Bosnia and Herzegovina: healthcare response to COVID-19

ESPN Flash Report 2021/04

NIKOLINA OBRADOVIĆ AND BORKO RAIČ – EUROPEAN SOCIAL POLICY NETWORK JANUARY 2021

Bosnia and Herzegovina's fragmented healthcare systems lacked a coordinated and anticipatory approach to COVID-19. Yet, both entities (Federation of Bosnia and Herzegovina [FBiH] and Republika Srpska [RS]) adopted almost identical epidemiological measures to tackle the pandemic. The systems were unprepared for the autumn surge in the number of infected people.

Description

The first cases of COVID-19 in the country were recorded on 5 March 2020. Even though the number of infected persons was below 4 per million, on 21 March both entity governments introduced lockdown measures, which helped to keep the numbers of newly infected below 15 per million during April and May. As soon as the measures started to be eased (24 April for the FBiH and 22 May for the RS), the virus began to spread, especially from mid-June. After a relatively stable trend of between 50 and 100 newly infected per million during August and September, the numbers surged, reaching over 440 per million new infections by the end of October. A downward trend in new infections started from mid-November, but confirmed deaths remained high. During the last week of 2020, the average daily number of new confirmed COVID-19 cases was 157 per million, and the average daily number of confirmed deaths 11.7 per million (Ourworldindata.org).

The initial healthcare response to the pandemic was organised at the level of primary healthcare, i.e. health centres, of which only the larger facilities at that time had an epidemiology service. Most health institutions organised so-called triage units for COVID-19 testing, and introduced precautionary measures to reduce the exposure of medical staff to potentially infected patients. COVID-19 hospitals for infected patients were organised in larger centres. The healthcare response in the entities was identical even though each entity and Brčko District has an independent system of healthcare protection.

In May, both entities passed legislation ensuring universal health protection coverage with regard to COVID-19. The RS Government passed Decree-Law on Changes to the Health Insurance Law, stipulating financing of COVID-19 treatments from the entity budget for people without health insurance during the pandemic. In the FBiH, the Law on alleviation of the negative economic consequences caused by COVID-19 stipulates that during the state of disaster caused by the pandemic and for one month after, all citizens in the FBiH are granted universal health insurance coverage – which, in fact, lasted only until the end of June. For the remaining period, this issue was dealt with by the cantons. Although the FBiH Government (12.11.2020) support to the healthcare sector during the summer period amounted to KM 300 million (approx. €154 million), it is not known for what purposes. Nevertheless, in both entities, health insurance coverage was required for all non-COVID-19 related treatments. Due to delays in the payment of salaries during the lockdown and after, as well as the government's slow processing of claims for wage subsidies, many families in the FBiH were without health insurance (Klix.ba).

Moreover, the health institutions in both entities were instructed to stop all non-urgent ambulatory care and surgery, and dedicate up to 30% of their assets to COVID-19 cases. In most cases, this meant that services for all other types of patients were put on hold. For instance, during the pandemic many children were not given the mandatory vaccines. The FBiH protocol for health institutions during the pandemic provided only general guidelines, and it was up to health institution managers to organise work at their discretion. As a result, health centres in the FBiH provided varying levels of service, while in some cantons hospital care and surgeries remained unavailable throughout the period. In the RS, access to healthcare was reduced mainly due to the limited number of

medical staff, with priority given to COVID-19 patients. With the end of the lockdown, access to healthcare was gradually relaxed, but due to the continued presence of the virus, the health institutions have not resumed normal functioning.

As the number of infected people soared during the autumn, medical centres were faced with increased pressures and shortages of medical staff in hospitals dealing with COVID-19 patients. Instructions to dedicate resources to COVID-19 cases were reissued. Unlike in the FBiH, the RS Government decided to employ all available medical workers registered at the RS PES, and place them in medical centres across the entity (RS Government, 06.11.2020).

In addition to the formal institutional setting, more than 400 health professionals from all parts of the country benefited from multimodal tele-education organised for healthcare providers in Southeast Europe by a group of international experts (some of them coming from Bosnia and Herzegovina). The group was set up in March, and the World Health Organisation assisted its work. During 60-minute weekly interactive tele-education sessions over YouTube and the Viber TM platform, the group members regularly shared critical care knowledge and their experiences related to COVID-19.

Outlook and commentary

With remarkable inequalities in the provision of healthcare between cantons and entities, in terms of coverage of population groups, availability of essential medicines and commodities, out-of-pocket patient spending and health institution debt arrears (World Bank 2020), the country's healthcare system was struggling even before COVID-19. Despite many difficulties, the healthcare response to the first wave of the pandemic was well organised. The existing epidemiology services, present in larger centres, were accustomed to epidemiological tracking and reporting, while citizens generally obeyed lockdown measures. Hence, as expressed by Pueyo (2020), the epidemiology policy of "the hammer and the dance" was implemented in the entire country. As it turned out, "the hammer" (the strong lockdown stage that included a halt of economic activity to control the spread of the pandemic) worked perfectly, but "the dance" part (keeping control of the pandemic until completely suppressed) failed. The main reason is that over the summer period, the responsible ministries did very little to suppress the spread of the virus. Firstly, lack of public instruction on how to conduct life in the aftermath of the initial wave of the epidemic resulted in public denial, disbelief and reluctance to follow available epidemiologic instructions. This has fuelled the autumn increase in the numbers of newly infected. Secondly, the system did very little to prepare for the coming autumn crisis even though both entity governments made it clear that because of the economic consequences, another lockdown was not an option. Nothing was done to strengthen primary healthcare or establish cooperation to address capacities and new patient needs within the fragmented FBiH system.

Furthermore, the COVID-19 "patient roadmap" in the FBiH was implemented loosely, resulting in different degrees of access to healthcare for patients in different parts of the entity. In some cases, it resulted in underemployment of all medical staff other than those working with COVID-19 patients directly. Moreover, the FBiH entity and most cantons failed to ensure universal healthcare coverage for persons infected by COVID-19 beyond June. Unprepared for the autumn surge and without any coordination, the healthcare system, in most cases, could not deal with the increase in the number of infected people, and the death toll rose. Medical workers have relied on their resourcefulness to cope with the surge in the number of infected. This contributed to their exhaustion and burnout. Moreover, the healthcare system's focus on COVID-19 cases left other types of patients deprived of basic healthcare. The consequences on the health status of the population are considerable, but due to a lack of data, these cannot currently be estimated or foreseen.

Further reading

Decree-Law on Changes to the Health Insurance Law (Official Gazette of RS, No. 44/20).

FBiH Government (12.11.2020), Milićević: Proglašenje stanja prirodne nesreće uticalo bi na građane. Accessed 15.11.2020.

FBiH Law on alleviation of the negative economic consequences caused by the coronavirus pandemic (Official Gazette of FBiH, No. 28/20).

Klix.ba (5.8.2020), Brojni radnici bez prava na liječenje: Kasni uplata doprinosa, nadležni na godišnjem odmoru. Accessed 28.12.2020.

Ourworldindata.org. Accessed 01.01.2021.

Pueyo, T. (2020). Coronavirus: Learning How to Dance. Accessed 13.12.2020.

RS Government (06.11.2020), Одржана 62. сједница Републичког штаба за ванредне ситуације. Accessed 18.11.2020.

World Bank (2020). Bosnia and Herzegovina Systematic Country Diagnostic Update. Report No. 148573-BA.

Author

Nikolina Obradović and Borko Raič (University of Mostar)

The Flash Reports are produced by the European Social Policy Network (ESPN) established in 2014 to provide the European Commission with independent information, analysis and expertise on social policies in 35 European countries. The topics covered are identified by ESPN experts in the light of significant developments in their countries, or in some cases suggested by the Commission or the Flash Reports' editorial team (Eric Marlier and Slavina Spasova). The ESPN is managed by LISER (Luxembourg Institute of Socio-Economic Research), APPLICA and the OSE (European Social Observatory). More information on the ESPN: http://ec.europa.eu/social/main.jsp?catId=1135&langId=en.

Quoting this report: Obradović, N. and Raič, B. (2021). *Bosnia and Herzegovina: healthcare response to COVID-19,* ESPN Flash Report 2021/04, European Social Policy Network (ESPN), Brussels: European Commission.