Population Situation Analysis in Bosnia and Herzegovina

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development Initiative group

UNFPA

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Disclaimer: *Data used for Population Situation Analysis (PSA) and presented in this report originate mainly from the 2013 Bosnia and Herzegovina (BiH) Census Report published by the BiH Agency for Statistics. The 2013 BiH Census Report has been disputed by the Republika Srpska (RS) Institute of Statistics due to disagreement over the methodology used for data processing. Instead, the RS Institute of Statistics has published a 2013 RS Census Report that is in use in this entity. Given that the differences between the two census reports referred to above are under 5%, and given that such small differences have little effects on the analysis, the conclusions and recommendations of the Population Situation Analysis are considered valid for the whole country. The views and analysis contained in this PSA report are those of the authors and do not necessarily represent the views of the United Nations or any of its affiliated organisations.*

List of abbreviations

ANC	Antenatal care
AIDS	Acquired immunodeficiency syndrome
BAM	Bosnia and Herzegovina Convertible Mark
BD	Brčko District of Bosnia and Herzegovina
BiH	Bosnia and Herzegovina
CEPAM	Centre of Expertise on Population and Migration
CHE	Current health expenditure
C-section	Cesarean section
DEP	Directorate for Economic Planning
DPT	Diphteria, pertussis, tetanus
EmOC	Emergency medical obstetric care
ECDC	European Centre for Disease Prevention and Control
FBiH	Federation of Bosnia and Herzegovina
FH	Freedom House
FP	Family planning
FAO	Food and Agriculture Organisation
GBD	Global Burden of Disease
GDP	Gross domestic product
GNI	Gross national income
GGHE-D	Domestic general government health expenditure
GoRS	Government of Republika Srpska
HBS	Houshold Budget Survey
HIV	Human immunodeficiency
HIF	Hypoxia Inducible Factor
HDI	Human Development Index
IBBS	Integrated (bio) behavioral surveys
IDNCDI	Institute for Social Sciences, Center for Demographic Research of Serbia
IOM	International Organisation for Migration
ICT	Information and Communication Technologies
ILO	International Labour Organisation
IPA	Instrument for Pre-Accession Assistance
IMO	International Monitoring Operation
KM	Bosnia and Herzegovina Convertible Mark
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MHRR	Ministry for Human Rights and Refugees
MSM	Gay men and other men who have sex with men

MOE	Ministry of Education
NEET	Not in Education, Employment, or Training
NGO	Non governmental organisation
NHDR	National Human Development Report
NSO	National Statistical Office
OSCE	Organisation for Security and Co-operation in Europe
OST	Opioid substitution therapy
PAC	Postabortion care
PHI FBiH **PHIRS** **PHIBD**	Public Health Institute of Federation of BiH Public Health Institute of Republika Srpska Public Health Division of Brčko District
PIRLS	Progress in International Reading Literacy Study
PISA	Programme for International Student Assessment
PLHIV	People living with HIV
PPS	Purchasing Power Standard
PSA	Population Situation Analysis
PWID	People Who Inject Drugs
RS	Republika Srpska
SEESSP	South-East European Social Survey Project
SIGI	Social Inclusion and Gender Index
Statistical Institutions/ Agency	Agency for Statistics of Bosnia and Herzegovina Federal Institute of Statistics Republika Srpska Institute of Statistics
SRH	Sexual and Reproductive Health
STIs	Sexually transmitted infections
STDs	Sexually transmitted diseases
SZS	Savezni zavod za statistiku
SWs	Sex workers
TFR	Total fertility rate
TI	Transparency International
TIMSS	Trends in International Mathematics and Science
ToR	Terms of Reference
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNSD	United Nations Statistics Division

UNECE	United Nations Economic Commission for Europe
UNHCR	United Nations High Commissioner for Refugees
UNSDCF	United Nations Sustainable Development Cooperation Framework
VCT	Voluntary counselling and testing
WB	World Bank
WGI	World Governance Indicators
WHO	World Health Organisation
WJP	World Justice Project

Table of content

Table of charts

Content of tables

POPULATION OF BOSNIA AND HERZEGOVINA: HISTORICAL TRENDS OF POPULATION DYNAMICS

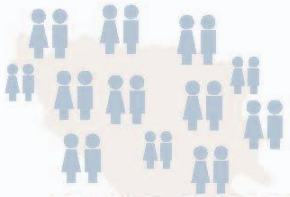
YEAR 1948

Total Population **2.564.308**

High fertility:
TFR (1950) **5.12**

Population growth: average natural growth rate
(1948-1952) **2.31**
(1971-1980) **1.31**

Emigration: average net migration rate
(1948-1952) **-0.22**
1971-1980 **-0.35**



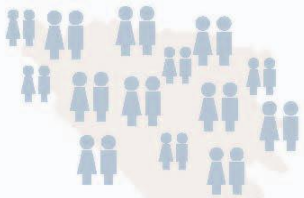
YEAR 1981

Total Population **4.124.256**

Declining fertility:
TFR(1981) **2.01**

Population growth: average natural growth rate
(1981-1990) **1.00**

High emigration: average net migration rate
(1981-1990) **-0.41**



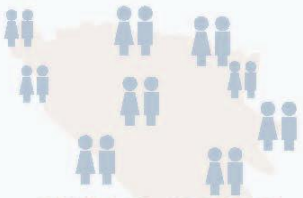
YEAR 1991

Total Population **4.377.033**

Fertility below replacement level:
TFR(1991) **1.65**

Population growth: average natural growth rate
(1991-2013) **0.11**

High emigration: average net migration rate
(1991-2013) **-1.06**



YEAR 2013

Total Population **3.531.159**

Lowest-low fertility:
TFR(2013) **1.28**

Natural growth rate
(2013) **-0.14**

High emigration: average net migration rate
(2013-2017) **-0.01**

Total fertility rate (TFR) – average number of children that would be born to a woman over her lifetime.

Natural Growth Rate – the difference between number of live births and deaths – negative value indicates more deaths than births

Net migration rate: difference between number of immigrants and number of emigrants – negative value indicates more emigrants than imigrants.

UN – United Nations

CEPAM – Centre of Expertise on Population and Migration

POPULATION PROJECTIONS BASED ON CURRENT TRENDS

YEAR 2050

Population
(*UN Medium variant*)
3.058.000

Population loss
2013-2050: **13 %**

YEAR 2050

Population
(CEPAM Medium Scenario)
2.110.000

Population loss
2013-2050: **40 %**

Executive Summary

About PSA

Population Situation Analysis aims to provide an evidence-based comprehensive picture of the main population characteristics, trends, potentials and challenges which will inform development of future, relevant policies and enable country programme planning. It has been done by SeConS – Development Initative Group, a think-tank from Serbia, under overall supervision by UNFPA and other agencies in the United Nations Country Team (UNCT) in Bosnia and Herzegovina (BiH). Official statistics were obtained from three statistical offices (Agency for Statistics of BiH, the Institute for Statistics of Federation of Bosnia and Herzegovina - FBiH and the Statistical Office of Republika Srpska - RS) and two public health institutes (of FBiH and RS). In addition, data from other sources were used, including administrative data, specific surveys, reports and studies.

Key findings

Bosnia and Herzegovina faces an array of population challenges: population decline caused by fertility levels that are far below the replacement level…

Fertility rate in BiH is 1.252 (2018) which is far below the replacement level (2.1). The transition from high birth rates to exceptionally low birth rates occurred in BiH in a rather short period. Bosnia and Herzegovina is in the group of countries with the "lowest-low fertility". An increase in average age of women when giving birth, inability to achieve desired number of children due to socio-economic factors and low reproductive norms cause changes in many demographic variables concerning fertility. Data indicate the processes of transformation of marriage, household and family during last several decades from traditional forms and patterns towards those more modern (e.g. decrease of marriage rates and postponement of first marriage but with still low level of informal cohabitation, increase in divorce rates but with longer duration of marriage prior to the divorce and with older population getting divorced, a decrease in divorces among couples who have children, but with continuous higher share of custody over children assigned solely to mothers which increases the risk of socio-economic vulnerability for single mothers). Prevalence of early marriages is decreasing, but it still represents prevalent phenomenon among certain population groups, such as Roma, undermining their well-being and development potential.

The most important demographic implication of long-standing low fertility will be reflected through a great fall of fertility contingent (total number of women in reproductive age). This will undermine future reproduction and decrease opportunity for future effective increase of new generations.

…advanced emigration of young, skilled population and accelerated ageing of the population which have long-standing and far-reaching consequences…

Significant changes should be expected in the structure of population, since the population share of older people will most likely increase by 75% by mid-century, while the number of working age population will be cut in half. Advanced emigration of young, skilled population (there is no statistical data on emigration trends but civil society sector reports approximately 5% of total population left the country in last 5-6 years) and accelerated ageing of the population (15% of total population are over the age of 65), have had long-standing and far-reaching consequences. Dependency ratios (children and older persons to working

age population) are expected to increase putting significant pressure on the working age population to provide for public services, such as education, health care, social welfare including pensions, etc. Depending on the economic factors, this could create employment opportunities, but it could also be a strong limiting factor of economic development.

From health care perspective, the capacities of health institutions are at satisfactory level, although this might change in the future due to emigration of skilled population (doctors and nurses) and due to a lack of universal health coverage, not all population groups have equal access to health care services. In addition, population in rural areas have issues with accessibility to health care services...

In 2013, there were 19.1 family physicians per 100,000 inhabitants in BiH (WHO), so there is a need to further increase the ratio in order to achieve the level in EU where there is 83.9/100,000 or South-East Europe standard which is 77.1/100,000. In Bosnia and Herzegovina there are 515 medical nurses/technicians per 100,000 inhabitants, less than European average (691), but it has been in constant increase since 2007, which is important from the aspect of providing population with a standard medical team consisting of a medical doctor and a medical nurse (chart 2.11). According to applicable European standards, per one medical doctor on the team, there are two nurses, and the ratio medical doctor/medical nurse in BiH is 0.5, which is fulfilling in view of the basic indicators of healthcare provision.

Family planning services that have direct effect on changes in fertility levels are not yet satisfactory from the perspective of availability and use of modern methods of contraception...

The official abortion rate in BiH is at the level of other EU countries. However, the quality of health statistics is questionable as there is assumption that the majority of abortions are performed in private clinics and not reported to government institutions making BiH more prone to use of abortions as a means of family planning. At the same time, younger generations are rarely offered with adequate knowledge regarding their sexual and reproductive health (receive most information from social networks or peers), potentially exposing themselves to high risk of STIs, unwanted pregnancies and secondary infertility.

Data on prevention and treatment of infertility are not complete...

In Republika Srpska, three IVF procedures are financed while in Federation of BiH two. It is significant to highlight that there are limitations as per woman`s age for (co)financing of IVF procedure, whereby women older than 42 are not eligible for (co)financing.

Healthcare of women during pregnancy, birth and postpartum period is well organized...

Complications during pregnancy are minimal (usually caused by infections, hypertension, diabetes or oedema) and majority of women have access to adequate treatment of those health issues. Maternal mortality is reported at zero level (although WHO assumes the real mortality ratio to be closer to 11, which is in line with other countries in the region). Furthermore, the risks affecting child health are low due to

the fact that deliveries are almost in full performed in healthcare institutions (with a small number of children born under 2,500 grams and with an increase in the number of children born by C-section).

Significant progress in the mortality transition has been achieved (life expectancy is 74 for men and 79 for women), although still at the level below the average for developed European countries….

There has been a noticeable move of mortality to older ages, but mortality in the younger middle-ages is still relatively high (due to malignant diseases with breast cancer being the leading cause of death among young women, and violent deaths among young men). Differences in mortality between sexes suggest the need for provision of preventive health care services (including cancer-screening programmes) and a significant change in population lifestyle for prevention of non-communicable diseases.

In regard to STIs, although the registered prevalence of HIV and STIs is low, the situation is potentially uncertain if the response to HIV and STIs is not improved. It is assumed that the number of cases of STIs and HIV are significantly underreported. Although HIV infection prevalence is low (less than 1% in general population and less than 5% in key populations), there is persistent risky sexual behaviour in key populations, low adequate knowledge on prevention of sexual HIV transmission, as well as low coverage with the HIV counselling and testing, which all introduce the risk for reducing HIV diagnostic in these populations, and consequently late HIV detection. Furthermore, it has been observed that syphilis and gonorrhoea are more frequent among men, while chlamydia is more frequent among women, both contributing to infertility of young people.

Young people (15-29) in Bosnia and Herzegovina are in many respects in a disadvantaged position in comparison to the adult population, and particularly youth from marginalized groups, such as Roma, rural and poor population…

Attendance rates of primary and secondary education are high for general population of young people, but distinct inequality in relation to young people from the Roma population is noticeable, since their rates are considerably lower in comparison to general population. Young people in BiH has one of the highest unemployment rates in the region of Southeast Europe. Although the rate has been decreasing in recent years, it still presents one of the main problems of young people in labour market and it is in direct correlation with quality of their lives. This problem affects women more than men. Also, poverty affects young people more in comparison to other age groups. Households with three and more children, as well as households with majority of older persons and households with an unemployed head of household are more exposed to poverty. Participation of young people in political life is mostly expressed through traditional model of participation through voting in an election. Compared to their peers from developed countries, young people are also rarely engaged in voluntary activities.

Intergenerational inequalities are manifested also through disadvantaged position of older population (65+)…

BiH is facing ageing of population and this process is particularly advanced in Republika Srpska (20.17% over 65 in RS vs 15.66% in FBiH – statistical estimates for 2019). Systematic and comprehensive picture of the situation of older population is hard to obtain as data is not available or the data has not been

sufficiently disaggregated by age. There are many areas that are not monitored at all through regular statistics or specific research, such as unmet need for health care of older persons, their civic participation, material deprivation and subjective well-being, barriers in mobility, access to different social services, etc. However, it could be concluded that the picture on ageing in BiH is not bright. The older population is economically active, mostly in rural subsistence farming, and their economic situation on average is not favourable due to low pensions that are insufficient for covering basic living expenditures. Though older persons mostly have health insurance, their access to health care services is not satisfactory, particularly in rural areas, while access to health care and medications is limited due to their low income or accessibility to services. Older population participates with over 40% in total social protection services, while older women use social protection more than older men due to longer life expectancy and lack of care support from others (women care for men but when men die there is nobody to care for women).

Gender inequalities are prominent in BiH and they are manifested in all key areas of public and private life…

It has been observed that women do not participate in the politics equally as men and do not have same influence on policies and legal framework within which development processes unfold. Women are highly underrepresented in all branches of power (legislative, executive) at all levels (state, entity, cantonal and local levels). In addition, women do not participate in the economy equally to men. They are less active and less employed in labour market. When employed, their employment is less favourable as they are more often employed e.g. in agricultural sector in RS, or in social services at all administrative levels, namely in the sectors marked by less favourable opportunities for employment and for higher incomes. Furthermore, women are disproportionately engaged in the unpaid household work and care for family members (both caring for children and older persons). Women are exposed to different forms of partner and non-partner violence, which undermine their well-being and keep them in less powerful positions in different spheres of public and private life. The unfavourable situation of women affects population trends previously described in the aspects of low fertility, postponement of marriage and childbearing.

Regional disparities are one more form of inequality preventing sustainable development of BiH…

Significant spatial and demographic polarisation and uneven distribution of population (especially caused by internal rural-urban migrations) are hindering harmonized regional development and functional spatial sustainability. Rural-urban migration is difficult to monitor due to a lack of statistical data on rural areas. Flows of migrants (slow but steady) moving from rural areas and small towns towards the capital and bigger cities are evident. These flows are part of the modernisation process, but are also the consequence of regional inequalities, and at the same time they contribute to further deepening of regional inequalities. Even though the majority of the population still lives in rural areas, the livelihood opportunities and quality of life in rural areas is worse than in cities attracting population as opportunity magnets.

The complex picture of migration in BiH indicates that management of different types and flows of migration are not beneficial for development processes.

Bosnia and Herzegovina is a prominent emigration country. Massive emigration flows during the 1990s transitioned into steady flows of economic migrants towards developed countries in search for better

employment and education opportunities. Low prospects for employment, low living standards, and political instability are the main push factors driving contemporary waves of emigration, while previously established migrant networks (diaspora communities) are facilitating migration from the destination countries. Emigration of skilled people brings little benefits for country development as remittances are mostly used for consumption rather than for investments in socio-economic development. There is little evidence on social remittances and benefits from emigration in terms of sharing skills and ideas, or advancing democratic processes.

Irregular migration is on the rise with BiH serving as a transit country for thousands of refugees and economic migrants towards the Western Europe. Due to closure of the northern border of the Balkans route from the Aegean region to EU, migrants use more alternative routes through BiH. The number of asylum seekers has been increasing, but only a small number of migrants actually decide to stay in the country using asylum procedure only to legalize the status while finding solutions to move further to EU countries.

Recommendations

All findings in view of long-standing population trends in Bosnia and Herzegovina should be a clear sign of warning to policymakers in BiH about necessity for prompt action and implementation of more decisive measures. Currently, BiH does not have coherent general population policy or migration policy that would directly refer to the issue of demographic development. The following steps are recommended as precondition for sustainable country development:

• Develop coherent population policy to be based on a clear and realistic vision of how to reach desired population structure favourable for country development. This policy should represent a policy of all policies and be clearly linked to other relevant policies, such as general development strategy, regional development strategies, migration management policies, employment, education, and health policies, policies on ageing etc.
• Develop comprehensive migration management policy that will be closely linked with population and development policies. In case of continuous high emigration and low fertility, more open immigration policy will be the only alternative way to limit population decline and provide needed human capital for development.
• Support various surveys and researches on fertility preferences, gender norms, values including those related to marriage, child birth, family planning, health, parenthood, social inclusion of older persons etc. These would represent a basis for development of the above-mentioned policies.
• Introduce Healthy Lifestyles education in formal educational processes aimed at preventing risky behaviours, enabling early diagnosis (through screening programmes) and treatment of diseases, and containing the spread of non-communicable diseases.
• Work with diaspora to attract their interest in BiH and utilise their capacities (financial and human) for country development.
• Improve population statistics aimed at aligning it with EU standards, classifications and methodologies. The quality and comparability of data needed for internationally standardized indicators in all statistical areas, including population statistics should be strengthened. Also, enhance capacities of statistical institutes/agency for collection and analysis of statistical data for evidence based policy development. Of key importance is to improve data on population, migration, education, health care, inequalities, poverty, social inclusion, social protection and gender equality.

1. Introduction

The first Population Situation Analysis (PSA) for Bosnia and Herzegovina (BiH) was commissioned by the UNFPA Country Office in BiH at the end of 2018 with the aim to provide an evidence-based comprehensive picture of the main population characteristics, trends, potentials and challenges which will inform relevant policies and programme planning. The study is prepared by the SeConS - Development Initiative Group, which engaged a multidisciplinary expert team including demographers, sociologists, medical doctors, public health experts, gynaecologists, and data management experts. The expert team was supported by Mr. Ralph Hakkert, international expert for population development with a special focus on PSA methodology. As the process of data collection and analysis lasted longer than anticipated, the report was updated with new data in March 2020.

1.1 The purpose and scope of the analysis

The overall purpose of the Population Situation Analysis is to:

a) Support evidence-based policy development by relevant stakeholders in the country (including government institutions, non-governmental organisations and the international community), and
b) Establish a key resource in the process of development of the United Nations Sustainable Development Cooperation Framework for 2021-2025 cycle to better harmonize the support provided to the country by the United Nations System at large, as it will provide the contextual and situational evidence required in the process of evidence-based programme planning.

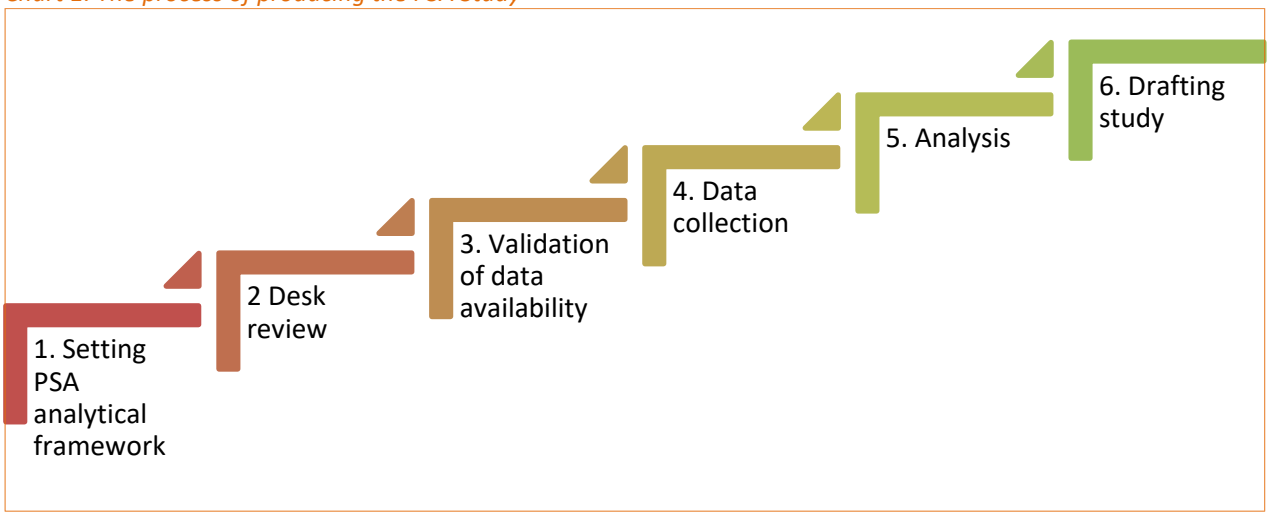
The scope of the analysis is defined in terms of the thematic, geographic and time scope. The thematic scope is defined in line with PSA methodology (presented in the next section). The analysis is conducted at the state level of BiH, as well as at the level of administrative units, Federation of Bosnia and Herzegovina (FBiH), Republika Srpska (RS), and Brčko District (BD). The time scope is not unified as some of the population trends require insights in very long periods (i.e. changes in size of population, natural growth, fertility, mortality, natality, life expectancy, etc.), while others require focus on short-term trends and present situation (i.e. employment, poverty, inequality, enrolment at different levels of education, access to health care services, etc.).

1.2 Analytical framework and methodology

The analysis was conducted in line with the PSA approach and methodology, developed by the Population and Development Branch of the Technical Division of UNFPA. This is a flexible conceptual and methodological framework for conducting population analysis and describing transitions, long term and new emerging trends in the country.[1] The process of producing PSA study for Bosnia and Herzegovina, included several key stages described in the following diagram.

[1] *UNFPA, Population Situation Analysis. A Conceptual and Methodological Guide,* https://www.unfpa.org/publications/population-situation-analysis

Chart 1: The process of producing the PSA Study



The process included development of PSA analytical framework with indicators, identification of data sources, desk review of relevant studies, reports, policies, validation of data availability by the institutions which are main data providers in the thematic areas covered by PSA, data collection from official statistical sources as well as from other sources including administrative data, specific surveys, reports and studies, analysis and drafting study.

The main sources of data were official statistical data published or provided on demand by the statistical institutes. Until 1991, the Institute for statistics of Bosnia and Herzegovina was a part of uniform statistical system of the former Yugoslavia. Since 1996 Agency for statistics of BiH has been the main holder, disseminator and coordinator of the system of official statistics of Bosnia and Herzegovina. Statistical system of BiH is consisted of: Agency for statistics of Bosnia and Herzegovina at the state level (statistical office of Brčko District is a branch of the Agency for statistics), Federal Institute for statistics of FBiH and Republic Institute for statistics of Republika Srpska (Agency, 2012). In line with this organisation of statistical institutions, data have been collected for FBiH and RS by entity level statistical institutes, while for the state level and BD, data have been collected by the Agency for Statistics of BiH.

The PSA analytical framework included following key aspects: in chapter (2) the analysis of the situation in the broader socio-economic, political and cultural context; in (3) population dynamics; in (4) sexual and reproductive health; in (5) mortality; in (6) morbidity; in (7) situation and trends with respect to HIV/AIDS and sexually transmitted infections (STIs); in (8) fertility; in (9) changes in marriage and family patterns; in (10) social inequalities manifested as intergenerational and gender inequalities and situation of major groups of population, such as young, older population and position of women within present gender inequalities, and in (11) migration and its relation to the development. The content of the study follows this analytical framework, organizing separate chapters around listed key thematic areas. In addition to this, one chapter (12) is focused on the assessment of data quality, while concluding chapter (13) is dedicated to the synthetic analysis of population challenges and opportunities that should be considered during policy and programme planning.

1.3 Methodological limitations

Production of PSA study faced many methodological challenges and limitations that should be considered when reading its content and using its findings. There is a lack and inconsistency of data for state and entity/district levels, particularly when it comes to the census data, as different data processing methodology was adopted in Federation of BiH, Brčko District and at the state level of BiH on one hand and Republika Srpska on the other hand resulting in publication of two separate census reports. Although data used for the analysis comes mainly from the state level census report adopted by the International Monitoring Mission (IMO), other sources of information needed to be used for analysis. Generally speaking, primary source of data for BiH was the BiH Agency for Statistics along with other international databases and reports. Where the BiH Agency for Statistics did not have data for the level of entities, data was used from the entity statistical institutes and institutes for public health. Finally, if there was no official statistical data to describe certain population and social trends, other academic surveys and researches were used.

There are historical data gaps identified, particularly for the war and post-war period. Also, there is lack of some specific data related to the certain thematic areas, and needed for specific indicators, such as rural-urban migration, data on norms and values, internationally comparable poverty rate, etc. These limitations were addressed by the expert team using various strategies. Lack of data for certain indicators was addressed by redefinition of the indicator or replacing indicators with proxy indicators in order not to omit the part of the picture as suggested by the analytical framework. Data on emigration represent one example of this issue. Instead of data on total emigration of the population from BiH, proxy indicators were used in order to estimate the size of BiH emigration to several EU and other developed countries, accessed through their respective NSO databases. Few indicators for which data are not available at all were omitted from the analytical framework, but their exclusion did not leave major gaps in the thematic coverage.

Regarding the possibility to have data only for part of BiH, the decision was to include in the analysis indicators for which data are available at least for two entities (FBiH and RS), even if data are missing (and cannot be recalculated) for BD and the state level.

Finally, with regard to the data missing for certain years, or data that has never been officially confirmed (such as the number of war casualties), the analysis of trends was adjusted to the available data, or as alternative internationally produced estimates were used.

The quality of data and limitations posed by the data are presented in more detail in Chapter 12 of the study.

2. Socio-economic and political situation in BiH

The links between population characteristics and socio-economic development are very complex, mediated by a variety of socio-economic, institutional and political factors. Population is one of the main assets for development of a society. The size, age structure, health conditions, skills and education, norms and values of people are among key drivers of development. Healthy population, capable of developing their potentials to skills needed to advance economy and society, motivated to actively participate in the economy, politics, social services, is asset that drives development. But to have such population one society needs to provide good health care, decent employment, quality education, social protection, basic human security, equality for men and women, and between generations, regions, or other attributes which create people's identities and influence their life chances.

Population situation is, therefore, much more than its demographic characteristics. It includes the interaction between demography, economic, social and cultural situation in the country. Therefore, in order to understand the main characteristic of population, and its dynamics and potentials for development, it is necessary to understand the socio-economic and cultural context in which population characteristics and trends are shaped. With the intention to provide such insights, within this chapter are presented main features of political, economic, social and cultural context in BiH.

2.1 Political and institutional context

2.1.1 Constitutional and political system

BiH is administratively a very complex state with a unique architecture of power and authority. The constitutional and political system of Bosnia and Herzegovina was established at the end of 1995, when the *Dayton Peace Agreement* was signed ending the four-year war. The Dayton Peace Agreement resulted in a territorial division of country into two administrative units, called entities. The larger one is Federation of Bosnia and Herzegovina. It covers approximately 51% of the territory of BiH with predominantly Bosniac and Croat population. The Federation of BiH furthermore consists of ten administrative units called cantons[2]. The other entity is Republika Srpska, covering 49% of the territory, with predominantly Serb population. The third administrative unit is the Brčko District of Bosnia and Herzegovina, under direct authority of the Council of Ministers of Bosnia and Herzegovina.[3]

According to the Dayton Peace Agreement, the entity authorities have broad power of authority, whereas state institutions of BiH have limited powers, mainly in the domain of foreign affairs, foreign trade and customs policy, monetary policy, immigration and asylum, application of criminal codes, communication and transport. In decades after the end of the war, some entity responsibilities were transferred to state institutions of Bosnia and Herzegovina. This includes defence and security policy (which is reflected in establishment of the Armed Forces of Bosnia and Herzegovina, Intelligence-Security Agency of BiH and

[2] *The Una-Sana Canton with the seat in Bihać, the Posavina Canton with the seat in Orašje, the Tuzla Canton with the seat in Tuzla, Zenica Doboj Canton with the seat in Zenica, the Bosnia Podrinje Canton with the seat in Goražde, the Central Bosnia Canton with the seat in Travnik, the Herzegovina-Neretva Canton with the seat in Mostar, the West Herzegovina Canton with the seat in Široki Brijeg, the Canton Sarajevo with the seat in Sarajevo and Canton 10 with the seat in Livno.*

[3] *https://peacemaker.un.org/sites/peacemaker.un.org/files/BA_951121_DaytonAgreement.pdf*

State Investigation and Protection Agency), the judiciary (reflected in forming of the High Judicial and Prosecutorial Council of Bosnia and Herzegovina), indirect tax policy, etc.

The political system established under the Dayton Peace Agreement is based on the concepts of equal participation of the constituent peoples (Bosniaks, Serbs and Croats) in government, territorial autonomy of entities, cantons and Brčko District and establishment of mechanisms for protection of their vital interests (mainly in the form of veto power). Equal participation means that each constitutuent people has equal number of members of the parliaments, members of the collective presidency, ministries, judges, and other officials. Teritorial autonomy is based on the ethnic principle, ensuring that each of the constituent peoples has the majority and control over certain segments of the territory. Finally, the veto mechanism is there to ensure that each political decision is made consensualy, with consent of the representatives of each of the constituent peoples.

At the level of BiH **legislative power** is executed by the Parliamentary Assembly of Bosnia and Herzegovina. It consists of the House of Representatives and the House of Peoples. The House of Representatives of the Parliamentary Assembly of BiH consists of 42 members, of whom 28 are elected in the territory of the Federation of Bosnia and Herzegovina, and 14 in the territory of Republika Srpska. The House of Peoples consists of 15 delegates, of whom 10 come from the FBiH (5 Bosniaks and 5 Croats) and 5 (Serbs) from Republika Srpska. Croat and Bosniak delegates from FBiH are elected in the House of Peoples of FBiH by Croat and Bosniak delegates, respectively, whereas the delegates from Republika Srpska are elected by the National Assembly of Republika Srpska.

The most important bodies of the **executive power** at the state level are the Presidency of BiH and the Council of Ministers of BiH. The Presidency of Bosnia and Herzegovina consists of one Bosniak, one Serb and one Croat elected member. The Presidency is responsible for conducting foreign policy, appointment of ambassadors, representing Bosnia and Herzegovina in international institutions, execution of decisions of the Parliamentary Assembly etc. Council of Ministers of Bosnia and Herzegovina is in charge of foreign policy, security, finances, justice, foreign trade and economic relations with foreign countries, communication and transport, human rights and refugees and civil affairs. During the post-war period, the role of the Council of Ministers of BiH has been increased, and from the initial three, the number of ministries has risen to nine.

The state **judicial authority** comprises of the Constitutional Court of Bosnia and Herzegovina and the Court of Bosnia and Herzegovina (founded in 2002 by decision of the High Representative). Beside citizens of Bosnia and Herzegovina, international members participate in the work of both courts; in case of the Constitutional Court of Bosnia and Herzegovina, they are appointed by the President of the European Court of Human Rights after consultations with the Presidency of Bosnia and Herzegovina and in case of the Court of Bosnia and Herzegovina they are appointed by the High Judicial and Prosecutorial Council of Bosnia and Herzegovina (earlier the High Representative had this competency). Judges and prosecutors are appointed by the High Judicial and Prosecutorial Council of Bosnia and Herzegovina. The Council consists of 15 members appointed from the group of judges, prosecutors, lawyers and one international member.

The Federation of Bosnia and Herzegovina is highly decentralized entity that consists of **ten cantons.** Legislative power in the FBiH lies with the Parliament of the Federation of Bosnia and Herzegovina, which consists of the House of Representatives and the House of Peoples, whereas the executive power is

conducted by the president, vice presidents and the Government of Federation of Bosnia and Herzegovina. The **FBiH Government** has authority over energy and economic policy, trade and finances, elimination of terrorism and inter-cantonal crime. It also shares authority with cantonal governments over human rights, healthcare, environmental protection, communication, and social policy. Constitution of Federation of Bosnia and Herzegovina, Article III, 3Cantons have their own constitutions, governments and ministries. In the fields where authorities are shared, there are complex power sharing mechanisms between the FBiH and cantons. For instance, in the field of healthcare, beside the Federal Ministry of Health and Institute for Public Health of the Federation of Bosnia and Herzegovina, there are cantonal ministries and institutes as well.

Contrary to the Federation of Bosnia and Herzegovina, **Republika Srpska** has a more centralized structure. Legislative power lies with the National Assembly of Republika Srpska and the Council of Peoples. The executive power is conducted by the President and the Government of Republika Srpska. As is the case with the President of Republika Srpska, the Prime Minister has two vice presidents coming from other constituent peoples. The Government of Republika Srpska has authority over the following sectors relevant for the PSA: economy, internal affairs, justice, local self-government, healthcare and social protection and education. Other institutions, such as the Institute for Public Health and the Republic Pedagogical Institute participate in implementation of social, healthcare and education policies.

Brčko District of Bosnia and Herzegovina was established by decision of the High Representative in 2000 in the entire territory of pre-war municipality of Brčko. The territory of the municipality Brčko, and today District, has become a common territory (the so-called condominium) that belongs to both entities at the same time. According to the Article 11 of the Final Arbitration decision, the entities shall not have authorities within borders of the District, which is to be governed by the Council of Ministers of BiH. The District has separate legislative, executive and judicial powers. Legislative power is conducted by the District Assembly. Its term of office lasts four years and it determines the general policy of the District. It consists of 31 members, of whom two are representatives of the national minorities (Article 23 of the Statute). Executive power is comprised of the Government and the public administration of the District. Government consists of the mayor, deputy mayor, the general coordinator of the Government and heads of departments. The mayor and the deputy are elected by the Assembly. Judicial power is conducted by the Basic and Appellate Court. District has competences in the areas relevant for the PSA, including, but not limited to economy, finances, education, healthcare, social protection, judiciary and police.

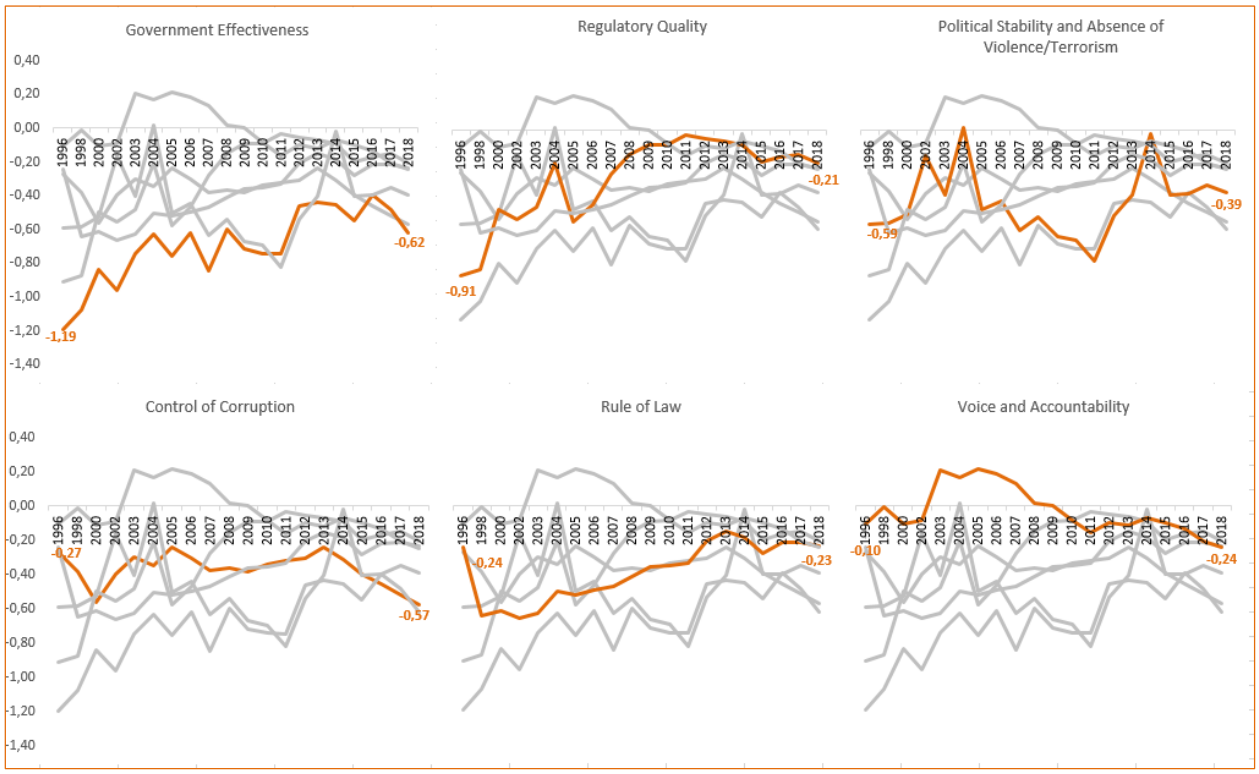
The Office of the High Representative (OHR) has been established by the Dayton Peace Agreement as the main international entity for civil implementation of the Dayton Peace Agreement in Bosnia and Herzegovina. Terms of the Office of the High Representative were set by the Annex 10 of the Agreement. The High Representative is the supreme authority in interpretation of civil aspects of the Peace Agreement and he coordinates activities of civil organisations and agencies operating in the country. Until 2002, the High Representative was nominated by the Board of Directors of the Peace Implementation Council (PIC) and appointed by the United Nations Security Council. Today, this function is conducted by the EU and the High Representative is the official emissary of the EU in Bosnia and Herzegovina.

2.1.2 Democracy and the rule of law

The complexity of government structures at all levels and long-standing disagreements among ethnic/entity political elites have resulted in a relatively slow progress towards the democratic rule of law,

particularly in curbing corruption. The World Bank's Worldwide Governance Indicators (WGI) measure the quality of governance since 1996 and for 200 countries along six dimensions: Voice and Accountability, Political Stability and Absence of Violence and Terrorism, Government Effectiveness, Regulatory Quality, Rule of Law, and Control of Corruption.[4] Observed through the WGI, Bosnia and Herzegovina has made certain progress in several fields since 1996. The greatest progress has been achieved in terms of Regulatory Quality, since the average index value has increased from -0,91 to -0,21 (on the scale from -2.5 to +2.5). This growth should be attributed to the implementation of the EU Accession Reform Agenda. However, drawbacks were identified in the process, primarily referring to absence of the mechanism of policy coordination at the state as well and at the level of Federation of Bosnia and Herzegovina. Government Effectiveness also improved with the index value increased from -1.19 to -0.62.

Chart 2: WGI for Bosnia and Herzegovina, 1996-2018



Source: World Governence Indicators, https://databank.worldbank.org/source/worldwide-governance-indicators, Last Updated: 11/07/2019

On the other hand, limited progress of some indicators is the consequence of the complexity of governance structures despite a series of constitutional and institutional reforms that aimed to resolve this issue. This complexity is evident at two levels: division of powers among the entities and a relatively low level of political powers of the state government bodies; and a complex administrative structure of the FBiH where every canton has an array of institutions of legislative and executive powers that are shared with the FBiH authorities.There are fields of WGI where no progress has been achieved at all, and there has been a certain worsening of some results, primarily with respect to indicators such as Voice and

[4] *Measurement is based on the views of a large number of enterprises, citizens and experts, that is, over 30 individual data sources produced by a variety of survey institutes, think tanks, non-governmental organisations, international organisations, and private sector firms.*

Accountability, Rule of Law, Control of Corruption and Political Stability. Lack of clear line of responsibility among institutions has contributed to a great extent to such a state of affairs.

Corruption control presents one of the central political and social issues shaping the public scene in Bosnia and Herzegovina. In the first years after the war, a modest progress in this field was made, and after that, Bosnia and Herzegovina has been continually poorly assessed, despite the fact that laws on whistleblowing in Republika Srpska, changed legislation related to financing political parties, as well as different strategies (for example, at entity and cantonal level) have been enacted lately, and the Agency for the Prevention of Corruption and Coordination of the Fight against Corruption was founded earlier (2009).

The Corruption Perception Index published by Transparency International shows that Bosnia and Herzegovina has not succeeded in making a more visible progress in establishing transparent and accountable government in the last several years. Moreover, since 2012 Bosnia and Herzegovina has even recorded the fall in scores as well as in total ranking list. To this effect, it falls into category of the worst assessed transitional countries (Table 2.1).

Table 1: Transparency International Corruption Perception Index and country rankings

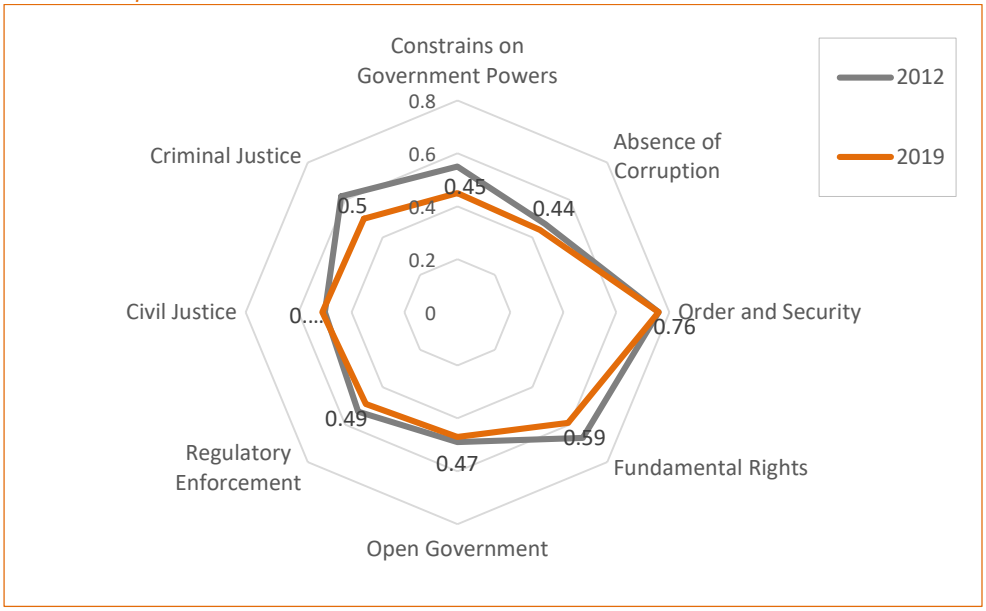
Year	Index	Rank	Number of countries covered
2019	36	101	180
2018	38	89	180
2017	38	91	180
2016	39	83	176
2015	38	76	167
2014	39	80	174
2013	42	72	176
2012	42	72	174

Source: Transparency international, https://www.transparency.org/cpi2019?/news/feature/cpi-2019, data downloaded 18.02.2020.

Other international measures, such as those applied in the World Justice Report[5] confirm that in the last several years there has been weakening of institutions of democratic rule of law. The greatest fall occurred in indices which measure constraints on government powers, fundamental rights and criminal justice. Only in a couple of indices Bosnia and Herzegovina is found in the upper half of the total of 126 countries which were covered with this study: fundamental rights (global rank 53), and criminal justice (50). Assessments presented in this report indicate to several fields of public and political life that are especially problematic. Bosnia and Herzegovina received the lowest score in the field of absence of corruption in the legislature (0.19) and in the executive branch (0.38). As expected, very low scores were given to sanctions for official misconduct (0.35), unreasonable delays in the judiciary (0.33), government influence in criminal justice (0.36) etc.

[5] *This index is calculated based on expert interviews with prominent lawyers and household survey data. Scores ranges from 0 as the lowest, up to 1 as the highest score, which at the same time marks the best result in the given dimension.*

Chart 3: World Justice Report Indicators



Sources: WJP 2019: https://worldjusticeproject.org/sites/default/files/documents/ROLI-2019-Reduced.pdf,: page 49, WJP, 2012: https://worldjusticeproject.org/sites/default/files/documents/WJP_Index_Report_2012.pdf page 68

The Freedom House assesses the country as "partly free". This assessment is based on non-implementation of the decision by the European Court of Human Rights in the Sejdić and Finci case, and the limited achievements in the fight against corruption and lack of independent judiciary.[6] Furthermore, the Freedom House assesses corruption to be widespread and systemic while enforcement of legislation designed to combat corruption is weak. When corruption probes are actually opened, they rarely result in convictions. Finaly, though the judiciary is formally independent, in practice it is a very weak sector. The Freedom House assesses that the existence of four separate court systems— at the state level and levels of Republika Srpska, Federation of Bosnia and Herzegovina, and the self-governing Brčko District— contributes to overall inefficiency of judiciary.

Since 2000, the EU has adopted a Stabilisation and Association Agreement as a joint political and legal framework for integration of Western Balkan countries and territories. Bosnia and Herzegovina has lagged in this process and Stabilisation and Association Agreement was signed in 2008. From 2008 to 2015, the Interim Agreement was in force. Following the adoption of a written commitment to reforms by the Bosnia and Herzegovina institutions and leadership, the SAA entered into force in mid-2015. However, Bosnia and Herzegovina is still recognized by the EU as a "potential candidate country".

Despite somehow slower progress in the EU integrations, Bosnia and Herzegovina has been fully integrated into the international legal order. It has signed a number of relevant international conventions and it is commited to its full implementation. List of international conventions in fundamental rights and their ratification dates are presented in Table 2.2.

[6] https://freedomhouse.org/report/freedom-world/2018/bosnia-and-herzegovina

Table 2: International Conventions ratified by BiH and ratification dates

Conventions	Year
International Covenant on Civil and Political Rights (1976)	1993
International Covenant on Economic, Social and Cultural Rights (1976)	1993
International Convention on the Elimination of All Forms of Racial Discrimination (1969)	1993
Convention on the Elimination of All Forms of Discrimination against Women (1981)	1993
Convention on the Rights of the Child (1990)	1993
Optional Protocol of International Covenant on Civil and Political Rights	1995
Optional Protocol	2002
Convention on the Rights of Persons with Disabilities (2008)	2010
Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011)	2013

2.2 The economic context

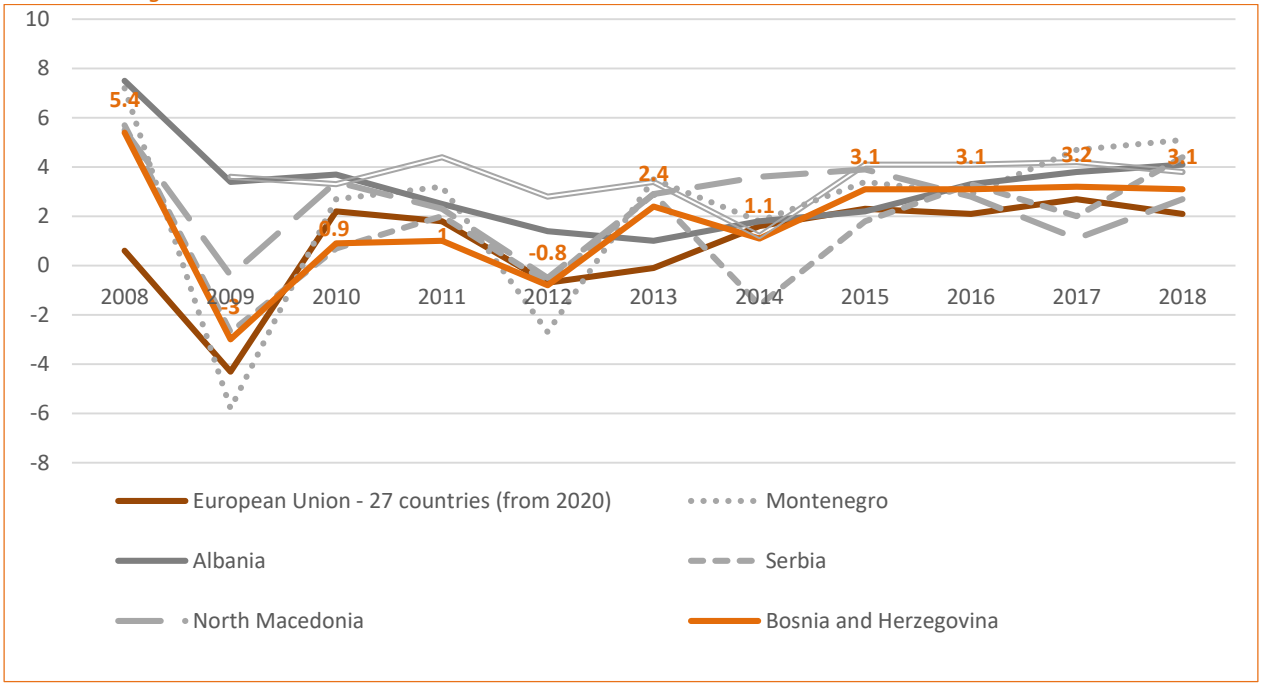
Bosnia and Herzegovina is an upper-middle income country according to the World Bank classification[7], occupying the position in this group together with other countries in the Region of Western Balkans (Serbia, Montenegro, North Macedonia, and Albania)[8]. Its economy is marked by relatively stable economic growth after recovery from the 2008 economic crisis, low debt and a relatively stable macroeconomic environment, but also by a low level of employment, low productivity, weak potential for innovation and not very favourable business climate.

2.2.1 The Economic growth and macroeconomic stability

The economic growth in Bosnia and Herzegovina has been positive and stable since 2013. The GDP growth rate was 3.2% in 2018 and it was similar to the other countries in the Western Balkans (World Bank, 2018: 2). Stable growth has been achieved after the recession and instability caused by global economic crisis which had the strong impact on the economy, marked by uncompleted economic reforms. The growth rate is still below the level of 2008, prior to the effects of the economic crisis, but it is more robust and stable in comparison to post-crisis years, marked by low GDP growth rates and additional wave of recession in 2012 (Chart 4).

[7] *According to new classification for 2018-2019 upper-middle income countries are those whose Gross National Income per capita was between 3.896 and 12.055 current USD during this period.*
https://blogs.worldbank.org/opendata/new-country-classifications-income-level-2018-2019
[8] *World Bank, data accessed on 25.03.2019. at https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups*

Chart 4: GDP growth rate 2008-2018



Source: EUROSTAT database, data retrieved on February 18, 2020
https://ec.europa.eu/eurostat/databrowser/view/tec00115/default/table?lang=en

Despite the higher growth rate, the level of GDP in BiH is still far behind the EU average. The results of the European comparison programme of prices and GDPs showed that BiH`s GDP per inhabitant in PPS for 2018 amounted to 31% of the EU 28 average, while the actual individual consumption per inhabitant in PPS for the same year amounted to the 41% of the EU 28 average.[9] Inflation measured by the consumer price index during 2018 was 1.3%[10].

Public debt of BiH was at the level of 32.9% of GDP in 2018[11] and it is considered as moderate in international terms. However, it increased since 2008 when it was at the level of 28.2% of GDP[12]. Although the public debt is considered sustainable in the intermediate term, due to the trends of real growth of over 3%, inflation of 1.3%, and effective interest rate of 2.5%, there are risks related to the debt emerging from its other characteristics, such as share of debt in hands of non-resident actors and in foreign currency. Namely, in 2017 the high share of debt (71.3%) was in hands of non-resident actors, which is above the recommended threshold of 60%. The share of debt in foreign currency (71.3%) does not pass the threshold of 80%, but still bears the high risk which can undermine the public debt sustainability.[13]

[9] *Agency for statistics, BHAS, http://bhas.gov.ba/data/Publikacije/Saopstenja/2019/NAC_05_2018_Y1_0_HR.pdf*
[10] *Ibid*
[11] *Ibid*
[12] *Ministry of Finance and Treasury of BiH, 2018, http://mft.gov.ba/bos/images/stories/javni_dug/informacije/2018/Analiza%20odrzivosti%20duga%20BiH%202018%20-%202022%20god.%20Bos.pdf*
[13] *Share of debt in foreign currency in total public debt that ranges between 20%-60% is considered as moderate risk, while over 60% is considered as high risk.*

The risks that could undermine the economic growth include both external and internal factors. According to the WB assessment, a possible tightening of the financing conditions in international capital markets could be a downside risk, especially in the case of external and fiscal imbalances. With domestic sovereign bond markets often underdeveloped, as is the case in BiH as well as in the other countries in the Western Balkans, there are risks of being exposed to rises in global interest rates (WB, 2018: 2). Potential fluctuation in the economic activity in the Eurozone could also impact the economy of BiH and other countries in the region through decrease in the demand of products imported from these countries, through decrease of foreign direct investments, as well as through decrease of remittances (CPU, 2018b: 8). The internal risks are related to the informal sector increasing due to the high costs of taxation of labour, the limited access to financial markets and political instability which influence the speed of structural reforms (CPU, 2018b: 8, World Bank, 2018a: 2).

The economic growth in BiH during 2017-2018 was stimulated mainly by higher public investment and consumption. Due to the increase of wages and employment, consumption underpinned the economic activity (WB, 2018: 5). The GDP per capita in USD (current prices) has not changed significantly, it increased from 4,851 in 2010 to 5,265 in 2014 and then fell again to 4,817 in 2016. Data for entity levels point out that share of entities and BD GDP in total GDP remains more or less unchaged. In 2018, Agency for statistics, reports that FBiH GDP had 65.7% share of GDP, RS 31.9% and BD 2.34%.

Export has been growing fast in Bosnia and Herzegovina, as well as in other countries in the region (North Macedonia and Serbia). However, growing consumption and large infrastructure projects that have been ongoing in the country, have pushed up imports. The export increase rate was 17.4% in 2017, while import recorded increase by 12.2% (Central Bank of BiH, 2017: 42). The total value of the export was 1.64 billion BAM higher than in 2016, and the increase was mainly driven by economic recovery and increase of demand in EU and CEFTA countries. The most important exported goods are iron, steel and aluminium. Share of export of goods and services in GDP was 35.32% in 2016 (Agency for Statistics of BiH, 2016a). Trade balance was more favourable in RS than FBiH in 2017, with coverage of imports by exports at the level of 71% in RS compared to 58.3% in FBiH (Institute for Statistics FBiH, 2017b, Republic Statistical Institute of RS, 2017b).

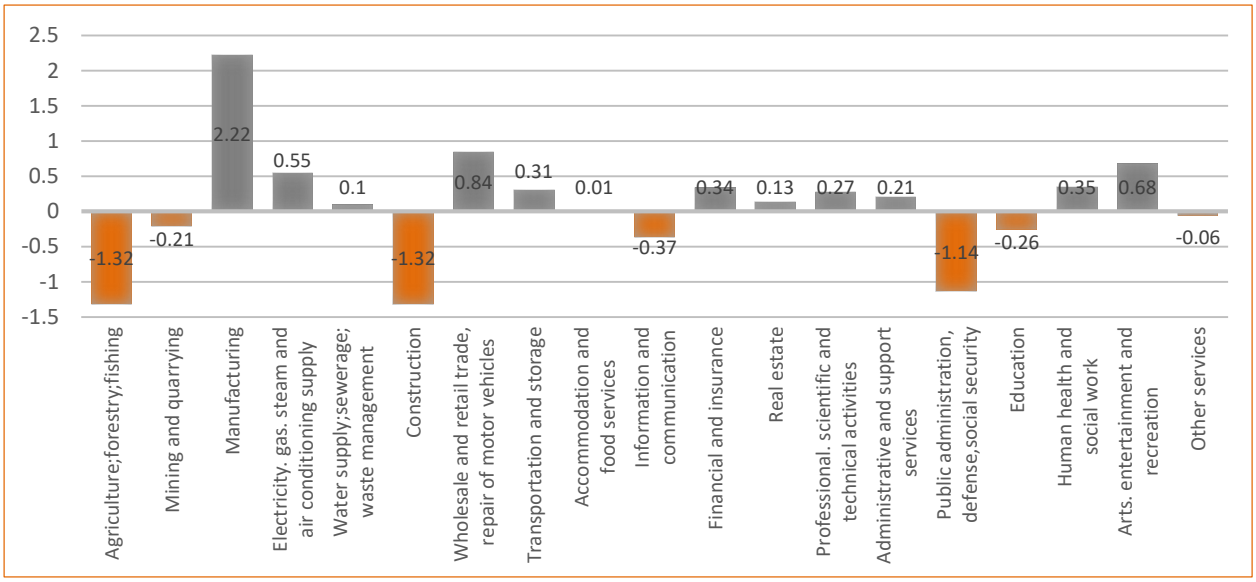
According to the WB assessment, sustainable higher exports will help maintain macroeconomic stability, contribute to growth and reduce poverty. The chances for increased exports are found in the factors related to the regional cooperation and integration. The rationale behind this argument is that most of the exports of Western Balkan countries are not mutually competitive and they could benefit from regional integration into European Union value chains (WB, 2018: 2).

2.2.2 Structure of the economy and labour productivity

The structure of the economy can be observed from the perspective of share of different sectors in total GDP as well as through the structure of employment by industries. According to both indicators the economy of BiH is predominantly a service economy, but with still a significant share of manufacturing. Longitudinal trends (2008-2018) indicate that regardless of some fluctuations (some of them the consequence of the economic crisis that impacted BiH in 2009), the sectors which have been increasing their share in the GDP are manufacturing, trade, transportation and storage, financial and insurance services, professional, scientific and technical activities, administrative and support services, human health and social work services as well as art, entertainment and recreational services. A decrease in GDP share

is recorded in the case of agriculture, forestry and fishing, construction, mining and quarrying, construction, information and communication, public administration, defence and compulsory social security and education. (Chart 5)

Chart 5: Changes in the GDP share 2018 versus 2008, in %



Source:http://bhas.gov.ba/data/Publikacije/Bilteni/2020/NAC_00_2018_Y1_0_BS.pdf

Although the structure of the economy at the entity level follows similar patterns, there are differences between FBiH and RS. The agriculture has higher share in gross added value in RS than in FBiH, as well as electricity, gas and air conditioning supply, construction, public administration, defence and compulsory social security, while in FBiH, manufacturing industry, trade, financial, insurance and real estate have a higher share in value added.

The differences are visible when the structure of the economy is observed from the perspective of employment. The employment structure in RS is the one that is still significantly based in agriculture, with a manufacturing sector that has been employing just slightly more labour force, and a service sector that has not passed yet the threshold of 50% of the employment to be labelled as 'service economy'. Contrary to that, the economies of FBiH and BD are service economies, employing more than half of employed labour force in service sectors, and more prominent orientation towards manufacturing industry and lower employment in agriculture (table 2.4).

Table 3: Structure of employment by economic sectors, 2019, in %

Industries	BiH	FBiH	RS	BD
Agriculture, forestry, fishing	18.0	8.9	29.8	((7.2))
Manufacturing industry	31.7	35.5	27.1	(25.3)
Services	50.3	55.6	43.1	67.5
Total	100	100	100	100

Source: Agency for Statistics of BiH, Labour Force Survey 2019, http://bhas.gov.ba/data/Publikacije/Bilteni/2019/LAB_00_2019_Y1_0_BS.pdf , p. 39-40.
N.B.: The brackets stand for the level of data accuracy.

The continued importance of the agricultural sector, particularly in the RS, is attributed to the fact that BiH as a whole and particularly some regions are still predominantly rural, which requires specific approach to the economic development that recognizes the special importance of rural development. According to the OECD definition of rural areas, BiH is the fourth most rural country in Europe (after Montenegro, Finland and Ireland), with 61% of population living in rural areas (UNDP, 2013: 33). Differences between urban and rural areas, and characteristics and challenges of rural development are elaborated in chapter 11.1.

Labour productivity, one of the important drivers of economic development, is still low in BiH. Comparative analysis of the labour productivity with EU in 2015 shows that labour productivity in BiH was only at the level of 31% of the EU average[14] (Federal Development Planning Institution, 2016). During the 2011-2015 period, labour productivity has slightly increased from 37,792 BAM to 39,586 BAM per employed person. Labour productivity in FBiH was in 2011 38,403 BAM and it has increased to 40,767 BAM per employed person in 2015. Labour productivity in RS was 36,333 BAM in 2011 and has increased to 36,688 BAM per employed in 2015. There are significant differences in the productivity between economic sectors in both entities. In FBiH, highest labour productivity was recorded in the real estate business with 573,000 BAM per employee, followed by agriculture with 94,000 BAM and water and electricity supply with 76,000 BAM per employee. On the opposite side, among industries with the lowest labour productivity there is manufacturing with only 25,000 BAM per employee (Ibid: 8). Situation is similar in Republika Srpska. The lowest productivity is recorded in manufacturing (15,719 BAM per employee per year), which is 6-7 times lower than in manufacturing sector in EU. At the same time, the highest productivity is recorded in information and communication sector (94,082 BAM per employee), water and electricity supply (50,871 BAM) (Dudukovic, Martic, M, 2015).

Key factors contributing to the low productivity are lack of technological innovation, low or inadequate human capital and unproductive organisation of work. According to some estimates, the manufacturing equipment in BiH is about 25 years old on average, while in EU it is 9.67 years old (Dudukovic, Martic, 2015). The investment in research and development is low, and human resources underdeveloped or underused. According to Human Capital Index, a child born in BiH today will reach only 62% of its productive potential when he/she grows up, as compared to children born in countries with the best education and health care (World Bank, Human Capital Index for BiH[15]).

2.2.3 Labour market

The labour market response to growth was slower than it could have been, reflecting the temporary nature of consumption-led growth and the rise in labour inactivity (WB, 2018: 2). Data on the labour market situation in BiH indicate unfavourable trends. The activity rate[16] decreased during 2016-2019 in FBiH and Brčko district. Activity rate in RS slightly increased in the same period (table 2.5). The employment rate[17] slightly increased in BiH, mainly due to the increase in RS. Unemployment rate[18] decreased at all levels,

[14] *Labour productivity was measured as GDP per employed person.*

[15] https://databank.worldbank.org/data/download/hci/HCI_2pager_BIH.pdf

[16] *The activity rate measures the share of persons already employed or looking for employment (employed + unemployed) in total working age population (15-64).*

[17] *The employment rate represents the share of persons employed who worked during reference week for at least one hour for a salary or fee, irrespective of their formal status or did not work but had a job to return to (Agency for Statistics of BiH, 2018b: 14).*

[18] *The unemployment rate is the share of persons who did not work during reference period, who spent four weeks actively looking for employment or found a job and were about to start work in near future, and who might start work during two weeks following the reference week should they be offered employment (Agency for Statistics of BiH, 2018b: 14).*

but this was mainly due to the decrease of working age population (table 2.5). The gender and age disaggregated data are provided in the chapter 10.

Table 4: Basic labour market indicators for BiH and entities/district, 2016-2019, in %

Indicators	BiH				FBiH				RS				BD			
	2016	2017	2018	2019	2016	2017	2018	2019	2016	2017	2018	2019	2016	2017	2018	2019
Activity rate	43.1	42.6	42.1	42.1	41.0	40.2	39.5	39.1	47.2	47.2	46.7	47.8	40.6	38.5	39.3	30.1
Employment rate	32.2	33.9	34.3	35.5	30.5	32.2	31.9	31.9	35.5	37.3	38.7	42.2	27.2	28.1	31.5	22.9
Unemployment rate	25.4	20.5	18.4	15.7	25.6	20.0	19.2	18.4	24.8	21.0	17.2	11.7	33.1	26.9	19.8	(24.1)
Inactivity rate	56.9	57.4	57.9	57.9	59.0	59.8	60.5	60.9	52.8	52.8	53.3	52.2	59.4	61.5	60.7	69.9

Source: Agency for Statistics of BiH, Labour Force Survey 2019.
http://bhas.gov.ba/data/Publikacije/Bilteni/2019/LAB_00_2019_Y1_0_BS.pdf

Despite some improvement, labour force participation of women continues to be low. High inactivity among the working-age population means that a large share of factors of production and sources of income remains untapped, slowing economic growth (more in the chapter 10.3 on gender inequalities). Labour market position of young people is particularly unfavorable with unemployment rate of 33.8% (more in chapter 10.1 on young population) (Agency for Statistics of BiH, 2019: 29).

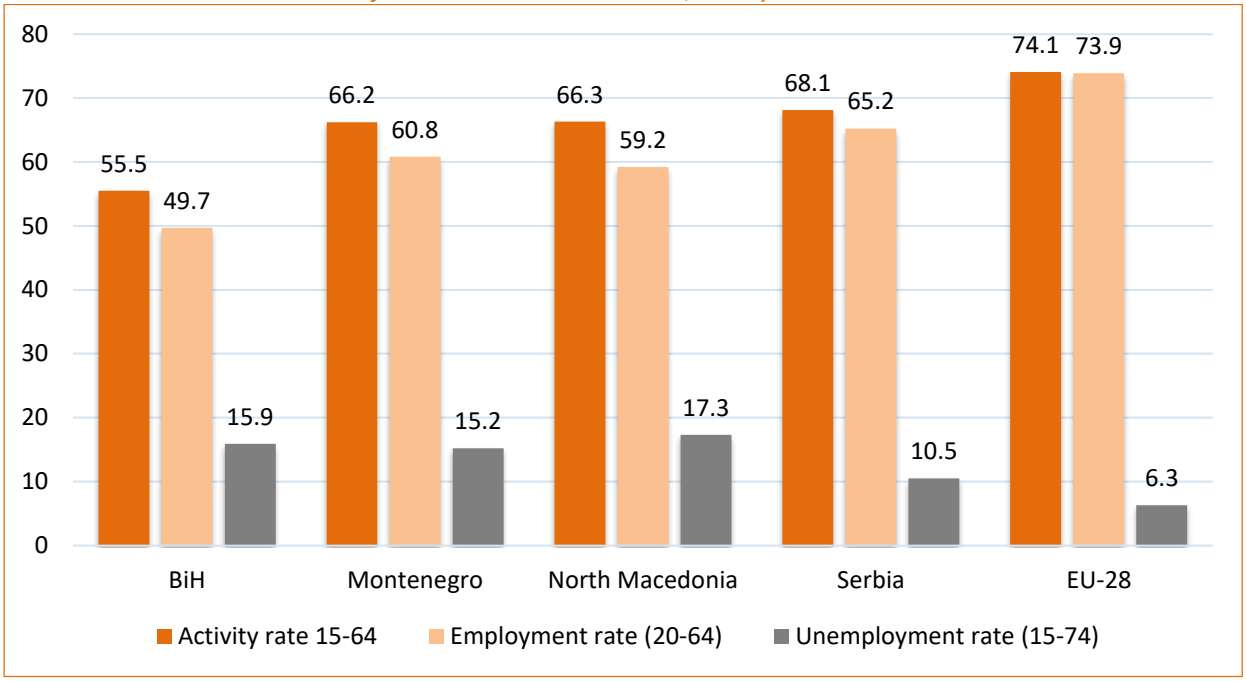
The working-age dependency ratio in BiH[19], as well as in the whole Western Balkans is extremely high (2.9 in BiH in 2018 and 2.2 for the whole Western Balkans in 2017) (Agency for statistics of BiH 2018b and World Bank 2018a). This means that on average a working adult supports more than 2 dependents of working-age. The high dependency ratio places a greater burden on workers and the government to support the unengaged. It also exacerbates the existing disincentives to work and, given ageing, implies a shrinking labour force (World Bank, 2018a: 10).

Among employed persons, in 2019 there were 21.9% of self-emloyed in BiH (15.7% in FBiH, 29.6% in RS and 24.4% in BD). Part time employment was relatively low in 2019, with 8.7% of employed persons working less than full time (8.4% in FBiH, 9.0% in RS and 9.4% in BD). Eventhough the share of long-term unemployment is dropping, it still remains a big problem affecting skills, the range of contacts and self-confidence of unemployed persons. The longer the unemployment status is, the chances to re-employment are lower. It is of particular concern that 76% of unemployed persons in 2019 in BiH were unemployed for 12 months and longer (EU definition of long-term unemployment) (Agency for Statistics of BiH, 2019).

Labour market indicators reveal much worse situation in BiH than in other Western Balkan countries. Activity and employment rates are much lower than in Montenegro, North Macedonia and Serbia, while unemployment rate is higher than in Serbia and Montenegro, but lower than in North Macedonia.

[19] *The ratio between employed persons of age 15-64 and total working age population 15-64.*

Chart 6: Labour market indicators for Western Balkan countries, 2019.y. and EU-28



Source: Eurostat for: EU 28, Serbia, N. Macedonia, and Montenegro, for BiH Agency for statistics
Employment rate - % of working age population (active+inactive population)
Unemployment rate - % of active population

2.2.4 Business climate, investments and competitiveness

The business climate in BiH, from the standpoint of favourable conditions for business development, investments and economy competitiveness is not satisfactory. Indicators of this situation are found in reports of international organisations which apply different global indices measuring several aspects of conditions for business. According to the Global Competitiveness Index (GCI)[20] for the period 2017-2018 (World Economic Forum, 2019), BiH occupies the 92nd position (out of 141), which presents a less favourable position in comparison to the period 2013-2014, when it was ranked 87 (out of 148), but an improvement in comparison to the period 2016-2017 when it occupied the 107th position (out of 138). As the most unfavourable aspects, the following were identified: inefficient government bureaucracy, corruption, tax rates, policy instability, government instability, access to financing, tax regulation, restrictive labour regulation, crime and theft, and poor work ethic in the national labour force.

According to the Index of Economic Freedom (IEF)[21], BiH is ranked at the 83rd position (out of 180) and classified in the category of moderately free countries. As per the latest assessment, BiH has increased its

[20] *The Global Competitiveness Index is a composite measure of the competitiveness of the particular economy. It consists of three sub-indexes, each consisting of set of pillars with individual indices. The Basic requirements sub-index includes 4 pillars: institutions, infrastructure, macroeconomic environment, health and primary education; efficiency enhancers sub-index includes 6 pillars: higher education and training, goods and market efficiency, labour market efficiency, financial market development, technological readiness and market size; innovation and sophistication factors sub-index includes two pillars: business sophistication and innovation (World Economic Forum, 2017: 12).*

[21] *Economic freedom is measured by Heritage Foundation based on 12 quantitative and qualitative factors grouped into four broad categories, or pillars: rule of law (property rights, government integrity, judicial effectiveness), government size (government*

overall score by 0.5 points, primarily owing to improvements in labour freedoms and government spending outpacing declines in scores for judicial effectiveness and trade freedom. BiH is ranked 37th among 44 European countries, and its overall score is below the regional average, but slightly above the world average. The overall entrepreneurial environment remains one of the region's most burdensome, hindering the emergence of a dynamic private sector. According to the Heritage Foundation's assessment, the highly decentralized government hampers policy coordination and reform, while excessive bureaucracy, weak rule of law and market segmentation discourage foreign investments. Public perceptions of government corruption and misuse of taxpayer money motivate many to remain in the large informal economy.[22]

Chart 7: Economic Freedom Index for Bosnia and Herzegovina

Source: Heritage Foundation https://www.heritage.org/index/country/bosniaherzegovina,Data taken February 18, 2020. Index 2019.

According to the World Bank's Ease of Doing Business index[23], BiH was ranked at the 90th position (out of 190) in 2019[24]. This is an improvement from 2015 when BiH occupied the 107th position (out of 189), which is mainly achieved due to the improvement of international trade regulations.

Within such a context in BiH, foreign direct investments have been increasing slowly to 2.2% of GDP (World Bank, 2018a: 24), while remittances are currently at the level of 11% of GDP. In absolute terms remittances decreased from 2.718 million US$ in 2008, to 2.194 million US$ in 2017 (World Bank, Migration and Remittances data 2019[25]).

spending, tax burden, fiscal health), regulatory efficiency and open markets (business freedom, labour freedom, monetary freedom) (https://www.heritage.org/index/about)

[22] *Ibid.*

[23] *This index includes 10 sets of indicators related to the following aspects: starting business, construction permits, access to electricity, property registration, access to credit, protection of small investors, tax paying, cross border trade, contract enforcement and resolving insolvency (World Bank, 2018b).*

[24] https://www.doingbusiness.org/en/rankings

[25] https://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data

Compared to other countries in the region of Western Balkans, BiH economic environment looks less favourable for investment, development of businesses and consequently for opportunities to increase living standard of population. Competitiveness of BiH is much lower than in other countries, with significant differences in the ranking. The lowest ranking BiH has also on the Ease of Doing Business index, while only in the index on Economic freedom it is not ranked at the lowest position, standing better than Croatia and Montenegro (table 2.6).

Table 5: Ranking of the countries in Western Balkans on different global indices measuring economic environment for international competitiveness, economic freedoms and business climate, 2019

Countries	Ranks		
	Global competitiveness (out of 141)	Economic Freedom (out of 180)	Ease of doing business (out of 190)
Albania	81	52	82
BiH	92	83	90
Croatia	63	86	51
Montenegro	73	92	50
North Macedonia	82	33	10
Serbia	72	69	44

Sources: World Economic Forum 2019, Heritage Foundation, World Bank, 2019.
http://www3.weforum.org/docs/WEF_TheGlobalCompetitivenessReport2019.pdf
https://www.doingbusiness.org/en/rankings
https://www.heritage.org/index/country/bosniaherzegovina

Structure of Foreign direct investments (FDI) is not very favourable in BiH as well as in other Western Balkan countries. The concentration of FDI in real estate and energy extractive industries has the limited impact on the productivity growth, technological innovation or formal job creation (WB, 2018: 7).

According to the World Bank assessment, key economic challenge in BiH is the imbalance of its economic model which is marked by public policies and incentives that are skewed toward the public rather than the private sector, consumption rather than investment, and imports rather than exports[26]. In the Assessment of the Economic Reform Programme of Bosnia and Herzegovina 2018-2020, the European Commission concluded that BiH needs to accelerate structural reforms in order to improve its growth prospects. It is highlighted that the country suffers from 'below-potential growth' which is delaying a swift reduction of unacceptably high unemployment. Frequent political stalemates impede progress with long overdue structural reforms. Fiscal policy was emphasized as one of the key challenges, which is insufficiently geared towards improving the quality of public spending by focusing on growth-enhancing areas like public investment and education. The Commission concluded that public spending remains heavily biased towards consumption and redistribution, while medium-term needs in education and infrastructure are neglected. Regarding the competitiveness, it is emphasized that it is hampered by the absence of a single economic space with a unified approach to enterprise policy (European Commission, 2018).

2.3 Socio-cultural context

Development of BiH should not be reduced to the economic dimension. The economic situation is both the determinant that influences the demographic trends and potentials for broader sustainable and

[26] *http://www.worldbank.org/en/country/bosniaandherzegovina/overview*

inclusive development, as much as it is shaped by the population characteristics and demographic trends through human potentials. The present and future availability of labour force, human capital available not only for work and production of economic output but also for research and innovation, is only one side of this relation between economic development and population. The other side includes the broad spectrum of social and cultural factors including the well-being, norms and values that determine what is the desirable economic and social order, what are the required forms of social protection, what are expected gains for population from economic development and how they would be distributed among different groups in line with preferred concept of social justice.

2.3.1 Human development and happiness

Bosnia and Herzegovina is country with high human development, ranked at 75th position (out of 189) in 2018, with a HDI value of 0.769. Between 2000 and 2018, BiH's HDI value increased by 14.4 percent from 0.672. Life expectancy at birth increased during that period by 2.9 years, mean years of schooling increased by 2.7 years and expected years of schooling increased by 2.2 years. Gross National Income (GNI) per capita increased by 70.6 percent during the same period.

Table 6: Bosnia and Herzegovina's HDI trends

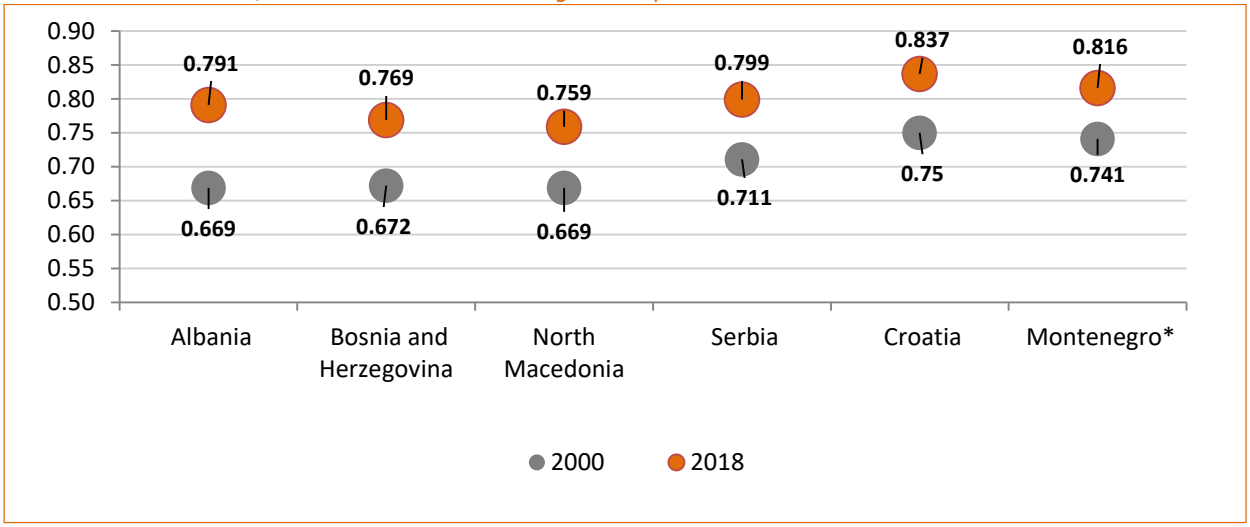
Years	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2011 PPP$)	HDI value
2000	74.4	11.6	7.0	7,440	0.672
2005	75.2	12.7	7.4	8,648	0.700
2010	75.9	13.4	7.1	9,679	0.713
2015	76.7	14.2	9.0	11,004	0.755
2016	76.9	14.2	9.7	11,353	0.766
2017	77.1	14.2	9.7	11,716	0.768
2018	77.3	13.8	9.7	12,690	0.769

Source: UNDP Briefing note for countries on the 2018 Statistical Update: Bosnia and Herzegovina, p. 2.

When inequality in BiH is taken into account, measured by inequality adjusted HDI (IHDI), the value of the index is 0.658, which represents a loss of 16.9 percent due to the inequality in the distribution of HDI dimension indices.

The longitudinal trend shows that BiH, Albania and North Macedonia had the most similar level of human development in 2000, but then HDI of Albania increased and became more similar to Serbia (0.791 vs. 0.799), while BiH remained the closest to North Macedonia, slightly passing its HDI value (0.769 vs. 0.759).

Chart 8: HDI 2000-2018, BiH and countries in the region comparisons



**The first assessment for Montenegro was in 2003*

A relatively recent approach to monitor development and the effects of public policies places is the focus on subjective well-being, measured through World Happiness Index.[27] Subjective well-being of people is only partially linked to income. International data indicate that average level of happiness or satisfaction increases with a country's average income, but only up to a level of 20.000 USD per capita. Once income grows to this point, the income is not the major factor influencing satisfaction. Instead of focusing on income, the subjective well-being approach emphasized the role of other factors such as family relationships, financial situation, work, community and friends, health, personal freedom and personal values.[28] According to the 2019 World Happiness Report[29], BiH is ranked at 78th position out of 156 countries, with index value of 5.386.[30] The happiness index value has increased in comparison to the period 2005-2008 by 0.487, but it is ranked among lowest in the region after Serbia (ranked as 70th), Montenegro (73rd), but still better than North Macedonia (84th) and Albania (107th).

2.3.2 Economic inequalities and poverty

Average earnings in BiH 2018 were 879 BAM (around 490 US Dollars). (Agency for Statistics of BiH, 2018f). The latest monthly data on nominal net earnings indicate constant increase up to February 2020 when they were 941BAM. In real terms, the net earnings grew by 1.9% in 2018, which is lower than in Serbia or North Macedonia (4.4%). (DEP, Ekonomski trendovi (2018): 17). However, economic inequalities are prominent in BiH judging by the Gini coefficient which had value of 32.7 in 2017[31]. This is higher than in Serbia (28.5) and Albania (29.0), similar to Montenegro (31.9), and lower than in Macedonia (35.6) (UNDP, Human Development data[32]).Poverty is monitored in BiH by the Household Budget Survey and not by the

[27] *The first World Happiness Report was released in 2012 at UN High level meeting on 'Well-being and Happiness: Defining a New Economic Paradigm'.*
[28] *Todaro, Smith, 2012: 19.*
[29] https://s3.amazonaws.com/happiness-report/2019/WHR19.pdf
[30] *Country rankings are based on the average answers to the Cantril ladder life evaluation question in the Gallup World Poll*
[31] http://hdr.undp.org/en/countries/profiles/BIH
[32] http://hdr.undp.org/en/countries/profiles/BIH

Statistics on Income and Living Conditions (SILC).[33] which is common for EU and candidate countries from the region. Poverty rates are calculated according to national methodology and, therefore, the data are not comparable with other countries in the region of Western Balkans and EU.

According to the last Household Budget Survey dating from 2015, the poverty rate.[34] was 16.9%. In comparison to 2011 poverty rate decreased by 1 percent point. This means that over 500.000 inhabitants or 170.000 households had been living below the relative poverty line. The poverty was higher among older population (65+) and children (age 0-14 years), as their respective poverty rates were 19.6% and 18.7%. Poverty rates were higher among households with unemployed head of household. Poverty rates were also higher for rural areas (20.5%) than for urban (11.3%) (Directorate for Economic Planning, 2018a).

Table 7: Poverty rates by the employment and activity status of head of household, 2015, in %

Activity status of the head of household	%
Employed	11.6
Unemployed	26.2
Person engaged only in domestic work	18.0
Incapable of work	38.5
Retired	16.3
Other	32.9
Total	16.5

Source: Directorate for Economic Planning, Development Report for 2018., data retrieved from Houshold Budget Survey, Agency for statistics B&H

Subjective poverty is relatively highly prevalent in BiH. According to the Balkan Barometer survey for 2016, as much as 41% of households in BiH reported difficulties to cope with financial situation and 16% consider themselves as socially excluded (Directorate for Economic Planning, 2018b).

According to the UNDP Multidimensional Poverty Index whose value for 2011/2012 was 0.008, in BiH 2.2% of population was in multidimensional poverty, while 4.1% of population was vulnerable to multidimensional poverty.[35] (UNDP, 2018b).

2.3.3 Education

Education in BiH is made up of four levels: preschool, primary, secondary and higher education. Primary education is obligatory and it lasts nine years. Secondary education is not obligatory and attendance depends on interests, motivation, and the achievement in primary school. Secondary education is composed of general schools, such as grammar schools, which primarily prepare pupils for studies, as well as art and religious schools, and secondary vocational schools of various professional fields (economy,

[33] Bosnia and Herzegovina planned to conduct its first SILC survey in 2018-2019 period but due to disagreement between statistical offices in the country over the sampling framework to be used for this survey, it was postponed. In the meantime, the World Bank which planned to fund the SILC survey have realocated the necessary funds so it is not clear if and when the SILC survey will be implemented.

[34] This is relative poverty rate, calculated as consumption below the 60% of median equivalent consumption of households (Directorate for Economic Planning, 2018: 18).

[35] Multidimensional Poverty Index (MPI) looks beyond income to understand how people experience poverty in multiple and simultaneous ways. It includes three key dimensions: health, education and standard of living with 10 indicators. More at http://hdr.undp.org/en/2018-MPI

technical schools, medical schools, etc.). Children with disabilities are educated in regular schools and in schools for children with disabilities.

The education system in BiH is managed and policies developed by the ministries of education at the level of entities, cantons and Brčko District, while the coordination is conducted at the level of the Council of Ministers of BiH and the Conference of Ministers of Education. In such a complex system, it is difficult to establish efficient and effective policies and achieve effective harmonisation of legislative and education systems (MFT&UNT, 2013: 54). One example of such successful harmonisation of the education system is the Framework Law on Preschool Upbringing and Education by which 12 laws were revised and a uniform system of nine-year primary education was adopted. Despite this and similar achievements, complexity of the system has an array of negative consequences not only in terms of management and financing, but also in terms of content of teaching process. For instance, domestic experts evaluate that in BiH there are three curricula in effect, and the greatest differences are seen in the so-called "national contents", such as history, mother tongue and literature and geography (Ibrahimović, 2015) Literacy rate is high, having in mind the degree of social and economic development, and stood at 97.2% in 2017 (Agency for statistics, 2017:25).[36] In population age 15 to 24, 99% of women and 100% of men are literate (UNICEF, 2012: 76). More than 50% of population have completed secondary education, but there is a significant gender imbalance with 59.5% males and 43.0% females. A higher proportion of female population is without any education or incomplete basic education, as well as completed elementary school (although these are mainly older persons), while the proportion of men with completed secondary education and higher education levels is slightly higher comparing to women. (Agency for statistics, 2017:22).

Table 8: Education structure of the population age 15+

	Total	Without any education	Incomplete primary education	Primary school	Secondary school	Specialisation after secondary school	College and the first degree at university	College of vocational studies, faculty, academia, university
RS	1,054,733	59,838	98,904	221,416	538,900	8,021	35,642	92,012
RS in %		5.67	9.38	20.99	51.09	0.76	3.38	8.72
FBiH	1,862,272	82,724	167,956	401,188	952,320	13,254	56,720	188,110
FBiH in %		4.44	9.02	21.54	51.14	0.71	3.05	10.10
BD	70,435	3,516	7,176	18,122	33,941	338	1,842	5,500
BD in %		4.99	10.19	25.73	48.19	0.48	2.62	7.81
BiH	2,987,440	146,078	274,036	640,726	1,525,161	21,613	94,204	285,622
BiH in %		4.89	9.17	21.45	51.05	0.72	3.15	9.56
Men in BiH %		1.65	5.73	18.87	59.51	1.23	3.55	9.46
Women in BiH %		7.96	12.44	23.89	43.04	0.24	2.78	9.65

Source: Agency for statistics of BiH, Census: Education characteristics, available at: http://www.popis.gov.ba/popis2013/knjige.php?id=4 (total amount for BiH and percentages present calculation of the author)

[36] Rate of literacy is operationalized as the percentage of persons who know how to read and write.

Table 9: Level of education by age groups in %

	FBiH			RS			BD		
	M	F	Total	M	F	Total	M	F	Total
15+ without education	1.51%	7.22%	4.44%	1.88%	9.28%	5.67%	2.12%	7.73%	4.99%
65+ without education	5.91%	31.21%	20.68%	6.93%	35.15%	21.18%	8.24%	31.48%	21.75%
75+ without education	10.61%	45.73%	32.14%	12.08%	50.57%	35.79%	15.38%	49.40%	36.27%
23+ with highest education	11.17%	10.75%	10.95%	9.69%	9.09%	9.38%	8.43%	8.55%	8.45%

Definitions: Without education - percentage of persons who did not complete any school grade; highest education - persons who completed university education.
Sources: Census data available at http://www.popis.gov.ba/popis2013/knjige.php?id=458T (calculation of the author)

Despite the evident growth in the number of public and private higher education institutions, the share of persons with higher (university) education is lower than in the EU (12.7% versus 28%). However, there is a growing number of unemployed graduates which implies a lack of harmonisation between the educational programmes and labour market demands (GoRS, 2017: 23).

Attendance of early childhood education institutions increased from 6.4% in 2006 to 13.1% in 2011/2012 in BiH, which is still low and constitutes the lowest enrolment rate in the region. Only 2% of children from the poorest quintile attended preschool education programmes and just 1.5% of Roma (MDG&TTF, 2013: 55). Although primary education is obligatory, approximately 4% of children are not enrolled. This problem is somewhat more pronounced with children of lower socio-economic status, children with disabilities and Roma minority. The general secondary school attendance rate is 92%, while among poorest families it is 83.8%. Coverage of girls with secondary education is higher than with boys. Total gender parity index is 1.03, but it ranges from 0.99 among children with low socio-economic status, up to 1.06 among children from families of the highest social and economic status. One of the reasons is the smaller coverage of boys from rural households; 90.6% of boys versus 94% of girls.

Table 10: Primary and secondary school attendance and education gender parity

	Primary school adjusted net attendance ratio (NAR) girls	Primary school adjusted net attendance ratio (NAR) boys	Gender parity index (GPI) for primary school adjusted NAR	Secondary school adjusted net attendance ratio (NAR) girls	Secondary school adjusted net attendance ratio (NAR) boys	Gender parity index (GPI) for secondary school adjusted NAR
Administrative unit						
FBiH	96.9	97.4	1.00	93.3	90.4	1.03
RS	98.6	99.1	1.00	92.9	90.6	1.02
BD	(96.8)	(86.1)	(1.12)	(*)	(*)	(*)
Area						
Urban	96.6	97.0	1.00	91.2	90.0	1.01
Rural	97.9	98.0	1.00	94.0	90.6	1.04
Education of mother/caretaker*						
Primary	99.0	98.0	1.01	93.9	92.0	1.02
Secondary	97.3	98.2	0.99	96.6	96.9	1.00
Higher	97.1	97.7	0.99	(*)	(*)	(*)
Mother not in household	(*)	(*)	(*)	(*)	(98.6)	(*)
Cannot be determined	N/A	N/A	N/A	88.7	75.6	1.17
Wealth index quintile						
Poorest	95.0	95.8	0.99	83.3	84.5	0.99
Second	98.7	99.5	0.99	91.3	89.0	1.03
Middle	96.8	97.8	0.99	93.0	89.0	1.04
Fourth	98.7	98.4	1.00	97.1	94.0	1.03
Richest	97.6	96.7	1.01	97.9	92.2	1.06
Total	97.5	97.7	1.00	93.1	90.4	1.03

*Definition: Ratio of adjusted net attendance ratios of girls to boys in primary and secondary school, BiH 2011–2012. Source: UNICEF, 2012. Figures that are based on 25–49 unweighted cases. (*) Figures that are based on fewer than 25 unweighted cases. * Figures for the education category "None" are based on fewer than 25 unweighted cases and are not shown in the table. Publication available at: https://mics-surveys-prod.s3.amazonaws.com/MICS4/Europe%20and%20Central%20Asia/Bosnia%20and%20Herzegovina/2011-2012/Final/Bosnia%20and%20Herzegovina%202011-12%20MICS_Bosnian.pdf*

Composition of the population by level of education shows that the share of persons without education in BiH is relatively high and it is 4.9% (Agency for statistics,2017: 23). There are just negligible discrepancies among entities in terms of this and other data. When it comes to educational attainment, one fifth of the population has primary school education, half of them have secondary school education, whereas the share of persons with university education is 9.6% and 12.8% respectively for college and university education.

Among the population age 15 and older, women have lower educational attainment, 20.5% of women do not have any education, in comparison to 7.4% of men. Among women, there are more of those with primary education (23.9%) than among men (18.9%), and less of those with secondary education (43.0% to 59.5% among men). According to data from the 2013 Census (Table 2.10), share of women without education is higher than in all three observed groups. Contrary to these data, gender equality is achieved in higher education, so the share of women and men with higher education is equal (9.7% of women to 9.5% of men).

The results of PISA[37] that was conducted for the first time in 2018 in BiH, imply that students in BiH scored lower than the OECD average in reading (403 score versus 487), mathematics (406 score versus 489) and science (398 score versus 489). The results also suggest that socio-economically advantaged students outperformed disadvantaged students. It is interesting that around 13% of disadvantaged students in BiH were able to score in the top quarter of reading performance, indicating that disadvatange is not destiny (OECD average is 11%). Concerning the gender, girls and boys scored similarly.

BiH faces intensive out-migrations, especially of young and educated people. World Economic Forum ranked it 134th out of 137 in terms of its ability to keep talents (WEF, 2017: 123). Additionally, in all forms of education it is reported the lower number of enrolements except for the preschool education (Agency for statistics, 2019: 39-43), which indicate the depopulation within the country.

There is also a high share of youth not in employment, education or training (NEET). According to data from the Labour Force Survey, 21.1% of women and 22.1% of men are not included in education nor employed. Data is expressed as percentage of the overall population of the same age group and sex (Agency for statistics, 2019: 48). This indicator shows that young population has the highest risk of marginalisation in the labour market, as well as of inadequate usage of their potentials (DEP, 2017: 26).

2.3.4 Social protection

Systems of social protection and insurance are decentralized and managed at the level of entities, cantons and Brcko District, whereas some social protection allowances and services are organized and financed at the municipal level. It is a complex system, with 13 ministries, two pension funds, several employment services[38], local centres for social welfare in municipalities and a number of residential care institutions (for children without parental care, older persons, persons with disabilities etc.).

There are four types of non-contributory cash assistance schemes in Bosnia and Herzegovina. The first is a means-tested social assistance, a minimum-income support program that is administered at the level of entity in RS and cantons in FBiH. The second program is disability allowances for persons with disabilities and civilian victims of war. The third is actually a group of various cash assistance programs for children

[37]PISA (The Programme for International Student Assessment) is a triennial survey of 15-year-old students that assesses the extent to which they have acquired the key knowledge and skills essential for full participation in society. The assessment focuses on proficiency in reading, mathemathics, science and innovative domain (in 2015, the innovative domain was global competence), and on students' well-being. https://www.oecd.org/pisa/publications/PISA2018_CN_BIH.pdf

[38] The Public Employment Service (PES) of BiH comprises a state level institution (Employment Agency of BiH), one Agency in each of the entities (Labour and Employment Agencya of the FBiH and Employment Agency of the RS) and one in the Brcko Distrikt. The FBiH has one employment agency in each Canton and seventy-four municipal employment bureaux. The employment service of the RS is orginised into six regional offices and sixty-three municipal employment bureaux (ILO, 2009: 40).

and families, the most important one being the child allowance. Finally, there are benefits for war veterans and members of families of fallen soldiers.

Financial social assistance is administrated at the level of entities, cantons and municipalities. In Republika Srpska, social assistance is calculated as a percentage of a base equal to the net average salary earned in the previous year. The level of allowance is 15% of the base for individual; for a two-member family 20%; for a three-member family 24%; for a four-member family 27%; and 30% for a family with five and more members. Similar conditionality rules exist in Federation of Bosnia and Herzegovina, but the scheme is decentralized to the level of cantons. This decentralization brings inequalities in the delivery of social assistance benefits, as persons entitled to same type of benefit can receive significantly different amounts depending of the area of living.

Targeting of social protection benefits is poor, with only 23.2% of total social protection benefits being received by the lowest quintile. The targeting of civilian benefits is slightly better than veterans-related benefits with 29.9% of funds for child protection being received by the lowest quintile and 34.7% of funds for social assistance, disability benefits (non-war invalids' benefit) and benefits for civilian victims of war. Targeting is slightly better in RS than in FBiH (The World Bank, 2009: 52-53). Approximatelly 4% of GDP was spent on these transfers in 2009, but they had only a marginal impact on reducing of poverty, which decreased from 19.2% to 18% (ESPN, 2018). The main reason lies in the high share of appropriation for war veterans, which were not means tested. Later studies have confirmed these findings. Namely, the poorest fifth of population receives only 15.5% of total budget social protection, whereas the wealthiest fifth receives 25.4% (Obradović and Djukić, 2016: 17).

Table 11: Number of beneficiaries of financial social assistance, 2018

	Financial social assistance	Right to allowance for assistance and care rendered by other persons	One-time allowance
FBiH	8,807	14,073	18,746
RS	4,520	24, 404	11, 816
BD*	959	2,789	498

Sources: http://fzs.ba/wp-content/uploads/2019/08/Socijalna-zastita-skrb-u-2018.pdf
https://www.rzs.rs.ba/static/uploads/bilteni/socijalna_zastita/Bilten_Socijalna_Zastita_2019_WEB.pdf
http://bhas.ba/publikacijebd/BRC_2018_SZ_001.pdf: data for BD 2017
**Data for BD is for 2017*

The reform of social protection system started in 2009, supported by the World Bank. However, it has never been implemented completely. In RS, the new Law on Social Protection was enacted in 2012, which introduced proxy means testing. It resulted in reducing the number of beneficiaries from 5,451 in 2011, to 4,751 in 2017 (MZS, 2018). In FBiH, the reform has not been implemented yet, and means tested benefits are still limited by resources that are available to cantons and municipalities, as well as high expenditures for categorical benefits. Currently, the means-tested social assistance benefits in both entities, as well as child benefits in the FBiH, are insufficient to meet basic needs and cannot help the beneficiaries out of poverty (ESPN, 2018). Despite these shortcommings, the reform has yielded a better targeted scheme. There was an increase in the number of beneficiaries in the poorest quintile and a decrease in the higher

quintiles (table 2.13). However, BiH still lags behind more successful systems. For example, the incidence in 5th quintile (richest beneficiaries) in Montenegro is 6.4%, Croatia 7.1%, and Serbia 8.3%.[39]

Table 12: Incidence of social assistance benefits per quintile

	2007	2015
Beneficiary incidence in 1st quintile (poorest) (%) - All Social Assistance	21.3	26.6
Beneficiary incidence in 2nd quintile (%) - All Social Assistance	20.8	26.6
Beneficiary incidence in 3rd quintile (%) - All Social Assistance	19.7	18.9
Beneficiary incidence in 4th quintile (%) - All Social Assistance	20.4	15.2
Beneficiary incidence in 5th quintile (richest) (%) - All Social Assistance	17.8	12.6

Sources: The World Bank ATLAS Database; https://datacatalog.worldbank.org/

The system of support to the unemployed consists of active and passive measures. Unemployed persons are person who are not employed, who are capable of working and looking for employment, they are not owners of registered companies and they do not work in agriculture. In FBiH, to be a beneficiary of unemployment benefits, a person ought to have a continuum of 8 months in employment during last 12 months or 8 months in employment with breaks during the last 18 months. In RS, the rights to unemployment benefits, health and pension and disability insurance are restricted to those who have been in employment for a continuum of 8 months in the last 12 months or 12 months with breaks during the last 18 months. The amount of unemployment benefit depends on the amount of earned salary in that period and contributions for obligatory social insurance.

The coverage with unemployment benefits[40] in BiH is lower than in the European and even some neighbouring countries. According to ILO data, in 2009 the coverage was 2% compared to 6.9% in Albania, 8.8% in Serbia, 11.5% in North Macedonia, or 35.6% in Montenegro. The average for Europe and Central Asia was 42.5%, the average for Eastern Europe was 56.5%, and 56.6% for North, South and West Europe (ILO, 2017: 161). In recent years there has been a decline in the number of beneficiaries of unemployment benefits in both entities. This is consequence of a combination of factors, such as the large share of long-term unemployment and more restrictive support policies that seek to stimulate active job search. Apart from that, the right to free health insurance during the registered unemployment provides a motivation to remain in the informal economy and avoid payment of contributions for social insurance. Those arrangements have contributed to the creation of an unsustainable situation in health insurance, where at some point only a quarter of those who receive health insurance actually paid for it (CoE, 2009:58).

Table 13: Number of beneficiaries of unemployment benefits per entity/district

	10/2018	10/2017	10/2016	10/2015	10/2014	10/2013	10/2012	10/2011	10/2010
RS	1,618	1,699	1,676	1,982	2,114	2,715	1,558	2,333	2,622
FBH	8,987	11,219	10,839	10,701	10,764	10,535	9,762	7,965	11,216
BD	153	159	92	131	129	347	-	-	-

Sources: FBiH: http://www.fzzz.ba/portal/statistics/actual;
RS: http://www.zzzrs.net/index.php/statistika/bruto_pokazatelji/;
BD: https://www.zzzbrcko.org/index.php/statistika/statistika-2018

[39] This indicator refers to the percentage of program beneficiaries in a quntile relative to the number of beneficiaries in the population. The lower percentage in higher quintiles and higher percentage in lowest quintile are the indicator of more adequate coverage.

[40] Coverage is calculated as percentage of unemployed persons receiving unemployment cash benefits (ILO, 2017: 161).

Bosnia and Herzegovina has two separate public pension systems while voluntary private pension schemes that were introduced in RS in 2017 play a marginal role.[41] Public pension schemes of FBiH and RS are pay-as-you-go schemes. In 2017 a capitalisation public fund called Pension Reserve Fund of Republika Srpska was formed by the RS public pension fund which serves as the capitalisation scheme and invests on behalf of the public pension funds in shares and bonds.

According to data from the World Bank in 2012, the pension system in RS had a high system dependency rate of 75.6 percent, indicating that each contributor needs to support 0.76 pensioners. Contributor coverage rate (the ratio of contributors as a percentage of the working age population) is low – 29.1 percent – and it is among the lowest in Europe. The same situation is in FBiH where dependency rate is 73.3 percent, i.e. each contributor needs to support 0.73 pensioners, while contributor coverage rate is 28.6%. This system is characterized by high share of young pensioners, high percentage of disabled pensioners, as well as pensioners who exercised their right to more favourable (privileged) pensions (which is the consequence of war), and small coverage of persons older than 65 years of age (61.8%) (WB, 2012: 17-18).

The coverage of old-age pensions among the population above the statutory pensionable age[42] is low compared to other countries in the region, as only 29.6% are covered, compared to 46.3% in Serbia, 52.3% in Montenegro, 71.4% in North Macedonia and 77% in Albania. The average for Europe and Central Asia is 95.2%, Eastern Europe 93.8% and North, South and West Europe 97.7% (ILO, 2017: 162). The coverage of social insurance schemes is higher among the urban (42.1%) than among the rural population (38.7%), which is also the case with old age pensions. The coverage of old age pensions among citizens from urban areas is 23.6%, compared to 19.4% in rural areas (WB, 2009: 41).

The pension systems in BiH face demographic and fiscal pressures. Demographic pressures arise from the process of ageing and increased number of pensioners. The poor economy does not manage to generate enough job vacancies, so the unemployment rate is high. The informal sector is rather widespread. Informality is particularly high in agriculture (around 30%) and in unskilled jobs (more than 20%) (Hirose and Hettes, 2016: 12). A practice of underreporting wages and social contributions is widespread. As much as 26% of employees (37% in Republika Srpska) were paying contributions at the minimum wage, while 11% paid no contributions. The ILO study concludes that this suggests that the minimum wage was inappropriately used in some circumstances as the base for social security contributions (Hirose and Hettes, 2016: 5). With the relatively low employment rates and rising number of pensioners, the dependency ratio of BiH pensions systems has reached one of the lowest levels in the region making the whole system highly vulnerable (DEP, 2017; Hirose and Hettes, 2016). More on old age pensions is presented in chapter 10.2.

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[41] There are also life insurance schemes that have some resemblance to the voluntary pension schemes but they are not covered by pension legislation nor are they provided by pension funds but insurance companies.

[42] Statutory pensionable age in Republika Srpska is 65 years for both women and man and a minimum of 15 years in employment; or the age of 60 and 40 years of employment status for man and the age of 58 and 35 years in employment for women. In Federation of Bosnia and Herzegovina it is the age of 65 and 15 years in employment; or 61 years and 36 years and 6 months in employment for man and the age of 56 and 31 years in employment for women.

2.3.5 Healthcare

The healthcare system in Bosnia and Herzegovina is organized independently in entities, cantons and Brčko District. The organisation and functioning of the healthcare system in Republika Srpska is regulated by the Law on Health Care of Republika Srpska defining measures for improving health of citizens, prevention of diseases and activities of healthcare institutions in the field of protection and improvement of Republika Srpska population health. In Federation of Bosnia and Herzegovina the healthcare system is organized by the Law on Health Care where population health is regulated at the level of Federation and at the level of cantons, i.e. municipalities. Also, the law regulates activities of institutions per levels of healthcare and activity of public health, which is of general interest for population health in Federation of BiH. Law on Health Care in Brčko District of Bosnia and Herzegovina ensures conditions for exercising the right on health care of risk groups and other inhabitants in line with healthcare programmes, conditions for monitoring, prevention and control of communicable diseases, chronic mass diseases and other diseases of social and medical importance and ensures conditions for healthcare education of the population.

Healthcare policies are defined at the level of entities. In Republika Srpska priority objectives of healthcare policy are contained in the Policy for improvement of population health of Republika Srpska until 2020. Policy objectives are especially directed to reducing disparities in population health, investing in health, inclusion of citizens in decision-making process about health, creation of healthy local communities, control of communicable and non-communicable diseases, improvement of health security, creation of healthy and incentive environment for health and well-being of population, strengthening of healthcare system oriented to the needs of beneficiaries, strengthening of public health capacities and readiness for emergency situations, as well as promotion and adoption of the approach "Health in all policies". Investing in health, inclusion of citizens in the decision-making process about health and creation of healthy local communities occurs through securing a healthy start in life (promotion of sexual and reproductive health, family planning and healthcare of mother and child). Improvement of sexual and reproductive health and prevention of diseases is contained within the objectives of the Policy for improvement of sexual and reproductive health in Republika Srpska in the period 2012-2017 and the Strategy for improvement of sexual and reproductive health in Republika Srpska for the period 2019-2029.

In FBiH Strategic Plan for development of health for the period 2008-2018[43] defines policy framework for the healthcare system. The strategy plan aims to improve health of population through an efficient, accessible and transparent quality-based healthcare system based on the principles of solidarity and fairness. The overall strategic goal of the Plan is to improve accessibility, quality and efficiency of health care by increasing solidarity and reducing inequalities through the implementation of specific objectives that directly affect the strengthening of the four levels of the health system: stewardship, resources, health services and financing. Focusing on strengthening of the public health role in area of preventing diseases through promotional and preventive programmes allows a comprehensive approach to improving the health of the population and utilisation of health care services. In this manner, early detection of diseases is achieved, mainly diseases that are preventable and non-communicable, as well as raising the level of population awareness about diseases` risks and methods of prevention. Beside policies and strategies directed to improvement of health and improvement of sexual and reproductive health, other

[43] *The validity of Strategic plan is extended until the end of 2020 in line with the Law on development planning and management in Federation of Bosnia and Herzegovina (Official Gazette of Federation of Bosnia and Herzegovina No 32/17)*

strategies are also important for improvement and protection of the health component. Strategy for prevention, control and treatment of malign neoplasms in the Federation of Bosnia and Herzegovina 2012-2020 has defined activities with the aim to decrease affliction with malignant diseases of reproductive organs. Main objectives of the Strategy are to reduce the prevalence of malign neoplasm in the population, screening and early detection, effective diagnosis and treatment, provision of effective palliative care. The objectives also include improvement of data collection system, evidences, and regular monitoring and evaluation of the system.

Through a study of population health implemented in 2011/2012, data on availability and usage of healthcare services by population in Federation of Bosnia and Herzegovina were provided for Project of strengthening healthcare sector in BiH. Results of the study have shown that over half of the respondents in Federation of BiH (55.2%) during the last 12 months visited a medical doctor, 68.9% have their own family doctor and they most often address him/her first in case of health ailmentsillnesses. The result also indicates differences in territorial availability of family medicine services, as 48.4% of population live at the distance smaller than under 1,500m from the nearest family medicine team, which proportion is significantly higher in urban than in rural areas. Average number of visits to medical doctor are 2.9 visits a year, where the highest number ratio of visits is with related to persons of 65 and older (ZJZFBiH 2014a). Healthcare insurance is provided as form of social, the Bismarckian model of insurance, regulated by the Law on healthcare insurance at the level of each entity and the Brčko District. According to statistical institutes, more than three quarters of the population is covered by healthcare insurance based on contribution payments, whereby the basic rights to health and health care are ensured. Services for the insured are provided by public healthcare insurance institutions (funds and institutes) at all levels of health care according to a publicly available service pricelist (Data on health care insurance coverage are provided by the Institutes for Statistics of FBiH and RS upon request). The health care insurance is based on contribution payments, and since January 1 2020, the unemployment in Republika Srpska is no longer the basis for applying for health insurance, while a new basis will be established for each of the unemployed persons individually.

Different studies found that the division of the healthcare system between FBiH, RS and BD likely poses the challenges in providing equal healthcare and access to health care to citizens of Bosnia and Herzegovina.[44] Due to the decentralised system and diverse policy making in multiple regions differences there are differences in health technology assessment which is needed to ensure that proper technology and methodology for screenings, diagnoses, and treatments are available. Due to the different systems of drug prescription and reimbursements, pricing significantly differs between regions. This causes an inequity regarding access to essential medicines, with prescribed drugs being 20% more expensive on average in RS compared to FBiH. Long distance to the nearest primary healthcare provider is problematic for citizens in various regions. According to the study[45], about a quarter of the inhabitants live between 1.5 km and 5 km away from the nearest primary health care facility, and 22% live more than 5 km away. This increases vulnerability of some population groups, such as children, the older population or indiviauls with chronic illnesses. Rural areas also lack dental care specialists compared to urban areas.

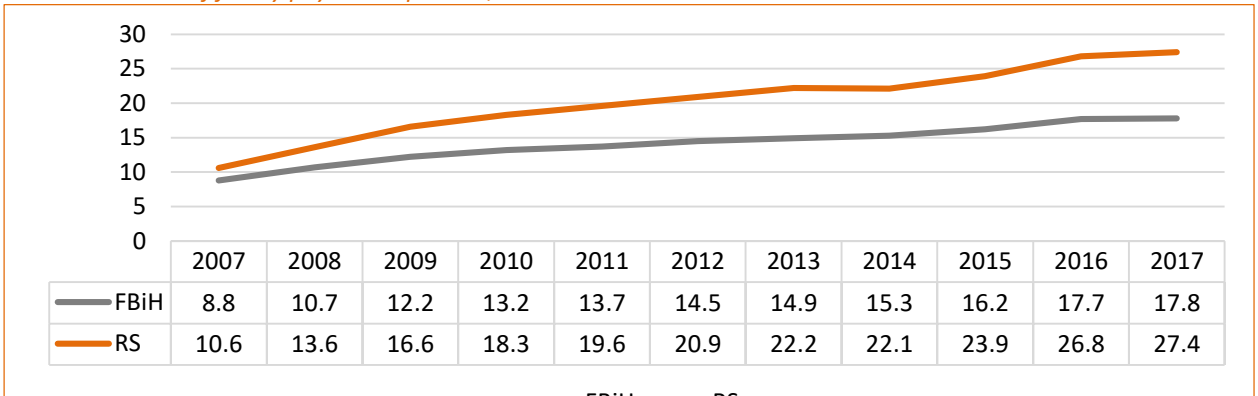
The concept of primary health care reform in BiH is based on rationalizing health care through strenghtening of primary health care (PHC) with an emphasis on health promotion and diseases

[44] *Jarke, H, Dzindo, A, Jakob, L. (2019)Healthcare access in Bosnia and Herzegovina in the light of European Union accession efforts, SEEJPH, DOI 10.4119/UNIBI/SEEJPH – 2019*
[45] *Ibid*

prevention. It is organized as system of family medicine teams with consulting services provided for the consultation with family doctors and specialists. According to the strategies of primary healthcare in Republika Srpska and Federation of Bosnia and Herzegovina, one family healthcare team provides healthcare services for 1,500-2,500 inhabitants, which corresponds to European recommendations. At the level of primary health care in BiH health care services provided by family medicine teams, ginecologists and paediatricians are based on registration and personal selection of medical doctors for the equal access to health care services and efficient delivery of health care through adequate structure of human resources. Gynaecological services are provided for women older than 15 years of age and paediatric services are proved for children younger than 15.

According to World Health Organisation data[46], in Bosnia and Herzegovina in 2013 there were 19.1 family physicians per 100,000 inhabitants, and this number has been increasing since 2007, which is important for achieving comprehensiveness and universality in terms of increasing access to healthcare services. According to data from the public health institutes of Republika Srpska and Federation of BiH, the number of family physicians per 100,000 inhabitants has been steadily increasing since 2007 (Chart 9). There is a need for increasing number of family physicians in the following period, in order to achieve the coverage defined in the above-mentioned Strategies and to increase the access to PHC services, especially in the area of sexual and reproductive health. Also, this number should be increased to achieve coverage as in WHO European Region (83.9/100,000 inhabitants) and among South-eastern Europe Health Network members (77.1/100,000 inhabitants).

Chart 9: Number of family physicians per 100,000 inhabitants



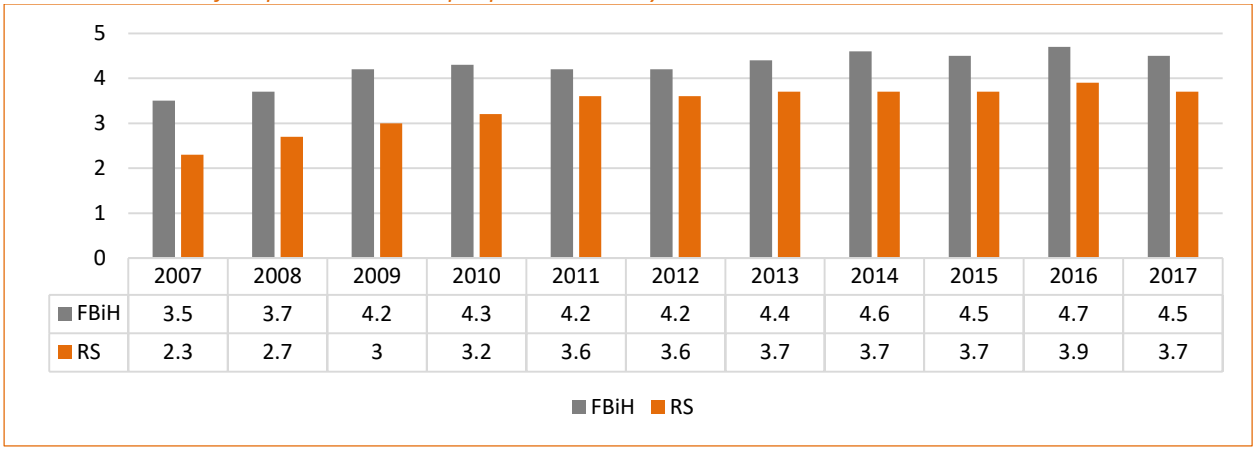
Source: Public Health Institute of Republika Srpska. Population health of Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije, authors calculation based on reports
Public Health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/, authors calculation based on reports

Another important indicator from studies and routine healthcare statistics providing initial data on the availability and use of healthcare services is the average number of outpatient visits/contacts. In the countries of the European region of World Health Organisation in 2015, there were 7.5 visits per person annually, twice less in Nordic Countries (3.8), while in South Eastern Europe were 5.7. According to public health institute sources in BiH in the Federation of Bosnia and Herzegovina the average number of

[46] *World Health Organization (2015). European Health Information Gateway, https://gateway.euro.who.int/en/*

outpatient visits/contacts is 4.5, while in Republika Srpska is 3.7 (Chart 10). Observed over a ten-year period, this number had increased, which maintains the dynamic of achieving healthcare services including SRH, availability of healthcare system and its functionality.

Chart 10: Number of outpatient contacts per person annually



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
FBiH	3.5	3.7	4.2	4.3	4.2	4.2	4.4	4.6	4.5	4.7	4.5
RS	2.3	2.7	3	3.2	3.6	3.6	3.7	3.7	3.7	3.9	3.7

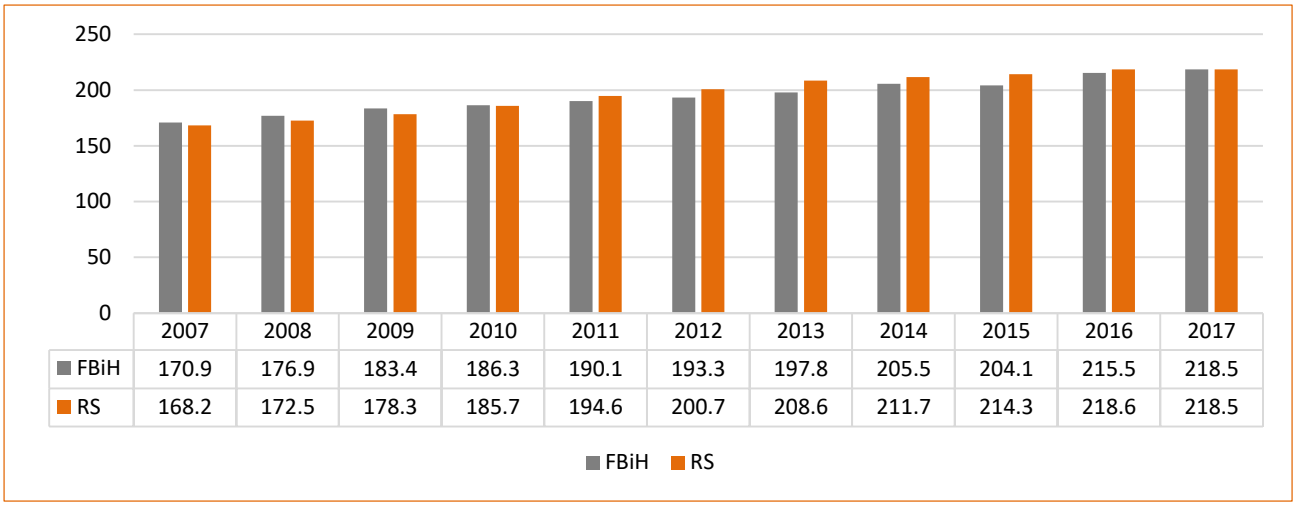
Source: Public Health Institute of Republika Srpska. Population health of Republika Srpska in the period 2007-2017. Retrieved from: Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije, authors calculation based on reports
Public Health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/, authors calculation based on reports

In the healthcare system of Republika Srpska, sexual and reproductive health (SRH) care services are provided in 54 health centres, 9 hospitals and one Clinical Centre, and in Federation of Bosnia and Herzegovina in 73 health centres, 14 hospitals and 2 Clinical Centres distributed in 10 cantons. At the level of Brčko District, healthcare is ensured by one healthcare institution, comprised of health centre and hospital Brčko. [47]

According to data of the World Health Organisation[48] in the countries of the European region, healthcare is provided on average with 322 doctors per 100,000 inhabitants). Furthermore, entity data provide updated information, on this indicator. According to data from Public Health Institutes of the Republika Srpska and Federation of BiH, coverage of population with doctors increased in both entities since 2007, which is encouraging from the aspect of achieving objectives envisaged by healthcare policy and strategies for improvement of health and prevention of diseases in the population of BiH (Chart 11).

[47] *Data obtained from the Public Health Institutes of FBiH and RS upon request.*
[48] *World Health Organization (2015). European Health Information Gateway, https://gateway.euro.who.int/en/*

Chart 11: Number of doctors on 100,000 inhabitants

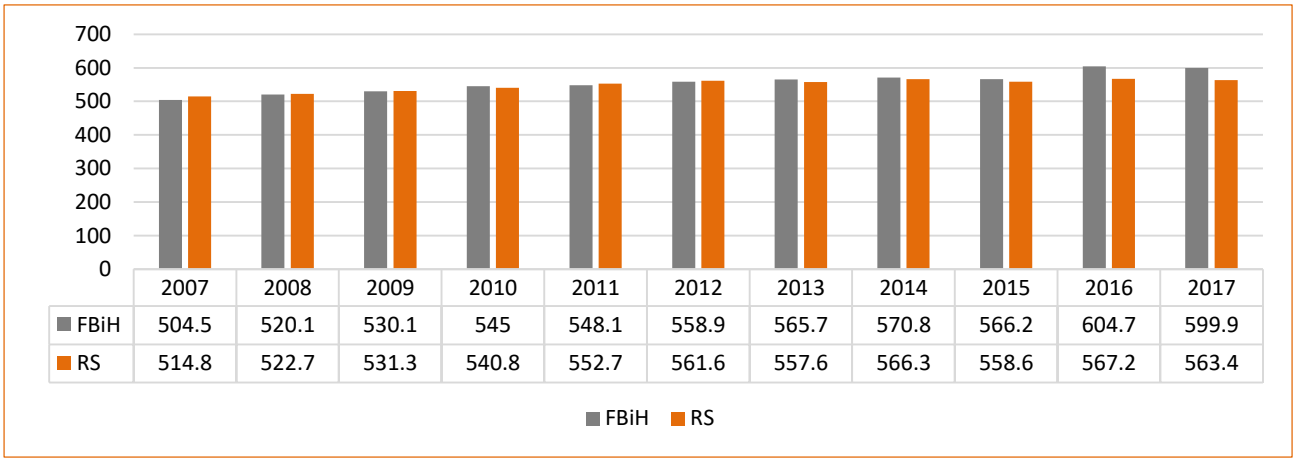


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
FBiH	170.9	176.9	183.4	186.3	190.1	193.3	197.8	205.5	204.1	215.5	218.5
RS	168.2	172.5	178.3	185.7	194.6	200.7	208.6	211.7	214.3	218.6	218.5

Source: Public healthcare institution, Institute for public health of Republika Srpska. Population Health in Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije, authors calculation based on reports
Institute for public health of the Federation of Bosnia and Herzegovina. Health statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/, authors calculation based on reports

In Bosnia and Herzegovina number of medical nurses/technicians per 100,000 inhabitants is lower than European average (691), but it has been in constant increase since 2007 (Chart 12). According to applicable European standards, per one medical doctor on the team, there are two nurses, and the ratio of medical doctor/medical nurse in BiH is 0.5, which is fulfilling in view of basic indicators of healthcare provision.

Chart 12: Number of nurses on 100,000 inhabitants



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
FBiH	504.5	520.1	530.1	545	548.1	558.9	565.7	570.8	566.2	604.7	599.9
RS	514.8	522.7	531.3	540.8	552.7	561.6	557.6	566.3	558.6	567.2	563.4

Source: Public healthcare institution, Institute for public health of Republika Srpska. Population Health in Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije, authors calculation based on reports
Institute for public health of the Federation of Bosnia and Herzegovina. Health statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/, authors calculation based on reports

2.4 Social expenditures

BiH spent 4.5% of its GDP on education in 2009, close to the regional median of 4.2%. As a proportion of total public expenditures, BiH spent less on education than other ECA countries: 8.8% versus a regional median of 11.7% (WB, 2012: 80-81). In FBiH the greatest share of appropriation for education occurs at the level of cantons, whereas the FBiH Ministry of Education and Science spends only 1% of total budget for education. Education expenditures amounted to 22% of the Government of FBiH expenditure in 2007, and about 90% of all education expenditures go to the employees` salaries. The level and structure of spending in RS is the same: 22% of government expenditures were spent on education too (WB, 2012: 85) and approximately 90% of appropriations go to salaries, while only a small part to other expenditures (Martić and Tunjević, 2018: 12). Average net salary in education sector in October 2018 was 905 BAM or 73% of the average salary in public administration (Agency for Statistics of BiH, 2018: 4). This salary is still higher than the total average salary which amounts to 894 BAM for the same month. However, having in mind the widespread practice of underreporting of salaries and high share of informal economy, it is highly likely that the difference is smaller than the official data suggest. Households have a considerable participation in financing education. It is estimated that households spend between 1.35% (2007) and 1.43% (2015) of their total expenditure on education costs (Jurić, 2017: 592). This is more than the EU average (1.1%) and is mainly in line with trends in the region (Jurić, 2017: 594).

There are important variations in the level of government spending on education. Since the average size of the class in RS is smaller than in FBiH (20.8 for both primary and secondary schools in RS compared to 23.2 in FBiH), unit costs in RS are higher. However, variations across the cantons within the FBiH are even wider. In 2009, spending on primary education in FBiH ranged from BAM 1,450 per student in Central Bosnia Canton to BAM 2,039 per student in Canton 10, compared to BAM 1,753 per student in RS for primary education. Spending on secondary education varied even more across cantons—from BAM 1,651 per student in Bosnian Podrinje Canton to BAM 2,568 in Canton 10 (WB, 2012: 87-88).

Higher education is financed at the entity level in Republika Srpska and at the cantonal level in FBiH. According to the 2014 data, 24.5% from the total public expenditure for educational institutions (public, private and international) is allocated to higher education, out of which 20% to public higher education institutions. The total private expenditure for educational institutions in FBiH is 10.7% of total expenditure for educational institutions (EC, 2017: 6). Majority of funds for higher education is spent for wages, in RS 80% (GoRS, 2017: 99) and up to 90% in FBiH, according to the official estimations (FMON, 2012: 27). In addition to this, the decentralized cantonal system of financing is considered inefficient since the allocation of funds is based on the location of the institution not the place of birth/origin of the student. Therefore, cantons which have universities are obliged to allocate more funds than those who have none, irrespective of the fact that the later also have students who study at the universities located in other cantons. Furthermore, the system is inefficient as it spends 43% of budget on students that never graduate (FMON, 2012: 27).

The public expenditures on social protection are high, due to the historical legacies of social protection programmes and unfavourable features of the labour market. In the 2000s, entities allocated between 3.4 and 4.1% of GDP to four main types of non-contributory cash benefits. The peak level of spending was reached in 2006 and was stabilized thereafter at a somewhat lower level of 3.9% of GDP. Nevertheless, this spending remained the highest among the Western Balkan countries and more than twice the average for the Europe and Central Asia region. The above allocations refer only to the entity-level cash transfer

programmes. In addition to them, the cantons in FBiH, as well as the municipalities in FBiH and RS, are allowed to design, implement and finance own non-contributory benefit programmes which complement or duplicate the entity-level ones. When this spending is added to the equation, overall social assistance expenditure in BiH could be as high as 7% of GDP (WB, 2012: 35). As has been already said (chapter 2.3.5), the structure of spending is determined by historical factors. There is a high share of categorical benefits, as opposed to means tested ones. High levels of spending on non-means tested programmes is often perceived as inefficient and inequitable (WB, 2012: 36).

The spending on pension system is determined by the labour market and economic inefficiencies and features of the pension system itself. Both pension systems have high dependency rates (75.6% in Republika Srpska and 73.3 in Federation of Bosnia and Herzegovina) and low contributor coverage rates (29.1% and 28.6% respectively). Both are also characterized by the high share of young and priviledged pensioners. As a consequence, the FBiH spends about 9.4% and RS spends 10.3% of GDP on pensions, which puts them at the very top in comparison to other countries in transition (WB, 2012: 26).

According to the ILO data,[49] public social protection expenditure on pensions and other benefits, excluding health, for persons above statutory pensionable age is 9.4% of GDP at the level of BiH. It is by far less than in Serbia (12.7%), Montenegro (12%), North Macedonia (10%), at the level of Croatia (9.3%), and above Albania (7.5%). However, there are significant in-country variations in the level of spending, particularly among the cantons, so that the per capita expenditure ranges from 75% to 144% of the average expenditure in FBiH (Martić and Djukić, 2018: 13). In only four years, spending has risen from 7.6% of GDP in 2005 to 9.4% in 2009. Part of this is attributable to a decline in GDP in 2009 due to the financial crisis which tended to boost the share of pension spending upward (The World Bank, 2012:17) but also to low dependency ratio and high share of young pensioners.

Expenditures for health care can be public and private. Public expenditures include all spending in the public health care system. Private health care expenditures include private health care insurance and out-of-pocket financing. The latter include formal and informal payments. Formal payments include legal participation in the costs of some health care services and medicines and direct payments in private health care institutions. Informal payments include illegal payments of services in public health care system.

Health care system in BiH is primarily financed by contributions from employees and employers. The share of contributions in the overall revenues of health care system was 88.5% in FBiH and 91.3% in RS. Government budgets at all levels (the state, entities, cantons and BD) cover 9% of public expenditures. Contributions cover more than 90% of government expenditures and 65% of the overall expenditures. This implies that the system is heavily dependent on contributions of employers and employees, current economic situation and labour market trends. The financing of the system is endangered by a widespread informal economy whose size is estimated from 25% to as much as 57% of GDP (Martić and Djukić, 2018: 18).

[49] https://www.social-protection.org/gimi/OldAge.action

Table 14: Current health expenditure (CHE) as percentage of gross domestic product (GDP), in %

	2010	2011	2012	2013	2014	2015	2016	2017
Bosnia and Herzegovina	9.0	9.2	9.5	9.5	9.5	9.3	9.2	8.9
Croatia	8.1	7.8	7.8	6.5	6.7	6.8	6.8	6.8
North Macedonia	6.7	6.5	6.6	6.7	6.3	6.3	6.4	6.1
Romania	5.8	4.7	4.7	5.2	5.0	4.9	5.0	5.2
Slovenia	8.6	8.6	8.8	8.8	8.5	8.5	8.5	8.2
Slovak Republic	7.8	7.4	7.6	7.5	6.9	6.8	7.1	6.7
Serbia	9.5	9.1	9.3	9.3	9.2	8.8	8.6	8.4

Source: The WHO database od financing health care: http://apps.who.int/nha/database/ViewData/Indicators/en

The share of private health expenditures amounts to 2.76% of GDP and 29% of current health expenditures in the country. This is higher than in most of the countries in the region, e.g. Slovak Republic (20.2%), Croatia and Romania (21.8% each) or Montenegro (24.5%) but still lower than in Serbia (41.9%) and North Macedonia (35.7%).[50]

In addition to heavy dependence on the contribution of employees (who represent one third of the insured), the health care system is characterized by a high share of out-of-pocket payments (Table 2.16). This share is higher than in other countries though considerably lower compared to Serbia and North Macedonia. Out-of-pocket payments represent the majority of private health care expenditures – according to the 2014 World Bank data as much as 96.9% (Martić and Djukić, 2018: 21). This is yet another obvious weakness of present expenditure model since out-of-pocket payments have a significant impact on the average household budget.

Table 15: Out-of-pocket expenditure as a percentage of current health expenditure (CHE), in %

	2010	2011	2012	2013	2014	2015	2016	2017
Bosnia and Herzegovina	30.1	29.5	29.2	29.0	28.7	28.8	28.7	29.1
Croatia	14.0	12.1	11.5	8.8	11.3	10.9	11.0	11
North Macedonia	37.8	35.8	35.2	33.7	35.0	34.3	35.3	31.9
Romania	19.6	24.3	22.4	20.2	20.3	21.3	20.8	20.5
Slovenia	12.6	12.2	12.5	12.5	13.0	12.5	12.0	12.3
Slovak Republic	22.8	23.6	23.2	23.3	18.0	18.4	17.9	18.7
Serbia	36.4	36.4	35.4	37.9	39.9	40.6	40.8	41.8

Source: The World BankBank Health Nutrition and Population Statistics database, https://databank.worldbank.org/data/reports.aspx?source=health-nutrition-and-population-statistics#

[50] https://databank.worldbank.org/data/reports.aspx?source=health-nutrition-and-population-statistics#

3. Population dynamics and basic socio-economic determinants

This chapter highlights the specificities of demographic transition in Bosnia and Herzegovina. It refers to long-term population dynamics, from the Census conducted in 1948 to the last one in 2013 and trajectory of future trends according to UN population projections. It considers all components of population dynamics, fertility, mortality and migrations, as well as the changes in the age structure and ageing process, in order to identify major population challenges in BiH.

Knowledge of trends and drivers of population dynamics is necessary for development of realistic and effective strategy for development of a country as well as specific economic and public policies. Changes in the number and structure of population are the results of complex historical, social and economic, political and cultural contexts in which population lives. There are no linearity and uniformity in population trajectory during the process of demographic transition. Also, there are no two countries that have passed through the transition in the same way, and excessive events may have a long-standing effect. Population trends determine frameworks of all needs related to education, healthcare, social and pension or housing systems. That is why knowledge about demographic reality and possible future is a guide to policymakers in case of defining their objectives and priorities and identification of future needs

The region of the Balkans has been characterized by considerable internal differences in the pace of the demographic transition, as a result of social and economic uniqueness, political circumstances or confessional and ethnic diversities of the countries. All countries have experienced significant demographic transformations, but the changes have been gradual in some countries and presented the result of a long-standing decline in fertility, while in other countries they have been unexpectedly provoked by processes related to economic and social transition after the fall of socialism (as in Romania and Bulgaria), or under the influence of war conflicts (as in Bosnia and Herzegovina). Nevertheless, changes that occurred in the majority of countries of the region, had in their foundation the decrease of fertility and insuficient birth level, which lead to certain demographic homogenisation of the space (Vojkovic et al., 2014; Kotzamanis, 2001).

The result of the demographic transition, long-standing decline of fertility is the ageing of population. Prominent ageing was the characteristic of developed countries which had completed the demographic transition. However, ageing has become an increasing challenge of today and some Balkan countries are already among top countries in the world in that respect. The consequences of such changes in age structure are numerous, demographic and economic likewise. Prospects for the population of Europe forecast a decrease in workforce, decline in effective job offer and increase of old age dependency ratio. Similar trend is recorded in all countries in the region, but in conditions of considerably lower economic development, which places them before serious difficulties of social and economic development, and it hinders the act of finding the required and adequate political response.

3.1 Long term population trends

Bosnia and Herzegovina publish data from a series of population censuses starting from the 19th century to the last one in 2013, as well as other data on vital statistics, which provide the possibility to monitor the trends of demographic transitions. Still, when it comes to contemporary trends, statistical sources are a limiting factor and a great amount of uncertainty remains in interpretation of population dynamics. The last census before the war in BiH was conducted in 1991 under great political distress (Marinkovic, 2014, Kovacevic, 2005). The next census was organised in 2013, meaning that the opportunity to assess the population effects of the war was missed. The entire process of publishing final results for this census was influenced by unfavourable political climate in the country and it was carried out in the atmosphere of census politisation resulting in the publication of two census reports.

One of the main disputes evolved around the change in definition of resident population in the country. The so-called principle of "permanent" residency was replaced with the principle of "usual" residency. According to definition of the 1991 census, "resident population in a given area consists of all persons (individuals) who habitually live in that area regardless of where they were at the time of census, in that area or temporarily absent in the country or abroad". At that time Bosnia and Herzegovina had strong labour emigration to West European countries, approximately 234,000 persons were temporarily working or staying abroad, majority of them for a period longer than several years, often even a decade (Kovacevic, 2005).

The last census in BiH was conducted on 30 September 2013 applying different definition based on European Union recommendations. The principle of 'usual residency' was applied instead of previous 'permanent residency'. During the census persons permanently or temporarily absent or displaced persons responded to the census. As a consequence, about 260,000 persons were subsequently excluded from the census data and they were not counted as "usual residents". However, Republika Srpska disputes additional 196,000 persons that remained included in the database (RSIS, 2017). According to official data of Republika Srpska, the number of 1,170,342 of inhabitants has already been used in this territory. Republika Srpska justifies this with findings of the Post-Enumeration Survey (PES), conducted on the statistical representative sample just 17 days after the official census, which showed that the rate of over-enumerated number is 11%, or 145,996 persons.

This was accompanied by a complete absence of any data for the war period from 1992-1995, unreliable statistical records and different estimations, the official ones[51], and of other authors as well for the period

[51] *For the period from 1996 to 2017 there are official estimates referring to the number of population mid-year (mid-year population "de facto", estimate). The estimate of the present population number by the Institute for statistics of the Federation of Bosnia and Herzegovina was based until 2010 on results of the census 1991, data on population growth and data on the number of displaced persons and refugees and the number of returnees in the pre-war place of residence, and since 2011 according to data on migration and data on residence registration. Since 2013, census data from 2013 have been the basis for an estimate (FBiH, 2010, 2011, 2018). The Republic Institute for Statistics of Republika Srpska revised several times the estimates about the number of population in the period from 1996-2017. According to methodological explanations for 2016, the estimate of the total number of population for 1996 was made on the basis of enumerated data about refugees and displaced population and the number of domicile households in 1996. Based on these estimates, projections had been prepared until 2015, with revision for 2008 on the basis of vital statistics data (RSIS, 2016). After publication of 2013 census results, a completely new revision of estimates was prepared in 2017 for the period 1996-2017, which considerably deviates from the previous estimates. For example, the first estimates for 2001 provided the number of 1.490.993 inhabitants in RS, revised estimates from 2015 provided the number of 1,447,477 inhabitants, and according to the last revision in 2017, estimated number of inhabitants was 1,195,990. The difference between the first and the last estimate is almost 296.000 inhabitants (RSIS, 2002, 2015, 2017).*

longer than two decades. Official estimates do not deviate to a greater extent from the estimates of UN (2017) or World Bank (2017): for instance, for 2001, according to the UN and World Bank, the estimated number was 3,771 million inhabitants, and according to the estimates of the Agency for Statistics of BiH, the number was 3,798 million inhabitants, so the difference is only 27 thousand. Other estimates considerably deviate from the official ones depending on the time of study and its source. Estimates for the purposes of various studies, for example Human Development Report Bosnia and Herzegovina 2002 or Comparative Analysis on Access to Rights of Refugees and Displaced Persons, were based on studies of Ilijas Bosnjovic, who provided the data on 3,362,474 inhabitants in the country. In this study, an estimate of 3,514,945 inhabitants is also stated, based on the Living Standards Measurement Survey (UNDP, 2002; Ministry of Human Rights and Refugees, 2005).

Goran Penev provided two estimate variations (for 2000), under the assumption of higher and lower specific fertility. According to the first variation, a level of 3,380,149 inhabitants was estimated, similar with the estimate of Bosnjovic, and according to the other one, a level of 3,781,182 inhabitants, similar to official data (Kovacevic, 2005). Also, unreliable vital statistics up to 2006 due to methodological differences[52], absence or incomplete registration of population emigration and international migrations, and present time distance of six years since the census in 2013, have causeddisturbances in data processing leaving little opportunity for more precise assessment of the latest trends in terms of intensity of demographic processes.

Global long-standing trends of development of population in Bosnia and Herzegovina may be delineated into several stages, which distinguish specific characteristics of demographic transitions and which are in strong interaction with social, economic and political flows. These stages are approximately as follows:

- The period after World War II until the early 1960s
- The period from 1960-1990
- The period from 1990s until the present day.

Period after World War II until the early 1960s

During the first stage, the strong ascending trend resumed, which was characteristic for population dynamics during the first half of 20th century, and which was slowed down only during the World War II. It was an early period of demographic development, when the process of the overall structural transformation had only just started under the influence of development of the socialist economic system. The structure of society was still predominantly agrarian, with the share of agricultural population of almost 80%, high degree of illiterate population, and dominant patriarchal organisation of family of highly reproductive norms so women completed reproduction with an average of over 6 live births. The traditional position and role of women in the family and society was an important factor of the level of births and its later transformation (Spasovski, 1995). At that time, there were no greater differences in natural population growth between certain peoples and confessional groups (Spasovski, 1995). General rates of natality went up to 40 births per 1,000 population. It is thought that patriarchal norms, universality of marriage and early marriages presented one of the most important determinants of high fertility

[52] *Vital statistics data until 2003 were processed according to place of residence. Since 2003, data were processed according to the definition of permanent residency. Since 2008, additional entries have been excluded from data processing for vital statistics. Data for the territory of Brčko, which was a part of Republika Srpska until 2000, as well as data for Brčko District, were processed until 2001 (RSIS, 2009). These methodological differences impact the population growth, subjected to deviations depending on the residency status.*

(Spasovski, 1995). Observed in relation to other republics of former Yugoslavia, Bosnia and Herzegovina of that time was an area of expansive population growth, despite permanently present emigration. The average annual rate of growth was among the highest in Europe (2.09%). By 1961, the number of population reached 3,277,948, versus 2,564,308 in 1948. (Table 3.1)

Table 16: Population of Bosnia and Herzegovina according to census data, 1948-2013.

Year	1948	1953	1961	1971	1981	1991	2001*	2013
Number	2,564,308	2,847,459	3,277,948	3,746,111	4,124,256	4,377,033	3,798,000	3,531,159
	Average annual population growth rate in %							
Period		1953/1948	1961/1953	1971/1961	1981/1971	1991/1981	2001/91	2013/2001
Rate		2.09	1.89	1.43	1.01	0.61	-1.32	-0.7

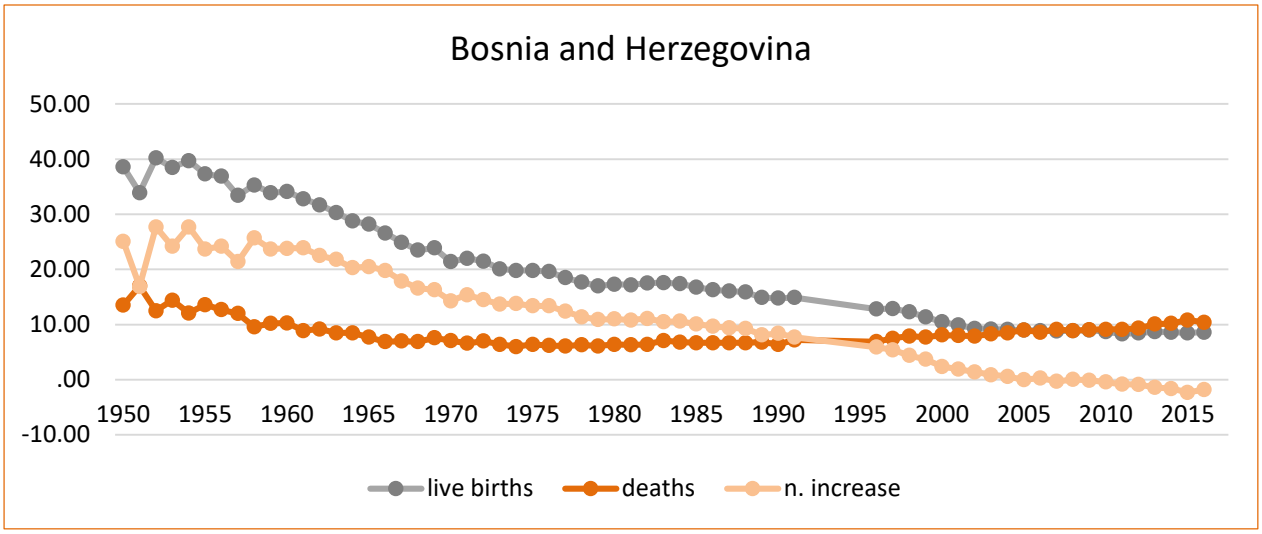
Source: BHAS, 2017., and author calculation
**2001 total population "de facto" (mid-year) estimate*

The period 1960-1990

From 1960 to 1990, with industrialisation and urbanisation, there was a period of dynamic changes in the economic, social, educational and cultural sphere, which led to progress and modernisation of society, and which generated a fast demographic transformation of Bosnia and Herzegovina. During this stage, there was an intensive decrease in births, which conditioned a slowdown in population dynamics and average annual growth rates were gradually lowered from 1.43% to 0.61%. The first great plunge in transition of fertility was decreasing of high rates of natality to below 30 livebirths per 1,000 in mid-1960s (Chart 13). (Spasovski, 1995). Decline below 20 per 1,000 occurred in mid-1970s, and the third plunge was the decline below 10 livebirts per 1,000 during 2000s. The transition of reproduction led to abandoning the model of high fertility rates and gradual decrease to below-replacement fertility. Nevertheless, population of Bosnia and Herzegovina had increased until 1991 by 70% in comparison to the size from 1948, and it reached the number of 4,377,033 inhabitants (including some 234,000 people living and working abroad). Besides the obvious progress in population education, it is believed that the lower education composition of female population was an important factor of slower demographic transition[53] in comparison to countries in the region (Spasovski, 1995). During this period, Bosnia and Herzegovina retained its emigration character, with strengthening of other types of migration. Industrialisation of the country was initiated with resettlement of population from villages to towns, so strong polarisation in the spatial distribution of population came about in this stage, along with strengthening of concentration in town areas and central part of the country, along with emersion and expansion of population decline in rural and mountain areas (Spasovski, 1995; Pasalic, 2017). During this period, accelerated growth in the number of population in larger towns was achieved with migration inflow of population.

[53] *Demographic transition is the model of population development in stages during the process of social and economic development. Each stage of transition is marked with characteristic relations between natality and mortality, as integral components of natural population movement, and accordingly, with some demographically legitimate changes in population structure (firstly in age-sex structure). Each stage is conditioned by adequate social and economic conditions (Wertheimer-Baletic, 2016).*

Chart 13: Rates of natural population change (per 1,000)



Source: BHAS, 2017; SZS, 1992

The period 1990 to present

The third stage, the period from 1990s up to present day, has been marked by the war in Bosnia and Herzegovina, when there was a breakdown of all social institutions, which strongly changed all the elements of demographic system. According to data of UNHCR, the war caused permanent and temporary displacement of about two million inhabitants, of whom 1.2 million applied for refugee status, which is approximately 27.3% out of 4,4 million of population recorded by census in 1991, and of whom only a limited number of inhabitants returned. The highest number of returnees was recorded during the first three years after the war ended, and after that it started to decrease, so after 2002 the process practically ended. In total, in the period from 1996 to 2005, the return of 441,995 refugees was recorded (Ministry of Human Rights and Refugees, 2005; Tanovic, et al. 2014). In addition, there was a strong inter-regional resettlement of population and huge changes in re-distribution of population within the country, as a consequence administrative divisions. High number of victims during the war, and extremely low fertility are characteristic for the entire period. The rate of population growth had already diminished considerably by 1991 and under the burden of war destruction and in conditions of high instability, BiH entered the stage of population decline.

The issue of estimation of war victims is one of the most sensitive issues and there is always doubt regarding the degree to which they are reliable and unbiased. There are numerous estimates by different authors which differ considerably in approach to the problem of war victims and the so-called total demographic losses. Depending on what was meant by the term war victim, from applied methods of estimation and usage of data sources, they led to over or under estimations. Detailed analysis and critical review of all previous estimates are given in the paper by Tabeau and Bijak (2003): Casualties of the 1990s War in Bosnia-Herzegovina. Two groups of estimates were presented and given by numerous authors: the ones carried out in Bosnia and Herzegovina and Croatia, and the ones by the authors outside the region of former Yugoslavia, and their results range from about 25,000 to 329,000 of dead persons. Authors think that estimates are not sufficiently well-founded and suggest the analytical framework for the new estimate (Tabeau, Bijak, 2003; Zwierzchowski, Tabeau, 2010). In this paper, they deal with the issue of difficulties regarding estimation of war mortality and mortality of refugees. To that effect, it is necessary to obtain

adequate records, and when mortality of refugees is in question, it seems not only as difficult, but also as impossible, as stated by the authors (Tabeau, Bijak, 2003). The weak points of statistical and demographic analysis in estimations of war victims in Bosnia and Herzegovina present the topic of the paper written by Kovacevic (2005).

As far as demographic consequences of war are concerned, they include a much broader range of phenomena than war victims alone. Estimation of total demographic losses is very hard to give, especially when there is lack of reliable sources of information. Most often, it starts with the scenario of what number of population would the country have reached if there had not been war and if the peaceful trend had resumed. It is that lost part of natural population growth generated due to reduced natality and increased mortality in connection to war, that included beside war victims, the increased mortality of mothers and children, and the increased level of ill people, disability and trauma. Demographic losses refer to total population loss due to forced emigration. The demographic consequences of war are present in today's demographic situation, which is referred to as "quasi post-transitional". Post-transitional stage is the period in population development that occurs in conditions of post-industrialized and postmodern society (Wertheimer-Baletic, 2016), and in Bosnia and Herzegovina exceptionally low fertility rates are not in line with the weak degree of economic and social transition (cf. Emirhafizovic, 2018). The war undoubtedly left strong consequences on demographic development, because the estimates for 1996 indicated significant loss of population, but also the long-standing impact on dynamics and population structure. The continual process of emigration from BiH contributes to it, since it has not stopped until today, in the situation of slow post-war social and economic recovery.

The 2013 census showed that population of BiH had decreased in comparison to the census from 1991 by about 850 thousand inhabitants (around 20%). If the methodological difference is taken into account in the definition of total population, and if methodology from 2013 is applied on the census from 1991, out of the total population number from 1991, the number of approximately 207.000 inhabitants must be deducted, the ones who temporarily worked and stayed abroad ("guest workers"), then the difference is smaller, about 640 thousands. Some authors still voice doubts concerning the volume of emigration, for which it is deemed that it is considerably higher in relation to the volume recorded by official statistics, as well as the volume of over-coverage in the last census (Josipovic, 2016; Nikitovic, 2016). Josipovic estimated in his analysis of demographic losses that the official population number in BiH is overestimated to a great extent, having in mind emigration, as well. Applying methodological adjustments to the concept of "usual residency", the so-called temporary emigration from Yugoslav time is included in indirect demographic loss, because it has turned into permanent and Josipovic gives an estimate that population number in Bosnia and Herzegovina for 2013 does not exceed 3,335 million, so that in the period 1991-2015 it lost a quarter of its pre-war population, i.e. 1,093 million inhabitants (Josipovic, 2016).

All scenarios for population prospects (Table 3.2) show that further population decline in Bosnia and Herzegovina is an unstoppable process, especially because the positive effect of former young-age structure cannot be expected due to the consequences of war. According to the median variant of the UN prospects (World Population Prospects 2017), total population of Bosnia and Herzegovina could decrease until 2050 to 2.685 milion. This variant starts with the assumption of a slow recovery of the total fertility rate from 1.22 to 1.42 child per woman. According to present demographic trends in Bosnia and Herzegovina, this assumption of total fertility rate (TFR) may look as too optimistic. Nevertheless, new knowledge speaks in favour of the TFR recovery in low fertility European countries, after they have previously experienced their lowest TFR. Among those countries, there are countries from the region, such

as Hungary, Romania, and Slovenia (Lutz et al, 2006; Sobotka, Lutz, 2010; Goldstein et al, 2009; Sobotka, 2011; Nikitovic, 2016). Considering that the TFR trend is a great unknown notion, trend showing the variant of low fertility was taken into account, as well. According to low variant of prospects (based on the assumption that TFR remains at the extremely low level of about 1.15 child per woman until 2050, and with a slight recovery soon afterwards), population decline would be very sharp. The negative growth rate would exceed the pace of an average -1% annually until 2050, and total population number would decrease to 2,460,000 (or by 31%), which is the population size that Bosnia and Herzegovina had in the middle of the last century, but with exceptionally unfavourable structure features. Such trend is at the same level as the ranking of countries for which the highest decrease in population in the world has been forecast.

Table 17: Projections of population number of Bosnia and Herzegovina until 2050 UN Population Division: World population prospects and CEPAM scenarios

	2015	2020	2025	2030	2035	2040	2045	2050
UN Population Division								
Medium variant								
Population (in thousands)	3,536	3.281	3.212	3.127	3.030	2.923	2.808	2.685
Total fertility rate		1,22	1,21	1,26	1,31	1,37	1,42	1,47
Average annual growth rate (%)		-0,42	-0,54	-0,63	-0,72	-0,81	-0,89	-0,95
Low variant								
Population (in thousands)	3,536	3,281	3 187	3 064	2 923	2 775	2,620	2,460
Total fertility rate		0.97	0.81	0.76	0.81	0.87	0.92	0.97
Average annual growth rate (%)		-0.58	-0.79	-0.94	-1.04	-1.15	-1.26	-1.38
Demographic indicators, CEPAM Medium Scenario								
Population (in millions)	3,54	3,36		2,97		2,54		2,11
Total fertility rate	1.36	1.43		1.47		1.49		1.51
Five-year net-migration (in 000)	-133.8	-125.6		-108.5		-89.5		-71.1

Source: UN, World Population Prospects 2019; European Commission, Joint Research Centre, 2018,https://ec.europa.eu/jrc/sites/jrcsh/files/lutz_et_al_2018_demographic_and_human_capital.pdf

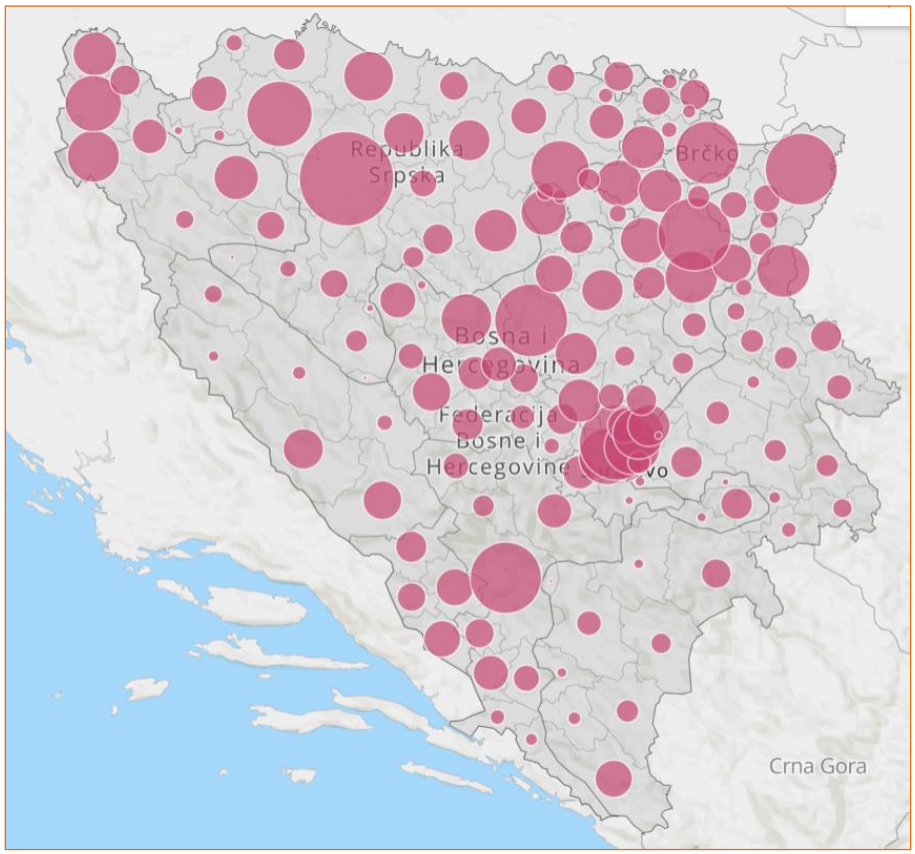
According to population prospects of the Centre of Expertise on Population and Migration (CEPAM), all scenarios lead to decrease of population, but the strength of migration component and its diverse assumptions lead to significantly different demographic future. According to CEPAM Medium scenario, which assumes middle-of-the-road scenario, provided the long-standing continuation of average migration rate for the period 1960-2015. Bosnia and Herzegovina would lose 51% of its population until 2060 and it would come to the number of 1.71 million. If emigration would intensify (CEPAM Double Migration scenario), Bosnia and Herzegovina would lose 73% of its population until 2060. Only the lack of migration flows scenario (CEPAM Zero Migration) provides more favourable picture and decrease of population for 27%, to 2.87 million. It should be taken into account that all three variants are based on median fertility rate (growth from 1,36 to 1,52 live births per woman until 2060), although Bosnia and Herzegovina did not record the level of TFR of 1.36 in almost two decades (European Commission, 2018).

3.2 Spatial distribution of population

According to official census results, published by the Agency for Statistics of BiH, in 2013 Federation of BiH had 2,219,220 inhabitants (62.8% of total population), Republika Srpska had 1,228,423 (34.8%), whereas the population of Brčko District was 83,516 inhabitants (2.4%)

Bosnia and Herzegovina, at 69 inhabitants/km^2, is in the group of countries with low population density (Chart 14). Population density is conditioned by natural and geographical predispositions, but also by differential overall social, economic and demographic development. In view of this, it may be stated that the main characteristic, and the greatest challenge, of contemporary distribution of population in BiH is the distinct unevenness and disparities in regional development.

Chart 14: Number and distribution of population, settlements BiH, 2013



Source: Agency for Statistics of BiH, Population Census interactive data

In terms of spatial demography, two cycles of strong movements and redistribution of population may be singled out in BiH, of which the end effect was emptying of rural areas. The first one evolved during the industrial development of the country (mostly in the period from 1960 to 1980), when the accelerated growth of population in towns was achieved, resulting in the demographic decline in villages and conditioned later spatial and polarized demographic development of Bosnia and Herzegovina. In the period from 1948 to 1991, the urban population increased 3.7 times, to 1.7 million inhabitants. That was 38% of total population in 1991, which means that the country was still predominantly rural.

The second cycle of great distribution of population, this time driven by ethnic factors (Marinkovic, Maji, 2018), occurred during the last decade of the 20th century, when the war caused a wave of forced migrations. Thereby the greatest number of refugees and displaced persons actually fled into large towns, which impacted emptying of rural areas, beside war casualties (Radic, 2010). The new internal political and territorial organisation of BiH, implemented on the basis of the Dayton Peace Agreement in 1995, led to changes in settlements and urban system of Bosnia and Herzegovina, which in a very complex way influences the regional development of the country. Inter-entity line of division crosses the earlier established nodal and functional regions, and it is not harmonized with historical, social and economic and functional relations, which disrupts coherent development of the country (Marinkovic, Majic, 2018; Radic, 2010).

According to the 2013 census, the urban population decreased to 1.5 million, but its share in the total population increased to 43%. The epicentre of such spatial and polarized demographic development of Bosnia and Herzegovina is Sarajevo urban region, the central zone of economy concentration of Bosnia and Herzegovina. Besides Sarajevo, leading centres of development and population concentration are micro-regional centres Banja Luka, Tuzla, Zenica and Mostar, where the greatest inflow of direct foreign investments corresponds to the strong inflow of internal migrants after the war (Radic, 2010). Therefore, Canton Sarajevo and these four municipalities/cities, with 926,000 inhabitants in total (urban part 700 thousand), concentrate over a quarter (26%) of the total population of Bosnia and Herzegovina, which clearly speaks about unevenness of spatial and regional development of BiH. On the other hand, there is intensifying trend of population decline and decline of density of population in rural and mountain areas

3.3 Impact of components of population dynamics

Bosnia and Herzegovina was traditionally one of the most distinct emigration regions in the former Yugoslavia (Table 3.3). During the entire second half of the 20th century, the migration balance was negative. Chronologically, the greatest outflow of population was recorded in 1960s, when the average annual negative migration balance rate was -0.63%. During this period emigration to Serbia and Croatia was dominant, which started with planned colonisation from 1945 to 1948 (Spasovski, 1995). Still, high birth rates (average annual rate of natural population growth was 1.96%) not only compensated for the loss that was generated on the basis of negative migration balance, but it also ensured dynamic demographic growth. During the next two decades, both components retained the same trend, but with lower values. Significance of the natural renewal component for the overall population growth is perceived through population increase by over 2.5 million, while negative migration balance from 1948 to 1991 was 700 thousand persons.

Table 18: Population change by components (average annual rates per 100 persons) 1948-2013.

Period	Total change		Natural growth		Net migration	
	absolute	Relative	absolute	relative	absolute	relative
1948-1952	283,151	2.09	312,930	2.31	-29,779	-0.22
1953-1960	430,489	1.76	592,247	2.42	-161,758	-0.66
1961-1970	468,163	1.33	689,573	1.96	-221,410	-0.63
1971-1980	378,145	0.96	516,256	1.31	-138,111	-0.35
1981-1990	252,777	0.59	423,988	1.00	-171,211	-0.41
1992-1995 data are missing						
1991-2013	-845,874	-0.95	93,885	0.11	-939,759	-1.06
1991-2013*	-638,874	-0.75	93,885	0.11	-732,759	-0.86
2013-2017**	-27,159	-0.21	-25,614	-0.19	-1,545	-0.01

Source: BHAS, 2017; SZS, 1992.
**Due to harmonisation of methodologies, number of population according to the census from 1991 was decreased for the number of temporary workers abroad (-207,000 persons).*
*** 2017 according to estimates*

During the last decade of the 20th century and early 21st century, negative migration balance assumed unexpected proportions with great refugee waves during the war. Nevertheless, the value for the period 1991-2013 should be interpreted having in mind the complexity of statistics in BiH and the fact that the census is not the best source for monitoring external migrations. As it has been highlighted in the introduction, methodological limitations and quality of statistical data do not allow for precise analysis of components effect on population dynamics for this period.

Regardless of which data on value of migration balance is to be taken into account, it is the fact that number of emigrated persons exceeded the negative balance during the entire period of last 40 years (-712,448). At the same time, contribution of natural growth to renewal of population was almost completely missing, and since 2007 the natural increase rate has been also negative. From 2013-2017, both natural growth and migrations act in the direction of further population decline. The number of deaths exceeds the number of live births and BiH loses on average every year about 6.5 thousand inhabitants through negative natural growth. According to the data of statistical institutes, the migration balance has far less importance. However, as data on migrations are not collected through official channels, all analysts agree that migration values are underestimated.

According to the World Bank 1.471 million citizens of Bosnia and Herzegovina lived abroad in 2005 (or 38% of total population) ranking the country second in the world. In 2013, 1.699 million citizens were recorded abroad (or 44.5% of total population). The main destination countries are Croatia, Serbia, Germany, Austria, the USA, Slovenia, Sweden, Switzerland, Australia, and Canada (World Bank Group, 2016).

3.4 Transformations of the age structure of population

Transformation of the age structure of Bosnia and Herzegovina sublimates all other demographic components of development. In order to better see the proportions of great changes in age structure detected by the census in 2013, the trend from 1971 is provided, when the age structure reflected the expansive demographic growth (Chart 15).

According to data from the census in 1971, age structure of population in Bosnia and Herzegovina had all features of a young population: share of youth up to 19 years of age was 45.4% and share of older people of 60 years of age and over was 7.7%. Long-standing decrease in fertility during the demographic transition reflected directly onto age structure of population. For forty years (between 1950-1990) the annual number of live births decreased for more than one third (from 103 thousand to 67 thousand), which impacted the number of young people 0-14 years of age to decrease by 20% in the period from 1971 to 1991. Their share in total population was decreased from 34.4% to 23.5%. At the same time, number of older people of 65 years of age and over increased by 61% and share in total population increased from 4.7 to 6.5%. The average age of population was below 30 years of age and it is an indicator that during the 1970s population of Bosnia and Herzegovina was very young, whereas in 1991 it increased to 34 years of age.

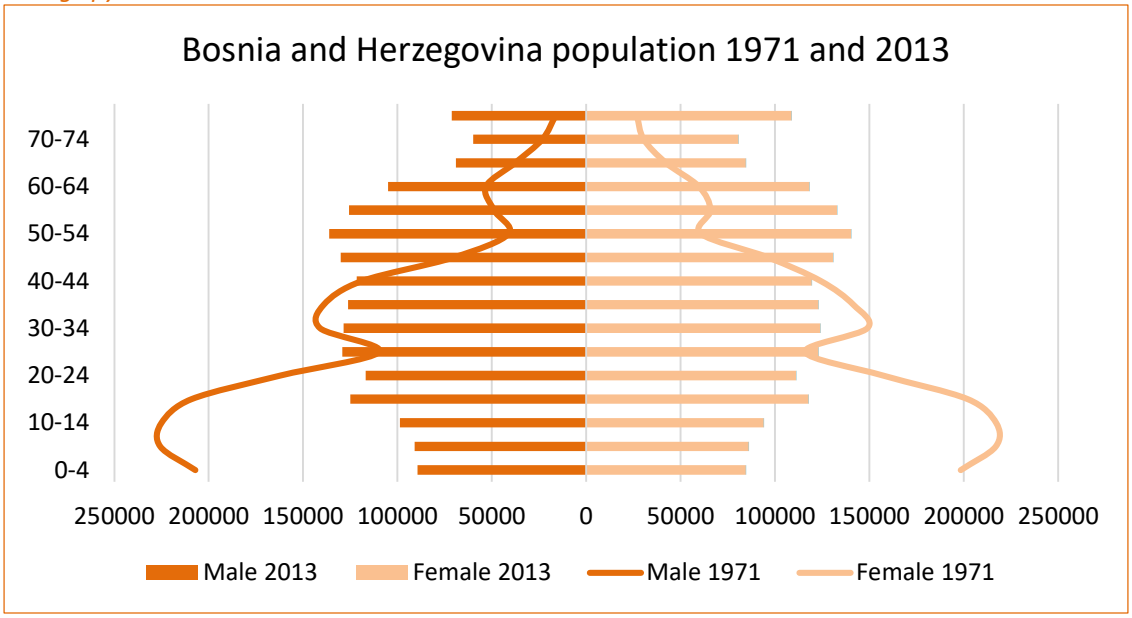
The natural flow of demographic ageing that follows modifications of demographic behaviour during the transition, escalated in 1990s. Overall consequences of the war are reflected through radical changes in age structure. Number of youth 0-14 almost halved. Number of older people of 65 years of age and over increased by 66.7%. It is common that during the process of ageing the number of population 15-64 starts to decline, after the successive increase. In population of BiH, however, the intensity of the decrease is unexpected and is the result of excessive trends caused by the war. Change of focus point between young and older population is seen through levelling of their number and share to about 15% in total population. When it comes to the share of older people, great differences between the male and female population are noticeable, and with time this inequality was deepened. In the male population the share of older people is constantly lower, in comparison to female population, but this difference has especially increased in the latest period, so in male population the share of older population is 12.1%, and in female population it is 16.3%. In the female population there has also been an inversion, so women older than 65 exceeded the share of young female population, which is exceptionally unfavourable due to reproductive role that female young population has.

Dynamics of demographic ageing synthetises the indicator of the ageing index. When the ageing index is observed as a ratio of the older people 60+ and the young up to 19 years of age, then the value of this indicator was redoubled until 1990s, but the level of 34.8 indicates that the population still did not pass the “threshold of demographic ageing” in 1991. According to the 2013 census, the index had already reached the value of 88.6 and indicated that the population of BiH entered the stage of “deep demographic ageing” in a very short period of time, which happens only in very excessive situations (Emirhafizovic, Zolic, 2017). When ageing index is observed as a ratio of the older people 65+ and children 0-14 years of age, then it had relatively stable flow of rather slow increase during 1970s and 1980s, but until 2013 there had been a sudden rise from 27.7 to 92.3. At the same time, average population age reached 39.5, which indicates to strong transformation of the age structure.

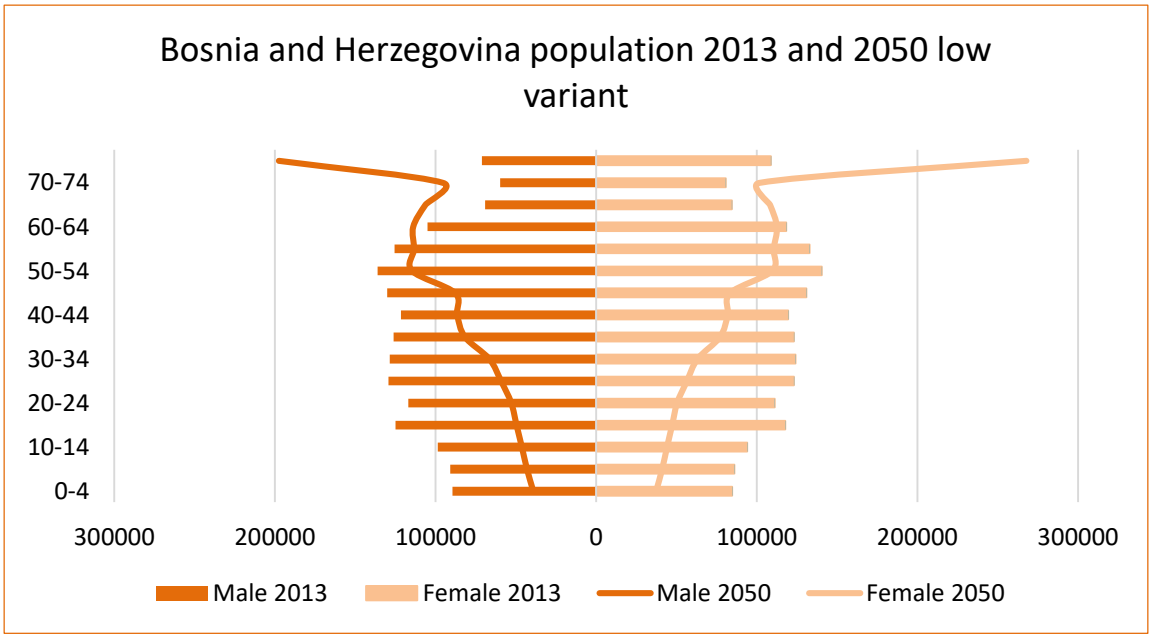
The picture of accelerated ageing of population of Bosnia and Herzegovina is presented by the UN Population Prospects. According to the medium variant of prospects, until 2025 there will be the first increase in share of old people (to 20.2%) at the expense of the group of 15-64 years of age. After 2025, the process of ageing will be more intensified and it will be felt through a great decrease in the share of the young, by 30% relative to population in 2013, and their relative share of 12.8% in total population. At the same time, number of older people could increase by 75%, and their share in total population to 28.7%. According to the low variant of the UN prospects, age groups of 35 and more, meaning the median part

and the top of the pyramid, would keep the same level in relation to medium variant, but this scenario, being based on extremely low TFR, envisages far greater instability of the pyramid basis. Due to considerably less inflow of new generations, until 2025 the number of young people would decrease by 30%, and until 2050 there would be extreme decrease in their share, to 9.1%. Number of children age 0-14 would be halved relative to 2013, whereas the number of older people would reach 877,000. Thus, the pyramid from 1971 would be practically "reversed". In 1971 there were 1.290 million children age 0-14, and according to low variant of the EU prospects until 2050, their number may be only 251 thousand.

Chart 15: Age pyramids 1971-2013-2050



Source: BHAS, 2017; UN, 2017



Source: BHAS, 2017; UN, 2017.

There are many consequences of such strong changes in the age structure of the population. The advanced process of ageing reversibly affects low birth rates, because it narrows the demographic basis of future population reproduction. The number of women of reproductive age had an unexpected growth during 1970s, when in only ten years the number of women age 15-49 was more than doubled. Such an inflow of large cohorts from the period of high reproduction and especially the baby-boom period, enabled relatively large number of live births, even after the later decrease of TFR. During the 1980s, number of women in this age group stagnated, although there were actually essential changes in optimal fertility cohorts, because number of women age 20-34 was halved in just 10 years, from 1981 to 1991 (Emirhafizovic, Zolic, 2017). According to data from 2013, the number of women of reproductive age decreased by a quarter, and optimal fertility cohort was reduced to only one third of the number it had in 1981, during the most dynamic growth. Today, the number of women of optimal fertility age is 15% lower than in 1971, which best indicates that decrease in number of women in reproductive age was followed by a great change in their age structure. It also means that beside radical changes of reproductive behaviour, which referred to drastic decrease in average number of children per woman, such sudden fall of optimal fertility cohorts narrows down the "room for manoeuvre" to act through population policy. It is known that population policy may contribute only up to10% of births increase (Rasevic, 2006). With alarmingly low fertility below 1.3 TFR, this leads the population of BiH in the so-called "low fertility trap", which is believed to have started if TFR was below 1.5 for a longer period of time (Lutz et al, 2006), when the lower threshold of demographic sustainability has been disturbed.

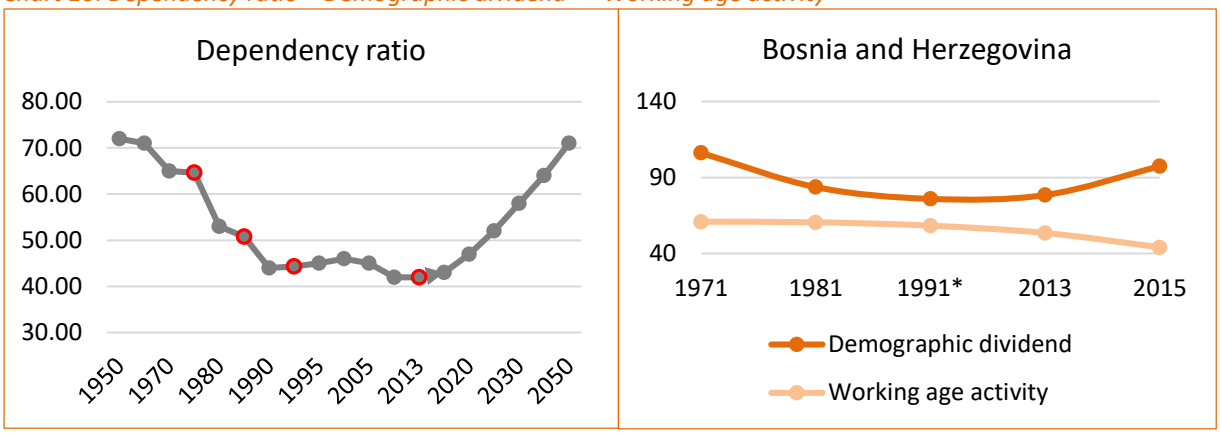
From the economic aspect, on one side, there are possibilities that offer transformation of age structure through "demographic dividend", and on the other side, links between population dynamic and labour market are important, and especially strong are the challenges concerning pension and social protection system and their sustainability.

Demographic dividend – The relevance of the demographic dividend resides in the fact that high shares of active persons may relatively easily cover high public consumption of those who are younger or older than them, and also to maintain favourable volume and structure of individual consumption as the main instigator of economic and non-economic activities in the country. Until mid-1970s, the age dependency ratio was very high due to high share of children and stable share of population (Chart 16). In 1971 per every 100 inhabitants of working age there were 8 older persons and 57 children. Due to decrease of fertility, whose intensity of decline exceeded a modest growth of older population share, total age dependency ratio started its faster fall and in early 1990s it reached 44, and in 2013 it reached its lowest level of 42.[54] Per every 100 inhabitants of working age, there were on average 20 older persons and only 22 children. Immediately after that, an intensive growth of age dependency ratio started. In existing conditions of fertility, it can be expected that the total age dependency ratio will reach 71 in 2050, which would be the level of 1950, but with the reverse dependency shares of older and young population. During the 1990s when Bosnia and Herzegovina could have used advantages of "demographic bonus", it was caught in war conflict. It could be said that low dependency rate at present still facilitates the progress in macroeconomic stabilisation of the country and structural reforms. Nevertheless, the total age dependency ratio which in 2013 was 42, should be actually compared to working force dependency ratio that was 78.5 inactive persons per every 100 active persons age 15-64. The real effects of the demographic dividend were strongly restricted by descending economic activity rate during the last five decades.

[54] If 20 years of age is taken as the lower limit of working contingent, which is closer to reality, because activity rates of age group 15-19 are extremely low, then youth dependency ratio is 35.1, and total age dependency ratio is 57.5.

According to working force dependency, in 1971 per every 100 active persons there were 106 inactive, and irrespective of decline in economic activity, and due to fall in fertility, working force dependency ratio was declining, reaching its minimum at the very beginning of the 21st century, when per every 100 active persons there were approximately 75 inactive persons. This moment actually presented complete depletion of effect of demographic dividend. Since then, working force dependency ratio has started its growth and has reached 97.5/100 in 2015, when the average for the EU countries was 106/100 (Lutz et al, 2018).

Chart 16: Dependency ratio – Demographic dividend[55]– Working age activity



Source: BHAS, 2017.

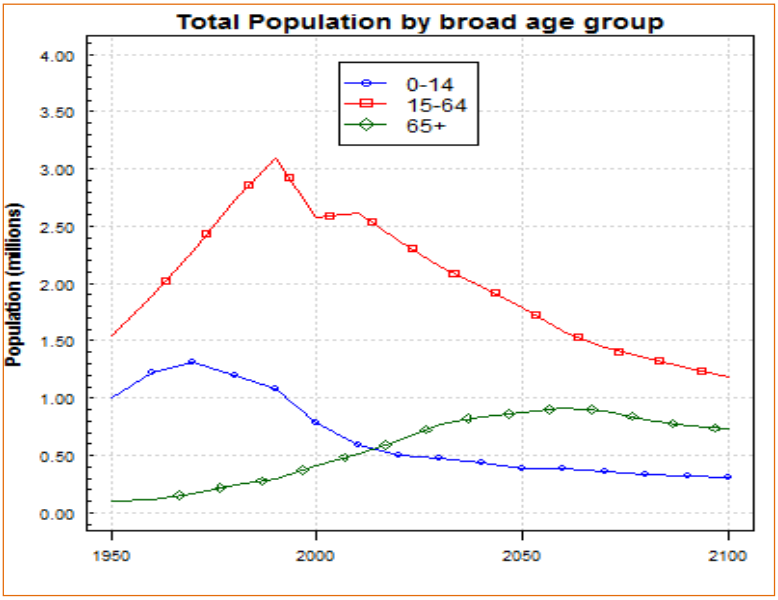
Observed in long-terms, with the age process, today there is a trend in majority of countries that leads to doubling the number of pensioners per workers and to exceptionally high growth of old-age dependency ratio (Radivojevic, Nikitovic, 2010). It is why the question of working force size and its structure comes into first place, because the increased number of pensioners will have to be financed by decreased working force, which will create considerable pressure on the public pension and healthcare system. In Bosnia and Herzegovina, working contingent had a trajectory of continuing growth until 1991, and then decreased by 16% in 2013.[56], although its share in total population reached 70%.[57]. Population Prospects of UN, in median variant, show its further decrease: until 2025 by 9%, and until 2050 by additional 21% (Chart 17). The low variant indicates that until 2050 working contingent would be twice as small as in 1991. Irrespective of the probability of achieving low variant prospects, it is a fact that decrease of population may lead to deficit in work force supply, which would certainly be strong limiting factor of economic development. With current level of activity rate, this could lead to decrease of work force by 12% until 2025 and by 37% until 2050, which is the pace faster than projected in the countries of Western and Central Europe according to median variant of UN prospects (7% and 19% respectively) and faster than in countries in the region (Radivojevic, Nikitovic, 2010)

[55] *Demographic dividend shows number of dependent persons per 100 active persons of working age.*

[56] *According to ARS 2013, the size of this contingent considerably deviates from the census data and is 2.079 million, which is for 400 thousands less than census results.*

[57] *The common trend during the first stage of ageing transition is increase of working-age population share, and in the Balkan countries the volume of this contingent has had ascending trend so far. The greatest growth has been achieved in the youngest countries, like in Albania where it has increased by 1.5 times, in North Macedonia by 75%, in Montenegro by 52%, and in Bosnia and Herzegovina its growth of 39% has been less than expected, due to refugees and plights of these generations in war conflicts. Increase of working-age contingent share in total population has been even higher as much as population has been younger (Vojkovic et al, 2014).*

Chart 17: Trajectory of total population by broad age group



Source : UN, 2017. http://www.un.org/esa/population/unpop.h

KEY FINDINGS

- Bosnia and Herzegovina faces an array of serious population challenges: population decline, fertility that is far below replacement level, accelerated emigration and ageing of the population, which have long-standing and far-reaching consequences.
- The most important demographic implication of long-standing low fertility will be reflected through a great fall of fertility contingent. This will undermine future reproduction and decrease opportunity for future effective increase of new generations, which presents a great limitation for action through population policy.
- Significant changes should be expected in the structure of population, since the population share of older people 65 years and over will most likely increase by 75%. With respect to the fact that number of young people will decrease considerably, the old-age dependency ratio is expected to grow and there will be significant pressure on the working age population, which will almost be halved. Depending on the economic factors, this could create employment opportunities, but it also may refer to deficit in work force offer in the future, which could be a strong limiting factor of economic development.
- Significant spatial and demographic polarisation and uneven distribution of population are hindering harmonized regional development and functional spatial sustainability.
- Currently, BiH does not have a coherent general population policy at the state level nor strategy that would directly refer to the issue of demographic development. All findings in view of long-standing population trends in Bosnia and Herzegovina should be a clear sign of warning to policy-makers on the necessity for more prompt action toward population policy and implementation of more decisive measures.

4. Sexual and reproductive health

Sexual and reproductive health (SRH), according to the definition of the World Health Organisation, is a state of complete physical, mental and social well-being and not just absence of disease and disability, regarding all issues referring to the reproductive system and its functions and processes. In the internationally accepted definition, the area of SRH refers to the responsibility, safety and satisfaction with one's sexual life, reproductive freedom (access to information, methods and services) and safe motherhood (safe pregnancy, childbirth and child health) (UNFPA, 1994).

The International Conference on Population and Development (1994) highlighted the significance of SRH in the context of the right to life, liberty and security of person; the right to health care and information; and the right to non-discrimination in the allocation of resources to health services and their availability and accessibility. The area of sexual and reproductive health connects healthcare with population dynamics, the fertility rate and life expectancy and quality of life. Exercising sexual and reproductive rights depends on a degree of social development, a well-ordered education system and access to healthcare services (UNFPA, 1994).

The UN 2030 Agenda for Sustainable Development sets as one of its targets ensuring universal access to sexual and reproductive healthcare services, including family planning, information and education and the integration of reproductive health into national strategies and programmes (United Nations, 2015). Special emphasis is put on public health issues related to the social and economic determinants of health, as well as to the health system. The health system should ensure high quality, accessible and comprehensive services, equal for all, regardless of the level of education, occupation, sex, racial or ethical affiliation. These universal concepts are also contained in the Global strategy for women`s, children`s and adolescents` health (WHO, 2015) and Policy of the World Health Organisation "Health 2020" (WHO, 2012).

4.1 Sexual behaviour, family planning and reproductive health

Planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility (WHO, 2007). Access to family planning services impacts the control of population growth and economic development of society (WHO, 2008). Sexual behaviour in the adolescent period is connected with the age of engaging in sexual activities and inconsistent use of contraceptives leading to risks of unwanted pregnancies and sexually transmitted infections (Buhi, 2007). This leaves long-lasting effects on the health of young women, and it implies interventions that refer to multiple domains of risk prevention, to preserve reproductive health (Scott, 2011).

4.1.1 Contraception and unmet need

Knowledge of types and methods of contraception is important for family planning, prevention of unwanted abortions and reduction of risks for the inception of the genitourinary system diseases. Family planning is extremely important for young women and men because it enables them to achieve control over vital life transitions - from education to labour market, from independent life to marriage and parenthood. An impossibility for these transitions to be adequately adjusted is often a great risk factor for leaving school, delaying employment and later a weaker position in the labour market and unfavourable

conditions for earnings, living standard and later pension and well-being in the older age. Therefore, use of contraception within the broader care of SRH of women and also planning of life transitions presents an exceptionally important aspect not only of healthcare but also social aspects of key stages of women`s life courses (Babovic, 2016).

Family planning is voluntary, using available methods of contraception. Contraceptive methods are natural, hormonal and surgical, and the best contraceptive method should be provided to couples with counselling by healthcare workers (WHO, 1994). The contraception prevalence rate is conditioned by the quality of providing protection and availability of services in the area of SRH, but also the population's knowledge about various methods of contraception, availability and accessibility of those means in a physical and economic sense. The impact of cultural factors and social norms regulating family planning should not be neglected, because they significantly influence patterns of sexual behaviour, use of contraception and patterns of family planning.

Good knowledge of contraception has been associated with increased contraceptive use, which in turn reduces the incidence of abortion (Marston, 2003). WHO data for 2017 indicates that level of abortion is low in BiH, under the abortion rate for Europe region (138 per 1,000 livebirths versus 183 per 1,000 liverbirths). However, this data does not take into consideration abortions performed in private clinics as they are usually not reported to public health institutes.

The level of knowledge about traditional and modern methods of contraception is relatively high among women in BiH (MICS BiH, 2013). The percentage of women age 15-49 currently married or in the union who have heard of at least one contraceptive method is 99.7% (FBiH 99.6%, RS 100.0%, BD 99.4%). Women are slightly more familiar with modern than traditional methods of contraception (99.4% versus 94.39%). Women from urban areas are more familiar with any modern method of contraception (99.7%), as are women age 20-24 (99.8%) and those with university education and better social and economic conditions. Differences between entities are not significant (they range below 0.5%). Roma women know on average a smaller number of contraceptive methods (5.5) in comparison to the general population (9.4). Roma women are more often familiar with modern (94.5%) in comparison to traditional contraception methods (67.8%). Out of modern contraception methods, Roma women most often know the male condom (87.6%) and IUD (81.5%), whereas the most uncommon are the diaphragm (15.3%) and implants (14.8%) (MICS BiH, 2013: 64).

A study conducted online on a sample of 2,783 young people age 15-25 showed insufficient knowledge about STDs, except for HIV, which 96.6% of young people correctly classified in this group of diseases. Methods for preventing unwanted pregnancy (the pill, female condom and abstinence) are known to more than two-thirds of young people. The highest percentage of young people (93%) knew about the male condom as a contraceptive method. As the most frequent source of knowledge about reproductive health, young people listed the following: Internet (79.6%), friends/peers (42.4%), books/brochures (41.6%) and teachers at school (39.3%). Almost all male and female respondents thought that reproductive health should be taught at school through the special subject (40.2%), programmes of peer education (28%) or through various existing subjects (26.7%). A small percentage of respondents chose school clubs and extracurricular activities as a way to integrate the topic of reproductive health in formal education (5.1%) (UNFPA, 2017).

According to the BiH Multiple Indicator Cluster Survey (MICS), conducted in 2011-2012, at least one method of contraception was being used by 46% of women who were married or in union (FBiH 31.1%, RS 53.7% and BD 24.7%) (Table 4.1).

Table 19: Use of contraception among women age 15-49, BiH 2011-2012

	Current level of use of contraception	Any modern methods of contraception	Any traditional methods of contraception
FBiH	43.1	10.0	33.1
RS	53.7	16.8	36.9
BD	24.7	14.5	10.2
BiH	45.8	12.0	33.8

Source: UNICEF Office for Bosnia and Herzegovina. Multiple indicator cluster survey (MICS). Final report 2011-2012

The most popular used method was withdrawal, which accounted for almost 30% of cases. It was at a similar level in FBiH (29.2%) and RS (32.6%). Amongst other methods of contraception, 6.2% of women used a male condom, 3.8% of women used an IUD, 3.7% practiced periodic abstinence and 1.6% were on the pill (Table 4.2). Slightly more than one-third of women age 20-24 used any contraceptive method (36%). This percentage rose by age 40-44 to 51% but was followed by a decline to 40% amongst women age 45-49 (MICS BiH, 2013).

Table 20: Prevalence of use of traditional and modern methods of contraception among women age 15-49, BiH 2011-2012

	Male condom	Intrauterine device	Pill	Other modern contraceptive methods	Withdrawal	Periodic abstinence	Other traditional contraceptive methods
FBiH	5.9	2.2	1.6	0.3	29.2	3.9	0
RS	6.7	8.0	1.3	0.8	32.6	3.1	1.2
BD	7.1	0.3	7.1	0	7.2	2.9	0
BiH	6.2	3.8	1.6	0.4	29.8	3.7	0.3

Source: UNICEF Office for Bosnia and Herzegovina. Multiple indicator cluster survey (MICS). Final report 2011-2012

Traditional methods of contraception are most often used by women with primary education (38.9%) and with three and more children (44.7%). On the other hand, modern methods are most often used by women with a high/higher level of education (25.3%) and with two children (13.3%). Women who belong to the poorest quintile of wealth rather use traditional methods (36.9%), while those who belong to the wealthier quintile more often use modern methods of contraception (Table 4.3) (MICS BiH, 2013).

Table 21: The use of traditional and modern methods of contraceptions and their distribution through educational level, number of children, wealth index and rural/urban areas

	Modern methods of contraception (%)	Traditional methods of contraception (%)	Any methods of contraception (%)
Level of education			
Primary	6.0	38.9	44.9
Secondary	13.4	31.5	44.9
High/higher	25.3	30.0	55.3
Area			
Urban	14.3	32.5	46.9
Rural	10.8	34.4	45.3
Wealth index			
Poorest	7.0	34.8	41.8
Poor	6.9	35.7	42.6
Middle	11.3	35.4	46.7
Rich	12.7	36.9	49.6
Richest	19.6	26.8	46.4
Number of live births			
0	6.9	11.9	18.8
1	10.9	25.5	36.5
2	13.3	34.4	47.8
3	11.4	44.7	56.1
4+	8.5	44.3	52.8

Source: UNICEF Office for Bosnia and Herzegovina. Multiple indicator cluster survey (MICS). Final report 2011-2012, page 67

Among women living in Roma settlements, some methods of contraception were currently used by 24.8% of Roma women who were married or in the union (16.7% using any traditional method, 8.1% using modern methods of contraception). The most popular method was withdrawal (16%) and male condom (4%). Among other methods of contraception, a small percentage of women used the pill (2%), the IUD (1%) and female sterilisation (1%). The most frequent use of contraception in the Roma population is in the age group 25-29 (29%) and it decreases with age. Modern methods were used by only 5% of women with no formal education and 18% of women with secondary or higher education. Only one-third of Roma women use any contraceptive method at all (MICS BiH, 2013b: 61).

The contraception prevalence rate in Bosnia and Herzegovina was 25.9% in 2006 (MICS BiH, 2006). Five years later, the rapid progress had been achieved in terms of increasing the contraception prevalence rate to 45.8%. Comparing to other countries in the region, BiH still has lower contraception prevalence rate than other countries (Serbia 58.4%, Albania 69.3%, and Slovenia 78.9%). Montenegro has the lowest contraception prevalence rate in the region (23.3%) (WHO[58], 2019). Unmet need for contraception refers to fecund women who are not using any method of contraception, but who want to postpone the next birth (spacing) or to stop childbearing altogether (limiting) (MICS BiH, 2013). In BiH, the unmet need for contraception is 9.0%, with significant reduction since 2006, when it was 23.3% (Table 4.4).

[58] *Last available data from WHO database*

Table 22: Unmet need among women in BiH (15-49 years) in 2006 and 2011-2012

	2011-2012			2006		
Unmet need for contraception	Unmet need for contraception – for spacing	Unmet need for contraception – for limiting	Unmet need for contraception – Total	Unmet need for contraception – for spacing	Unmet need for contraception – for limiting	Unmet need for contraception - Total
FBiH	3.6	6.3	9.9	2.4	20.9	20.9
RS	2.6	4.1	6.7	1.7	21.6	23.3
BD	3.4	9.7	13.1	2.7	18.6	21.3
BiH	3.3	5.7	9.0	2.2	21.1	23.3

Source: UNICEF Office for Bosnia and Herzegovina. Multiple indicator cluster survey (MICS). Final report 2011-2012

Unmet need is higher among women in urban areas compared to those in rural areas (9.3% vs. 8.9%). Also, the unmet need is highest among women age 20-24 (24.3%) and lowest in women age 40-44 (3.2%). The poorest women and women with a secondary level of education most often express unmet need (13.3%, 10.1% respectively). In the population of Roma women in BiH, unmet need is most often expressed in the entity of Federation BiH (32.2%), in age group 25-29 (38.2%), among those with primary education (31.3%) and those living in the poorest conditions (35%).

The Action plan for SRH of the World Health Organisation (WHO, 2016) defines key activities in the area of reducing unmet need for contraception. Activities refer to the inclusion of media in promotion of contraception use, and availability of comprehensive SRH services, especially for vulnerable groups of the population. Recommendations are included in the following strategies of SRH in BiH: Strategy for improving sexual and reproductive health and rights in Republika Srpska (2019-2029) and Strategy for improving sexual and reproductive health and rights in Federation of Bosnia and Herzegovina (2010-2019).

4.1.2 Abortion

Family planning includes aspects of protection of women`s health in terms of preventing unwanted pregnancies, especially pregnancies too early in life, birth spacing and limitations to the number of children. Family planning practice aims to prevent pregnancies that are too early, too closely spaced, too late or too many (UNFPA, 2013). In conditions of low use of contraception and high unmet need for contraception, abortions often function as contraception.

Deliberate termination of pregnancy is regulated by the policies for improving SRH in Republika Srpska and Federation of BiH, defining activities for improving the system of implementation of the Law on conditions and procedures for deliberate termination of pregnancy. The development and application of accredited standards regarding deliberate termination of pregnancy and improvement of the quality system of reporting on the number of deliberate termination of pregnancies are of the great importance for the functionality of the healthcare system. Healthcare institutions are developing procedures for monitoring the percentage of medically induced abortions in the total number of abortions.

Prevention of deliberate termination of pregnancy is one of the strategic goals defined by the Strategy for improving sexual and reproductive health and rights (2010-2019) in the Federation of Bosnia and Herzegovina. Termination of pregnancy or abortion damages the reproductive health of women. Induced abortions that do not meet professional standards are a threat to the health and the right of a woman.

However, modern contraceptives represent a better tool for family planning and provide better protection of the health of women of reproductive age.

According to the United Nations data, the abortion rate in Bosnia and Herzegovina is low and it accounts for 1.4 per 1,000 women of reproductive age. This number is lower than in neighbouring countries Croatia (4.7), Montenegro (6.3) and Serbia (10.7), and it corresponds to the abortion rate in Austria (1.4) (World Abortion Policies, 2013). The average number of abortions in Europe is 202 per 1,000 live births. In the countries of Southeast Europe, including Bosnia and Herzegovina, the average number is 298 (World Health Organisation, 2019). According to available healthcare statistical data in 2017, the average number of abortions per 1,000 live births in Republika Srpska is 197.8 and in Federation of Bosnia and Herzegovina, it is 113.8/1,000 live births. The average number of abortions per 1,000 women of reproductive age (15-49) is 7.4 in Republika Srpska and 4.3 in Federation of Bosnia and Herzegovina. Approximately half of all abortions are medically induced abortions and the percentage of abortions in women younger than 20 years of age is small, 2.1% in Republika Srpska (IJZRS, 2018; ZJZFBiH, 2018). These are all officially registered abortions and all health facilities are required to report any abortion following the law. These data should be considered with caution due to the existence of unreported abortions conducted in private clinics. Even though such abortions are performed by expert gynaecologists, the conditions in which they are performed are not always aligned with strict medical standards, hence putting women at risk.

4.1.3 Subfertility and infertility

Fertility disorder is a disease of the reproductive system where clinical pregnancy does not occur within 12 months of regular, unprotected intercourse (WHO, 2016). In BiH, monitoring of this phenomenon is not established in a way that enables precise estimation of the number of persons who are faced with this problem, their access to different measures and effects of such measures. Not being able to more precisely describe the situation in this area based on data, this section focuses mostly on how it is dealt with it in the healthcare system.

The European Society for Human Reproduction and Embryology (ESHRE) estimates that every sixth couple has an infertility problem, so in Europe, 25 million people are living now with this health problem. It is estimated that in BiH there are about 50,000 persons with an infertility problem. Rules on the content, scope and method of exercising the right to healthcare protection in RS defines the provision of high-quality services for family planning, including healthcare services in case of infertility, enabling reproduction in a healthy and wanted manner, improvement of application of all diagnostic methods and infertility therapies.

The right to an attempt of in vitro fertilisation (IVF) is regulated by mandatory healthcare insurance. The Healthcare Insurance Fund of Republika Srpska pays for three procedures of in vitro fertilisation. The procedure of in vitro fertilisation means determining indications, the procedure of stimulation (therapy) and procedure of assisting reproduction - in vitro fertilisation. The right to in vitro fertilisation is possible to exercise if one of the following criteria are met:

- Woman displays reciprocal obstruction in the ampullar part, or
- Woman has surgically removed fallopian tubes, or
- Postoperative complications of endometriosis, or
- Polycystic ovary which causes anovulation, and/or
- Reduced number and mobility of sperm in the man, and

- If a couple has been married or in a common-law union for two years.

Funding of the right to an IVF procedure depends on the woman`s age. For women who are up to 40 years of age, the IVF procedure is funded completely. From 41 to 42 years of age, 50% of the costs of one procedure are covered. If a woman is older than 42 and she gives birth to a child conceived by IVF, she has the right to receive a refund for expenses in the amount of one IVF procedure, according to the Fund`s price list. This creates further social and economic differences and discrimination of women older than 42, who would want to have children. In situations where it is not funded by the healthcare insurance institutions, additional limitations are created for exercising women's fundamental human rights. In addition to coverage of three IVF procedures through the healthcare insurance, local authorties (municipalities) are authorised to approve/fund one additional IVF procedure per couple.

In the Federation of Bosnia and Herzegovina, the Decision on stipulating basic package of healthcare rights (2009) regulates conditions for the procedure of co-financing two IVF procedures. The Law on Infertility Treatment with Bio-Medically Assisted Fertilisation (Official Gazette of the Federation BiH 59/18) defines conditions and procedures for obtaining bio-medically assisted fertilisation. A woman up to the age of 42, married or living in a union has the right to treatment of biomedical assisted fertilisation at the expense of mandatory health insurance. Health Insurance and Reinsurance of the Federation of Bosnia and Herzegovina covers three attempts of intrauterine insemination or five attempts of in-vitro fertilisation, with the obligation of two attempts to be in a natural cycle. However, upon the proposal of the expert council of the health institution where the spouses or extra-marital partners are being treated, and for justified health reasons, consent may be granted for the biomedical assisted fertilisation and the woman after the age of 42 years. The scope of the rights to biomedical assisted fertilisation at the expense of the mandatory health insurance and the method of forming the price of individual procedures for biomedical assisted fertilisation should be adopted afterwards (Official Gazette of the Federation BiH 59/18).

There are still not enough available data on the annual number of women who have used the rights aiming at prevention and successful infertility treatment, nor about the effects of such measures.

The Action Plan for SRH of the World Health Organisation (WHO, 2016) has planned activities in the area of prevention, diagnosis and infertility treatment. Activities are directed at prevention of obesity, unsafe abortion, prevention and treatment of sexually transmitted diseases and postpartum infections. Including fertility issues in the basic package of healthcare services, psychosocial support for people who have this issue and ensuring reproductive rights and health to all persons who need these services is one of the priorities of the Action Plan. All member countries are recommended to establish activities of support to population in solving infertility issues as a priority and comprehensive approach to solving this issue.

4.2 Sexual and reproductive health of adolescents

Adolescence presents a transition from childhood into adulthood with dynamic changes in the physical, intellectual and emotional maturing and social adaptation of an individual. Certain functional changes and maturing of the reproductive organs are connected to this period, although psychosocial maturity presents more long-lasting process than biological maturity, which definitely impacts sexual behaviour that can be risky in this period (Rozek, 2018). Early sexual activity before realisation of reproductive function increases the risk from certain disorders of reproductive organs, unwanted pregnancies, infections and infertility (Rada, 2014). Sexual activity and experience, birth control, the overall and current number of sexual

partners, the way how partners are chosen, types of sexual intercourse impact reproductive health of all age groups, especially adolescents, along with the age of sexual initiation (Stankovic, 2012).

4.2.1 Sexual experiences of female adolescents, teenage pregnancies and birth

According to data of a study conducted in Republika Srpska, over 60% of adolescents have risky behaviour, 11.8% of adolescents age 16-18 had sexual intercourse, of whom 4.9% with multiple partners. More than half of adolescents receive necessary information about the protection of reproductive health, mainly through media, and more than 90% of them think that these thematic units should be included in the school curriculum. Sexual activity is thought to be a normal phenomenon in the adolescent period, according to approximately half of the adolescents, and only 17% of them think that early sexual activity may carry risks for health. It is also important to highlight that they will mainly seek advice regarding sexual life, contraception and unwanted pregnancy from their peers (43%), rather than parents (26%). Advice from parents is sought more by girls (29%) than boys (22%) but advice from peers is sought by boys (48%) more than girls (40%) (Živkovic, 2009: 72).

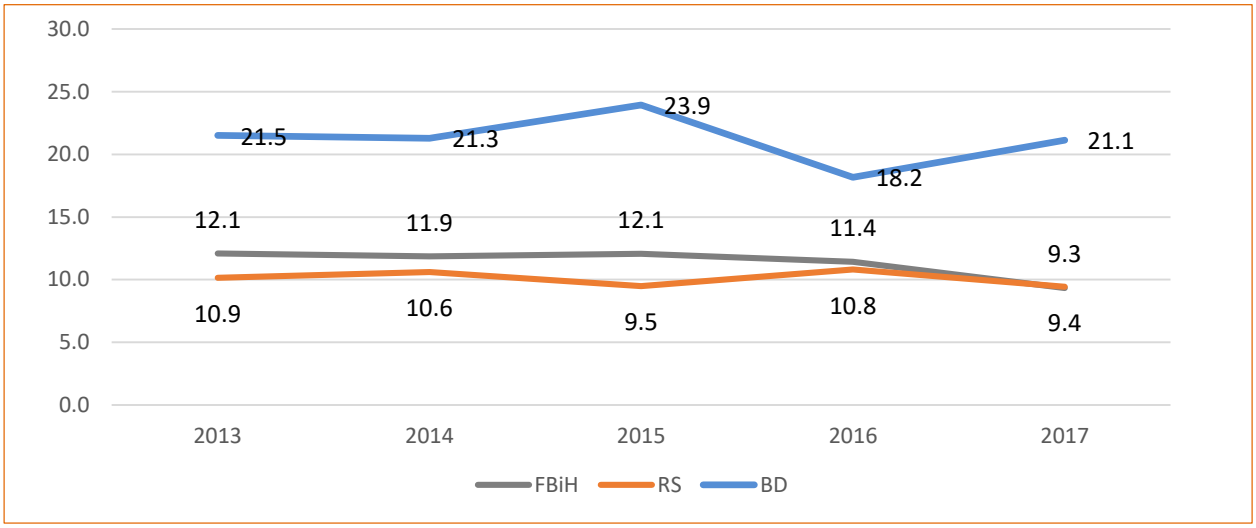
A parallel study on awareness and attitudes of high school age adolescents on reproductive health was conducted in Republika Srpska. This study indicates that the sexual experiences of adolescents are accompanied by possible risk for sexual health (sexually transmitted diseases, unwanted pregnancies and adolescent births). Also, counselling about possible problems in the reproductive period is mainly obtained from peers or friends and the least from educational programmes in schools (Telebak, 2016). In Bosnia and Herzegovina, SRH education is not a separate subject in school. Classes on the basics of human reproduction are implemented periodically within the biology curriculum (Stulhofer, 2002).

Less than 1% of adolescent girls in the general population marry before the age of 15, according to data from the MICS, 2011-2012. Among the Roma female population, 4.4% of married women are younger than 15 years of age, more often among those without primary education (6.1%) and those living in poorer conditions (6%). Approximately half of Roma women are married (48.3%) before the age of 18. About 58.9% of married Roma women under 18 years of age have no primary education and they live in poorer conditions (61.4%) (MICS BiH, 2013b, 90).

According to data from UNICEF, the adolescent birth rate in Bosnia and Herzegovina in 2017 was 11/1,000 of adolescents age 15-19. Adolescent pregnancies are a more of a problem in Central Asian countries like Tajikistan, Georgia, Azerbaijan (more than 40/1,000) or Eastern and Central European countries like Romania and Bulgaria (more than 30/1,000) or Turkey, Slovakia and Hungary (more than 20/1,000). In Western Europe, the rates of adolescent pregnancies are low (Denmark 4.4/1,000, Sweden 5.4/1,000; Norway 6.0/1,000; Finland 7.4/1,000; Netherlands 4.4/1,000; Germany 8.1/1,000) while in south-east European countries the prevalence is still quite high (North Macedonia, 20.1/1,000, Albania 18. 9/1,000 and Serbia 16. 4/1,000). The average rate of adolescent birth in Europe is 16.6/1,000.

According to statistical bulletins and yearbooks published by statistical offices in BiH the registered number of adolescent births in 2017 in the Federation of BiH was 9.3/1,000 women age 15-19, and in Republika Srpska it was, 9.4/1,000 . BD has much higher rate, 21.1 per 1,000 women. (Chart 18).

Chart 18: Adolescent birth rates (ages 15-19) 2013-2017



Source: For RS calculation based on the available data form bulletins on Demography
For FBiH authors calucation based on Statistical Yearbook and Census population
For BD authors calculation based on publicaton Demography in BD for each year.

4.2.2 Sexual and reproductive health services available to adolescents

The basic principles and courses of action through policies of SRH in Bosnia and Herzegovina are education, improving access to information, and informing the population about their rights in the area of SRH. Those activities adolescents can obtain without their parent's consent. The following is also defined by the policies:

- Raising the level of knowledge about SRHR of the young population through continuous education;
- Strengthening primary prevention in terms of eliminating risk factors, increased provision of information to the general population, promotion of early detection and treatment of malignant diseases of the reproductive organs through strengthening the capacities of the healthcare sector.

According to the Special Report of Ombudsman for children in Republika Srpska (2012), there is a lack of preventive programmes with respect to the protection of children and lack of formal education in protecting reproductive health. A study conducted on a sample of 523 secondary school students indicates that most children obtain information about reproductive health from media (67%), parents (39%) and peers (33%), while school takes up the last place in educating children about this topic (15%) (Zdravo da ste, 2010)[59].

In Bosnia and Herzegovina, there were activities in certain areas between 2007 and 2017, which were the result of cooperation between non-governmental organisations and the government sector. According to the report of the non-governmental organisation "Zdravo da ste" in 2009, there were workshops organized in Banja Luka primary and secondary schools on the topic of "improving the sexual and reproductive health of the young population in BiH" (Zdravo da ste, 2010).

[59] *Y-PEER Bosnia and Herzegovina – SRD srd.edu.jo › presentation › item › download page91*

Psychological counselling services and gynaecological check-ups were realized within the youth-friendly centres in Sarajevo and Banja Luka through a project seeking Improvement of comprehensive SRH services for young people in Bosnia and Herzegovina (2011-2014), which was financially supported by the International Planned Parenthood Federation (IPPF). Workshops from the areas of family planning and SRH were held in the period from 2014-2016, organized by Association XY in Banja Luka and Sarajevo. Besides workshops, there were 5,627 counselling sessions, 685 gynaecological and 80 dermatovenerological check-ups as well as online counselling and counselling through social networks (Association XY, 2014).

Counselling services about healthy lifestyles, SRH and family planning are available through online service (web platform), developed during 2018 with the support of UNFPA, and they are available to young people in Bosnia and Herzegovina (SOS Counselling, 2019).

According to a study on availability of HIV/STIs prevention and healthcare through youth-friendly centres in 2012, 2.4% of young people in Bosnia and Herzegovina used services of the centres, more than half of them use a condom during sexual intercourse, and over 50% know the methods of transmitting sexual infections as well as places where they can do a test for HIV (PHIRS, 2012, PHIFBiH, 2012).

4.2.3 Sexuality education of young population

The United Nations Convention on the Rights of the Child (2010) stipulates mandatory health information that includes sexuality education aiming at adequate protection and method of expressing sexuality (UN, 2010). Education in the area of SRH is one of the ways of continuous improvement of population health through education of adolescents and young population about healthy choices and safe sexual life. Counselling about SRH, based on evidence, should be available to all young people, protecting from stigma and discrimination. Such education is implemented primarily at schools, workplace, healthcare institutions and community (World Health Organisation, 2010). It is important that this area of healthcare education is supported by legislative and population health policies.

Sexuality education within healthcare education programmes is directly based on protection from sexually transmitted diseases and prevention of unwanted pregnancy in the young population (WHO, 2010). Education in the area of SRH is realized at schools and it is present in three-quarters of countries, the most in America (100%), and the least in Africa (62%) and Asia (74%). In European countries, approximately 80% of countries have policies based on programmes of healthcare education at schools (UN, 2018). In Bosnia and Herzegovina, only Sarajevo Canton and Bosnian-Podrinje Canton have sexuality education organised in primary schools through the Healthy Lifestyles subject. In Sarajevo Canton, it is organised as an elective subject, while in Bosnian-Podrinje Canton it is organised as a mandatory subject.

Comprehensive sexuality education is defined by specific goals of the Policy for improvement of sexual and reproductive health in Republika Srpska within the improvement of sexual and reproductive health of adolescents and the general population. Activities envisaged by the action plan are directed to the development of programmes for teachers on SRH and rights, as well as education of young people regarding SRH by peer educators and adjusting the curriculum with contemporary content for education on SRH. Counselling on SRH is part of healthcare protection of adolescents and it is necessary to be realized within centres for young people that are planned according to the Policy, but still not developed in practice. Preparation and distribution of educational materials (brochures, manuals and posters) are also

planned by specific goals of the Policy. Strategy for improving sexual and reproductive health and rights of adolescents in Federation of Bosnia and Herzegovina 2010-2019 highlights the great importance of the Youth Centers and/or info centres that represent a friendly approach to young people related to the promotion of sexual health and reproductive rights. In youth centres (either public or run by non-governmental organisations) different activities in the domain of sexuality education should be carried out daily, conducted by trained staff. For leisure time spent by young people in or outside of them, info centres should be established to support sexual health and reproductive rights education programs. Also, in terms of sexuality education, the role of peer educators is very important, carried out by young people, trained to educate their peers on issues related to sexual and reproductive health. (Strategy for improving sexual and reproductive health and rights of adolescents in Federation of Bosnia and Herzegovina 2010-2019).

Sexuality education at schools is not systematically and formally solved through the curriculum for children and adolescents (UNFPA, 2017). Thematic units about the composition of reproductive organs are part of the biology curriculum in primary school. Sexually transmitted infections, pregnancy, risks and diseases of the reproductive system are thematic units in secondary school, covered periodically. Continuing education dedicated to SRH with a greater number of thematic units and the inclusion of young people in the process of education (peer education) is missing (UNFPA 2017).

The NGO "Association XY" from Sarajevo established education programmes for the 5th-8th grades in primary schools in cooperation with the Ministry of Education of the Sarajevo Canton in 2011, titled "Healthy Lifestyles". As part of this activity, a manual was prepared with thematic units about food, physical activity, prevention of the use of psycho-active substances, prevention of violence and promotion of SRH. In 2013/2014 in Sarajevo Canton, a subject "Healthy lifestyles" was introduced for the 5th-8th grades of primary school (Association XY, 2013). The same NGO established youth-friendly counselling centres which provide gynaecological services besides counselling and cooperate with healthcare institutions. In the period from 2001 to 2016, there were 7,000 medical services provided and 40,000 services of psychosocial counselling (Association XY, 2013)[60].

4.3 Antenatal and postnatal care

Women`s healthcare during pregnancy, birth and the postpartum (one year after birth) period is important from the viewpoint of creating conditions for maintaining optimal health (well-being) of mother and child. Planned programmes and implemented healthcare of pregnant women reduce the risk of perinatal mortality and complications during pregnancy and birth. Prenatal, antenatal and postnatal care includes mandatory health care of women during pregnancy, delivery and the postpartum period. It is important to highlight that all women during pregnancy, birth and the postpartum period are covered under the equal conditions of surveillance by health professional staff including gynaecological check-ups and nursing visits.

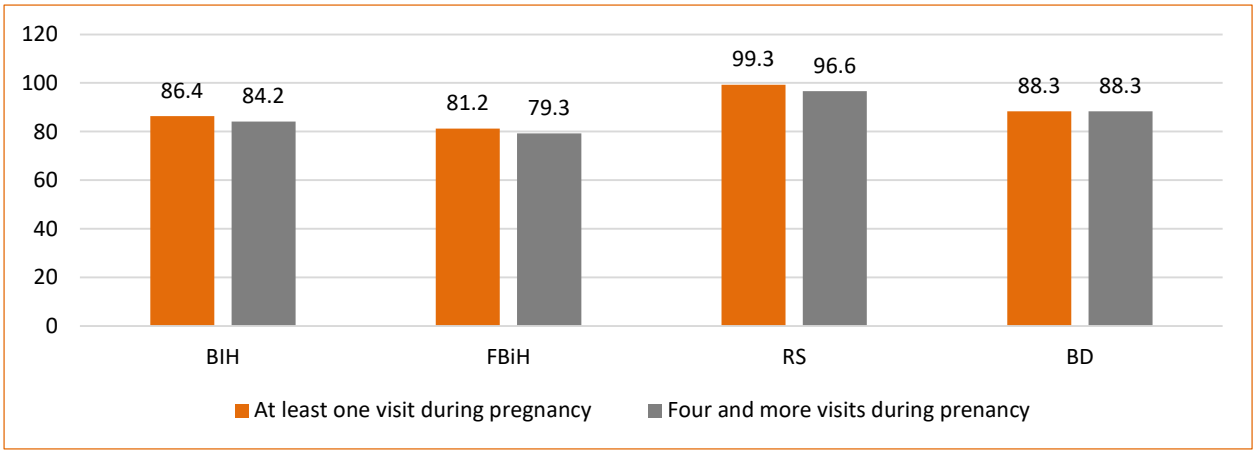
Healthcare during pregnancy, birth and the postpartum period is comprehensive, universal and ensured for mother and child under conditions prescribed by the laws on Health Care and laws on Health Care Insurance at the levels of Republika Srpska, Federation of Bosnia and Herzegovina and Brčko District.

[60] http://www.asocijacijaxy.org/zdravi-zivotni-stilovi-kako-znati-sta-je-cool--a-sta-nije

4.3.1 Antenatal care and birth

According to the Rulebook on contents, volume and manner of exercising the right to healthcare, during pregnancy it is necessary to make minimum one preventive visit every pregnancy trimester with the aim to monitor the mother`s health and foetus development (Rulebook on contents, volume and manner of exercising the right on healthcare, 2011) According to MICS data for Bosnia and Herzegovina, the greatest percent of pregnant women (86.4%) in Bosnia and Herzegovina had at least one visit by trained staff (assisted care), more in Republika Srpska (99.3%) in comparison to the Federation of BiH (82.1%) and Brčko District (88.3%). The percentage of women who had four or more visits during pregnancy is smaller, 84.2% in BiH (FBiH 79.3%, RS 96.6% and BD 88.3%) (Chart 19) (MICS BiH, 2013a).

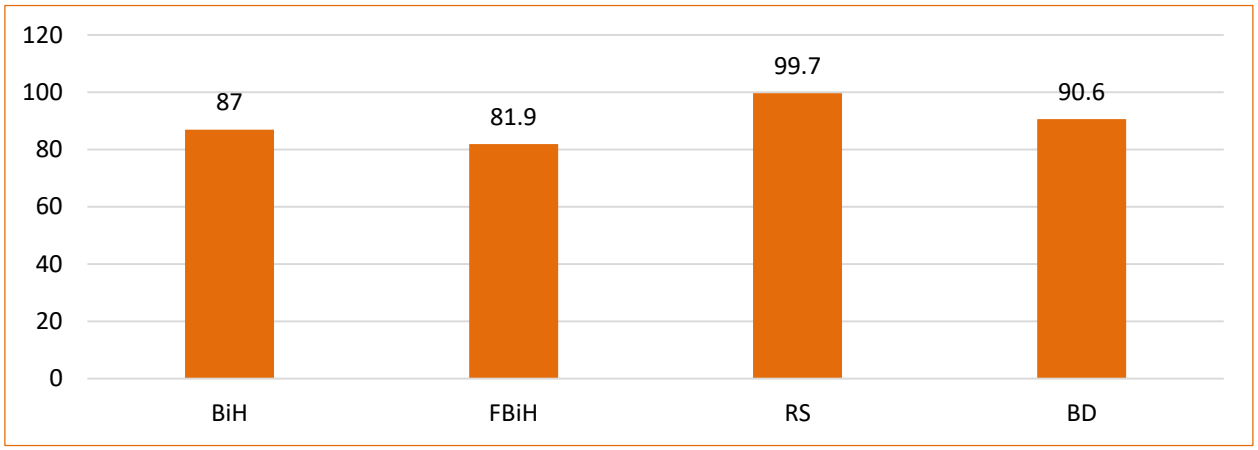
Chart 19: Percentage of women with one to four and more visits by professional staff (assisted care) during pregnancy



Source: UNICEF Office for Bosnia and Herzegovina. Multiple indicator cluster survey (MICS) 2011-2012

According to the MICS for Bosnia and Herzegovina, 99.7% of births were performed in healthcare facilities. Also, 87% of women in the reproductive period who gave birth two years before this study in BiH had professional support during birth (FBiH 81.9%, RS 99.7% and BD 90.6%) (Chart 20) (MICS BiH, 2013a). The analysis of routine statistical reports for births performed in healthcare institutions in Bosnia and Herzegovina is in line with the results of the MICS study. According to the officially available data of the Federal Institute of Statistics, Republic Institute of Statistics of Republika Srpska and Agency for Statistics of Bosnia and Herzegovina, more than 99% births were performed in healthcare facilities.

Chart 20: Percent of births under professional surveillance, protection and counselling to women during pregnancy, birth and postpartum period



Source: UNICEF Office for Bosnia and Herzegovina. Multiple indicator cluster survey (MICS). Final report 2011-2012

The percentage of preterm deliveries in 2017 in the Federation of Bosnia and Herzegovina was 3.7%, in Republika Srpska, 5.7% and these values are significantly lower than in the other European countries (IJZRS, 2018; ZJZFBiH, 2018). Looking at the countries with the highest percentage of preterm births the following patterns have been noticed: the higher the percentage of preterm deliveries is, the lower the stillbirth rate is. The greatest percentages of preterm deliveries in Europe are in Austria (11.1%), Portugal (9%) and Spain (8.2%). Countries with the greatest percentage of preterm deliveries have among the lowest stillbirth rate (Austria 3.6/1,000, Portugal 2.2/1,000 and Spain 2.9/1,000 total births). Data of the study conducted in 19 European countries in the period from 1996 to 2018 indicate that there is no significant increase in the percentage of preterm deliveries (World Health Organisation, 2019; Zeitlin, 2013). Stillbirth rate in BiH is 5.4. In Serbia stillbirth rate is 6.0, and in Croatia 2.0 (World Health Organisation, 2015).

According to data of the European study and healthcare statistical indicators available in Bosnia and Herzegovina, antenatal healthcare is satisfactory. Further application of defined measures stipulated by the Rulebook ensures a steady trend in a considerably small percentage of preterm deliveries.

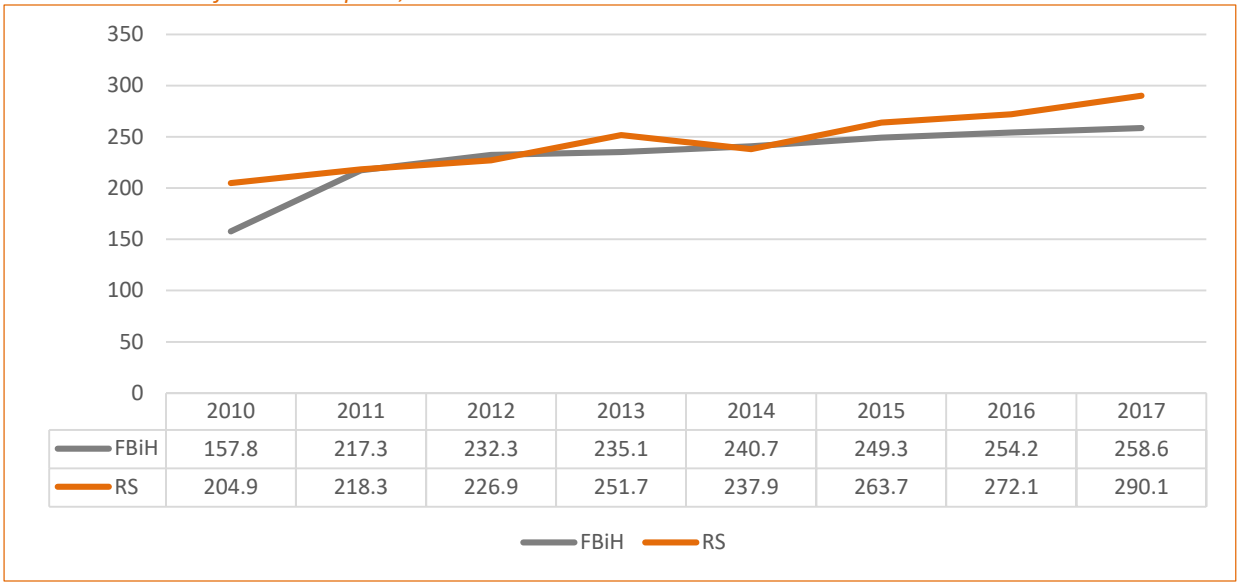
4.3.2 Prevalence of caesarean sections

Indications for performing Cesarean section (C-section) are complications in late pregnancy, of which the most common are: placental abruption with fatal demise, foetal transverse lie, tumours in pelvis and existence of previous C-sections, surgical procedure on uterus, risk conditions during pregnancy (eclampsia and preeclampsia) and infections (Djelmis, 2014). It is a fact that the number of C-sections is on the rise in countries in the region and worldwide (Drazancic, 2005). There are a lot of professional considerations given the analysis of reasons for the increase of C-sections as well as the need for continuing education of gynaecologist obstetricians for proper indications during the performance of C-section.

Although very unevenly distributed, at the turn of the century, 12% of global births were via C-section and by 2015 that had increased to 21% (Lancet, 2018). According to the last available data for BiH, the percentage of the C-section in BiH is 13.9% (UNICEF, 2011-12). It has been noted that the percentage of women who gave birth by C-section was highest amongst women from the richest households (21%).

Observed per entities, in Republika Srpska, the C-section birth rate is higher than in the Federation of Bosnia and Herzegovina, although the increase in both entities for the period from 2010 to 2017 can be confirmed (Chart 21) (IJZRS, 2018; ZJZFBiH, 2018).

Chart 21: Number of C-sections per 1,000 live births

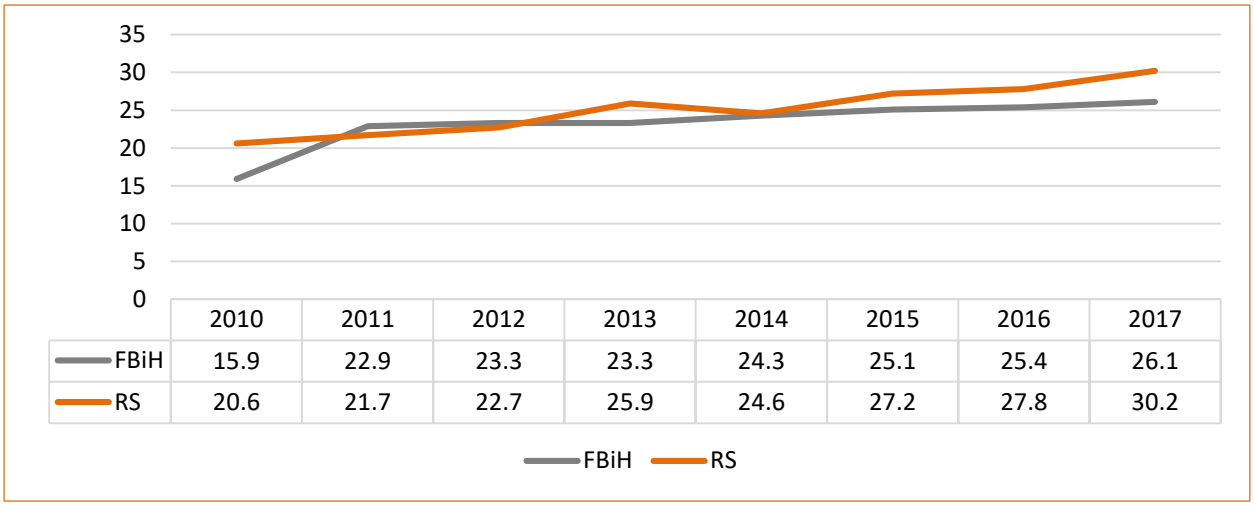


Source: Authors calculations based on data provided in the Public Health Institute of Republika Srpska. Population Health of Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije
Authors calculations based on data provided in the Public Health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/

Almost one-third of deliveries in Republika Srpska in 2017 was performed by C-section (Chart 22) (30.2%), which is by 9.6% percentage points more compared to the percentage of deliveries performed by C-section in 2010 (20.6%). In Federation of Bosnia and Herzegovina, the percentage of deliveries performed by C-section was 26.1% in the same year, which is by 7.2% percentage points more compared to 2010 (18.9%) (Chart 22).

Risks from deliveries by C-section are possible blood loss, surgical injuries of mother`s organs, infections after Cesarean section and recovery that is at least three times longer than with spontaneous delivery. Babies born by Caesarean section may be more likely to have breathing problems at birth and even during childhood, such as asthma. They may also be at greater risk for stillbirth. For reasons that remain unclear, some studies have also suggested a link between babies delivered by C-section and a greater risk of becoming obese as children and as adults. Data from scientific studies show that a history of C-section significantly increases the risk for mother and child (Rageth, 1999; Rochel 2001). So, it is necessary to eliminate psychological factors related to mother (fear and personal prejudices) through counselling, and then change medically unjustifiable reasons for Caesarean section (Stjernhorm, 2010).

Chart 22: Percent of deliveries performed by Cesarean section



Source: Authors calculations based on data provided in the Public Health Institute of Republika Srpska. Population Health of Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije Authors calculations based on data provided in the Public Health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/

4.3.3 Delivery and risks for child's health

The birth rate represents the number of live births per 1,000 women, which is around 9.0 in BiH (World Bank, 2019). Over the last 50 years, the birth rate has shown a significant decline (table 4.6).

Table 23: Birth rate change in the last 50 years in Bosnia and Herzegovina

Year	1972	1977	1982	1987	1992	1997	2002	2007	2012	2017
Birth rate	22.5	19.7	17.9	16.2	14.0	12.5	10.0	9.2	9.1	9.2

Source: World Bank, World Development Indicators[61]

Due to demographic changes based on the decline in birth rate, the rate of natural increase diminishes (Agency for Statistics of BiH, 2018d).

Stillbirths are monitored within the mortality rate, which represents the number of stillbirths per 1,000 live births. Stillbirths are accounted for separately from other mortality statistics. Causes of mortality are usually congenital anomalies, infections in later stages of pregnancy, complications during delivery and mother`s diseases. According to WHO data, in Bosnia and Herzegovina in 2015, the stillbirth rate was 5.4/1,000 of births, which is somewhat higher compared to developed European countries where stillbirth rate is up to 3/1,000 births (WHO, 2019c).

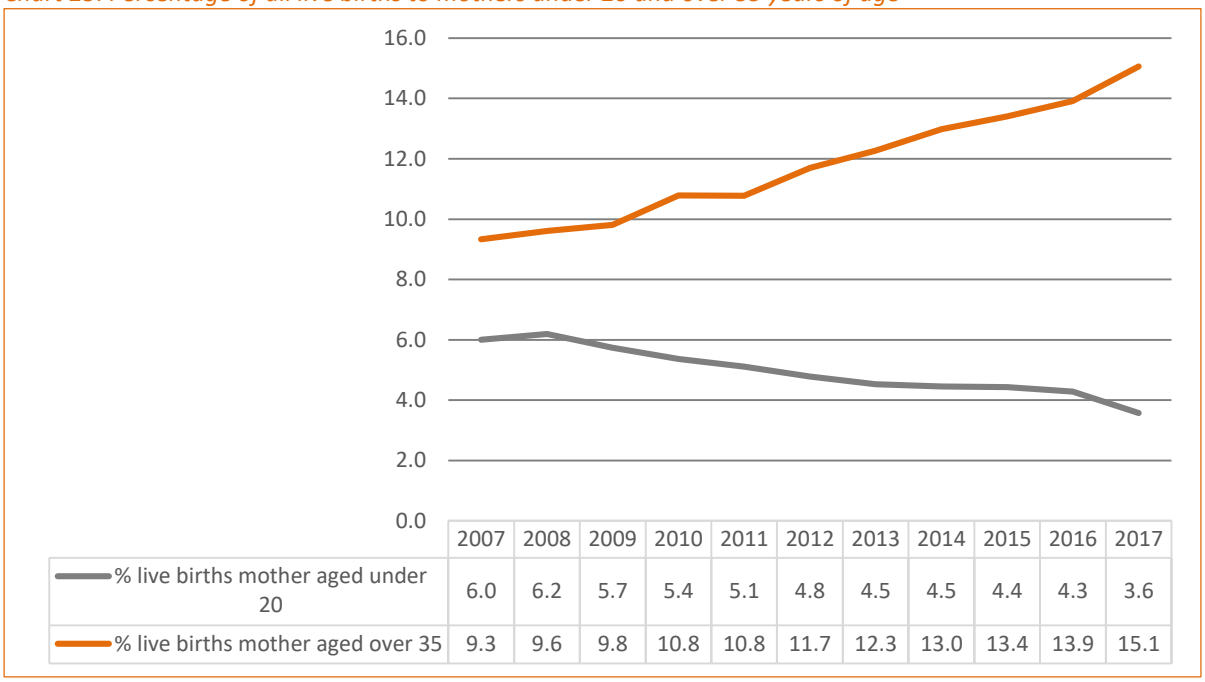
It is optimal that the percentage of adolescent pregnancies is less than 5% and, in that way, economic costs and social inequalities conditioned with early births are decreased and enable conditions for education of young mothers that would ensure favourable conditions for children`s material security

[61] https://databank.worldbank.org/reports.aspx?source=2&country=BIH

(Hoffman, 2008). In Bosnia and Herzegovina, the percentage of live births to mothers age under 20 is 3.6% and it has been in constant decline from 2007 to 2017 (Chart 23).

The percentage of live births to mothers under the age of 20 or mothers age over 35 is especially important. According to the research (Djelmis, 2014), in the population of pregnant women older than 35, there is a higher risk from a spontaneous miscarriage, complications such as high blood pressure and gestational diabetes and congenital anomalies and preterm deliveries. The percentage of live births to mothers over 35 in Europe is 16.5%, and in Bosnia and Herzegovina it is 15.1%. In the period since 2007, it has increased by 5.8 percentage points in BiH (Chart 23).

Chart 23: Percentage of all live births to mothers under 20 and over 35 years of age

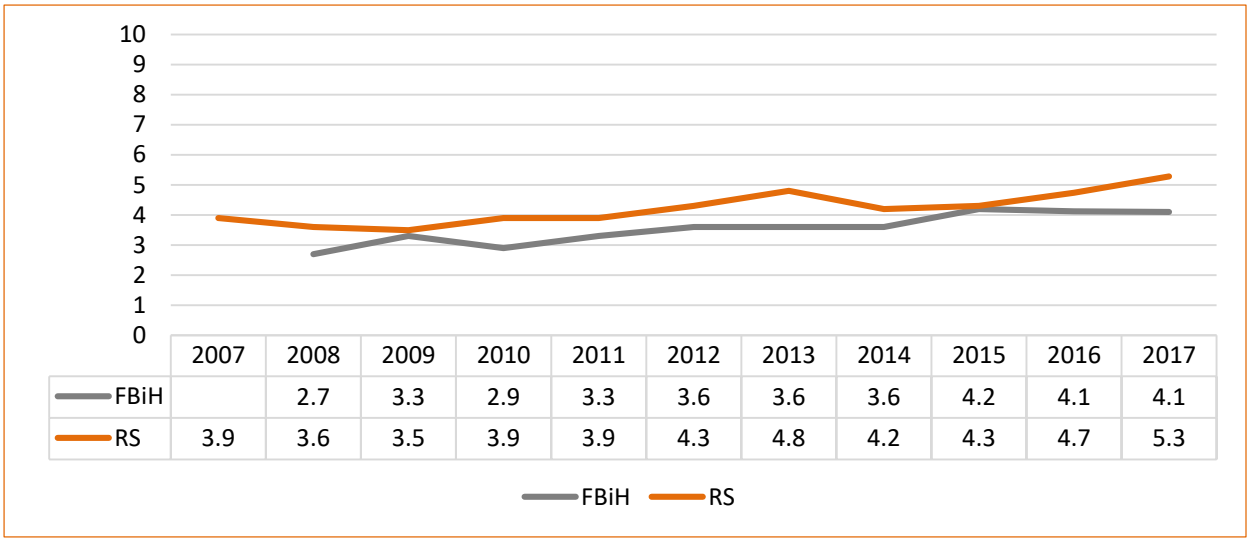


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
% live births mother aged under 20	6.0	6.2	5.7	5.4	5.1	4.8	4.5	4.5	4.4	4.3	3.6
% live births mother aged over 35	9.3	9.6	9.8	10.8	10.8	11.7	12.3	13.0	13.4	13.9	15.1

Source: Author's calculation based on data in Demography 2017, Agency for Statistics of BiH

The percentage of live births with low birth weight is an important health indicator because it refers to the quality of implemented antenatal care. An insufficient number of gynaecological check-ups during pregnancy is often connected to social and economic factors (patient`s older age, low level of education, poor living conditions, etc.) and way of living (smoking, inadequate nutrition, obesity, alcohol consumption and other). All mentioned factors may cause preterm deliveries that are accompanied by live births weighing less than 2,500 grams. Low birth weight infants are more prone to developmental difficulties and immature functions of a newborn (sucking impossibility, thermoregulation disorder, biochemical parameters disorder) (WHO, UNICEF, 2004). According to WHO data, in Europe in 2015 there were on average 6.7% live births weighing less than 2,500 grams. In countries of Southeast Europe, this number is higher than the European average (7.4%), and in countries of northern Europe, it is 4.6%. In Bosnia and Herzegovina in 2015, there were 5.9% of live births weighing less than 2,500 grams (FBiH 3.9% and RS 5.3%) (Chart 24).

Chart 24: Percentage of live births weighing less than 2,500 grams



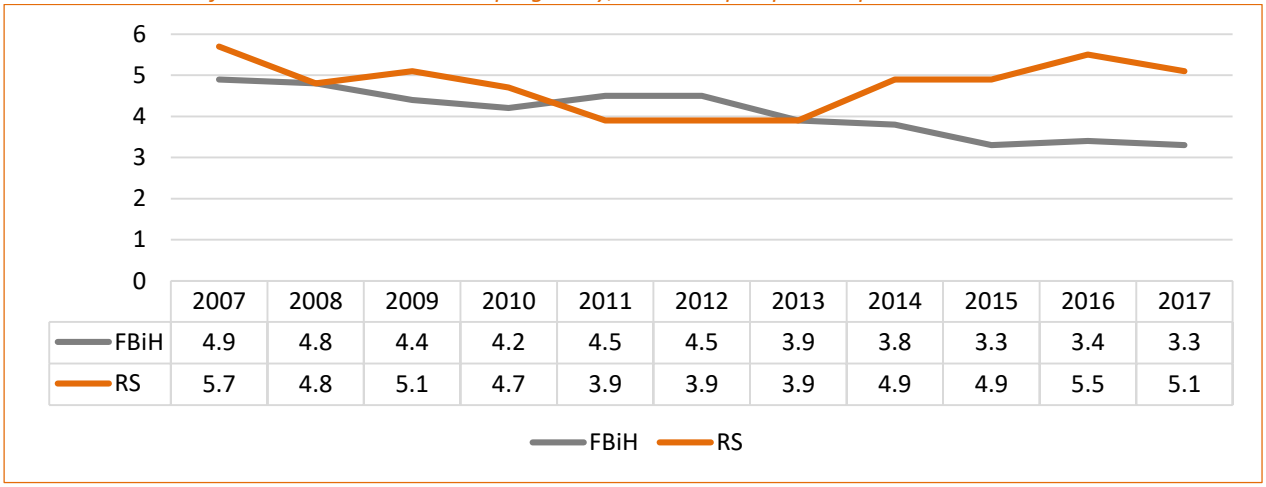
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
FBiH		2.7	3.3	2.9	3.3	3.6	3.6	3.6	4.2	4.1	4.1
RS	3.9	3.6	3.5	3.9	3.9	4.3	4.8	4.2	4.3	4.7	5.3

Source: Authors calculations based on data provided in Public Health Institute of Republika Srpska. Population Health of Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije and in Public Health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/

4.3.4 Prevalence of diseases due to pregnancy, birth and postpartum period

In a well-organized healthcare system with antenatal care of four and more visits during pregnancy to monitor the health of pregnant woman, prevent and eliminate risks for the health of a pregnant woman and monitor growth and foetal development, the prevalence of diseases during pregnancy and postpartum period decreases. During pregnancy, certain health problems may occur in women who have genetic predisposition or conditions that are not adequately treated before pregnancy. In gynaecological departments of primary healthcare in 2017, there were in total 1,416 occurrences of disease due to pregnancy, birth and postpartum period registered per 10,000 women in Republika Srpska and 1,954 occurrences of disease per 10,000 women in Federation of Bosnia and Herzegovina. In total morbidity of a different sample, percentage of diseases associated with pregnancy, birth and postpartum period was small in the Federation of BiH (3.3%), and 5.1% in Republika Srpska (PHIRS, 2017; PHIFBiH, 2017) (Chart 25). These diseases belong to the group of complications in pregnancy, at birth and the postpartum period: oedema, proteinuria and hypertension disorders and other pathological conditions that damage mother`s health (bleeding, injuries, an allergic reaction and hormonal dysfunction). The low percentage of these diseases in total morbidity is an indicator of well-organized antenatal care.

Chart 25: Percent of diseases associated with pregnancy, birth and postpartum period



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
FBiH	4.9	4.8	4.4	4.2	4.5	4.5	3.9	3.8	3.3	3.4	3.3
RS	5.7	4.8	5.1	4.7	3.9	3.9	3.9	4.9	4.9	5.5	5.1

Source: Public Health Institute of Republika Srpska. Population Health of Republika Srpska in the period 2007-2017. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije (page 90 (2017), page 89 (2016), page 89 (2015), page 87 (2014), page 87 (2013), page 92 (2012), page 92 (2011), page 112 (2010), page 76 (2009), page 77 (2008), page 74 (2007)). Public Health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina in the period 2007-2017. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/, (page 146 (2017), page 156 (2016), page 156 (2015), page 146 (2014), page 146 (2013), page 115 (2012), page 117 (2011), page 129 (2010), page 122 (2009), page 118 (2008), page 108 (2007)).

KEY FINDINGS

- The capacities of healthcare system related to provision of SRH services are at a satisfactory level, providing the population with health resources (healthcare workers and services) and political and legislative support at the level of entities and Brčko District.
- The system of SRH protection is at the same level as other forms of healthcare, because international recommendations are contained in policies, strategies and legislative of the healthcare systems in Bosnia and Herzegovina.
- Family planning is not yet satisfactory from the aspect of availability and use of modern methods of contraception, and the percentage of unmet needs for contraception. It is important to highlight the need for continuing education in the area of SRH available to young people through education programmes at schools.
- Data on abortions should be considered with caution due to the existence of unreported cases. According to the official data, the abortion rate in Bosnia and Herzegovina is at the level of the European average, somewhat lower in the Federation of Bosnia and Herzegovina than in Republika Srpska. There is a need to further decrease abortion rate through improved family planning, sexuality education and availability of modern contraception to the population that is in need.
- Although the abortion rate is relatively low among adolescents, having in mind the trends of increase in societies that are less traditional, improving SRH education and empowering adolescents for effective family planning is the key prevention against the risks of increasing teenage pregnancies and use of abortion as a contraceptive method.
- In Bosnia and Herzegovina, data on exercised rights on prevention and infertility problem treatment are not complete. In Republika Srpska, three IVF procedures are funded by the Health Insurance Fund while it is up to local authorities to fund the forth one. In the Federation of BiH two IVF procedures

are covered by the Health Insurance Fund. It is significant to highlight that there are limitations as per woman`s age for the co-financing of IVF procedures, whereby women older than 42 are not eligible for cofinancing and therefore do not have equal conditions in terms of exercising this right.

- The SRH of adolescents is at risk from an insufficient level of knowledge about sexually transmitted diseases, early engaging in sexual activity and ignorance regarding protection.
- Healthcare of women during pregnancy, birth and the postpartum period is well-organized, to which indicators of a high percentage of visits to health care centres during pregnancy indicate, along with professional surveillance during delivery and in the postpartum period, as well as in low percentage of preterm deliveries. This low percentage of preterm deliveries needs some further investigation.
- Since deliveries are almost completely performed in health institutions health risks for the child are low. Percentage of children weighing less than 2,500 grams at birth is low.
- Although C-sections are generally considered safe and, in some situations life-saving, they carry additional risks for mother and child compared with vaginal birth (blood loss, surgical injuries, infections after C-section, difficulties with child breathing, greater risk for stillbirth, and child obesity later in life). The number of C-section is on increase although there are no medically justifiable reasons for such trends.
- Healthcare problems associated with pregnancy and birth are diagnosed in healthcare institutions in BiH in a small percentage and refer mainly to complications during pregnancy (infections, hypertension, diabetes, oedema) and birth (infections and injuries) for which adequate healthcare is provided.

5. Mortality

The twentieth century brought about key changes in mortality. The theory that describes this change is called "epidemiological transition" and has enabled better insights into processes which lie behind the evolution of mortality and causes of death. The contemporary stage of transition was identified as "age of degenerative diseases", characterized by prevalent chronic-degenerative diseases and stabilisation of mortality at low level. In the mid-1980s, taking into account the continuing increase in life expectancy at birth, the fourth stage of epidemiological transition was suggested (Lussier et al., 2008). This stage is called "years of delayed degenerative diseases". According to Omran (1998), the fourth stage is characterized by constant increase in life expectancy at birth, until it reaches the level of 80-85 years of age by stabilisation or decreasing cardiovascular disease as cause of death. Social and economic progress, which enabled development of medicine and healthcare, contributed to significant extension of life expectancy limits. The differences in specific causes of mortality between developed and other countries provide key information on factors that should be target of prevention with the aim to decrease early mortality of population.

Although there are less and less differences at the level of mortality among European countries, there is still a gap between East and West (Galjak, 2018). East European countries have higher mortality and higher difference between sexes, and in some countries shortening of life expectancy at birth was registered in 1990s in male population (Mesle, 2004; IOM, 2012; Vojkovic et al, 2014). Differences in life expectancy at birth range from over 80 years of expected life span at birth for both sexes in Western European countries, reaching 83 years of age in Switzerland and Spain, to below 73 years of age in Eastern Europe. Among the Balkan countries, life expectancy in Bulgaria is 74.6 years of age, in Serbia 75.1, and Slovenia is the only country among former Yugoslav republics that has the same trend as Western European countries, 80.8. In BiH, life expectancy is 76.7 (UN World Mortality 2017: Data Booklet,15).

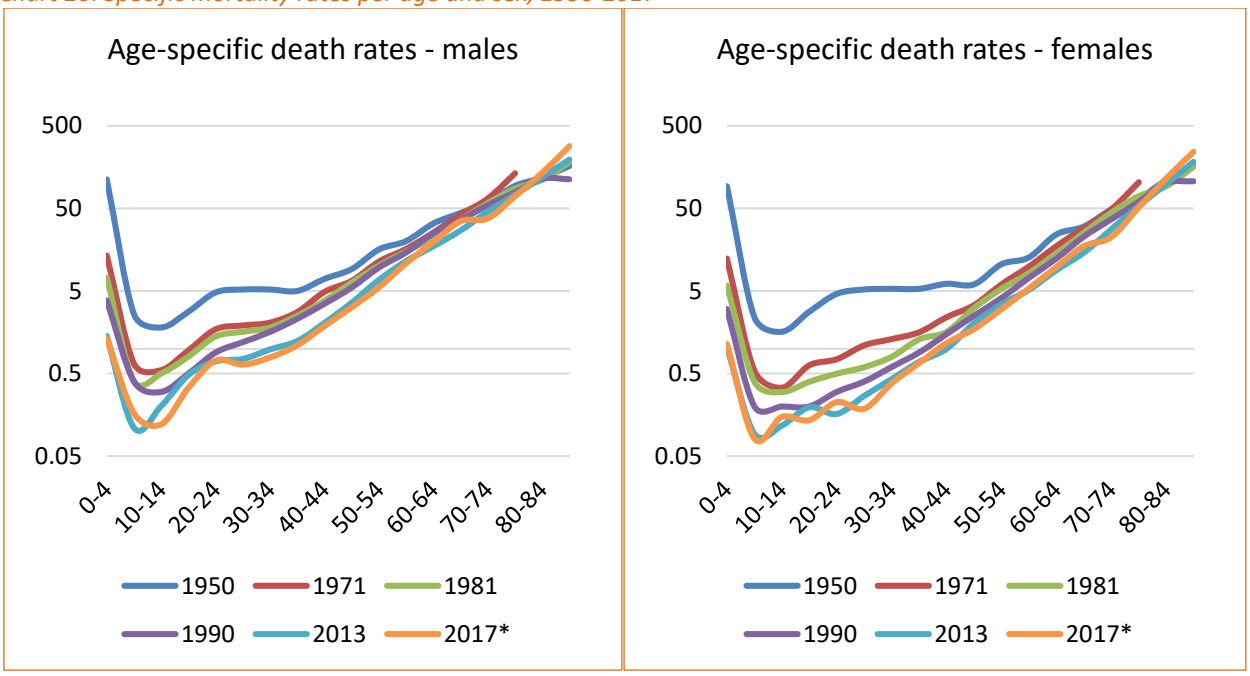
In this chapter, status of epidemiological transition in Bosnia and Herzegovina is considered. There is a question whether BiH is or how far it is from the late stage of transition. A question remains open to what extent recent war influenced post-war situation in view of mortality. Estimates may be provided to that effect, on the basis of differences that exist in mortality rate in comparison to countries in the region, although it should be taken into account that mortality transition in BiH has slower tempo.

5.1 Changes in overall mortality

The transition of mortality in Bosnia and Herzegovina had characteristics typical for economically less developed regions. The decrease of deaths was achieved in one huge plunge. It was enabled through development of the healthcare system, which was, as in other less developed regions in the former Yugoslavia, quite autonomous and occurred independently from economic development, owing to the special treatment of undeveloped regions within the transformation of Yugoslav society (Katz; IDNCDI, 1974). A widespread network of healthcare institutions contributed to the decline in mortality, especially of infants and the youngest children. Under conditions of young structure of population, it was reflected in descending general rates of mortality that retained the low level of 6 to 6.4‰ during the entire ten-year period from 1973 to 1983. Since 1996 a trend of faster growth of crude mortality rate has been observed, which is connected to changes in the age structure. In order to more deeply perceive all changes that occurred, it is necessary to analyse the changes in mortality of different age groups, especially infant and child mortality, maternal mortality and the transition of causes of death.

Mortality was decreasing in all age groups and in both sexes during the second half of 20th century (Chart 26). For the period of 1990s, there is no data testifying about male population mortality growth, but that was the trend in the majority of countries in the region (IOM, 2012; Galjak, 2018). Specific mortality rates in all age groups are lower in women. In some age groups, the risk is more than twice as high for the male population. Under-five mortality fell from over 100 to 1.2 children per 1,000 between 1950 and 2017. The mortality curve for the male population age 15-34, although lower compared to the 1950s, had constant excessive mortality compared to female mortality.

Chart 26: Specific mortality rates per age and sex, 1950-2017



Source: Federal Institute for Statistics of SFRY: Demographic statistics for corresponding years (1950-1990); Agency for statistics of BiH: Demographic statistic for corresponding years (2013-2017) and authors calculations
**Calculation based on 2013 population (age-sex estimates for 2017 are not available)*

A comparison to countries with the lowest mortality in Europe shows that in all age groups mortality is still higher in Bosnia and Herzegovina, especially among the middle-age population, and in male population this difference is even higher. Mortality studies in the region show that, with better prevention and further improvement of healthcare, reduction of this mortality requires considerable change in lifestyle. The 35-64 age cohorts have higher rates and present the main reason for higher total mortality. This is the reason why Bosnia and Herzegovina, as other countries in the region, still has not reached the life expectancy of other European countries, which made, in the last decade, a significant move to decreasing mortality of old age population (Radivojevic, 2002; IOM, 2012; Marinković, 2017). This analysis, as well as some previous studies (Girone, Grubanov-Bošković), shows that general level of mortality per age and sex in the Federation of BiH is higher than in Republika Srpska, except in male cohorts of 20-64 years of age, where there is a higher risk in Republika Srpska.

5.2 Infant and child mortality

Infant and child mortality is one of the best demographic indictors of improvement of socio-economic conditions and basic sanitation. As in other European countries, immediately after World War II major progress was achieved in reduction of infant and child mortality. In 1950s, 139 infants per 1,000 live births died annually. In the early 1960s, the infant mortality rate was halved to 78.2, and until 1971 it was reduced to 22 per 1,000 live births. In the period 1996-2017, infant mortality fell from 14 to 6.5 per 1,000 live births. It is the same level of child mortality as in Bulgaria and Romania, among countries in the region. The infant mortality rate is lower than in North Macedonia (9.2) and Albania (8), but higher in comparison to Slovenia (2.1), or the average for the EU-28 (3.6). Infant mortality participated in 1950s with about 36% in total mortality of population in Bosnia and Herzegovina, with 12,890 of deaths. According to the latest data, the annual share of infant mortality is 0.5%, with 196 of deaths. Also, child mortality (under-five mortality) has been in the last 5 years stabilized at the level from 6-7 children per 1,000 live births. An average for countries with lowest mortality is 2-3‰ (Spasovski, 1995; BHAS, 2018; Eurostat data base, 2017).

The decrease in infant mortality is accompanied by a concentration of infant deaths in the neonatal period. The structure of infant deaths according to age in 2017 shows a high level of similarity with countries with lowest mortality. Share of neonatal mortality rate, including infant deaths up to 29 days, is 71.4%, and early neonatal mortality (0-7 days) is 50.5%. It indicates high elimination of exogenous causes of death and it is at the level of countries with lowest infant mortality (Sweden 68.3%; France 73%) (Eurostat database, 2017).

Table 24: Distribution (%) of infant deaths by age during the first year of life, 2017

	BiH		FBiH		RS	
	male	female	male	female	male	female
Total	100.0	100.0	100.0	100.0	100.0	100.0
Under one day	16.8	16.5	20.7	20.0	7.7	30.8
1-6 days	33.2	33.0	35.6	37.3	53.8	30.8
7-29 days	20.4	19.8	24.1	24.0	15.4	15.4
1-3 months	19.4	20.9	12.6	10.7	15.4	15.4
4-7months	8.7	7.7	5.7	5.3	0.0	7.7
8-11 months	1.5	2.2	1.1	2.7	7.7	0.0

Source: BHAS, 2018; Demography of FBiH, 2018; Demographic Statistics in Republika Srpska, 2018.

There is relatively significant difference in infant mortality between entities, because in Republika Srpska infant mortality rate is 2.8‰, and in the Federation of BiH 8.2‰. In Brčko District, there is no registered infant mortality for the period since 2004 up to present day.

5.3 Maternal mortality

Maternal mortality, i.e. mortality of mothers in pregnancy, giving birth and the postnatal period (up to 42 days after childbirth) is one of the key indicators of healthcare development. Reduction of maternal mortality remains a priority in the Sustainable Development Goals (SDGs) until 2030, especially under the goal 3: Ensure healthy lives and promote well-being for all at all ages (United Nations, 2015). It is important to emphasize that maternal mortality is extremely difficult to estimate and even in countries with very good statistics like France or UK it is significantly underestimated (United Nations, 2013).

In the countries of Central and Eastern Europe, maternal mortality is estimated at 25 deaths of mothers per 100,000 live births, and from 1990 to 2015 it fell by 37%. The highest maternal mortality ratio is in developing parts of the world. In Africa, it is 546/100,000 of live births and in Southeast Asia 182/100,000 of live births (WHO, UNICEF, UNFPA, World Bank, UN, 2014). In BiH, 60.7% change in maternal mortality ratio has been made from 1990 to 2015 (from 28/100,000 in 1990 to 11/100,000 live births in 2015) (WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group, 2015).

In the region of Southeastern Europe, maternal mortality in Albania is 29/100,000, Serbia 17/100,000, Montenegro 7/100,000, Croatia 8/100,000 and North Macedonia 8/100,000) (WHO, UNICEF, UNFPA, World Bank, UN, 2014). It is necessary to deeply investigate all the possible causes of high maternal mortality and take actions to reduce it and improve the health of mothers.

According to the statistical authorities, in Bosnia and Herzegovina in 2017 there were no cases registered and in 2016 one case of death of a mother caused by complications in pregnancy, birth and postnatal period. Expressed by the ratio of maternal mortality, in 2016 there were 3.3/100,000 and in 2017 0/100,000 live births.

It is important to emphasize expert considerations and dilemmas about the interpretation of maternal mortality results, most often determined as a weak estimate and inadequate diagnosis of the real cause of death or small absolute number of cases determined during the year. That is why experts suggest diagnosing and monitoring of maternal mortality in the period of two or more years (Bouvier-Colle, 2012). There is a systematic tendency for maternal deaths to be attributed to other causes. Hence official maternal mortality statistics have to be treated with a lot of caution, even in countries with generally reliable vital statistics.

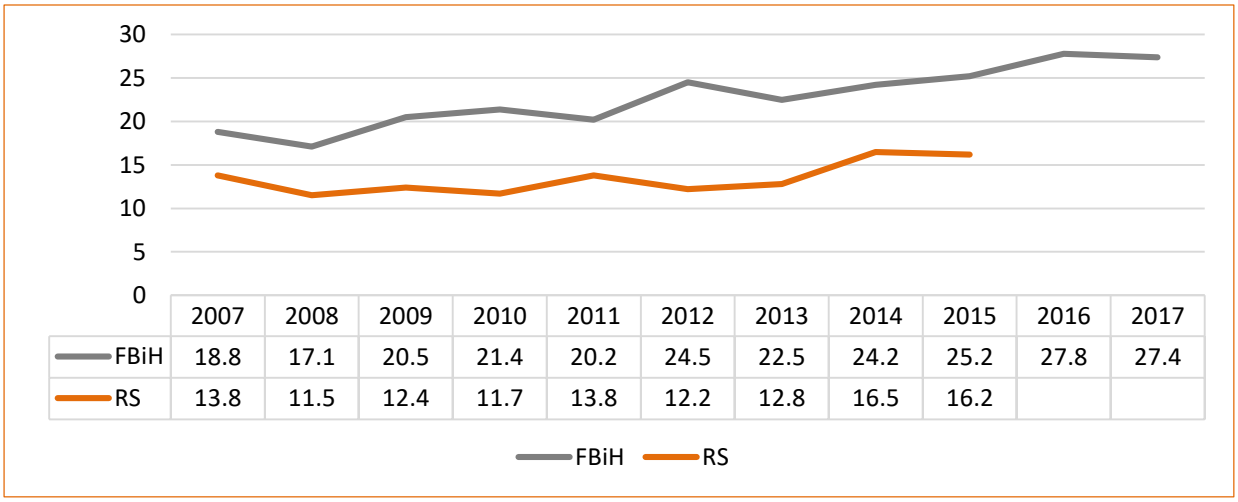
5.4 Specific mortality of women

According to WHO, non-communicable diseases (NCDs) are estimated to account for 94% of all deaths in BiH (Global Burden of Disease – GBD, 2018). Cardiovascular diseases are the leading cause of death in the group of NCDs (53%), followed by cancers (19%), chronic respiratory diseases (4%), diabetes (7%), other NCDs (12%), communicable maternal, perinatal and nutritional conditions (2%) and injuries (4%) (WHO, 2018). The Global Burden of Diseases study from 2007 to 2017 points to the positive trend of change in total number of years of life lost (YLLs) due to ischemic heart disease (9.5% change), stroke (7.5% change), diabetes (22.3% change), lung cancers (2.9% change) and Alzheimer's disease (36.9% change) which means that people with these diseases live longer (Global Burden of Disease, 2018).

In Bosnia and Herzegovina, one-fifth of all causes of deaths have been attributed to malignant diseases. In the last decade, the incidence of malignant disease has been on the rise. The most common malignancies in women that cause damage to the reproductive organs are as follows: breast cancer, colon cancer, cervical cancer and ovarian cancer (IJZRS, 2018; ZJZFBiH, 2018).

In Europe, mortality from breast cancer is 14.9/100,000, and from cervical cancer and ovarian cancer it is three times as low (3.8, 5.1) (Globocan, 2018). It should be emphasized that prevention of these cancers is possible and effective through organized screening programmes for early cancer detection through specific and easily available medical check-ups. According to estimates of the WHO and Globocan, in Bosnia and Herzegovina in 2018 mortality from breast cancer was 14.6/100,000 of women, while mortality from other cancers was lower, cervical cancer 4.7/100,000 and ovarian cancer 5.2/100,000 of women (Globocan, 2018). The mortality rate from breast cancer in both entities has been on the rise since 2007, somewhat higher in the Federation of BiH in comparison to Republika Srpska (Chart 27).

Chart 27: Mortality rate from breast cancer per 100,000 women of all ages



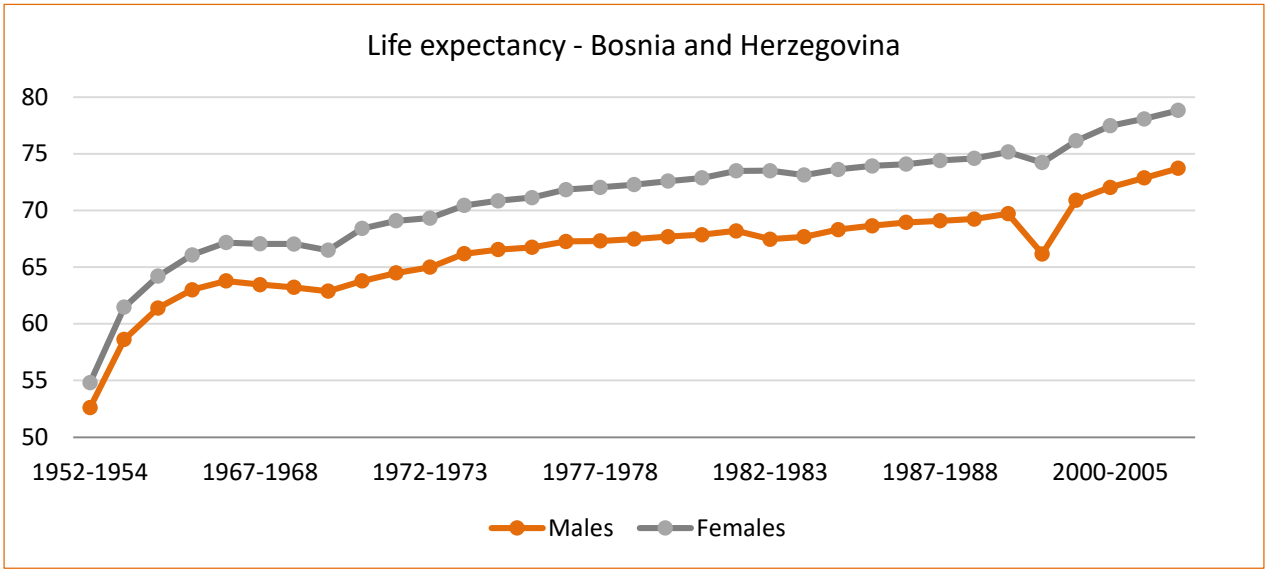
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
FBiH	18.8	17.1	20.5	21.4	20.2	24.5	22.5	24.2	25.2	27.8	27.4
RS	13.8	11.5	12.4	11.7	13.8	12.2	12.8	16.5	16.2		

Source: Data received from entity public health institutes upon request

5.5 Increase in life expectancy

During the second half of the 20th century, the population of BiH had almost continuous growth of its life expectancy at birth. Except for the short-term and smaller fall at the end of 1960s and in early 1980s, the greatest regressive trend was during war years, from 1990 to 1995, when life ecpectancy at birth for the male population decreased by 3.5 years and for female population by 0.95 years. From 1952 to 2015, life expectancy increased from 52.6 to 73.71 years of age for men and from 54.8 to 78.82 years of age for women. Longer life expectancy for women and increase in difference between sexes, from 2.2 to 5.1 years, is the common trend, although this difference among developed countries is slightly smaller. The most dynamic increase was during 1950s: in the first by over 6 years for both sexes; during the second decade life expectancy at birth for men increaed by 5.16 years, and for women by 6.95 years. Such rapid improvement was primarily achieved by bringing down infant and under-five mortality. When it comes to changes in the life expectancy at birth during 1990s, they cannot be completely detected due to lack of data (values for life expectancy at birth according to UN estimates, 2017), but consequences of war may be seen in that there was not progress in the extension of life expectancy of women and men. It is significant that in the period 1995-2015, life expectancy at birth of the male population increased by 2.8 years, and for women by 2.68 years.

Chart 28: Life expectancy at birth in Bosnia and Herzegovina, 1952-2015.



Source: UN Population Division, World Mortality Report, 2017[62]

Life expectancy at birth in Bosnia and Herzegovina has similarities with values in other countries in the region: even higher life expectancy at birth in comparison to values for male population in Serbia, Romania or Bulgaria. In comparison to Slovenia, which has the highest life expectancy in the region, and average level for EU-28, the difference is 3.5 for men and 4.4 years for women. In comparison to Switzerland, for instance, which is among the European countries with the highest life expectancy at birth, the difference is even higher: 6.8 years for men and 5.9 years for women. They are consequences of higher mortality of middle-age and older population and certain causes of death in BiH.

Life expectancy of older persons age 65+, in comparison to the level of mid-20th century (1952-1954), increased in Bosnia and Herzegovina by 3.89 years for men, and 4.98 years for women in 2010-2015 (UN, 2017). The difference between sexes is decreasing in Bosnia and Herzegovina to 2.79 years. Also, the difference in comparison to countries with lower mortality decreases, for example, in comparison to Switzerland, the difference is sligthly higher by 4 years for both sexes. It shows that progress in bringing down mortality of older people has been achieved, but further decreases are possible (UN, 2017).

5.6 Leading causes of death

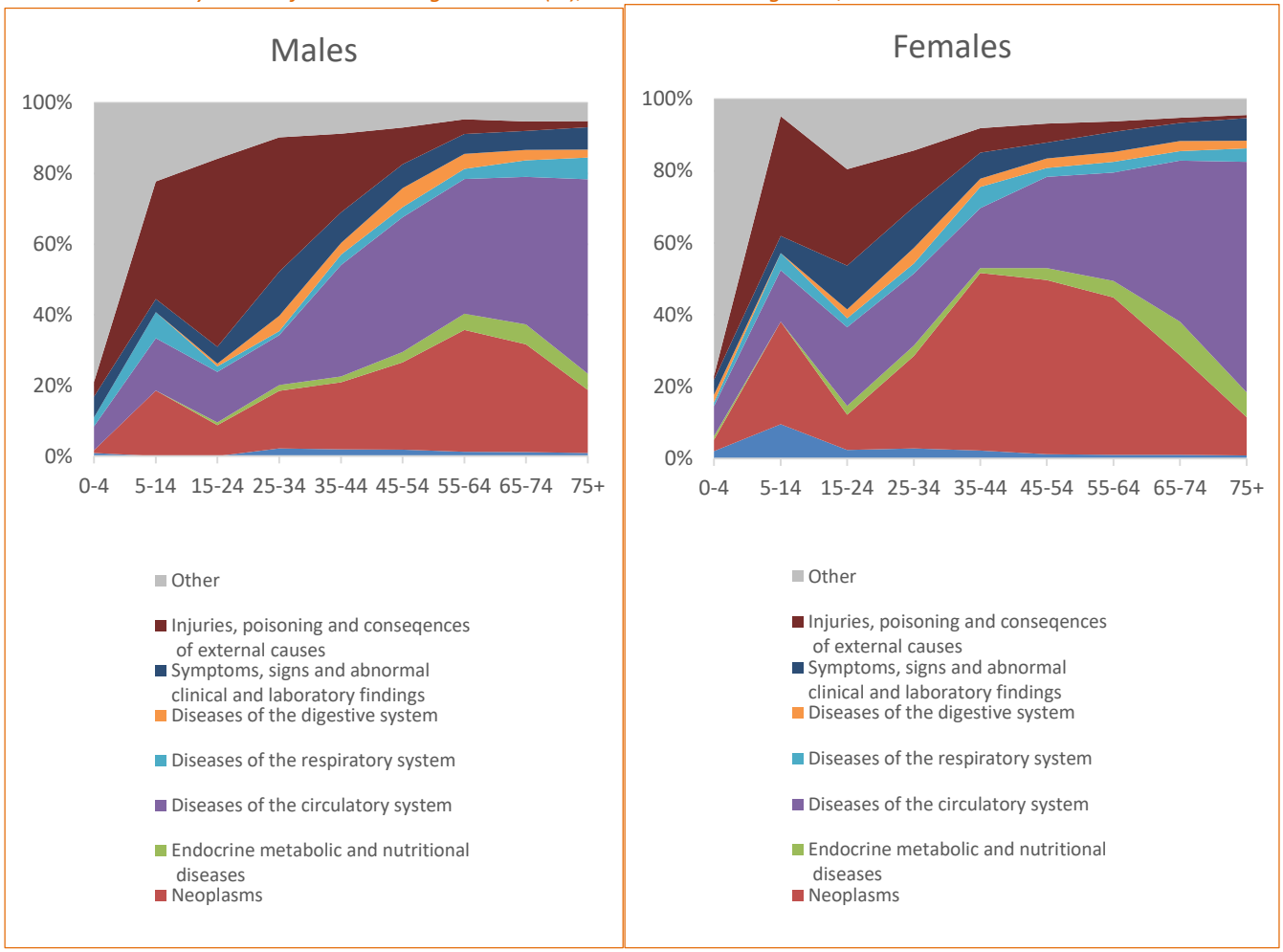
Analysis of causes of death makes it possible to better shed light on main causes of mortality and courses of social action regarding further decreasing of mortality, in particular age groups and particular causes of death, respectively. Achieving better results requires wider coverage with healthcare and raising awareness of population about importance of prevention and adoption of healthy lifestyle.

The population of Bosnia and Herzegovina has typical structure of deaths according to causes of death (Chart 29) that characterizes the stage of advanced transition of mortality. The proportion of deaths due to infectious and parasitic diseases (A00-B99), with a share of 1.04%, and diseases of the digestive system

[62] https://www.un.org/en/development/desa/population/publications/mortality/world-mortality-cdrom-2017.asp

K00-K93), with 2.7%, is very low. Over 50% of deaths are the result of diseases of the circulatory system (I00-I99); at the second place there is neoplasms (C00-C97, D00-D48) with 21.4%. The decrease in the share of diseases of the respiratory system is significant, to 4.2%, and mortality due to accidents participates with 2.8%. The share of 6% of cases classified into the group of insufficiently defined conditions (R00-R99) is still relatively high.

Chart 29: Deaths by cause of death and age and sex (%), Bosnia and Herzegovina, 2017



Source: Agency for Statistics of BiH, 2018, Bilten: Demografija

The male population has higher specific mortality rates for all causes of death in all age groups, except for endocrine metabolic and nutritional diseases, which are somewhat higher for women over age 65 (Table 5.2). Mortality rates of male population from some causes of death and at certain age groups are even twice as high. For instance, neoplasms have a higher relative prevalence in men (24% versus 19% in total structure of causes) and after 55 years of age, intensity (meaning the specific death rates) is twice as strong in comparison to the level of mortality in women. Prevalence of mortality from diseases of the circulatory system is 46.3% in men versus 55.9% in women. In all age groups up to 65 years of age, mortality from this cause is twice as high in men as in women. Share of violent death is present in male population with 4.1%, in comparison to female population where this share is 1.5%.

Specific mortality rates from violent deaths are several times higher in men than in women in all age groups (Table 5.2). Difference in mortality between sexes is that there is an earlier incidence of certain causes in male population and with higher intensity. For example, heart diseases and diseases of the cardiovascular system appear in higher percentages ten years earlier in men than in women. Share of these diseases in female population starts increasing after 55 years of age and it is highest after 75 years of age, where the share of this cause reaches 65%. Neoplasms are most prevalent in earlier age in women in comparison to other causes of death. This cause of death is present with more than one third in total structure of all causes in early youth (5-14 years of age) and then after 25 years of age. Neoplasms are highest in share of women age 35-44, when it reaches 49% of all causes of death.

Table 25: Specific death rates by cause of death, age and sex, 2013

Rate (per 100,000)	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Male									
Infectious and parasitic diseases	8.9	0.5	0.0	2.3	2.0	7.9	8.2	38.0	69.8
Neoplasms	4.5	2.1	7.4	11.6	37.5	154.0	509.2	1,013.0	1,675.3
Endocrine metabolic and nutritional diseases	2.2	0.0	0.0	0.4	6.1	16.9	61.6	197.8	448.7
Diseases of the circulatory system	15.7	3.7	6.6	14.3	45.2	182.2	512.7	1,566.9	5,711.5
Diseases of the respiratory system	4.5	0.5	0.8	1.2	4.0	11.6	46.4	172.2	557.2
Diseases of the digestive system	1.1	0.0	0.4	2.7	8.1	27.0	48.1	101.6	228.1
Symptoms, signs and abnormal	8.9	0.0	3.7	7.0	12.9	38.7	88.5	200.9	597.1
Injuries, poisoning and consequences of external causes	7.8	6.3	33.5	39.6	37.1	49.6	60.7	79.9	155.8
Other	88.3	2.6	6.2	7.4	10.5	36.1	78.9	186.9	573.4
Female									
Infectious and parasitic diseases	2.4	1.1	0.0	0.8	0.0	2.2	3.2	12.1	49.3
Neoplasms	3.5	3.9	2.2	11.3	31.7	136.8	273.8	497.9	877.5
Endocrine metabolic and nutritional diseases	2.4	0.0	0.0	1.6	3.7	8.5	36.2	199.3	541.7
Diseases of the circulatory system	15.4	0.0	3.5	6.9	22.7	67.1	249.2	1,021.2	5,588.3
Diseases of the respiratory system	2.4	1.1	2.2	0.8	3.3	2.9	23.9	77.5	302.2
Diseases of the digestive system	0.0	0.0	0.4	1.2	2.1	10.7	22.7	58.8	185.5
Symptoms, signs and abnormal	2.4	0.6	1.3	1.6	4.9	17.0	31.0	79.9	561.3
Injuries, poisoning and consequences of external causes	2.4	1.1	5.7	4.0	8.2	12.2	16.3	19.4	60.3
Other	73.3	2.8	2.6	6.5	7.4	19.5	35.4	133.9	476.7

Source: authors calculations based on Census 2013 data and publication Demography for 2013, both from Agency for Statistics of BiH

During the last two decades in Bosnia and Herzegovina, the share of violent deaths has decreased from about 4% to 2.7%. The number of male deaths due to violence during the entire period of 1996-2017 was about three times higher than the number of female deaths and this cause of death is the main reason of higher mortality of male population at younger ages. In the structure of violent deaths both in women (50.7%) and men (49.8%), the share of accidents are the highest. The share of suicides in total cases of

violent death is 38.4% among men and 35.9% among women, whereas the share of homicides is about 4% among men and about 3.7% among women (BHAS, 2018).

KEY FINDINGS

Significant progress in the mortality transition has been achieved. Nevertheless, BiH, as other countries in the region, still has lower life expectancy at birth for both sexes in comparison to developed countries of Europe. In the last years, there has been a noticeable move of mortality to older ages, but mortality in the middle ages is still relatively high, and there are large differences in mortality level between sexes. Also, the share of diseases of the circulatory system as a cause of death is high, as well as the level of specific mortality rates from this cause of death in middle-age and older population. It shows that the evolution of cardiovascular mortality has still not started, which would signal a transfer to the fourth stage of epidemiological transition.

Further reduction of mortality and prevention of early death is of special importance:

- Primarily in middle-age population, but in older age population as well, from certain causes of death, and especially from cardiovascular diseases and neoplasms,
- In the male population, especially the younger ones, by reducing mortality from violent death,
- In infants, although the share in infant mortality is only 0.5% in total number of deaths.

Earlier incidence of certain causes of death and significantly lower mortality rates in the female population clearly show in which direction it should be acted upon, with the aim to curb early mortality. Differences in mortality between sexes from certain causes of death should suggest activities in the field of preventive and curative healthcare and decrease in mortality of middle-age and older population certainly requires significant change in lifestyle and to discourage harmful habits that impact higher mortality from chronic diseases.

In the last decade, the incidence and the number of deaths from the malignant disease have been on the rise. Although the mortality rate from breast cancer does not differ a lot from the mortality rate in Europe, the active steps should be taken to train and sensitize the health professionals how to identify symptoms of breast cancer in the primary care settings. Policy and decision makers should consider encouraging community participation with the support of the grass root level health workers in spreading the awareness of breast cancer.

6. Morbidity

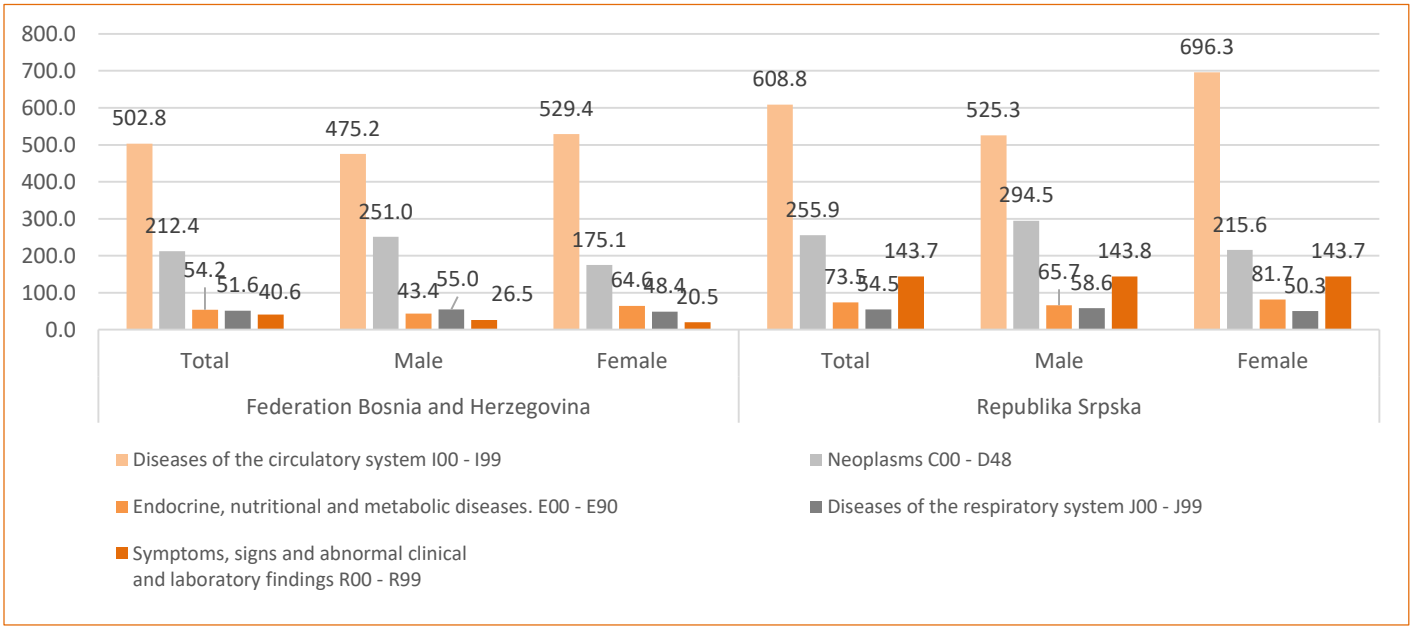
6.1 Leading diseases, conditions and injuries

Elaborated previously, the top ten causes of premature mortality are ischemic heart disease, stroke, lung cancer, diabetes, neonatal disorders, colorectal cancer, congenital defects, Alzheimer's disease, chronic obstructive pulmonary disease (COPD) and road injuries (Global Burden of Disease, 2018).

Data for Federation BiH data on leading causes of death by a specific ICD 10 diagnosis is available, while RS offers data only by a group of diagnosis. According the Public Health institute in FBiH in 2018 the leading causes of death for male were acute I21: myocardial infarction (107/100,000 inhabitants), C34 malignant neoplasm of bronchus and lung (90/100,000) and I63 stroke (75.7/100,000). For women the leading cause of death was I63 stroke (92.5/100,000), I21 myocardial infraction (79.9/100,000) and I10 hypertension (57.8/100,000). [63]

Comparable data between entities are presented in the chart below. There are some differences in the pattern of leading causes of death, in Republika Srpska the R00-R99 is the third cause of death wile in Federation BiH takes the fifth place.

Chart 30: Leading causes of death per 100,000 inhabitants in entities, 2018



Source: authors calculation based on the health and population data available from entity statistical offices

[63] *Authors calculations based on available data on population (Federal statistical bureau) and data published in "Zdravstveno stanje stanovnistva Federacije 2018"*

The incidence rate of malignant tumours in Bosnia and Herzegovina is 220.3/100,000 [64](males 247.6 per 100,000, female 202.2 per 100,000). This value is similar to the countries in the region, or even lower (Montenegro: 221.9/100,000, Croatia 287.2/100,000, Slovenia 304.9/100,000, Serbia 307.8/100,000). The mortality rate is around 118.9/100,000 (males 159.0 per 100,000, female 87.1 per 100,000), and it is relatively the same as in neighbouring countries (Montenegro 110.6/100,000, Slovenia 116.9/100,000, Croatia 136.9/100,000, Serbia 150.7/100,000). Malignant tumours with the highest incidence are lung (16.9%) and colorectal (14.5%) cancer. Cancers with the highest incidence and mortality rates are shown in Table 6.1 (Globocan, 2018).

Table 26: Incidence and mortality rates in BiH by most common cancer site.

	Age-standardized incidence rate			Age-standardize mortality rates	New cases (%)	Deaths (%)
Type of cancer	Males	Females	Both sexes		Total	Females
Lung	62.4	13.5	36.1	30.5	16.9	24.1
Colorectum	-	45.4	45.4	13.3	14.5	11.9
Breast	15.2	11.0	26.1	14.6	9.6	6.3
Prostate	26.3	-	26.3	11.5	6.5	5.2
Stomach	14.0	7.0	10.1	7.4	5.0	6.4
Bladder	12.6	4.9	8.3	2.8	4.1	2.9
Pancreas	9.4	6.8	8.0	6.3	3.9	5.5
Cervix uteri	-	23.9	23.9	4.7	3.9	1.6

Source: International Agency for Research on Cancer. World Helath Organisation. Bosnia and Herzegovina, 2018. (http://gco.iarc.fr/today/data/factsheets/populations/70-bosnia-and-herzegovina-fact-sheets.pdf)

The mortality rates for diabetes mellitus and chronic respiratory diseases in FBiH do not show a downward trend. The mortality rate for diabetes mellitus in 2017 had a value of 46.1/100,000 inhabitants, which is more than in 2016 when the value was 42.8/100,000. Chronic respiratory illnesses show an increase in 2017 compared to 2016 (2017, 26.4/100,000; 2016, 22.9/100,000) (IZJZFBiH, 2018).

According to the official data (which are not complete), the prevalence of diabetes melitus in RS is 5.2%, which does not correspond to the actual state of the disease's spread. In relation to the environment and the trend of the disease flow, it is estimated that the prevalence is between 6 and 8% (IJZRS, 2018).

According to the Global Burden of Disease Study, it has been noted a decline in the share of the population with any mental health or substance use disorder. Mental health or substance use disorder includes depression, anxiety, bipolar disorder, eating disorders, alcohol or drug use disorders, and schizophrenia. Although the difference in the share of the population with mental disorders is not significant between 2007 and 2017 (1997, 11.57%; 2017, 10.99%), careful analysis of annual data shows that this number is in very slow but constant fall. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models (Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2017.) Also, this Global

[64] http://gco.iarc.fr/today/data/factsheets/populations/70-bosnia-and-herzegovina-fact-sheets.pdf

Burden of Disease Study gives the results on mental health and substance use disorders in DALYs as a share of total disease burden. Mental and substance use disorders account for 4.68% of the global disease burden in 2017. Disease burden is measured in DALYs. Mental health and substance use disorders were 4.68% of the total burden of disease, in 2005 it had reached its peak with 5.04% of the total burden of disease and in 2017 it was 4.2% of the total burden of disease in BiH. Prevalence of depressive disorders in a given population is 2.32%. The situation is similar in other countries in the region (Table 6.2) (Global Burden of Disease Collaborative Network, 2017).

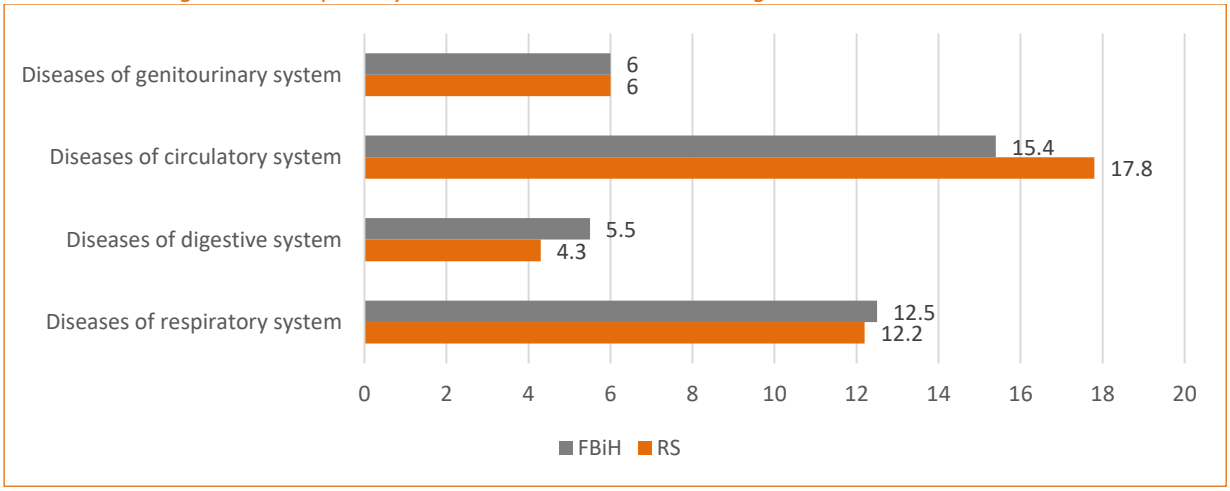
Table 27: Prevalence of mental health and substance use disorders (depression, anxiety disorder, bipolar disorder)

	Prevalence of mental health	Prevalence of substance use disorders (%)	Prevalence of depressive disorders (%)	Prevalence of anxiety disorders (%)	Prevalence of bipolar disorder (%)
BiH	11.8	3.49	2.92	3.76	0.80
Montenegro	11.9	2.54	3.08	3.7	0.78
Serbia	12.01	2.62	3.24	3.71	0.76
Croatia	12.4	2.96	3.65	3.79	0.78

Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2017; http://ghdx.healthdata.org/gbd-results-tool

Morbidity is measured by indicators of outpatient healthcare statistics, i.e. at the primary level of health care and statistics of hospital-treated patients. At the primary level of health care, a great number of acute diseases is registered annually, and chronic diseases are registered once a year. The most common diseases in primary health care are diseases of the respiratory system (23.5% in FBiH and 14.5% in RS) and the circulatory system (15.4% in FBiH and 11.5% in RS) (Chart 31).

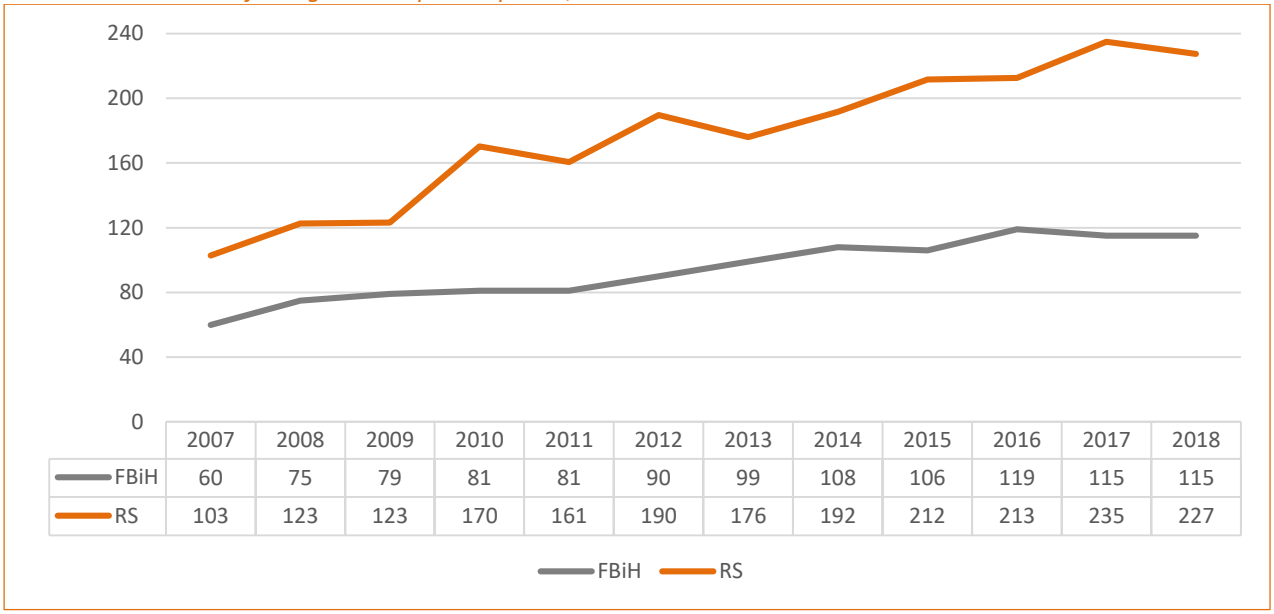
Chart 31: Leading diseases in primary health care in Bosnia and Herzegovina in 2017



Source: Public health Institute of Republika Srpska. Population healthcare in Republika Srpska for the period 2007-2017, page 57. Retrieved from: http://www.phi.rs.ba/index.php?view=publikacije&id=publikacije
Public health Institute of the Federation of Bosnia and Herzegovina. Healthcare statistical yearbook of the Federation of Bosnia and Herzegovina for the period 2007-2017, page 131. Retrieved from: https://www.zzjzfbih.ba/statisticki-godisnjaci/

In the period from 2007 to 2017 there was an increase in the prevalence of malignant neoplasms in both entities (Chart 32).

Chart 32: Prevalence of malignant neoplasms per 10,000 inhabitants

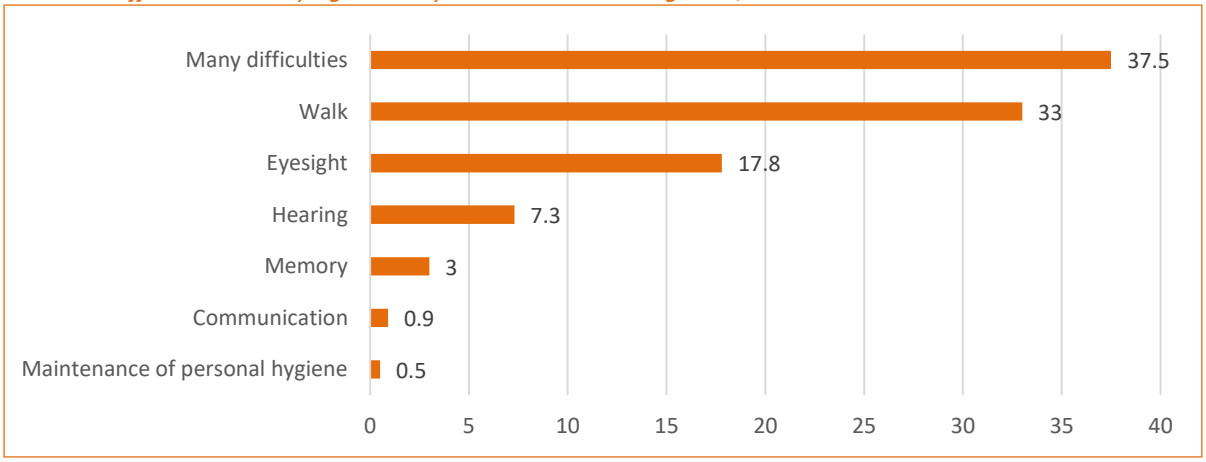


	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
FBiH	60	75	79	81	81	90	99	108	106	119	115	115
RS	103	123	123	170	161	190	176	192	212	213	235	227

Source: Data received from entity public health institutes upon request

According to the 2013 Census report in BiH 8.33% of the total population has some type of disability (FBiH 8.2%, RS 8.5% and BD 9.2%). In the population with disability more than half have difficulties walking or climbing stairs (33%) and difficulties with impaired vision (17.8%). More than a third of the population with disabilities have multiple difficulties (37.5%) (Census BiH, 2013) (Chart 33).

Chart 33: Difficulties underlying disability in Bosnia and Herzegovina, 2013



Source: Results of population Census 2013

According to the research conducted by the Institute for Health Metrics and Evaluation of the USA, the most common problems that cause disability are non-communicable diseases. In the period from 2007 to 2017, the leading non-communicable diseases that caused a rise in the number of years lived with disability

were stroke (13%) and diabetes (11.4%) and those that reduced years lived with disability were depressive disorders (14%) and neonatal disorders (15.9%).

The three risk factors that account for the most disease burden in Bosnia and Herzegovina are dietary risks, high blood pressure, and tobacco smoking. The leading risk factors for children under 5 were iron deficiency and for adults age 15-49 years alcohol use, in 2010. The last available data from 2015 indicate that there is 14.3% of the population older than 15 who are regular daily smokers (female 11.3% and male 17.6%). With this prevalence of smokers, Bosnia and Herzegovina is among countries with the lowest percentage of regular daily smokers in the population. The average percentage of regular daily smokers in the EU is 22.4%. Also, all countries in the region have higher values of regular daily smokers (Serbia 29.2%, Croatia 27.5%, Montenegro 31.0%, Albania 32.9%) (WHO Health for all database).

The WHO estimates (2014) that 17.9% of the population of BiH age 18 years and over is obese. In comparison to the EU average and countries in the region, BiH has significantly lower prevalence of obesity in the population (EU 22.9%, Croatia 24.4%, Montenegro 23.3%, North Macedonia 22.4%, Serbia 21.5%, Albania 21.7%) (WHO Health for ALL database).

Disability increases with age, it reduces workability and increases the need for health care, especially in the domain of social protection. Analysis conducted in both entities of BiH shows that there is support for persons with disabilities. The Law on Professional Rehabilitation, Training and Employment of Disabled Persons in FBiH as well as in RS, which defines the right to employment of persons with disabilities, does not discriminate against persons with disabilities in relation to their form and the occurrence of disability. This law offers a number of incentives for both employers who employ disabled persons and disabled people themselves in the process of self-employment (Law on professional rehabilitation, training and employment of disabled people, RS, 2012; Law on professional rehabilitation, training and employment of disabled people, FBiH, 1999). According to the Law on Social Protection of Republika Srpska (Official Gazette of RS, 37/12), persons with disabilities can exercise the following rights: right to financial assistance, right to care allowance and other person's assistance, right to support equalisation of children and youth, right to housing in the institution, right to take care of the foster family, right to help and care in the home, right to daily care, right to one-time financial assistance and right to counseling. On the other hand, although persons with disabilities are defined as a category of the population according to which authorities and institutions must take special care, there has recently been a noticeable decrease in support for this population through budget allocations and changes to the laws that abolish certain privileges for this population in FBiH. A good example is the recent amendments to the Income Tax Act, which abolished certain benefits enjoyed by employers employing persons with disabilities.

The findings of the OSCE-led Survey on the Well-being and Safety of Women conducted in 2018 in demonstrating the public health consequences of violence against women selected countries in South-Eastern and Eastern Europe. The results of the analysis focus only on the impact of the most serious incidents experienced and do not reveal the full extent of how survivors of violence are affected. Injuries were noted most often as a result of the most serious incidents of violence committed by a previous partner, particularly when it involved some form of sexual violence. The more brutal or severe nature of the violence that women indicate experiencing at the hands of a previous partner is reflected in the fact that they are more likely to suffer physically in some way. In BiH women most frequently say they have experienced bruises and scratches (41%), following the most serious incident of violence, followed by

wounds, sprains, or burns (12%), fractures, broken bones, broken teeth (7%), internal injuries (4%), and miscarriage (4%) (OSCE, 2018: 86)[65].

Except for physical consequences, the majority of survivors of physical and/or sexual violence developed at least one of the longer-term psychological consequences of intimate partner and non-partner violence. Psychological consequences of physical and/or sexual violence are the feeling of vulnerability (36%), depression (34%), loss of self-confidence (34%), difficulty in sleeping (30%), anxiety (29%), and panic attacks (24%). When the incident identified as the most serious included sexual violence, women are more likely to have experienced at least one psychological consequence (OSCE, 2018).

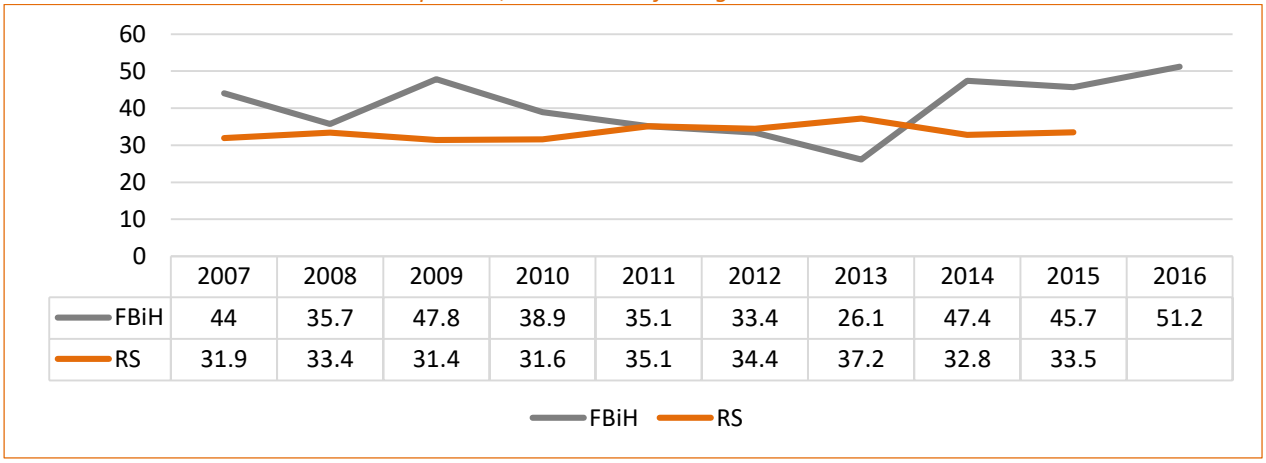
6.2 Specific diseases of women

Non-communicable diseases, of which the leading ones are cardiovascular diseases and malignant neoplasms, are the main causes of morbidity and mortality in the population in Bosnia and Herzegovina. Diseases related to the reproductive health of women stand out and they could be the results of risky behavior associated with lifestyle (tobacco and alcohol consumption, obesity, insufficient physical activity, stress and risky sexual behavior). These diseases belong to the group of malignant neoplasms which are the leading cause of disability and mortality in the reproductive life of a woman. It is important to highlight that the majority of malignant neoplasm is preventable. With organized measures, society may eliminate not only the risk factors associated with these diseases but also reduce their incidence.

Breast cancer is one of the leading causes of malignancy in women in Bosnia and Herzegovina. Breast cancer ranks as the most common cancer with 1,386 new cases diagnosed annually in Bosnia and Herzegovina (estimates for 2018). The age-standardized incidence rate is 45.4 new cases per 100,000 women per year. The age-standardized incidence rate in BiH is the lowest in the region (Montenegro 87.8/100,000, Serbia 75.3/100,000, Croatia 68.7/100,000, Slovenia 68.5/100,000 and North Macedonia 61.5/100,000) (Globocan, 2018). This indicator should be interpreted very carefully since there are no cancer screening programmes in BiH but the exams are done based on the recommendation by primary care practitioners during routine appointments or on a patient's request. Such an approach has led to sub-optimal coverage of the target population (UNFPA, 2015) and consequently to the relatively low incidence rate. However, the breast cancer incidence rate has been increasing over the last years (the incidence rate is higher in FBiH than in RS (Chart 34) (IJZRS, 2007-2018; ZJZFBiH, 2007-2018).

[65] http://osce.org/secretariat/413237

Chart 34: Breast cancer incidence rate per 100,000 women of all ages



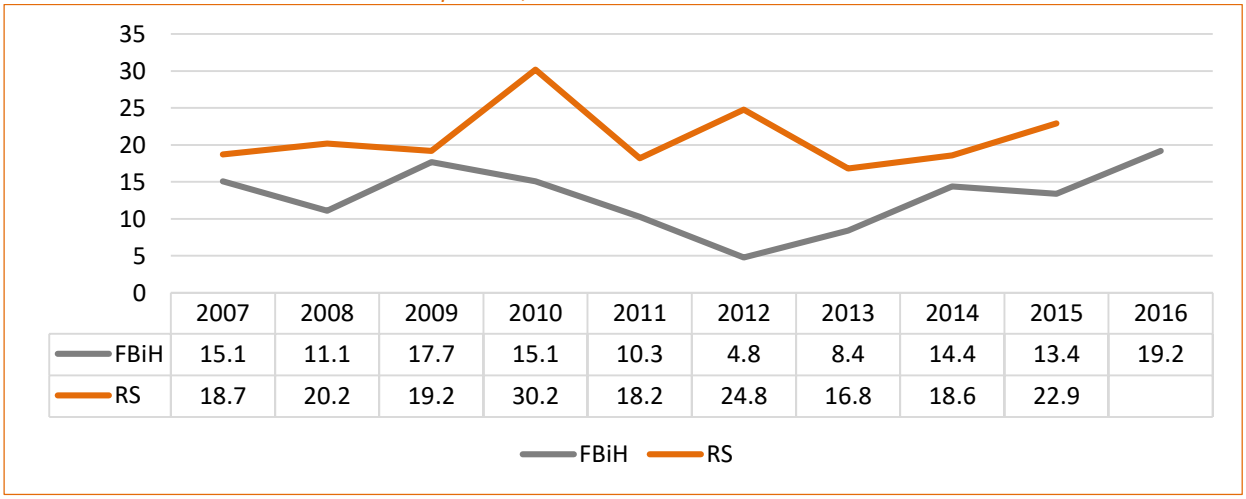
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
FBiH	44	35.7	47.8	38.9	35.1	33.4	26.1	47.4	45.7	51.2
RS	31.9	33.4	31.4	31.6	35.1	34.4	37.2	32.8	33.5	

Source: Data received from entity public health institutes upon request

About 565 breast cancer deaths occur annually in Bosnia and Herzegovina and 1,386 new cases (estimates for 2018). Breast cancer ranks as the leading cause of female cancer deaths in Bosnia and Herzegovina. The age-standardised mortality rate is 14.6 per 100,000. Compared to the other countries in the region, Bosnia and Herzegovina has among the lowest age-standardized mortality rates. Neighboring Montenegro has the highest age-standardized mortality rate (22.6/100,000), followed by Serbia (21.9/100,000), Croatia (18.2/100,000), Macedonia (17.2/100,000), and Slovenia (14.4/100,000) (Globocan, 2018).

About 556 new cervical cancer cases are diagnosed annually in Bosnia and Herzegovina (estimates for 2018). Cervical cancer ranks 2nd as the cause of female cancer deaths and the most common female cancer in women age 15 to 44 years in Bosnia & Herzegovina (ICO/IARC HPV Information Centre, 2018). In the region, Bosnia and Herzegovina is in the first place in the age-standardized incidence rate of cervical cancer with 23.9 new cases per 100,000 women per year. Serbia is in second place with 20.3/100,000, then Montenegro 12.5/100,000 and North Macedonia 10/100,000 (Ferlay J, 2018). In Republika Srpska, the incidence is higher in comparison to the Federation of BiH (Chart 35).

Chart 35: Cervical cancer incidence rate per 100,000 women



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
FBiH	15.1	11.1	17.7	15.1	10.3	4.8	8.4	14.4	13.4	19.2
RS	18.7	20.2	19.2	30.2	18.2	24.8	16.8	18.6	22.9	

Source: Data received from entity public health institutes upon request

About 141 cervical cancer deaths occur annually in Bosnia and Herzegovina (estimates for 2018). Cervical cancer ranks as the ninth cause of female cancer deaths in Bosnia and Herzegovina and the second cause of cancer deaths in women age 15 to 44 years in Bosnia and Herzegovina. Neighboring Serbia has the highest age-standardized mortality rates (7.0/100,000), followed by Bosnia and Herzegovina (4.7/100,000), Montenegro (4.2/100,000), Croatia (3.7/100,000), Macedonia (3.5/100,000) and Slovenia (2.8/100,000) (Ferlay J, 2018)

It has been proven that organized screening programmes for cervical cancer can prevent 80% of all cervical cancers. The cervical cancer screening provided in Bosnia and Herzegovina is opportunistic screening and the invitations depend on the individual's decision or encounters with health-care providers (UNFPA, 2015). Besides screening, vaccines against certain types of Human Papillomavirus are also available. Implementing these vaccines in population vaccination programmes would strengthen the protection provided by screening programmes, reduce the expected risk and contribute to a further decline in cervical cancer rates. At this moment, the HPV vaccine could be given on demand and it is not covered by health insurance. The introduction of HPV vaccination into the mandatory vaccination calendar could effectively reduce the burden of cervical cancer in the coming decades. So far, there is no evidence on the coverage and vaccination data.

Breast and cervical cancer rates can be reduced by screening so the implementation of effective screening programs would provide substantial benefits for both the people and the health systems in BiH. Population screenings (breast and cervix) should be the priority in protecting the health of the population in order to avoid long-term consequences for the health of the population and to reduce the costs for health insurance funds.

The amount of work and funding required to implement an organised cancer screening programme is enormous and the separate programmes should be implemented sequentially, with existing capacities favouring cervical and breast screening.

KEY FINDINGS

- The most common diseases at the primary level of health care BiH are diseases of the respiratory system and diseases of the circulatory system.
- The incidence rate of malignant tumours in Bosnia and Herzegovina is similar to the countries in the region, even lower. The mortality rate is relatively the same as in neighbouring countries. Malignant tumours with the highest incidence are lung and colorectal while the neoplasms with the highest mortality are lung and breast cancers.
- It has been noted a very slow but constant fall in the share of the population with any mental health or substance use disorder such as depression, anxiety, bipolar disorder, eating disorders, alcohol or drug use disorders, and schizophrenia.
- Risk factors that account for the most disease burden in Bosnia and Herzegovina are dietary risks, high blood pressure, and tobacco smoking.
- In the population of women with disability, the most frequent difficulties are walking or going upstairs and difficulties due to impaired vision. More than a third of population with disabilities have multiple difficulties.
- Breast cancer is a leading cancer with the number of new cases diagnosed annually in Bosnia and Herzegovina. It is also among leading causes of female mortality from cancers.

- Bosnia and Herzegovina has a high cervical cancer incidence rate and quite high mortality rate from this disease. Compared to the countries in the region, Bosnia and Hercegovina is among the countries with least favourable statistics related to cervical cancer.
- The lack of organized screening programmes is reflected in a significantly high level of mortality rates from breast and cervical cancers.

7. Situation and trends with respect to HIV/AIDS and STIs

Sexualy transmitted infections (STIs), if not adequately treated, may leave consequences on reproductive health (infertility, ectopic pregnancy) and cause chronic diseases, even death, and in the case of infected pregnant woman, consequences on newborns may be very serious (congenital diseases, blindness, pneumonia, small birth weight, stillbirth, perinatal death etc.). Moreover, having STIs facilitates transmission of HIV infection.[66] HIV infection (infection by the virus of human immunodeficiency), including AIDS (clinical manifestation of HIV infection, i.e. acquired immunodeficiency syndrome), together with STIs are still one of the basic challenges of public health. Prevention and treatment of STIs and HIV infection are the key for protection of reproductive and general health of individuals and broader society. Stigma and prejudices, related to both, the risk behaviour and the persons who take part in risk-taking behaviour, present particular challenge for prevention and treatment of STIs and HIV infection.

Following the recommendations of the UN agencies and other international organisations regarding the response to HIV/AIDS, in 2002 the Council of Ministers of Bosnia and Herzegovina formed multisectoral National Advisory Board for Combating HIV/AIDS (hereinafter referred to as: the National Advisory Board) as coordination, surveillance and advisory body for response to the HIV epidemic. It managed preparation of strategic documents for HIV response[67]. Starting in 2003, the Ministry of Civil Affairs of Bosnia and Herzegovina became responsible for coordination in the field of healthcare, international cooperation and reporting (the Council of Ministers of Bosnia and Herzegovina, 2011) and from the same year it chairs the National Advisory Board (the Council of Ministers of Bosnia and Herzegovina, 2011). Subsequently it assumed the central role in consolidation of HIV data and reporting to international organisations.

For STIs, HIV infection and AIDS compulsory surveillance[68] was introduced, as well as treatment which is funded primarily from the mandatory health insurance fund (HIF), i.e. by 13 HIFs[69]. Epidemiological surveillance data at the level of entities are collected and analysed by the Institute for Public Health of the Federation of Bosnia and Herzegovina (PHIFBiH) and Public Health Institute of Republika Srpska (PHIRS), and at the level of Brčko District – Division for Public Health and other services of Brčko District BiH – Public Health Subdivision. Laws on Protection of the Population from Infectious Diseases[70] regulate in both entities the mandatory HIV testing of blood, cells, organs and tissues samples of voluntary donors, and of certain categories of employees exposed to HIV risk.[71] In the Federation of BiH, the Law[72] additionally envisages testing of risk groups (people who inject drugs, promiscuous people and people serving criminal sanctions), as well as testing within voluntary counselling and testing for HIV infection. Testing of pregnant women is not mandatory, but it is a part of preventive check-ups[73], i.e. check-ups recommended on the

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[66] Sexually Transmitted Diseases (STDs): Diseases and Related Conditions. (2019). Center for Disease Prevention and Control. Accessed: 9 April 2019 https://www.cdc.gov/std/default.htm

[67] Strategy for prevention and fight against HIV/AIDS, 2004-2009; Strategy for response to HIV/AIDS in Bosnia and Herzegovina, 2011-2016

[68] Law on Protection of the Population from Infectious Diseases. Official Gazzete of Republika Srpska, 90/17; Law on Protection of the Population from Infectious Diseases. Official Gazzete of the Federation of Bosnia and Herzegovina, 29/2005.

[69] Strategic basis for adoption and implementation of the Project of strengthening healthcare sector. (2011). Federal Ministry of Health. Accessed: 31 March 2019 http://www.fmoh.gov.ba/index.php/projekt-jacanja-zdravstvenog-sektora

[70] Law on Protection of the Population from Infectious Diseases, Official Gazzete of RS, 90/17; Law on Protection of the Population from Infectious Diseases, Official Gazzete of the FB&H, 29/2005.

[71] Rulebook on previous and periodical medical check-ups of workers with higher risk job positions. Official Gazette of Republika Srpska, July/08.

[72] Law on Protection of the Population from Infectious Diseases, Official Gazzete of the FB&H, 29/2005.

[73] Content and Volume of Preventive Measures. Official Gazette of Republika Srpska, 102/11.

basis of epidemiological indications[74], which further enables implementation of the prevention of vertical transmission of HIV infection from mother to child.

From 2006 to early 2015, a significant part of the HIV response in the domain of prevention and treatment (about 30-35% of total expenditure in BiH on HIV response) was funded from donations of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) (aidspan, 2016; Godinjak et al., 2015). Prevention programmes were funded for provision ofneedles and syringes and an opioid substitution therapy (OST) among people who inject drugs (PWID), HIV prevention among men who have sex with men (MSM), among female sex workers (SW), among prisoners and other marginalized populations, as well as programmes of reducing stigma and discrimination and training for healthcare workers and other professionals (Manukyan, Campbell, Burrows, & Burrows, 2013). Starting in April 2019, a new regional project, supported by a donation of GFATM, is implemented in Bosnia and Herzegovina (BiH) (together with North Macedonia, Montenegro, Serbia and Romania). The aim of the project is to create sustainable HIV prevention programmes and HIV treatment in these countries.[75]

7.1 Sexually transmitted infections

According to the available data, prevalence of STIs in the general population is very low in BiH. However, cases of STIs (gonorrhoea, syphilis and chlamydia) are underreported. The main reasons are related to passive surveillance, i.e. inadequate reporting of private laboratories, where often people are looking for help due to STIs related stigma, and issues related to privacy protection, which all together impact the insufficient reporting of diagnosed cases (Public Health Institute of Republika Srpska [PHIRS], 2018; Public Health Institute of the Federation of Bosnia and Herzegovina [PHIFB&H], 2018). Thus, the rate of certain STIs varies primarily due to quality of the established surveillance system. The rate of morbidity from sexually transmitted chlamydiasis in Republika Srpska in the period 2007–2014 increased considerably (from 0.6/100,000 inhabitants in 2007 (9 persons in total) to 9.1 or 10.9/100,000 in 2014 (127 person in total))[76], and then it started to decline, with another rise in 2017 (8.5/100,000, 98 persons in total). (PHIRS, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018).[77] The rate of chlamydiasis cases in the Federation of BiH is lower than in RS, and the highest rate was recorded in 2007 (0.3/100,000 inhabitants, 6 persons in total), after which it did not exceed 0.2/100,000 inhabitants (i.e. 4 persons). In the period from 2011 to 2013 there was not a single case of chlamydiasis registered in the Federation of BiH (PHIFBiH, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018). In both entities, chlamydia is registered mostly among women and in the age group 25-29, with the significant share of youth age up to 25 in Republika Srpska, and sporadically in Federation of BiH[78]. Rates of gonorrhoea cases are higher in RS than in the Federation of BiH, although both entities did not exceed the rate of 0.4/100,000 inhabitants in the

[74] *Law on Protection of the Population from Infectious Diseases, Official Gazzete of the FB&H, 29/2005.*

[75] *Tenders: Alliance for Public Health is announcing an open Call for Proposals to support sustainability of HIV responses in the five countries of Southeastern Europe: Bosnia and Herzegovina, North Macedonia, Montenegro, Romania and Serbia. (2019). Alliance for Public Health. Accessed: 6 April 2019 http://aph.org.ua/en/tenders/programme-tenders/*

[76] *Reports of the public health institutions, Public Health Institute of Republika Srpska, do not have consistent data through time. In annual reports, there are variations in rates of diseases for the previous periods – as in this case of chlamydiasis rate for 2014, where the rate is presented as 9.1 (in PHIRS. Analysis of Population Health In Republic of Srpska, 2014) and as 10.9 (in PHIRS. Analysis of Population Health In Republic of Srpska, 2017).*

[77] *Data of Public Health Institute of Republika Srpska, delivered upon request.*

[78] *In RS about 1/3 of the cases in 2014 were in the age group up to 25, and in 2015, 2016 it was between 20%-25% (data of PHIRS delivered upon request). In Federation of BiH in the same age group there was recorded one case of a young man in 2010 and one case of a girl in 2016 (PHIFBiH, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018).*

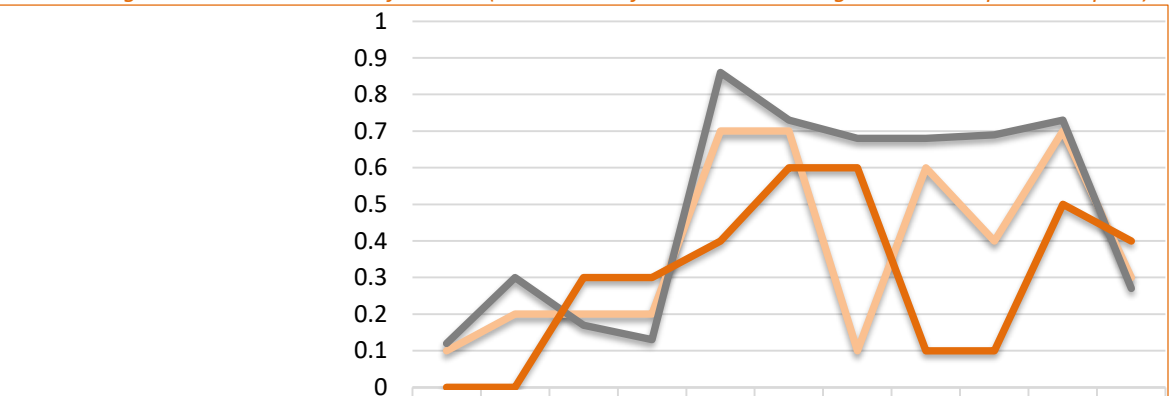
period 2007–2017.[79] (PHIRS, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018; PHIFB&H, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018) In both entities, most cases of gonorrhoea are registered among males, and in the age group 25-49, with sporadically up to 1/3 of cases (1 to 2 cases) in the age group up to 25 (PHIFBiH, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018).[80] Somewhat higher rates of syphilis cases are recorded in RS, with slight increase in the period 2007–2011 (0.4/100,000 to 1.8/100,000), when its maximum was recorded, and than, after decreases, again increases in 2014 (to 1.1, i.e. to 1.3) and in 2017 (to 0.9).[81] (PHIRS, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018). In the Federation of BiH rate of syphilis morbidity rate had been in decline from 2007 (with 0.7/100,000) to 2015 (0.2/100,000), when it reaches stability in the next two years (to 0.4/100,000). In both entities, syphilis is mostly registered among men, and in the age group 25-49, while among youth age up to 25 zero to two cases were registered.[82]. In both entities, cases are also registered more often in the age group 50+ (on average about 1/3 of all cases) .[83] (PHIFBiH, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018).

7.2 HIV infection

WHO classifies BiH as part of the central portion of the European Region. As in all other countries in this region, prevalence of HIV infection is low. In BiH it is less than 1% in the general population (European Centre for Disease Prevention and Control/WHO Regional Office for Europe [ECDC/WHO], 2018), and less than 5% in the key population at HIV risk (1.2% among MSM, 0.5% among SW, less than 0.5% among PWID) (Stojisavljevic, Janjic, et al., 2015; Stojisavljevic, Vranjes, et al., 2015). The first AIDS case in BiH was registered in 1986, and the first case of HIV infection in 1989 (the Council of Ministers of Bosnia and Herzegovina, 2003). In the European Region, BiH is one of the countries with the lowest recorded rates of newly diagnosed HIV infected persons (0.3/100,000 in 2017), together with Slovakia (1.3) and Slovenia (1.9). More precisely, in 2017, in BiH a total of 12 persons were newly diagnosed with HIV (ECDC/WHO, 2018), 7 in the Federation of BiH and 5 in RS (PHIRS, 2018; PHIFBiH, 2018). The highest notification rate of newly diagnosed with HIV per 100,000 inhabitants recorded in BiH was 0.7 (between 27 and 24 persons) (ECDC, 2017, 2018). In the period 2007-2017, a higher notification rate is recorded in the Federation of BiH than in RS (PHIRS, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018; PHIFB&H, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018) (Chart 36).

[79] *In absolute numbers, the number of reported cases of gonorrhoea does not exceed 7 persons in the Federation of BiH, i.e. 5 persons in RS at annual level.*
[80] *For RS – data delivered upon request by PHIRS.*
[81] *Reports by the public health institution, Public Health of Republika Srpska, do not have consistent data through time. In annual reports there are variations of rates of diseases for the previous period as in the case of syphilis rate for 2014 (1.1 rate is given in the PHIRS. Analysis of Population Health In Republic of Srpska, 2014., and the rate 1.3 in the PHIRS. Analysis of Population Health In Republic of Srpska, 2017).*
[82] *In RS only in 2011 38.5% (10 cases) of all registered cases was in the age group up to 25 (data of PHIRS, delivered upon request).*
[83] *Data of Public Health Institute of Republika Srpska, delivered upon request.*

Chart 36: Rate of newly diagnosed HIV infected persons per 100,000 inhabitants in the period 2007–2017 at the level of Bosnia and Herzegovina and at the level of entities (Federation of Bosnia and Herzegovina and Republika Srpska)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Bosna i Hercegovina	0.1	0.2	0.2	0.2	0.7	0.7	0.1	0.6	0.4	0.7	0.3
Federacija Bosne i Hercegovine	0.12	0.3	0.17	0.13	0.86	0.73	0.68	0.68	0.69	0.73	0.27
Republika Srpska	0	0	0.3	0.3	0.4	0.6	0.6	0.1	0.1	0.5	0.4

Source: Public Health Institute, PHIRS (2008–2018), PHIFBiH (2011–2018) and ECDC (2016, 2017).
Note: The following countries are using 'date of statistics' instead of 'date of diagnosis' to present surveillance data in their national reports; hence, the numbers displayed here are not fully aligned with the number of new diagnoses in their national statistics. For 2016, these countries are: Andorra (4), Armenia (303), Bosnia and Herzegovina (26), North Macedonia (31), Ireland (508), Luxembourg (98).
Note: Brčko District has not reported any cases of HIV infections in this period

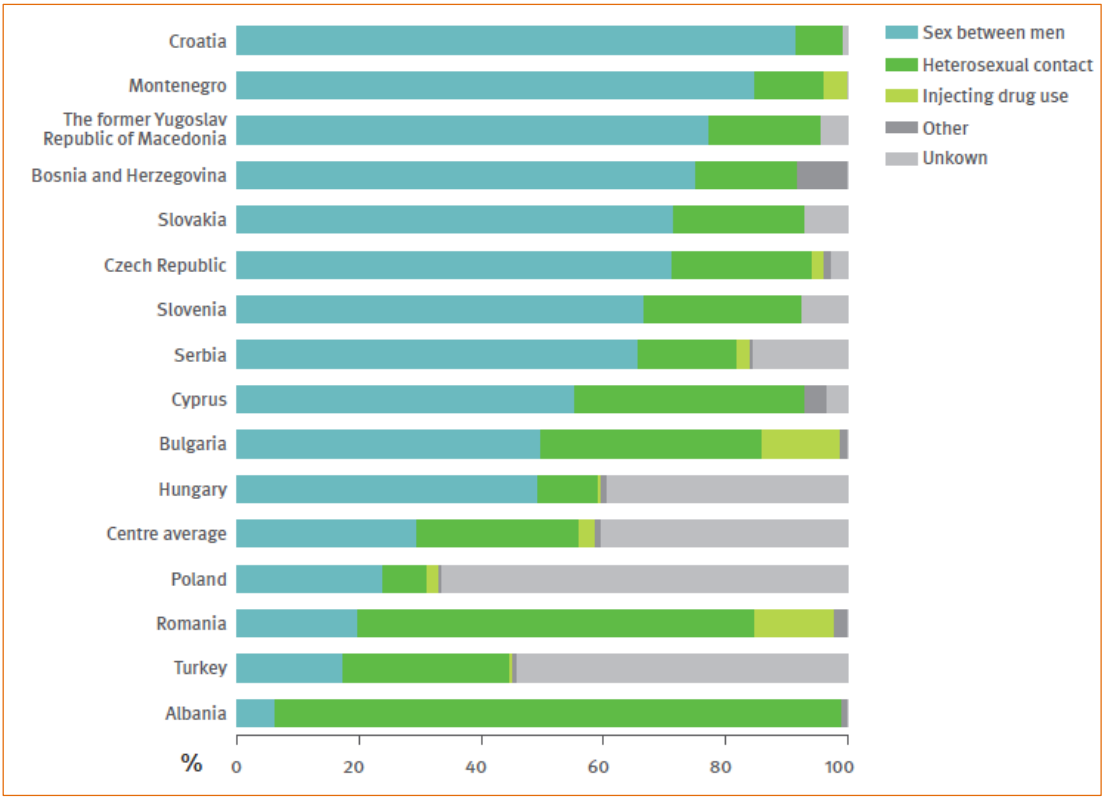
According to data reported to ECDC, for 1986-2017, in BiH the cumulative number of registered people living with HIV was 281, with a total of 152 persons diagnosed with AIDS, and 64 persons who died of AIDS (ECDC/WHO, 2018), while in 2017 there were 217 registered persons living with HIV (PLHIV). Males are a majority among registered PLHIV. Moreover, there was increasing trend of proportion of males among total number of registered PLHIV in 2017 compared with 2009 (84.3% in 2017 in comparison to 77.3% in 2009), and consequently a decrease in the proportion of females (14.6% in 2017 versus 20.9% in 2009)[84]. This is followed by the increase of males in the male to female ratio (from 3.7:1 in 2009 to 5.8:1 in 2017) (ECDC/WHO, 2010, 2018).

The main mode of transmission was heterosexual with 43.8% of all diagnosed PLHIV, which presents a decrease in comparison to 2007 when they made up for 55.1% of all HIV cases cumulatively. In the same period there was a decrease in the proportion of persons infected through injecting with non-sterile equipment (from 14.3% in 2007 to 7.1% in 2017 cumulatively). However, in the same period there was a considerable increase in proportion of those infected through unprotected sex between men, from 16.3% of all HIV cases cumulatively in 2007 to 40.6% in 2017 (ECDC/WHO, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018). In the entities, the similar trend is recorded. In the Federation of BiH the main HIV transmission mode is unprotected sex between men (with 47.7% of all diagnosed PLHIV), followed by heterosexual mode of transmission (with 41.9%) (PHIFBiH, 2018), whereas in RS the main transmission mode is heterosexual (with 48% of all diagnosed PLHIV), followed by those infected through

[84] *Sum of men and women percent is not 100%, since certain percent are persons with unknown sex.*

sex between men (34%).[85] Cumulatively, the majority of the HIV cases are registered in the age group 30-39 in both entities[86] (PHIFBiH, 2018). However, there are sporadically registered cases of HIV in younger population (15-24).[87] In BiH there is an increasing trend of newly diagnosed HIV cases per year till 2016, when the decrease was registered in 2017 (from 24 cases in 2016 to 12 cases in 2017). Among new HIV diagnosis, there is also the increase of the proportion of those infected through sex between men (from 11.1% in 2008 to 75% in 2017, with a peak of 84% in 2012). (ECDC/WHO, 2018) The increasing trend of those HIV infected through unprotected sex between men is recorded in the entire central part of the WHO Europen Region (from 34% in 2008 to 47% in 2017) (ECDC/WHO, 2018) (Chart 37).

Chart 37: New HIV diagnoses, by transmission mode and country in Centre of WHO European Region, 2017 (n = 6383)



Source: European Centre for Disease Prevention and Control, WHO Regional Office for Europe. (2018). HIV/AIDS surveillance in Europe 2018 – 2017 data. Copenhagen: WHO Regional Office for Europe, https://www.ecdc.europa.eu/sites/default/files/documents/hiv-aids-surveillance-europe-2018.pdf p: 50

[85] *Jandrić, Lj. (2017). Svjetski dan borbe protiv HIV/AIDS-a - 1. decembar. Accessed: 29 February 2019 http://www.phi.rs.ba/index.php?view=clanak&id=292*

[86] *Ibid.*

[87] *Data available through report of the Federal Public Health Institute and the Public Health Institute of RS do not uninformly present the newly diagnosed HIV cases. In reports by PHIFBiH there are data on the newly HIV diagnosed persons disaggregated by age and sex. However, these data are not presented in annual reports by public health institute of Republika Srpska, PHIRS. On the other hand, there is no cumulative numbers of diagnosed HIV/AIDS cases in reports, as well as cases of AIDS related deaths. The exceptions are the reports by PHIFBiH from 2016 and 2017, and report delivered upon request by PHIRS for 2017. Cumulative numbers for Republika Srpska may be found within the news related to the 1st December, World AIDS Day campaign, but that data refer to the period to November of the current year. Data in the reports of ECDC about age of the newly diagnosed persons infected with HIV may be found only for 2016 and 2017.*

ARV therapy has been available since 2005 in BiH, and it has been funded from the mandatory HIF. Since 2010, treatment of HIV infection is available in three clinics for infective diseases – in Banja Luka, Sarajevo and Tuzla (aidspan, 2016; the Council of Minister of Bosnia and Herzegovina, 2011), with the plan to expand to other centres, as well. According to available data, in the period 2011–2015, the number of persons on ARV therapy was continually growing (from 63 to 126) (GFATM/UNDP, 2016). Consequently, coverage of registered PLHIV with ARV therapy is also increased (from 44.4% to 65.3% in the period 2011-2015)[88]. According to data reported to ECDC, among persons who underwent the initial CD4 test, the late HIV diagnosis (with 66.7% persons in 2009 and 50% in 2016 and 2017) and diagnosis with advanced HIV infection (with 33% persons in 2009 to 50% in 2017) in BiH have been prevalent (ECDC/WHO, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018). The situation is similar in other parts of the WHO European Region (without Russian Federation), including its central part (especially Serbia, Romania, Albania and Croatia in 2017) (ECDC/WHO, 2018). Late HIV diagnosis presents on one hand the risk for unfavourable response to ARV therapy, weak treatment outcomes and even lethal outcomes, and on the other potential trigger for HIV outbreak.

7.3 Risk of HIV infection: general and key populations

The main risk of HIV infection and STIs is risky sexual behaviour (primarily, sexual intercourse without condom, as well as sexual intercourses with more partners), injecting with non-sterile equipment, and transmission from infected mother to child. According to MICS study, among sexually active persons in general population, 1% of women and 6.5% of men had sexual intercourses with more than one partner in the last 12 months, mostly those age 20-29. Among men who had more than one sexual partner in the last 12 months, about 39% of them did not use condom during the last sexual intercourse. When it comes to youth (15–24), 79% of girls and 53% of young men report that they did not engage in sexual intercourse (somewhat more girls in the Federation of BiH – 85% than in RS – 62%). Among those who had sexual intercourse with a partner with whom they were not married or in a steady relationship, about 29% of young men and girls did not use a condom during the last sexual intercourse (Pilav, Lolic, Abdelbasit, Jokic, & Stijak, 2013). When it comes to adequate knowledge about prevention of sexual transmission of HIV and rejection of major misconceptions about HIV transmission, knowledge is similar between women (about 43%) and men (about 45%). Young men and girls, age 15–24, were similar in their knowledge (about 47% of them), and majority of men and women age 25–29 had adequate knowledge (57% and 58% respectively). Women, mostly those from the Federation of BiH, have adequate knowledge (44% versus 42% in RS, and 40% in Brčko District), as well as men (47.5% versus 46% in Brčko District and 39% in RS). Moreover, knowledge increases with economic status (Pilav et al., 2013). According to MICS data, men have riskier sexual behaviour than women in terms of having higher number of sexual partners, whereas usage of condoms declines with age and experience. However, there is always an open issue whether women report their sexual risks fully due to present cultural stereotypes regarding sexuality of women.[89]

Among key populations, MSM, PWID and SW, who are highly stigmatized and marginalized, integrated bio-behavioural surveys (IBBS) were conducted periodically (2008, 2010, 2012, 2015), and their implementation was funded by GFATM (Bacak & Dominkovic, 2012; Ravlija, Jandric, Vilic-Svraka, & Stojisavljevic, 2012; Ravlija, Jandric, Zeljko, & Kurtovic, 2011; Stojisavljevic, Janjic, et al., 2015;

[88] *Calculated in relation to the number of people living with HIV at annual level, according to data submitted to ECDC.*

[89] *Early engagement of women in sexual intercourses, as well as more frequent changes of partners, lead to labelling these women at least as promiscuous, which from the patriarchal cultural norms standpoint is unacceptable for women.*

Stojisavljevic, Vranjes, et al., 2015; United Nations Children's Fund [UNICEF], 2009). Through these surveys, it can be noticed that in the last year of research, in 2015, there was a decline in non-usage of condoms in the MSM population during the last anal sex with men in comparison to 2008 (from 50% to 38%) (Ravlija et al., 2012; Ravlija et al., 2011; Stojisavljevic, Vranjes, et al., 2015), which is similar to prevalence of condom use among MSM in countries of former Yugoslavia (Slovenia, Serbia, North Macedonia, and Croatia).[90] Adequate knowledge about prevention of sexual transmission of HIV and rejection of major misconceptions about HIV transmission did not significantly change in the period 2010–2015 (it was about 33%). Compared with the general population, MSM show riskier HIV behaviour, and less knowledge about HIV prevention, which make them more vulnerable to HIV risk, especially having in mind high stigma associated with same sex orientation in BiH (Stojisavljevic, Djikanovic, & Matejic, 2017).

Among SW, in the period 2008–2012, there was an increase in the frequency of condom use with the last client for vaginal intercourse (from 76% to 88%), as well as for anal (from 58% to 66%). In the sub-group of young SW, usage of condom during anal sexual intercourse with clients decreases (from 61% to 50%) (Ravlija et al., 2012; Ravlija et al., 2011). Condom use among SW in BiH is lower than in Serbia, Bulgaria and North Macedonia, and it is similar to Montenegro and Albania.[91] HIV knowledge increased in the period 2010–2012 (from 23% to 28%), but it is still generally low. In the sub-group of young SW, knowledge remained practically unchanged in given period (24.5%) (Ravlija et al., 2012; Ravlija et al., 2011). It can be hypothesized that insufficient HIV knowledge and higher non-usage of condoms for anal sexual intercourse are related to the use of condoms rather for protection of unwanted pregnancies than for protection from HIV infection and STIs. Among PWID, condom use with the last sexual partner was mainly increasing since 2009, not exceeding 42% in 2015, with the lowest usage recorded in Banja Luka (23% in 2015, which is in decline since 2009) (Bacak & Dominkovic, 2012; Stojisavljevic, Janjic, et al., 2015). According to surveys, in almost all towns in BiH, usage of sterile injecting equipment was increasing in the period 2009–2015, with the prevalence of use over 90% among PWID, except in Sarajevo (81% in 2015) (Bacak & Dominkovic, 2012; Stojisavljevic, Janjic, et al., 2015). Usage of sterile injecting equipment, as well as condom use among PWID, is similar to neighbouring countries.[92] Adequate knowledge on prevention of sexual HIV transmission and rejection of major misconceptions does not exceed 32% in the Federation BiH, and 37% in RS (Bacak & Dominkovic, 2012; Stojisavljevic, Janjic, et al., 2015; UNICEF, 2009). Inadequate knowledge supports risky sexual behaviour of the majority of PWID, on one hand, and, on the other, there is also noticeable improvement in the usage of sterile injecting equipment, which is especially significant for this population.

Stigma and discrimination are significant topics related to HIV, since they are associated with PLHIV, and with key populations at HIV risk. According to studies in the general population in 2012, only about 15% of women and 17% of men have non-discriminatory attitudes toward PLHIV. The most non-discriminatory attitudes are found among inhabitants of Brčko District (27% of women and 31% of men), while in Federation of BiH and RS the prevalence of these attitudes corresponds to general population (Pilav et al., 2013). Surveys among healthcare workers, who should have the most knowledge regarding HIV infection and have the least stigmatizing attitudes due to their profession, show the contrary – healthcare workers have flaws in the basic knowledge regarding HIV infection, they have unsatisfactory degree of knowledge and application of protective measures at work, and they have to a great extent stigmatizing and discriminatory attitudes toward PLHIV, and key populations (Bojanic et al., 2012; Stojisavljevic et al., 2017). Environment where stigma regarding the HIV infection, and the key populations associated with it due to

[90] *Key Populations Atlas. (2019). UNAIDS. Accessed: 2 April 2019* http://www.aidsinfoonline.org/kpatlas/#/home
[91] *Ibid.*
[92] *Ibid.*

their behaviour, is dominant, it is a suitable ground for increasing HIV risk in key populations (Baros, Sipetic Grujicic, Zikic, & Petrovic Atay, 2018). Stigma leads to more difficult/weaker access to prevention, care and treatment; it supports the violation of basic human rights of stigmatized populations, have negative impact on mental health, increases the risk of abuse of psychoactive substances, leads to higher exposure to violence, and to development of self-stigma and low self-esteem.

7.4 Outreach with programmes of HIV infection prevention

After the GFATM project ended in 2015, the Transition Plan for financing from donated funds to domestic financing for period 2015-2017 was developed (Godinjak et al., 2015). Based on this Plan, extension of GFATM project was approved without granting additional funds, and after that there was a standstill of the preventive programme in key population. A special success in this period presents the introduction of standards for accreditation and certification of services by the Agency for Quality Improvement and Accreditations in Healthcare in Federation of BiH (2014), which are provided in drop-in centres of the civil society organisations (for PWID, SW and ex-prisoners). However, these standards of services are limited only to Federation of BiH (Euroasian Harm Reduction Network, 2016). Harm reduction programmes are implemented among PWID, for whom it is estimated that there are 12,500 of them in BiH (Manukyan et al., 2013). During the GFATM project, coverage of this population by the OST programme increased (from 8.3% in 2012 to 11% in 2015), as well as the needles and syringes exchange programme (from 25% to 55%) (GFATM/UNDP, 2016; Euroasian Harm Reduction Network, 2016).

However, coverage with the OST programme in BiH is far lower than in Serbia, Croatia and Slovenia, and it is equal with North Macedonia and Albania.[93] OST programmes are available in healthcare institutions and are financed from the mandatory HIF..[94] As per number of syringes and needles distributed per beneficiary at annual level, in 2016 BiH was among the countries with the higher average number (98–204), ranked equally as Montenegro from neighbouring countries, and as France, Spain and other countries in Western Europe..[95] Needles and syringes exchange programmes are still available thanks to the efforts of the civil society organisations, but there is no sustainable financing of this service. Among MSM, whose number is estimated at 6,900 (Manukyan et al., 2013), and SW, estimated at 4,000 (Manukyan et al., 2013), according to UNDP data, coverage with preventive services increased considerably in the period 2012–2015 (from 14% to 69% in MSM population and from 18% to 61.5% among SW) (GFATM/UNDP, 2016). However, upon withdrawal of the GFATM project, these programmes started to close due to lack of sustainable financing. Availability of programmes is additionaly limited due to legislation that sanctions certain forms of behaviour, such as sex work or possession of psychoactive substances..[96]

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[93] *Ibid.*

[94] *Federal lists of medicines: Information on amendments of the decision on lists of medicines of the compulsory healthcare insurance of the Federation BiH. (2018). Federal Ministry of Health. Accessed: 1 April 2019 http://www.fmoh.gov.ba/index.php/preporucujemo/liste-lijekova; Medicines search. (2019). Health Insurance Fund of Republika Srpska. Accessed: 1 April 2019 https://www.zdravstvo-srpske.org/*

[95] *Key Populations Atlas…*

[96] *By laws that regulate public order and peace in Republika Srpska (Law on Public Peace and Order. Official Gazette RS 11/15) or at the level of cantons (e.g. Law on Public Peace and Order Official Gazette of Tuzla Canton 9/01; Law on Misdemeanours against Public Peace and Order. Official Gazette of Sarajevo Canton, 18/07, 7/08) selling sex services is punishable by law, and in greater part of the territory, the purchase of sex services, as well; laws sanction possession of psychoactive substances, and they recognize the possibility of possession for personal use, but they do not define permitted quantity (see Euroasian Harm Reduction Network (2016)).*

HIV counselling and testing (HCT) is one of the key preventive activities that enables early HIV detection, linkage to care, and access to treatment, thus improving, on one hand, the quality of life of the PLHIV, and on the other, decreasing the possibility of further HIV transmission if the response to therapy is good (i.e. suppressed viral load).[97] HCT centres are funded through different sources (from the HIF[98] or other funds). Voluntary and confidential HCT in BiH became available in 2005, so until 2015 (until the end of the GFATM project) in total 22 counselling centres for HIV were opened within healthcare institutions.[99] According to data from IBBS among PWID, the coverage of PWID with the HCT programme was not satisfactory, since in the 2015 it did not exceed 42% in the Federation of BiH, and only 12% in RS. In the majority of cities it has been decreasing since 2009 (Stojisavljevic, Janjic, et al., 2015). Similarly, in the population of SWs, there has been a slight decrease in coverage with HCT since 2008, and in 2015 it did not exceed 10% (Ravlija et al., 2012). Among MSM, the coverage with the counselling and testing services was slowly increasing in the period 2008–2015, reaching about 35% of counselled and tested MSM (Stojisavljevic, Vranjes, et al., 2015). The low coverage (less than 50%) of MSM with HCT can also be found in neighbouring countries (Croatia, Serbia, Montenegro, Albania and North Macedonia).[100]

The programme of prevention of vertical HIV transmission from mother to child is completely covered by the entity HIFs. [101] However, according to survey from 2012, only 6% of pregnant women were referred to HIV testing and received test results, with most of them in RS (about 12%), and the least in the Federation of BiH (about 3%).[102] (Pilav et al., 2013). There are no available programmatic data that would provide better insight in coverage of pregnant women with the HIV testing services. Besides, in BiH only one case of vertical transmission from mother to child was recorded (in 2006) (ECDC/WHO, 2008). Furthermore, survey has showed that about 67% of women know about the possibility of HIV transmission from mother to child during pregnancy, birth or breastfeeding, and only about 49% of men (Pilav et al., 2013). Having in mind that knowledge about risk of vertical HIV transmission is relatively frequent among women, and that there is positive legislative that enables HCT of pregnant women, it may be assumed that pregnant women do not refuse the service of HIV testing.

KEY FINDINGS

- According to available data, although the registered prevalence of HIV and STIs is low, situation is potentially uncertain if the response to HIV and STIs is not improved.
- A low rate of STIs (syphilis, gonorrhoea and chlamydia) is recorded, with assumption that it is not a real situation due to underreporting of the STIs cases. It can be noticed that syphilis and gonorrhoea are more frequent among men, while chlamydia is more frequent among women. Moreover, noticed

[97] *Undetectable = untransmittable: Public Health and Viral Load Supression. (2019). UNAIDS. Accessed: 29 March 2019 http://www.unaids.org/en/resources/presscentre/featurestories/2018/july/undetectable-untransmittable*

[98] *Solidarity Fund. (2015). Health Insurance and Reinsurance Fund of the Federation BiH. Accessed: 29 March 2019 http://www.fedzzo.com.ba/bs/clanak/fond-solidarnosti/38*

[99] *Scaling up universal access for most at risk populations in Bosnia and Herzegovina (HIV/AIDS, 9th round). (2015). UNDP. Accessed: 1 March 2019 http://www.ba.undp.org/content/bosnia_and_herzegovina/bs/home/operations/projects/democratic_governance/scaling-up-universal-access-for-most-at-risk-populations-in-bosn.html*

[100] *Key Populations Atlas…*

[101] *Content and volume of preventive measures, Official Gazette RS, 102/11; Law on Protection of the Population from Infectious Diseases, Official Gazette of the Federation of Bosnia and Herzegovina, 29/05*

[102] *In Brčko District, only 6 women gave birth in the period of 2 years before the study. Among them, 42% of them were tested and they received the results.*

presence of STIs among young people (age up to 25) indicates the risky sexual behaviour in this group and absence of education. In order to better plan the STIs prevention programme, the surveillance have to be improved so it can enable planning of evidence-based programmes.

- Although HIV prevalence is low (less than 1% in general population and less than 5% in key populations), there is persistent risky sexual behaviour in key populations at HIV risk, low adequate knowledge on prevention of sexual HIV transmission and rejection of major misconceptions, as well as low coverage with the HCT services, which all introduces the risk of reduced HIV diagnostic in these population, and consequently to late HIV detection.
- Low coverage with ARV therapy with respect to UNAIDS 90% goal, followed by late HIV diagnosis, and the delayed linkage to care, and access to ARV treatment, which can induce poor health outcomes, decreases altogether the impact of treatment as prevention of further HIV transmission.
- The high degree of stigma related to HIV and persons associated with HIV, on one hand presents a barrier for access to preventive programmes, and on the other hand it is a barrier to linkage to care and to access to ARV treatment for those diagnosed with HIV infection, which further increases risk of HIV transmission.
- An increasing trend in number of newly diagnosed persons among MSM, followed by risky sexual behaviour, indicates the increased risk of HIV infection in this population, which singles them out as one of the priorities for the HIV response.
- Discontinuity in HIV preventive programmes in key populations was brought about by projects (funded by GFATM donations) being stopped, and it indirectly impacts an increase in HIV risk in key populations; this was also followed by discontinuity in implementing IBBS and creating considerable gaps in HIV surveillance in key populations and in collecting data necessary for planning effective interventions in line with the needs of these groups.

8. Fertility

Insufficient births for generational replacement is a phenomenon that most European countries confront. In the early 1960s, there were few countries with fertility below the necessary level for simple exchange of generations of 2.1 children per woman in modern conditions of low mortality. The average number of children per woman (total fertility rate - TFR) ranged between 1.94 (Latvia) to 3.78 children (Ireland). A sudden decline of TFR was first registered in countries of Western and Northern Europe (1965-1975), and countries of Southern Europe recorded unfavourable movements in birth trends soon afterward. The last recorded decline in fertility was registered in Eastern European countries (Avdeev et al., 2011). However, these are the countries that during 1990s entered the specific period of extremely low, and in theory completely unexpected fertility, when TFR came closer to the value of 1.3 children per woman. For such extremely low fertility, which in longer period of time brings to a decrease in number of live births for 50%, a new term was coined "lowest-low fertility" (Kohler, Billari& Ortega, 2006). The phenomenon of postponing childbirth has become a universal reproductive behaviour in Europe and, in the short run, this contributes to very low fertility. That is the fundamental feature of the second demographic transition that marks a long-term low fertility far below replacement level (Kohler et al., 2006; Sobotka, 2004; Veljovic, 2015). The Western Europe age-specific fertility model is listed as representative of the contemporary model, characterized by a shift of fertility curve peak to 30 years of age and the highest fertility rate in age groups 25-29 and 30-34.

In view of the historical course of fertility transition in Balkan countries, there are significant variations, that can be roughly divided into two groups of countries (Kotzamanis, 2001; Magdalenic & Vojkovic, 2015). One group of countries are those which in 1960s had exceptionally high TFR: from 3.40 in Montenegro, over 3.95 in North Macedonia and Bosnia and Herzegovina, to almost 6 children per woman in Albania. What is interesting is that these countries recorded the greatest decrease in fertility rate, although their transition started later. According to data from 2017, only Montenegro holds a stable TFR value of about 1.78 children per woman. Lately, Albania and North Macedonia have recorded values that oscillate around 1.5 children, whereas in Bosnia and Herzegovina it is the lowest among Balkan countries – 1.26 children per woman. All other countries fall into the other group, since they experienced fertility decline below the level of simple exchange of generations considerably earlier. Nevertheless, contemporary trends suggest a relative fertility homogenisation in this region, because the fertility level is at least in all countries far below the replacement level.

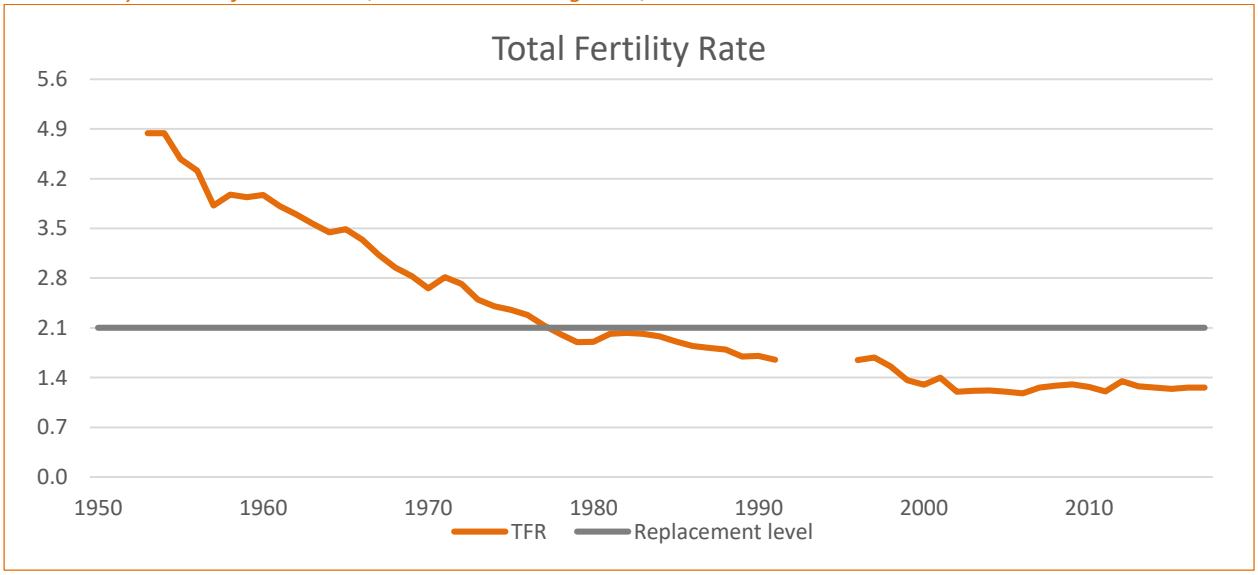
Detailed analysis of changes in fertility model may be the key to interpretation of particular demographic behaviour and it may serve as more precise study of factors which have determined fertility level. In this chapter, fertility dynamics is studied more thoroughly, along with final fertility of generations that ended their reproductive life during the census in 2013, age-specific fertility model, phenomenon of postponing childbirth and size of the so-called tempo effect and characteristics of fertility patterns connected to average mother`s age at childbirth or her marital status.

8.1 Changes in fertility patterns

The specificity of Bosnia and Herzegovina is that the transition of high birth rates to exceptionally low birth rates passed in a rather short period of time. BiH was in the category of Balkan countries with the highest fertility for a long time and at first it had considerably slower tempo of decline in comparison to the experience which some other former Yugoslav republics and majority of European countries have had. However, the war caused an unexpected decline in fertility, which is now among the lowest in Europe.

Dynamics of total fertility rate (TFR) shows achieved level of births through average number of children per one woman and it more explicitly presents changes in reproductive behaviour of women (Chart 38). At the start of the demographic transition in Bosnia and Herzegovina, the TFR had a level of over 5 children per woman. During the following twenty-year period the TFR was halved and for the first time it dropped below the limit of 2.1 children in 1978, but practically until 1985 it oscillated around, for contemporary conditions, a high level of 2 children. Until 1991 TFR decreased to 1.65 children per woman, the level recorded with the first statistical indicators after war in 1996. Having in mind methodological differences in monitoring vital events and reliability of estimates about population number, that were revised several times, there is a possibility that for the period 1996-2002 TFR is over-estimated (Marinkovic, Majic, 2018). From 2002 up to now, TFR values have been extremely low at 1.2 to 1.3 children per woman, so Bosnia and Herzegovina has joined the group of countries with extremely low fertility (lowest-low fertility). International comparisons show that other republics of former Yugoslavia, except for Slovenia, did not have such a drastic TFR decline. It is interesting that Slovenia, which entered the EU first, has recorded in the last years a positive move, so in 2015 it had even higher level than Serbia (1.46), Croatia (1.40) and North Macedonia (1.50), with a TFR of 1.58.

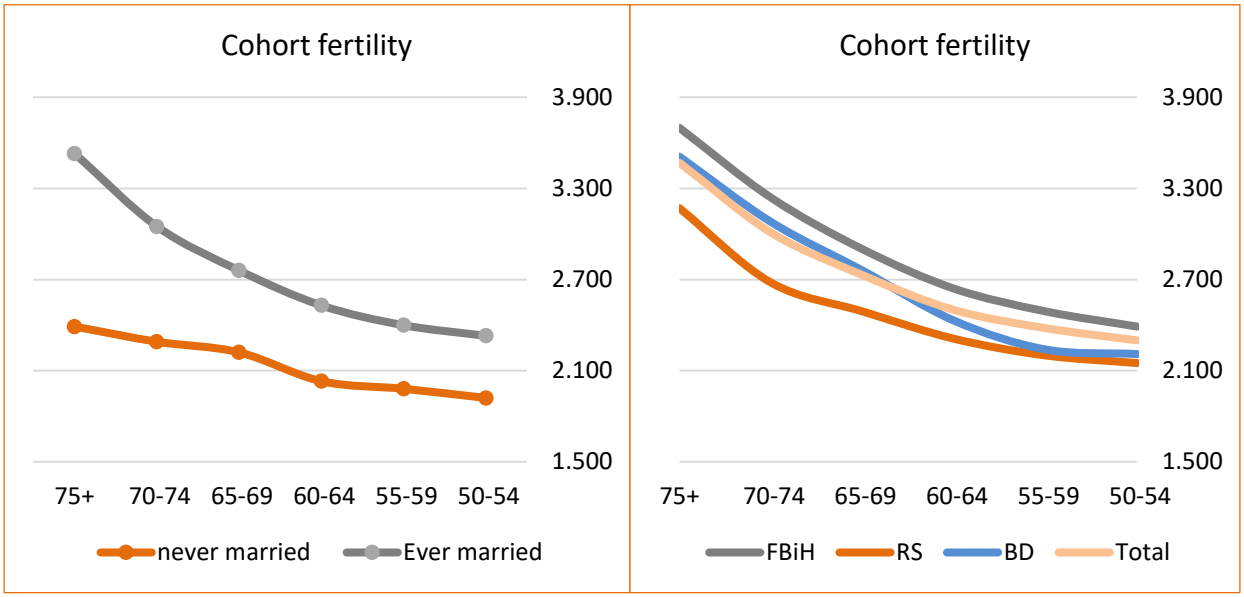
Chart 38: Dynamics of TFR decline, Bosnia and Herzegovina, 1950-2017



Source: BHAS, 2017; SZS, 1992

With fertility cohort analysis (Chart 39) based on census data, it is possible to overview total fertility of one generation of women born in the same calendar year, and more precisely encompass their overall reproductive period. Women who ended their reproductive life at the time of the census in 2013 were born in the period from 1930s and ending with 1964. Their reproductive life extended over the time period from 1940s to 2013, and out of the overall number of women, 10% did not have any children. On the basis of the average number of children born, it is noticeable that all age cohorts ensured generational exchange. However, there is a clear trend of final fertility reduction going from older to younger generations, and the average number of children fell by one third, from 3.47 per women born before 1938 to 2.30 per women born in 1960-1964. Observing the final fertility of women according to their marital status, a descending trend in all modalities is clearly noticeable. What draws attention is the difference in average number of children with women that never married and women who were at least in one moment in their lives in formal marriage, and it was 0.63 children per women in favour of the latter. However, with descending aggregate fertility rate, difference between two observed categories decreased from 1.14 per the oldest women to 0.41 per women older than 50 to 54 years of age. On the other hand, and irrespective of the same tendency, differences between entities are obvious. So, in the category of women older than 70 years of age, this difference was even 0.5 children per woman, as much as the number of children per women in FBiH was higher than in RS, and with decrease of age of women cohort, the difference also decreases per women age 50-54 and it is 0.24 children per woman.

Chart 39: Cohort fertility (final fertility) of women, according to their marital status



Source: BHAS, Census 2013 and author calculation

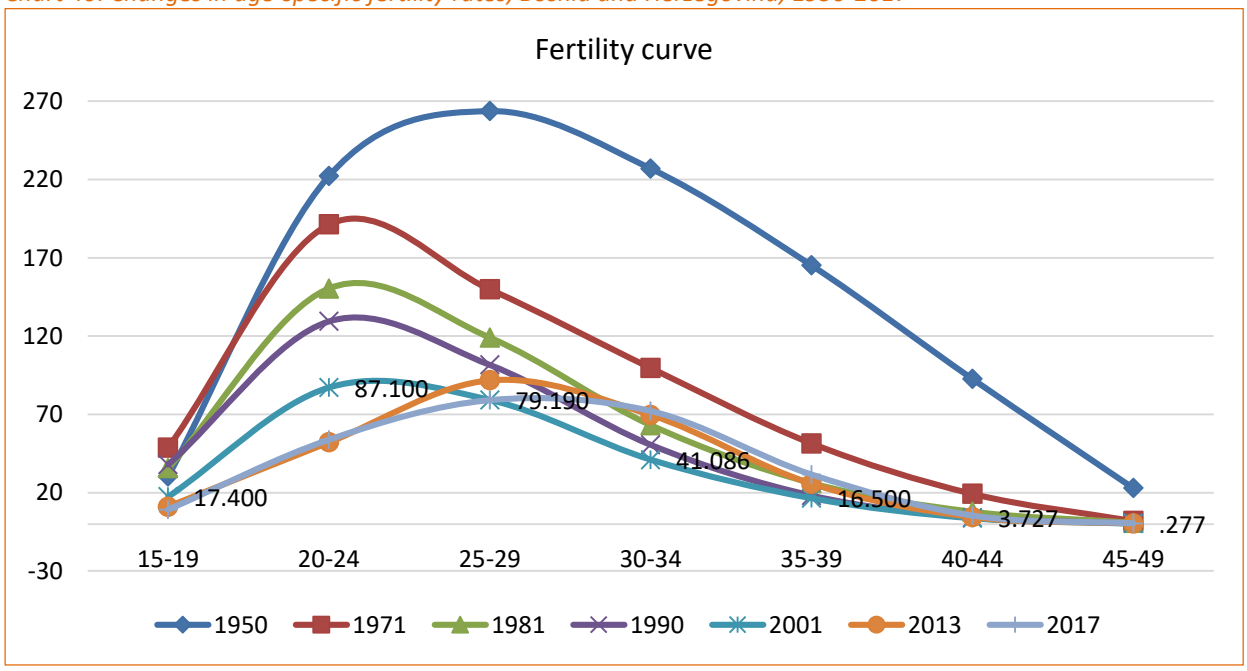
When it comes to generations of women who, according to the 2013 census, still had not ended their reproductive life, only a few observations may be stated. More than half of women in their peak fertility phase (20-34) did not have a live born child (52,3%) at the time of the census, and two thirds of women (65,6%) in their twenties did not have live born child what clearly indicates a trend of age-specific fertility rate change. However, the average number of children per woman almost linearly increased with age from 1.30 per women age 20-24, up to 2.09 of children on average per women age 35-39. To that effect, it may be expected that final fertility of generations that were age between 15 and 24 during the census, could still be around the level of 1.8 children per woman, based on birth postponement trend, locating

predominant share of fertility after the age of 30, and to the overall european "fertility catch up" trend throughout advanced maternal ages.

8.2 Fertility of women by age

The evolution of age-specific fertility rates (Chart 40) closely demonstrates changes that occurred during the process of transition. Exceptionally high fertility rates were typical for all age groups in the 1950s. Due to the prevalence of higher birth orders, the highest specific fertility was in age group 25-29 (264 per 1,000 women). During the following fifty years, there was a rapid decrease in all age groups, but then firstly, until 1970s, and most intensively, fertility of older women decreased. In that period, the primacy in fertility level was taken over by women age 20-24 and until 2000s the fertility rate in this age group was the highest. In order to be able to see proportions of fertility decrease, it should be known that fertility rates with this age group had been decreased from 1950s to early 2000s from 222 to 87 per 1,000 women, and during the last decade and a half to 54 per 1,000 women. It is in the 2000s that the upheaval occurred, since there was an increase in fertility of women in higher age groups, who compensated to a certain extent the fertility decreases in women age 20-24. It is a slight compensation perceived on the basis of the overall decrease of live births from around 37 thousand to around 30 thousand. Since 2013, women age 25-29 have had the highest fertility rates (79 per 1,000 women) but that is 3.3 times less than in 1950. Women age 30-34 follow suit (72 per 1,000 women), and women age 20-24 are in the third place per fertility rate. After 2000s, a drastic TFR fall occurred owing to fertility reduction in younger group age 20-24, because the number of live births halved from around 12 thousand to 6 thousand. Also, women from 30-44 years of age have higher fertility than in early 1980s, but it should be understood that it is a trend in conditions of extremely low total fertility level.

Chart 40: Changes in age-specific fertility rates, Bosnia and Herzegovina, 1950-2017



Source: BHAS, 2016; SZS, 1992

At the level of entities/Brčko District (Table 8.1), it can be seen that all three administrative areas have the same model of birth upon age groups, the highest fertility in women age 25-29, and fertility in age group 30-34 is higher than in women age 20-24. Greater differences between the Federation of BiH and Republika Srpska were obviously levelled. Within those low fertility levels, the population of Brčko District stands out with a TFR of 1.6 children per woman.

Table 28: Age-specific fertility rates

	Federation BiH		Republika Srpska		Brčko District	
Year	2013	2017	2013	2017	2013	2017
GFR	36.5	37.5	34.3	37.3	44.8	44.9
15-19	12.1	11.4	10.1	9.4	21.5	21.2
20-24	60.6	53.1	53.8	53.8	76.0	69.2
25-29	88.3	84.2	82.3	86.3	106.0	102.9
30-34	67	72.5	64.1	75.1	76.7	85.7
35-39	25.5	31.3	25.7	32.1	23.8	399.2
40-44	4.7	5.2	4.9	5.5	6.6	6.0
45-49	0.3	0.4	0.3	0.5	0.3	0.6
TFR	1.293	1.291	1.206	1.314	1.553	1.621

Source: Authors calculation based on Census 2013, Federal statistical institute, RSIS and BHAS (Brčko),

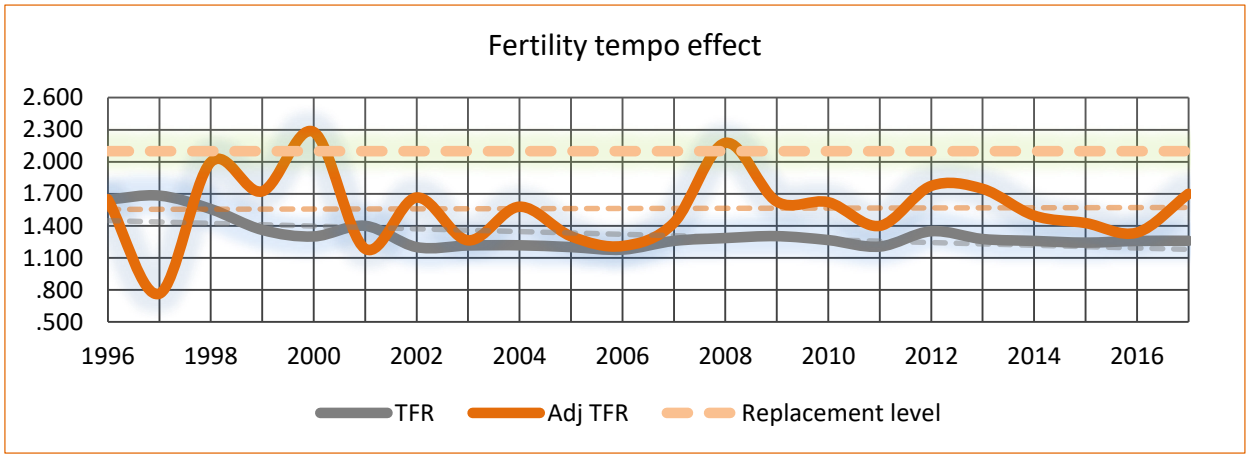
On the basis of analysed trends, it can be seen that in contemporary shape of fertility curve of BiH population there have been shifts in its peak and thus it has the same shape as in developed European countries. It is evident that fertility curve peak shift is reflected on the growth of average age of women when giving birth and it detects phenomenon of postponing childbirth being present in Bosnia and Herzegovina. Average mother`s age at first birth in BiH was 22.8 in 1980, in early 2000s it was 24.1, and then in the period from 2004 to 2017, it increased quickly from 24.3 to 27.3.

Fertility tempo effect – Postponing birth of first child for later periods of life is the important cause of low fertility in Europe today (Sobotka, 2004). It is this "timing", i.e. fertility tempo (represented in postponing childbirth) that is responsible for 45% of population decline in the EU (Lutz and Skirbekk, 2004). The consequences of postponing childbirth are many, however, direct demographic consequences in terms of negative tempo effect on the fertility quantum particularly draw attention. Bongaarts and Feeney (1998) presented a methodologically very simple indicator of fertility that presents modification of TFR in hypothetical conditions of curbing postponing childbirth (tempo adjusted TFR – adjTFR). So, adjTFR represents TFR that would have been observed had there been no change in the timing of childbearing.

In the period from 1996 to 2017 in Bosnia and Herzegovina there was a decrease in the number of live births for over 35%, due to TFR level movements below 1.3 children per woman during the greatest part of that period and postponing childbirth. Negative tempo effect (Chart 41) on fertility quantum in BiH ranged from 3% to even 43% during the last two decades. Thus, tempo effect was responsible for over 0.9 children per woman in some years, i.e. 0.26 children less per woman on average annually, during the observed period. In other words, tempo effect was decreasing fertility quantum for approximately 20% on average annually, and postponing childbirth was responsible for 32% of population decline in BiH, whereas 68% may directly be attributed to insufficient birth. With average TFR of 1.31 children per woman during

observed period BiH recorded 0.79 children below replacement level, of which 0.26 can be attributed to tempo effect making the 32% of total population decline.

Chart 41: Fertility tempo effect in Bosnia and Herzegovina



Source: Authors calculation based on data from Demography 2017 BHAS

On the basis of the previous analysis, it may be said that the trend of future fertility in BiH presents a great question mark. Assumptions regarding the future trajectory of fertility may go into two directions:

a) With respect to current trend, there are few evidences suggesting that there will be significant increase in fertility. As Kupiszewski, Kupiszewski & Nikitovic state, researching the region of the Balkans, on one hand, there are many grounds for considerations whether these countries will fall into the "trap of low fertility", as assumed by Lutz and associates in 2006. This hypothesis assumes that in populations that experienced a long period of low fertility, there comes to strong effect of three mutually intertwined factors which may bring fertility to remain at low level. They are demographic momentum, the negative impact on the economy of ever smaller cohorts and the proliferation of fertility patterns into subsequent generations (IOM, 2012). It is a fact that in Bosnia and Herzegovina the effect of demographic momentum, which is influenced by inflow of further decrease in fertility and particularly optimal fertility contingent (see chapter 3), may be strengthened by emigration. Also, war consequences, political and economic instabilities are still present to a great extent.

b) On the other hand, although changes in approach to marriage and family follow the trend of modernisation which is present in all developed countries (see chapter 9), and when age limits of entering marriage and childbirth are considerably changing, a study conducted within a wide poll in Republika Srpska[103] confirms that there are important indications for rehabilitation of birth. It is

[103] *A study conducted in Republika Srpska within scientific and research project "Analysis of the demographic situation and the implementation of pro-natality measures and activities in Republika Srpska" provides basis for closer overview of this topic in the part of population of Bosnia and Herzegovina. Survey included 1,535 postpartum women and it has given the answers about standpoints of postpartum women on planning family and implementation of pro-natality measures and activities. The greatest share (78.7%) of postpartum women think that the crucial motivation for giving birth to a child was love towards children. Absolutely the highest number of them (94.2%) planned childbirth. According to the standpoint on further childbirth, 68.5% of postpartum women wish to have more children. All postpartum women who gave birth to three or more children, and even half of those who gave birth to second child, do not want to give birth anymore. The standpoint prevails (48.5%) that three children is desired, i.e. 53.6% optimal number of children. As the most frequent reasons due to which a desired number of children was not achieved, the interviewed postpartum women listed the following: poor financial situation (34%), unknown reasons (28.4%),*

founded on majority of respondents` standpoint that there is no important difference between desired and optimal number of children. Their standpoint is that three children presents optimal and desired number of children, to which one should strive. Study also confirmed that reasons for not giving birth of desired number of children are connected to obstacles of economic nature, so there is clearly expressed readiness for accepting measures of pro-natality policy, which would lead to births of more children (Marinkovic, 2014). This would then create greater opportunity for population dynamics to go into direction which envisages scenario of median variant of UN prospects (see chapter 3).

There is basis for such a standpoint when one takes into consideration fertility level in many European countries, which records a trend of certain increase. Data show that during the last decade, if nothing else, there was a slowdown in fertility in European countries. EU-28 has had TFR value of about 1.6 for a longer period of time. It is especially important that in all countries where the greatest fall in fertility was recorded during 1990s, as well as its extremely low values, an increase in fertility has been registered in the last years. The best examples from the region are Romania and Bulgaria, which were considered countries that experienced a "transitional demographic shock" with a TFR fall to a level of 1.1-1.3. The TFR in Bulgaria in the last years has oscillated around 1.56. In Romania, considerable fertility recovery is recorded, because the values are even higher, from 1.64 to 1.71. In Slovenia, which also experienced a drastic fall in fertility, TFR in 2017 was 1.62.

Observing experiences of the European countries, and countries in the region, there is no doubt that a shift of peak reproduction will continue towards older ages. Mother`s age at childbirth ranges in most countries in Europe between 28 and over 30 years of age. There are very few countries where the average mother`s age is below 27, and among countries in the region, in Serbia it is 27.8, in Slovenia 28.8, and Croatia 28.6 years of age. Bearing in mind the degree of postponing childbirth and its intensification, it is clear that fertility tempo effects on fertility quantum in Bosnia and Herzegovina are considerable. Also, there is no doubt that postponing childbirth results in definitive loss of some births. Nevertheless, more concrete conclusions require further research regarding social norms and adopted views on family size and age structure when entering marriage or giving birth to a child.

8.3 Towards future fertility

Comprehension of demographic factors, and they are always closely connected to a set of phenomena that lie behind the phenomenon of society modernisation, economic limitations, individual views and personal aspirations, helps us to better understand what are the demographic implications of certain kinds of fertility behaviour and what are the directions to be taken in searching for adequate social answers and effective solutions. Postponing childbirth, insufficient birth and low reproductive norms cause changes of many demographic variables concerning fertility. A direct consequence of insufficient births is ageing of the population. Traces of insufficient births remain present for a long time due to phenomenon of demographic inertia, so even in conditions of reproduction growth up to the replacement level, population decline and ageing of the population still continue for a period of time (Rasevic, 2008). Shifting pro-creative

housing problems (11%), healthcare reasons (9.2%) and difficulties in upbringing children (4%). When it comes to standpoints of interviewed postpartum women about factors which affect the decrease in number of childbirths, absolutely the greatest part of them (91.1%) think that economic factors, i.e. poor financial situation and employment have negative impact (Government of Republika Srpska, 2008; Marinkovic, 2014)

behaviour from optimal to mature age impacts family nuclearisation, where due to "later start", reproductive life of a woman is reduced and she is no longer in a position to achieve her desired family size (Veljovic, 2015).

Bearing that in mind, a vital part of fertility issue refers to approach of the state to population problems. It is important whether and to what extent the state strives to improve demographic picture and help family through particular instruments of public policies. An important segment in such efforts is recognition of population views on births, family planning or population policy. Official statistics of BiH, however, do not dispose of a set of data necessary for research of population preferences and the gap between actual and desired fertility.

According to current knowledge, the question of consistent strategy in favour of population policy in BiH has not been initiated yet by the governments in BiH. Ministry of Labour and Social Policy of the Federation of BiH, being aware of depopulation problem, has prepared a pro-natality draft law, in order to finally harmonize conditions for parents and children in all cantons, but the draft law has not been given positive opinion by the Ministry of Finance. In Republika Srpska, particular activities are implemented, functioning as incentive measures of pro-natality population policy through work of different institutions. The Council for Demographic Policy of Republika Srpska was formed initially as part of the Office of Primeminister of RS and later on operating under jurisdiction of the Ministry of Family, Youth and Sports of RS. Competencies of this Ministry are to monitor demographic movements, proposes measures and monitor implementation of activities on improvement of measures for birth and family planning incentives. At the level of population policy, the Ministry of Family, Youth and Sports of RS has prepared several strategies in direction of curbing depopulation trend, namely, the family planning and birth incentives programme through financial assistance and an array of other measures directed to children. Preparation of strategies was preceded by the listed and comprehensive research conducted by the Council for Demographic Policy and the Ministry of Family, Youth and Sports (Government of Republika Srpska, 2008); during its adoption and taking into account that envisaged measures required huge funds, concerns were expressed to what extent they would be effective, since they would depend on opportunities to realize programmes.

It is very important to make clear difference between population policy and social policy, because population policy should definitely not be social policy. Also, the concept of population policy that covers by far a broader range of areas where population factor is present and which goes into the direction of general harmonisation of relations in society, should be distinguished from the term family planning, which is far more exact concept defining desired number of children. In modern times, family planning strives to become, at the same time, an individual need and social request, human rights and obligation toward society, strong preventive measure and life style, factor of individual and social reproduction awareness (Rasevic, 1999).

It should be noted that new research has increasingly raised the question of whether low fertility is really a problem? It is concluded that there are numerous economic effects of low fertility, that moderately low fertility and declining populations favor a better living standard, and that low fertility is not a serious economic challenge (Lee, Mason, 2014). The effect of low fertility on the number of workers and taxpayers has been offset by greater human capital investment, enhancing the productivity of workers (Lee, Mason, 2010). Very low fertility does not adversely affect public finances in low-income countries, as public programs for older people are fairly limited and older pay taxes. However, as Lee and Mason (2014) point out: fiscal pressures on public programmes due to population ageing are real and important. If the sub-replacement fertility levels found in many countries persist, larger adjustments in public programmes and retirement age will be required. However, the answers are not so simple and cannot be one-sided for low and high income countries, as many factors determine the economic effects of low fertility.

KEY FINDINGS

- The transition from high birth rates to exceptionally low birth rates occured in BiH in a rather short period of time. Bosnia and Herzegovina is in the group of countries with the "lowest-low fertility".
- The dynamics of the total fertility rate show explicitly changes in reproductive behaviour of women, and fertility is presently below the need for simple reproduction of population.
- Postponing childbirth increases the average age of women when giving birth, insufficient birth and low reproductive norms cause changes of many demographic variables concerning fertility.
- There is decrease of higher birth orders and changes in the structure of live births per order of birth, which is a reflection of changed reproductive norms.
- Changes in fertility are a part of broader social context, and influenced by an entire set of factors connected to a degree of modernisation and secularisation that influence views about reproduction on a number of levels, through adoption of new social norms and new value systems, birth control, continued education, increase in degree of education, increase in female employment and emancipation and the like.

9. Marriage, household and family transformation

Social changes towards modernisation are connected to significant changes in partnership, marriage and family structure. Transition started primarily in countries of Europe and North America after the so-called "golden era" of marriage universality in 1960s, when a great majority of adults entered marriage relatively early, and it coincided with the beginning of reproductive life of woman. Fertility transition had already been completed from higher to lower level of births. Nuclear family composed of parents with children, replaced extended family with processes of deagrarianisation, urbanisation and industrialisation.

In mid-20th century, further change in family models occurred with socio-economic changes related to postindustrial stage, increasing employment of women and changes in norms and values. Family centre moved from parenthood to partnership, and earlier altruism which presented a dominant value framework of commitment to children and family was replaced by new value patterns marked with individualism, self-realisation, hedonism and the like (Bobic: 7). Instead of the dominant model of nuclear family comprised of a married couple with children, share of various family forms increased, such as one parent family, separated family with joint custody over children, families without children, etc. (Draganovic, 2016: 105).

In these processes, prominent in the developed societies of North-Western hemisphere, there is separation of partnership and birth. Entering into marriage or partnership union is not directly connected to the start of reproduction nor the total fertility. While in mid-1960s a fall of natality rates presented a consequence of fertility control within the marriage, later on it was more a consequence of changes in partnership patterns manifested as decline of population in formal marriage. In some countries there was an increase in share of extramarital fertility in total fertility (Bobic, 2003: 7).

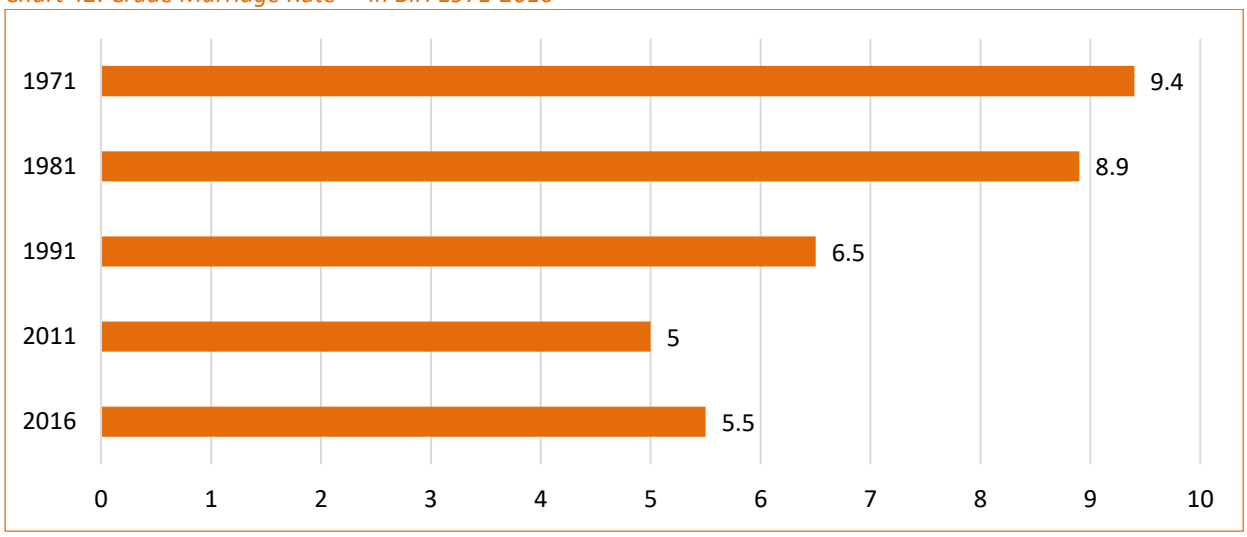
The region of Western Balkans has been characterized by delayed processes of the transformations described above, i.e. an increase in share of informal partnership unions did not present a significant phenomenon. To that effect, countries in this region were more similar to Southern European countries (Italy, Spain and Greece). Informal unions were present in some minority ethnic populations where customary marriages were highly widespread (Ibidem). However, with processes of post-socialist transition, but also under impact of destructive effects of war conflicts, and deepened crisis, there was weakening and decrease in traditional extended families as well as modern nuclear families (Draganovic, 2016: 114).

In this chapter, trends of changes in entering marriages and divorces, characteristics of marriage, changes in family structure and juvenile marriages are presented.

9.1 Marriage rates and characteristics

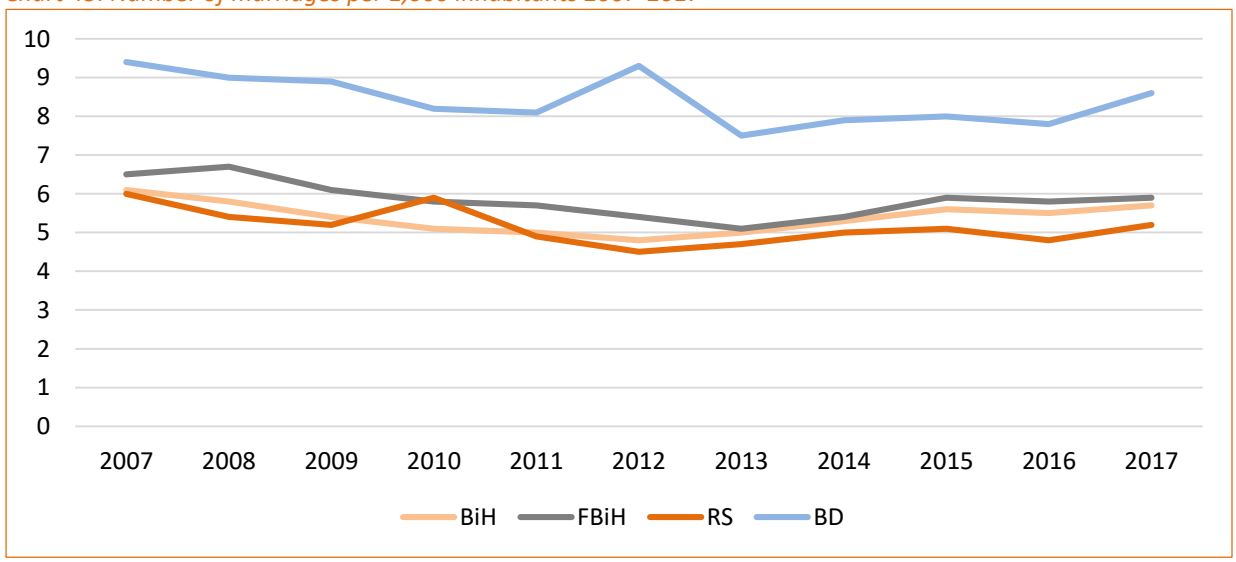
Data about marriage and partnership indicate a model that does not quite follow the global trends in Europe and North America. The marriage rate declines (Chart 42), but this trend is not followed by considerable increase in informal marriage unions. As can be seen from the following chart, the marriage rate per one thousand inhabitants declined from 9.4 in 1971 to 5.5 in 2016. Observed at the level of entities/Brčko District, it is noticed that marriage rate is considerably higher in Brčko District in comparison to entities, and in RS it is almost constantly lowest.

Chart 42: Crude Marriage Rate[104] in BiH 1971-2016



Source: Statistical Yearbook of Bosnia and Herzegovina 1992, Bureau of Statistics, Sarajevo, 1994, Demography 2016, Thematic Bulletin, Agency for Statistics of Bosnia and Herzegovina, Sarajevo, 2017

Chart 43: Number of marriages per 1,000 inhabitants 2007-2017



Sources: Demography 2017, Thematic Bulletin, Agency for Statistics of Bosnia and Herzegovina, Sarajevo, 2019, (http://bhas.gov.ba/data/Publikacije/Bilteni/2019/DEM_00_2017_TB_0_HR.pdf) Statistical Yearbook of the Federation of Bosnia and Herzegovina 2018, Institute for Statistics of FBiH, Sarajevo, 2019 (https://docs.google.com/gview?url=http://fzs.ba/wp-content/uploads/2020/01/Godisnjak2019.pdf), Statistical Yearbook of Republika Srpska 2018, Republika Srpska Institute of Statistics, Banja Luka, 2019 (https://www.rzs.rs.ba/static/uploads/bilteni/stanovnistvo/BiltenDemografskaStatistika_2019_WEB.pdf), Demography in Brčko District BiH 2006-2010, 2010-2014, 2013 - 2018 Year, Agency for Statistics of Bosnia and Herzegovina, Brčko, 2018 (http://bhas.gov.ba/data/Publikacije/Bilteni/2019/BRC_07_2018_TB_0_BS.pdf).

[104] *Number of marriages per 1,000 inhabitants*

Despite the decline of marriage rates, data from the 2013 population census show that the greatest part of the population still lives in formal marriage (Table 9.1). As for the population of 15 years and older, slightly more than one quarter never entered marriage, more than half of them is married and share of divorced people at the level of BiH is 3.4% with slightly higher share in BD than in the entities. Every tenth person in BiH is widowed, while the share of this category is highest in FBiH.

Table 29: Population age 15 years and over by legal marital status, 2013 in %

Marital status	BiH	FBiH	RS	BD
Never married	27.2	27.1	27.4	25.5
Married	58.9	59.9	57.0	59.5
Divorced	3.4	3.2	3.6	4.6
Widowed	10.5	9.8	12.0	10.4
Total	100	100	100	100

Sources: Agency for Statistics of BiH, census data[105]

The share of the population that lives in cohabitation among the total population age 15 years and over is extremely small: at the level of BiH it is 2.3% with small differences between entities and Brčko district (in FBiH 1.9%, RS 2.6%, and BD 2.7%).

Deeper analysis of partnership patterns, characteristics of formal and informal unions, and their distribution among certain social groups in BiH is lacking. From official statistical data is hard to understand who and why enters formal marriage and who choses to live in cohabitation. Also, if the cohabitation is introduction to the marriage or alternative form of the union. Having in mind the findings from international scholars differences between marriage and cohabitation can manifest along various dimensions: stability of relationship and commitment, quality of relationship, economic security, fertility and cooperation. Various researchers found that most cohabiters expect to marry their partner, but despite high levels of commitment, cohabiting unions are unstable in developed countries (Carr, 2009b, quoted from UNICEF 2015). Generally, cohabitation is more common among couples with lower socioeconomic status, and indeed some surveys show that for cohabiting couples economic insecurity is a key factor blocking marriage (e.g. Smock, Manning and Porter, 2005, quoted from UNICEF, 2015). Cohabiters are also less satisfied with their relationships than married couples. However, in some countries cohabitation is viewed more as alternative form of marriage than as an alternative to marriage (Sweden) with much less differences between married and cohabiting couples (including high level of fertility) (UNICEF, 2015). Based on existing data it can be assumed that in BiH cohabitation has more role of introduction to the formal marriage than alternative model like in Sweden, but without further research it is not possible to conclude.

Differences are noticeable between urban and other regions (Table 9.2), which are manifested in a higher share of persons who are in formal marriage and a lower share of persons that never married or who are divorced, in regions that are not urban.

[105] http://www.popis.gov.ba/popis2013/knjige.php?id=1

Table 30: Population structure according to marital status and a type of settlement, 2013, in %

	Never married	Married	Divorced	Widowed	Total
Urban	27.8	57.0	4.5	10.7	100
Other	26.6	60.4	2.5	10.5	100

Source: Population Census 2013

The average age of entering into first marriage in BiH increased from 1996 to 2017 by about 2.4 years for women (from 24.2 to 26.6), and by 1.8 years for men (from 27.7 to 29.5) (Agency for Statistics of BiH, 2017b: 87). In RS the average age of women entering into first marriage increased during 2003-2017[106] by 2.3 years (from 24.7 to 27.0) and of men by 1.9 years (from 28.3 to 30.2) (Republic Statistical Institute of RS, 2018a). In FBiH, people enter into marriage a little bit earlier on average. Women were on average 25.5 years old when entering into first marriage in 2017 (1.3 years more than in 2003) and men were 28.3 (0.7 years more than in 2003) (Institute for Statistics of FBiH, 2017c). In Brčko District, on average people enter into first marriage later – the average age of brides was 29 in 2017 and of grooms 32 years (2.1 and 2.2 years more compared to 2004) (Agency for Statistics of BiH, 2018c).

Among persons who entered into marriage in 2017 in Republika Srpska, the vast majority (88% for both men and women) were marrying for the first time, whereas for 10.8% of men and 11.1% of women it was their second marriage and for 1.2% of men and 0.8% of women their third marriage. The share of persons who entered into first marriage in FBiH was slightly higher (90.3% among men and 91.8% among women), whereas 8.9% of grooms and 7.7% of brides married for the second time and third or later marriages accounted for 0.8% of grooms and 0.5% of brides (Federal Statistical Institute, 2018).

The most frequent combinations according to education of bride and groom in RS in 2017: 49.6% both have secondary education, then both have university degree 12.8%, bride with university degree and groom with secondary education 11.3%, and groom with university degree and bride with secondary education is more uncommon combination 5.9% and 20.4% other combinations (Republic Statistical Institute of the RS, 2018a).

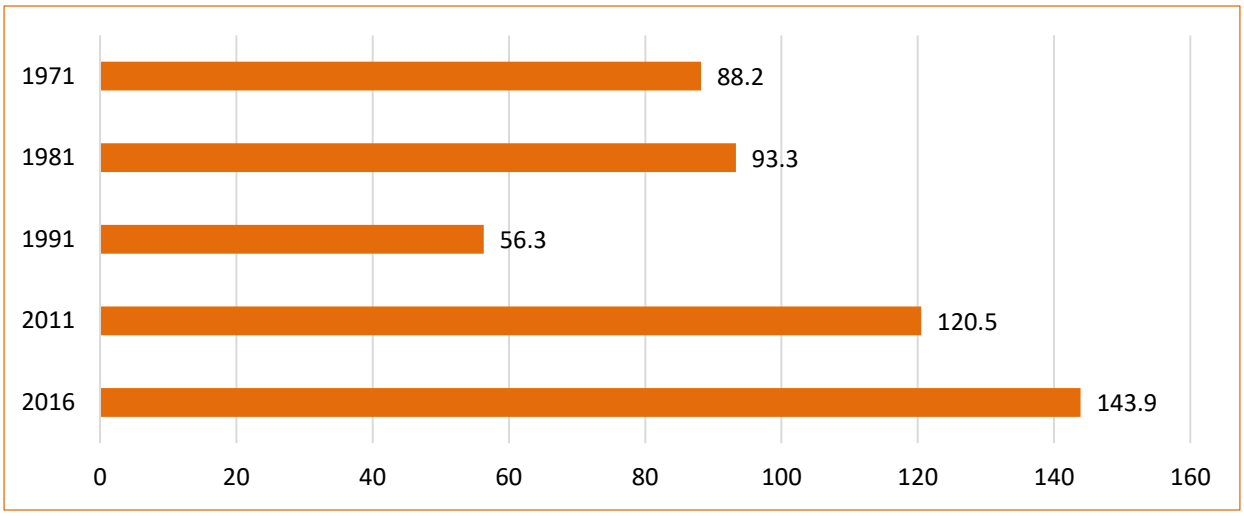
BiH has higher crude marriage rates than the EU average (5.6 versus 4.4 in 2015[107]). However in Europe crude marriage ratesdiffer for some countries that show considerably lower marriage rates, such as Italy which in 2017 had a rate of 3.2, Portugal (3.3), and Spain (3.7). On the other hand countries that mainly belong to former socialist bloc have a relatively high marriage rates, such as Lithuania (7.5), Latvia (6.8) or those in the southernmost part of EU (Cyprus with 6.8 and Malta with 6.3) (Eurostat)[108].

9.2 Divorce rates and characteristics

While marriage rates decline, divorce rates are on the rise. Beside interruption of otherwise constant trend of divorce rate rise in 1991 (in the period of distinct social crisis directly before the war), increase in number of divorced marriages per 1,000 marriages is noticeable, from 88.2 in 1971 to 143.9 in 2016 at the level of BiH (Chart 44).

[106] https://www.rzs.rs.ba/front/category/2/132/?&add=None
[107] https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Marriage_and_divorce_statistics, *BHAS Demography 2017*
[108] https://ec.europa.eu/eurostat/documents/3217494/7089681/KS-04-15-567-EN-N.pdf

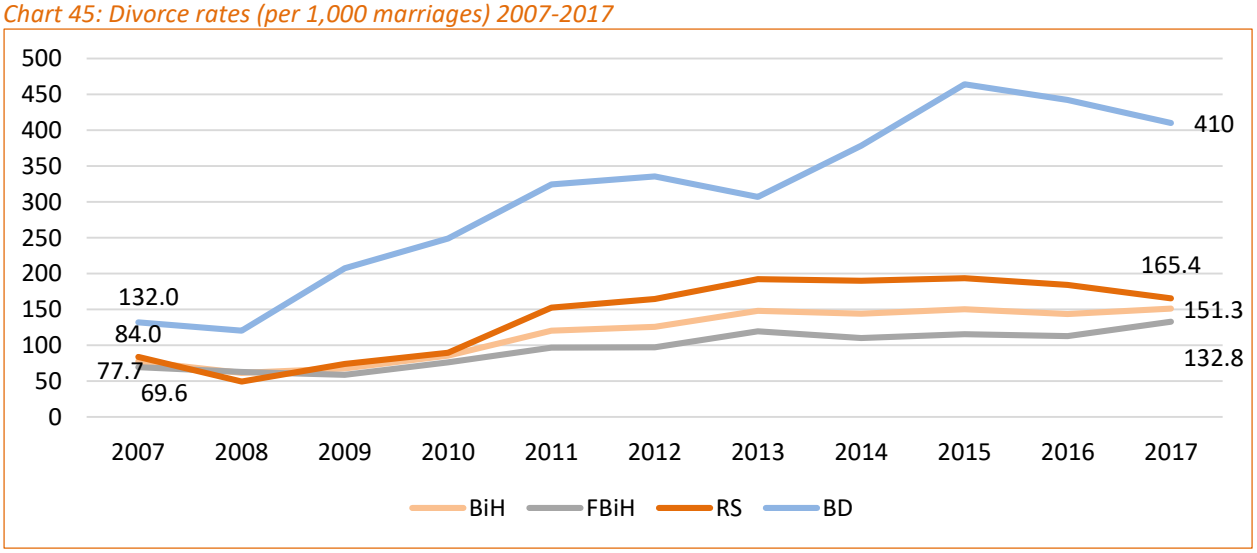
Chart 44: Divorce rate (per 1,000 marriages) BiH



Source: Statistical Yearbook of Bosnia and Herzegovina 1992, Bureau of Statistics, Sarajevo, 1994, Demography 2016, Thematic Bulletin, Agency for Statistics of Bosnia and Herzegovina, Sarajevo, 2017

Trends differ between entities and the District of Brčko. At the start of the 2007-2017 period the difference between FBiH and RS was small, and continually increased, whereas the highest rate is in BD, but it had drastically increased in comparison to entities until the end of the period – in comparison to RS in 2016, there were 258 divorces per 1,000 marriages more and in comparison to FBiH 329 more.

Chart 45: Divorce rates (per 1,000 marriages) 2007-2017



Sources: Demography 2017, Thematic Bulletin, Agency for Statistics of Bosnia and Herzegovina, Sarajevo, 2017, Statistical Yearbook of the Federation of Bosnia and Herzegovina 2017, Institute for Statistics of FBiH, Sarajevo, 2017, For RS authors calculation based on data in Statistical Yearbook of Republika Srpska 2018, Republika Srpska Institute of Statistics, Banja Luka, 2017, Demography in Brčko District BiH 2006-2010, 2010-2014, 2013 - 2017 Year, Agency for Statistics of Bosnia and Herzegovina, Brčko, 2018.

Data show that persons entering into marriage later in their life also divorce later in their life. The average age in RS of men when divorcing in 2017 was 42.7, which presents an increase of 3.3 years compared to

2004. The average age of women when divorcing was 39.2, which presents an increase of 3.1 years (Republic Statistical Institute of the RS, 2018a). The average age of men when divorcing in 2017 in FBiH was 40.8 years, and women 37 years, which in comparison to 2013 presents an increase for men and women by 1.7 years (Institute for Statistics of FBiH, 2017c).

Marriages last longer on average, so in FBiH average marriage duration when divorcing in 2013 was 10.5 years and in 2017 it was 11.4 years (Institute for Statistics of FBiH, 2017c). In RS, 23.6% of divorced marriages in 2017 lasted shorter than 5 years, and 76.4% longer than five or more years (Republic Statistical Institute of the RS, 2018a).

Most married couples that divorced in 2013 had one or more children (52.3%), whereas in 2017 that percentage was somewhat lower – in FBiH 49.6% (Institute for Statistics of FBiH, 2017c), and in RS 47.7%.[109] (Republic Statistical Institute of RS, 2018a). Custody is commonly awarded to the mother (in FBiH, in 72.7% cases and in RS in 75% cases). Fathers are awarded custody less often (in 22.2% cases in FBiH and 18.9% in RS), and the most uncommon is the category of joint custody (in 4.7% cases in FBiH, and in 5.1% cases in RS).

Due to the lack of the research on family, partnership, including the divorce, it is hard to know the reasons beyond observed changes in the divorce patterns and factors influencing them. It can be assumed that partially they are linked to the general trends of modernisation, individualisation, more freedom in choice of partners and opportunities, but on the other hand it can be guessed that problems linked to the postconflict society, unfavourable socio-economic development could also shape the described patterns of divorce.

9.3 Structure of households and families

A private household comprises of persons resident in the same dwelling, including persons living alone or groups of unrelated people, where this dwelling is not an institution (Eurostat, 2015). A family is a group that only consists of a married or non-married couple, or parents (both or one) and their children. A child (biological, adopted or step-child) is a person which regardless of their age or marital status lives in a household with one or two parents, under the condition that they do not have a spouse or non-marital partner or a child of their own in the household (Agency of Statistics of BiH, 2018d: 19).

Changes in size and structure of households and families are noticeable. In the period after World War II, average size of households was decreased from 5.2 to 3.1 members (Table 9.3).

Table 31: Number and average size of households in BiH, 1948-2013

Households	1948	1953	1961	1971	1981	1991	2013
Number	498,116	565,212	706,107	848,545	1,030,689	1,207,098	1,155,736
Average size	5.1	5.0	4.6	4.4	4.0	3.6	3.04

Source: Agency for Statistics of BiH, population census 2013

[109] *It was calculated in relation to the number of divorced marriages for which the number of children was available.*

Certain differences are present between entities: the smallest average size of households is registered by population census in 2013 in RS (2.85 members), slightly larger in FBiH (3.09 members) and the largest in BD (3.11 members). In addition, the average size of households in urban areas is smaller than that of households living in other areas (2.82 versus 3.24) (Agency for Statistics of BiH, Population Census 2013).

In comparison to the EU in 2010 (the latest available data for EU level), the average size of households in BiH was larger: 3.04 versus 2.4 (Eurostat). Comparing to countries in the region, it is most similar to Montenegro with average size of households of 3.13 in 2015, and larger average size of households is registered in North Macedonia (3.69), and Turkey (3.46) (Eurostat[110]).

The largest share of households in 2013 were two-member households (Table 9.4). The share of single-family households is the highest in RS, and share of multiple family households (with five or more members) in BD.

Table 32: Households according to number of members, 2013, in %

Households according to number of members	BiH	FBiH	RS	BD
Single	18.8	17.6	20.9	19.7
2 members	24.0	23.4	25.0	23.7
3 members	20.1	20.8	19.0	18.1
4 members	20.7	21.7	19.0	20.0
5 and more members	16.5	16.6	16.1	18.6
Total	100	100	100	100

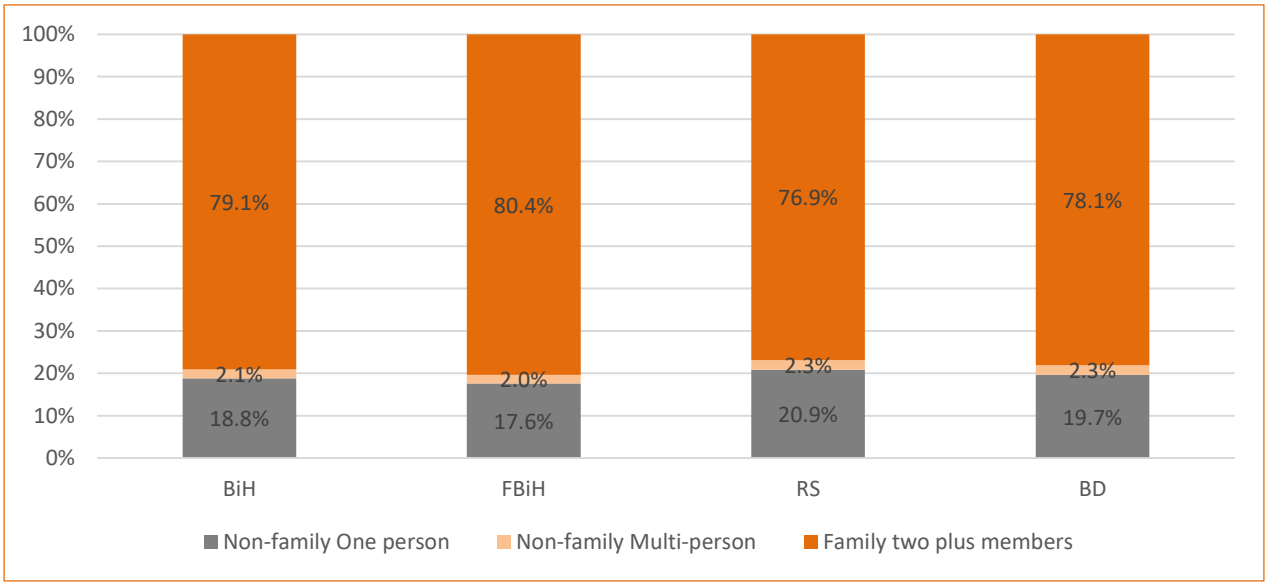
Source: Census 2013. http://www.popis.gov.ba/popis2013/knjige.php?id=3

Data on households and family structure in BiH leave the impression of a society in transition that stepped out from a traditional phase where larger, family and multiple families households dominated, toward modern smaller households, by increasing share of non-family households and increasing share of single family households. On the other hand, this situation is far from post-modern societies where the majority of households are comprised of non-family households. Data from census of the member states of EU show that at the level of EU 28 in 2011, single family and two-member households without children make for almost two thirds of total number of households (each per 31.6%) (Eurostat, 2015). Multiple families households were less represented. So, households with three members participated with 16.6% in total number of households, four-member households with 13.9%, whereas share of multiple families households with five of more members was extremely low – 4.4%.

In comparison to this situation, BiH still shows a considerably smaller share of single family and two-member households – 42.8% (in comparison to 63.2% in EU-28), as well as significantly higher share of multiple families households (three-member and four-member households) and multiple family households (with 5 or more members).

[110] https://ec.europa.eu/eurostat/search?p_auth=8FWKSTBt&p_p_id=estatsearchportlet_WAR_estatsearchportlet&p_p_lifecycle=1&p_p_state=maximized&p_p_mode=view&_estatsearchportlet_WAR_estatsearchportlet_action=search&text=Household+characteristics+by+type+of+household

Chart 46: Family and non-family households by number of members, 2013, in %



Source: Agency of Statistics of BiH, population census 2013,

In BiH, with smaller differences between entities and Brčko District among families, the type of classical nuclear family prevails, comprised of a married couple with a child/children (Table 9.5). However, in comparison to the 1991 population census, a decline in the share of this type of family is evident, with an increase in share of married couples without children or single parents with children.

Table 33: Families according to structure, 1991 and 2013, in %

Family type	1991	2013			
	BiH	BiH	FBiH	RS	BD
Married couple without children	19.9	26.3	25.5	27.9	27.6
Extramarital couple without children	-	0.9	0.7	1.2	1.0
Married couple with children	68.9	56.0	58.0	52.4	54.5
Extramarital couple with children	-	1.0	0.8	1.4	1.0
Mother with children	9.2	12.8	12.2	13.8	12.4
Father with children	2.0	3.0	2.8	3.4	3.5
Total	100	100	100	100	100

Source: BiH 1991 - State Institute for Statistics of BiH, Families in the Republic of BiH, population census, 2013: Agency for statistics of BiH,

In comparison to the EU-28 in 2011, the share of informal partnership unions among families in BiH is considerably smaller (1.9 versus 12.6 in EU), whereas share of single parent families comprised of single mother or single father are similar to the EU average (share of single mothers in EU was 13.4% and fathers 2.6%) (Eurostat 2015).

The research on single parents in three Western Balkan countries (BiH, Montenegro and Serbia) indicated the difficult position of this type of families. Single parents, who usually are sole providers, are confronted not only with tight financial and inadequate living conditions, but they are also facing a lack of institutional support. Not being able to rely on institutions, they develop private strategies, for example by living in extended families. If employed, they have to cope with an intense role conflict (Blagojevic, Hughson, 2012).

According to findings of similar research conducted in Serbia, single mothers are in more unfavourable position than single fathers, due to generally worse position in labour market, weaker financial status, smaller salary and the like. (Tomanovic, Ljubicic, Stanojevic, 2014)[111]

9.4 Early marriages

Early marriage (before the age of 18) is considered a severe obstacle to human development and even as violation of human rights of girls which results in their social exclusion. According to the Family Laws of FBiH and RS, formal marriage is prohibited before the age of 18, but under special circumstances it is allowed at the age of 16. However, the law cannot effectively control domains of informality and informal marriage that can occur even at the age earlier than 16. Practices of informal marriage are particularly widespread in the Roma communities, and the bonds and limitations they pose on girls' life are equally harmful as if they are formal.

Official statistics do not capture adequately the prevalence of early marriages in the population due to the focus on formal marriage and due to the limited possibilities to collect information from informal substandard settlements where the population with highest prevalence of juvenile marriages lives. According to the Agency for Statistics of BiH, at the level of BiH marriages with brides younger than 15 years are very rare - in 1996 and 1997 there were 24 marriages with a bride under 15, but after that period there were only 1-2 such marriages per year. Since 2012, no such marriage was recorded by the official statistics. The number of marriages with groom under 15 are even more rare - 15 in 1996 and 13 in 1997 and after that only 2 for period 1998 – 2016 (Agency for Statistics of BiH, 2016b). Therefore, a better source for monitoring early marriages are MICS surveys, and particularly because MICS counts also informal unions. Unfortunately, the last MICS was conducted in 2011 so the data should be taken into account with caution. According to 2011 MICS data, early marriage is still relatively prevalent in the general population, but more among women than men. Every tenth woman 20-49 years of age got married before the age of 18. The prevalence of marriages before the age of 15 is low but still present in FBiH and RS.

Data indicate that early marriages represent important issue in Roma settlements. Between 10-20% of Roma girls get married before the age of 15 depending on their location in the entities/Brčko District. Almost two thirds of girls living in Roma settlements in BD get married before the age of 18, almost half in FBiH and 43% in RS. Prevalence of early marriage among boys and men living in Roma settlements is much lower than for girls and women, indicating the big spousal age difference.

[111] *Tomanovic, S, Ljubicic, M, Stanojevic, D. (2014) Jednoroditeljske porodice u Srbiji. Sociološka studija, ISIFF, Čigoja, Beograd.* https://www.researchgate.net/publication/280088744_Jednoroditeljske_porodice_u_Srbiji

Table 34: Prevalence of early marriage

Unit	Marriage before 15 among women 15-49	Marriage before 18 among women 20-49	Marriage before 15 among men 15-49	Marriage before 18 among men 20-49
General population				
FBiH	0,4	9,9	0,2	0,8
RS	0,6	8,2	0,0	0,1
BD	0,0	11,3	0,2	0,4
Roma settlements				
FBiH	15,0	48,2	4,0	20,2
RS	11,2	43,3	3,7	16,3
BD	19,7	63,9	4,7	40,7

Source: UNICEF, MICS BiH 2011-2012: 95-96, MICS BiH Roma Settlements 2011/2012: 90-91

Early marriages are more prevalent among the rural population, persons with only primary education and in poorer wealth quintiles. Data on early marriages in Roma settlements indicate the strong tradition that does not change over time. Namely, there are no prominent differences in the prevalence of early marriages among Roma women of different generations. In the oldest age group (45-49) the prevalence of marriages before age of 18 was 48.8%, while in the youngest age group (20-24) the prevalence was 49.2%. The prevalence is much lower among women with secondary or higher education – 19.4% compared to 49.3% of women with primary education and 58.9% of women with no formal education. The prevalence is highest in the poorest wealth quintile (61.4% compared to 39.7 in richest wealth quintile) (UNICEF, 2013b: 90).

KEY FINDINGS

Data indicate the processes of transformation of marriage, household and family during last decades from traditional forms and patterns towards modern, but still not post-modern as in many contemporary developed countries of EU and North America. These processes are marked by:

- Decrease of marriage rates and postponement of the transition to (first) marriage, but with still low level of cohabitation as non-formal partnership union.
- Increase of divorce rates but also longer duration of marriages prior to the divorce, with average older population who gets divorced.
- Decrease of divorce among couples who have children, but continuously higher share of custody over children assigned solely to mothers which raises the alert related to the socio-economic vulnerability of lone-mothers' families.
- Shrinking of average size of households, transforming from extended households with more than one family, towards single-family households and non-family households (particularly single person households).
- Prevalence of early marriages is decreasing, but still represents prevalent phenomenon in the population living in Roma settlements, undermining the well-being and human development potential of boys and particularly girls who enter early marriages at disproportionately higher rates.

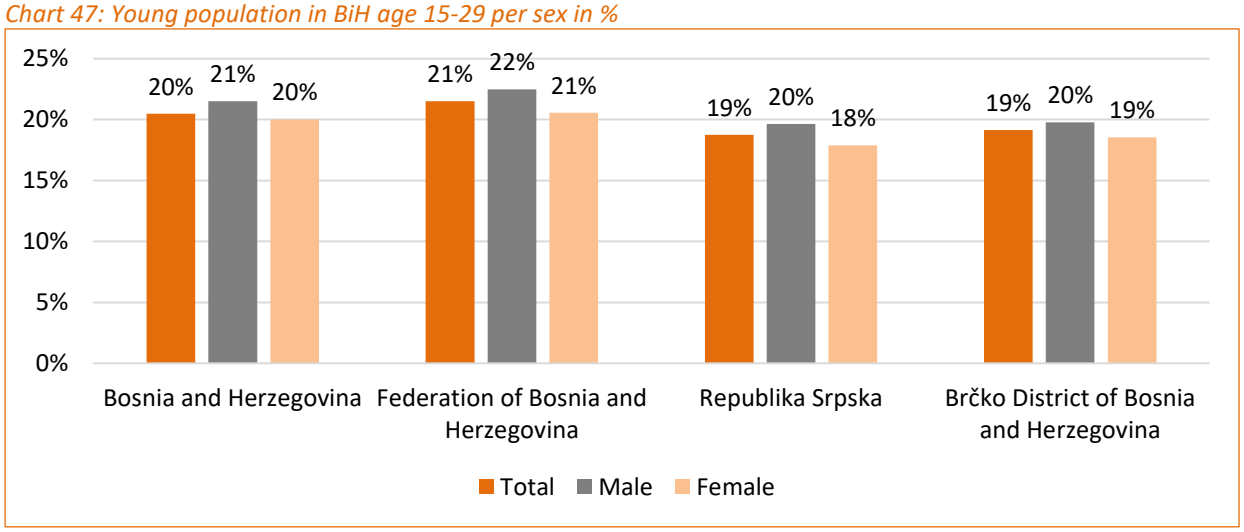
10. Situation of major population groups

10.1 Young population

Main analysis in this chapter is focused on youth which includes age groups who are in the stage of the life course between childhood and adulthood (15-29). However, part of the chapter (10.2) is dedicated to children and early childhood development as it is important to know how previous stages of life course look like, defining later chances of young people to achieve wellbeing. The young people are specific age group with specific social features. The concept of young population is social construction that emphasizes social characteristics of young people as age group, and it was generated as a product of modern era and civil society. Through investing in children and young people, society invests in its own future ensuring continuity of progress. Life of young people in modern society is under great impact of social changes that occur in labour market, changes of social regimes, crisis of neoliberal regime, process of European integrations, and breakdown of socialist regimes. Although formal education represents a basis for social position, it is not sufficient in modern society since it requires constant adjusting with new skills that are required in labour market (Tomanovic, 2015:7).

According to the 2013 population census, there were in total 723.116 young people from 15 to 29 years of age and they comprised 20.5% of inhabitants of BiH in 2013 (Chart 47).

Chart 47: Young population in BiH age 15-29 per sex in %



Source: Population census in BiH, BHAS, 2013

Society in Bosnia and Herzegovina, beside all that affects other global societies, faces a series of obstacles – post-socialist transition in post-war society, insufficiently developed economy, social and political instability that affects all citizens and especially young population who are marginalized socially and in terms of their status.

10.1.1 Early childhood development

An important parameter of quality life and health in early development is child nutrition. MICS studies for 2011-2012 (MICS 2013a: 16) are based on standards for children nutrition status of WHO[112]. Overweight in children appears to be the greatest problem in terms of nutrition status, since every sixth child younger than 5 in BiH (17.4%) is overweight on the basis of MICS studies (in FBiH 17.7%, 16.4% in RS and 17.3 in Brčko District). Overweight increases with the level of mother`s education, and wealth of households, so among children whose mothers have higher or university education, there are 21.8% of overweight children.

Malnutrition is far less widespread. According to MICS data, 1.6% children younger than 5 years of age in BiH are underweight (2% in FBiH and 0.4% in RS). Every eleventh child younger than 5 years of age (8.9% at the level of BiH, 9.9% in FBiH, 6.4% in RS and 1.4% in Brčko District) weighs less than the minimum assumed weight for his/her age, while there are 4% of stunted children. Parameters also show that 2.3% of children in BiH are wasted, meaning that their weight laggs their height (2.6% in FBiH, 1.7% in RS and 1.3% in Brčko District)[113].

One of the SDG targets refers to the reduction of child mortality and improvement of their health, and immunisation has the key role in achieving this goal.[114] Data show that coverage of children vaccinated with BCG, the first vaccine against poliomyelitis and DPT vaccine is relatively high (over 90%), but there is noticeable decline in children who receive the second and third dosage of polio and DPT vaccine (MICS, 2013a: 30). Similar situation occurs with vaccination against hepatitis B, but the coverage of children with immunisation against measles, rubella and parotitis until 18 months of life is insufficient – it is 79.9%% in BiH, i.e. 79.3% in FBiH and 82.1% in RS. MICS estimates the percentage of children that participated in all processes of immunisation recommended by UNICEF and WHO at 68.0% in BiH, 67.0% in FBiH and 71.6% in RS (Ibid: 30).

Exclusive breastfeeding during first 6 months of life presents a vital factor of protecting children from infections and it is the best source of all needed nutritive ingredients for children, necessary for psychophysical development. However, only about 19% of children younger than 6 months in BiH were exclusively breastfed. In FBiH only 15% of children were exclusively breastfed, while this percentage in RS is considerably higher and comprises 32% of children of that age. There are no recorded differences in exclusive breastfeeding by sex of the children.

Timely introduction of solid food is important for child development and prevention of malnutrition. According to MICS 2011/2012, 71% infants age 6 to 8 months receive solid or semi-solid food in BIH. Amongst currently breastfed infants this percentage was 64%, while it was 79% amongst infants currently not breastfed.[115].

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[112] Also, on standards of child growth WHO, see further:
http://www.who.int/childgrowth/standards/second_set/technical_report_2.pdf

[113] Data at the level of Brčko District are not presented, because the sample of children in observed total sample is small, which disabled statistical conclusions.

[114] According to guidelines of UNICEF and WHO, child until his/her first birthday should receive BCG vaccine (to be protected from tuberculosis), three doses of DTP vaccine (to be protected from diphtheria, tetanus and pertussis), three doses of polio vaccine, three doses of vaccine against hepatitis B (HepB) and vaccine against measles (morbilli).

[115] Data at the level of Brčko District are not shown because the sample of children of observed sample was small, which did not allow statistical conclusions.

Upbringing methods present an important segment in early childhood development. MICS data show that 55.2% of children age 2 to 14 were exposed to some form of violent disciplining methods by parents or other members of household. In FBiH that percentage was 58.7% and in RS 47.9% (Ibid:86). As many as 42.1% of children in BiH were exposed to psychological violence, i.e. 44.7% in FBiH and 37.0% in RS and 25.4% in BD.

Corporal punishment is still used a lot. In BiH 39.6% of children were exposed to this form of violence (44.2% in FBiH, 29.6% in RS and 35.5% in BD). This study shows that 13.8% of respondents believe that it is justifiable to physically punish children. Non-violent method of upbringing children is used by 34.2% parents in BiH (44.2% in RS, 42.1%% in BD and 29.5% in FBiH). Boys are more exposed to corporal punishment than girls (44.3% versus 34.4%) as well as children living in households whose head has no education in comparison to those whose head of household has secondary or higher education.

Attending organized programmes for learning in early childhood impacts better readiness of children for primary schools and contributes to child development However, as it was demonstrated in the chapter 2.3.3, the enrolment of children of pre-school age in any form of organized education is low.

According to data from MICS, over half of children age under 5 in FBiH (51.3%) have 3 and more books, whereas that number of such children in RS is somewhat higher (66.4%), and in Brčko District it is 66.7%. Only half of children up to 5 years of age in FBiH have two or more toys, 72.0% in RS and 76.6% in Brčko District. Children whose parents are more educated more often have more books (73.1%) than children whose parents are with low education (40%), while differences in possession of toys are not present on basis of education (Ibid:74).

According to MICS data, 96.4% of children age 36 to 59 months in BiH were on track in regard to development (98.3% in RS and 95.6% in FBiH) measured by early child development index which measures numerical literacy, motoric, social and emotional development (Ibid: 76). Children whose mothers have higher or university education had higher level of development in the domain of numerical literacy.

10.1.2 Education

MICS survey for the period 2011-2012 shows that in BiH the literacy rate among young women and men (age 15 to 24 years) is at the satisfactory level, with 99.3% of women and 99.9% of men literate MICS 2013a,:77).

In school year 2017/2018, 282. 614 pupils enrolled in primary schools in BiH (49% girls and 51% boys), which in comparison to previous school year is less for 5.115 pupils, i.e. 1.8% (E*ducation statistics,* 2018:1). Data for 2012/2013 show a high rate of enrolment in primary schools for children from general population (97.6%), but considerably lower for Roma children (69.3%) (MICS, 2013b: 56). The rate of completed primary education in BiH is 92%, but it is lower for children living in rural areas (89%) in comparison to children in urban areas (97%) (IMICS 2012: 90).

When it comes to secondary schools, in the 2017/2018 school year, 124.148 students were enrolled (50% girls versus 50% boys), which is in comparison to previous school year less for 2.676 students or 2.1% (E*ducation statistics,* 2018:1)). Decreasing trend of enrolling students in primary and secondary institutions is noticeable. Secondary school enrolment in 2017/2018 was 87.4% in BiH and 54.0% of students

completed secondary school in scheduled time, while 24.0% of secondary school students of one generation continue with further education in university institutions (Annual Report on Development 2017, 2018:48). Secondary school attendance rate in comparison to primary school for the period of school year 2012/2013 was 92%, whereby only 22.6% in Roma population (MICS , 2013b: 57). The weaker financial status of the household, means the lower enrolment of children in secondary school (among the poorest it is 84%).

According to data from 2017 about early leaving education in BiH, 5.1% of persons from 18 to 24 years of age have up to two grades of secondary school, while in the countries of the EU-28 this is 10.6%. The percentage of early school leavers in 2017 was higher among young men (5.3%), while among girls it was 4.8%. This data indicates a new trend, with respect to the period from 2010 to 2016, when the early school leaving rate was higher among girls (Annual report on social Inclusion 2017, 2018:11). The following are listed among primary reasons for leaving primary or secondary education, as well as quitting further schooling: difficult financial situation, living in remote rural areas, insufficient awareness of parents about the need for education of children, and lack of motivation for education or learning.

The most disadvantaged categories of children regarding access to education are those with special needs, children returnees from European countries according to Readmission Agreement and Roma children. According to data from population census in 2013, there are 12.583 inhabitants living in BiH who declared as Roma.[116] Children from Roma population are very rarely included in preschool education, only 81 children from Roma population were enrolled in preschool institutions in 2015/2016 school year, in primary education in the same period there were 1,842 Roma children included and in secondary education there were only 112 Roma children included, while only seven children from this population enrolled in university(MHRR, 2017:2).

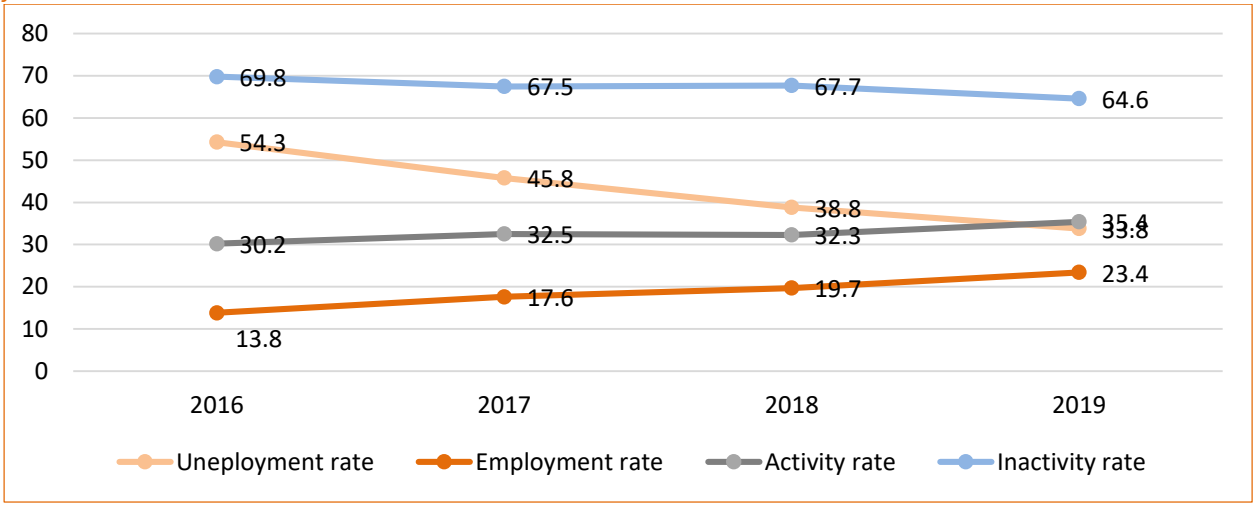
Monitoring the trend of enrolling young people in university institutions, it is noticed that this trend has been decreasing from year to year. In school year 2014/2015, there were 108, 008 enrolled students in total, of which 53,355 women and 42,224 men (Agency for statistics BiH, 2016). One year later, there were 105,299 students enrolled, in school year 2016/2017 there were 100,333 students enrolled, in school year 2017/2018 there were 93,984 students enrolled, of which 35,906 were men and 47,020 were women (Agency for statistics BiH, 2018). The enrolment ratio for men and women in universities has not changed in recent years, women more often enrol in universities than men, in both entities.

10.1.3 Labour market and poverty among young people

Majority of young people (15-24) is not active in the labour market, which is not surprising having in mind that many are still in education. However, when data on basic labour market indicators are observed (Chart 48), it is cleare that those who enter labour market are in the disadvantaged position compared to older population. Their labour market position is marked by low employment rate, though there are some positive tendencies registered during 2016-2019.

[116] Due to a fact that population census was done in 2013, and that Roma population often migrates, we do not dispose of precise data on number of Roma children, necessary for making conclusions about the percentage of Roma population inclusion in mandatory primary education in BiH, since we are not familiar with these data, so data in absolute numbers are presented here.

Chart 48: Activity, employment, unemployment and inactivity rates of the population age 15–24 in BiH in the period from 2016 to 2019



Source: Labour Force Survey 2018

The unemployment rate of young people was higher in BD (48.7%) than in FBiH (39%), and RS(23.8%) (Labour Force Survey, 2018: 40 - 42).

When unemployment rate of young people in BiH is compared to other countries in the region, it can be seen that it is lower only in North Macedonia.

Table 35: Unemployment rate of population age 15-24 in countries of Southeast Europe

Countries	Unemployment rate in		
	2015	2016	2017
Albania	39.80	36.50	31.90
Bosnia and Herzegovina	62.30	54.30	45.80
North Macedonia	47.30	48.20	46.70
Montenegro	37.60	35.90	31.70
Serbia	43.20	34.90	31.90

Source: Progress Tracker, RCC, https://www.rcc.int/seeds/results/1/see2020-progress-tracker

There were only 15% of young people working full-time in BiH in 2018, while 23% reported that they have temporary or part-time jobs (Turcilo, 2019). When it comes to obstacles that young people in BiH confront regarding employment, they single out the lack of work experience and not being acquainted with people who will help them in their job search. Mismatch between the education system and labour requirements in BiH presents an issue, so according to respondents' opinion, there is low possibility for getting employment even after completing education. Young people also state lack of contacts, connections, participation in political parties, as well as lack of money in order to pay for employment, which also present some of the causes due to which they have problems to find employment (UNDP, 2017: 99). They do not highlight expertise, abilities and qualifications as leading factors that would enable them to be employed at specific jobs (Turcilo, 2019: 101). Majority of young people (68.9%) prefer employment in public sector (Turcilo, 2019: 42). This is mainly the consequence of higher income security in public sector, but it can limit the capacities for development of entrepreneurship. When making decision about crucial factor for accepting particular job, almost half of respondents would choose according to amount of salary (45.4%), stability of job position (30%) and only 15% of respondents would give precedence to job satisfaction (Ziga, 2015: 62-63).

Unemployment has significant consequences for the economic position of young people. They are exposed to higher risks from poverty and social exclusion, and they stay economically dependent on their parents for a long time. Young population in BiH perceive unemployment as a key problem in 87.3% cases, while increase in poverty is immediately after unemployment with 81.9% cases (UNDP, 2017: 32). The relative poverty rate[117] in BiH was 16.9% in 2015 and percentage of poor people was the highest in the age category from 15 to 35, among women (21.3%) and men (26.4%) (Agency for statistics BiH, 2018e: 90). Poverty as a consequence of unemployment, economic crisis, political instability in the country, as well as impossibility for young people to afford adequate housing conditions lead to higher growth of alarming phenomenon of emigration of highly skilled population, called the "brain drain", which the society has been facing for a longer time and which undermines human resources for development in longer term (Annual Report on Development 2017, 2018: 20).

10.1.4 Sexual and reproductive health of young population

The education of young people in the field of sexually responsible behaviour and reproductive health represents one of the ways to improve population health and it is necessary in order to raise awareness and strengthen primary prevention of eliminating health risk factors.

As it has been shown in Chapter 4.3, majority of young women are familiar with contraception methods but usage of contraception is stil low. Data from MICS show that almost all young women from 20-24[118] years of age (99.8%) and from 25 to 29 (99.7%) are familiar with modern contraceptive methods. However, a great share of young women (20-24) does not use any contraceptive method (64.4%), while this percentage for women age 25-29 is somewhat lower at 55.5%. Both age groups of women most often use traditional methods of protection, i.e. interrupted sexual intercourse (24.7% women from 20 to 24 years of age and 28.5% women age 25-29). Both groups of women mostly use condoms out of modern contraceptive methods. 8.2% of women age 25-29 use condoms, while frequency of condom use in girls age 20-24 is 3.4% (MICS, 2013a). As it was shown in the chapter 4.2.1, the unmet need for contraception

[117] Relative poverty threshold is defined by the amount equal to 60% of median equivalent of household consumption. For calculation of equivalent household size, measured by the number of adult persons, modified OECD equivalence scale was used.
[118] Data for women from 15 to 19 years of age are not available, because there were few of them in the sample, and that is why it was not possible to analyse data about them.

is highest among young women (UNICEF, 2013a). As a consequence of insufficient use of contraception, abortions frequently appear, thus taking over function of contraceptive means.

Young people need education in the field of sexuality, in order to obtain appropriate information and gain skills and motivation to make responsible decisions about their sexual and reproductive health. This education includes precise information about human development, anatomy and reproductive health, as well as information on contraception, giving birth and sexually transmitted diseases, including HIV. Studies have shown that young people do not dispose of systematic knowledge nor reproductive and sexual health. According to research that was conducted in 2017, the average mark for knowledge of young people about sexually transmitted diseases, methods of preventing pregnancy and protection from sexually transmitted diseases was 5.41 on the scale from 0-10. Young people achieve lower results in questions about sexually transmitted diseases and methods of preventing pregnancy, while results are higher for general knowledge about reproductive health. Women achieve higher results on knowledge about reproductive health than men, especially when it comes to general knowledge, sexually transmitted diseases and methods of preventing pregnancy. Knowledge about reproductive health is on the rise with increasing of respondents` age and degree of education. The most frequent source of information about this field is internet (79.6%), while teachers in schools are at the fourth place (39.3%). Almost all respondents think that reproductive health should be taught in schools, whereby more than two thirds of respondents think that it should be learned in primary and secondary schools. With regard to sources of information, it is hard to speak of consistent and evaluated knowledge, so it would be of great importance that this field is formalized through educational system[119].

10.1.5 Social life of young population

Free time is one of development determinants, and it does not entirely act independently, thus it is expressed dually: as space where interactions of a person growing up and his/her environment overlap and space for development of identity and self-realisation“ (Basic et al., 1993: 132). According to research about young population in Bosnia and Herzegovina conducted in 2014 and 2018, 83.5% of young people spend their free time using internet (Ziga, et.al, 2015:103), and as the study for 2018/2019 showed, this trend is continuing, and the percentage has increased to 85.4% (Turcilo, et.al, 2019:15). Young people most often use social networks, primarily Facebook, 85.4%. Besides the internet, young population fill in their free time with various media content, such as watching TV or listening to music. It is alarming that 18.6% of young persons claim that they have never read a book, and 41 % have never been abroad. Slightly more than half of young people engage in some kind of creative activities. We may conclude that young people`s views are mostly formed by social networks and online sources of information and family members, (73.3% of them say that they spend time with their family members on a daily basis).

Over 25% of young people do not practice sports at all, while 23.3% do so rarely. Consuming alcohol is a frequent phenomenon among young population - 49% of young people consume alcohol. A great share of the young population smoke: only 66.6% of them said that they had never smoked, and 96% of respondents said that they had never used drugs. It is important to highlight that although young people have positive views on healthy nutrition and sport, seldom do they realize those views (Turcilo, 2019:18).

[119] https://ba.unfpa.org/sites/default/files/pub-pdf/CSE%20Survey%20Report%202018%20Eng%20Final.pdf *pg:23*

When it comes to values that young people appreciate the most, the most common answer is personal dignity (19.8%), then justice and equality (16.8%), fighting spirit for achieving goals (15.3%), freedom and safety in their society (13.9) and tolerance (12.9%). Respondents in the Brčko District (13.3%) more often than respondents from FBiH (2.7%) and RS (2.6%) list material wealth as something that they appreciate. Women (16%) more often than men (11.5%) list that they appreciate freedom and safety in their society. Material values, such as social prestige and material goods are positioned low among young population at the level of BiH (UNDP, 2017:30).

Results of a Study of Young Population from 2015 show that young people, as much as the majority of population, are characterised by particular trust. They show high level of trust towards groups they know well, such as family and close friends, and there is only partial or low trust towards acquaintances and the rest of population (Table 10.2). These findings coincide with data on weaker manifestation of volunteer work and lack of interest in political events. The level of tolerance is generally higher, primarily in relation to the groups with similar features, and considerably less in relation to minorities. Beside strong loyalty to family, significant percentage of young people approve of using acquaintances and other types of informal connections for obtaining a job (20.6 %) or access to services such as healthcare, benefits, etc., 26.8 % (Turcilo, 2019:222).

Table 36: Specific trust among young population

Trust toward…	2015	2018
Members of immediate family	4.7	4.7
Members of extended family	3.6	3.9
Friends	3.7	4.1
Neighbours	2.8	3.6
Other pupils/students or colleagues	3.1	3.6
Political leaders – not included	Not included	1.9
Persons of other religious beliefs	2.9	3.3
Persons with different political beliefs	2.8	3
Members of other nationalities – not included	Not included	3.3

Source: (Turcilo, 2019:22). Remark: An average of marks on the scale of 1 to 5 is shown.

In the developed countries, studies recognize the trend of weakening traditional forms of involvement (Tomanovic, 2015), most often expressed through reduced participation in voting in elections and membership in political parties, and at the same time, gradual strengthening of new forms of articulating interest and values within broadly understood political field, whose holders are younger, more urban and educated people. In post-socialist countries, those trends are still not distinct, but gradual rise in interests of young population in the new forms of political aspects can be noticed (Vukelic, Stanojevic, 2012).

Participation of young people in political life is most palpable through the traditional model of voting on elections. There were 63.9% of young people who voted in BiH versus 53.3% the general population. The greatest number of young people, who have not voted, say they have not been motivated to vote (38.2%). Although a great number of young population vote, over half of them think that their vote does not impact management of the state and institutions, in RS (56.3%) considerably more than in FBiH (48.4%) and BD (40%). The greatest expectations from the authorities are connected to the economic sphere, creation of better business opportunities (44.3%) and increase in national income 28.9% (UNDP, 2017:45).

Young people in BiH are very rarely socially engaged, as data from a study on socioeconomic perceptions of young people of BiH testify. About 67.3% of young people have shown readiness to participate in peaceful protests. Young people age 15-25 are considerably more ready to participate in peaceful protests (about 70%) as are those age 26-30 (about 60%). However, when asked about practicing social involvement, only 32.4% say they participated in a rally supporting some idea. The most frequent way of social involvement is signing petitions (36.9%), then openly expressing their own opinions about a topic in public (about 32.6%), and openly expressing their own opinion in social networks (31%). For all listed activities, respondents from FBiH have stated them more often than respondents from RS (UNDP, 2017:61). In 2016, only 13.8% of young people said they were involved in voluntary activities, while twice as more of their peers from EU countries were involved in voluntary work (UNDP, 2017:34).[120]

Young people are against economic liberalism, showing clear affinity to a stronger role of state in economy, since they are disappointed with problematic transition of the country to a market economy and they are aware of greater impact of globalisation on economic circumstances. Around 89% of them think that the state is obliged to care for all inhabitants in the country. Although the majority of them do not see competitiveness as harmful and believe that hard work pays off in the end, 82% of young people think that it is necessary to narrow the income gap between rich and poor. It may appear that such economic preferences are in favour of social democracy. However, when other political views are analysed, young people show an alarming level of authoritarianism, on F scale[121] of authoritarianism from 0 to 100 points, they score an average of 76.4 points (Turcilo, 2017:54). Preferences towards a strong leader are not connected with distrust in democracy, but they represent a reflection of distrust in state institutions, political elites, corruption and nepotism.

KEY FINDINGS

- Attendance rates in primary and secondary education institutions are high for general population of young people and they reflect gender segregation, but distinct inequality in relation to young people from Roma population is noticeable, since their rates are considerably lower in comparison to general population.
- Young people in BiH are faced with one of the highest unemployment rates among the Southeast European countries. Although the rate has been decreasing in recent years, it still presents one of the main problems of young people in the labour market and it is in direct correlation with the quality of their life. This problem affects women more than men.
- Poverty disproportionally affects young people in comparison to other age groups. It is a consequence of unemployment, economic crisis, political instability in the country, as well as impossibility for young people to afford themselves appropriate housing conditions, which results in higher number of young people leaving the country.
- Young people have difficulties in accessing reliable information about sexual and reproductive health, which causes insufficient knowledge and entering sexual relationships without use of contraception. In comparison to all other parameters, according to which they differ a lot from their

[120] *Between entities, there are no significant differences in voluntary engagement.*

[121] *The F scale enables measuring social views that are mutually connected and organized within one general dimension, which can be interpreted as conservative-liberal, i.e. right wing-left wing dimension. On one side of this dimension, there are antidemocratic, pro-fascist and conservative views that lead to uncritical acceptance of established authorities. On the other side, there are prodemocratic, egalitarian, liberal and socialist views.*

peers from developed countries, when it comes to use of free time, they are alike, and spend a large amount of their free time using information and communication technologies.
- Participation of young people in political life is most highly expressed through traditional model of voting in elections. Compared to their peers from developed countries, they are very rarely engaged in voluntary activities.

10.2 Ageing and older population

Theorists often make a distinction between "younger older people", comprised of persons age 60 and 75-80, characterized by relative independence, activity and good health, and "older older people", comprised of person age 75-80 and over, who face increased dependency and various cognitive and physical difficulties (Laslett, 1989). World Health Organisation emphasises that ageing of population is process that poses challenges but also opportunities for social development. Increase in share of older population increases demand for primary healthcare and long-lasting care, it requires larger and better trained work force that provides these services, and opens up space for active contribution of older population towards community development. Having in mind this change of paradigm that perceived older population predominantly as beneficiaries of different forms of support towards active participation in social events, World Health Organisation has defined the approach of active and healthy ageing. Healthy ageing is defined as "the process of improving and maintaining functional capabilities that enable well-being in older age"(World Health Organisation, 2015). Active ageing enables an individual to continually participate in social, cultural and economic activities, according to their needs and abilities, and to be provided with adequate support and care.

Rights of older persons are regulated by different international and domestic legislative. Along with the Convention on Human Rights, European Convention on Protection of Human Rights and Fundamental Freedoms, BiH is a signatory to the Resolution OUN 46/91 which defines principles of protection of human rights of older persons that enable quality life in old age, and which include: independence, social participation, care, self-fulfilment and dignity. Domestic legal framework is set by the Constitution of BiH, Law on Prohibition of Discrimination which prohibits all forms of discrimination on the basis of ageing, as well as special laws that define different forms of social and healthcare protection at the level of entities.

10.2.1 Economic activity and economic position of older population

Healthy and active ageing means the possibility for older population to remain economically active even after they turn 65, which is age defined as age limit for retirement. However, it is very important that extended working presents a choice of older population, and not a necessity due to unsecured or low pensions. Data from the Labour Force Survey indicate that a smaller part of persons age 65 and over stayed among working population in 2018. The activity rate[122] of the population age 65 and over in 2018 in BiH was 3.7%. Older population in RS has considerably higher activity rate than their peers in FBiH: 8.3% versus 2.2%[123] which is mainly the consequence of higher engagement in agriculture where population remains longer active. Activity rates mainly coincide with employment rates, which means that there are almost no persons age 65 and over who look for job and can be considered as unemployed. The employment rate

[122] *Share of employed and unemployed persons in population age 15 and over.*
[123] *There are no such persons in Brčko District. Source: Agency of Statistics of BiH, Labour Force Survey 2018, Sarajevo, http://www.bhas.ba/tematskibilteni/LAB_00_2018_Y1_0_HR.pdf*

is considerably higher in RS than in FBiH and among men than women, which reflects higher activity in agriculture.

Table 37: Employment rates of people old 65+ by sex, 2016-2019

Sex	BiH				FBiH				RS			
	2016	2017	2018	2019	2016	2017	2018	2019	2016	2017	2018	2019
Total	3.7	5.1	4.6	6.8	1.6	2.4	2.1	3.1	6.8	9.1	8.3	12.5
Male	6.8	6.8	6.0	8.7	2.5	3.3	2.9	4.4	9.6	11.9	10.4	14.8
Female	2.6	3.8	3.6	5.3	0.9	1.7	1.5	2.0	4.8	7.0	6.6	10.4

Source: Agency for Statistics of BiH, Labour Force Survey 2018 and 2019
Note: Data for BD are not reliable so there are not used

Judging by data on poverty distribution among older persons, coverage by pensions and the amount of pensions (discussed in chapter 2) do not protect enough from poverty. In the Initial Report for BiH about implementation of the Madrid International Plan of Action on Ageing, it is indicated to higher rates of poverty of older population. According to HBS 2015, the rate of relative poverty in BiH for total population was 16.9% (FBiH 17.1%, RS 16.4% and BD 17.6%). In case of single households with head of household age 65 or over, the rate was 21.9% while in case of all households with head of household age 65 or over the rate was 20.8%. According to Women and Men in BiH report for 2017 (BHAS, 2018e), of all the people living below the poverty line, 15.3% of them are men and 23.8% women over 65 age. As the main source of poverty among older population, low income linked to the relatively high unemployment prior to the retirement and low wages are recognized.

10.2.2 Health care and social protection

In FBiH older persons who are beneficiaries of old-age pensions or social financial assistance are entitled to free health insurance (though in some cantons they need to pay monthly fees as a means of additional health insurance). They acquire their primary health care services through the system of health care centres. Primary health care services are less accessible in rural areas and the access to primary care is particularly challenging for older population with limited mobility. Geriatric services are offered at all levels of health care system. Mental health care is provided through 40 centres of mental health. These centres provide all types of services from coordinated care to prevention services, psychological support services and treatment services.

According to the Law on Basic Social Protection, Protection of Civil Victims of War and Protection of Families with Children of the Federation of BiH[124], older persons (men over 65 and women over 60 years) without family care are recognized as beneficiaries of social protection. Assistance to older persons is provided through basic rights and social welfare services, such as regular allowances and other material benefits, allowances for care and assistance provided by a third person, home care and help at home, care in residential institutions for social protection or alternative possibilities of housing for older persons, day-care centres and clubs for older persons, social services and other professional services, regulating the right to humanitarian help, and respective subsidies (electricity, heating, funeral costs, etc.) (Ministry of Human Rights and Refugees of BiH, 2017). During 2013-2017 the number of residential institutions for social protection of adult and older persons in FBiH increased from 31 to 47, and the number of

[124] *''Official Gazette of FBiH'', No. 36/99, 54/04, 39/06 and 14/09*

beneficiaries of such institutions increased from 2,543 to 3,450 (Statistical Institute of the FBiH, 2017d: 16). The majority of beneficiaries were women (61.7%).

In Republika Srpska according to the Law on Social Welfare[125] older persons are entitled to a range of services that promote their social inclusion. Retirement homes ensure housing, meals, care, cultural, entertainment and other services for beneficiaries. They also have social-geriatric units where services are provided for older persons who, due to their psychological and physical condition, are in need of intensive care. Social welfare day-care institutions provide range of services outside of the family during day, including in addition to basic needs services, work and occupational therapy, cultural and entertainment and recreational activities in line with beneficiaries interests and abilities. There is increase of share of older population among beneficiaries of social protection services between 2013 and 2017 from 41.6% to 44.3%. Among beneficiaries in 2017 the majority (53.3%) were women (Republic Institute of the Statistics of RS, 2018b). As research on gender inequalities through life course in Republika Srpska revealed, older women are providing more care for others (husbands and younger family members) than they receive support from others. Their husbands rely mainly on their care, but older women are much less supported in terms of daily or weekly hours by their husbands or younger family members (Babovic, et al, 2016). This can also explain why they use more social protection services.

While international standards for healthy ageing recommend non-institutional approach in the care of older population, the system in BiH is still marked by strong institutional approach where older people are placed in institutions lacking adequate support in their home environment (UNFPA, 2016). In Sarajevo, Modrica, Samac-Domaljevac, Tuzla and Banja Luka Centres for Healthy Ageing (HAC) are established in cooperation with local authorities. These centres provide various services to older people, such as regular physical activity, psychosocial support, social activities, etc. The UNFPA study on the impact of Healthy Ageing Centres (2016) on well-being of older population indicated positive impact of this kind of support. Assessment survey results revealed better subjective health, healthier diet, higher level of physical activity, better social inclusion and satisfied social needs among beneficiaries of HACs than among non-beneficiaries (UNFPA, 2016). The same survey revealed common perception of both beneficiaries and non-beneficiaries of HACs that available social protection services are not sufficient nor adequate for the needs of older persons.

Data from registered cases of violence indicate an increase in violence against older persons. During 2014, 1,459 cases of violence against older persons were reported to the Ministry of Internal Affairs of FBiH, and children and grandchildren were recognized as the most common perpetrators. Similar findings are for RS, where children were identified as perpetrators in 59.3% of cases of violence against people over 65 years of ageage. The most frequent form of violence against older persons is economic violence and neglect (Ministry of Human Rights and Refugees of BiH, 2017).

Lack of data on situation of older people in regard to health care and social protection challenges any attempt to provide solid evidence base for coherent policy interventions. According to the Ombudsman Special Report on Human Rights of Older Persons (2010), there were many gaps in securing the well-being of older population. The areas of main concerns were the insufficient incomes for provision of adequate medical care and necessary medicaments and therapy, unadjusted space that contains many barriers for older people preventing their mobility, lack of specialized health care services provided in homes for older

[125] *"Official Gazette of RS", No. 37/12, 90/16*

people, lack of specialized services for mental health and psychosocial support to older population, insufficient number of residential institutions for social protection of older population, very limited availability of home care and day-care services (Ombudsman for the Protection of Human Rights of BiH, 2017).

10.2.3 Social participation and quality of life

Low incomes reflect on quality of life of older population that is often forced to behave rather frugally, depriving themselves of satisfying various needs, from maintenance and furnishing housing space to participation in community, travel and visiting social, cultural and recreational events., Older persons living alone or in households of older persons are confronted with higher deprivation, while those who live with younger family members and in multiple family households face somewhat better conditions (Ministry of Human Rights and Refugees of BiH, 2017). The costs of older persons living alone or in couples are higher than of persons living in extended households. Older persons living alone in rural areas face this problem more often.

As it was indicated in the chapter on disability within general morbidity, older persons living with a form of disability or reduced abilities face significant barriers in their environment, especially when they live on higher floors in buildings without lifts, when they do not have adequate access to housing unit or housing space arranged in accordance with their needs in situation of reduced mobility. Also, they face problems of availability and accessibility of public transport and usage of public space (Ibid).

In accordance with the Law on Urban Planning and Construction of Republika Srpska[126] a Rulebook was enacted on the requirements for planning and designing facilities for free movement of children and persons with reduced physical capacities[127]. This Rulebook refers not only to older persons but stipulates also the urban-technical conditions for planning the spaces of public roads and pedestrian areas, access to buildings, designing of residential and non-residential buildings, as well as special purpose facilities within such buildings, removing architectural barriers within existing buildings, which enable free movement of children and persons with reduced physical capacities.

In the report on implementation of the Madrid International Plan of Action on Ageing (MIPAA), it is estimated that activities in local communities, which would include older persons, are missing. Therefore, their knowledge, skills and competencies remain unused, and they become socially excluded and susceptible to dissatisfaction with life and depressive conditions. It undermines overall quality of life of older persons (Ministry of Human Rights and Refugees of BiH, 2017). UNFPA, in cooperation with the FBiH Ministry of Labour and Social Policy, and RS Ministry of Health and Social Protection, developed draft entity strategies on ageing. The Strategy on Ageing in RS was adopted in October 2019 while the one in FBiH is still pending adoption. Both strategies are fully aligned with MIPAA and represent a framework for implementation of activities that will provide social support to older persons, but at the same time utilise the capacities of older persons for community development.

[126] *''Official Gazette of RS'', No. 40/13*
[127] *''Official Gazette of RS'', No. 93/13*

KEY FINDINGS

- Bosnia and Herzegovina is facing ageing of population and the process of ageing is particularly strong in Republika Srpska.
- Systematic and comprehensive picture on situation of older population is hard to obtain as data are scattered between different institutions, some statistics are not sufficiently disaggregated by age, and some aspects of situation are not monitored regularly (i.e. poverty). In other cases data are not sufficiently precise, as in the case of pensions. There are many areas that are not monitored at all through regular statistics or specific research, such as unmet need for health care, civic participation, material deprivation and subjective well-being, barriers in mobility, access to different social services, etc.
- Based on the available data, the picture on ageing in BiH is not bright. The older population is economically active mostly in rural farming economy, their economic situation is on average not favourable due to low pensions.
- Though they mostly have access to the free health care, the access to health care services is not satisfactory, particularly in rural areas, while access to medicaments and therapy is limited due to low incomes.
- The older population is entitled to a range of social protection services and they participate with over 40% in total social protection services. Older women use social protection more than older men due to longer life expectancy but also due to the lack of care support from others.
- Bearing in mind the unfavourable economic conditions, insufficiently developed long-term care and on the basis of scarce information, and insights into weak social participation of older persons, an impression is made that the quality of life of older persons is on average unsatisfactory, while the policies aiming at improvement of their situation are yet to yield results.

10.3 Gender equality and the position of women

The question of gender equality and development relation is not only the question of inclusion of women in development sectors, but gender equality bears transformational potential that may change fundamental paradigm of socio-economic development (Beneira, 2003, Barker Feiner, 2004 et al). Unequal opportunities of women and men for inclusion into different spheres of society, unequal approach to resources and disadvantaged position of women as an outcome create unfavourable conditions for demographic situation through decisions about giving birth. As an example, European countries with highest achievements in the field of gender equality have also higher fertility rates than countries with more prominent gender inequality. Fertility rate in Sweden was 1.78 in 2017, in Denmark 1.75, in Norway 1.62, in Iceland 1.71 and in Spain 1.31, Poland 1.48 or Croatia 1.42 (Eurostat, Statistics on Demography).[128] BiH society is characterized by pronounced gender inequalities that limit developmental potential of BiH, due to the disadvantaged position of women in various aspects that are presented in the following sections.

[128] https://ec.europa.eu/eurostat/web/population-demography-migration-projections/data/database

10.3.1 Gender equality in BiH in comparative perspective

There are several international indices that have been measuring gender equality globally.[129] Gender Equality Index of the European Institute for Gender Equality (EIGE) is used for EU countries, but this instrument is not yet used in BiH. However, other indices show prominent gender inequalities in BiH. According to the SIGI framework, BiH is positioned in the cluster of countries with low gender equality, with SIGI value for 2019 of 22% (OECD, Country profile for BiH[130]). This position is the outcome of still prominent inequalities in four key areas monitored by this instrument: discrimination in the family, restricted physical integrity, restricted access to productive and financial resources and restricted civil liberties.

UNDP uses a Women Empowerment Dashboard (WED) to compare women's empowerment in key areas. WED is based on 13 woman specific empowerment indicators in the area of reproductive health and family planning,[131] violence against girls and women[132] and socioeconomic empowerment.[133] Based on the performance against each indicator, countries are divided into three groups of approximately equal sizes (terciles): the top, middle and bottom third.[134] The dashboard presented in the following table indicate the middle position of BiH in the region, between Croatia and North Macedonia as the best performers in empowerment of women on one hand, and Albania and Montenegro as countries with lower performance.

[129] *Gender Development Index (GDI) and Gender Inequality Index (GII) are used globaly by UNDP, Gender Gap Index is implemented by World Economic Forum, while Social Institutions and Gender Index (SIGI) is used by OECD.*

[130] *https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/BA.pdf*

[131] *Including antenatal care, at least one visit, proportions of births attended by skilled personnel, maternal mortality rate, adolescent birth rate, contraceptive prevalence (any method), unmet need for family planning.*

[132] *Including: child marriage, violence against women ever experienced by intimate partner, violence against women ever experienced by nonintimate partner.*

[133] *Including: female share of graduates in science, mathematics, engineering, manufacturing and construction at tertiary level, female share of employment in senior and middle management, women with account at financial institution or with mobile money service provider and mandatory paid maternity leave.*

[134] *http://hdr.undp.org/en/content/dashboard-3-women%E2%80%99s-empowerment*

Table 38: Women's Empowerment Dashboard

Indicators	Albania	BiH	Croatia	Montenegro	North Macedonia	Serbia
Antenatal care	97.3	87.0	-	91.7	98.6	98.3
Proportion of births attended by skilled personnel	-	99.9	99.9	99.0	99.9	98.4
Maternal mortality ratio	29	11	8	7	8	17
Adolescents birth rate	20.7	10	8.9	11.8	16.2	18.9
Contraceptive prevalence, any method	69.3	45.8	-	23.3	40.2	58.4
Unmet need for family planning	12.9	9.0	-	21.8	17.2	14.9
Child marriage	10	4	-	5	7	3
IPV violence	24.6	-	13.0	-	-	-
Non-IPV violence	-	-	3.0	-	-	-
Female share of graduates in science, mathematics, engineering, manufacturing and construction	13.4	14.7	16.0	-	15.7	18.2
Female share in senior and middle management	29.3	24.2	29.5	-	27.3	30.3
Women with account at financial institution	38.1	54.7	82.7	67.6	72.9	70.1
Mandatory paid maternity leave	365	365	208	45	270	135
Number of top third indicators	3	6	8	4	7	6
Number of middle third indicators	2	2	1	3	1	0
Number of bottom third indicator	6	3	0	2	3	5
Legend		Top				
		Middle				
		Bottom				

Source: UNDP, http://hdr.undp.org/en/composite/Dashboard3

10.3.2 Political participation of women

Political participation of women is one of the key areas of gender equality as it enables women to influence policies and laws that shape the system and define the livelihood opportunities of men and women. The Law on Gender Equality mandates representation of less represented sex by at least 40% in public administration at state, entity, cantonal and municipal levels. Women in BiH are underrepresented in the political power positions and they do not have the same influence as men on policies, laws, and reforms that shape socio-economic development. In the mandate period 2014-2018, the share of women in the House of Representatives of the Parliamentary Assembly of BiH was 23.8%, while the percentage of women in the House of People was 13.3% (Agency for Statistics of BiH, 2018e: 94). Comparing to 186 countries, in 2017 BiH was positioned as 67th by the share of women in ministerial positions (22%) or as 78th by the proportion of women in the Parliament (23.8%). At the local level every fifth position in municipality/city councils and assemblies are occupied by women. The share of women on the top positions of local governments is marginal - only 4% of mayors are women (Ibid: 97-98). Women participated among ambassadors and general consuls in diplomatic consular offices of BiH with 21.5% in 2016 (Ibid: 101).

In FBiH women participated among members of House of Representatives of the Parliament of FBiH with 20.9% in 2018. Among elected councillors of municipal councils there were 19% of women in 2016, while there was only one woman among 77 mayors in the same year (Federal Institute for Statistics of FBiH, 2018a: 97). In Republika Srpska women participate among deputies in the National Assembly with 24.1%. Although the Prime Minister was a woman, there was still gender gap in executive branch of the entity government with 3 women among 16 ministerial positions (Republic Statistical Office of RS, 2017c: 53). After local elections in 2016 there were 16.4% of women among councillors of cities and municipalities, and 7.9% of women among mayors in RS (Ibid: 51).

10.3.3 Economic participation and economic inequalities

Women do not participate equally in the economy. They are underrepresented in the labour market and their employment is less favourable than employment of men. The employment rate of women age 15 and over is 24.7%, which is significantly lower than employment rate of men (44.2%). At the same time, the unemployment rate is higher for women than men (18.8% vs. 13.6%) indicating obstacles women face in access to employment[135].

Gender inequalities in the labour market are expressed through numerous dimensions: lower activity of women, lower opportunities for employment, greater chances of remaining unemployed, smaller share of non-agricultural employment among employed women than among employed men, more uncommon entrepreneurship and self-employment, as well as concentration in sectors and professions of social services where opportunities for employment are smaller as well as salaries, gender wage gaps, etc. Basic indicators of labour market indicate a significant disadvantage of women at all levels. The gender gap in activity and employment is present at the level of BiH in both entities, and Brčko District.

Table 39: Basic indicators of labour market, working age population age(15-64) by sex, 2019,in %

Labour market indicators	BiH		FBiH		RS		BD	
	Women	Men	Women	Men	Women	Men	Women	Men
Activity rate	44.4	66.4	39.7	64.0	54.3	70.8	25.8	57.9
Employment rate	35.6	57.0	30.9	53.4	45.6	63.5	18.5	44.6
Unemployment rate	19.7	14.2	22.1	16.6	16.1	10.4	28.5	23.1

Source: Agency for statistics of BiH, Labour Force Survey 2019

Not only is the overall unemployment rate higher for women than for men, but the long-term unemployment share (unemployment lasting for 12 months and more) is higher for women than for men 76.9% versus 73.3%) (Agency of Statistics of BiH, 2019).

[135] *Labor Force Survey (2019) Agency for Statistics BiH*

Young women (15-24) are considerably less active than their male peers. The activity rate of young men for BiH was 39.8% in 2019, whereas for young women it was only 29.9%. The employment rate of young men was almost twice as high as for young women (27.4% versus 18.6%). Men are more often self-employed than women (22.8% versus 20.4% of employed persons in 2018), whereas employed women are more often unpaid family workers (5.6% versus 1.4%), mainly engaged in agriculture. Men are more often employed in the industrial sector than women. Two thirds of women work in the service sector, but this is even more pronounced in FBiH where 72% of employed women work in service sector, while in RS this concentration is less pronounced (50.8%) due to a great share of women still employed in agriculture (33.9% versus 9.6% in FBiH).

The consequences of inequality in the labour market are numerous, manifested in pension gaps (women less frequently than men receive old age pension and average pension of women is lower), and higher poverty shares among older women than among older men (23.8% vs. 15.3%). In a particularly unfavourable situation are women from marginalized groups, such as Roma, displaced women and refugees, rural women, single mothers, women with disabilities (Agency of Statistics of BiH, 2018e:90).

Household work and family care are performed mainly by women. In more than 90% of households in BiH women are the main persons who perform household duties related to everyday household chores, such as cooking, cleaning, washing, etc. In more than 80% of households they are main persons who take care of younger children and in more than 70% of households they take main responsibilities in caring for school obligations of children or for older, sick, and disabled persons (Babovic, Ginic, Vukovic, 2013).

10.3.4 Violence against women

The most severe manifestation of gender inequality is violence against women. According to the OSCE-led survey on well-being and security of women conducted in 2018 in BiH and seven other countries in the Western Balkans and Eastern Europe (OSCE, 2019) just under half (48%) of women in BiH have experienced some form of abuse, including intimate partner violence (IPV), nonpartner violence, stalking and sexual harrasment, since the age of 15. More specifically, nearly 4 in 10 (38%) women say they have experienced physical or sexual violence since 15 at the hands of partner or non partner (FBiH 36%, RS 39%). Non-partner physical or sexual violence during lifetime experienced 14% of women (14% in FBiH and 15% in RS), while every tenth woman experienced intimate partner physical violence perpetrated by current or former partner since the age of 15. The most prevalent form of intimate partner violence is psychological violence, experienced by 36% of women (with no differences between entities).

Consequences of violence can be severe. After the most serious incident of intimate partner violence 95% of women had strong emotional reaction such as anger, fear, shock, embarrassment. Almost three of four women had more long-term psychological consequences, such as depression, anxiety, panic attacks, difficulty in sleeping and concentration. More than half of women (56%) had physical consequences of violence, such as bruises, scratches, wounds, sprains, burns, fractures, and even internal injuries and miscarriages (OSCE, 2019).

Only a small proportion of women reported the most serious incident of violence perpetrated by their current partner to police (5%) and even less to other institutions or organisations. In total 84% of women did not contact any institution or organisation for support. The main reasons for not contacting support services was that incident was minor or they could deal with it by themselves, feelings of shame, embarrassment, fear from further victimisation, lack of trust in institutions and the desire to keep it

private. The survey revealed important role of gender stereotypes and still present attitudes that demonstrate subservience of women and perceive violence against women as a private matter (Ibid).

KEY FINDINGS

Gender inequalities are prominent in BiH and they are manifested in all key areas of public and private life:

- Women do not participate in the political power equally as men and do not have same influence on policies and legal framework within which development processes unfold. They are highly underrepresented in all branches of power (legislative, executive) at all levels (state, entity, cantonal and local levels).
- Women do not participate in the economy equally to men, and they are less active, and less employed.
- When employed, their employment is less favourable as they are more often employed in agricultural sector in RS, or in social services at all levels, namely in the sectors marked by less favourable opportunities for employment and for higher incomes.
- Women are disproportionately engaged in the unpaid household work and care for family members.
- Women are exposed to different forms of partner and non-partner violence which undermines severely their well-being and keeps them in less powerful position in different spheres of public and private life.

BiH is similar to other countries in the region of the SouthEast Europe. Depending on indices the country shows somewhat better or worse performance than other countries, but basically it can be assessed as middle positioned in the region by scale and characteristics of gender inequality.

The unfavourable situation of women reflects on population trends previously described in the aspects of low fertility, postponement of marriage and childbearing as these processes require a lot of women's human resources that are presently undermined due to their unfavourable position.

11. Migration and development

The notion of migration has been encompassing very different forms of people's movements. According to the Glossary on Migration (IOM, 2011), migration is a "movement of a person or a group of persons, either across an international border, or within a State." This is a population movement "encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants and persons moving for other purposes, including family reunification" (IOM, 2011).

Although BiH is still predominantly an emigration country, it is relevant to take into account the migration transition approach which focuses on transition of one country from emigration to immigration area. Changes of migration flows or balance is the consequence of long-term birth crisis, ageing of population, to which policies adjust by introducing new immigration policies and migration management mechanisms (Fassmann and Reeger, 2012, quoted from Rasevic, 2016).

The recent history of migration of BiH is marked by very dynamic migration of different types:

- **The first** big migration wave occurred after World War II with then internal resettlement of population in Socialist Yugoslavia for mainly political and ethnic reasons.
- **The second** wave that started in 1950s was the wave of intensive internal migration from rural to urban areas driven by the rapid industrialisation and stimulated by the authorities.
- **The third** wave of considerable migration occurred during 1960s and 1970s in the form of emigration of mainly low-skilled workers to fulfil labour demands of Western European countries. Emigrants were stationed in the destination country as "guest workers" retaining strong ties with country of origin, with idea to return one day to retire. However, many settled permanently becoming citizens of destination countries.
- **The fourth** wave was the wave of massive forced migration during the 1990s driven by war, with estimated 1.2 million of people leaving the country and further 1.0 million being internally displaced.
- After 2000s there are flows of renewed economic migrations abroad driven by the motivation of people to look for better opportunities, but also by more dynamic relations between BiH and EU within the accession process.

In the following section different forms of migration in BiH are described, starting from internal migration in the context of urbanisation, modernisation and challenges of rural development, through emigration from the country, irregular migration to and through BiH, with particularly severe forms of human smuggling and human trafficking, to forced migration, refugee and displacement trends, readmission of BiH citizens and climate migrants.

11.1 Internal migration, urbanisation and rural development

The processes of urbanisation linked to industrialisation and modernisation have started with Austro-Hungarian rule and were primarily externally driven. Due to the fact that industrialisation was shaped by the external investments, the urbanisation of BiH was uneven. Some cities became important industrial zones with respective social structure (Tuzla, Zenica), while others remained more traditional relying on craft and small entrepreneurship. The processes of urbanisation were intensified during socialist period. During 1950s migration from rural to urban areas that was driven by the programme of rapid industrialisation was encouraged by the Yugoslav authorities. The trend had continued since then with variable intensity, but the most startling change from agrarian to an industrial society took place in little more than a decade (UNDP, 2013: 68). Rural-urban migration and transition of the labour force from agriculture to industry coupled with other modernisation processes, such as universal education, development of infrastructure, changes in the family structure, from extended to nuclear family, etc.

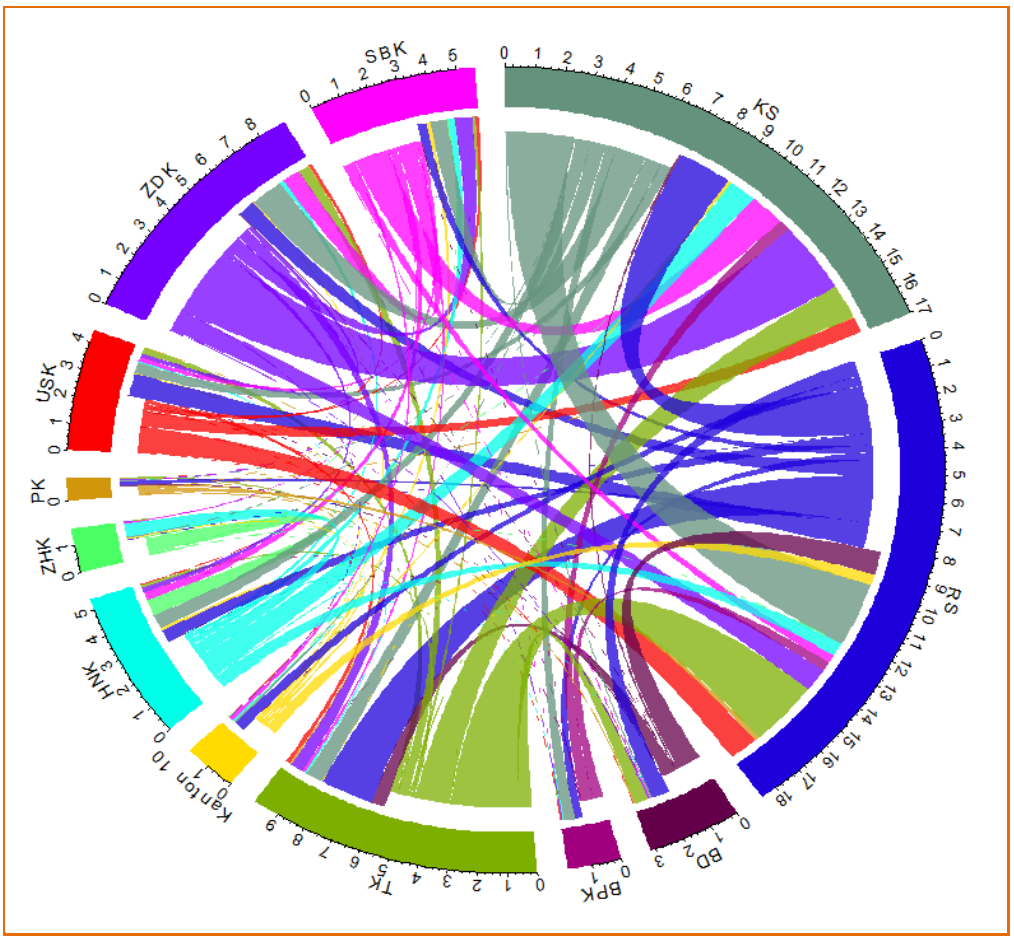
As it was described in Chapter 3 on population dynamics, there were two major waves of rural-urban migration in BiH. First one evolved during industrial development from 1960 to 1980, when urban population increased 3.7 times, while rural areas faced depopulation processes. The second one is related to the conflict during 1990s and massive forced migration which led to the spatial redistribution of population based on ethnicity. Census data show that in 2013 BiH was still significantly rural country.

11.1.1 Internal migration and characteristics of migrants

According to the official statistics on migration, BiH is a country with relatively low internal mobility. However, this should be taken with caution, having in mind that some people change the place of residence without officially registering it, unless they need to do it due to the access to certain resources. The number of internal migrants has been decreasing during recent years. There were 33,363 persons who changed their place of residence within BiH in 2009, while in 2019 there were 28,523 of such persons. This makes 0.9% of total population of BiH estimated for these years (Agency for Statistics of BiH, 2020). The majority of internal migrants are women (60% in 2019). More than one third of internal migrants were young people 15 to 29. Most of internal migrations in BiH happen within the same administrative level of the country.

From the ageing perspective, Canton Sarajevo is in the most favorable and ZDC is in the most unfavorable position. Older persons migrate less than youth and population 25-54 in total. Only RS and Canton 10 experienced bigger migration flows of older persons than youth. The patterns between youth and population 25-54 are similar with a couple of differences: the youth is most dynamic in Canton Sarajevo, while the population 25-54 is most dynamic in RS. Inflows and outflows of older persons are more or less balanced except for RS (inflows are almost twice as much as the outflows) and ZDK (outflows are twice as much as the inflows). (Fetahovic,A. ,2017)

Chart 49: Internal migration flow between different administrative units, cumulative for the period 2012-2016 for age 25-54



Source: Fetahovic, A (2017)

Explanation of the graph: *Each administrative level has its own color ie. RS is dark blue, Canton Sarajevo is dark green, Central Bosnia Canton is pink etc. Each tick represents 1,000 of migrant flows (ie in Canton Sarajevo total migration flow was 17,000, out of which more than 6,000 were outflows (the highest outflow was in RS) and more then 10,000 were inflows (mostly from ZDK).*

In RS in 2013 a decline of internal migration from 14,173 people to 8,134 in 2019 was recorded.

Women represent the majority of internal migrants in RS. In 2013 they participated in total number of internal migrants with 52.9%, while in 2018 they participated with 55.5%. The share of young people among internal migrants increased during observed period from 29.8% to 33.8%. Total net migration in RS was positive during 2013-2018, with declining values from 639 at the beginning of this period to 200 at the end. The flows of intermunicipal migration indicate further decline of population in rural areas and inflow of population in several cities. The positive net migration is recorded during the whole period 2013-2018 in Banja Luka, Bijeljina, City of Istocno Sarajevo, Pale, Laktasi, Modrica, Petrovac, Prijedor, Stanari and Trebinje.

During the same period, internal migration in FBiH was 20,014. Women were majority among migrants who changed place of residence within FBiH as well. Their share was 63.1% in 2013 and 59.0% in 2018. Young population (15-29) participated with 42.7% in total population of internal migrants in 2018. Net

migration during the whole observed period is negative in FBiH, and the negative value has been increasing from -2,649 in 2013 to -3,061 in 2018. Positive net migration balance was recorded during the whole period only in Canton Sarajevo. There is no city or municipality with positive migration balance during the whole period, but there are several cities that recorded for most of the period at least small positive net migration, such as Bihac, Gorazde, Mostar, and Sarajevo (Federal Institute for Statistics of FBiH, 2017c). However, the latest preliminary data on migrations show that positive net migrations in 2019 had Sarajevo, Mostar, Usora and Orasje. [136]

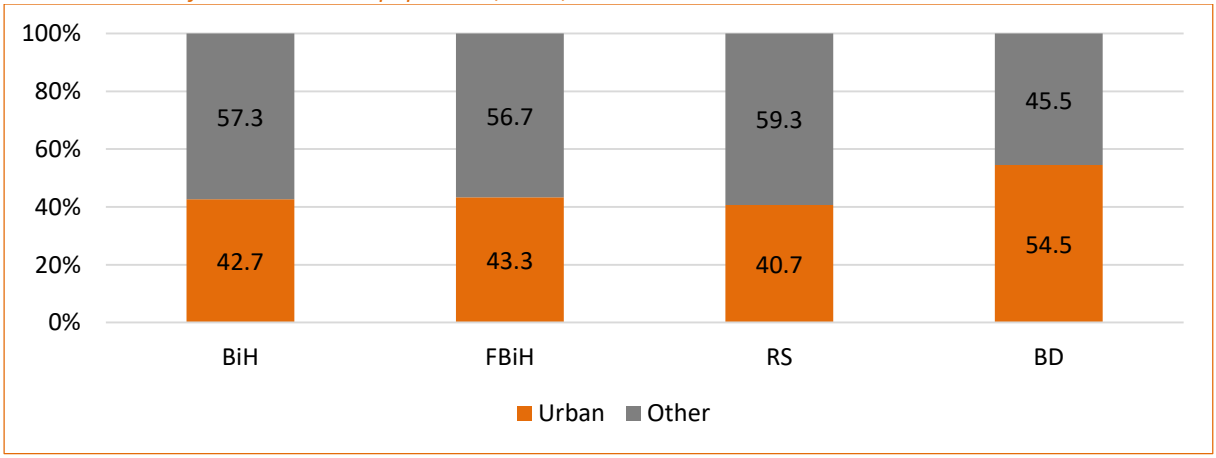
According to the assessment of social impact of rural-urban migration in BiH (Kacapor-Dzihic, Oruc, 2012) low mobility of the workforce within the country hampers faster labour market adjustments, particularly in the situation of significant mismatch between skills structure shaped by the education system in the country and labour market needs. Due to low mobility, and despite very high unemployment rates, BiH experiences a lack of specific skills in some regions, while having unemployed skilled persons in another.

11.1.2 Population decline in rural areas and challenges of rural development

One of the major obstacles to precise insights in rural-urban migration is the lack of definition of rural areas in official statistics of BiH, particularly the definition that will be aligned with OECD [137] and enable international comparisons. The official statistics divide areas on urban and "other" and in the lack of definition of rural areas, the category "other" is used as a proxy for rural.

According to Population Census 2013 data, BiH is still a predominately rural country, despite the fact that it is the country of the largest migration after the World War II. Large scale movement of the people during 1990s war did not affect the highly rural profile of BiH. At the level of whole BiH, almost 60% of population is still rural, and both FBiH and RS are dominantly rural with only Brčko District having a majority of urban population. RS is more rural than FBiH (Chart 50).

Chart 50: Share of rural and urban population, 2013, %



Source: Agency for statistics of BiH, Population Census 2013[138]

[136] https://docs.google.com/viewerng/viewer?url=http://fzs.ba/wp-content/uploads/2020/02/Migracije-stanovnistva-2019-SB303.pdf str:18

[137] The OECD typology defines rural areas at NUTS 3 level by population density and size of main urban centre in the region. More available at: https://www.oecd.org/cfe/regional-policy/OECD_regional_typology_Nov2012.pdf

[138] http://www.popis.gov.ba/popis2013/knjige.php?id=1

In view of this, BiH is one of the most rural countries in Europe, after Montenegro, Ireland and Finland (UNDP, 2013). There are five areas where population density exceeds 150 inhabitants per square kilometre: areas around Sarajevo (in the centre) and spreading north-west to Zenica; Tuzla and Brčko (north-east of Sarajevo), Banja Luka (north-west of Sarajevo), Cazin (north-west tip of the country) and Gorazde (south-east of Sarajevo). Excluding Gorazde, all municipalities along south-west and south-east BiH are rural areas with population density below 100 inhabitants per square kilometre.

The UNDP National Human Development Report (NHDR) for 2013, with focus on rural development classified among urban areas Sarajevo, other cities with population of 100,000 people or more and other areas with population density higher than 150 inhabitants per square kilometre. As rural areas are classified all areas with population density up to 150 inhabitants per square kilometre, with distinction of semi-urban (density 100-150), mainly rural (50-100) and highly rural (less than 50). With this classification the authors obtained slightly different share of rural population at the level of BiH, with 55% of inhabitants living in rural areas (UNDP, 2013: 39). The analysis revealed many important differences between urban and rural areas in terms of demographic characteristics, employment and structure of economy, social conditions and poverty.

According to this analysis there is clear trend of population moving towards Sarajevo and other larger cities (with population 100,000+). But at the same time, the other urban municipalities (with density above 150 inhabitants/km^2) are losing population faster than semi-urban or mainly rural areas, meaning that outward migration trends are stronger in smaller towns than semi-urban or mainly rural areas. However, the strongest outward migration is from highly rural municipalities which are shrinking almost as fast as the other cities are growing (Ibid: 39). Therefore, the main internal migration dynamics is observed in the most prominent growth of Sarajevo and other cities with population of 100,000 and more and the most outward migration from highly rural areas. Nevertheless, the pace of the movement is not fast as the percentage of migrants is relatively low in the total population as it has been shown in the previous section.

Research by UNDP found that rural areas tend to have an older population, slightly higher level of unemployment and significantly lower share of population in employment. As a consequence, rural areas have remarkably lower GDP per capita. Infrastructure and services are weaker in rural areas with households more dependent on local sources of fuel, water and sanitation and with greater distance to essential services. Agriculture and related activities provide a relatively small share of income, output and employment in rural areas. Almost half of rural households produce some of their own food. Subsistence farming is important part of overall economic strategies of rural households (Ibid: 142). The study indicated that around 49% of BiH GDP and wage income is generated by rural municipalities. Due to such high significance of rural areas for overall BiH economy, the importance of rural development policies and programmes is high for overall economic development of BiH.

There is a Strategic plan for Rural Development of BiH 2018-2021[139], and plans for FBiH[140] and RS. The Strategy has been aiming at "improving competitiveness of agri-food products and quality of life in rural areas for all groups but especially for young people, whilst ensuring adequate environmental protection through more efficient use of available resources, improved product quality and increased level of investments." The rural development programmes are financed from different sources, including EU IPA

[139] http://www.mvteo.gov.ba/data/Home/Dokumenti/Poljoprivreda/Strategic_Plan_for_Rural_Development_of_BiH___Eng.pdf
[140] *Rural Development Program for FBiH for 2018-2020 and Strategic plan for the development of agriculture and rural areas of RS 2016-2020.*

funds, as access to IPARD assistance requires compliance to complex requirements that are not yet fulfilled.

11.2 Emigration and development

BiH is predominantly an emigration country. The number of (regular) immigrants to BiH has been increasing since 2008 (from 6,000 to over 11,000 in 2017), but it is still far below the level of emigration (Ministry of Security, Department for Immigration, 2017: 29)[141]. According to World Bank data, BiH ranked as 15th country in the world in regard to the size of emigration, which was estimated at 44.5% of total population.

As it has been described in the introduction to this chapter, there were several waves of emigration from BiH. The emigration during 1960s and 1970s was mainly emigration of low skilled workers needed to fill the gaps in the labour markets of more developed European countries. Although the intention was to keep these labour migrants as "guest workers" that would eventually leave the destination country when the need for their work stopped or when they retired, the significant portion settled permanently and took the citizenship of destination countries. These stocks of migrants are important as they influenced flows of later migration during 1990s, attracting the refugees who fled the country during the war. In addition to this, the destination countries with more open refugee reception policy, such as Germany and Sweden were also the main destination countries for refugees from BiH. For more recent economic emigration after 2000, those previous waves of migrants have high significance as they channel emigration towards already established communities within EU countries. These trends are visible by the distribution of emigration within EU. The important factor in directing flows of emigration are historical linkages with countries in the Western Balkans, particularly Croatia and Slovenia, where traditionally people migrated for work.

11.2.1 Emigration trends

The full picture on emigration is almost impossible to get due to the gaps in data, both for BiH and other countries. One possible way was to observe data from official evidences on people who cancelled their residence in BiH due to moving abroad. This kind of statistics is published in regular Migration profiles of BiH. The other way was to observe a snapshot during the population census on household members who moved and live abroad. The third way was to observe the numbers from destination countries. None of these options provides complete data. In first case the insights are limited because many people do not cancel residence in BiH when moving abroad. In second case, the limitations are related to the fact that emigration is under-recorded in case of whole households whose emigration is not reported by anybody. The third method is limited because not all countries provide statistics precise or detailed enough to record BiH citizens among stocks of migrants.

According to the statistics on persons who cancelled residence in BiH due to emigration to other country, in 2016 there were 4,034 of such persons. Main destinations were Germany, Austria, Croatia, Serbia, Slovenia and much less other countries (Table 11.1). According to other estimations (Kacapor-Dzihic, Oruc, 2012), since 2000 on average 15,000-20,000 citizens of BiH have emigrated annually.

[141] *According to data from Office for foreign citizens, the main reasons for request for residence permit was the family reunion (4,244 cases), education (3,170 cases), and work (2,611 cases)*

Table 40: Number of people who cancelled residence in BiH in 2016 -2018 due to emigration to other countries, by 8 main destinations

Country of destination	2016	2017	2018
Germany	1,196	1,339	1,381
Austria	895	994	773
Croatia	888	843	755
Serbia	487	429	650
Slovenia	421	512	406
Montenegro	63	65	57
Norway	38	23	25
Netherlands	36	23	23
Other countries	10	42	43
Total	4,034	4,270	4,113

Source: Ministry of Security, Department for Immigration (2017) Migration Profile of BiH 2016: 68., Ministry of Security, Sector for Immigration (2018) Migration Profile of BiH 2017: 68.; Source: Ministry of Security, Sector for Immigration (2019) Migration Profile of BiH 2018: 70.

Based on data from destination countries and BiH embassies, the total number of emigrants from BiH is estimated at 1.7 million, which is 56.64% of the total current population of BiH (Ibid). According to estimations of the World Bank, this percentage is lower: 44.5%, which places BiH on the 16PthP position in the world according to emigration rate (World Bank, 2016). Eurostat provides data for EU and other European countries. According to these data there were 407.161 citizens of BiH in EU, EEA, EFTA and Schengen countries in 2018 (table 11.2). The largest destination country is Germany with over 170.000 of BiH citizens, followed by Austria, Slovenia, Switzerland, and Italy. Men prevail in this population with 55.1% share among all emigrants to the EU, EEA, EFTA and Schengen countries.

Table 41: Number of BiH citizens in EU, EEA, EFTA and Schengen countries

Countries of destination	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Belgium	1,542	1,712	2,409	2,525	2,272	2,118	2,100	1,947	1,846	1,790
Bulgaria	38	38	36	38	37	40	41	45	46	56
Czechia	1,975	2,181	2,124	2,048	2,085	2,111	2,000	2,145	2,207	2,215
Denmark	11,841	11,546	11,382	11,148	11,013	10,941	10,850	10,712	10,213	9,837
Germany	166,413	164,524	:	142,264	143,709	146,164	152,262	157,039	160,940	171,313
Ireland	553	427	424	:	:	:	:	:	264	319
Italy	4,632	5,378	6,216	6,654	7,446	8,177	8,379	8,529	8,636	25,034
Luxembourg	:	:	:	:	:	:	:	2,156	2,168	2,036
Hungary	452	327	335	238	281	334	358	396	427	422
Netherlands	2,234	2,441	2,316	2,351	2.374	2,235	2,170	2,119	2,122	2,114
Austria	91,831	:	:	89,578	89,925	90,963	92,527	93,973	94,611	95,189
Portugal	50	50	47	40	59	56	50	57	54	59
Romania	:	:	:	50	54	67	58	73	80	72
Slovenia	33,073	39,026	38,836	39,255	41,256	43,250	44,885	47,726	50,378	54,044
Slovakia	103	105	114	134	137	103	105	111	118	118
Finland	1,723	1,753	1,779	1,753	1,705	1,632	1,607	1,626	1,587	1,550
Sweden	9,142	8,451	7,908	7,148	6,846	6,597	6,541	6,415	6,257	6,298
Iceland	:	67	59	54	33	31	29	30	29	63
Liechtenstein	310	305	303	300	298	299	298	293	291	281
Norway	3,905	3,807	3,706	3,563	3,575	3,560	3,532	3,577	3,645	3,661
Switzerland	37,631	35,907	35,513	34,240	33,574	33,002	32,583	31,905	31,339	30,686
Other				1	2	4	3	2	1	4
Total	356,082	278,045	113,507	343,382	346,681	351,684	360,378	370,876	377,259	407,161

Source: Eurostat, Statistics on Demography and Migration[142]
: = data not available

The statistics on emigration from BiH is more complete when persons born in BiH who obtained citizenship of destination country are added to the number of BiH citizens residing in EU, EEA, EFTA and Schengen countries. Then the total number of emigrants is 460,034 persons without data from Germany which are not published. The gender structure in this case becomes more balanced with 52.3% of men among emigrants.

[142] https://ec.europa.eu/eurostat/web/population-demography-migration-projections/data/database

Table 42: Number of citizens in EU, EEA, EFTA and Schengen countries who were born in BiH

Countries of destination	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Belgium	215	267	450	556	498	486	521	542	583	642
Bulgaria	:	:	107	103	106	113	116	122	123	139
Czechia	2,322	2,550	2,472	2,422	2,467	2,560	2,504	2,673	2,772	2,799
Denmark	18,089	18,003	17,858	17,651	17,474	17,383	17,310	17,214	17,136	17,060
Ireland	1,290	1,210	1,283	:	:	:	:	:	:	:
Italy	10,399	10,348	10,303	10,225	10,189	10,921	11,359	12,025	12,368	29,624
Luxembourg	:	:	:	:	:	:	:	:	2,367	2,498
Hungary	:	:	:	214	241	263	250	276	295	338
Netherlands	7,019	6,807	6,580	6,388	765	796	821	846	901	941
Austria	149,903	:	:	150,493	151,705	155,050	158,853	162,021	164,291	166,752
Romania	:	:	:	:	0	5	11	50	101	111
Slovenia	97,142	102,915	96,897	97,152	98,527	100,039	100,880	102,848	104,738	107,676
Slovakia	:	105	114	328	329	389	394	419	434	442
Finland	510	557	585	600	622	641	678	723	741	768
Sweden	55,960	56,127	56,183	56,290	56,595	56,804	57,289	57,705	58,181	58,880
Iceland	:	144	140	146	140	149	150	161	178	239
Liechtenstein	294	297	295	297	301	307	306	299	298	296
Norway	12,939	12,977	12,999	13,025	13,110	13,208	13,348	13,433	13,606	13,685
Switzerland	:	:	51,084	52,379	53,204	54,130	55,368	56,430	56,850	57,130
Other				4	8	11	15	15	13	14
Total	357,250	212,307	257,350	408,273	406,281	413,255	420,173	427,802	435,976	460,034

Source: Eurostat, Statistics on Demography and Migration[143]

Based on statistics from three other important destination countries (USA, Canada and Australia), another 105,569 of BiH-born persons recorded in 2018 in the USA[144], 36,135recorded in Canada[145]P and 35,430 recorded in Australia should be added.[146]

The reason for emigration is mainly related to employment. Presently BiH has agreements on facilitated labour supply with Slovenia and Germany. Based on data from the Employment Agency of BiH in 2016, there were 4,778 BiH citizens employed through this mechanism in Slovenia and 1,079 in Germany. This form of organized labour migration has been on the rise during recent years. According to some studies (Zwager and Gressmann, 2010, quoted from Kacapor Dzihic, Oruc, 2012), majority of migrants obtained legal status in countries of destination which includes work permits. Main sectors of employment are construction, tourism and manufacturing. Large number was able to secure the job prior to emigration, which demonstrates strong migration networks in destination countries.

[143] https://ec.europa.eu/eurostat/web/population-demography-migration-projections/data/database
[144] Migration Policy Institute https://www.migrationpolicy.org/programs/data-hub/us-immigration-trends#Diaspora
[145] Statistics Canada, Census 2016 https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dv-vd/imm/index-eng.cfm, Data refers to all immigrants that are born in Bosnia and Herzegovina
[146] Australian Bureau of Statistics, http://stat.data.abs.gov.au/Index.aspx?DatasetCode=ERP_COB#

Data on educational and occupational profile of the emigrants is not precise, but according to some estimates the emigration rate of persons with university education to OECD countries is 28.36%, with emigration rate among physicians of 12.7% (IOM, 2007 quoted from Kacapor Dzihic, Oruc, 2012). This is important loss of human capital for BiH socioeconomic development. Another study (Uvalic, 2005 quoted from Kacapor Dzihic, Oruc, 2012) indicated that over 80% of PhD graduates emigrated from BiH.

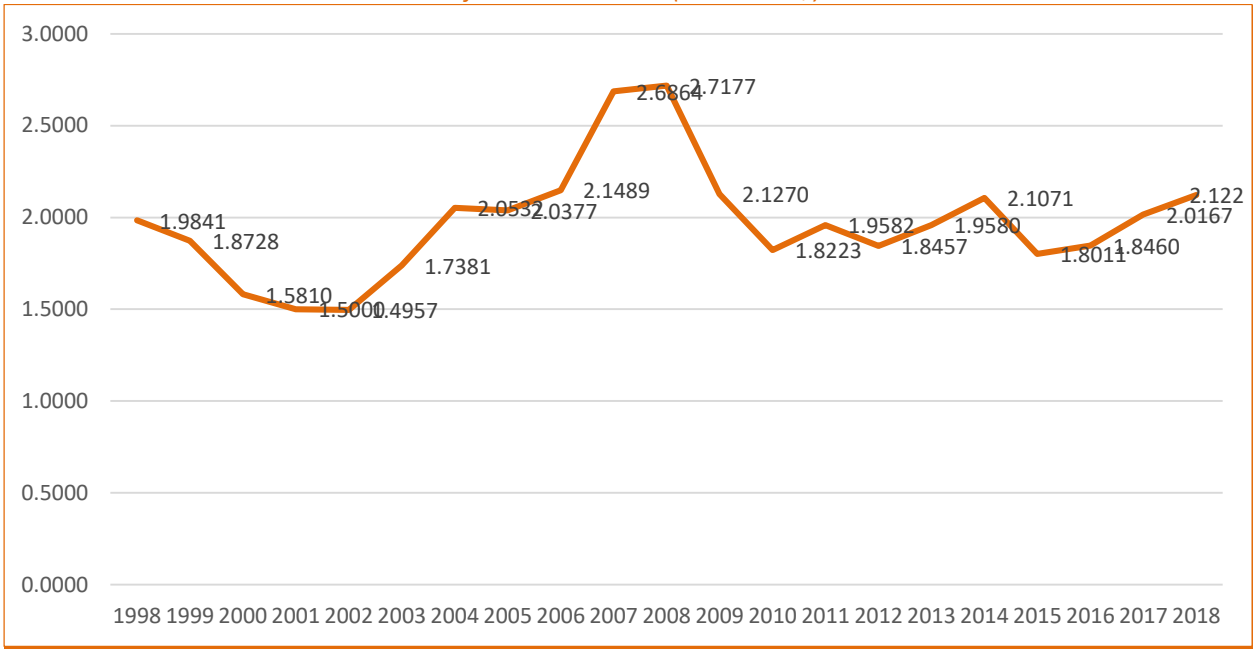
Emigration of young people is a significant problem. As it has been described in the chapter on young people, they are facing problems in access to jobs and consequently in providing satisfactory livelihoods. Research on inclination of young people to emigrate (Mujic, Zaimovic Kurtovic, 2017), indicates that people younger than 25 have highest inclinations to emigrate. Among the persons 21 years of age, every fourth person wants to emigrate. As the main reasons for emigration young people emphasized high unemployment, socioeconomic environment, political instability and other problems. They are not satisfied with education either, so almost half of them would rather continue education abroad. Their preferences towards the destination countries reflect the inertia towards already established communities in Austria, Germany, Slovenia, Norway, Sweden, the USA, Canada and Italy.

Research also revealed the perception of young people that is behind described inclinations toward the emigration. They are convinced that it is necessary to be close to politically influential persons, political parties or persons to get the employment and to have some career prospects. They are also convinced that BiH became market with cheap labour in which education does not pay off, as many highly educated persons who are employed in private or non-governmental sector work for low wages.
There is no precise evidence of the impact on returning migrants to BiH. According to available research (Lianos 2005, quoted from Kacapor Dzihic, Oruc, 2012) large number of returnees moved from agriculture to other sectors. More than half of returnees acquired new skills, including on-the-job skills and new language skills.

11.2.2 Remittances

BiH is not only among the top countries in regard to size of emigration, but also in volume of remittances. In 2014 it was 22nd country in the world as total amount of remittances counted for 11.4% of GDP (World Bank, 2016).

Chart 51: Personal remittances[147] received from 1998 to 2018 (current US $)



Source: World Bank[148]

There are no recent precise data on the way remittances are spent. Available studies indicate that the majority of remittances in BiH are being used for consumption (Lianos 2005, quoted from Kacapor Dzihic, Oruc, 2012). According to the same sources, only 3.6% of remittances received by households in BiH were invested in business development, while only 0.5% were invested in new business start-ups. Acording to another study (Zwager and Gressmann, 2010, quoted from Kacapor Dzihic, Oruc, 2012), 6% of BiH emigrants stated that they invested in a business in their country of origin. Data collected through the Living Standard Measurement Survey indicates that remittances are actually not pro-poor. In fact, they tend to increase inequalities as the average amount of remittances steadily increases from the poorest to richest decile (Kacapor Dzihic, Oruc, 2012).

[147] Personal remittances comprise personal transfers and compensation of employees. Personal transfers consist of all current transfers in cash or in kind made or received by resident households to or from non-resident households. Personal transfers thus include all current transfers between resident and non-resident individuals. Compensation of employees refers to the income of border, seasonal, and other short-term workers who are employed in an economy where they are not resident and of residents employed by non-resident entities. Data are the sum of two items defined in the sixth edition of the IMF's Balance of Payments Manual: personal transfers and compensation of employees. Data are in current U.S. dollars.

[148] https://data.worldbank.org/indicator/BX.TRF.PWKR.CD.DT?locations=BA

11.3 Irregular migration, human smuggling and human trafficking

11.3.1 Irregular migration to, through and from BiH

BiH is primarily the country of transit on migrant route that leads from the Aegean route and Greece through Western Balkan towards EU. More restrictive measures and strengthening of control on northern borders towards Hungary and Croatia from Serbia, have increased the transit of irregular migrants through alternative routes through BiH. In 2017 the borders of BiH were the second busiest borders in terms of passenger flows at the regional level, with 26% share of all traffic in Western Balkans (Frontex, 2018: 14). Refusal of entry is a measure applied by the border police of BiH to persons who are citizens of other states or stateless persons who attempt to cross the border, but do not comply with the legal regulations. The number of refused entries decreased during 2008-2017 from 3,102 to 2,313 cases (Migration Profile of BiH, 2017: 22). Among persons who were refused entry in BiH, the most represented are citizens ofTurkey, Croatia, Serbia, and Colombia, which makes 73.7% of all refused entries. The most common reasons for refusal of entry is lack of a valid passport and visa, as well as impossibility to prove the purpose of intended stay and nonpossesion of sufficient funds for subsistence expenses.

Contrary to refusal of entry, unlawful state border crossing means that persons who have attempted to cross the border, did it in an unlawful manner whether at or outside the border crossing. During the last years, there has been an increase in number of person detected in an attempt to irregularly cross border of BiH. During 2018 there were 4,489 persons identified who attempted to irregularly cross the border of BiH, which is an increase of 486% in comparison to the previous year (Migration Profile of BiH, 2018: 26). Those are most often citizens of Pakistan, Iran, Syria, Afghanistan, and Iraq, who make 80% of all person caught in an attempt to irregularly cross border. Increased number of attempted irregular crossing of border is a consequence of the situation regarding migration crisis on the Western Balkan route. Due to more restrictive measures and increased control on border crossings, there is increased number of attempts of irregular crossings outside official border crossings. The number of identification of irregular migration is much higher during attempt to enter BiH than during the exit from BiH. In 2018, among total identification of irregular attempts to cross the border, 64% were during attempt to enter the country (Migration Profile 2018: 27).

When it comes to irregular migrants who were identified during stay in BiH, there was noticeable increase in their number between 2016 and 2017 (of 62.5%), but the number has continued to increase from 2017 to 2018 as well (Migration Profile of BiH, 2018: 38). Measures undertaken towards foreigners after detection of irregular stay include cancellation of free visa or temporary stay, cancellation of permanent stay, cancellation of free visa or temporary stay with deportation, decisions on deportation, placing foreigner under surveillance and removal of a foreigner from BiH. In 2018 these measures were imposed in total to 2.733 cases, which is an increase of 25.7% in comparison to 2017 when there were 2,174 such cases. In 2018, stay was cancelled most often to citizens of Serbia, Croatia, China, Turkey, and North Macedonia, which presents 66% of total cancellations. Decision on deportation were most often issued to citizens of Turkey, Iran, Afghanistan, Pakistan, Syria, Albania, Lybia, Iraq, Serbia, Algiria, Tunisia and Palestina, which represented 86% of all decisions on deportation. Citizens from Turkey, Iran, Pakistan, Albania, Algier and Afghanistan were most often put under surveillance (77.5% of total surveillance number), while there was one decision on deportation in the same year (Migration Profile of BiH, 2017: 41).

In addition, BiH accepts foreigners who entered the EU irregularly through its territory. On the basis of the Agreement on Readmission with Croatia, BiH accepts the greatest number of returnees, whether they are citizens of BiH who migrated irregularly to EU or citizens of third countries who entered EU through BiH. The number of accepted citizens of third countries as per the Agreement on Readmission with Croatia was 311 in 2017, and it was doubled to 652 in 2018. This data completes the picture on increased dynamics of irregular migrations during the last several years and the position of BiH in flows of these migrations.

Return programmes of foreign citizens caught in irregular stay or border crossing are implemented in cooperation with the international community. In cooperation with IOM and the national Service for Foreigners` Affairs, voluntary return of foreigners to their home countries was implemented. Cooperation with IOM lasted until 2012, after which it was terminated due to lack of funds. Starting with 2012, Service for Foreigners` Affairs has been independently organizing voluntary return of foreigners (Migration Profile, 2017:45).

Table 43. Total number of foreigners who returned from BiH assisted by IOM and Service for Foreigners` Affairs (SPS) from 2008 to 2018

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	TOTAL
IOM	28	153	154	173	-	-	-	-	-	-	411	991
SPS[149]	-	-	-	-	160	159	169	179	246	628	324	1,865

Source: Migration Profile of Bosnia and Herzegovina for 2018

11.3.2 Citizens of BiH as irregular migrants

When it comes to irregular migrants who are citizens of BiH and who were identified in another country, their return to BiH is regulated by agreements on readmission. The Ministry of Security – Sector for Immigration conducts identity check of BiH citizen for whom the request for readmission was issued. Through programmes of Voluntary Assisted Return implemented by IOM, during 2009-2018 1,573 persons irregularly staying in EU have returned to BiH (Migration Profile of BiH, 2018: 43). They returned mostly from Germany (34%), Nederlands (18%), Switzerland (17%), Belgium (9%), Austria (7%), Finland (5%), etc.

Also, in the last years number of irregular stays in some of member states of EU has increased. According to Frontex Report[150], in 2017, the number BiH of citizens who irregularly stayed in some of EU member states doubled. If observed comparatively, in 2015 there were 271 BiH citizens registered, in 2016 there were 253, while in 2017 there were 403 citizens who irregularly stayed in some of EU member states.

11.3.3 Human Smuggling

Human smuggling is the procurement, in order to obtain directly or indirectly, a financial or other material benefit from the illegal entry of a person into a State Party of which the person is not a national or a

[149] *Service for Foreigners` Affairs*
[150] *Western Balkans Annual Risk Analysis 2018 page: 48*

permanent resident.[151] Smuggling migrants, irregular migrations and human trafficking present a phenomenon which affected Bosnia and Herzegovina on several ocassions. Nevertheless, since the end of war in 1990s until present day, there have been changes when it comes to route, profile and origin of migrants, as well as methods used by smugglers and human traffickers in those circumstances (IOM, 2016: 3).

In the period 2010-2015 the border police of BiH detected 95 cases of smuggling migrants to BiH. A study on smuggling migrants in Western Balkan has described the most important methods, routes and characteristics of smuggling migrants (IOM, 2016). Smuggled migrants, who come from Albania to Bosnia and Herzegovina, enter through Montenegro, through southern borders in vicinity of Trebinje and Bileca, and they leave the territory of BiH by crossing northwest borders with Croatia near Bihac, Velika Kladusa and Novi Grad. Also, the route is used by Turkish citizens who have Syrian and Afghan passports, and they come to BiH regularly – they land at Sarajevo airport, wherefrom they illegally cross borders of Serbia and Croatia, in order to join other emigrants seeking asylum in those two countries (Ibid: 10).

Contrary to smuggling persons in the past, when the process was led by huge criminal groups, smuggling migrants in BiH is currently led by small criminal networks that are well-developed and composed of a small number of people (2 to 4 persons) or by persons who act independently, most often previously known to police. Strategies of smuggling have rapidly developed since the migration crisis, with networks of smugglers that are more organized, better connected and use more modern means of communications than ever before (Cvejic, Kitanov, 2017: 29).

Findings of the study conducted in 2016 (Cvejic, Kitanov, 2017: 30) indicate that representatives of organisations for smuggling in transit countries usually recruit local population, whom they deem reliable. Most often the local contact person is at the same time the only person who is known to emigrants and with whom they make contact in the country. The role of this person is to recruit others, in order to accept migrants from neighbouring country, transport them to state border and direct to the next person for transfer.

Available data on prices for providing comprehensive services to emigrants in Bosnia and Herzegovina, including assistance in irregular border crossing to enter the country, transport within state borders, possible accommodation and unlawful exit from the country cost between 1,500 and 2,000 EUR. For individual illegal crossing of green borders, this price is considerably lower – between 150 and 200 EUR (IOM 2016: 13). However, on basis of interviews with participants, it has been concluded that price for smuggling emigrants across state border has decreased considerably (Cvejic, Kitanov, 2017: 35).

11.3.4 Human Trafficking

In the legal framework of BiH human trafficking is defined in line with the official Convention of United Nations against transnational organized crime. In accordance with this definition, human trafficking is treated and actions are taken within BiH. In each criminal code at the entity level, the area of human trafficking is clearly defined as well as implementation of procedures thereof. The only difference at the level of entities is that in the Federation of BiH victims from BiH are legally recognized (IOM, 5). BiH has

[151] *Protocol against the Smuggling of Migrants by Land, Sea and Air supplementing United Nations Convention against Transnational Organized Crime, Article 3.*

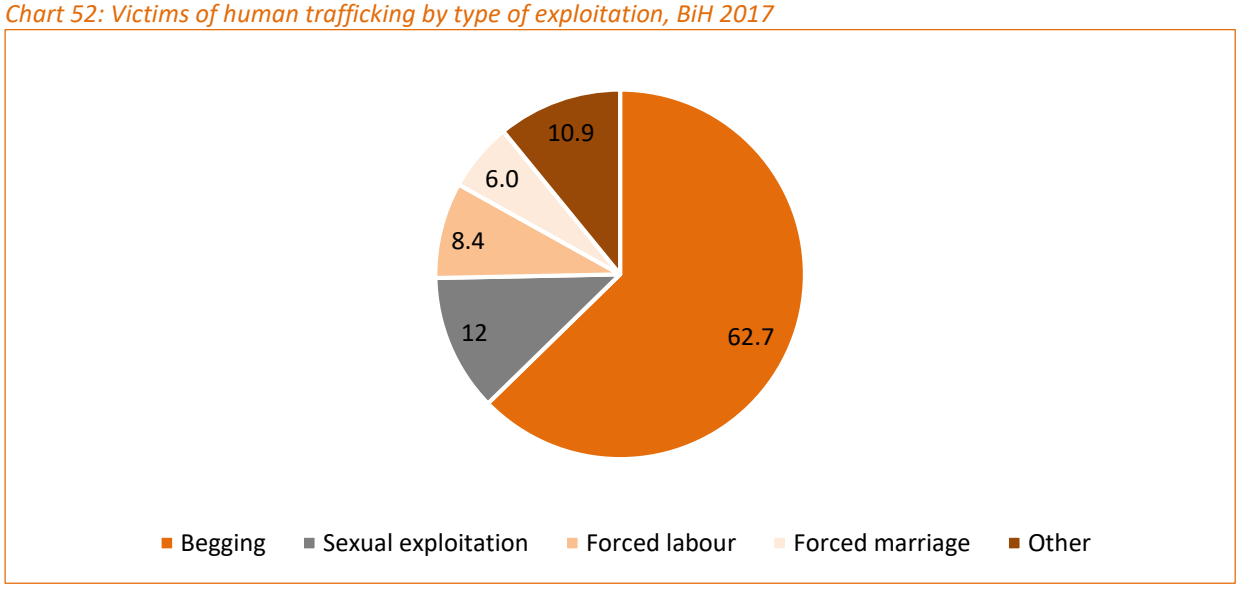
the Action plan confronting human trafficking in Bosnia and Herzegovina for the period 2016-2019, on basis of which it works on improving the current situation regarding to human trafficking.

Human trafficking in BiH has been present since the end of 1990s, and what has significantly changed in the last years is that human trafficking victims are increasingly citizens of BiH, as well. After 2004 when Romania and Bulgaria joined the EU, it became considerably easier to transport human trafficking victims in another EU member state via other routes and thus the number of victims from BiH has significantly increased (EU, 2013:8). Previously, victims were foreign citizens, but nowadays majority of victims identified by the authorities as victims of human trafficking are citizens of BiH.

A change in trends in human trafficking is noticeable in the region in comparison to international trafficking in terms of higher share of cases that occur within countries of the region. In addition, international human trafficking does not necessarily mean irregular border crossing but it partly occurs through regular crossings, due to difficulties in identification, which hinders more precise insights in total number of cases (Cvejic and Babovic, 2014:57).

According to data of the State Coordinator for Combating Trafficking in Human Beings in 2017, 83 cases of human trafficking were registered, which is considerably higher than in 2016 when 48 cases were registered (the State Coordinator for Combating Trafficking in Human Beings, 2018: 3). Among identified cases, exploitation for purpose of begging prevails, followed by sexual and then labour exploitation.

Chart 52: Victims of human trafficking by type of exploitation, BiH 2017



Source: http://www.msb.gov.ba/PDF/izvjestaj_trgovina_ljudima_2017.pdf, Page 9

Among the victim of human trafficking, minors prevail (56.6%), as well as female persons (69.9%) and citizens of BiH (97.6%).

During 2017, there were 27 investigations initiated against 38 persons for criminal acts of human trafficking and criminal acts related to human trafficking, which presents a significant increase in comparison to 2016 when there were 7 investigations initiated against 33 persons. In the same year,

several charges were brought – 15 charges against 23 persons, in comparison to 5 charges against 25 persons in 2016. Seventeen convictions were pronounced (Ibid).

In the assessment of the situation in human trafficking for 2018, US State Department Office to Monitor and Combat Trafficking in Persons noted that the Council of Ministers of BiH demonstrated significant efforts during the reporting period by identifying more forced begging victims and granting compensation to four victims from their traffickers in the first successful civil suit. However, there were some shortfalls in response to human trafficking identified. As one of the main problems, penalisation of victims of human trafficking was identified for unlawful 105 acts which were committed as a direct result of being subjected to trafficking. This was evaluated as inadequate victim identification. Other problems were related to the law enforcement and social workers justifying the cases of potential forced child begging, forced labour, and forced marriage involving Roma as traditional cultural practices. It was assessed that the authorities lacked victim protection, including victim-cantered prosecutions and access to assistance outside of NGO-run shelters, and that the strike force was ineffective due to a lack of participation among relevant actors. Due to these weaknesses in the system of protection from human trafficking Bosnia and Herzegovina was downgraded to Tier 2 Watch List in 2017 (State Department, Office to Monitor and Combat Trafficking in Persons, 2018: 105).

11.4 Forced migration

Forced migration is a migratory movement in which an element of coercion exists, including threats to life and livelihood, whether arising from natural or man-made causes. Forced migration can manifest as movement of refugees and internally displaced persons as well as movement of people escaping from environmental disasters, chemical or nuclear disasters, famine or development projects (IOM, 2011: 39). In BiH there have been two forms of forced migration in recent period. The most striking and massive was the refugee crisis and internal displacement during the war in 1990s when BiH citizens moved abroad in search for international protection, or were resettled within the country. The second is the current migration crisis that includes mainly movement of refugees and asylum seekers escaping from war in Syria or other conflict societies in Middle East, Central Asia and North Africa.

11.4.1 Refugees and Asylum Seekers

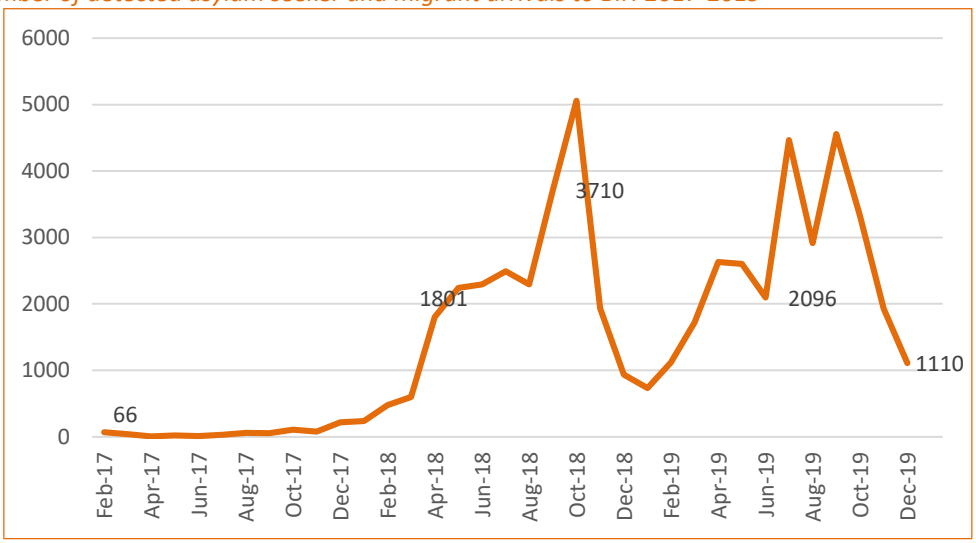
The Law on Asylum in BiH defines status of foreigners and stateless persons. Refugee status is granted to foreigners and stateless persons who fear persecution from various reasons, and in line with that, they do not want to seek protection within their home country (Law on Asylum, Article 19.) In accordance with their status, foreigners or stateless persons have the right to seek international protection. Requests for asylum are decided upon in first instance proceeding by the Ministry of Security BiH – Sector for Asylum. Appeals as per these decisions are solved by the Court of BiH.

According to the Law on Asylum, foreigners are protected by the principle of non-refoulement, not to return to the country where there is risk from being subjected to death penalty or execution, torture, inhuman or humiliating actions of punishment. In the decision procedure on asylum, the adequacy of reasons for granting refugee status in BiH is investigated. The Sector for Asylum may grant the refugee status according to estimate, approval of subsidiary protection status if he/she does not meet conditions for granting refugee status, but there is reasonable doubt that in case of return to country of origin he/she will face risks of serious breach of human rights and fundamental freedoms, it can also reject the request

and issue a timeframe for voluntary departure from BiH or reject request but determine that he/she cannot be removed from BiH due to non-refoulement principle and in line with that to ensure legal stay in BiH while such status lasts.

BiH was not on the main route of large waves of refugees and asylum-seekers who were passing through the Western Balkan to Western Europe in 2015, but since 2017 the number of asylum-seekers in BiH has increased. In 2015 there were 46 requests for asylum submitted, in 2016 there were 79 requests (Migration Profile of BiH, 2019: 57). The number of detected asylum seeker and migrant arrivals to BiH has significantly increased during period 2017-2019.

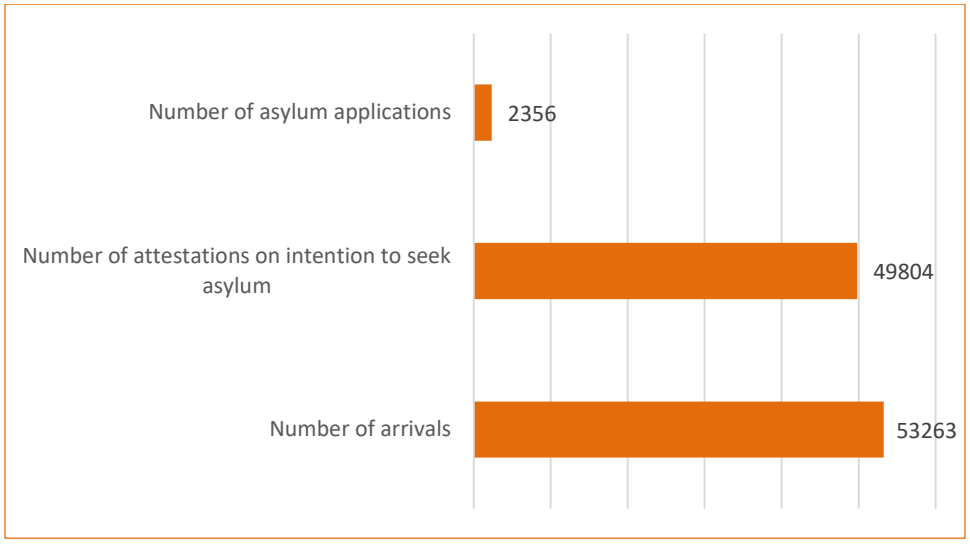
Chart 53: Number of detected asylum seeker and migrant arrivals to BiH 2017-2019



Source: Inter Agency Operational Update 01-31 December 2019, https://bosniaherzegovina.un.org/sites/default/files/2020-02/Inter-agency%20December%202019.pdf, page1

From 1st January 2018 until 31st January 2029, there were 53,263detected arrivals of refugees and migrants in total, out of which 49,804 expressed the intention to seek asylum and 2,356 submitted the asylum applications.

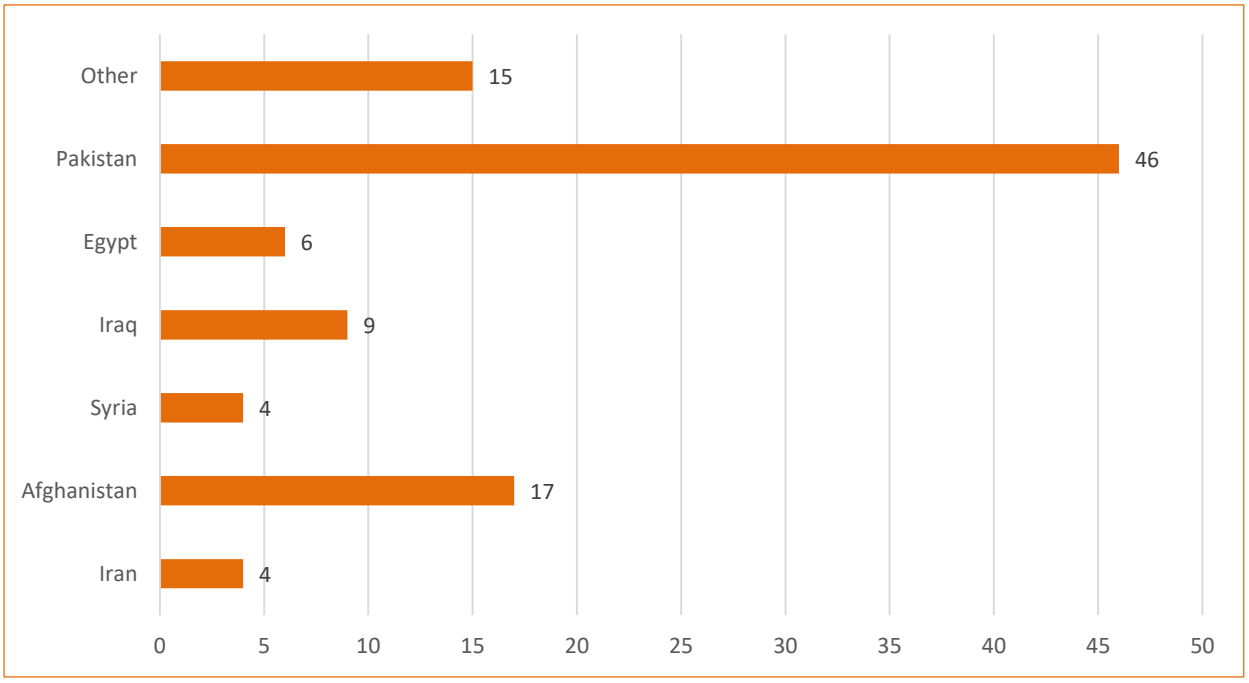
Chart 54: Number of detected arrivals, intentions to seek asylum and submitted asylum applications in BiH, 1 January 2018 – 31 December 2019



Source: Inter Agency Operational Update 01-31 December2019

Among asylum seekers and migrants during same period highest share recorded citizens of Pakistan, Afghanistan, Iraq, Egypt, The Syrian Arab Republic, and Islamic Republic of Iran.

Chart 55: Top asylum seeker and migrant by citizenship, 1 January 2018 – 31 December 2019, in %



Source: Inter Agency Operational Update 01-31 December 2019

It is estimated, in December 2019, that about 8,000 migrants, asylum seekers, and refugees remain in BiH in need of a range humanitarian assistance at various locations, especially in Sarajevo and USC.

The main characteristic of flows of asylum-seekers and refugees in BiH as in all Western Balkans countries is a high degree of mobility. The greatest number of asylum-seekers actually legalize their status by submitting the asylum request, while looking for way to move further towards EU countries. Countries of the Western Balkans are exceptionally restrictive when it comes to approving international protection, and they are characterized by poor administrative standards that refer to approval of international protection (Cvejic, Babovic, 2014).

11.4.2 Refugees and Internally Displaced Persons

In the period from 1992 to 1995, more than half of BiH population (2.2 million) forcefully left their homes in BiH. Among them, 1.2 million people applied for international protection in over one hundred countries worldwide, and countries in the region accepted 40% of refugees. About one million remained internally displaced in BiH. Since the war period until today, around 1.06 million returnees have been registered, whereby 58% of internally displaced persons and 42% refugees[152] .

By Annex 7 of the General Framework Agreement for Peace in BiH (Dayton Peace Agreement), the rights of refugees and displaced persons are stipulated and for the purpose of exercising prescribed rights in early 2003 "Strategy of Bosnia and Herzegovina for implementation of Annex 7 of Dayton Peace Agreement" was adopted (Ibid). This strategy presents the first framework document at the state level, on basis of which goals, activities and reforms are determined in view of implementing Annex 7 of Dayton Peace Agreement and it presents a guideline for international community and institutions in BiH to improve situations where displaced persons in BiH find themselves. The Strategy was supported by the International community through the Council for Peace Implementation.

Competent institutions for implementation of strategy and protection of internally displaced persons are the Ministry of Human Rights and Refugees of BiH, Ministry of Displaced Persons and Refugees in FBiH, Republic Secretariat for displaced persons and migration in RS and Department for displaced persons, refugees and housing issues in BD. Beside these institutions, at cantonal level there are ministries or administrations competent for displaced persons and refugees issues.

At the end of 2000, the first registration of internally displaced persons in BiH was conducted and 557,275 internally displaced persons were registered, whereby this number of internally displaced persons has been regularly updated and in 2017 it was 98.574. One third of displaced person is still deemed jeopardized. According to UNHCR, about 20,000 persons registered as refugees from BiH stay outside their country of origin (Ibid).

Data from the Report on implementation of the Revised Strategy of Bosnia and Herzegovina for implementation of the Annex 7 of Dayton Peace Agreement for 2016 indicate that most persons were displaced within entities. In Republika Srpska 91% of displaced persons come from FBiH, while in FBiH 61% of total number of displaced person come from RS and 39% from other regions of FBiH. In the territory of Brčko District of BiH, 23% of displaced persons are internally displaced within Brčko District, while 75% come from FBiH, and 2% from RS.

[152] https://www.unhcr.org/see/wp-content/uploads/sites/57/2018/11/Brosura-BOS.pdf *Page 6*

There are still about 98,000 of internally displaced persons, which puts BiH among countries with the highest refugee-displaced persons issue in Europe (Ibid). The refugees are from former Yugoslavia who were recognized by the Ministry of Security of BiH, and refugees from Croatia who were registered as refugees by Republika Srpska. The majority of this population group which counted 6,677 individuals in 2017[153] consists of refugees from Croatia (1991-1995).

Different programmes have been implemented to assist displaced persons and remaining refugees in securing regular status and providing social inclusion. UNHCR implemented activities in cooperation with state and entity authorities in order to close the refugee status of persons from former Yugoslavia providing solutions for integration through legal residency and citizenship or through voluntary return to Croatia. Various programmes for social housing, employment, self-reliance and livelihood assistance, psychosocial support are delivered by various institutions and organisations.

KEY FINDINGS

The complex picture of migration in BiH indicates that management of different types and flows of migration are not beneficial for development processes:

- **Rural-urban migration** is difficult to monitor due to lack of statistical definition and disaggregated data on rural areas. From available data flows of migrants (although not rapid but steady) moving from rural areas and small towns toward capital and a few bigger cities are evident. These flows are part of the modernisation process, but are also the consequence of regional inequalities, and at the same time they contribute to further deepening of regional inequalities. Even though the majority of the population still lives in rural areas, the livelihood opportunities and quality of life in rural areas is worse than in cities attracting population as opportunity magnets.
- **Bosnia and Herzegovina is a prominent emigration country**. Massive emigration during the 1990s war transformed to lower level, but there are steady flows of economic migrants moving to developed countries in search for better opportunities. Low prospects for employment, low living standards, and political instability are the main push factors driving contemporary waves of emigration, while previously established migrant networks, diaspora communities are facilitating migration from the destination countries.
- **The benefits of emigration and diaspora** are not adequately used for development. Despite the fact that BiH is among top countries in the world receiving remittances, these remittances are mainly used for consumption and only small portion is invested in generating economic activity. There is little evidence on social remittances and benefits from emigration in terms of skills, ideas, influence on political situation in the country, advancing democratic processes. Available data leave the impression of underused potentials and low effects of emigration on better development prospects.
- **Irregular migration is** on the rise within the current migrant crisis, but it is better controlled. Irregular entries, stays are better monitored, procedures established for processing irregular migration and cooperation with the international community, particularly EU has been evolving.
- **Refugee and asylum migration** is increasingly relevant issue in BiH. Due to the closing of the northern border of the Balkans route from Aegean region to EU, migrants use more alternative routes through BiH, which poses new requirements before the migration management system. The number of asylum seekers has been increasing, but only a small number of migrants have received some form of

[153] http://reporting.unhcr.org/node/15809

international protection during last 10 years. The majority of them are using asylum procedure only to legalize the status while finding solution to move further to EU countries.

- **BiH still faces the consequences of its own refugee and displacement crisis** which was the biggest one in recent European history. There is still significant number of persons in displaced status within BiH and their position is vulnerable. Different programmes are implemented with the aim to provide durable solutions and better social inclusion. However, the data on implementation and their effects or recent research on social position of displaced persons that will indicate more precisely their current situation are lacking.

12. Quality and availability of statistics

The analysis presented in this study faced different obstacles related to the availability and quality of data. The official statistical system in BiH is complex, in line with the governance structure. Each entity has its own statistical institute (Federal Statistical Institute of the Federation of BiH and Republic Statistical Institute of RS), while at the state level there is the Agency for Statistics of BiH. Basically, entity level institutes are the main producers of data, while the Agency compiles and publishes data for BiH level and for Brčko District.

Although in the majority of aspects included in this study the format of official data is harmonized between entities, this is not always the case (i.e. data on internal migration). Data for Brčko District are often missing. The statistics of BiH are not yet fully harmonized with Eurostat which would make easier use of data, and some of the important surveys are not yet introduced (i.e. Statistics on Income and Living Conditions, Time Use Survey, Generations and Gender Survey, etc.).

The assessment of data availability and quality is summarized as follows:

1) **Discontinuity in long term population data**. Until 1991, the Institute for statistics of Bosnia and Herzegovina was a part of uniform statistical system of former Yugoslavia. Prior to 1991, data are available only for BiH, but they are not always comparable due to the differences in definitions. Data for entities are not comparable to data prior to 1991. The last census before the war in BiH was conducted in 1991 under great pressure of political events before the breakup of Yugoslavia, so it was reflected on quality and presentation of the census results and it was never completed. Immediately after the war, a census that would detect consequences of war, lasting from 1992-1995, was missing. The first official census after the war was conducted in 2013. So, more than two decades have passed, whereby the entire process of listing (recording) and publishing final results was under strong influence of the political climate in the country and in the atmosphere of census politisation.
2) **Different census results** published by the Agency for Statistics of BiH and Federal Institute for Statistics of FBiH (officially accepted by the Eurostat and international community) on one hand, and Republic Institute of Statistics of RS on the other hand, complicate presentation of data for BiH level. For the entity level data different census results are used for FBiH and RS published by the entity statistical institutes making comparison difficult or even impossible.
3) Vital statistics data until 2003 were processed according to place of residence (of the mother of a newborn child, deceased person, bridesgroom, and for divorces according to the last joint place of residence). Since 2003, data were processed according to the definition of permanent residency. Since 2008, additional entries have been excluded from data processing for vital statistics. Data for the territory of Brčko, which was a part of Republika Srpska until 2000, as well as data for Brčko District were processed until 2001. These methodological differences impact the population growth, subjected to deviations depending on the residency status.
4) Availability of data on BiH **economy** was a positive surprise. There are many data available from administrative sources (ministries, different agencies, institutions). The issue is that clear definitions are not always provided along with huge dispersion of data between different resources that should be collected with a lot of research efforts.
5) Data on **social protection** that would enable estimation of the effectiveness of the system of financial benefits are missing.

6) There is complete lack of data on **norms and values**. There is no national research in this area and BiH is not included in the international surveys such as Eurobarometer, World value survey, European value survey, European quality of life survey, etc.
7) Data on **access to health care and health care insurance** is not available publicly for BD for a 10-year period so the situation is presented at entity but not BiH level.
8) Many **SRH data** are available from MICS UNICEF survey (knowledge on contraception, contraception use, unmet need for contraception, antenatal care, child birth preferences, etc.). The last MICS was conducted in 2011-2012 which makes data possibly outdated. Although new MICS was planned for 2019/2020 it is highly unlikely that it will be conducted for political reasons.
9) Data on the number of **abortions** per 1,000 live-born children and 1,000 women are not available for the level of Bosnia and Herzegovina in the international database. From the health statistical yearbooks of the Federation of Bosnia and Herzegovina and Republika Srpska data are available only for 2017, and therefore a limitation in the detailed analysis of this indicator of the health of mothers and a limitation in interpretation for BiH level and international comparison is visible.
10) Data on **subfertility and infertility** are not routine data collected in health institutions in Bosnia and Herzegovina. There are also restrictions regarding the availability of data on prevention services and infertility treatments, which are provided for by laws and by-laws.
11) Data from routine health statistics on SRH among adolescent population only provide information on **birth rates in the adolescent population and not on other aspects such as abortion, contraception use, etc**. There are limitations in the availability of information on SRH counselling of adolescent population and SRH education.
12) Consolidated data for **STIs** for Bosnia and Herzegovina are missing. Data on **registered cases of STIs, HIV infection and AIDS** in reports of the Public Health Institute of Republika Srpska are inconsistent in time when they are given retrospectively for the observed period, without explanations of the changes (whether it is a change in the size of population in relation to which the morbidity rates are calculated or there has been a change in absolute numbers due to, for instance, delays in reporting to the PHIRS). However, total number of STIs cases per year in the published reports are not in line with total numbers per same years given in the report delivered upon request.
13) **The cumulative number of HIV and AIDS cases**, as well as the total number of cases per reporting year for Bosnia and Herzegovina does not correspond to prime sum of cumulative cases / total number of cases annually at the level of entities. The ECDC in the report for 2017 highlighted that Bosnia and Herzegovina uses "date of statistics" instead of "date of diagnosis/death" (used by ECDC) for presenting surveillance data in their annual national reports. However, this cannot explain the differences between ECDC's and entities' level data, generated in data which are available to ECDC and entities` data.
14) **Estimated number of people living with HIV** is not available, as well as the number of people living with HIV with viral suppression. The last estimates of key populations` size was done in 2012.
15) Data on **maternal mortality** per territory units (FBiH and RS) were provided from the reports of statistical institutions while the comprehensive data on maternal mortality were obtained from the international UNICEF AND WHO reports.
16) Morbidity data are available from the regular health statistics of the public health institutes and there are no specific limitations regarding availability of data except for **specific morbidity** (malignant diseases of reproductive organs) for which the latest updated data for 2015 are available.

17) Data on marriage, family, transformation processes of partnership forms, the reasons why couples prefer one form over another (i.e. potentially differences in legal status, access to property rights, norms and values, etc.) have been lacking. Official statistics record the main trends, but the reasons for these trends are not available in contemporary research in BiH.
18) Data on **rural-urban migration** are missing as there is no official statistical definition of rural areas. Internal migration data are not at all disaggregated by the type of area, so it is not even possible to take as proxy migration between "other" and urban areas.
19) Data on **emigration** are incomplete. Internal statistical sources of data are not reliable as the emigration is recorded only by cancellation of permanent residence. Data from destination countries are a better approximation, but still incomplete.
20) Data on **expenditure of remittances** are missing.
21) Data on **different aspects of position of older population** is missing, such as percentage of population covered by pensions, by type of pensions, poverty and material deprivation, housing conditions, access to long-term care, time use, social participation, etc.
22) Data on poverty and social exclusion are very limited, not regularly published and not comparable with other countries in the region and in EU. The SILC is not yet introduced in BiH as the main framework for measuring poverty and social inclusion which severely limits the insights in poverty and inequality and evidence base for policies.

13. Challenges and opportunities for action: policy, strategy and programmatic conclusions and recommendations

Bosnia and Herzegovina is a country that faces serious population and development challenges. The country has emerged from the dissolution of former Yugoslavia as a state unique in its governance complexity and burdened with consequences of a destructive war, slow post-conflict recovery and cumbersome post-socialist transformation. Within such a context, numerous population challenges lay ahead that should be properly addressed in order to achieve sustainable development and more favourable socioeconomic and political environment for positive population trends.

Population decline of BiH is the most severe consequence of the series of factors. Addressing these factors poses many challenges to policy making processes. As it has been described in Chapter 3, between the 1991 and 2013 censuses, the population decreased by about 20%, or 850 thousand people. Population decline is mainly the consequence of low fertility and high emigration, which are further consequences of very complex social changes. Historical trends indicate traditionally high emigration in BiH, even prior to the dissolution of Yugoslavia and fall of the socialist system. Outflow of migrants peaked already during the 1960s with an increased need for labour supply in developed European welfare states. However, high emigration and negative migration balance at that time was compensated by higher fertility and positive natural population growth. The decline of fertility and continued or even increased emigration during the 1990s have led to the continuous decline of population.

All population projections indicate that further population decline in BiH is an unstoppable process. The consequences of this process are far reaching. Population decline means decline in human capital needed for development in many ways. On the side of economic production, it is needed as workforce that produces economic values, generates income and fills the public budget. On the side of demand for economic goods and services more sizeable population means bigger market for goods and services that stimulate economic activity. Population decline brings abandonment of certain geographic areas below the threshold of rational costs for service provision, creating the negative spiral of underdevelopment and further population decline. This, on the other hand, leaves natural and economic resources in these areas unused or underused for development. Population decline means also a huge loss of social capital, loss of ideas, innovation potential, collective action, political public space where alternatives of social development are debated and negotiated.

To intervene in this process of population decline it is needed to target its multiple causes, not only those that are the most immediate, such as low fertility and high emigration. Although population challenges should be addressed through specific population policies, it is of key importance to keep in mind this complex determinism of interdependency of population and socioeconomic, political and cultural factors that could only provide effective intervention in population trends. This means that while developing strategic vision and measures related to the desired population characteristics and trends, it is necessary to design them in interaction with economic and social policies. Moreover, one must take into account that effective population policies cannot be designed and implemented if they are not people centered, meaning that only improved well-being of the individuals and all social groups could have the beneficial effect for population trends. Certainly, new knowledge generated through recent research should be taken into account, particularly the one that indicate alternative views on relations between low fertility and economic outcomes. According to some of these views (Lee, Mason, 2014), low fertility and population decline do not bear necessarily negative implications. There are various beneficial economic effects of low

fertility, such as increased living standard. Size of the population should be compensated by development of human capital through quality education and higher education levels. However, it should be kept in mind that this is very contextually specific and what is possible outcome in high development countries is not necessarily available scenario in a country facing serious developmental challenges.

Fertility is one of the main causes of population decline and one of the key challenges of population policies, not only in BiH but across the countries that went (or are going) through modernisation processes and the demographic transition. Fertility in BiH is presently far below the level needed for simple reproduction of population. The most important demographic implication of long-standing low fertility will be reflected through a great fall of fertility contingent. This will undermine future reproduction and decrease opportunity for future effective increase of new generations, which presents a great limitation for action through population policy. Huge population decline can lead to labour force deficite in long term, which would be a strong limiting factor of already suboptimal economic development. The most important consequence of low fertility is the increased burden of older population placed on working age population.

The causes of low fertility are very complex. It is partly the consequence of modernisation processes and socio-cultural changes but it is also strongly influenced by unfavourable socioeconomic situation, such as low living standard, low employment opportunities, high costs of raising children, but also placing burden of raising children primarily on women. This is the context in which women's preferences related to childbearing are shaped. The analysis demonstrated how unexpected was the shift from relatively high birth rates to exceptionally low birth rates in BiH. This decrease is the result of the changes in reproductive behaviour of women marked by postponing childbirth, a small number of children, decrease of higher orders of birth, and prevalent social norms that positively value small number of children, which was not the case in the periods marked by more traditional values and high fertility rates.

BiH is a country of incomplete modernisation. Traditional and patriarchal values are still very present in the society, which was evidenced by the scarce research on value orientations, but also by the data on still prevailing practices of formal marriage, small number of births outside formal marriage, and similar. BiH is a society in transition that has the elements of both, traditional and modern. In the modern society in which women bare unproportionate responsibility for child care, while at the same time they are deprived from employment, equal pay, career opportunities and exposed to various forms of discrimination and gender-based violence, it is hard to expect that their preferences will be shaped towards having desired fertility. Therefore, narrowly focused pro-natality policy will have no effects. The policies aiming at increase of fertility should be primarily policies of empowerment of women regardless of their reproductive potential and preferences. The positive effect of such approach is evident from the higher fertility in countries with much higher achievements in gender equality. Moreover, the issue of fertility is the issue which is not only concerning women but also men. Therefore, the position of men and their norms and values related to the child birth are very important. More equitable men, sharing parental roles and obligations is important factor that can contribute to the change of current fertility preferences.

Sexual and reproductive health encompasses one stream of factors related to the level of fertility and with impact on size and characteristics of population. The relation to the fertility issue is not only in the narrow medical sense of care for reproductive health of women before, during and after pregnancy that can influence their readiness or capacity to have children, but it is much broader, in terms of overall health and well-being of women that influences their quality of life and consequently the family planning and

decisions to have children. The analysis presented in the study reveals the situation in the area of sexual and reproductive health that is not marked by alarming shortfalls like in the case of some less developed countries, where lives of women are endangered due to poor sexual and reproductive health, violation of their SRH rights and inadequate SRH care. However, there are many challenges in the area of the sexual and reproductive rights and health of women and men that require improvement:

- **SRH education** is not satisfactory**,** particularly among adolescents and young people**.** Sexual and reproductive health of adolescents is in risk from insufficient level of knowledge about sexually transmitted diseases, early engaging in sexual activity and ignorance regarding protection. Information about sexual and reproductive health young population receives mainly through media and peers.
- The young population is exposed to risky behaviour due to a lack of knowledge.
- **Use of contraception** is not at the satisfactory level and unmet need for contraception is still relatively high**.** Knowledge about modern contraception is relatively prevalent as majority of women are familiar with at least some traditional and modern contraception methods. However, the use of contraception is not on the satisfactory level which means that availability and accessibility of contraception should be improved, as well as awareness of importance of use of contraception for adequate family planning.
- Although the official data indicate to the low abortion rate, most abortions are done in private clinics and they are not reported. Having in mind this limitation, further investigation needs to be done in this field. **Support to women and couples who face the problem of infertility** is not adequately monitored. The lack of data and robust monitoring prevents the insights into the effectiveness of current measures implemented in this regard. It is needed to establish data records that will enable evaluation of the implementation of measures and their improvement. It is important to eliminate discrimination by age, as women older than 42 have been denied access to this measure on an equal footing as younger women.
- **Healthcare of women during pregnancy, birth and postpartum** period is well-organized, to which indicators of high percentage of visits during pregnancy indicate, along with professional surveillance during delivery and in postpartum period, as well as in low percent of preterm deliveries. However, there is still room for improvement with higher coverage of women from vulnerable groups by antenatal care, increase of births under professional surveillance protection and counselling in FBiH, and more careful use of caesarean sections. In order to remove physiological barriers (fear of pain during delivery, stress, uncertainty, etc.) among pregnant women, it is necessary to pay more attention to these issues during antenatal care and counselling of pregnant women. Women should be informed more about physiological processes during delivery.

Population health challenges Significant progress in **mortality** transition has been achieved in BiH as it has been evidenced in the analysis (Chapter 5). Nevertheless, BiH, as other countries in the region, still has lower life expectancy at birth of both sexes in comparison to developed countries of Europe. In the last years, there has been a noticeable move of mortality to older ages, but higher mortality of younger middle-aged population is still recorded as well as presence of higher differences in mortality level between sexes. Also, share of diseases of the circulatory system as a cause of death is high as well as the level of specific mortality rates from this cause of death in middle-aged and older population. It shows that the transition of mortality by cardiovascular diseases has not yet started which would indicate the beginning of the fourth stage of epidemiological transition. Therefore, further reduction of mortality and prevention of early death is of special importance for population and health policies in BiH.

Maternal mortality is now very low, but this could be the effect of not fully appropriate methodology for monitoring it since in BiH the confidential maternal mortality inquiry was not implemented of the type implemented in France or the UK which often finds additional maternal deaths. Better insights in health risks of women due to pregnancy and birth is the prerequisite to improve further antenatal and postpartum health of women.

As it has been demonstrated in the description of ***healthcare system*** (section 2.3.5), the proportion of medical doctors and nurses per population is still below the EU average. In addition to the improvement of availability and quality of healthcare services, it is needed to intervene on the other side – demand for such services, as data indicate significant differences in use of preventive and curative services between groups of population. Health care services are used more by better educated, urban and better-off population, which demonstrates the connections between healthcare and socioeconomic status.

Women specific malignant neoplasms are on the rise. Screenings based on scientifically established medical evidence are priority models of prevention and early detection of malignant diseases. However, such screenings are not organised in BiH, presumably due to their high costs.

Although the registered prevalence of **HIV and STIs** is low, situation is potentially uncertain if the response to HIV and STIs is not improved. It is assumed that low rate of STIs (syphilis, gonorrhoea and chlamydia) is not a real situation due to underreporting of the STIs cases. Syphilis and gonorrhoea are more frequent among men, while chlamydia is more frequent among women. Moreover, registered prevalence of STIs among young people (age up to 25) indicates the risky sexual behaviour in this group. In order to better plan the STIs prevention programme, the surveillance has to be improved so it can enable planning of evidence based programmes. Risky sexual behaviour in key populations at HIV risk is persistent. Low coverage with ARV therapy with respect to UNADIS 90% goal, followed by late HIV diagnosis, and the delayed linkage to care, and access to ARV treatment, which can induce poor health outcomes, decreases altogether impact of treatment as prevention for further HIV transmission.

High degree of stigma related to HIV and persons associated with HIV, on one hand presents a barrier for access to preventive programmes, and on the other, it is a barrier to linkage to care and to access to ARV treatment for those diagnosed with HIV infection, which further increases the risk of HIV transmission. An increasing trend in number of newly diagnosed persons among MSM, followed by risky sexual behaviour, indicates the increased risk of HIV infection in this population. In order to improve health protection from HIV and STIs it is needed to improve the system of their routine screening, as well as the system of monitoring and evaluation of HIV preventive programmes in key populations.

Population ageing is the process that is evidenced in contemporary population structure of BiH, but it is projected to be much more intensified during the next decades since population share of people aged 65 and over will most likely increase by 75%. Population ageing narrows the basis of future population reproduction and has many socioeconomic consequences. It brings the threat of workforce shortages and increased burden on pension funds as well as on spending for long-term care services that are required for quality life in older age. However, population ageing should not be observed only from the perspective of negative consequences. Ageing is also a result of developmental achievements, the consequence of better health care, higher living standard, and better overall quality of life. It is a process that opens new opportunities for people to enjoy different lifestyles after retirement. However, the shift in paradigm of

perceiving older age as different from passive and social burden, as a stage in the life course which can bring not only new benefits for older people, but for the whole society that can use their assets, such as experience, social capital, time, etc. The available picture on well-being of older population is now very partial as research on healthy ageing is missing in BiH. Available data are not sufficiently disaggregated by age and some aspects of situation of older persons is not monitored at all (i.e. time use). In order to better address the consequences of population ageing and to provide well-being for older persons, it is important to develop more comprehensive, available and accessible system of long-term care that includes services ranging from health care to support to social inclusion, within the homes for older people, in daily centres or in residential institutions. Developed long-term care services allow for flexible combination of different forms of support, individually tailored according to the beneficiary needs and their change over time.

Migration related challenges The whole set of population and development challenges are related to different forms of migration. As analysis revealed, BiH is still predominantly emigration country. There are still no signs of transition towards more immigration country. Although the number of migrants transiting through BiH or seeking asylum has been recently increasing, this is mainly due to the changes in asylum routes through the Western Balkans that opened alternative ways for movement due to more restrictions along usual norther routes (towards Hungary and Croatia from Serbia). Majority of asylum seekers stay in BiH only for a short period of time, and continue their way towards EU.

Emigration is continuously high, driven by low employment opportunities, low wages and unsatisfactory living standard. It is facilitated by already well-established migrant networks in traditional destination countries where previous emigration waves were directed to. The analysis showed that migration management is not optimal, and it does not use potential benefits from emigration for development purposes. Remittances are mainly spent on consumption and only a small proportion is used for investment in the economy and productivity. The emigration of highly skilled young population is a significant loss of development potential and migration management policy should attempt to enable more circular migration that will bring higher social remittances in terms of bringing new skills, knowledge, information, ideas, innovation potential as well as financial investment from emigration.

Inequalities as a population challenge As it has been explained during the analysis in various chapters, the inequalities represent an important obstacle to higher achievements in human development but also in enabling more positive population trends. The inequalities are manifested in different forms: as economic inequalities, regional disparities, intergenerational, and gender inequalities.

Regional disparities lead to population decline of rural areas but also of semi-urban or small towns. The migration from these areas towards a few urban centres in BiH has the adverse consequence for population structure of these areas and their development potential. Natural and economic resources of rural areas are underused due to the fact that young population abandons these areas, leaving older population behind. This further creates pressure for older population to remain active longer in low productivity sectors and to rely on subsistence livelihood strategies producing food for its own consumption. As it has been already emphasized, the population decline in rural and smaller urban areas decreases incentives for economic activities and decreases the availability and quality of services, motivating further people to leave these areas due to the unsatisfactory quality of life. Therefore, population policy in relation to the challenge of regional inequalities should be closely connected to the regional development policies.

Intergenerational inequalities are manifested in less favourable position of younger and older population in comparison to the middle-aged population. ***Children and young people*** are exposed to higher poverty risks. Young persons today are facing more obstacles to smooth transitions to adulthood than it was the case with older generations. Children's educational achievements are influenced by the economic situation of their families. Chances to achieve higher education are much better for children whose parents have higher education, from better-off families, and living in more developed urban regions. Young people in BiH are faced with one of the highest unemployment rates in the region of Southeast Europe. Although the rate has been decreasing in years, it still presents one of the main problems of young people in labour market and it is in direct correlation with quality of their life. This problem is more considerably present in female population. Poverty among young people is a consequence of unemployment, economic crisis, political instability in the country, as well as impossibility for young people to afford themselves appropriate housing conditions, which results in higher number of young people leaving the country. Participation of young people in political life is most evident in the traditional model of participation in political life through voting in elections. In comparison to their peers from developed countries, they are very rarely engaged in voluntary activities. Dissatisfaction with livelihood opportunities in BiH is a strong motivator to emigrate.

Gender inequalities are prominent in BiH. They are manifested in all key aspects of public and private life. Women do not participate in the political power equally as men and therefore do not influence policies equally. Nor do they participate in the economy equally to men; they are less active and less employed. When employed, their employment is less favourable as they are, for example, in the RS, more often employed in agricultural sector, or in social services at all levels, namely in the sectors marked by less favourable opportunities for employment and lower incomes. At the same time, "reproductive economy" – care for household and family – is mostly relying on women. There is no time use survey in BiH that would enable precise insights in the structure of time spent in paid and unpaid work and self-development actives among men and women, but insights from different surveys indicate severe imbalances. Women are exposed to different forms of partner and non-partner violence which undermines severely their well-being and keeps them in less powerful positions in different spheres of public and private life. The unfavourable situation of women influences population trends previously described in the aspects of low fertility, postponement of marriage and childbearing as these processes require a lot of female human resources that are presently undermined due to their unfavourable position.

13.1 Policy, strategy and programmatic recommendations

Recommendations based on the population situation analysis findings are grouped around three key approaches: 1) strategic vision and planning, 2) evidence base improvement and 3) policy and programmatic interventions.

13.1.1 Strategic recommendations

The PSA findings should be used as a basis for further shaping key strategic processes in Bosnia and Herzegovina:

- The EU accession process and reforms initiated within this process should be reconsidered from the perspective of the population situation and trends evidenced by this study.
- PSA findings should inform the process of localisation of the 2030 Agenda for Sustainable Development. Accelerators and bottlenecks should be realistically assessed in terms of population

capacities to provide adequate human resources for sustainable development. It is needed to develop a long-term, consistent vision of the country future that will carefully take into account population situation and trends presented in this study.

- Comprehensive, coherent, realistic and gender equitable population policy that addressess intergenerational as well as regional disparities should be developed and implemented. All findings in view of long-standing population trends in Bosnia and Herzegovina should be a clear sign of warning to policymakers in BiH about necessity for more prompt action and implementation of more decisive measures. Currently, BiH does not have **coherent general population policies** at the state or entity levels nor strategies that would directly refer to the issue of demographic development. Therefore, **coherent population policies need to** be developed and implemented. These policies should be based on a clear and realistic vision of what are the desired population trends and features, and how they will be achieved. Although population policies should not be mixed with social or other policies, they should be linked with other relevant policies, such as general development strategy, regional development, economic policies, social policies, gender equality policies, migration management policies, employment, education, and health policies in order to intervene in diverse factors that are currently contributing to the unfavourable population trends.
- BiH needs **comprehensive migration management policy** that will be closely linked with population and developmental policies. In case of continuous high emigration and low fertility, more open immigration policy will be the only alternative way to limit population decline and provide needed human capital for development. Besides, increased migration dynamic to and through BiH requires more careful migration management. IOM, UNHCR and UNFPA could provide support in development and implementation of such a policy.
- **Promotion of healthy lifestyles** should be at the centre of preventive programmes. Policies focused on improvement of prevention, early diagnosis and adequate treatment of non-communicable diseases should be accompanied with firm policies focusing on changing lifestyles of population that are presently marked by high health risks, including smoking, alcohol consumption, unhealthy eating habits and insufficient physical activity – possible engagement of WHO, UNFPA, UNICEF.
- It is needed to improve **prevention and early diagnosis of women specific malignant neoplasms**. It is necessary for a population strategy to plan the coverage of all women of the reproductive age by compulsory gynaecological examinations once every three years aimed at prevention and early detection of cervical cancer. Also, all women over the age of 40 should be provided with ultrasound and mammography at least once every two years. The strategy addressing high-risk population should include people who have a positive family history or risky sexual behaviour (often changing sexual partners, not using sexual protection, the existence of infections of reproductive organs) to detect and eliminate risks of sexual and reproductive health in time.
- **SRH education** should be improved through formal education, extracurricular activities, and media. These activities could be supported by UNFPA, UN Women, WHO and UNICEF.
- In order to fully implement recently adopted **Law on Infertility Treatment with Bio-Medically Assisted Fertilisation** (Official Gazette of the Federation of BiH, 59/18), and adoption and implementation of respective Law in Republika Srpska, further activities which are crucial for its full implementation (such as development of rules, strategy or action plan) should be supported – possible engagement of WHO, UNFPA.
- Since youth reproductive health is a sensitive issue, it requires a **youth-friendly approach**, and continuous work with the youth. Some kind of institutionalized incentives could be provided, for

tailoring and implementation of youth-friendly education programs. They could rely on modern communication methods and creating content in different formats that could be distributed through various communication channels, such as social networks and applications for mobile devices – possible engagement of UNFPA, UNICEF.

- Additional efforts should be invested in the **gender mainstreaming of key policies**, such as employment, micro and small enterprises support policies and measures, rural development, social policies, education and longlife learning, etc. Without more advanced gender equality, and improved wellbeing of women, it will be hard to expect that any population policy will be effective – possible engagement of UN Women
- Increase **availability and acceptability of the HIV counselling** and testing services to key populations by adjusting the services to the needs of target populations (flexible working time, available tests for other STIs, implementation of services outside the healthcare institution – in the community) – possible engagement of WHO.
- Development of mechanism for sustainable and continuous financing **HIV and STIs preventive programmes and treatment** (e.g. development of mechanism for social contracting, programmes accreditation and financing at the local/cantonal level, etc.) – possible engagement of UNDP

13.1.2 Improvement of the evidence base for development and population planning

There are still many gaps or insuficient knowledge on various aspects of population and its wellbeing. It would be important to improve this knowledge in order to provide better evidence for policy planning. Therefore, it is recommended to improve data availability and quality through:

- More **synchronized data produced by the public statistical institutes** at the entity and state levels, particularly data from census, but also data from other key surveys, such as Labour Force Survey, Household Budget Survey, vital statistics, national accounts and other economic statistics, etc.
- Without further delay, it is necessary to conduct the surveys that represent key data sources for monitoring the population situation and planning respective policies. Above all, UNICEF **MICS survey** and **Statistics on Income and Living Conditions** (SILC), as well as **Time Use Survey** are needed.
- Stimulate more **socio-demographic research and analysis by engaging scholars**, financing demographic research in the universities across BiH, organizing national and international conferences, supporting publishing of fundamental and applied demographic research. Also support to the new generations of demographers, including scholarships and support to the development of their capacities studying at recognized demographic faculties and research centers, should be carefully planed and implemented.
- **Surveys** on representative population related to the **norms, values, attitudes** towards different public issues, including social and demographic, whether as independent national research using internationally comparable methodologies, or through participation in World Value Survey, or European Value Survey, Europeand Quality of Life Survey or Eurobarometer surveys should be regularly implemented.
- **Research on fertility preferences**, fertility related decision, gender norms, values, including those related to marriage, child birth, family planning, and parenthood, is needed. Also, reasons that are behind the relatively high unmet need for contraception and abortion should be a part of this research. This research on representative population of women in reproductive age but also men within the referent age category could be supported by UNFPA and UN Women.

- There is need to implement **national health survey** (possibly by WHO, UNFPA in cooperation with Public Health Institutes), to improve monitoring of programme of vertical HIV transmission from infected mother to child. It is needed to increase availability and acceptability of the HIV counselling and testing services to key populations. Preferably, the development of the new strategy for HIV and STIs response with budgeted action plan for its further implementation would bring more effective response to this health risk of population.
- There is a need to conduct **research on social inclusion of older population** as present picture is not comprehensive and precise. The research should also screen the needs for different services within the long-term care system that should be further developed based on the research findings. The research should allow for insights in gender and regional aspects of social inclusion in older age. This could be implemented by statistical institutes with assistance of UNFPA.
- **Cost-benefit analysis** of the effects of emigration, low fertility and population ageing on socio-economic development of BiH should be conducted. This could be done in cooperation between UNFPA and the World Bank.

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