the armed conflict - 1,2 million BiH citizens left the country and settled abroad, while 1 million were internally displaced (IOM/IASCI 2010). The main receiving countries during the war were Croatia

(262.620), Germany (240.000), Austria (133.585), Serbia (131.108), USA (120.655), Slovenia (97.142), Switzerland (59.222), and Sweden (56.290) (Efendic et al. 2014:87). Over time, the number of emigrants in these countries declined due to many citizens returning to BiH or re-emigrating to third countries. According to Valenta & Ramet (2011), BiH migrants in countries that did not grant permanent residence tended to re-migrate to third countries rather than returning to BiH. It is estimated that around 40% of all emigrants have returned to BiH, around 18% have migrated to third countries, and the remaining 42% (around 500.000) still live in the initial receiving countries (Koning 2008).

- **The post-war period** refers to the period from 1995 onwards. This emigration wave has mainly involved young people leaving BiH due to the high unemployment rate, institutional inefficiencies, political situation, and/or other individual reasons (see e.g. the UNDP BiH (2000-2010) data-based investigation on migration intentions). According to Eurostat, tens of thousands of BiH citizens entered the EU in the last two decades. In the period between 2000 and 2007, the total was 143.985 (MSBiH 2012). A steady increase in the BiH emigration rate, mainly for economic reasons, has been registered (MHRRBiH 2012).

Immigration. Immigration rates in BiH has been rather low, but have increased somewhat over the last few years. According to the Ministry of Security (MSBiH 2015), the rate of immigration has been increasing in comparison to the 2005-2009 period. This refers to all types of immigration: temporary residence (up to one year), permanent residence, illegal migration, as well as asylum seekers. The number of **temporary residence permits** issued in 2014 was 11.022 – 11% more than in 2013. The distribution of nationalities was as follows:

Figure 2. Main nationalities of persons granted temporary residence permits in 2014



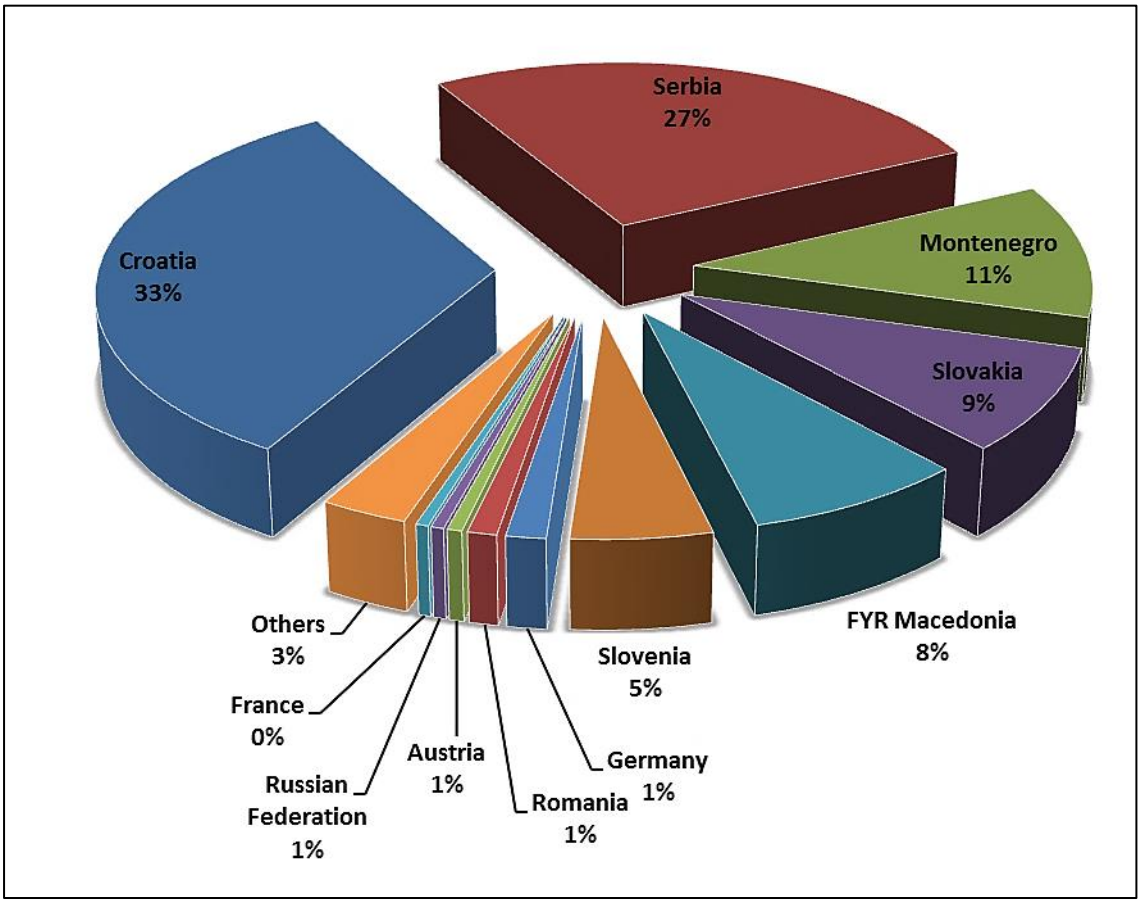
The main reasons for granting temporary residence permits in 2014 were marriage with a BiH national (23%), issued work permit (22%), education (20%), work without work permit (19%) and family reunification (22%). The majority of permits granted (57%) were renewals, while most (59%) were awarded to men.

Permanent residence permits account for only 6% of all permits. The number granted in 2014 was 763, the highest level in the last ten years. Applicants granted permanent residence permits came mainly from Croatia, Montenegro, China, Macedonia and Turkey, which are also among the top 6 countries for temporary permits. (Although Serbian nationals receive the most temporary permits, they hardly ever apply for permanent permits because after five years it is easier for them to become citizens of BiH.)

In 2014 a total of 45 persons sought **asylum** in BiH; 5 were granted refugee status and 8 subsidiary protection, an acceptance rate of 29%. Between 2005 and 2014, a total of 1.143 foreign nationals were **returned** to their country of origin.

No data on **migrant stock** in BiH appear to be available from national sources or Eurostat. The country was formerly part of Yugoslavia, so its 'foreign-born' population includes people who moved from other Yugoslav republics before Yugoslavia's dissolution in 1989-1982, as well as many who were forcibly displaced during the wars of the 1990s. The following chart is based on data from UN DESA.[3] Whereas 84% of the population were born in other Yugoslav republics, only 45% of residence permits issued in 2014 were granted to nationals of these countries' successors (cf. Fig. 2).

Figure 3. Foreign-born population in Bosnia and Herzegovina (2015) by country of birth



[3] United Nations, Department of Economic and Social Affairs (2015). *Trends in International Migrant Stock: Migrants by Destination and Origin* (United Nations database, POP/DB/MIG/Stock/Rev.2015).

3. HEALTH SYSTEM

KEY INDICATORS (2013)		RANKING
Total health expenditure per person (adjusted for purchasing power, in euros)	764	●○○○○
Health expenditure as percentage of GDP	9,5	●●●●○
Percentage of health financing from government National health system (NHS) / social health insurance (SHI)	2	SHI
Percentage of health financing from out-of-pocket payments (higher percentage = lower ranking)	29	●●○○○
Score on Euro Health Consumer Index (ECHI, 2014)	420	●○○○○
Overall score on MIPEX Health strand (2015)	47	●●●○○

The health system in BiH has gone through structural changes since the end of the war and the implementation of new administrative arrangements for the country. In contrast to the situation in the former Yugoslavia, the health system (including health care finance, management, organisation, and provision) is under the responsibility of each entity: RS, FBiH, and Brčko District health care system. This means that 13 ministries of health and health systems are responsible for approximately four million people as follows: one ministry each in RS and Brčko District, and 11 in FBiH. While health system administration in RS is centralised, in FBiH each cantonal administration has responsibility for the provision of primary and secondary health care though its own ministry, while Brčko District also provides primary and secondary care to its citizens with a degree of cooperation with the entities.

The institutional framework of the **RS health system** is centralised and includes: Ministry of Health and Social Welfare, Ministry of Finance, Ministry of Education, health insurance institutions, professional chambers, professional institutions, health professional unions, and health institutions. The health system is financed through payroll taxation within the Health Insurance Fund providing health insurance, social security, and disability insurance to employees and their families.

In RS, the Law on Health Insurance prescribes compulsory social health insurance to provide coverage for insured people, their family members, and members of their households. The law obliges each population group to pay their contribution. Pregnant women, children up to 15 years of age and persons over 65 are entitled to free health care.

Out-of-pocket co-payments have been introduced to supplement insurance funding. Despite the nominal coverage of citizens of BiH by the compulsory health insurance scheme, many residents often experience difficulty paying for care, as health insurance costs are prohibitively high (Cain et al. 2002).

The institutional framework involved in the **FBiH health system** includes the Ministry of Health, Ministry of Finance, Ministry of Education, Health insurance institutions, professional chambers, professional associations, health professional unions, and health institutions. The health system is financed through

payroll taxation within the Health Insurance Funds, as well as a small portion of taxes on other personal income, the canton and municipality budgets, international donations and other sources.

In FBiH, the Law on Health Insurance prescribes obligatory insurance on the territory of the canton for employees and other persons executing specific activities or having specific characteristics. Family members of insured persons are subsequently insured, and contribution rates and methods of calculating and paying contributions for compulsory health insurance are determined by the Federal Ministry of Finance and the Law on Contributions. The cantonal insurance institutes can determine their own rates, but the rates must be equal to or below rates set by the Law on Contributions.

In addition, each canton is obliged to prepare and submit a compulsory insurance scheme financial plan (incomes and expenditures) to its cantonal health ministry for approval. In case expenditures exceed the planned incomes, cantonal and municipal budgets are supposed to cover the gap. Cantons may also autonomously introduce so-called 'extended health insurance' in order to extend coverage to services not covered under the entity's compulsory health insurance system.

In FBiH, health care legislation states that every insured person has the right to a basic package of health and social services, irrespective of the amount of resources available in a district or a canton. This includes: primary health care, specialist consultative care and hospital care; salary compensation in cases of illness; and refund of travel expenses incurred while seeking medical care.

The institutional framework in the **Brčko District health system** includes: Department of Health, Public Safety and Community Services with its subdivisions: Primary Health Care, Hospital Care, Community Aid, Sport and Culture, Fire Department and Administration. Healthcare in Brčko District therefore provides primary and secondary cate to its citizens and has an obligation to organize, finance, and deliver health care services - as expressed in the Law on Health Care of Brčko District of Bosnia and Herzegovina. Due to its small population size and limited capacities, Brčko District maintains special agreements with both entities with regard to healthcare insurance for specific categories and cases. The obligations and rights of Brčko District regarding health care and health insurance were set out in 2000.

4. USE OF DETENTION

According to the Law of Movement and Stay of Aliens and Asylum Seekers in BiH (*Sluzbeni Glasnij BiH broj* 36/08 and 87/12), irregular migrants may be kept in detention for an unspecified period. This practice has attracted a certain amount of international attention, notably concerning the case of Imad al-Husin, who has been detained since 2008 without a clear legal basis despite winning a case in the European Court of Human Rights in 2012 (Li 2015).

In BiH, there is one detention centre at Lukavica, in the municipality of Sarajevo. It was established in 2008 and has a capacity of 40. Basic health care is provided in the centre, while in emergency cases it can call on specialised medical services.

5. ENTITLEMENT TO HEALTH SERVICES

Score 47 Ranking ●●○○○

A. Legal migrants

Inclusion in health system and services covered

If payment of national insurance contributions is up-to-date, legal migrants are covered for the same services as nationals. If not, they are only covered for emergency care.

Where reciprocal agreements exist with other countries concerning health insurance, migrants can receive the same services as nationals, which are later paid for by the country of their permanent residency (if they have insurance there).

Special exemptions

None.

Barriers to obtaining entitlement

Administrative barriers: proof of address required (seldom a problem for legal migrants). No discretionary judgements are involved.

B. Asylum seekers

Inclusion in health system and services covered

Asylum seekers are covered for the same services as nationals as long as they remain in reception centres; otherwise they are entitled only to emergency care.

Special exemptions

Vulnerable groups such as victims of trafficking, torture, etc. are provided with emergency health protection as well as psychological advice and support under the Law on Movement and Residence of Foreigners and Asylum Seekers (*Sluzbeni Glasnik BiH broj* 36/08 i 87/12, Article 54).

Barriers to obtaining entitlement

Would-be patients must present their asylum-seeker ID card, which is issued automatically so this should not be a problem. However, they are ultimately subject to discretionary judgements as to what constitutes ‘emergency care‘.

C. Undocumented migrants

Inclusion in health system and services covered

Undocumented migrants are covered only if they are unable to pay for medical treatment themselves, and only in urgent or life-saving scenarios. However, more complete medical care is provided to those housed in state facilities, where have a right to primary and secondary health care at two different

hospitals, which are subcontracted by the state to provide all needed health service to undocumented migrants as required.

Special exemptions

Vulnerable groups (see under asylum seekers).

Barriers to obtaining entitlement

Administrative barriers: the documents required to prove economic insufficiency are hard for UDMs to obtain. Discretionary judgements are involved in determining 'urgent and life-saving treatment', as well as in deciding how rigorously to pursue unpaid bills.

6. POLICIES TO FACILITATE ACCESS

Score 70 **Ranking** ●●●●○

Information for service providers about migrants' entitlements

Information for service providers about migrants' entitlements is difficult to access in BiH. In the case of legal migrants, they are mainly obtained by the migrants themselves through one of the following resources:

- Service for foreigners, under the Ministry of Security of BiH – main responsibility for legal migrants, asylum seekers, and undocumented migrants;
- Laws at BiH level – Ministry for Human Rights and Refugees – legislation for subsidiary protection and refugees;
- RS Entity – Ministry of Health, Fund for Health Insurance RS;
- FBiH – Ministry of Health FBiH, Fund for Health Insurance, cantons, and Ministries of Health in cantons.

Information for migrants concerning entitlements and use of health services

This Information is provided mainly by:

- Websites providing information about coming to live in BiH.
- Information available at Foreigners' Affairs Services established under the Ministry of Security of BiH and its offices in: Sarajevo, Istocno Sarajevo, Banja Luka, Mostar, Zenica, Travnik, Bijeljina, Trebinje, Gorazde, Tuzla, Livno, Ljubuski, Orasje, Bihac, Brčko i Doboj.

In addition, legal migrants are overseen by one of the offices while asylum seekers and undocumented migrants are under the responsibility of the state facilities where they are settled. NGOs (subsidised by the State) also provide information. Languages available to reach all three groups are the official BiH languages: Bosnian/Croatian/Serbian, with the exception of English in some cases, or other relevant language (such as Arabic) required for certain groups.

Health education and health promotion for migrants

Health education and health promotion for migrants in general is not available in BiH. The only activities in this regard exist mainly for asylum seekers and undocumented migrants. This concerns classes or workshops organised by different NGOs in BiH, some of which are subsidised by the State.

Languages available to reach all these groups are the official BiH languages: Bosnian, Serbian, and Croatian. Asylum seekers and undocumented migrants might get information in several languages upon their arrival to BiH.

Provision of 'cultural mediators' or 'patient navigators' to facilitate access for migrants

Such provisions are only available through NGOs. There is an official contract between NGOs and the state institutions which work with the asylum seekers and undocumented migrants. However, this involves only several NGOs subsidised by the state.

Is there an obligation to report undocumented migrants?

Healthcare professionals and organisations, like all BiH citizens, are explicitly required to report persons without appropriate documents. However, in some cases healthcare professionals might on their own responsibility provide healthcare to the migrants. Generally in BiH, most people will get help when they arrive in a hospital, and then healthcare professionals will later decide whether or not to report them. This is a practice without any legal backing, though related to local culture and medical ethics to aid anyone in need.

Are there any sanctions against helping undocumented migrants?

The only sanctions that exist relate to the above-mentioned duty to report undocumented foreigners.[4]

[4] Source: Ministry of Civil Service BiH)

7. RESPONSIVE HEALTH SERVICES

Score 17 **Ranking** ●●○○○

Interpretation services

Interpreters are available only for asylum seekers and undocumented migrants through NGOs (subsidised by the state). This service does not exist in hospitals. There are two methods used by NGOs: a) face-to-face interpretation and b) employment or competent bilingual or multilingual staff.

Requirement for 'culturally competent' or 'diversity-sensitive' services

Such services exist mainly for asylum seekers and undocumented migrants. The law recommends that health services should take account of individual and family characteristics, experiences and situation, respect different beliefs, religion, culture, competence in intercultural communication according to their medical ethics. (Resource: The Law of Health Insurance FBiH (*Službene novine Federacije BiH*, br. 30/97, 7/02, 70/08 i 48/11); The Law on Health protection RS (*Sl. glasnik RS*, br. 107/2005, 72/2009 - dr. zakon, 88/2010, 99/2010, 57/2011, 119/2012, 45/2013 - dr. zakon i 93/2014); The Law of Health Insurance FBiH (*Službeni glasnik Brčko distrikta Bosne i Hercegovine*, brojevi: 1/02, 7/02 i 19/07)

Training and education of health service staff

There is no training and education of health service staff.

Involvement of migrants

To a certain extent, asylum seekers and undocumented migrants are involved in service delivery through the 'cultural mediators,' who are responsible for them for the duration of their stay on BiH territory. 'Cultural mediators' are NGO representatives who work with migrants, or staff of state facilities where migrants are lodged. However, this is the case only for NGOs paid by the state. In total, there are five NGOs that work with asylum seekers and undocumented migrants: three for asylum seekers and two for undocumented migrants.

Encouraging diversity in the health service workforce

There is no policy of encouraging diversity in the health service workforce.

Development of capacity and methods

Policies are exclusively focused on standardising diagnostic procedures and treatment methods. Exceptions might exist for some forms of diversity, e.g. for children, the elderly, those with special needs, etc., mainly in the case of asylum seekers and undocumented migrants.

8. MEASURES TO ACHIEVE CHANGE

Score 54 **Ranking** ●●●●○

Data collection

In practice, every patient has to be registered by personal data such as name and country of origin. However, the lack of statistical data in BiH and the complexity of the institutional environment preclude any further elaboration of this data or access to it.

Support for research

Support for research on migrants and health in BiH is rather limited. In this area, only service provision concerning ethnic minorities gains some attention. This relates mainly to three different ethnic groups living on the territory of BiH: Bosniacs, Bosnian Croats, and Bosnian Serbs, and mostly in regard to their return to places of origin, or to a place of their resettlement (different from their places of birth) during and after the war. Other ethnic minorities residing on BiH territory receive the same treatment as all BiH citizens.

'Health in all policies' approach

A 'health in all policies' approach in BiH is mainly evidenced through *ad hoc* consideration of the impact on migrant or ethnic minority health of policies in other sectors than health, such as education, social protection, and labour. This applies specifically to certain categories of migrants such as asylum seekers and those under subsidiary protection. (Resources: The Law on Movement and Stay of Alliance and Asylums 2010; Service Law of Foreigners 2005 and 2008, Regulations of implementing health insurance and health protection to a person awarded by international protection in BiH 2010, *Sluzbeni Glasnik BiH* Number 54.)

Whole organisation approach

Migrant health in BiH is a priority only for specialised departments within the ministries that work with all three categories of migrants. These departments have contracts with several NGOs (a total of five, all financed by the state) and hospitals. In the case of undocumented migrants, there are also contracts with two public hospitals.

Leadership by government

Leadership by government in BiH includes government publication of an explicit plan for action on migration health, which is further implemented on all state levels in BiH. This is however further conditioned by adaptation of the plan at lower state levels: entity, cantonal, and local. In the majority of cases, due to difficulty of the structural/state environment in BiH (two entities; Brčko district; 10 cantons) there could be significant differences in the application of the action plan at each state level. This is mainly the case for legal migrants. Asylum seekers and undocumented migrants remain mainly under responsibility of the BiH government (state).

Involvement of stakeholders

In BiH, decisions on migrant health policies are largely a matter of the negotiating processes with the EU. In BiH, several ministries are involved in such policy making: the Ministry of Human Rights and Refugees, Ministry of Civil Affairs, Ministry of Security, Ministry of Health, and other institutions which work on health issues. Most current migration policies, particularly concerning asylum seekers and undocumented migrants, are therefore bound up with EU recommendations concerning BiH's accession to the EU. However, BiH has a very complex institutional environment (BiH government, two entity governments - RS and FBiH, and ten cantonal governments). Each policy at the BiH government level is further developed independently on each state level. For this reason, there are lot of variations in health policies on state, entity, and cantonal level. Although issues concerning asylum seekers and undocumented migrants are explicitly addressed on the state level, issues concerning legal migrants remain the subject of different state levels and therefore might vary on different entity and cantonal level.

Migrants' contribution to health policymaking

Migrants' contribution to health policymaking is only through NGOs which work with the migrants and make recommendations. However, migrants do not directly participate in any decision making processes.

CONCLUSIONS

BiH is a country with a rather small number of migrants (apart from the foreign-born inhabitants who moved there from other Yugoslav republics before 1992). However, even for this small number, healthcare is not adequately provided by the mainstream health services. According to collected data, BiH might be considered as a very poor environment for providing health service to all three categories of migrants: legal migrants, asylum seekers, and undocumented migrants. All three groups can access emergency care and occasionally primary care, though legal migrants who pay insurance contributions enjoy full coverage.

To the extent that special assistance for migrants exists, almost all of it is provided by NGOs; however, because these are financed by the state they are regarded in this report as *de facto* part of the system. (Mainly for this reason, BiH obtains a total score that is higher than any of the 13 post-2004 EU accession countries, many of which also have very few migrants.) Mainstream health services do not provide information for migrants, e.g. on how to access health care or maintain one's own health. Professionals do not receive training in looking after migrants and their health needs, while migrants are generally ignored in health policy, data, and research. Activities of NGOs are also in some respects inadequate, either due to the lack of their own financial capacities or difficulties in cooperation within the institutional system in BiH. Both factors have prevented the stronger development of NGOs as a bridge between the population and institutions in BiH.

One of the main reasons for this difficult overall situation is still the complex institutional environment in BiH, followed by various difficulties in the ongoing transition of the health system. The BiH health system is regulated by a large number of institutions at varying levels of government. This additionally complicates the issue of migrants and healthcare, which has been neither adequately acknowledged nor properly addressed in BiH so far. At the present time, lack of appropriate knowledge at all levels, including those directly and indirectly involved in issues of migration and health, is accompanied by difficulties caused by the transition processes. Most institutions still lack the ability to adapt national capacities to EU requirements and organise better regional cooperation on this issue.

BIBLIOGRAPHY

Cain J, Duran A, Fortis A, Jakubowski E. (2002) *Heath care systems in transition: Bosnia and Herzegovina.* Copenhagen: European Observatory on Health Care Systems, 4(7).

Efendic A, Babić B, Rebmann A (2014) *Diaspora and Development: Bosnia and Herzegovina.* Sarajevo: Embassy of Switzerland in Bosnia and Herzegovina. http://www.mhrr.gov.ba/iseljenistvo/Istrazivanja/default.aspx?id=5133&langTag=bs-BA

IASCI/IOM (2010) *Maximizing the Development Impact of Migration-Related Financial Flows and Investment to Bosnia and Herzegovina.* Vienna: International Agency for Source Country Information and Geneva: International Organization for Migration. https://publications.iom.int/system/files/pdf/iasci_bosnia_herzegovina_eng_final.pdf

Koning M de (2008). *Return Migration to Bosnia and Herzegovina: Monitoring the Embeddedness of Returnees*. Amsterdam: University of Amsterdam/Nijmegen: Radboud University, The Netherlands. http://www.ru.nl/publish/pages/533483/report_bosniaherzegovina_final.pdf

Li D (2015) *Welcome to Bosnatanamo: Migrant Detention in Bosnia*. Oxford: Border Criminologies Blog, Faculty of Law, University of Oxford. http://bit.ly/1N1ksbM

MHRRBiH (2012) *Informacija o Stanju Iseljeništva iz BiH*. [Information on the status of emigrants from Bosnia and Herzegovina]. Sarajevo: Ministry of Human Rights and Refugees of Bosnia and Herzegovina. http://www.mhrr.gov.ba/iseljenistvo/aktuelnosti/default.aspx?id=3608&langTag=bs-BA

MSBiH (2012) *Bosnia and Herzegovina Migration Profile for the year 2011.* Sarajevo: Ministry of Security of Bosnia and Herzegovina. http://www.msb.gov.ba/PDF/Migration_Profile_EENG.pdf

MSBiH (2015) *Bosnia and Herzegovina Migration Profile for the year 2014.* Sarajevo: Ministry of Security of Bosnia and Herzegovina. http://msb.gov.ba/PDF/MIGRATION%20PROFILE_2014_ENG.pdf

UNDP BiH (2000-2010). *Early Warning System Reports (quarterly and annual).* Sarajevo: UNDP in Bosnia and Herzegovina.

Valenta M, Ramet SP (2011) *The Bosnian Diaspora: Integration in Transnational Communities*. Farnham: Ashgate.

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