

Bosnia and Herzegovina's long-term care challenge

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Despite an ageing population, falling birth rates and considerable outmigration, Bosnia and Herzegovina does not have a system of long-term care in place. Care allowances are meagre and differ across administrative units; institutional care is under-capacitated and community services are underdeveloped. A recent initiative to recognise the status of parents caring for children with a disability in the Federation of Bosnia and Herzegovina entity highlights great needs in this realm. A strategy shift towards a sustainable long-term care system is indispensable to meet rising care demands.

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Description

In February 2019, the House of Representatives of the Parliament of the Federation of Bosnia and Herzegovina (FBiH) entity adopted with the vast majority of votes a draft law on changes to the Law on the Principles of Social Protection, Protection of Civil Victims of War and Families with Children in FBiH, whereby the status and rights of a parent-carer (or carer) would be recognised. The draft changes, modelled after similar legal provisions in Croatia, stipulate that a parent (or exceptionally, another family member) caring for a child with developmental difficulties or a person with a disability who is fully dependent on care has the right to a monthly benefit, as well as access to rights stemming from social insurance. Put forward by a member of Parliament from the Social Democratic Party of BiH, belonging to the opposition, upon the initiative of the association of families of children and persons with a disability "Give us a Chance", the draft law has yet to go through further steps of the parliamentary procedure, including consideration by the Parliament's House of Peoples, before it is to be formulated as a proposal. Prior to its adoption by the House of Representatives, the draft law had not received the support of the FBiH Government, which stated in an opinion that the conditions for its adoption are not in place (FBiH Government, 2019).

This initiative casts a light on substantial long-term care (LTC) needs in Bosnia and Herzegovina (BiH). In fact, LTC provision in BiH faces myriad challenges. The level of spending on LTC functions is low. Available data for 2015 suggest that

BiH spent 0.1% of its GDP on LTC within healthcare and 0.1% of its GDP on LTC within the system of social protection. In terms of purchasing power standard (PPS), BiH spent 6.08 PPS per inhabitant on LTC in 2013 (the last year for which data are available) within the social protection system, and 6.3 PPS per inhabitant in 2013 within the healthcare system (Eurostat, 2019). Such LTC expenditure levels place BiH at the very bottom of the list of European countries.

Due to the country's complex administrative setup, the availability and extent of LTC provision varies within BiH. Competences for social protection and healthcare belong to the FBiH and Republika Srpska (RS) entities; in FBiH, they are further shared between the entity and 10 cantons. A separate Brčko District has its own regulations. Types of support include a cash allowance for care by another person (hereafter: care allowance) and services.

Access to and levels of care allowance depend on factors such as: 1) a person's care dependency or disability level; 2) a person's means in some parts of the country (cantons in FBiH); 3) legal provisions on allowance levels in a given administrative unit; and 4) whether or not a person's dependency/disability is related to the 1992-1995 war. Such differences in conditions place persons with similar need for care in a highly unequal position. For instance, in the RS, the highest regular care allowance is around €85 per month; the allowance for civilian victims of war is around €178.5; while war veterans can receive up to €356. Similar discrepancies exist in FBiH. The allowance amount for non-war related beneficiaries ranges between

one-sixth and one-third of the average salary (Malkić and Numanović, 2016, p. 5).

Entity and cantonal social protection laws prescribe services such as home care and assistance, day care, or institutional and foster care, but not all include the same services. Community services remain underdeveloped and are often delivered by international or local non-governmental organisations; this support tends to be project-based rather than government-sponsored. The financial capacity of administrative units also impacts service delivery.

Institutional care is provided by institutions for the placement of adults, whose residents are predominantly the elderly, as well as specialised institutions for children and adults with a disability. As access to care services covered from public budgets tends to be means-tested and depends on whether or not a person has family members who are, by law, responsible for taking care of them, costs of care are generally paid out of pocket: in 2017, 12.6% of residents in adult placement institutions had their stays fully covered from public budgets, while 64.5% of residents had to pay fully from their own pocket (Agency for Statistics of BiH, 2018a, p. 64). However, the stay of residents in social welfare institutions specialised in caring for children and persons with a disability is, in most cases, covered from public budgets (Ibid, p. 60). Institutional care costs in adult placement institutions tend to be steep in comparison to the average household income; public facilities are less costly than private ones, but usually have long waiting lists.

Recipients of a care allowance do not have the right to be placed in institutional care at the government's expense. In some parts of BiH, persons also need to choose between home care services

and an allowance. As beneficiaries frequently live in poverty, many opt for the latter (Malkić and Numanović, 2016, p. 6).

Within the healthcare system, LTC is mostly available as palliative care, usually delivered within hospitals and only for the duration of treatment. Some primary healthcare or elderly care institutions, usually located in urban areas, may organise home visits; otherwise, services such as community nursing may be provided by international and local non-governmental organisations.

Informal carers, usually women, incur substantial costs, as they have to forgo gainful employment or work part-time. They do not have access to cash benefits, social insurance or services such as respite care or counselling (Malkić and Numanović, 2016).



Outlook and commentary

BiH's LTC challenges are bound to mount further. While lower than the 2013 EU-28 average of 18.2% (Eurostat, 2013), the population share aged 65+ rose from 6.5% to 14.2% between the 1991 and 2013 censuses (Agency for Statistics BiH, 2018b, pp. 19-22). Total fertility rates fell from 1.65 in 1996 to 1.26 in 2017 (Ibid, p. 38). Outmigration has picked up, with persons of working age seeking better living standards abroad.

Governments in BiH have adopted some strategic documents in the social realm that partially address LTC, but these have not translated into effective policies thus far. The mentioned draft changes to the general FBiH law on social protection signal that there is growing recognition of the needs of persons providing LTC. However, LTC remains an area that merits strategic attention.

Investment is essential if BiH wants to ensure a decent life for all persons in need of care. Extensive measures are needed to address the current situation in terms of: 1) raising care allowance levels; 2) improving the capacity and affordability of residential facilities; 3) expanding home care and community-based services; 4) integrating health and social care services; 5) providing support to informal carers; and 6) developing prevention and rehabilitation measures for active ageing.

Further reading

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Malkić, A. and Numanović, A. (2016), Caring for Carers: An Analysis of Informal Care Policies in Bosnia and Herzegovina, Policy brief, Centre for Social Research Analitika, Sarajevo.

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