

Progress towards the Realisation of



MILLENNIUM DEVELOPMENT GOALS

in Bosnia and Herzegovina
2013 Report



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This report has been prepared by the Ministry of Finance and Treasury of Bosnia and Herzegovina and the United Nations Country Team in Bosnia and Herzegovina

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Abbreviations and Acronyms

BAM	Bosnian Convertible Mark
BCG	Bacillus Calmette–Guérin vaccine against tuberculosis
BD	Brcko District of BiH
BH MAC	BiH Mine Action Centre
BHAS	Agency for Statistics of Bosnia and Herzegovina
BiH	Bosnia and Herzegovina
CBBH	Central Bank of Bosnia and Herzegovina
CBD	Convention on Biological Diversity
CCM	Country Coordination Mechanism
CDS	Country Development Strategy
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CoM	Council of Ministers of BiH
CRA	Communications Regulatory Agency of BiH
CSW	Centre for Social Work
DCF	Donor Coordination Forum
DEI	Directorate for European Integration
DEP	Directorate for Economic Planning
DFID	UK Department for International Development
DOTS	Directly Observed Therapy Short-Course (Tuberculosis)
DPSIR	Driving forces – Pressures – States- Impacts –Responses methodology model (adopted by the European Environment Agency)
DPT	Vaccine against diphtheria, pertussis and tetanus
DST	Drug Susceptibility Testing
EBRD	European Bank for Reconstruction and Development
EC	European Commission
ECA	Europe and Central Asia
ECE	Early Childhood Education
ECHR	European Court of Human Rights
ECTS	European Credit Transfer and Accumulation System
ECDC	European Centre for Disease Prevention and Control
EEA	European Economic Area

EIB	European Investment Bank
EIONET	European Environment Information and Observation Network
EPI	Expanded Programme on Immunisation
EU	European Union
EUROSTAT	Statistical Office of the European Union
FBiH	Federation of Bosnia and Herzegovina
FBiH PHI	FBiH Public Health Institute
FDI	Foreign Direct Investment
FIGAP	Funding Mechanism for Implementation of the Gender Action Plan
FMAC	Federal Mine Action Centre
FMH	Federal Ministry of Health
FZS	Federal Statistics Institute
GAP	Gender Action Plan
GDP	Gross Domestic Product
GFAP	General Framework for Peace (Dayton Agreement)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
GBV	Gender Based Violence
HAART	Highly Active Anti-Retroviral therapy
HBS	Household Budget Survey
HDI	Human Development Index
HDR/MDG	Human Development Report / Millennium Goals Report
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HPI	Human Poverty Index
HSEI	Human Social Exclusion Index
IBBS	Bio-behavioural Survey
IBHI	Initiative for Better and Humane Inclusion
IBRD	International Bank for Reconstruction and Development
ICITAP	International Criminal Investigative Training Assistance Programme
ICT	Information and Communication Technologies
IDA	International Development Association
IDP	Internally Displaced Population
IDU	Injecting Drug User
ILO	International Labour Organisation
IMF	International Monetary Fund
IOM	International Organisation for Migration
IPA	Instrument for Pre-Accession Assistance

IPPC EU	Integrated Pollution Prevention and Control Directive
ISCED	International Standard Classification of Education
IUCN	International Union for the Conservation of Nature
LFS	Labour Force Survey
LiBiH	Living in BiH - survey
LSMS	Living Standard Measurement Survey
MDG	Millennium Development Goals
MDRTB	Multi-drug resistant TB
MHSW RS	Ministry of Health and Social Welfare of Republika Srpska
MICS	Multiple Indicator Cluster Survey
M&E	Monitoring and Evaluation
MIPAA	Madrid International Plan of Action on Aging
MIPD	Multi-annual Indicative Planning Document
MMR	Maternal Mortality Rate
MMR vaccine	Vaccine against measles, mumps and rubella
MoFT/SCIA	Ministry of Finance and Treasury BiH/Sector for Coordination of International Economic Aid
MoFTER	Ministry of Foreign Trade and Economic Relations of BiH
MHRR	Ministry for Human Rights and Refugees of BiH
MOR	Memorandum of Understanding
MSM	Men who have Sex with Men
MTCT	Mother-to-Child Transmission
MTDS	Medium-Term Development Strategy
NAP	National Action Plan
NBSAP	National Biodiversity Strategy and Action Plan
NCSA	National Capacity Self-Assessment
NEAP	National Environmental Action Plan
NGO	Non-governmental organisation
NHDR	National Human Development Report
NRL	National Reference Laboratory
NTP	National Tuberculosis Programme
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
OSCE	Organisation for Security and Cooperation in Europe
OSF	Open Society Fund
PABiH	Parliamentary Assembly of Bosnia and Herzegovina
PLHIV	People living with HIV
PPP	Purchasing Power Parity (rates)
PRSP	Poverty Reduction Strategy Paper

PWID	People Who Inject Drugs
R&D	Research and Development
RS	Republika Srpska
RSMAC	RS Mine Action Centre
RS PHI	RS Public Health Institute
RSIS	Republika Srpska Statistics Institute
SAA	Stabilisation and Association Agreement
SEE	South East Europe
SFOR	Stabilisation Force in BiH (NATO led)
SIDA	Swedish International Development Cooperation Agency
SIS	Social Inclusion Strategy
SNRL	Supranational Reference Laboratory for Mycobacteria Borstel
SOER	State of Environment Report
STI	Sexually Transmitted Infections
SW	Sexual Worker
TB and TBC	Tuberculosis
TransMonEE	Transformative Monitoring for Enhanced Equity Database
UN	United Nations
UNCCD	UN Convention to Combat Desertification and Land Degradation
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNECE EPR	UNECE Environmental Performance Review
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMAC	United Nations Mine Action Centre
UNSDC	United Nations Convention on Sustainable Development
UNODC	UN Office on Drugs and Crime
VAC	Violence Against Children
VAT	Value Added Tax
VCCT	Voluntary Confidential Counselling and Testing Centres
WB	World Bank
WDI	World Development Indicators
WHO	World Health Organisation
WRI	World Resources Institute

Introduction

The Report Progress towards the Realisation of Millennium Development Goals (MDG) -in Bosnia and Herzegovina - 2013 is a follow up to the progress report created in 2010 and has been prepared by the Ministry of Finance and Treasury of BiH, Sector for Coordination of International Economic Aid, and the United Nations in BiH.

Numerous documents and analyses of BiH institutions and international organisations have been used in the preparation of this report; in particular analyses conducted by the World Bank and UN agencies. Numerous contributions as well as comments on the draft report from government, the NGO sector and UN agencies have been incorporated into the document so that it provides a solid overview of the status of many of the development issues that the country faces; therefore allowing for regional and global development comparison as seen through the lens of global MDG.

The MDG indicators and targets for BiH were identified during the creation of the 2003 UNDP National Human Development Report 'Millennium Development Goals in BiH', while additional targets were elaborated during the production of the 2010 MDG Progress Report. In this 2013 edition of the MDG Progress Report, progress in relation to the MDG indicators since the 2000/2001 baseline have been incorporated for 2007 (link to the Poverty Reduction Strategy Paper/PRSP), 2009/2010 and the most recently available data for 2011/2012 and 2013. This allows for the adequate identification of trends against the targets set to be achieved by the end of 2015.

Along with the universal MDG indicators additional indicators specific to BiH have also been defined and monitored. As some of the universal indicators are not particularly relevant for BiH this report also elaborated on problems stated in the Millennium Declaration that are directly covered through the MDG but which are of particular relevance to Bosnia and Herzegovina such as social inclusion within MDG1, refugees and internally displaced persons. In situations where there was a lack of certain official data for BiH, respected international sources and estimates were used.

Most recent population census in Bosnia and Herzegovina was conducted in October 2013. Census data are being processed and will be officially available in 2014. Previous census was conducted before the war, in 1991. Lack of a population census for over 20 years limited policy planning and the accuracy of social policy creation (targeting), which was based for this long period of time on population estimates. Monitoring of demographic trends, poverty and social indicators without census data was both complex and difficult.

Indicators for each of the MDG and the level of progress towards their achievement are analysed within individual chapters pertaining to each of the MDG. Details on the level of progress for each indicator are presented through the traffic light colour system through which the following colours were assigned: green/yellow/orange/red. Green designates an achieved indicator target whereas red indicates that the indicator target will not be met by 2015. In addition to a table provided at the beginning of each MDG chapter containing the respective indicators for that MDG, complete MDG/ indicators table with information on sources, the methodology and other notes, is provided in Annex 1 of this report. A review of MDG unfinished business in BiH as well as the post-2015 agenda is elaborated in the last chapter of this report, which includes key conclusions and messages.

BiH Particularities and MDG

Prior to the 1992-1995 war BiH was a European country with a medium level of development; however, the war caused immense human and material losses¹. During the period of post war reconstruction BiH received considerable international financial and expert assistance. In the post-war period BiH went through a triple transition: from war to peace, from international financial aid recipient to sustainable development and from a planned economy towards a market economy.

Today, BiH is a developing country that belongs to a group of countries with High Human Development; in the UNDP 2013 Human Development Report, according to the indicators that constitute the Human Development Index (HDI), BiH is ranked on 81st place. The HDI provides a comparative measure of quality of life in terms of life expectancy, literacy, education and the standard of living for countries worldwide. Occupying 81st place out of 186 BiH, as captured by the HDI, lags behind countries in the region: Croatia is ranked 47th (belonging to the group of countries with Very High Human Development), Montenegro 52nd, Serbia 64th, Albania 70th and FYRoM is in 78th place.

In other international comparisons BiH is also not ranking well: the country is ranked 98th out of 167 countries in the world in terms of democracy², 126th out of 185 countries in terms of ease of doing business³ and 72nd out of 176 countries in terms of perceptions of corruption⁴. This places BiH behind each current and prospective EU Member State for each of the indicators with the exception of corruption where its ranking is better than Serbia and Albania, yet still 30% worse than the EU average.

The General Framework Agreement for Peace for BiH (Dayton Agreement), signed in 1995, established BiH as decentralised state with two entities: Republika Srpska and Federation BiH.

The Constitution of BiH established decentralised and assymetric political and governance structure at the state, entity and Brcko District level. The state level comprises a tripartite rotating presidency, the Council of Ministers (executive branch) and a bicameral Parliamentary Assembly consisting of a House of Representatives and a House of the Peoples. Whereas Republika Srpska has a republican system of governance with centralised government at the entity level and local governments, the Federation of BiH is organized on a federative principle with competencies divided among the entity-level government, 10 cantons and local governments. Competences established at BiH level are primarily of coordination character and fulfillment of international BiH commitments, while, according to the Constitution, most of the executive powers lay with entity level, further divided in the case of FBiH between entity and cantonal level. Complex and assymetric political structure in BiH is somewhat reflected through slow development process of BiH, complex coordination among different levels of governance in BiH and through a complex process of desicion making. BiH is currently without comprehensive development strategy. Draft Development and Social Inclusion Strategy for BiH for the period 2008-2013 was not adopted.

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- 1 Estimates on human and material losses are provided in UNDP, HDR 2003, Millennium Development Goals in BiH 2003
 - 2 Democracy Index: Democracy at a standstill, 2012 (ranks of countries in the region: Croatia 50, Serbia 66, FYRoM 73, Montenegro 76 and Albania 90), Economist Intelligence Unit
 - 3 IFC/WB Ease of Doing Business 2013 Rankings (ranks of countries in the region: FYRoM 23, Montenegro 51, Croatia 84, Albania 85 and Serbia 86)
 - 4 Corruption Perception Index 2012 (ranks of countries in the region: Croatia 62, FYRoM 69, Serbia 80 and Albania 113), Transparency International

BiH is a potential candidate for EU membership. The accession of Bosnia and Herzegovina to the European Union is the key strategic interest for BiH. The Stabilisation and Association Agreement (SAA) dating from July 2008 has been ratified by all EU member states but due to certain unfulfilled preconditions on the part of BiH has not yet entered into force. Despite efforts vested by the BiH institutions to respond to the Decision of the European Court of Human Rights relating to the Sejdic-Finci case, and to agree on the internal EU coordination mechanism, these preconditions for SAA enforcement and EU Candidate Status are still not adopted. In the second part of 2013 talks on resolution of these issues were intensified with the intent to identify acceptable solutions.

Millennium Declaration and Millennium Development Goals (MDG)

The adoption of the Millennium Declaration by 189 United Nations Members States in September 2000 was an important moment in terms of global cooperation in the 21st century. The United Nations Millennium Declaration⁵ puts a strict focus of the international agenda for the new millennium for both human development and human rights. The commitment to the promotion of human development and protection of human rights resulted in agreement of UN Member States on eight measurable and time-bound goals: the Millennium Development Goals. These goals provide a focus for efforts to reduce poverty and represent a common basis for monitoring progress.

⁵ Adopted by UN within the Resolution 55/2, September 8, 2000, see <<http://www.un.org/millennium/declaration/ares552e.pdf>>

GLOBAL MILLENNIUM DEVELOPMENT GOALS (MDGS)



1 Eradicate extreme poverty and hunger



2 Achieve universal primary education



3 Promote gender equality and empower women



4 Reduce child mortality



5 Improve maternal health



6 Combat HIV/AIDS, malaria and other diseases



7 Ensure environmental sustainability



8 Develop a global partnership for development

Thirteen years later world leaders gathered at the United Nations in order to assess the level of progress, provide recommendations and agree upon concrete strategies and action to be taken in order to provide for the realisation of the eight MDG by 2015; they also provided guidance for the elaboration of the post-2015 global agenda. Taking stock of what has been achieved so far and what needs to be defined as a follow up to the MDG began back in 2010, while the post-2015 agenda started to take shape in 2011 through discussions, roundtables and the world wide participation of citizens on development priorities taking place on a global and national level in many countries throughout most of 2012 and 2013.

National Milestones for the MDG

Achievement of the MDG is especially important for BiH and its citizens, primarily due to the consequences of the war and the subsequent efforts aimed at achieving sustainable development. In 2003 BiH incorporated MDG indicators into its first Medium-Term Development Strategy 2004-2007 (PRSP) in order to monitor implementation of the Strategy.⁶

In 2004 the UNDP prepared the 'Millennium Development Goals in BiH Update – PRSP – Europe and Beyond', which represented a step forward in linking MDG in BiH to the European integration process. The 2010 report on the analysis of the progress made towards achieving the goals further linked MDG with the development agenda of the country, as seen through the lens of EU Accession. This 2013 report highlights the progress made in achieving MDG in comparison to global, regional and EU trends. As one of the monitoring documents, it observes key development processes in the country since 2000 to date and offers general recommendations that require attention and action from BiH authorities and their partners.

⁶ indicators from HDR 2003, UNDP

Table 1: At a glance overview of key 20 indicators for Bosnia and Herzegovina

Objective/Target/ Indicator		Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
a		b	c	d	e	f	g	h
GOAL 1: To eliminate extreme poverty and hunger								
1.1. Percentage of population living below the absolute poverty line		19.5	16.0	14.0	14.4 (2007)	14.4 (2007)	9.0	unlikely
1.8. Unemployment rate in %	ILO definition	22.9	22	29.0	24.1 (2009)	28.0 (2012)	22.0	unlikely
	Registered	43.4	30	44.1	42.7	44.5 (2013)	30.0	unlikely
1.12. Unemployment rate within the 15-24 age group in %		34.8	30	58.4	48.7 (2009)	63.1 (2012)	12	unlikely
GOAL 2: To achieve universal primary education								
2.1. Primary school enrolment rate, net %		97.0	95	98.4 (2005/6)	96	97.6 (2011/12)	100	Potentially
2.4. Secondary school enrolment rate in %		68.3	75	79.3 (2005/06)	77	91.8 (2011/12)	85	achieved
2.5. Higher education enrolment rate in %		23.0	25	33.5 (2007)	34 (2008)	38 (2011)	35	achieved
2.6. Children attending pre-school care rate in %		4.3	12	6.4	9.9	13.1 (2011/12)	25.0	unlikely
GOAL 3: To promote gender equality and empower women								
3.3. Share of women in wage employment in the non-agricultural sector in %		39.2	40.0	33.8	34.9	42 (2011)	45	likely
3.4. Percentage of female representatives in the Parliament of BiH at the state level		14.3	16	10.5(2008)	10.5 (2008)	19 (2011)	25	potentially
GOAL 4: To reduce child mortality								
4.1. Under-five mortality rate, per 1,000 live births		9.6	9.3	8.5	8.1 (2009)	7.7 (2011)	7.0	likely
4.2. Infant mortality (under one year of age) per 1000 live births		7.6	7.0	6.6	6.5 (2009)	5.0 (2012)	5.0	achieved
GOAL 5: To improve maternal health								
5.1. Maternal deaths (per 100,000 live births)		5.05	4.0	1 (2007)	2.9 (2009)	3.0 (2010) 6.3 (2011)	2.5	potentially
5.2. Percentage of assisted childbirths in %		99.6	100	99.5	99.9	99.9 (2011/12)	100.0	achieved
5.3. Contraception prevalence rate		49 (2001)	55	35.7(2006)	35.7 (2006)	46 (2011/12)	65	unlikely

Objective/Target/ Indicator		Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
			Targets as in PRSP	Achieved				
a		b	c	d	e	f	g	h
GOAL 6: To combat HIV/AIDS, malaria and other diseases								
6.1. Adults with HIV/AIDS, number of new AIDS cases / number of deaths		111/5/3 (2004)	n/a	n/a	164/2/1 (2009)	164/2/1 (2009)	< 50 (annual)	achieved
6.3. Tuberculosis prevalence and mortality rate /100,000	cases	50	30	55	30	66 (2011)	20	unlikely
	mortality rate	4	0	8	<6	6.8 (2011)	2	
GOAL 7: To ensure environmental sustainability								
7.1. Percentage of forest area (% of land area)		b1) 44.6 b2) 55.6 b3) 42.8	52	42.7	53	42.8 (2011)	60	unlikely
7.5. Population with access to the water supply systems in %		53	58	65 (2008)	65 (2008)	61.7 (2011)	67	potentially
7.6. Percentage of the population having access to the water sewage system		33	36	36 (2008)	36 (2008)	36 (2008)	40	likely
GOAL 8: To develop a global partnership for development								
8.4. Official assistance for development (ODA) – as a percentage of GDP %		11.1	n/a	2.97	2.6	2.3 (2011)	1.0	likely
8.8. Phone lines per 100 population		22.6	15.0	28.2	27 (2008)	25 (2011)	26.0	achieved
8.10. Internet users per 100 population		1.11	4.0	27.9	34.7 (2008)	60 (2011)	15.0	achieved

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

MDG 1

To eradicate extreme poverty
and hunger



MDG 1

To eradicate extreme poverty and hunger

Table 2: MDG 1 Indicators

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
		Targets as in PRSP	Achieved				
a	b	c	d	e	f	g	h
GOAL 1: To eliminate extreme poverty and hunger							
1.A Target: Between 1990 and 2015 halve the proportion of people whose income is less than \$1 a day							
1.1. Percentage of population living below the absolute poverty line	19.5	16.0	14.0	14.4 (2007) Rural 17.78 Urban 8.23	15.0 (2011) Rural 19.0 Urban 9.2	9.0	unlikely
1.2. Relative poverty rate in %	18.3 (2004)	n/a	18.2	18.2 (2007)	17.9 (2011) FBIH: 17.1 RS: 19.5 DB: 14.7	14.0	unlikely
1.3. Poorest quintile share of national consumption in %	9.5	n/a	7.2	7.2 (2007)	7.2 (2007)	>10	unlikely
1.B Target: To achieve full and productive employment and decent work for all, including women and young people							
1.4. Employment ratio compared to the population of working age in %	36.1	n/a	31.2	33.1 (2009) 32.5 (2010)	31.7 (2012)	37.3	unlikely
1.C Target: To halve, between 1990 and 2015, the proportion of people who suffer from hunger							
1.5. Undernourishment amongst the children below 5 in %	4.2 (2000)	n/a	1.5 (2006)	1.5 (2006)	1.6 (2011/12)	0	potentially
1.6. Proportion of the population below the minimum level of dietary energy consumption in %	Under 5 (2002)	n/a	d1) 0.52 (2007) d2) Under-5 (2004-06)	e1) 0.52 (2007) e2) Under-5 (2004-2006)	5 (2011)	Close to zero	unlikely

Objective/Target/ Indicator		Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
			Targets as in PRSP	Achieved				
a		b	c	d	e	f	g	h
Additional indicators for BiH								
1.7. Gini Index		26.0	25.0	33.3	33.3 (2007)	33.3 (2007)	20.0	unlikely
1.8. Unemployment rate in %	ILO definition	22.9	22	29.0	24.1 (2009) 29.9 (2010)	27.6 (2011) ... FBiH 29.2 RS 24.5 DB 39.0 ... M 29.9 F 26.1 28.0 (2012)	22.0	unlikely
	Registered	43.4	30	44.1	42.7	43.8 (2012) 44.5 (2013)	30.0	unlikely
1.9. Participation of informal sector in overall employment expressed in %		36.5	n/a	33.6 (2006)	33.6 (2006)	F1) 36.3 F2) 33.4 (2010)	25	unlikely
1.10. Inter-quintile ratio (richest/ poorest 20%)		3.8	n/a	5.7	5.7 (2007)	4.9 (2011)	-	unlikely
1.11. Real annual GDP growth rate in %		4.1	5.5	6.2	-3.2	1.6 (2011) -0.5 (2012)	5.0	unlikely
1.12. Unemployment rate within the 15-24 age group in %		34.8 (Age group 19-24)	30	58.4	47.5 (2008) 48.7 (2009)	57.5 (2010) 57.9 (2011) FBiH 59.7 RS 53.2 DB 70.9 M 56.4 F 60.5 63.1% (2012)	12	unlikely
1.13. Average annual inflation rate in %		3.1	2.2	1.5	-0.4	3.7 (2011) 1.8 (2012)	Under 4	achieved

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Poverty Dynamics

Poverty is most often measured through income related indicators⁷ while the multidimensionality of poverty is perceived through the long-term or permanent deprivation of resources, abilities, possibility of choices and safety conditions that are required for the enjoyment of an adequate living standard and the realisation of economic, political, cultural and social rights.

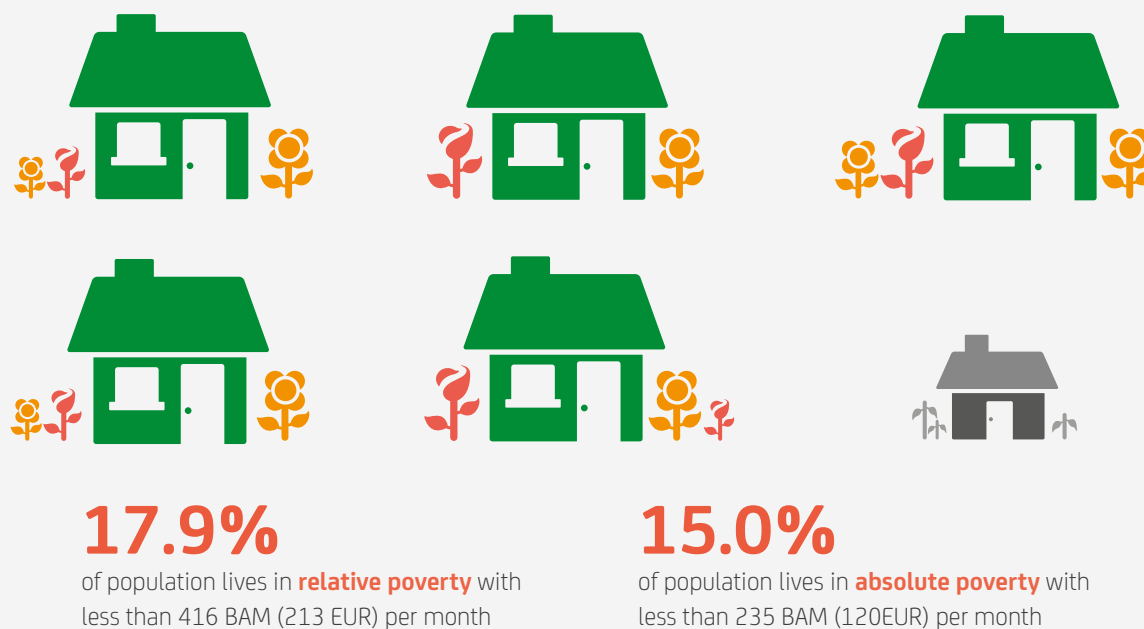
According to an Agency for Statistics of BiH assessments based on the Household Budget Survey that was conducted in BiH for 2011⁸ **17.9% of the population were living in relative poverty and every sixth household in the country was poor.** The relative poverty threshold was set to the amount of 416.40 BAM (212.9 EUR) per month per equivalent adult. Poverty was more distinct in Republika Srpska where almost every fifth inhabitant was poor. The lowest level of poverty was found in Brcko District where almost every seventh inhabitant lived in relative poverty. According to the WB methodology 15.0% of the population lived below the absolute poverty line, which represented an increase in poverty compared to 2007.⁹

⁷ EUROSTAT methodology defines poverty in relative terms and measures the relative poverty line. Relative poverty is defined as 60% of median expenditure per household member, with the size of the family being adjusted according to the OECD scale. The World Bank method calculates the absolute poverty rate where two lines of poverty are taken into consideration: the food poverty line and the general poverty line. In order to determine these lines the required minimal calorie content of food is first determined and the expenditure costs are calculated accordingly.

⁸ The survey was conducted over the period 01.01.-31.12.2011 using a sample of 7,400 households.

⁹ Within the project "Development, Testing and Guidance for Implementation of New Methodology(ies) for the Targeting of Non-contributory Cash Benefits in Bosnia and Herzegovina" and based on the HBS 2011, IBHI calculated the absolute poverty line for BiH for 2011 using the World Bank methodology from 2007 and previous years (205 BAM per capita in 2007 prices).

FIGURE 1: Every 6th household in the country is poor



The average consumption expenditure of poor households in BiH was on average 25.2% below the poverty line. The distribution of equalised consumption expenditure was quite unequal having in mind the fact that 20% of the richest households spent 4.9 times more than 20% of the poorest households. Inequality was higher in the Federation of BiH than in other parts of the country (5.2 compared to 4.4).¹⁰ In 2011 average monthly household consumption expenditure was 1,569.33 BAM while the net average wage in 2011 in BiH was 816 BAM. The largest share of the average monthly consumption expenditure of households was spent on food and beverages at 31.4%, while housing, electricity, gas and other fuels accounted for 24.0%. A large part of the expenditure (11.0%) was related to transportation, which included the purchase and use of transportation means and expenditure on passenger transport services. Average monthly consumption expenditure was 20% higher in urban than in rural/semi-urban households. Differences between urban and rural/semi-urban areas in terms of the consumption of food and beverages were not as visible as in the consumption of non-food products and services. When we looked into the consumption expenditure groups for non-food items it was obvious that urban households spent more than rural/semi-urban households in almost all categories. On the other hand, rural/semi-urban households had significantly higher consumption of self-produced items, especially nutritional products (128.36 BAM vs. 23.19 BAM).

Myth of the Urban/Rural Divide

Bosnia and Herzegovina is one of the most rural countries in Europe with 61% of its population living in rural areas, whether defined as villages or as scarcely populated municipalities; in Europe only Montenegro, Ireland and Finland have a higher share of rural population. The UNDP BiH National Human Development Report (NHDR) 2013¹¹ indicates, thorough an examination of rural areas and rural-urban comparisons using a whole host of indicators, findings that show that many common assumptions about rural life are more myth than reality. Rural areas, for example, are far more similar to and closely linked with urban areas than is generally assumed; agriculture plays a marginal and diminishing role in economic life, even if it remains culturally important. Rural areas do not exist in isolation but instead are closely linked to the fate of nearby towns and cities and to the economic social and political life of the country as a whole. The top three development priorities for rural citizens are jobs, services and infrastructure, including the transport infrastructure that provides them with access to jobs and services in the nearby towns and cities. Therefore, the approach to rural development must be seen as an economic rather than an agricultural challenge.

Demographically, rural communities tend to be older than urban and have smaller proportions of people to work and drive the local economy. There is also a gradual migration of people from rural to urban areas; the share of the population living in rural areas probably falls by about 10% every generation.¹² **Economically, the big divide is not between urban and rural areas but actually between the 6 main cities and the rest of BiH.** Official statistics show that Sarajevo, Banja Luka Tuzla, Zenica, Mostar and Bijeljina, each of which has at least 100,000 inhabitants, have almost

¹⁰ BHAS: HBS 2011

¹¹ UNDP BiH NHDR 2013 – Rural Development in Bosnia and Herzegovina: Myth and Reality, July 2013

¹² Ibid.

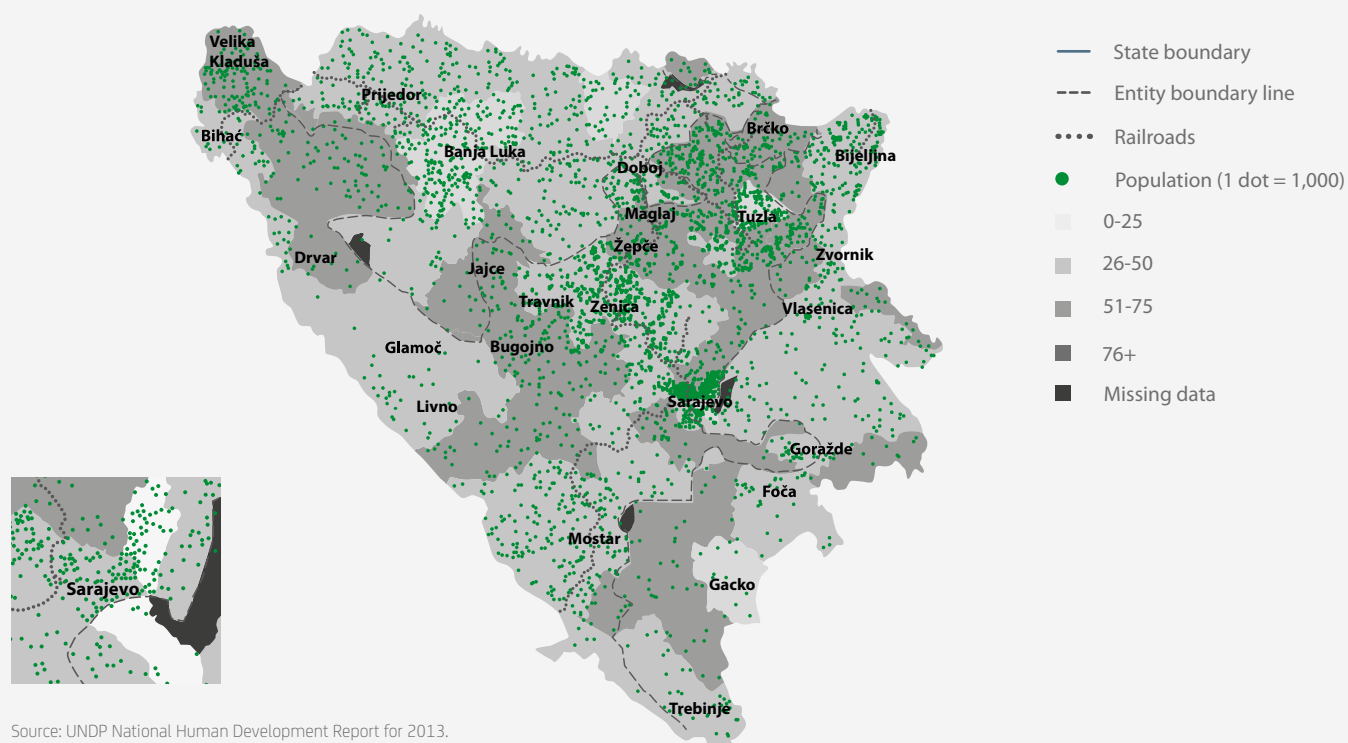
40% lower unemployment (6 main cities 31% vs. towns and villages 50%), 25% higher wages (6 cities 895 BAM vs. towns and villages 715 BAM) and over twice the *per capita* GDP than the rest of the country (6 main cities 10,460 BAM vs. towns and villages 4,730 BAM) all of which stimulates a significant movement of people to the cities. Outside these main economic activity centres, the urban municipalities, dominated by medium-sized towns, actually perform worse than rural areas for almost every economic indicator.¹³

According to research and the available data, **the assumption that poverty is deeper and more widespread in rural areas is not entirely true. The 2010 Multi-dimensional Poverty Index¹⁴ showed that rural families scored better than urban in terms of nutrition but worse in terms of wealth and about the same for education.** Overall, poverty was rated as being 9% more severe in rural areas; however, the entire difference can be accounted for by factoring in the common rural practice of cooking and heating with wood, which is regarded as an indicator of poverty. The MICS4 rural/urban analysis further confirmed this: 83% of households in rural areas used solid fuel for cooking compared to 43% in urban areas. Indoor air pollution increases the risk of contracting respiratory illnesses, such as pneumonia, chronic obstructive lung disease and cancer, to which the rural population is twice as exposed compared to the urban population.

¹³ Ibid.

¹⁴ Oxford Poverty and Human Development Initiative (2013), Country Briefing: Bosnia and Herzegovina (based on data from 2006 MICS3 research)

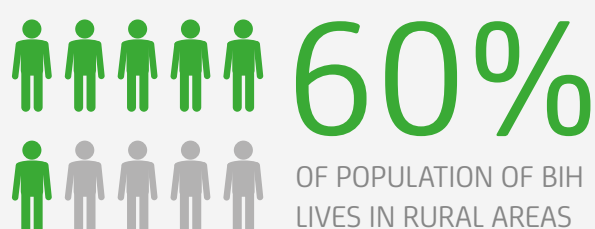
Figure 2: Population density and unemployment rate in BiH



Source: UNDP National Human Development Report for 2013.

Most rural households generate their income in one of two ways: from regular employment (52 %) or from social benefits (36 %) with relatively few depending on agriculture, self-employment or investment income. Several indicators suggest that the rural population is not very entrepreneurial, with most preferring a steady job to starting their own business. Families in employment had higher average incomes than those who were self-employed. More than half of village households had little or no involvement in agriculture, though around a third managed 'smallholdings' where they produce fruit, vegetables and livestock products mainly for their own consumption. Around 16 % could be classified as 'farmers'; however, most of these smallholders and farmers still gained the majority of their income through employment or social benefits. **Only 6 % of rural households were dependent on agriculture for the majority of their income and less than 1% of households could typically be classified as 'commercial farms' and be targeted by IPARD measures** (EU Instrument for Pre-Accession Assistance in Rural Development) to improve agricultural production and marketing.

Figure 3: Rural population, agriculture dependence, development disparities and rural development priorities



EXTENSIVE DEVELOPMENT DISPARITIES IN THE COUNTRY



**Sarajevo, Banja
Luka, Mostar, Tuzla,
Zenica and Bijeljina**

VS.



**Rest of the
country**



1%

WOULD SATISFY CRITERIA
AND BENEFIT FROM THE EU
(IPARD) FUNDS

6%

OF RURAL HOUSEHOLDS
DEPENDS MAINLY ON
AGRICULTURE

BiH is a country of hills, mountains and forests with less than 20% of its land area suitable for intensive farming, while the nature of the land ownership structure acts as an impediment to development. Agriculture's share of GDP has been falling steadily: from 10.3% in 2006 to 8.2% in 2011. In comparison, the cultural sector, which remains underdeveloped with considerable untapped potential, contributed 6.7% of GDP in 2009.¹⁵ It is unlikely that large investment in agriculture would drive an economic recovery in BiH and thus development of rural areas requires a broader multi-faceted approach.

Rural citizens in BiH have much greater distances to travel to reach services such as banks, hospitals and secondary schools, although most have a small shop, primary school and perhaps a clinic within a reasonable distance. Whilst electricity and telephone lines are available almost everywhere many villagers use wood for heating and have septic tanks rather than connections to the mains sewerage and quite a few draw their water from springs and wells. Most rural households have no involvement with agricultural training or advisory services and less than a third of even the biggest farms are reached. Half of rural households own a computer, usually with an Internet connection, but the main way they obtain information is through watching television.¹⁶ Further research indicates that village dwellers do not suffer any major disadvantage in terms of formal education, with the large majority managing to get their children to school despite the distances involved. Yet for those families already at high risk of drop-out, particularly the Roma minority, the need to travel may be the final straw that induces children to give up on their education. Early childhood education is a different story with rural children receiving slightly less support at home and only a third as much access to kindergartens as urban children.¹⁷

According to another recent analysis¹⁸ that was conducted by the UN in 2010 based on HBS 2007 and LFS 2008 data, **considerable geographic disparities exist within society in BiH.** An analysis of the findings was conducted on a regional level in 7 distinct areas: (1) Demography, (2) Education, (3) Access to Utilities (electricity, water and sewerage), (4) Quality of Life and Standard of Living, (5) Transport Infrastructure and Health, (6) Employment and (7) Economic Disparity, Income and Poverty and Social Inclusion and Vulnerable Groups. In total 19 indicators were used for regional and 5 for municipal ranking. The Regional Disparity Assessment also revealed that **62% or 89 out of 142 municipalities and cities in BiH were either underdeveloped or extremely underdeveloped.**

Five best ranked geographical areas

- Sarajevo Canton
- Herzegovina-Neretva Canton
- Istočno (East) Sarajevo geographical area
- Banja Luka geographical area
- Zenica-Dobož Canton

Five worst ranked geographical areas

- Canton 10
- Una-Sana Canon
- Bosnian Podrinje Canton
- Posavina Canton
- Bijeljina geographical area

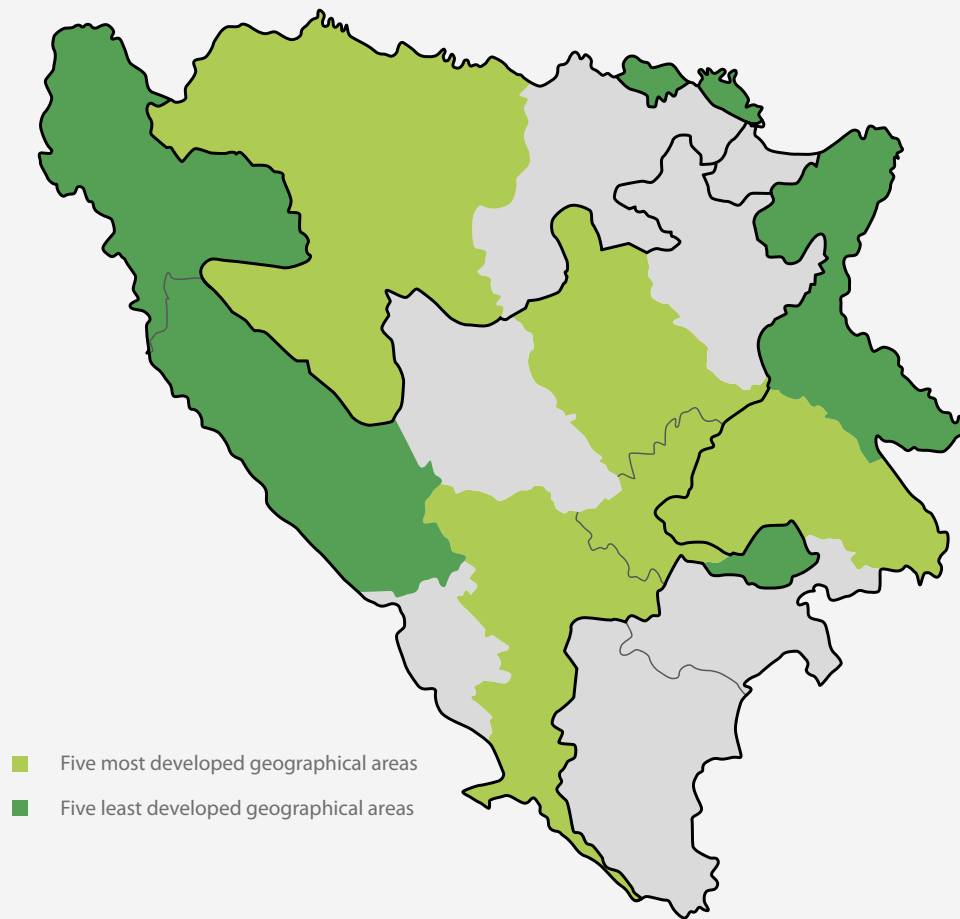
¹⁵ UNESCO's Culture for Development Indicator Suite for Bosnia and Herzegovina for 2011, (According to the research, the contribution from cultural activities towards GDP was 1.6 billion BAM, while expenditure for culture on all levels of government in BiH in 2009 was 123.4 million BAM or 36 BAM per capita). <http://www.sustcult.eu/news-26-unesco-s-culture-for-development-indicator-suite-for-bosnia-and-herzegovina-presented.html>

¹⁶ UNDP BiH NHDR 2013 – *Rural Development in Bosnia and Herzegovina: Myth and Reality*, July 2013

¹⁷ UNICEF 2013 MICS http://www.unicef.org/bih/media_21363.html

¹⁸ BiH Regional Disparity Assessment 2010, United Nations, 2010

Figure 4: The five most and five least developed geographical areas in BiH



Source: BiH Regional Disparity Assessment 2010, United Nations, 2010.

Local government appears best positioned to steer the local development process in BiH yet it continues to face a number of challenges, from legal and institutional frameworks and a lack of functional and fiscal decentralisation reform to insufficient revenue, to weak organisational management and partnership capacities and a lack of knowledge and skills to deal with the intricate territorial, economic and social development processes. They also rarely engage in formal cooperation arrangements to attract investment, create employment opportunities, enhance regional competitiveness and improve service delivery. Considerable unexploited potential lies in inter-municipal and regional cooperation to support a bottom-up approach to development.

Social Protection System

The social protection system in BiH originated in the social insurance system that was established in the former Yugoslavia in the nineteen twenties and was extended and developed under the Socialist Federal Republic of Yugoslavia.¹⁹ It is composed of a social security component²⁰ and a social assistance component.²¹

Responsibility for legislation, planning and implementation of social protection policies is held at various levels in Bosnia's complex system of governance: at the entity level in the case of RS, at the district level in the case of Brcko District and at the cantonal level in the case of the FBiH. The fact that competences for social protection are at the level of the entities and cantons gives rise to considerable territorial disparities and inequalities in the provision of benefits and services, depending on where a person lives. For example, child benefit rates differ greatly between the cantons in the FBiH and this creates the perception of injustice. Due to the fragmented administrative structure in BiH individuals receive different monetary compensation throughout the country, even if they are diagnosed with the same degree of disability. Additionally, the level of protection varies depending on whether the disability is related to war or to an accident, illness or has existed since birth and results in unequal and lesser protection being provided to the latter.

BiH spends roughly 24% of GDP on the total social protection programme, including social insurance and social assistance programmes but excluding unemployment benefit.²² The largest share of the total expenditure on social protection programmes goes to social protection programmes based on contributions i.e., health protection programmes (10.2%) and pensions (10.1%). Social assistance programmes cost 3.9% GDP, which ranks them as the most expensive programmes when compared to the EU and the other Western Balkan countries.

Social Assistance

Expenditure on different types of cash transfers/social assistance²³ should respond to the critical social needs of the most vulnerable members of society. At present in BiH these transfers fail to do so and their capacity for poverty alleviation and for the prevention of chronic and transient poverty remains negligible. **The benefits system in BiH needs an overhaul to improve targeting accuracy and broaden the outreach capacity. This would enable BiH to cover the**

¹⁹ Vaughan, E. J. (1965) *Social insurance in Yugoslavia*, The Journal of Risk and Insurance, 32(3): 385-393.

²⁰ Social security/insurance: Social protection programmes which rely on individuals' monetary contributions to guarantee income security and access to essential social services are classified as social insurance. These can include programmes such as health insurance, unemployment insurance and contributory pensions.

²¹ Social Assistance: Although utilised in slightly different ways, depending on the organisation, social assistance generally refers to non-contributory publically financed cash or in-kind transfers, which may be long term, as in the case of family or child allowances, or short term, as in the case of maternity benefits for unemployed mothers.

²² World Bank Public Expenditure and Institutional Review Report for 2012

²³ Non-contributory benefits (social assistance) are those that are financed through public expenditure and not based on social insurance contributions. In BiH there the following types of non-contributory benefits exist: (i) last-resort / minimum-income support social assistance, (ii) disability benefits for civilian disabled and civilian victims of war, (iii) family and child protection benefits and (iv) benefits for war veterans and for members of families of fallen soldiers.

most poor and vulnerable and improve their access to last resort social assistance as well as ensure that the allocation of spending is both more equitable and fiscally sustainable.

In the first decade of this century BiH entities allocated between 3.4 and 4.1% of GDP towards cash benefits/social assistance. The level of spending on them peaked in 2006 at 4.1% of GDP and thereafter stabilised at the somewhat lower level of 3.9% of GDP. Nevertheless this level of spending remained the highest amongst the Western Balkan countries as well as the whole European and Central Asian (ECA) region. This level of spending is more than twice the ECA average of 1.7% of GDP. The above allocations only refer to the entity level cash transfer programmes. In addition to them, the cantons in the FBiH, as well as the municipalities in FBiH and RS, are allowed to design, implement and finance their own 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.²⁴

To date the cash transfers/social assistance have been dominated by programmes designed for demobilised soldiers and/or their dependents. Meanwhile, civilian benefits, especially cash transfers to the poor (last resort social assistance) and child protection programmes, have remained small and underfinanced, providing only limited and uneven coverage across entities. Thus, veteran related benefits in RS constitute about three-quarters of total spending on non-contributory cash transfers and two-thirds in the FBiH. In 2010 the average share of veteran related benefit expenditure accounted for 62.6% (2.4% of GDP) of all spending on social assistance in BiH.²⁵

The entities operate separate veteran related benefit systems, but the benefit types and spending structures are quite similar. Both entities perceive veteran related benefits as being different from main stream social assistance because of their dual objective: compensation for loss of capacity to work as the bread-winner in the family and recognition for their service. The FBiH and RS allocate over 90% of their entity veteran benefits budget outlays for two main categories: benefits for disabled veterans and family / survivors benefits. Basic disability benefit was extended in 2010 to around 54,000 veterans in the FBiH, divided into 10 categories depending on the level of disability. Similarly, around 36,000 veterans in RS received ten different entitlements depending on the acquired disability rate in 2010. The benefits for members of families of fallen soldiers (survivors' benefits) were similar. In 2010 RS delivered such benefits to around 30,000 people, down from 33,000 in 2008. In the FBiH around 42,000 beneficiaries received survivors' benefits.²⁶

The expenditure on all types of civilian benefits accounted for around 1.5% of GDP including spending on benefits for civilian disabled and civilian victims of war at around 0.8% of GDP, while spending on last-resort social assistance for the poor, family and child protection benefits and ad hoc one-time financial assistance altogether amounted to around 0.6-0.7% of GDP.²⁷

The poorest 20% of the population receive only 36.8% of the total social assistance budget. Such targeting performance for overall social assistance is weak by regional and ECA

²⁴ World Bank, Bosnia and Herzegovina - Challenges and Directions for Reform - A Public Expenditure and Institutional Review, February 2012.

²⁵ Ibid.

²⁶ Ibid.

²⁷ This includes 0.19% of GDP for last-resort social assistance (Permanent Social Assistance), 0.33% of GDP for child and family allowances and 0.07% of GDP for other cash and in-kind benefits.

wide standards. It is the weakest in the Western Balkans region where in most cases targeting performance for social assistance is good (Albania, Kosovo²⁸, Serbia and Montenegro) with over 60% and even close to 80% of total spending being transferred to the poorest quintile of the population of the respective country. The targeting performance in BiH ranks amongst the poorest in the ECA, outperforming only the social assistance programmes in Russia and Belarus.²⁹

In relative terms, the best targeted social transfer is the means-tested Permanent Social Assistance Programme and the remaining cash benefits delivered by the centres for social work (CSW); however, at 46% of the poorest quintile this means that even these programmes 'waste' over half of the budget allocations on families that are not amongst the poorest. Means-tested benefits in BiH are less accurately targeted compared to last-resort social assistance programmes of similar design. Other European and Central Asian (ECA) countries, including the Western Balkans countries, manage to achieve a targeting accuracy of over 70% and in some cases 80%.³⁰ In addition to the fiscal pressures and poor impact on poverty alleviation the dominance of categorised ('status') social benefits programmes in BiH can also discourage labour supply and increase informal employment. There is evidence that the poor targeting of benefits in BiH, which are received by those who do not need them, create disincentives and distortions within the labour market.³¹

Pension System

Pension systems in Bosnia and Herzegovina are provided for at the entity level. The number of pensioners in 2012 was 381,704 in the FBiH and 238,576 in RS, making a total of 620,280. Pension spending in the FBiH was 9.4% of GDP and in the RS 10.3% of GDP; these rates are higher than in countries like Sweden, Japan, Germany, Portugal, Greece, Austria, France and Italy.³²

A key feature of the FBiH pension system is the very high dependency rate of 73.3 %, namely each contributor needs to support 0.73 pensioners. Like the FBiH, RS has a very high system dependency rate of 75.6% indicating that each contributor needs to support 0.76 pensioners. The number of contributors to the pension system, as a percentage of the working age population, defined internationally as the population aged 15-64, was 28.6% in the FBiH and 29.1% in RS, which is amongst the lowest in Europe. Compared to the other transition countries the low number of contributors is matched in Europe only by Albania, Armenia and Azerbaijan. The contributor/pensioner ratio is unfavourable and threatens to collapse the pension system, something that has so far been postponed by the low level of pensions. **Currently, there are 1.3 contributors per 1 pensioner yet if the existing pension system is to function properly then for each pensioner there should be 4 employed pension contributors.**³³

28 This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo declaration of independence

29 World Bank, Bosnia and Herzegovina - *Challenges and Directions for Reform - A Public Expenditure and Institutional Review*, February 2012

30 Ibid.

31 IBHI: Policy Brief "Political, Economic and Social Crisis in BiH 2012/2013: Towards New Policies", Sarajevo, 2013.

32 World Bank, Bosnia and Herzegovina - *Challenges and Directions for Reform - A Public Expenditure and Institutional Review*, February 2012.

33 Ibid.

The dependency rate in BiH exceeds that of countries like Greece, Spain and Portugal and is outmatched only by Italy and France. The transition countries tend to have higher dependency ratios than non-transition countries for a number of reasons, such as lower retirement ages that tend to boost the number of beneficiaries. More generous definitions of disability tend to further boost the number of beneficiaries. In the case of BiH the wartime history has also increased the number of disabled. Yet dependency rates in the transition countries are also driven by the number of contributors, high unemployment rates and the growth of informal labour markets. These factors tend to reduce the number of contributors while at the same time the number of beneficiaries increases.

The Labour Market and the Informal Economy

The main features of the labour market in BiH are the high inactivity rate and the high unemployment rate as well as the high level of employment in the informal sector. One of the prominent features of the labour market in BiH is the very **high number of people of working age who are not participating in the labour market and who are therefore designated as 'inactive'**.³⁴ Labour force participation in BiH is significantly below the level in the other countries of the region. Furthermore it has been stagnating for years and shows very few signs of possible recovery. The Employment Strategy in BiH for 2010-2014, adopted in mid- June 2010, recognises as key challenges the need to improve the overall employment rate, increase the amount of women in employment and decrease unemployment amongst the young. It aims for a 2% annual increase in the employment rate, a 2.5% increase in the annual employment rate amongst women and a decrease in the unemployment rate among young people to reach 30% by 2014.³⁵

Despite a mild improvement in the economic outlook in 2011 the slow recovery of major industries coupled with only a modest rise in business activity in the private sector could not reverse the negative trends in the unemployment rate. According to data from the 2012 Labour Force Survey **the unemployment rate (ILO methodology) was 28%** (26.4% for males and 30.7% for females) in 2012. The average number of unemployed persons in 2011 amounted to 529,690, which was an increase of 11,850 or 2.3% compared to the average in 2010. The number further increased in 2012 to 545,881, with 16,191 additional unemployed representing an increase of 3%. The rate of registered unemployment amounted to 44.5% in April 2013.³⁶

The largest number of employees worked in manufacturing (132,989), the wholesale and retail trade, repair of motor vehicles and motorcycles and personal and household goods (129,554), public administration and defence (72,071), education (59,797) and healthcare and social security (47,334), while agriculture, hunting and forestry employed 16,260.

The data shows that **unemployment is mostly long term**: half of all unemployed have been out of work for at least five years and a quarter of them for over ten years. Lengthy unemployment leads to a loss of skills and motivation and this becomes a negative indicator for prospective employers. The evidence also shows that unemployment in BiH is structural rather than frictional, which indicates that many if not most of the unemployed are in reality no longer in the labour

³⁴ Inactive persons are all persons of 15 years of age and older who are not employed, taking no measures whatsoever to find employment and persons that would not be ready to start working if they would be offered a job.

³⁵ BiH Council of Ministers, 2010-2014 Employment Strategy in Bosnia and Herzegovina, July 2010.

³⁶ BHAS, LFS 2012 and website information accessed April 2013.

market.³⁷ It appears that many of the registered unemployed perform income generating activities in the informal sector, especially in cases of long-term unemployment. High rates of unemployment have implications for the social security system and the public pension systems, which are mainly funded through the social contributions and therefore are affected severely by high unemployment rates and an unfavourable employee-pensioner ratio.³⁸

In regard to the participation of women in the labour force, **the level of gender disparity in the employment rates remained high and this incongruity persisted across all age groups. Youth employment is also of concern as it shows an exceptionally low rate with unemployment reaching 60% in 2012.** Furthermore, a gender disaggregation of youth employment reveals disproportionate gender distribution and suggests unequal access to the labour market. The breakdown of those in the population facing challenges related to unequal access to the labour market does not end there as it affects other vulnerable groups such as persons with disability, returnees and internally displaced persons and Roma.³⁹

Education is closely linked to employment and labour force participation: the higher the level of education the better chances of finding employment. Surveys at the level of enterprises indicate that recent secondary school graduates do not possess the right type of training, skills or experiences needed by employers. The poverty risk indicator suggests a high correlation between the low levels of skill and unemployment. Also, those with higher education have better chances of finding well remunerated jobs abroad. The so-called brain drain exhausts the qualified human resource base of the country and poses an additional challenge to the labour market. In order to reverse this tendency opportunities for the highly skilled need to be considerably improved in the BiH economy.⁴⁰

The high rate of taxation for employers, lack of decent and productive employment opportunities, and the slow pace of job creation within the formal economy combined with a lack of skills required by the labour market have contributed to the formation of a large informal economy. The size of the informal economy in BiH varies according to the methodology used. **The informal economy was estimated at 36.7% of GDP in 2002-03,** based on a factor analysis approach.⁴¹ The World Bank in 2005⁴² found that informal employment accounted for 37% of total employment in 2001 and 40% in 2002, using data from the Living Standards Measurement Survey (LSMS). According to an ILO analysis, informal employment in Bosnia and Herzegovina comprises around one-third of all employment.⁴³ It has been estimated that around 5% of overall payroll contributions are lost in total through informal employment.⁴⁴

³⁷ International Labour Office (ILO), 2011, *Employment diagnostic analysis: Bosnia and Herzegovina*.

³⁸ IBHI, Policy Brief "Political, Economic and Social Crisis in BiH 2012/2013: Towards New Policies", Sarajevo, 2013.

³⁹ DWCP of Bosnia and Herzegovina 2012-2015

⁴⁰ International Labour Office (ILO), 2011, *Employment Diagnostic Analysis: Bosnia and Herzegovina*.

⁴¹ Schneider: *Shadow Economies of 145 Countries all over the World - First Results over the Period 1999 to 2003*, <http://ftp.iza.org/dp1431.pdf>; Dell'Anno and Piirisild: *Estimate of Non-Observed Economy in Bosnia and Herzegovina*, USAID, November 2004. http://pdf.usaid.gov/pdf_docs/Pnadg958.pdf

⁴² World Bank (2005), "Bosnia and Herzegovina Country Economic Memorandum", Report No. 29500-BA, The World Bank, Washington, DC.

⁴³ Rosas, G, Corbanese, V, O'Higgins, N, Roland D and Tanovic, L, (2009), *Employment Policy Review Bosnia and Herzegovina*, Strasbourg: Council of Europe.

⁴⁴ Kamenica, A. (2009), *Strengthening Social Partnership in Bosnia and Herzegovina: Addressing the Problem of Undeclared Work in the Construction Sector through Social Partnership*.

Informality is often a subsistence survival option, given the lack of alternative sources to generate household income. In the short term it provides a safety net for vulnerable groups of the population, helping them out of poverty. However, due to its unregulated nature informal employment often offers precarious employment, poor working conditions and no social security. Informality also exists within the formal economy and is mainly reflected through payment of so-called envelope wages.⁴⁵

The share of women and youth in total informal employment is higher than in formal employment. One can discern a strong correlation between age and informal employment. Young people in particular are highly represented. **Most instances of informal employment in BiH relate to the age group of 15-24 and informal employment in this age group can be in excess of 30% compared to other older age groups.**⁴⁶ The informal economy employs a large share of low-skilled labour, whereas persons with higher education or a university degree have a better chance of breaking out of the informal and transferring to the formal economy.

Agriculture is an important source of employment in the informal economy and workers in this sector are least likely to move from informality to formality. Therefore, workers in rural areas face the higher probability of remaining in informal employment for much longer than workers in urban areas. Those informally employed in the service sector are more prone to move to formal employment within the sector.⁴⁷

Social dialogue in Bosnia and Herzegovina takes place mainly at the entity and the Brcko District level. Social dialogue is governed by the labour Law, the Law on strikes and the Law on associations and foundations. The FBiH, RS and Brcko District all have their own set of laws and each formed their own economic and social councils for tripartite cooperation while an agreement on the establishment of a BiH economic and social council, drafted in 2006, is still pending endorsement by the Council of Ministers.

Better coordination and cooperation between the relevant governmental agencies e.g., employment agencies, labour inspectorates, the statistical agencies, tax authorities and others, can help to better organise work between the institutions and give each institution the opportunity to benefit from their collective strength. In particular, the sharing of information, knowledge and expertise has to be better channelled and synchronised. Active labour market measures should be guided towards upgrading skills that will enable job seekers to enter the formal labour market. The analysis has further shown that a large share of informally employed workers receive unemployment benefit. Hence, passive labour market policies should be coupled with more active measures as passive measures alone are generally not that effective in reducing informal employment.⁴⁸

⁴⁵ International Labour Office (ILO), 2011, *A comparative Overview of Informal Employment in Albania, Bosnia and Herzegovina, Moldova and Montenegro* (Budapest).

⁴⁶ Ibid.

⁴⁷ International Labour Office (ILO), 2011, *Employment Diagnostic Analysis: Bosnia and Herzegovina*.

⁴⁸ International Labour Office (ILO), 2011, *A comparative Overview of Informal Employment in Albania, Bosnia and Herzegovina, Moldova and Montenegro* (Budapest).

Vulnerable Groups, Inequalities and Social Exclusion

Poverty in BiH is closely associated with social exclusion and is defined in the draft BiH Social Inclusion Strategy (SIS) as a, “process through which certain individuals or groups are pushed to the margins of society or are prevented in their efforts to live a decent life with full participation in society by reason of their ethnic background, age or gender differences, disabilities, financial problems, formal unemployment or lack of education”.⁴⁹

According to a 2007 UNDP report⁵⁰ **over 50% of the population suffers from some form of social exclusion. Roma are amongst the most vulnerable together with persons with disability, displaced persons, families with two or more children, the elderly, the unemployed and youth with a low level of skills.** De facto discrimination against adults and children based on ethnic/minority origin, disability or social status continues as well as significant urban/rural and gender disparities. The problem is further exacerbated due to an inefficient unjust and fragmented social protection system that does not serve the poor and those most in need.

Particular attention needs to be paid to the vulnerability of children that are growing up in poverty affected households and belong to vulnerable groups. When child poverty is assessed on the basis of income, housing, amenities, health and education deprivations **more than half of the children living in BiH are exposed to these multiple dimensions of poverty. In the case of Roma children, almost 80% live in poverty.**⁵¹ Roma are also disproportionately represented among the internally displaced and stateless persons⁵² who constitute one of the poorest groupings in BiH.

Apart from Roma children, children with disability and children without parental care, the children most affected by poverty and social exclusion are those coming from households with the following features: households with three and more children where the youngest child is younger than five years, households with four or more adults, households with two or three elderly people, households headed by women, households where the head is unmarried or divorced, households headed by persons with no education or with only primary school completed, households with no employed members and those living in rural areas.⁵³ Analyses clearly show that children living in households headed by women are far more exposed to the risk of poverty and deprivation than children living in households headed by men (23% compared to 18% respectively). The most important cause of this difference is gender related income inequality.

49 Bosnia and Herzegovina Council of Ministers, Directorate for Economic Planning, Social Inclusion Strategy (Draft Document).

50 UNDP, *Social Inclusion in Bosnia and Herzegovina* – National Human Development Report 2007.

51 Data provided by the UNDP/WB/EC, Regional Survey of Roma 2011 – Data on Vulnerability of Roma: Bosnia and Herzegovina.

52 See UNHCR, *They see us but they don't see us* - Report on Roma, displaced persons and returnees in Northern Bosnia and Herzegovina, UNHCR, Tuzla, 2004.

53 Household Budget Survey Analysis.

Roma Population

Many of the estimated 10–12 million⁵⁴ Roma in Europe still face prejudice, intolerance, discrimination and social exclusion in their daily lives. A 2010 analysis⁵⁵ of the pattern of social, economic and political exclusion that Roma experience shows that their life expectancy and living standards are below average. Health problems also start earlier. The majority of Roma children never complete primary school, very few go to secondary school and even fewer attend university. Roma are virtually absent from politics, their civil society organisations tend to be weak and they are often without official representation as a minority. Attitudes towards Roma are more negative than towards any other group. They remain the most clearly discriminated group in the labour market, there is wide-spread discrimination in the housing sector and severe discrimination in public spaces like shops and restaurants. There is also institutional discrimination in the public sector, including in the social and judicial sectors.

Since the launch of the Decade of Roma Inclusion 2005–2015 twelve European governments have worked together with NGOs, intergovernmental bodies and Roma civil organisations to improve the socio-economic and political status of Roma. The Decade's agenda is closely linked to the UN Millennium Development Goals and the EU Social Inclusion Policy as well as the EC Framework. The essence of the Decade is government commitment to work towards establishing institutional mechanisms to eliminate discrimination and close the gap between Roma and the rest of the population by adopting and implementing national action plans that address poverty, discrimination and gender equality in four key areas: education, employment, healthcare and housing.

A series of legislative and programme initiatives have been used to try to resolve the difficult and unacceptable situation of the Roma minority community in Bosnia and Herzegovina. Thus, in 2003 the Law on Protection of National Minorities was adopted and this was followed two years later by the adoption of the national 'Strategy of Bosnia and Herzegovina for Addressing Roma Issues'. The latter included the adoption of 15 specific programmes in different areas that will have an impact on improving the overall social position of the Roma population in BiH. In 2004 the 'Action Plan on the Educational Needs of Roma and Members of other Ethnic Minorities' was prepared and the Action Plan of Bosnia and Herzegovina was adopted to address the problems that Roma experience in the areas of employment, housing and healthcare. At the same time, the Council of Ministers of BiH adopted a Decision establishing a coordinating committee to monitor implementation of this Action Plan.⁵⁶ It is of particular significance that representatives of Roma NGOs participated in the preparation of these documents and that numerous international governmental and non-governmental organisations provided technical and financial support in developing these plans. Through the adoption of these action plans Bosnia and Herzegovina has fulfilled the conditions required to join the international initiative Decade of Roma Inclusion 2005-2015.⁵⁷

⁵⁴ European Commission: *An EU Framework for National Roma Integration Strategies up to 2020*.

⁵⁵ Swedish Delegation for Roma Issues, *Romers rätt – en strategi för romer i Sverige*, Statens Offentliga Utredningar, Stockholm, 2010.

⁵⁶ http://www.bhric.ba/dekada/pristup_bih_dekadi.php,
<http://www.oscebih.org/public/cro/default.asp?d=6&article=show&id=2298>

⁵⁷ Ibid, "Advancing Education of Roma in Bosnia and Herzegovina", Country Situation Analysis and Strategic Directions of the Roma Education Fund: http://www.romaeducationfund.hu/sites/default/files/publications/ca_bosnia_english_2010.pdf

By joining the Decade of Roma Inclusion (2005–2015) initiative in 2008 BiH committed itself to addressing these gaps and significant improvements have already been achieved within the framework of the BiH Decade programme. However, efforts to improve the situation of Roma are impeded by the fragmented governance and administrative systems in BiH. The UN is currently supporting a revision of the existing Roma Action Plan in order to better target the problems of the Roma population in BiH.

According to the 1991 census figures, Roma are the most numerous of the 17 national minorities in BiH. The most recent official figures stem from the 1991 census when 8,864 persons declared themselves to be of Roma ethnicity, although 10,422 stated that Romani was their native language.⁵⁸ However, there has been considerable movement of Roma in and out of BiH since the war and these figures have changed significantly in the two decades since they were first published.

The Ministry for Human Rights and Refugees of BiH undertook a Roma population and household registration between November 2009 and February 2010 and followed it up in autumn 2010 with a survey conducted through 40 centres for social work (CSW) spread throughout the country. Based on the data produced through these surveys the MHRR estimates that there are at least 25,000 to 30,000 Roma resident in BiH, although they also estimate that up to 39% of Roma did not participate in the registration in some districts.⁵⁹ Kali Sara and other local Roma NGOs put the number of Roma in BiH at between 80,000 and 100,000, while the EC Framework document cites an estimate of 50,000 based on data provided by the Council of Europe which has been monitoring Roma numbers for some years. In line with demographic patterns in the neighbouring countries, the MHRR data indicates that about 42% of the Roma population in Bosnia is under-19 years of age.

According to the surveys conducted by the MHRR, Roma families are spread across BiH living in 67 of its 142 municipalities. The centres for social work registration indicates that 10% of Roma families have no permanent address and that family and community numbers change due to migration, although no figures are given nor comparisons made with movements within the general population. Approximately 7% of those registered by the survey had not been registered in the births register. MICS4 data indicates that 4.2% of births of Roma children under-5 are not registered.⁶⁰

The Roma Multiple Indicator Cluster Survey (2012) confirms that, for almost all indicators, the situation of Roma is significantly worse than for the general population. In the education sector the MICS results showed that attendance of early childhood education programmes doubled compared to 2006, rising from 6 to 13%. Yet for Roma it was only 1.5%, which clearly shows the equity gap. Enrolment of Roma children in primary education was 69%. When it came to secondary education enrolment the level of Roma children attending secondary school was particularly low with only 22.6% compared to 91.8% of non-Roma.

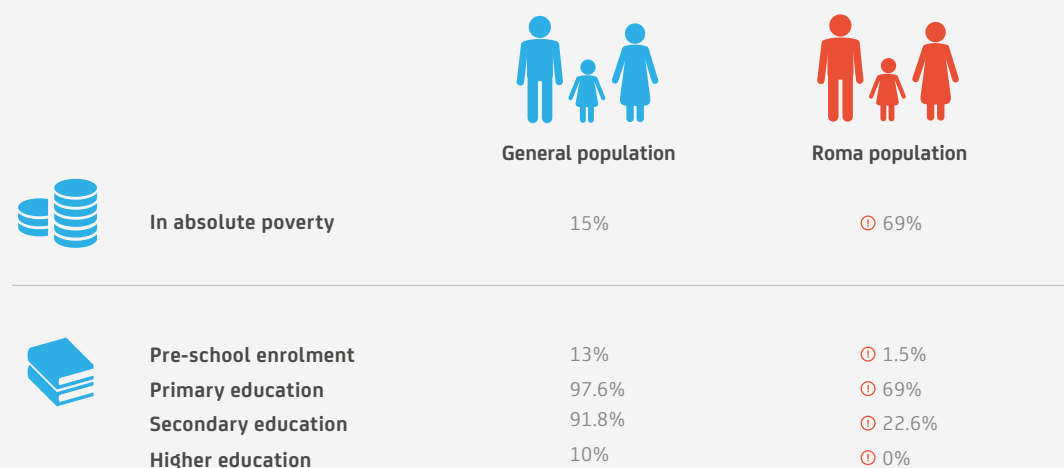
The literacy rate for Roma women aged 15-24 was only 68.9% compared to 99.3% for other women of the same age. The average number of years of education for Roma aged 16-24 was

⁵⁸ The Ministry for Human Rights and Refugees of Bosnia and Herzegovina, *Analysis: Registration of Roma Population and Roma Households*, quoting BiH Statistics Department, *Statistics Bulletin* 233, 1993.

⁵⁹ Ibid.

⁶⁰ The Ministry for Human Rights and Refugees of BiH et al., *Multiple Indicator Cluster Survey (MICS) 2011–2012, Bosnia and Herzegovina: Roma Survey, Final Report*.

Figure 5: Deep inequalities: Roma population vs. General population



! Roma population

10%

WITH NO ADDRESS

7%

WITH NO REGISTRATION

! Roma CHILDREN

EXPOSED TO BEGGING, CHILD LABOUR, HUMAN TRAFFICKING

3x

MORE LIKELY TO DIE BEFORE AGE OF 5

2x

MORE LIKELY TO BE UNDERWEIGHT

5x

MORE LIKELY TO BE STUNTED

5x

MORE LIKELY TO BE BORN WITH LESS THAN 2,500 GRAMS

5.3, while for general population it was 11.1 years. Furthermore, when it came to post-secondary education (ISCED 4+) the gap between Roma and general population was evident: while 0% of Roma aged 25-64 had completed post-secondary education 10% of general population had completed post-secondary education. The income level of Roma reflects the deep poverty of Roma in BiH and is generally due to their exclusion from the labour market and the 'low quality' type of work they perform. A CARE survey conducted in Tuzla Canton in 2010 found that 69% of Roma families had a monthly income below 200 BAM and 24.6% between 200 and 500 BAM (compared to the overall average salary in BiH at that time of 700 BAM).⁶¹

Only 49% of registered Roma were owners or co-owners of their homes; therefore, non-registration and the lack of secure tenure is a particularly acute problem for Roma living in informal settlements

⁶¹ Dušanić, S. *Analysis of Education and Employment of Roma in Tuzla Canton: Research Report*, CARE, 2010, quoted in Müller, S. *National Policies towards Romani Women in the Western Balkans*, CARE, Sarajevo, 2011.

or in rented accommodation.⁶² Lack of identification and other documents amongst many Roma families restricts their access to health services and healthcare providers and contributes to their poor health situation. According to MHRR 2010 research, only 27% of Roma reported having health cards. Most Roma in BiH stated that they had problems in accessing healthcare mainly due to a lack of health insurance. Those Roma who did access medical care within hospitals were treated on an equal basis with other groups, although some reported cases where the staff in healthcare institutions treated Roma badly.⁶³

Malnutrition of babies and small children is a concern in BiH, especially among Roma children. The MICS4 results indicate that amongst Roma children under-5 a total of 21.1% were moderately and 8% severely stunted (height for age), while 8.8% of Roma under-fives were moderately and 2.4% severely underweight (weight for age). In comparison, among the general population 8.9% were moderately and 3.8% severely stunted. Overall, Roma children are five times more likely to be underweight and twice as prone to stunting.⁶⁴

Begging and child labour is, to a large extent, the consequence of a lack of access, especially for Roma mothers, to public assistance (even when they are entitled to it) and the absence of quality education options for their children. These same factors also leave Roma children particularly vulnerable to trafficking. The results of a recent European Roma Rights Centre study⁶⁵ indicate that Roma children are at a disproportionately high risk of trafficking due to their low socio-economic status, low educational achievement, high rate of unemployment and the presence of pervasive racism and discrimination. In relation to the protection of children from abuse, exploitation and violence MICS4 (2012) showed that over half of Roma children had experienced some form of violent discipline during the month preceding the survey at 57.6% (almost the same as for the general BiH population at 55%) and that 45% had experienced physical punishment (40% for BiH). It also highlights that severe violent methods were used more extensively in households with low levels of education and or from the lowest wealth quintile. Birth registration stood at 96% for the Roma population; however, birth certificates were not presented for 20% of children during the MICS4 survey.

On the issues of domestic violence and gender the discrepancies of stanpoints of Roma women and women from general population are staggering. Almost half of Roma women (44%) aged 15-49 believed that a husband/partner has the right to beat his wife/partner for any of the reasons specified in MICS4, whereas only 4.8% of women from general population felt the same way.

⁶² Ministry for Human Rights and Refugees of Bosnia and Herzegovina, *Analysis Registration of Roma Population and Roma Households*.

⁶³ UNHCR, *They see us but they don't see us – Report on Roma displaced persons and returnees in Northern Bosnia and Herzegovina*.

⁶⁴ Ministry for Human Rights and Refugees of Bosnia and Herzegovina et al., *Multiple Indicator Cluster Survey (MICS) 2011–2012, Bosnia and Herzegovina: Roma Survey, Final Report*.

⁶⁵ See ERRC, *People in Need, Breaking the Silence: Trafficking in Roma Communities*, ERRC, 2010.

Persons with Disability

According to WHO and WB assessments, approximately 15% of the world's population has a disability. It is estimated that more than 10% of the population in Bosnia and Herzegovina has a visual, hearing, speech, cognitive or motor impairment disability and that they are three times more likely than the average person to live below the poverty line.⁶⁶ 30% of the total population is directly or indirectly affected by the consequences of these disabilities, which in itself represents a risk of social exclusion.

Persons with disability constitute one of the most vulnerable and least empowered groups in BiH and they are exposed to discrimination, poverty and exclusion. They are at high risk of inequities in health, lower education attainment and higher rates of unemployment. Persons with disability receive very different benefits and have different entitlements, depending on the cause of their disability and their place of residence. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol were adopted on 13 December 2006 at the United Nations Headquarters in New York and open for signature on 30 March 2007. Bosnia and Herzegovina signed the Convention and its Protocol on 29 July 2009 and both documents were ratified on 12 March 2010. BiH has therefore accepted the obligation to prepare an Action plan for implementation of the Convention that reflects the specific situation and priorities of people with disability in accordance with the Council of Europe Disability Action plan 2006-2015 for the promotion of the rights and full social integration of people with disability in society.

Social protection for persons with disability is mostly based on measures related to financial support and institutional care. The approach relies on a system of categories for persons with different disabilities. Data and records are not adequately regulated at the institutional level and therefore no social protection programmes can be planned for many people suffering disability. Financial benefits are insufficient within the scope of the real needs of persons with disability and their families. Family is a fundamental and in many cases the only support service for persons with disability, since society has failed to develop support mechanisms for either the family or individuals with disability. The tools and equipment, interpretation services, care and aid, assistance and assistive devices available to persons with disability are limited and they themselves must contribute significantly to the cost of providing and purchasing them. Alternative forms of care in the community are underdeveloped and where they do exist they are of limited capacity and coverage.⁶⁷

Persons with disability are often excluded from mainstream healthcare services and systematically directed towards specialised medical institutions. There are 60 community-based centres in BiH (38 in the FBiH and 22 in RS) within the primary healthcare system through which people with disability can access some medical services and rehabilitation care. Mental health services are provided through a network of 55 mental health centres: 38 in the FBiH, 16 in RS and one in Brcko District. Living conditions, accommodation, food, clothing, healthcare, education, leisure activities, sport, cultural and other activities are at a very low level and are below even minimum standards. There are too few professionals employed, so that even the most basic conditions for

⁶⁶ Initial Report of implementation of CRPD in Bosnia and Herzegovina: http://www.mhrr.gov.ba/Javni_poziv/INICIJALNI%20%20IZVJESTAJ%20BIH.pdf

⁶⁷ SIDA: *An analysis of current and possible future models for supporting people with disabilities in Bosnia and Herzegovina*, December 2011

providing the necessary support cannot be met. Those professionals presently employed are focused on supporting a large number of people and cannot tailor their support to individual needs and requirements.⁶⁸

Persons with disability cannot exercise their right to healthcare if they are not insured. In most cantons they cannot be insured on the basis of their disability alone and as a consequence a large number remain without health insurance and any way to avail themselves of healthcare services; this poses a further threat to their health and can worsen their degree of disability. Medical rehabilitation is only partially accessible or adapted to persons with disability and then only in urban areas. Most existing medical rehabilitation institutions are poorly equipped and employ personnel with insufficient training with regard to the specific needs. There is no systematic support for people with disability to help them achieve an intimate and family life, which is most clearly reflected in the achieving parenthood. This is particularly true of women with disability. There are no government programmes to support the independent living of intellectually disabled persons. As for rights related to family issues, the Law does not deal with benefits for families headed by a person with disability, with the exception of disabled veterans.⁶⁹

Persons with disability, especially those with severe disabilities or with sensory or intellectual disabilities, are almost entirely excluded from the mainstream of culture and information. Government departments have no sign language interpreters, while persons with impaired vision may have difficulty obtaining information in written form because braille printers are used nowhere. The number of books published in braille or in audio or large print formats is insufficient for the needs of blind persons and their organisations have no influence over the management of institutions or over the selection of books for publication. The problem of access to information is particularly obvious for people who are blind or visually impaired or have a hearing impairment or intellectual disability. Neither public nor private broadcasting services provide sign language interpretation or adapt their programmes to be more accessible to blind persons or to enable those with hearing or vision impairments to benefit from more varied programme content.⁷⁰

Children with disability continue to be one of the most marginalised groups in BiH. The 2006 Multiple Indicator Cluster Survey (MICS) estimated that 6.5% of children from 2-9 years of age had some kind of disability in BiH. These children are marginalised starting from early childhood. It begins when children with disability are not given access to basic education in mainstream educational institutions due to several factors: a lack of or only limited basic facilities and transport services required to ensure their accessibility to kindergartens and schools, teaching staff that are not prepared to work with them and school curricula that are not flexible or adapted to these children's special educational needs. In many cases children with disability are removed from regular classes and placed in special classes or separate institutions; as a result their learning outcome is likely to be lower and in addition they are more likely to suffer stigmatisation and discrimination.

It is estimated that 67% of children placed in residential care in BiH are children with disabilities, a figure which has been steadily growing over the last decade (TransMonee 2010). Many of these

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

children have one or both parents and few of them need to be confined to round-the-clock institutional care. In addition to being a very expensive option and draining resources from more sustainable forms of care residential institutions are harmful for a child's development and future prospects. Children in residential institutions often fail to form consistent attachment to their caregivers, which is indispensable for the emotional development of younger children in particular. Children in institutions are also more vulnerable to abuse and violence. Furthermore, children in residential institutions usually gain fewer education qualifications, which when compounded with the stigma associated with having grown up in an institution may significantly hamper their educational and employment prospects later in life.

Based on the findings of a UNICEF baseline Knowledge Attitudes and Practice survey that was conducted in 2013 it is clear that persons with disability in BiH face serious prejudices and various forms of discrimination. In BiH 40% of the population would not allow a child with socio-emotional disabilities to attend the same class as their own child and almost 60% of the population would not allow their child to marry a person with physical disability. Over 40% of people thought children with disability should attend special educational institutions, while only 20% saw the positive developmental impact of inclusion.⁷¹

Youth

Young people in BiH face many challenges in various aspects of life. Three out of four young people are unemployed. Most of them are not married, have no children and have not solved their housing situation. They are often pessimistic about their future and find their living standards "mediocre" at best. An increasingly technological labour market requires skills that many young people do not possess. Compared to the general youth population, vulnerable youth groups are even more hard-pressed by everyday challenges of life in BiH.⁷²

Perhaps the most pervasive issue for youth is unemployment and the difficulties they face gaining meaningful employment. Youth (aged 15-24) comprise 16%⁷³ of the BiH population. The activity rate of this population in 2012 was 29.4%, the employment rate 10.8% (compared to 16.7% in 2009) and the unemployment rate a worrisome 63.1% (compared to 48.7% in 2009, 57.1 in 2010 and 57.7 in 2011),⁷⁴ which is almost three times higher than the youth unemployment rate in the EU27 at 23.5%⁷⁵. The EU youth unemployment rates in 2012 ranged from 7.9% in Germany to 55.2% in Spain and 57.9% in Greece.⁷⁶

Global figures indicate that the economic crisis abruptly ended the gradual decline in global youth unemployment rates that appeared during the period 2002–2007. Since 2007 the global youth unemployment rate has started to rise again and as a result the increase that occurred between 2008 and the height of the economic crisis in 2009 effectively wiped out much of the gains made

⁷¹ UNICEF Bosnia and Herzegovina: Knowledge, Attitude, Practice research on children with disabilities, 2013

⁷² Voices of Youth – Survey on Youth in BiH – Quantitative Research Findings, UN/MDG-F publication, 2012

⁷³ BHAS, LFS BiH, 2012.

⁷⁴ Ibid.

⁷⁵ Eurostat website: <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/>

⁷⁶ Ibid.

in previous years. In particular, large increases were experienced in the developed economies and European Union, Central and South East Europe and the CIS, Latin America and the Caribbean and South Asia. Medium-term projections (2012–16) suggest little improvement in youth labour markets: the youth unemployment rate is projected to remain at the same and high level up until 2016.⁷⁷

In order to better understand youth issues in BiH the UN conducted a comprehensive research 'Voices of Youth - Survey on Youth in BiH' in 2011, with the findings published in 2012. The survey was based on a representative sample of 2,360 young people aged 15-30, including a sample of 353 youth from vulnerable categories: youth without parental care (100), Roma youth (88), youth with special needs (100) and youth returnees (65). The topics covered by the research were education, employment and the labour market, social protection, living standards and participation and views on the future. This was the second wave of research that was originally conducted in 2008 and therefore provided an analysis of trends in youth responses based on the two waves. The general conclusion after comparing the two wave responses was that youth views obtained through the first wave in 2008 were pessimistic and negative, but those in 2012 were even more so.

In the sample captured via the survey, out of the general youth population 3.3% had no formal education, 6.4% had only completed primary education and 11.4% had completed a university degree or masters. In terms of education attainment, Roma youth fared the worst with 54.7% having not completed primary school (no formal education), 21.5% had completed secondary education and 0% had a university or master's degree. Youth with special needs also had lower education attainment compared to the general population with 11.4% without any formal education and only 1.3% having completed 2-year higher education.⁷⁸

Youth views on education were rather critical with 79% believing that education would not help them gain employment, 84% claimed that there were no voluntary activities organised at school, 52% stated they had no practical experience offered in school, 75% had never been involved in any form of non-formal education, 28.6% found the scope of the curricula too extensive and 27.2% found the lack of practical application of knowledge after school a serious impediment. Research further shows that 56.7% of youth were familiar with the concept of lifelong learning and 51.2% would be ready for a career change if it was deemed necessary.⁷⁹

The average time spent searching for employment after completing school was 16 months (vs. 11 in 2008), 35% of the youth were actively searching for a job (vs. 23% in 2008), the average period of unemployment was 26 months (vs. 36 in 2008), 58% were registered as unemployed (vs. 35% in 2008) and 55% believed that they possessed all the skills required for finding a job. The minimum net monthly wage that the youth were prepared to work for was 614 BAM (vs. 467 BAM in 2008) while the national average in 2012 was 826 BAM.⁸⁰

Out of all of the surveyed youth 22.6% were employed. The situation was somewhat better than in 2008 in terms of conditions for employed youth with 55% in permanent employment (vs. 50% in 2008), 27% in temporary employment (vs. 18% in 2008), 89% of the employed youths employers

⁷⁷ ILO Global Employment Trends for Youth 2012, May 2012

⁷⁸ Voices of Youth – Survey on Youth in BiH – Quantitative Research Findings, UN/MDG-F publication, 2012

⁷⁹ Ibid.

⁸⁰ BHAS website: <http://www.bhas.ba/index.php?lang=en>

paid salaries on a regular basis (vs. 81% in 2008) and employers paid statutory contributions on a regular basis for 78% of the employed youths (vs. 64% in 2008).⁸¹

Only 8% of the youth were beneficiaries of a government employment programme and 27% were familiar with the existence of some government employment programmes for youth. In accordance with the level of education of the youth sample captured via the survey 59% of the youths preferred to get a job in the retail, hospitality, tourism or transport sectors (vs. 35% in 2008). The perception of the youth on corruption in public and private sectors was overwhelming; 96% of youth heard of cases of bribery to obtain a job in the public sector and 93% private sector (vs. 74% for both public and private sector in 2008).⁸²

The general economic status of the youth had worsened in comparison to 2008. The average disposable monthly amount available to the youth was 232 BAM (vs. 236 BAM in 2008), 61.7% did not contribute towards the household budget on a regular basis (vs. 53.3% in 2008), 4.3% were recipients of a scholarship (vs. 3.9% in 2008) yet the average amount of scholarships had been drastically reduced to 167 BAM compared to 317 BAM in 2008. In addition, 9% of the youth already had a bank loan.⁸³ Youth in BiH were not interested in politics (83% vs. 75% in 2008) and believed that they had no influence at school/faculty (88%), over family matters (70%), little or no influence in their local community (97%) and little or no influence over political and non-governmental organisations (99%). Yet despite the extremely low perception of their influence some 60% (vs. 57% in 2008) still actually voted in the last elections (32% of youths aged 18-21, 62% of youths aged 22-25 and 78% of youths aged 26-30).⁸⁴

Views on the future were rather bleak with 43% (vs. 26% in 2008) believing that the living standard would be the same or even worse in the future, 66% (vs. 55%) would be willing to leave the country for temporary work, 43% (vs. 30% in 2008) would move abroad for a longer period but would return and 38% (vs. 37% in 2008) would leave the country for good.⁸⁵ Youth issues in BiH are complex and have multiple and long term effects on society as a whole and therefore require a comprehensive strategy and holistic approach. Tackling the issue of unemployment is crucial as well as other issues such as the provision of affordable housing for young people, a better quality of education, access to offers of non-formal training, and participation in decision making. All are important if young people are to be given the opportunity to start independent lives, start families, achieve a sense of fulfilment and contribute to society. Vulnerable youth groups need even more tender care and dedicated interventions. There is no simple formula for dealing with youth problems, but what is more worrisome is that no serious action or attempts have been deployed by the government in order to start to adequately address the many problems that this generation faces.

⁸¹ Voices of Youth – Survey on Youth in BiH – Quantitative Research Findings, UN/MDG-F publication, 2012.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

⁸⁵ Ibid.

Elderly Population

People are living longer than before and global population ageing is a triumph of development as people live longer due to improved sanitation, medical advances, nutrition, healthcare, education and economic wellbeing. Declining fertility rates and increasing survival at older ages have also led to an ageing population. Life expectancy at birth has risen substantially across the world. In the period 2010-2015 life expectancy is 78 years in the developed countries and 68 years in the developing regions. By 2045-2050 newborns can expect to live to 83 years in developed regions and 74 years in developing regions.⁸⁶ In 2012 there were 810 million people in the world aged 60 or above; by 2050 there will be 2 billion people in the world aged 60 or above or 22% of the world's population. While all regions in the world are being affected by the ageing phenomena the largest percentage of older population is anticipated in Europe, expected to reach 34% by 2050.⁸⁷

The dissolution of socialist state planning systems across East and Central Europe from 1989 onwards was a catalyst for far-reaching changes that affect almost every aspect of ordinary people's lives. The transition to market-led economies brought financial instability, unemployment and crises in public funding. The falling value of pensions has led to economic hardship and services that used to be provided by governments are being reduced or withdrawn. Older people feel insecure and disillusioned by the changes that have made their lives so much harder and more unpredictable. In addition, conflict in the region has left many older people without families, homes or any means of supporting themselves. Intergenerational solidarity, once fostered by the state, is declining with less contact between older and younger people. The wide gap between society's perceptions of older people and the reality of their essential contribution to society adds to their sense of having been forgotten. Despite their ability to contribute older people feel undervalued.⁸⁸

In BiH persons aged 65 and above comprise 14.19% of the total population. Expenditure on pensions is on average 10.3% of GDP and as such among the highest levels when compared to the EU and countries of the Western Balkans region. However, around 60% of people above the age of 65 are not covered by regular old-age pension benefits or any other scheme i.e., the rural population, farmers, etc. This low coverage represents a serious social problem for BiH and makes this population vulnerable to poverty and social exclusion. Another major problem is that pensions for a large share of beneficiaries are so low that they are insufficient to cover the basic living costs; almost half of all beneficiaries receive a minimum pension.⁸⁹

The absence of an overall strategy on demographic ageing and older persons inhibits a holistic approach, including all of the issues and aspects that are crucial for the wellbeing of older persons. Older people in BiH are not recognised by the Law as a vulnerable population group.

⁸⁶ UNFPA: *Ageing in the Twenty-First Century: A Celebration and a Challenge*, 2012.

⁸⁷ Ibid.

⁸⁸ HelpAge International: *A generation in transition: Older people's situation and civil society's response in East and Central Europe*, May 2002.

⁸⁹ UNDESA Mission Report to Bosnia and Herzegovina, 2013.

MIPAA⁹⁰ is not applied in BiH. Strategies and action plans that address the needs of the elderly population have not been developed, even though there has been pressure from the NGO sector since the adoption of MIPAA in 2002. In 2010 the Ministry of Human Rights and Refugees of BiH started activities related to MIPAA when, with the support of UNFPA, a framework policy for the elderly in BiH was developed in line with MIPAA recommendations.⁹¹

In 2012, based on a sample of 610 individuals over 65 years of age, some alarming findings on the quality of life of the elderly population in BiH were highlighted. According to the study, only 47.95% of elderly over 65 had realised their right to receive an old-age pension. Of that number 87.7% had an income that was on a par or below the guaranteed minimum, while 12.6% received pensions to the guaranteed amount of 413.30 BAM. Every second pensioner (48%) lived on an average monthly pension of 310.72 BAM. Approximately 23,000 (3.6%) elderly persons in BiH lived on an income of less than 100 BAM (50 EUR) per month. Only 3.3% of elderly over 65 received social support regularly and just 5% were in receipt of occasional social support. A staggering 13% of the elderly in BiH had no income whatsoever and were dependant on public soup-kitchens, begging and searching rubbish bins for food.⁹²

Although a statutory right 8.9% of the elderly either did not have or did not know how to claim their right to healthcare. Every second elderly person had someone from their family to rely on and ask for help, 29.5% stated that they needed support with everyday tasks such as shopping, visiting the doctor or paying bills; 18% needed support in maintaining their personal hygiene, 22.2% needed support with cleaning their living premises, 19.4% needed support with cooking and feeding, 18.5% needed support to move within their living quarters and 22.6% were in need of regular social contact.⁹³

The essential list of medicines was different in different parts of the country and this fact raises inequalities based on the location of where one lives. Every sixth elderly person had to buy medicines that were not on the essential list and had to pay on average 50 BAM a month for these medicines. Half of the elderly population were not in a position to buy the medicines they needed but these medicines were not to be found on the essential list. Most homes for the elderly were unwilling to accept individuals that required palliative care, thus these people were often left to be cared for within their family which often did not have the means, knowledge or the necessary financial support to adequately care for their relatives. The research further shows that 8.2% of the elderly covered by the sample were victims of violence of which 3.3% suffered physical violence and 1% suffered neglect by their primary caregiver. Most people were not sufficiently informed as to how to exercise their rights, while 68% wanted to be a contributing member of society but found that society did not offer adequate opportunities for them to do so.⁹⁴

⁹⁰ The Second World Assembly on Ageing, convened in Madrid Spain in 2002, was convened to address the challenges of rapid population ageing and adopted the Madrid International Plan of Action on Ageing (MIPAA) which focused on mainstreaming older persons into development, advancing health and wellbeing into old age and ensuring enabling and supportive environments. The Madrid Plan calls for changes in attitudes, policies and practices to ensure that older persons are not viewed simply as welfare beneficiaries but as active participants in the development process whose rights must be respected.

⁹¹ Kepes, N: *Identification and Etiology of the Current Status and Position of Older Persons in Bosnia and Herzegovina*, 2012 (study funded by the Age UK and the EU)

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid.

Refugees and Displaced Persons

Return continues to be one of the main challenges for the country some seventeen years after the end of the war with 103,000 displaced persons and minority returnees, including some 8,600 who still live in collective centres under very poor conditions and who are still waiting for their status to be resolved.⁹⁵ Of the hundreds of thousands who have returned home since the end of the war many tens of thousands (the estimates are unreliable) have not stayed in their homes but have either moved back to their place of displacement or moved on to a third location. Of those who have returned and remained in their homes a considerable number (again, the estimates are unreliable) face poverty and hardship.

These three types of displaced persons in BiH – the displaced, the residents of collective centres and the ‘failed returnees’ – represent the last major challenge of dealing with the human consequences of the wars of the nineteen nineties. The situation for the first two types is well-known because their status is documented. The ‘failed returnees’ on the other hand have no status document and are counted only amongst the poor and vulnerable of the BiH population as a whole and more likely are not systematically counted at all. Successful return and local integration has a profound effect on those who remain displaced because whether their family or former neighbours have succeed or failed either encourages or discourages them to attempt to rebuild their lives at their places of origin or displacement.

Unofficial estimates suggested that in 2012 there might have been close to 9,000 people, both displaced and non-displaced, living in 160 collective centres. Not all of these collective centres are officially recognised and receive government support. In addition, a further 15,000 people were living in ‘alternative accommodation’. Efforts to date to close the collective centres have generally been focused on providing improved accommodation, often in the form of ‘social housing’, and moving individuals and or households into this improved housing. International NGOs, such as Catholic Relief Services and Hilfswerk, have developed considerable expertise in this area.

Yet the challenges to closing the collective centres are considerable. The collective centres are funded by the relevant refugee ministries and so when a household is moved to improved housing they become the responsibility of the local authority, but without any transfer of budget. Local authorities, that already face budget constraints, are reluctant to take on large-scale increases in their responsibilities towards vulnerable people. Households living in collective centres do not pay for utilities and receive special dispensations for medical services. Therefore, moving out of a collective centre, no matter the improvement in conditions or the energy efficiency of the new structure, incurs increased expenditure for the household and this can prove unsustainable.

Many of the people in collective centres are highly vulnerable and would not be able to live alone in social housing, but would require some form of residential care if the collective centre was to be closed. Residential care is scarce and expensive and assistance to local integration and the closure of the collective centres carries major risks. If adequate social security and social welfare provision is not secured for those who move into social housing in the event that they find themselves unable to pay the rent and utility bills they would be in a worse situation than if they

⁹⁵ UNHCR information dating from June 2013

had remained in collective accommodation. Social housing requires a substantial framework of regulation and institutional responsibility. This can be done to some extent at the municipal or cantonal level; however, without a more comprehensive entity level framework (the state level has no relevant authority) a system of social housing that does not specify clear responsibilities will be ad hoc uneven and most likely unsustainable.

In June 2010 CoM BiH and entities governments approved a Revised Strategy for the Implementation of Annex VII, which is the key policy for BiH on how the refugee problem can be resolved. The Revised Strategy identified a comprehensive range of measures needed to deal with the remaining challenges of the refugee situation. These included the repossession and reconstruction of property, electrification of properties and tackling issues related to healthcare, social protection, education, the right to employment, safety and demining and finally addressing the right to compensation.

The Revised Strategy estimates that 34,918 housing units need reconstruction at a cost of nearly 662 million EUR. Since 2008 (the year the Revised Strategy was prepared) approximately 5,000 homes have been reconstructed, which leaves between 29,000 and 30,000 additional housing units for which funds are needed.⁹⁶ The international community has recognised the challenge of the remaining displaced persons throughout the Balkan region. The Sarajevo process stimulated a series of diplomatic level agreements that culminated in a donor conference held in April 2012 at which nearly 300 million EUR were pledged for a 'Regional Housing Programme'. These funds will be used to provide up to 5,400 homes in BiH, which will tackle one substantial part of the challenge. Another large programme funded by an anticipated Council of Europe Development Bank (CEB) loan will also provide housing for 2,600 displaced households. Loans from OPEC and the Saudi Development Fund may provide for another 1,700 housing units. These housing programmes are the main form of assistance currently available to those who remain displaced.

Despite a comprehensive analysis of the challenges facing the remaining displaced persons in the Revised Strategy policy responses have tended to focus mostly on individual assistance such as housing and grants for livelihood. Yet in order to deal with the challenges properly a policy shift away from the focus on individual assistance and towards comprehensive solutions is required. In 2012 the European Union Delegation to BiH commissioned a report to provide a detailed analysis of progress against the Strategy.⁹⁷ This report describes areas of progress made against the Strategy, identifies where progress has not been made and provides an analysis of the reasons for the slow progress. It concludes with recommendations to for BiH, the EU and the international community.

⁹⁶ Ibid.

⁹⁷ Pilot Project on Social Housing and Annex VII Strategy Implementation: Annex VII Progress Analysis Report, EU Delegation, Sarajevo, June 2012.

Lessons Learned

Overall progress towards achievement of MDG1 in BiH has been limited and most of the related indicators and targets set for 2015 are unlikely to be met. Every sixth household in the country is poor, unemployment rates are increasing and inequalities between the mainstream population and vulnerable groups is ever increasing. It seems unlikely that sustainable and inclusive growth in BiH will be realised without a holistic approach towards dealing with the complex and interrelated issues, including significant investment in education and health, inclusive labour market policies that will enable the increase in productive employment necessary to underpin future economic growth and the wellbeing of the country. Simultaneously, a comprehensive overhaul of the existing pension and social protection systems need to be undertaken in order to adequately address the current issues identified in this chapter and to plan for the future.

The population in BiH faces many risks that need to be met by the systems for social protection and social inclusion. These include the risk of long-term unemployment, youth unemployment, ill-health, poor education standards, domestic violence, disadvantaged children, an ageing population with increasing need for adequate care services and the further marginalisation of disadvantaged groups such as Roma and persons with disability.

Acknowledging the existing gaps and challenges the BiH authorities have since 2000 instigated some measures aimed at reducing poverty, vulnerabilities and inequities and towards the harmonisation of entitlements across the country and have thus contributed in part towards compliance with EU standards. However, continued structural changes are required at the policy, legislative and budgetary level coupled with direct intervention at the local level to generate concrete results for the most vulnerable. Regional inequalities also need to be addressed and solutions found for more even and equitable development across the country in terms of infrastructure, services, economic opportunities and social support/protection.

Unfinished Business and Recommendations

Poverty reduction and social inclusion/addressing inequalities remain key developmental issues for the country and require a range of interventions and measures. In order for them to be adequately addressed a comprehensive approach and unfaltering dedication to economic development and structural reform is required. The broad recommendations provided below signify the complexity and enormity of the task ahead to improve living conditions and reduce poverty and inequality for the citizens of BiH.

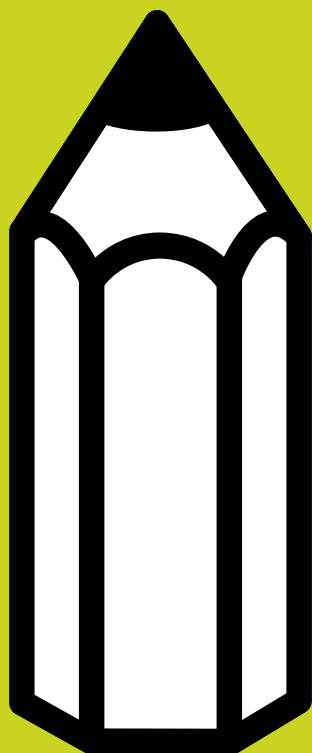
- Every sixth household in the country is poor and no major improvement in poverty reduction in the country has been achieved since 2000. To address this major impediment and secure human development on a par with the region and come closer to the quality of life experienced in the EU countries BiH needs to define and commit to state wide long-term strategic development goals up until the year 2020. These goals should focus on realistic growth in priority and viable sectors, job creation and social inclusion measures.
- The rural/urban divide needs to be looked at through a new lens. A reasonable standard of living is experienced in the 6 main cities in BiH yet the remainder of the country is stagnating and deteriorating. Adequate strategies need to be developed and programmes

created in order to support development of small and medium size cities/towns in terms of infrastructure, services and economic opportunities. This would bring about a more equitable form of development, increased living standards and lessen the demographic pull to the major cities, presently the only economic hubs with reasonable services available.

- The pension system and social protection system require extensive overhaul given that the current systems are not socially equitable. This will require difficult but necessary decisions to be made and they need to be made soon.
- Development of new targeting models and their implementation constitute the major part of the reform of the social protection system and practices as a whole; this relates particularly to cash transfers.
- Unemployment figures continue to rise from year to year; this is partly due to the economic crisis but more so a result of the lack of comprehensive efficient and active employment measures and the absence of an enabling business environment necessary to change this negative course and stimulate growth, investment and job creation. A whole set of measures need to be implemented, as elaborated in numerous policy papers, documents and strategies and as advocated for by the EU, the WB and other donors and partners. Accelerated and innovative approaches are required if BiH is to get closer to achieving reasonable unemployment rates (ranging up to 10%), which have not been experienced since the war and even before dating back to the nineteen seventies.
- Children and the youth in BiH are particularly susceptible to the negative effects of the current socio-economic situation, especially those who belong to the vulnerable categories: Roma children/youths and children/youths with disability, children/youths without parental care and children/youths from poverty stricken families. The values of a society are reflected in the manner in which that same society treats the most vulnerable. In BiH there is plenty of room for improvement in terms of care, access to services and opportunities for the inclusive and equitable development of children and youth today; however, even more needs to be done in terms of long-term planning in order to address their future needs in a timely and adequately manner.
- Each population group has its own specificities, needs and issues that require tailor-made government responses. Given the complex situation in the country almost all citizens and all generations are at risk and negatively affected by the lack of progress and development. The youth is disillusioned and faced with an overwhelming unemployment rate (the majority at risk of long-term unemployment), while the working age population is faced with difficult employment conditions, low remuneration for their work and job uncertainty. Existing pension system adds to the overall future uncertainty and concerns for income security in old age; the elderly are already faced with income insecurity and low pensions. Issues of the healthcare and social protection system and social isolation create inter-generational tension since the expectations of each population group have not been met for decades. Therefore, some major developments need to take place in order for the entire population to live better lives where they face less insecurity and have access to more opportunities.
- Vulnerable groups are in even greater need of tender care and proactive and well targeted measures. While for an ordinary person life in BiH is not easy with limited opportunities the situation for Roma, persons with disability and returnees to get out of poverty, earn a decent living and become active members of society is at least tenfold more difficult. To address this BiH needs, as signatory to the human rights conventions to which it is party, to develop adequate plans, create implementation mechanisms and allocate adequate budgets.

MDG 2

To achieve universal primary
education



MDG 2

To achieve universal primary education

Table 3: MDG 2 Indicators

Objective/Target/ Indicator		Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
			Targets as in PRSP	Achieved				
a		b	c	d	e	f	g	h
GOAL 2: To achieve universal primary education								
2.A Target: To ensure that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling by 2015								
2.1. Primary school enrolment rate, net %		b1) 97.0 b2) 98.9	95	98.4 (2005/6)	96	97.6 (2011/12)	100	potentially
2.2. Final grade survival rate compared to number of those enrolled in 1 st grade	total	99.0	99	99.8	99.8	99.5	100	likely
	men	99.2		99.6	99.6	99.0		
	women	98.8		100.0	100.0	100		
2.3. Literacy rate within the 15 – 24 age group in %	total	99.6	99	n/a	99.2	99.6	100	likely
	male	99.6		n/a	99.7	99.9		
	female	99.7		99.6	98.7	99.3		
Additional indicators for BiH								
2.4. Secondary school enrolment rate in %		b1) 56.8 b2) 72.6 b3) 68.3	75	79.3 (2005/06) M 77.9 F 81.1	77	91.8 (2011/12) M 90.4 F 93.1	85	achieved
2.5. Higher education enrolment rate in %		b1) 19.8 b2) 24.2 b3) 23.0	25	d1) 25 (2004) d2) 33.5 (2007)	e1) 34 (2008) e2) 50 (2009)	38 (2011)	35	achieved
2.6. Children attending preschool care rate in %		4.3	12	6.4 M 4.7 F 8.0	9.9	13.1 (2011/12)	25.0	unlikely
2.7. Percentage of GDP allocated for education		b1) 5.2 b2) 6.0 b3) FBiH 6.8 RS 3.6	FBiH 5.6 RS 4.5	4.14	4.51 (2008)	4.88 (2011)	7.5	unlikely
2.8. Adult literacy rate (literacy rate within the 15+ population age group) in %		b1) 85.9 b2) 88.9	90	98	97.6	97.9 (2010)	99.0	likely

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Situation Analysis and Progress made

The education sector at the BiH level within the Ministry of Civil Affairs is in charge of coordination, enforcement of international obligations in the area of education, harmonisation of the entities plans and strategy development concerning science and education. The institutions in charge of education within the FBiH are the 10 cantonal ministries of education, while the Federal Ministry of Education has a coordinating role at the FBiH level. In RS the institution in charge of education is the Ministry of Education and Culture. In Brcko District the body responsible for education is the Sector of Education of the Government of Brcko District. Coordination of the operations of the 14 ministries is facilitated by the Conference of Ministers of Education. Fragmented administrative structure is also reflected in its funding mechanisms: BiH has 13 education budgets (2 entities, 10 cantons and one in BD) financed by public funds. The percentage of GDP spent on education in BiH in 2011 was 4.88% and this is one of identified indicators for monitoring realisation of education MDG in BiH. Reaching the unrealistically high set target percentage of 7.5% by 2015 implies a significant increase in expenditure on education by 2015; however, this percentage is not in accordance with the set entity targets of 5.6% in the FBiH and 4.5% in RS.

While public spending on education is in line with comparable countries and there are no large differences in different parts of the country (4% of GDP for RS and Brcko District and 5% for the FBiH) the complex administration and finance system for education leads to some cost duplication and inefficiencies: 77.7% of the education budget is spent on wages in BiH.⁹⁸ This issue is particularly acute amongst some of the poorer cantons in the FBiH where wages account for an even larger share of education spending.⁹⁹ The highly complex administrative and decision-making structure has proven challenging in terms of the harmonisation of education legislation across BiH. In addition, the standards of quality and access set forth in the education reform strategy have not been applied systematically. Efficient implementation of the existing action plans and legislation is further constrained by the lack of reliable official statistics on the number of marginalised children in BiH.

Some recent legislative developments have been made in the education sector such as the Strategic Plan for the Agency for Pre-primary, Primary and Secondary Education 2012-2016 that was developed and submitted to the Council of Ministers of BiH in 2012. Government has also started to prioritise the quality of education through the adoption of the Standards for Preschool Managers, Pedagogues and Teachers, adopted in November 2011, and the Standards for Pupil Achievements in Maths, Language and Science for the third and fourth grades of primary school (2012). An Action Plan for the introduction of a system for monitoring quality in primary schools was approved by the Agency Steering Board in 2012 along with an accompanying set of documents: Ethics Code, Intercultural Indicator and the Instrument for school self-evaluation. The Revised Action Plan on the Educational Needs of Roma was adopted in 2011, with a more solid operational and monitoring plan.

⁹⁸ World Bank, Education Report for BiH, 2006

⁹⁹ Ibid.

Preschool and Early Childhood Education

A State level Strategy for Preschool Education was adopted in 2004. Another important step forward in legislative reform on early childhood education was made in October 2007 when the Parliamentary Assembly of BiH adopted the Framework Law on Preschool Upbringing and Education. This Law provided the basis for the harmonisation of legislation on preschool education in BiH. This meant that 12 relevant laws had to be revised and adopted, in line with the Framework Law (in 10 cantons, Republika Srpska and Brcko District). The most significant change brought by this Law is defined in Article 16 related to obligatory preschool education in the year prior to primary education for 5-year old children. Attendance of early childhood education 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 children (for comparison reasons, in Serbia it was 43.8% for mainstream and 8.2% for Roma population).¹⁰⁰ In the 2012/2013 school year within the territory of BiH there were 243 preschool institutions with 18,817 children. Compared to the previous school year the number of preschool institutions was 8.9% higher and the number of children in preschool institutions had increased by 8.8%; the number of employees was also 4.3% higher.¹⁰¹

Table 4: Number of children attending preschool institutions in BiH

2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
15,004	11,692	13,548	13,135	12,989	13,384	14,517	16,260	16,784	17,028	17,293	18,817
YoY % increase	-22.07	15.84	-3.04	-1.11	3.04	8.46	12	3.22	1.45	1.55	8.81

Source: Agency for Statistics of BiH.

UNICEF has been advocating for higher enrolment in preschool education and to this end has shared models of best practice and provided technical assistance for the development of standards on Early Childhood Education (ECE). Together with the MoHRR, UNICEF has supported the inclusion of over 300 Roma children in early childhood education and the implementation of a school readiness programme. These represent an important first step towards addressing the socio-economic and cultural barriers that deny Roma and other minority children an opportunity to enter school on time and ready to learn.

According to analyses conducted by the Agency and UNICEF,¹⁰² the main obstacles to early childhood education in BiH include:

- lack of clear strategies and insufficient preparedness for implementation of the Law on Preschool Upbringing and Education, in particular at the local level;
- limited awareness of decision-makers and parents on the importance of ECE and how early

¹⁰⁰ MICS4 findings

¹⁰¹ BHAS Education Statistics, 2013

¹⁰² In May 2012 UNICEF conducted a Determinant Analysis of Early Childhood Education in BiH, to identify the main enablers and bottlenecks in four categories: Enabling environment, Supply, Demand and Quality.

learning and stimulation of young children represent the best possible investment for the development of children and of society;

- limited resources and funds allocated to ECE (investment in early learning still appears to be seen as an additional burden on limited budgets);
- lack of available ECE services (The availability of preschool education services is hindered by uneven economic development in different parts of BiH and in most municipalities early childhood education is often financed by municipal budgets, which contributes to inequalities in terms of access throughout the country because municipalities with lower economic means are only able to allocate very limited funds for pre-school education.);
- existing services do not meet the needs of children with disability, Roma children and other vulnerable groups that have very limited access to ECE;
- costly ECE services (while enrolment fees are lower in the poorest municipalities it is still not free and this represents an obstacle to achieving a higher enrolment rate for children from families with low socio-economic status (especially Roma children, children from rural areas, children with disability and returnees); and
- large numbers of scattered settlements and the lack of funds to transport teachers to remote areas, a lack of space for preschool education and the limited number of qualified and trained staff (primarily kindergarten teachers).

In order to significantly improve preschool attendance rates the obstacles highlighted above need to be adequately addressed by the responsible institutions.

Primary Education

In BiH children enter primary school at age 6 and secondary school at age 15. There are 8 or 9 grades of primary school in FBiH and 9 grades in RS and BD. The school year runs from September through to June of the following year. The 9 grade primary school system was introduced for the academic year 2003/2004 in RS and BD and in 2004/2005 in the FBiH. At the beginning of the 2012/2013 school year within the territory of BiH a total of 304,972 pupils were enrolled in 1,883 schools, which constituted a reduction compared to the previous year of 11,685 pupils or 3.7%. At the beginning of the 2012/2013 school year there were 24,484 teachers included in the education process out of which 17,089 (69.8 %) were women. The gender parity for primary school in BiH was 0.99 (0.99 in FBiH and 1.00 in RS), indicating no difference in the attendance of primary school by girls and boys.¹⁰³

Primary enrolment rate was satisfactory for the mainstream population at 97.6%, but less so for the Roma population at only 69.3%.¹⁰⁴ A startling 46.2% of Roma children dropped out at some point from primary school.¹⁰⁵ The net primary school completion rate in BiH was 92%. The net primary school completion rate by area was lower amongst children living in rural areas (89%) compared to children in urban areas (97%).¹⁰⁶

¹⁰³ BHAS Education Statistics for 2013

¹⁰⁴ This is still below the average rate of countries in Europe (93%), where secondary education is often compulsory; in BiH it is not compulsory except in the Sarajevo Canton.

¹⁰⁵ UNICEF *Non-Enrolment and School Drop Out Study* (YERP), 2011.

¹⁰⁶ MICS4 findings – Please note: this percentage includes children that repeat grades and who eventually move up to reach the last grade.

It was very difficult to find institutions that provided extra teaching hours for pupils who had dropped out. The law states that children younger than 15 who have not completed primary education and cannot attend regular classes should be provided with teaching free of charge and allowed to take extraordinary (emergency) examinations. Yet this happens very rarely and those schools that have initiated such an activity receive very little help. Through the support of UNICEF, primary school enrolment databases have been established in 23 municipalities. About 20% of primary schools in the country are now applying at least some principles of the Child-Friendly School approach and 15% of all primary schools in BiH participated in inclusive and inter-cultural education projects, which are estimated to have benefitted 70,000 children.

Secondary Education

At the beginning of the 2012/2013 school year in the territory of BiH, 166,122 pupils were enrolled in 313 schools, which constitutes 2,838 pupils or a 1.7% increase in comparison with the previous year. At the beginning of the 2012/2013 school year there were 13,045 teachers included in the education process, out of which 7,643 or 58.6% were women.¹⁰⁷ **The secondary school attendance rate was slightly lower compared to primary school rate (92%); in comparison, only 22.6% from the Roma population attended secondary education**, which represents an extreme inequality between the Roma and the mainstream population. Just 1% of children of secondary school age were attending primary school, while 7% were not attending school at all. Generally, the lower the household wealth the lower the percentage of children in secondary school: the lowest proportion of children was found amongst those from the poorest wealth quintile (84%). The Gender Parity Index for secondary school was 1.02 (1.00 in FBiH and 1.06 in RS).¹⁰⁸

The high youth unemployment rate in BiH is partially due to the country's generally poor education outcomes and the emerging skills gap. Even when young men and women choose an appropriate career field they often do not have the required 'soft skills' to succeed, such as entrepreneurship and communication skills. In the period 2009-2012 UNICEF supported the state level Agency for Pre-primary, Primary and Secondary Education to define 10 key competencies that are relevant to secondary education in BiH; this resulted in the incorporation of life-skills training into the curriculum of 17% of secondary schools in BiH.¹⁰⁹

To enhance youth employability the country should further promote entrepreneurial learning amongst primary and secondary school pupils and support initiatives that empower young people. This could include increased cooperation between the education sector and the world of work for the purpose of aligning graduate profiles with labour market needs, supporting and increasing youth entrepreneurship and creating the conditions to provide professional orientation services from primary school onward.

¹⁰⁷ BHAS Education Statistics for 2013

¹⁰⁸ MICS4 findings

¹⁰⁹ Through the MDG-F Culture for Development Programme 1,000 secondary school pupils and teachers were provided with life-skills and entrepreneurial learning and 500 young returnees received training on life skills and key competencies linked to the labour market: 5% found employment as a result of this action.

Higher Education

The higher education enrolment rate in 2001 was 19.8%. During the period from 2001 to 2012 the number of students in higher education institutions almost doubled (see the table below).

The target enrolment rate of 35% by 2015 has been achieved (38% in 2011).

Table 5: Number of pupils who attended higher education institutions in BiH

Year	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Total	70,956	77,033	84,422	91,263	99,557	104,938	105,488	109,579	107,537	107,083	102,357
Female	39,411	43,177	47,075	50,352	55,155	58,298	59,032	61,396	59,886	57,632	56,420
%	(55.54)	(56.05)	(55.76)	(55.17)	(55.40)	(55.55)	(55.96)	(56.02)	(55.68)	(53.81)	(55.12)

Source: Agency for Statistics of BiH.

In the period from 2000 to 2012 the number of students who graduated increased approximately five times, with females outperforming males in higher education attainment (see the table below).

Table 6: Student graduates in BiH

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	4,444	4,319	6,039	6,848	8,127	10,003	12,199	15,013	16,851	18,177	17,955	18,279
Female	2,419	2,572	3,536	4,007	4,747	5,773	7,168	8,907	9,988	11,229	10,911	11,037
%	(54.43)	(59.55)	(58.55)	(58.51)	(58.41)	(57.71)	(58.75)	(59.32)	(59.27)	(61.77)	(60.76)	(60.38)

Source: Agency for Statistics of BiH.

According to data from the Agency for Statistics of BiH, the level of education of the working age population in BiH is low in comparison to EU standards. Data for 2012 shows that 42.6% (32% men and 52.5% women) had a low level of qualifications (primary education or less), 48.6% (58.3% men and 39.5% women) had a medium level of qualifications (secondary school), while 8.8% (9.7% men and 8% women) had a high level of qualifications (college, university degree, masters or PHD).¹¹⁰ The education of women in BiH is especially low compared to EU standards. From the gender perspective this is alarming evidence. Groups with low education levels lack some of the basic skills, vocational capacities and the basis for life-long learning. Although significant achievement in higher education is evident it appears that BiH is still far from achieving the EU standards and those advances that have been made in recent years are still to be reflected in the field of work and employment, especially amongst the youth who are increasingly better educated compared to previous generations.

¹¹⁰ BHAS, Labor Force Survey 2012

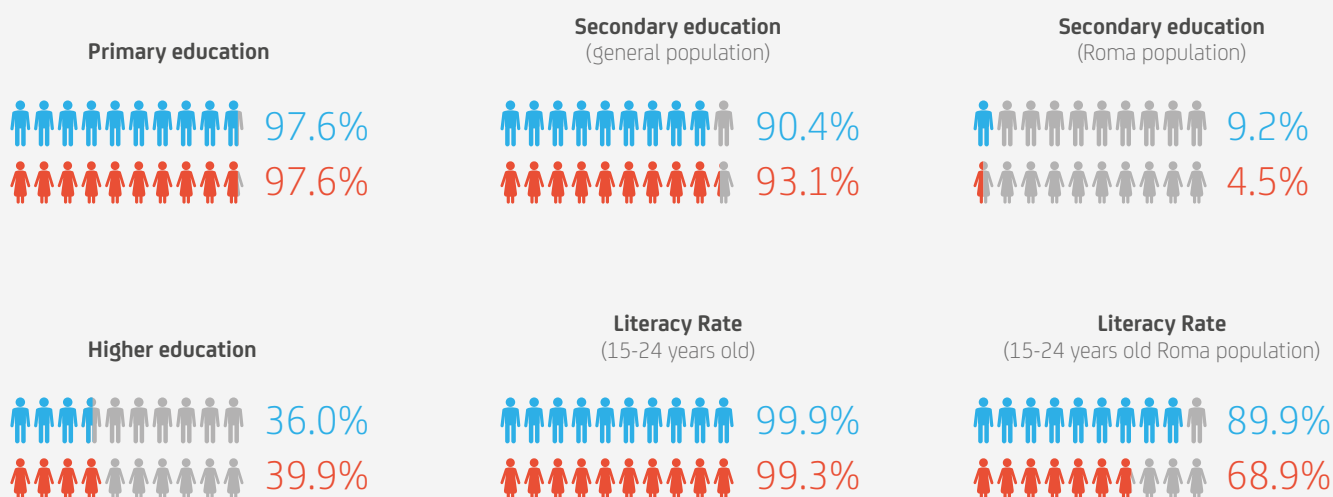
Literacy Amongst Men and Women Aged 15 to 25

Adult literacy is an important MDG indicator for education relating to both men and women. The MICS4 survey assessed literacy rates for men and women aged 15-24¹¹¹ and this data indicates that the majority of women (99.3%) and men (99.9%) aged 15-24 in BiH are literate. Of the women that stated that primary school was their highest level of education 88% were able to successfully read the statement shown to them, while this percentage was higher amongst men at 98%. However, the percentage of illiterate women was high in rural areas. In addition, only **68.9% of Roma women aged 15-24 were literate.**¹¹²

¹¹¹ Literacy was assessed according to the respondent's ability to read a short simple statement or based on school attendance

¹¹² MICS4 findings

Figure 6: Education Inequalities



Universal primary
education at 97%



Preschool enrolment
only 13%



Access to
education/inequalities



Quality of
education



Quality of vocational
education/skills for
labour market

Lessons Learned: Vulnerable Groups and Inclusive Education

The most vulnerable groups from the education and poverty perspectives are minority groups (Roma girls in particular), children with special needs and displaced persons.

Adequate efforts need to be made to implement the principle of inclusiveness mandated by the education laws. Existing practices and prejudices still affect a large number of children with disability. These children are marginalised starting from early childhood. It begins when children with disability are not given access to basic education in mainstream education institutions, teaching staff who were not prepared to work with them and school curricula that were not flexible or adapted to these children's special educational needs.

The existing school networks do not facilitate the return of refugees and displaced persons. The fact that there are often no schools in their pre-war villages/towns or that the closest school is often far away are also reasons for the slow return.¹¹³ Considerable numbers of returnee children walk a long way to their schools and due to the difficult conditions a large number of returnee children only complete primary education.¹¹⁴ It is important to create the conditions for the inclusion of returnee children into schools all over BiH and to provide solutions that will guarantee equal rights amongst all of the constituent peoples in BiH in terms of access to education.

The education reform strategies, laws and various policy documents promote the principles of equal access, availability, acceptance, effectiveness and official recognition, non-discrimination and the absence of segregation in education. However, in practice, pupils and teachers continue to experience ethnic and religious segregation, intolerance and division. The existence of mono-ethnic schools remains a serious concern and is much broader than the issue of 'two schools under one roof'. This shows a growing trend towards the separation of children according to their ethnic group and their enrolment in schools where they learn different programmes. Other forms of segregation, although less noticeable, are happening with respect to Roma children and children with disability. This includes the discriminatory attitudes of other children, their teachers and local communities, which discourage children from attending school and adds to the risk that their parents will not send them to school.

As shown in recent studies and analyses conducted by the UN¹¹⁵, education can act as a springboard for dialogue and reconciliation in BiH. The long term stability and prosperity of the country will depend on the openness of young people and their ability to overcome the differences and find common ground on issues that will affect all citizens and communities in BiH. The youth, parents and teachers have expressed openness towards dialogue and engagement. Therefore, tackling the issue of segregated schooling for pupils of different ethnicities and the provision of acceptable and culturally relevant education for all pupils in all parts of BiH must remain a priority for the country. It is crucial to promote inter-cultural education amongst policy

¹¹³ UNHCR – *Survey on Displaced Persons in Tuzla Canton from the Podrinje Area, Eastern Republika Srpska*.

¹¹⁴ BiH Ministry for Human Rights and Refugees – *Revised Strategy of Bosnia and Herzegovina for the Implementation of Annex VII of Dayton Peace Agreement*.

¹¹⁵ MDGF programme Improving Cultural Understanding in Bosnia & Herzegovina was implemented by UNESCO, UNDP and UNICEF and conducted two surveys on Knowledge, Attitudes and Practices in 2010 and 2013. The research shows that in the ten target municipalities the attitudes on inter-cultural dialogue and reconciliation have changed positively.

makers, practitioners and communities. BiH should pursue efforts to ensure the inclusion of children with disability and Roma children within mainstream education.

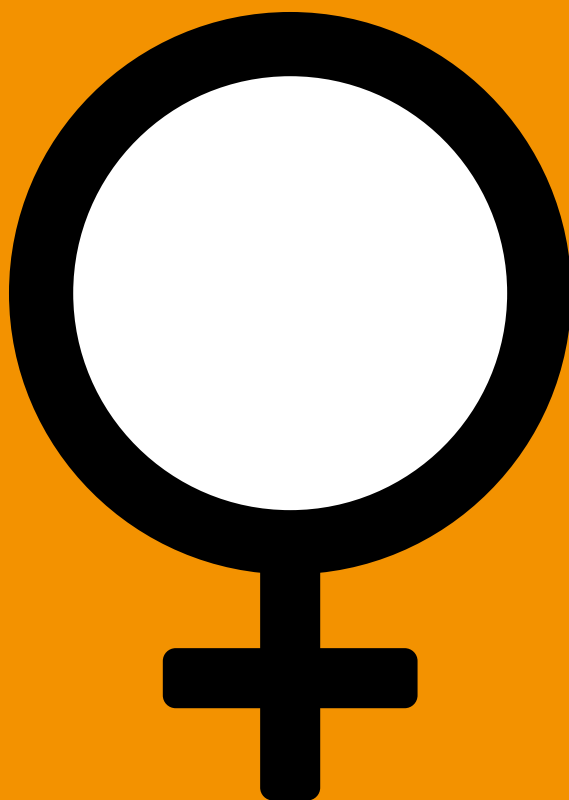
Unfinished Business and Recommendations

A good education is the precursor to a good life filled with opportunity and it is important to achieve this goal as it is a springboard for most of the other MDG and development goals. It is important that BiH continuously benchmarks its progress against standards in the EU as a widening of the gap in terms of general education, skills and labour-force education will affect the long-term progress of the country as it is largely dependent on good results achieved within the education sector. Inequalities that vulnerable groups experience in education need to be urgently addressed, because no education or low education is an impediment to prosperity, quality of life and the ability to exit out of poverty.

- Address the obstacles to early childhood education (ECE) and increase the attendance rate for preschool for all children, including children from vulnerable groups.
- Increase access to primary and secondary education for the entire population and provide special tailor-made programmes/actions that are required to address the problems of particular groups (in particular, Roma and persons with disability).
- Make secondary education compulsory in the entire country and encourage even greater enrolment in higher education and, in particular, a commitment amongst the youth towards lifelong learning.
- Continue interventions within the practice of education that make schools more inclusive tolerant and that advocate for interculturalism and dialogue.
- Develop an education statistics system in accordance with EUROSTAT and strengthen the statistical institutions in BiH, the FBiH and RS in order to produce comparable statistics in accordance with EU standards.
- Reform the system of education funding in order to provide for more efficient education: data shows that BiH is among those countries with the highest percentage of allocation of GDP for education in the region, yet the majority of this allocation is used to cover salaries and not for system development or material resources.
- Align the education system with the needs of the labour market and the needs of economic and social development and develop an efficient certification and re-training system.
- The overarching goal for education in BiH should be the full alignment of the education system with the EU Education Area and the provision of knowledge mobility and the creation of a modern well trained labour force.

MDG 3

To promote gender equality and
empower women



MDG 3

To promote gender equality and empower women

Table 7: MDG3 Indicators

Objective/Target/ Indicator		Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
a		b	Targets as in PRSP	Achieved	e	f	g	h
GOAL 3: To promote gender equality and empower women								
3.A Target: To eliminate gender disparity in primary and secondary education, preferably, by 2005 and in all levels of education no later than 2015								
3.1. Girls/boys ratio in education (No. of girls per 100 boys)	primary	94.7	n/a	94.9	95.0	101 (2011)	100	achieved
	secondary	99.4	n/a	99.0	99.2	103 (2011)	100	
	higher	122.2	n/a	126.6	127.4	129 (2011)	100	
3.2. Ratio of literate women to men 15-24 age group in %		1.01	n/a	0.99 (2008)	0.99 (2008)	1.00 (2011/12)	1	achieved
3.3. Share of women in wage employment in the non-agricultural sector %		39.2	40.0	33.8	34.9	42 (2011)	45	likely
3.4. Percentage of female representatives in BiH Parliament at the state level		14.3	16	10.5 (2008)	10.5 (2008)	19 (2011)	25	potentially
3.5. Registered unemployment amongst women in %		49.4	n/a	49.2	48.1	50.2 (2013)	40.0	unlikely
3.6. Women's unemployment (ratio of employed women within the overall female population) in %		17	13	20.7	23.7	23 (2011)	20	achieved
3.7. Share of women in the employed population in %		37.2	38.0	34.4	37.1	40.8 (2013)	40.0	achieved
3.8. Women's participation in the executive branch of government in %		2.38	4	15	10 (2008)	30 (2013)	10	achieved

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Situation Overview and Progress

The process of mainstreaming gender equality into all spheres of social life in BiH requires, above all, actions aimed at raising awareness and knowledge about the causes and consequences of gender discrimination. BiH faces a wide range of challenges to gender equality ranging from the pressing need to increase the political and economic participation of women, as a key means of advancing development, to the need to address the persistent violation of women's human rights in the country, including the painful consequences of sexual violence used as a weapon of war in the recent past.

BiH has made significant steps towards the development of institutional capacities for work on gender equality and the legal provisions that are in place to guarantee women's rights and gender equality. In 2003 the Gender Equality Law entered into force and with it the forming of the FBiH and RS Gender Centres and the BiH Agency for Gender Equality. Subsequently, the Gender Action Plan (GAP, 2006 – 2010) was adopted in 2006 and the Law on Gender Equality was amended to meet EU and Council of Europe standards in 2009. A comprehensive anti-discrimination law was adopted in 2009. The State-level Electoral Law (as revised in 2006) requires that the election candidate lists contain at least 30% women. A range of strategies define the measures that authorities should take, in cooperation with civil society organisations, in order to prevent and respond to violence against women and girls: the BiH Strategy for Preventing and Combating Domestic Violence 2009-2011; the Strategy for Combating Domestic Violence in Republika Srpska 2009-2013, the Strategic Plan for the Prevention of Domestic Violence in the Federation of BiH 2009-2010 and the third Action Plan for prevention of trafficking in human beings in BiH 2008-2012.

In 2010 the Funding Mechanism for Implementation of the Gender Action Plan (FIGAP) became operational and in the same year BiH became the first country in the Western Balkans to adopt the Action Plan on Implementation of UN Security Council Resolution 1325 on Women Peace and Security (2010 – 2013). Institutional mechanisms for gender mainstreaming have been created in the executive and legislative branches at the state, entity, cantonal and municipal levels of government, including the entity gender centres (FBiH and RS) and the state level Agency for Gender Equality.

The persistent obstacles to achieving gender equality in BiH are mirrored by the discriminating social norms and the pervasive lack of knowledge and awareness amongst the general public about the key correlation between gender equality and socio-economic development. One of the main gaps in the work on gender equality is the lack of data. The absence of statistical and analytical research creates gaps and inconsistencies in policy and legislative work and often serves to misdirect available funding. According to the fourth and fifth periodic CEDAW report (2011), women in BiH face a particularly precarious reality given that they are excluded from political and decision making processes, have disproportionately limited access to employment and many of them are subjected to gender based violence.

Education¹¹⁶

The first indicator used to monitor gender equality and the empowerment of women measures the participation of men and women in education from primary to university. In BiH this indicator shows that the level of **participation of boys and girls in primary and secondary education is almost equal, while female students outnumber their male counterparts when it comes to enrolment and graduation from institutions of higher education.** For the school year 2012/2013 the registered number of students attending higher education was 102,357, of which 56,420 were female students (55.12%). In 2012 in total 18,279 students graduated, out of which 11,037 were female (60.4%).¹¹⁷ While females in the country have continuously outperformed their male counterparts in terms of higher education for a couple of decades this advantage is not reflected in the situation of women in the field of work and employment.

Work and Employment

Gender equality in employment is a necessity if a fair and productive labour market which provides decent work for both men and women is to be created. Within the context of the International Labour Organisation (ILO) Decent Work agenda gender equality embraces the following: equality of opportunity and treatment, equality of remuneration and access to safe and healthy working environments, equality in association and collective bargaining, equality in obtaining meaningful career development, maternity protection and a balance between work and home life that is fair to both men and women.¹¹⁸ The ILO promotes the goal of gender equality as a matter of human rights, social justice and sustainable development. Economic progress in itself does not automatically produce an improvement in terms of greater gender equality.

A strong link between the social roles of women and their education, occupation and position within the labour market is still present in the country despite the better educational attainment of women in higher education. Men continue to outnumber women in the employed population. Labour market analysis¹¹⁹ shows that there are typical male and typical female professions and indicates the presence of a slight gender gap in wage levels in the private sector, where males have slightly higher wages than women.¹²⁰ Discrimination is also visible in the fact that the right of women to maternity leave has been regulated differently in different parts of BiH (cantons and entities) as well as the fact that maternity leave is not always paid and that some women are left jobless after becoming pregnant. These issues need to be addressed through implementation of the current laws in combination with increased monitoring of the Law's enforcement.

¹¹⁶ See more information in the MDG2 chapter.

¹¹⁷ BHAS website: <http://www.bhas.ba/index.php?lang=en>

¹¹⁸ International Labour Office Geneva, (2007), *'ABC of women workers' rights and gender equality'* (Second edition).

¹¹⁹ Annual report to the Council of Bosnia and Herzegovina on the Status of Gender in Bosnia and Herzegovina for 2008, Ministry for Human Rights and Refugees of BiH, Agency for Gender Equality of BiH.

¹²⁰ 2009 Human Rights Report: Bosnia and Herzegovina, Bureau of Democracy, Human Rights, and Labour 2009 Country Reports on Human Rights Practices, March 11 2010. The report covers the period from June 2009 until the beginning of 2010.

According to data from the Agency for Statistics of BiH¹²¹, the overall employment rate is 31.9% (men 41.3% and women 23%). The unemployment rate in Bosnia and Herzegovina in 2011 was 27.6% (26.1% men and 29.9% women). **Overall, women in the age group 16-64 accounted for only 32.8% of the active labour force in BiH in 2011, which was the lowest level of representation of women in the labour market in South East Europe.**

The global economic and financial crisis has had a negative impact on the female population, worldwide and in Bosnia and Herzegovina, and in particular on women's employment levels, which have been decreasing year on year since 2008/2009. Measures to mitigate the effects of the economic crisis tend not to be gender sensitive and bring this issue to the fore; therefore, it is necessary to increase the involvement of women in decision making in the political, economic and financial spheres. Even in sectors such as education and healthcare where women constitute the majority, women are virtually absent from the management and policy development structures governing these sectors.

In total, 26% of women and 19% of men worked in the agriculture sector. In education 98.3% of women were employed in pre-primary education, 69.8% in primary, 57.1% in secondary and 39.8% in higher education. Out of the total number of health workers in the public sector in BiH in 2011 three quarters were female. The greatest difference in the gender distribution of health workers was observed for pharmacists of whom 90% were female and nurse-technicians with more than 80% being women. A high level of female employment was also observed in social welfare and institutions that deal with ill and/or abandoned children. More women than men were also registered as employed in the judicial sector (particularly in the cantonal, regional and municipal courts 60-68%).¹²²

Participation in Political and Public Life

The percentage of women in legislative and executive authorities at all levels remains unsatisfactory, although the situation is much more favourable than in 1996 when the percentage of women in the Parliamentary Assembly of Bosnia and Herzegovina was only 2%. **In 2011, only 19% of women were represented in the Parliament of BiH, 21.4% in the House of Representatives of BiH and 13.3% in the House of the Peoples of BiH.**¹²³ In the 2008 elections the electorate included 49% women and 51% men; registered candidates consisted of 64.8% of men and 35.2% of women, whereas among the elected officials 85% were men and only 15% were women. **The percentage of women elected as mayors was the lowest, at only 2.86%.** In 2011 out of 58 positions there were only 9 (15.5%) female ambassadors and general consuls in the diplomatic/consular offices of BiH.¹²⁴

Available data on the ratio of men to women employed in public administration in Bosnia and Herzegovina shows approximately the same ratio amongst civil servants in both Republika Srpska and the Federation of Bosnia and Herzegovina; however, an increasing number of men held higher and more important positions, such as managers of independent administrative

¹²¹ BHAS, Thematic Bulletin, Women and Men in Bosnia and Herzegovina, December 2011.

¹²² Ibid.

¹²³ Ibid.

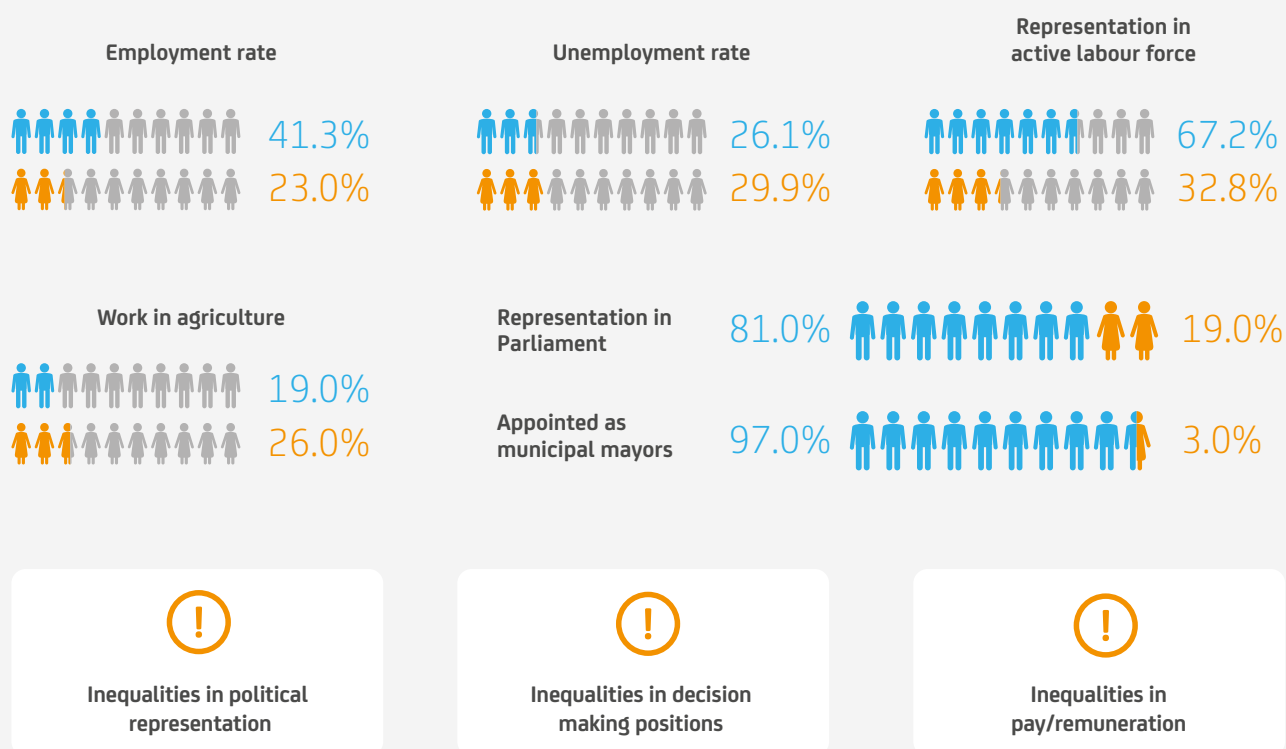
¹²⁴ Ibid.

bodies, assistant ministers, chief inspectors and other. Within the judiciary of Bosnia and Herzegovina it is evident that women outnumber men amongst court personnel. The percentage for women ranged from 43.1% in the Court of BiH, to 67.5% in the municipal courts. Meanwhile, the total percentage of female police officers in 2009 amounted to only 6.3%.¹²⁵ While women's participation remains unsatisfactory and needs to be increased the advocates of such a change often report that society believes police work to be a 'male profession'. When evaluating the level of women's participation in the police it should be taken into consideration that the employment of women in the police has only been actively promoted since the mid-nineties.

Gender mainstreaming policy includes regular pre-election activities to raise awareness on the participation of women in both legislative and executive branches of power. BiH election law requires a 30% quota of female representation in elected bodies. The gender mainstreaming mechanisms have begun to actively support and provide training for political parties yet only when change occurs within political parties and their decision-making structures, statutes and programmes will the participation of women in political life in BiH be truly promoted.

¹²⁵ Agency for Gender Equality in BiH and EUPM (2010) Women in Politics: Condition in Bosnia and Herzegovina.

Figure 7: Gender Inequalities



Social Exclusion

While women face multiple forms of social exclusion in BiH the most persistent ones relate to Roma women, women with disability and internally displaced persons.

The position of Roma women and girls in BiH society is extremely difficult. Roma women suffer discrimination as women and as members of the Roma community. The general low educational level amongst Roma women, their unemployment rate and the patriarchal attitude that prevails in Roma communities further compounds their difficult situation.¹²⁶ The 2012 Progress Report of the European Commission concludes that very little progress has been made on improving the situation of Roma women and children who continue to suffer from discrimination and domestic violence.¹²⁷ Different research indicates extensive social exclusion of Roma in BiH in general and Roma women in particular. About 90% of Roma women have no access to healthcare, social protection or employment.¹²⁸ The Alternative CEDAW report for 2010 quoted a nationwide survey that showed that almost 82% of Roma women were unemployed, 9% were working in the informal sector and 7% were begging for survival.¹²⁹ In the public sector very few Roma (2-3%) were employed.¹³⁰

A UNDP study¹³¹ states that **nearly 80% of Roma women do not even complete primary education and only 4.5% of Roma women complete secondary education, compared with 9.2% of Roma men.** Only 47 % of Roma girls were enrolled in primary education. The fact that the literacy rates of Roma women are consistently lower than those of Roma men is of particular concern, since the wellbeing of the family and especially of children is closely related to the level of education of the mother.¹³² In BiH this is reflected in the literacy rates for young Roma women aged between 15 and 24 at 68.9 % compared with 90.4 % for their male peers. While the adjusted net attendance ratio measured in MICS4 was roughly similar at 70.9% for boys and 67.8% for girls the ratio for secondary school widened to 18% for girls compared with 26.6% for boys.¹³³

The needs of Roma women and girls are not specifically addressed in the Roma Education Action Plan or in the framework document of Bosnia and Herzegovina for promoting education: 'Strategic Directions for the Development of Education in Bosnia and Herzegovina 2008–2015'. The Gender Action Plan (GAP) of Bosnia and Herzegovina refers to it in some chapters, such as Education and Participation of Roma Women, but not in those that deal with employment. In addition, the proposal within the GAP to develop a strategy for increasing the number of women from rural areas and Roma women in the decision-making organs at the local level has not been realised.

¹²⁶ UNICEF: *The Status of Roma Children and Families in Bosnia and Herzegovina* (Draft, July 2013).

¹²⁷ European Commission, Commission Staff Working Document, Bosnia and Herzegovina 2012, Progress Report

¹²⁸ BH-HCHR (2007) Report on Human Rights in BiH, Helsinki Committee for Human Rights in BiH.

¹²⁹ Sehic, D. "Status and Promotion of Women's Human Rights of Roma Women", pp. 53 – 64 in Rights for All/Helsinki Citizens' Assembly, Alternative Report on the Implementation of CEDAW and Women's Human Rights in BiH, CARE International, Sarajevo, 2010

¹³⁰ The Ministry for Human Rights and Refugees of Bosnia and Herzegovina, Action Plan on Employment, Housing and Health Care, Sarajevo, 2008.

¹³¹ UNDP, At Risk – *The Social Vulnerability of Roma, Refugees and Displaced Persons in Southeast Europe*, Bratislava, 2006

¹³² Milic, S. *Roma in an Expanding Europe: Challenges for the Future – Needs Assessment Study for the Roma Education Fund*, Montenegro, 2004.

¹³³ The Ministry for Human Rights and Refugees of Bosnia and Herzegovina et al., Multiple Indicator Cluster Survey (MICS) 2011–2012, Bosnia and Herzegovina: Roma Survey, Final Report.

Women with disability face daily discrimination, both as women and as persons with disability. According to data of the World Health Organisation, it is estimated that at least of 10% of the population in BiH has physical, sensory, developmental, mental or emotional types of disability and that 30% of the population is either directly or indirectly affected by the consequences of disability. Almost two-thirds of all disabled persons in BiH live close to or below the poverty line. People with disability and in particular women with disability often lack adequate healthcare, access to services and tend to be socially isolated. The document 'Disability Policy in Bosnia and Herzegovina' was adopted by the Council of Ministers of BiH in 2008. This document contains principles that enable the entity authorities to make improvements in the area of the rights of persons with disability, with special emphasis on disabled women. The document also provides for the required budgetary allocations, budgetary planning, preparation and implementation, guidelines for drafting strategies and action plans in the area of disability, promotes the harmonisation of laws and makes recommendations for improving the "equality of rights" across the entire territory of Bosnia and Herzegovina.¹³⁴

The most severe and most common forms of violating the rights of persons with disability in Bosnia and Herzegovina are found in the fields of social protection, health, education, rights of access to information, labour and employment and in the field of organised action of people with disability. Even where laws exist to regulate this area there is an evident record of discrimination in practice. This is partly due to the fact that disability is addressed through separate laws and policies covering healthcare, labour, employment, war veteran's affairs, protection of civilian victims of war and the fact that social protection is tackled by different ministries. There is also a lack of common criteria on the grounds of which the rights are exercised and this leads to discrimination against persons with disability according to the cause of the disability and the person's place of residence; it also creates inequalities in claiming rights, obtaining personal disability benefits, financial compensation for assistance and care by another person and compensation for the purchase of assistive equipment. The absence of statistical and other information on the extent, nature and characteristics of persons with disability is also a major obstacle to those seeking to improve the situation for the disabled. There is also no central registry of people with disability. There is no clear data on the number of people with disability, estimates are always used, and these people are usually tracked through the social care system and pension funds. It is also noteworthy that any laws regulating this matter are inconsistently implemented. Gender disaggregated data is also not available. Worryingly, as is evidenced from the following section, women with disability are also more likely to be the victim of domestic violence.

Female headed households make up almost one-third of the total number of internally displaced persons in BiH. Currently 7,500 people are located in collective centres and are often subject to multiple insecurities relating to their physical and mental health, age and the absence of a basic livelihood or family support as well as their inability to return for reasons of personal security. During 2008 and 2009 the UNHCR coordinated the activities of relevant government institutions and international organisations in support of a number of women - internally displaced persons - who were also civilian victims of war or who had suffered sexual violence during the war. The aim was to provide them with appropriate and permanent residence and to improve their overall quality of life through various forms of assistance.

¹³⁴ BiH Council of Ministers have adopted 2008 the Disability Policy in Bosnia and Herzegovina in 2008.

Domestic Violence

Research shows that **women and children are five times more likely than men to be the victims of domestic violence.**¹³⁵ Data reported by NGOs that run specialised services that respond to domestic violence (SOS help-lines, safe houses and legal assistance centres) indicate that the number of women beneficiaries of such services increased between 2007 and 2009.¹³⁶

It is very difficult to determine the extent of domestic violence in BiH. The key reasons for this are primarily the hidden nature of the problem, the failure to report cases of domestic violence, the lack of uniform statistical records and the treatment of domestic violence as a 'private problem'. In recent years, primarily through the dedicated work of civil society in BiH, the perception of domestic violence has slowly begun to change and more and more people are beginning to see domestic violence as a serious social problem. Domestic violence is slowly becoming a matter of legislative, public and research interest. This is also evident in the amendments that have been made to existing as well as the adoption of new legislation to regulate this matter; it is also evident in the increased interest of the public and the media concerning this issue as well as the efforts to improve statistical data collection and research on the extent of the problem.

In order to address this issue UN Women, UNFPA and UNICEF have pooled funds allocation from FIGAP with the BiH Gender Equality Agency and undertaken the first Prevalence Survey on Gender Based Violence in BiH.¹³⁷ According to the research findings, more than half of the women surveyed (47.2% in BiH, 47.2% in the FBiH and 47.3% in RS) had experienced at least one form of violence since the age of 15. During the 12 months preceding the survey 11.9% of women in BiH had experienced some form of violence (FBiH 12.7% and 10.6% in RS). Findings indicate that the most frequent form of violence is psychological, with an overall prevalence of 41.9% during a lifetime and 10.8% during the last year. The second most prevalent form of violence is physical with a prevalence rate of 24.3% during a lifetime and 2.4% during the last year. Sexual violence had been experienced by 6% of women during their adult life, while 1.3% of the women had been the victim of sexual violence during the last year.

The perpetrators of violence against women are most often their former or current partners (71.5% of cases). Young women are subjected to violence more than older women (the prevalence rate of violence amongst women aged 18-24 was 56.38% and 44.2% in the case of women over 65 years). Furthermore, women with poor health and disability were not spared from violence: the prevalence rates were the same as in the sub-sample of healthy women and women without disability. Data on the frequency of violence indicates that occurrences of violence are not individual incidents but that these practices are repeated systematically.¹³⁸

The prevalence of domestic violence was higher in rural than in urban areas (49.2% vs. 44.3%) and material deprivation significantly increased the risk of domestic violence: 19.7% of women who did not live in deprived households had experienced violence compared to 26.3% of women from

¹³⁵ UNDP: National Human Development Report 2007

¹³⁶ CEDAW Alternative Report for BiH, October 2010, pp. 42-43.

¹³⁷ Agency for Gender Equality of BiH and the MoHRR: *Prevalence and Characteristics of Violence Against Women in BiH*, 2013.

¹³⁸ Ibid.

deprived households. In families where violence against women had been registered there were also pronounced patriarchal attitudes towards gender roles, although this was generally high throughout the sample. Furthermore, the culture of 'tolerance towards violent conflict resolution' and the presence of various problems, such as sick or immobile family member, alcoholism or aggressive behaviour by family member/s, were all factors that increased the risk of violence against women. For example, the findings show that in households where there were seriously ill or immobile members more than a third (33.4%) had experienced violence, while the prevalence of violence against women in families without such difficulties was 19%. In households where alcohol related problems were identified almost 60% of women had experienced violence, while this percentage was lower (20%) in households without such problems.

Women who had been the victim of violence during the past year were more frequently in bad moods and experience sadness, anxiety and fear, anorexia, difficulty concentrating, thinking clearly, learning and such like. In addition to these various psycho-somatic complaints, severe consequences of violence are the injuries that women receive in the case of physical or sexual abuse. The most frequent forms of injury were scratches, bruises and undetermined physical pain, but there was also a significant proportion of women who had experienced a loss of consciousness, severe bruising, inflammation and similar. Some women had also been subjected to very severe forms of violence and as a consequence had suffered fractures and even wounds inflicted by weapons.¹³⁹

One important research finding is that **many women omit to recognise violence**. There is a general lack of awareness of the different forms of violence as well as recognition of personal experiences of violence. Although a large number of women reported different individual experiences of violence they did not perceive themselves as being a victim of violence. For instance, 58.4% of women who had experienced physical violence over the past year said that they did not view themselves as a victim of physical violence; an even smaller proportion recognised the fact that they had been exposed to physical, economic and sexual violence. In addition, a very small number of the women who had been victims of violence had taken the necessary steps to get out of the situation. About 17% of women who had experienced violence had tried separation, divorce or leaving the household as a solution to their problem; only about 4% had tried counselling.

There was also a significant discrepancy between what women thought and what they did. In most cases women thought that the victims of domestic violence should seek some form of support from the relevant institutions, yet only 5.5% of the women who had been subjected to violence actually sought this support. Especially worrying were the reasons why women did not contact such institutions. In the majority of cases these women did not contact the relevant institutions or organisations because they did not think they needed help. Other reasons included the fact that they did not know who to contact, fear, shame and a low level of trust in the relevant institutions.

The research findings further show that services provided to those women who did seek support as a victim of violence were not always provided in accordance with the principle of the full protection of women. Thus, there were cases in which the police and healthcare workers did not treat women in an adequate manner, but rather treated these women as the provokers of violence. The perpetrators were not removed, incidents were not reported and the women were

¹³⁹ Ibid.

not referred to the appropriate institution or organisation. Yet it should be noted that women in most cases reported relatively positive experiences, in that they assessed the support that had been given to them as, at least in part, helping to solve their problem of exposure to violence.¹⁴⁰

In 2010 a survey¹⁴¹ was conducted amongst more than 600 Roma women across Bosnia and Herzegovina and revealed a situation of widespread violence. MICS4 data indicates that 21.1% of Roma men and 43.5% of Roma women aged between 15 and 49 still believed that a husband is justified in beating his wife/partner for various reasons.¹⁴² The difficult situation of Roma women with regard to violence is compounded by their lack of trust in the law enforcement institutions charged with protecting the victims of domestic violence; there were even instances of a refusal by such institutions to protect them. Specific intra-community dynamics also contribute to this situation. Roma victims of domestic violence often do not seek medical help, since they might not have health insurance; often they do not seek help because they are ashamed or even afraid that they will again fall victim to violence by their husband or other male members of his family. In many cases they do not receive help from their own family.¹⁴³ The survey revealed that the main reasons why women fail to request medical help were “out of shame” (54%), “husband forbid it” (14%) and “no health care record”/“didn’t expect help”.

A special protective measure for the victims of domestic violence is placement in a safe house. There are currently nine such shelters operating in BiH. International organisations and UN agencies have supported and continue to support the work of these shelters, while funding by government institutions is also improving each year. An example to that effect is the UN Women supported introduction of legal obligations in Republika Srpska to fund the running costs of such shelters through the RS budget (70%) and through the budgets of local communities (30%). Further progress in this regard is expected from amendments to the Law on Protection against Domestic Violence in the Federation of BiH.

¹⁴⁰ Ibid.

¹⁴¹ Data from Rights for All, Stop Violence! *Report on Domestic Violence Against Roma Women in Bosnia and Herzegovina*, Sarajevo, 2010.

¹⁴² The Ministry for Human Rights and Refugees of Bosnia and Herzegovina et al., Multiple Indicator Cluster Survey (MICS) 2011–2012, *Bosnia and Herzegovina: Roma Survey, Final Report*, op. cit., pp. 95–96.

¹⁴³ Sehic, D. “Status and Promotion of Women’s Human Rights of Roma Women”, pp. 53 – 64 in *Alternative Report on the Implementation of CEDAW and Women’s Human Rights in BiH*, op. cit., p. 60.

Sexual Violence and Trafficking in Human Beings

Other forms of GBV, in particular sexual violence and trafficking, also affect women's prospects of enjoying their rights and full equality with men. The prosecution of war crime cases involving sexual violence remains low;¹⁴⁴ while in the aftermath of war BiH is for the first time faced with the problem of trafficking in human beings and is considered both as a source and transit country for Western Europe and a destination for the victims from Central and Eastern Europe. A series of legal, administrative and operational measures have been taken to address this problem. According to the Report on Trafficking in Human Beings for 2010, 60 victims were identified in 2010, 19 more than in 2007. Of this number 52 were citizens of BiH, while four were from the Ukraine and another four from Serbia.¹⁴⁵

In response to the increasing number of domestic victims, the BiH has established legal and administrative measures to deal with victims and provide them with the necessary rehabilitation and assistance for reintegration into society. This includes a fund within the Ministry for Human Rights and Refugees of BiH to help the victims of trafficking in human beings. The fund is financed by BiH and international donors as are regional monitoring teams to ensure that the standards of care conform to the legal standards applied to the handling of cases of human trafficking. In 2009 BiH adopted an amendment to the Criminal Code determining a minimum sentence of three years of imprisonment for trafficking in human beings. Although BiH authorities investigate and processes cases there have been only three convictions in the last 10 years,¹⁴⁶ which points to the pressing need to strengthen the links between the judiciary and the police.

Lessons Learned

In the period since 2000 significant progress has been made concerning the development of the legal and institutional frameworks needed to improve gender equality and empower women in BiH. On the other hand, in real life, the required changes in employment practices, income opportunities and political participation still represent a challenge.

Although women in BiH are on a par with men in relation to primary and secondary education, even outperforming men in terms of higher education for a couple of decades, this advantage is not reflected in the situation of women in the field of work and employment. Even in the sectors such as education and healthcare where women constitute the majority, women are virtually absent from the management and policy development structures governing these sectors. Political participation has improved in comparison with previous years in the executive branch of government, within Council of Ministers of BiH (CoM); however, not a single ministerial position is held by a woman at this level. However, the target for this indicator has been met given that 6 deputy ministers in the CoM are women.

Bosnia and Herzegovina still has to cope with deep rooted patriarchal stereotypes regarding the role and responsibilities of men and women within the family and in society at large. Further policy

¹⁴⁴ EU Progress Report, October 2011.

¹⁴⁵ Progress towards the Realization of Millennium Development Goals in Bosnia and Herzegovina, BiH MoFT and UNCT, July/August 2010.

¹⁴⁶ CEDAW Alternative report

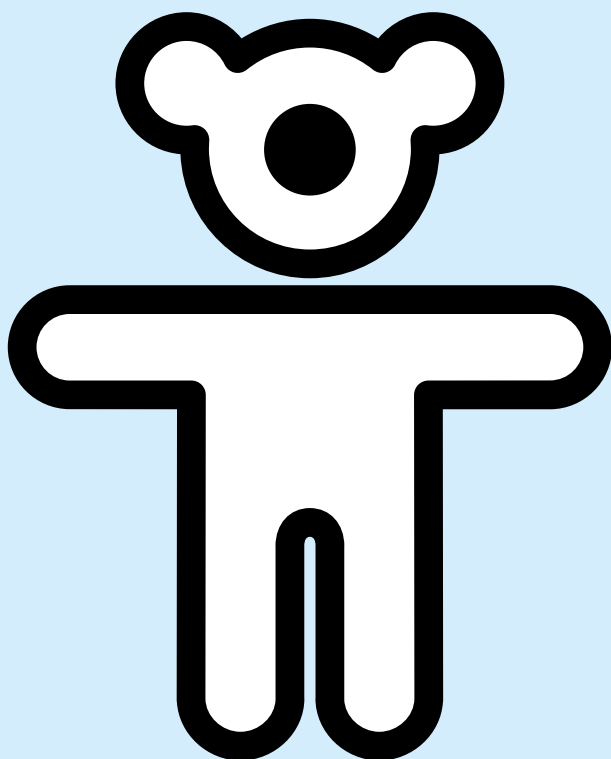
development and the acceleration of implementation of the adopted legislation constitute important structural changes required for achievement of gender equality. Furthermore, the complex division of roles and responsibilities within the different levels of government present a significant challenge to applying a uniform holistic approach to gender mainstreaming across the different sectors. Improvements are needed in both strengthening institutional capacities and enhancing cooperation between the gender mechanisms and the key ministries and civil society organisations in order to increase gender mainstreaming in all aspect of the work of government.

Unfinished Business and Recommendations

- Increase efforts to include marginalised women and girls in the education system, in particular Roma women and girls and disabled women and girls.
- Apply provisions of the Gender Equality Law in relation to work and employment issues in cases of violations of women rights
- Reduce and bridge the wage gap among men and women for the same work performed.
- Increase the number of female representatives within the elected and appointed positions and bodies and in decision-making positions within the administration through application of special interim measures.
- Intensify efforts to combat trafficking in women and girls.
- Recognise and protect women who were civilian victims of sexual violence during the armed conflict.
- Improve policies and measures to combat violence against women through the establishment of a system for monitoring violence against women, improvement of prevention and support services to female victims of violence and raise awareness and sensitivity in the general public as to how to recognise and act if faced with domestic violence or violence against women.

MDG 4

To reduce child mortality



MDG 4

To reduce child mortality

Table 8: MDG4 Indicators

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report))	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
		Targets as in PRSP	Achieved				
a	b	c	d	e	f	g	h
GOAL 4: To reduce child mortality							
4.A Target: To reduce the under-five mortality rate by two thirds between 1990 and 2015							
4.1. Under-five mortality rate, per 1,000 live births	9.6	9.3	8.5	8.3 (2008) 8.1 (2009)	7.9 (2010) 7.7 (2011)	7.0	likely
4.2. Infant mortality (under one year of age) per 1,000 live births	7.6	7.0	6.6	6.9 (2008) 6.5 (2009)	6.4 (2010) 5.8 (2011) 5.0 (2012)	5.0	achieved
4.3. Percentage of children vaccinated against measles by the age of 1 in %	80.7 to 95.1	98	75 (2006)	75 (2006)	79.9 (2011/12)	100	unlikely
Additional indicators for BiH							
4.4. Percentage of children weighing 2,500 grams or less at birth in %	4	3	4.5 (2006)	4.5 (2006) 4.7(2009)	3.1 (2011/12)	1	potentially
4.5. Children under 6 months exclusively breastfed in %	2.1	5	17.6 (2006)	17.6 (2006)	18.5 (2011/12)	15	achieved

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Situation Overview

Overall, globally substantial progress has been made towards achieving MDG 4. The number of under-five deaths worldwide has declined from nearly 12 million in 1990 to 6.9 million in 2011. While this translates into 14,000 fewer children dying every day in 2011 compared to 1990 it still implies the deaths of 19,000 children under age five every day in 2011.¹⁴⁷

In Bosnia and Herzegovina, according to official statistical data, the infant mortality rate decreased by 35% from 7.6 in 2000 to 5.0 in 2012¹⁴⁸ and therefore the goal of reducing the infant mortality rate to 5.0 in BiH has been achieved. This constitutes a significant and continuous improvement in comparison to post-war years when the infant mortality rate was 14.0 (1996). The under five child mortality estimate rate in BiH also declined by 20% from 9.6 in 2000 to 7.7 in 2011.¹⁴⁹

In 2011 a total of 211 cases of under-five deaths were registered, of which 184 (87.2%) were children under 12 months and 27 (12.8%) children from 1-4 years of age.¹⁵⁰ The main causes of infant death were conditions originating in the prenatal period (64.1%), and congenital malformations (19%), while 76% of all infant deaths occurred at birth or within the first week of life. The leading causes of death during the 2010/2011 period were found amongst 1-4 year olds and resulted from congenital malformations (28.5%), injuries (19%) and neoplasm (12.6%). Infectious and parasitic diseases, including pneumonia, contributed 4% overall toward the under five group.¹⁵¹ Assuming that causes of child death were accurately reported in BiH, it can be concluded that a further reduction in child mortality in the country will increasingly depend on addressing the issue of preventable neonatal mortality. Low infant birth weight is among the key risk factors associated with increased morbidity and mortality in children. According to the Multiple Indicator Cluster Survey (MICS4), the percentage of infants weighing less than 2,500 grams decreased from 4% in 2000 to 3.1% in 2011/2012.

A wealth of important health data was gathered in BiH through the fourth Multiple Indicator Cluster Survey¹⁵² (MICS4), which also included a special section that inquired into the lifestyles and health of Roma families and children. The primary aim of MICS is to provide indicators for monitoring the level of progress towards achieving the Millennium Development Goals, the Plan of Action for *A World Fit for Children* as well as other international and national commitments undertaken by BiH. BiH MICS4 2011–2012 was conducted using a representative sample in order to provide estimates for a large number of indicators on the situation of children, women and men as well as household living conditions at the level of BiH, the Federation of BiH and Republika Srpska as well as for urban and rural areas.

¹⁴⁷ UN Inter-agency Group for Child Mortality Estimation (2012), Levels & Trends in Child Mortality Report 2012.

¹⁴⁸ BHAS demography bulletins and demography releases.

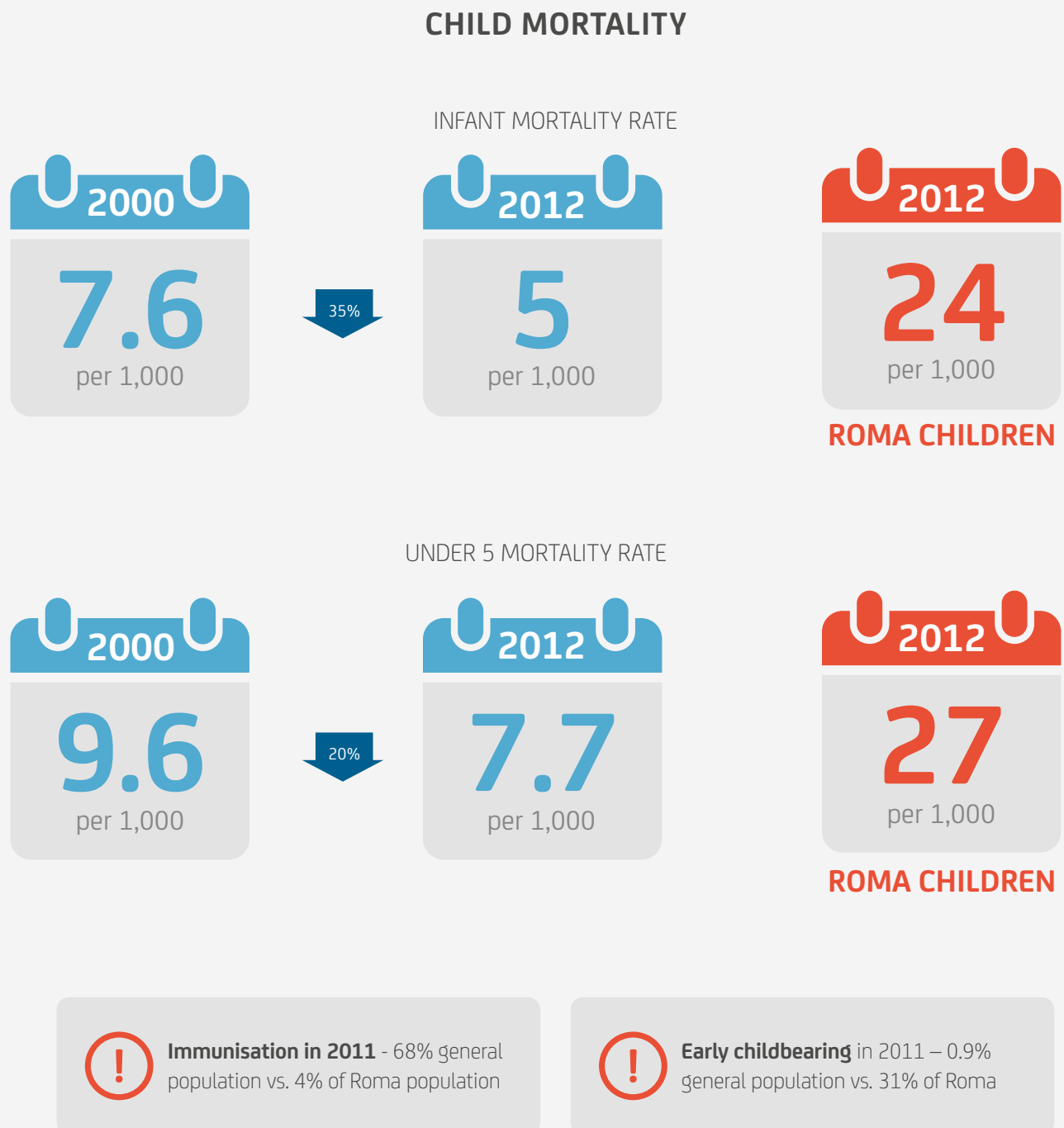
¹⁴⁹ Level & Trends in Child Mortality estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA, UNPD, 2012)

¹⁵⁰ BHAS 2011 demography bulletin (2012).

¹⁵¹ Ibid.

¹⁵² The survey was implemented by the Federal Ministry of Health (FMH) and the Ministry of Health and Social Welfare of Republika Srpska (MHSW RS) in cooperation with the Institute for Public Health of the FBiH (PHI FBiH) and the Agency for Statistics of BiH (BHAS). Financial and technical support was provided by UNICEF with additional financial support provided by UN Women for preparation of the master sample frame and by UNFPA and UNHCR. MICS4 2011–2012 was based on a representative sample of 6,838 households in BiH (4,107 in FBiH, 2,408 in RS and 323 in Brcko District). The overall response rate was 91% (in total, 5,778 households were interviewed). Data was collected over the period November 2011 and March 2012.

Figure 8: Decrease in Child Mortality Rates



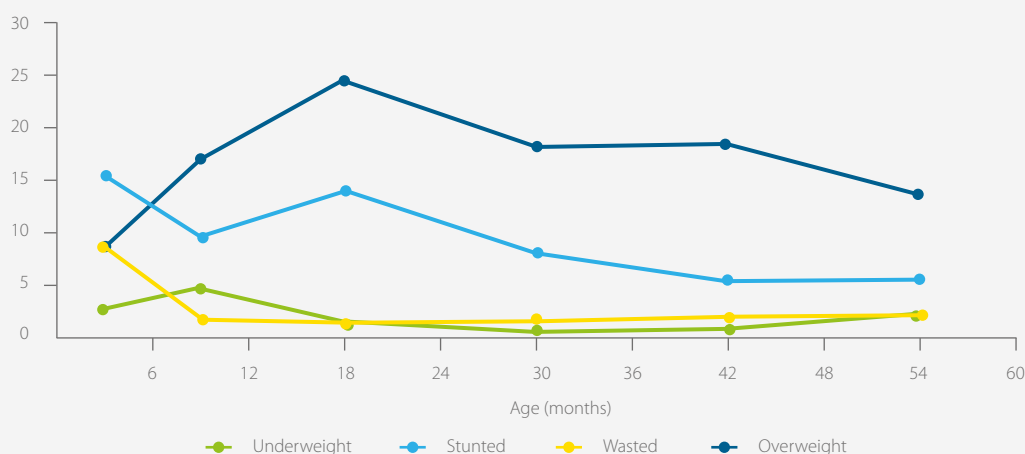
Nutrition

Under MICS4 the weight and height of all children under five years of age were measured using anthropometric equipment recommended by UNICEF. The prevalence of underweight children was low and only present in around 2% (2% in FBiH and less than 1% in RS) of children under-5 years of age in BiH, yet half of these children were severely underweight. The highest percentage of underweight children was found amongst children aged 6-11 months. One in eleven children of that age (9%) were too short for their age (10% FBiH and 6% in RS) and 4% severely stunted (5% in FBiH and 2% in RS). Some disparities were noted in the urban/rural analysis: 6% of children in urban areas were severely stunted compared to 3% of children under-5 in rural areas. The data shows that wasting was present in around 2% (3% in FBiH and 2% in RS). The highest percentages of stunted children (16%) and wasted children (9%) were found amongst children aged 0-5 months, while the highest percentage of underweight children (5%) was amongst children aged 6-11 months. The situation concerning Roma children was particularly alarming. Moderate and severe stunting for Roma children under-5 years was 21.1%, compared to 8.9% for the general population, and 8.8% of Roma children were underweight compared to 1.9% of the general population.¹⁵³

In the overall population of children under-5 the main nutritional problem discovered by MICS4 was being overweight: 17% of children in BiH were overweight. Of the children aged under-5 living in rural areas 16% were found to be overweight, while in urban areas 21% were overweight. Surprisingly, the proportion of overweight children increased with the educational level of the mother and household wealth and was highest amongst children whose mothers had higher education (22%) and amongst children living in households in the two richest wealth quintiles (21% each). Overweight children were present across all age groups; the percentage rose from the youngest age group and peaked amongst children aged 12-23 months (25%), but was then followed by a decline in the percentage of overweight children (see the Figure below).

¹⁵³ BiH MICS4 2011-2012 Report (2013)

Figure 9: Percentage of children under five who are underweight, stunted, wasted or overweight in BiH (2011-2012)



Source: BiH MICS4 2011-2012 report.

Breastfeeding and Child Feeding

Breastfeeding in the first few years of life protects children from infection, provides an ideal source of nutrients and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to artificial feeding (infant formula), which can contribute to faltering growth and micronutrient malnutrition and is unsafe if clean water is not readily available.

There were no large differences between the FBiH and RS in the percentage of children who were ever breastfed (95%) or in the percentage of children who were first breastfed within one day of birth (87%) and children who received a prelacteal feed (21%). Approximately 19% of children aged less than six months in BiH were exclusively breastfed,¹⁵⁴ while nearly half of these children in BiH were predominately breastfed (46%). Fifteen per cent of children were exclusively breastfed in the FBiH and this percentage in RS was about 32%, while the percentage of predominantly breastfed children aged less than six months was 42% in the FBiH and 63% in RS.¹⁵⁵

The percentage of children who received a prelacteal feed increased with the mother's level of education: from 10% amongst mothers with primary education to 29% of mothers with higher education. The median duration for any breastfeeding was shorter amongst children whose mothers had higher education (4.2 months) compared to children whose mothers had primary or secondary education: about 8 months in both cases. The median duration for predominant breastfeeding in months declined, although not uniformly, with the increased wealth of the household (from 5.2 months for the poorest to 0.4 months for the richest households).¹⁵⁶

Low Birth Weight

Low birth weight (less than 2,500 grams) carries a range of severe health risks for children and therefore it is important for all children to be weighed at birth. Almost all children born in the two years preceding the survey were weighed at birth (98%), with 3% of them weighing below 2,500 grams. The percentage of low birth weight did not vary much between the FBiH and RS, by urban and rural areas or by household wealth. However, children that weighed less than 2,500 grams were four times more common amongst Roma (14%) than children from the general population. Weight at birth is a good indicator not only of the mother's health and nutritional status but also the newborn's chance of survival, growth, long-term health and psychosocial development. Low birth weight carries a range of grave health risks for children, while babies who are undernourished in the womb face greatly increased risk of disease and dying during their early months and years. Low birth weight is most commonly associated with the mother's poor health and inadequate feeding as well as cigarette smoking, especially during pregnancy. Teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.¹⁵⁷

¹⁵⁴ 'Exclusively breastfed' refers to infants who received only breast milk (and vitamins, mineral supplements or medicine as needed). 'Predominantly breastfed' refers to infants who received breast milk and certain other liquids (water, water-based drinks, fruit juice, oral rehydration solutions, drops, vitamins, minerals and medications) but who did not receive anything else, in particular any other milk, food-based liquids and semi-solid or solid foods.

¹⁵⁵ BiH MICS4 2011-2012 Report (2013)

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

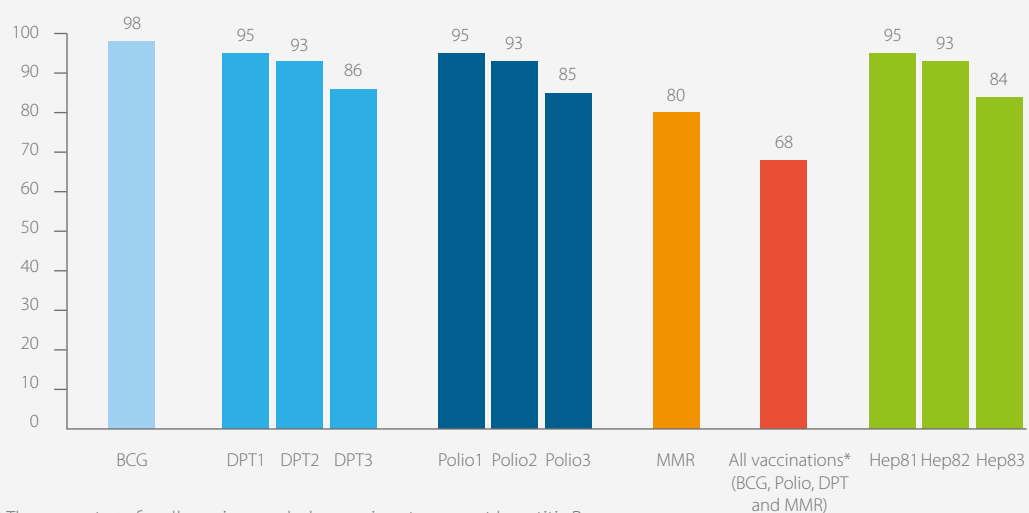
Roma girls enter into early childbearing 30 times more frequently than those from the general population, which contributes to the issue of low-birth weight in Roma children.

Immunisation Coverage

Immunisation plays a key role in achieving the goal of reducing child mortality and has saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunisation (EPI) in 1974. According to UNICEF data, 27 million children worldwide are still overlooked by routine immunisation and as a result vaccine preventable diseases cause more than 2 million deaths each year. According to UNICEF/WHO guidelines children should receive the BCG vaccination, to protect against tuberculosis, three doses of DPT, to protect against diphtheria, pertussis, and tetanus, three doses of the polio vaccine, three doses of the Hepatitis B (HepB) vaccine and the measles, mumps and rubella vaccination (MMR) by 12 months of age. A World Fit for Children goal is to ensure full immunisation coverage for children less than one year of age at 90% nationally, with at least 80% coverage in each administrative unit.¹⁵⁸ During the MICS4 research vaccination cards or health booklets were available for 91% of children under-5. The percentage of children in BiH who had received all of the UNICEF and WHO recommended vaccinations during infancy was 68% (67% in FBiH and 72% in RS). This indicator includes the percentage of children who had received a BCG vaccine as well as three doses of the DPT and three doses of the polio vaccine by 12 months of age and an MMR vaccine by 18 months of age (see the Figure below).

¹⁵⁸ Ibid.

Figure 10: Percentage of children aged 18-29 months who received the recommended vaccinations by 12 months (18 months for MMR), BiH, 2011-2012



Source: BiH MICS4 2011-2012 Report.

Child Protection

The Millennium Declaration calls for the protection of children against abuse exploitation and violence. Every other child aged 2-14 in BiH had been subjected to either psychological aggression as punishment or physical punishment by an adult in the household during the month preceding the MICS4 survey (55%): One in twenty children aged 2-14 had been subjected to severe physical punishment, while one-third of children had been disciplined using only non-violent methods. Male children were to a higher extent subjected to violent methods of discipline compared to female children (60% vs. 50%). Children in households where the household head had no education were five times more likely to be subjected to severe physical violence as a form of punishment compared to children from households where the household head had attained primary secondary or higher education.

The general public sees violence against children as a private matter and this constitutes a bottleneck to the eradication of this serious issue. Yet local authorities increasingly recognise violence against children as a danger to society as a whole and are therefore more concerned about the increase in peer violence.

In BiH the ratio of children placed in alternative family-based care to those children placed in institutions was 1:1.75, which is a trend that is cause for concern when compared to the standards set by the UN Guidelines for the Alternative Care of Children.¹⁵⁹ From 2012 approximately 16% of all children in institutions in BiH were below three years of age (the second worst in the region, after Bulgaria).¹⁶⁰ In addition, 67% of all children in institutions were children with disability;¹⁶¹ these children are more prone to staying longer in institutions and more vulnerable to neglect and abuse. Although family care is a better and cheaper option for children without parental care, compared to residential care, the number of children in family-based care has been decreasing. The rate of children in residential care (in 1,000s) went up from 1.8 in 2000 to 2.3 in 2010, while the rate of children in the care of foster parents or guardians (in 1,000s) went down from 2.5 in 2000 to 1.3 in 2010. This trend is particularly alarming when it comes to infants below 3 years for whom institutionalisation has increased from 68 per 100,000 in 2000 to over 83.3 in 2010. A major bottleneck is the insufficient budget allocated for family strengthening and the development of alternatives to institutionalisation as well as the low level of awareness amongst decision makers about the alternatives to institutionalisation. In addition, there is the general stigma attached to children with disability supported by the fact that service providers, due to the traditional approach, encourage parents to place children with disability in institutions.

BiH adopted the '2011-2014 Strategy to Combat Violence against Children' and has strengthened the provision of practical training for professionals working with/for children to detect and respond to cases of domestic violence against children. Additionally, thorough protocols for the referral mechanisms have been developed and approved by the MoHRR and are being tested in ten municipalities. The centres for social work (CSW) are the most important link in the identification, reporting and response to violence involving children yet their capacity to provide these services

¹⁵⁹ <http://www.unicef.org/aids/files/UN_Guidelines_for_alternative_care_of_children.pdf>

¹⁶⁰ <<http://www.transmonee.org/>>

¹⁶¹ Ibid.

remains insufficient. The main challenges are: (a) lack of capacity of the CSW to offer support to those affected by VAC (violence against children), (b) insufficient collection of data related to VAC, although this is slowly starting to change and (c) the lack of perception of family violence as VAC.¹⁶²

Some progress has been made in strengthening child protection systems at the local level, wherein more than 30 municipalities have received support to enhance the capacity of the centres for social work and establish referral mechanisms to respond to cases of violence, abuse, neglect and exploitation. The overall percentage of municipalities referring children through a continuum of services improved from 15 to 23%. The family laws of the FBiH, RS and Brcko District are consistent with the provisions of the Convention on the Rights of the Child, but are far from being implemented. The FBiH and the ten cantons have developed Action Plans with budgets to implement the new BiH Strategy on Children without Parental Care. The Call to Action to ensure the deinstitutionalisation of children below 3 years of age is also a positive sign of the authorities increasing interest in committing to ensure that all children below 3 years are kept out of institutions. This requirement is part of the new RS legislation and the draft Law in the FBiH. These laws will provide leverage to ensure their implementation.

Alarming Situation concerning Roma Children

A special focus of MICS4 on the Roma population brought to the surface the alarming situation concerning Roma children, which need to be urgently and systematically addressed in Bosnia and Herzegovina. Roma are the most excluded population in BiH suffering from multiple exclusion and poverty dimensions that translate into bleak figures in terms of the state of health of Roma children when compared to children from the general population. Through some key health indicators the table below emphasises the level of urgency required to address undernourishment, immunisation, the treatment of illness and the wellbeing of Roma girls, who are thirty times more likely to face early childbearing than the general teenage population and the subsequent affects for both themselves and the child they carry.

Table 9: State of child health – general population in comparison to the Roma population in BiH

CHILD HEALTH	BiH POPULATION	ROMA POPULATION
Child Mortality	8/1,000	24/1,000
Under-5 Mortality	8/1,000	27/1,000
Stunting	9%	21%
Low birth weight	3%	14%
Immunisation coverage (DPT, BCG, Polio and MMR)	68%	4%
Early Childbearing	0.9%	31%

Source: BiH MICS4 data.

¹⁶² UNICEF Thematic Study “How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence Against Children,” 2012

Lessons Learned

The continued commitment to address key issues related to children on a global level has contributed to a decline in child mortality rates through immunisation programmes, improved health practices, investment in education and commitment on the part of government and civil society organisations. BiH has accepted the duty under the Convention on the Rights of the Child to ensure all rights for every child. Although BiH is not among those countries that report high mortality rates a lot can still be done to prevent the violations of child rights. Many challenges lie ahead in terms of the equality of children and although the mortality rate has declined in BiH it remains three times higher amongst the Roma population.

Specific policies and programmes aimed at improving child health in BiH should demonstrate and enhance their pro-poor and equity-sensitive orientation. Existing evidence from the WHO European region supports the observation that those children born and living in rural areas, from poor families and parents with lower levels of education as well as children from ethnic minority communities or migrant and internally displaced populations tend to be significantly disadvantaged in terms of their capacity to benefit from overall progress towards the achievement of MDG 4.¹⁶³ In order to adequately address these inequalities decisive action on the socio-economic and environmental determinants of health must be embedded in all BiH child health programmes. Resource allocation decisions need to be adjusted accordingly and specific targeting strategies need to be adopted for those vulnerable populations that slip through the net of the child health coverage system in BiH.

It is important to maintain the sustainability of related programmes and services, such as immunisation, health promotion and education, mother-and-child health services etc, especially in a time of global financial crisis and economic downturn which can threaten, halt or reverse already achieved progress and health gains for children in BiH. Specific frameworks/strategies developed by the WHO and UNICEF may be of particular use to the health authorities and policy-makers in BiH in terms of capitalising on the achievements made in child health and ensuring the sustainable implementation of specific interventions and activities that will contribute the most towards achieving MDG 4 for all children in BiH.

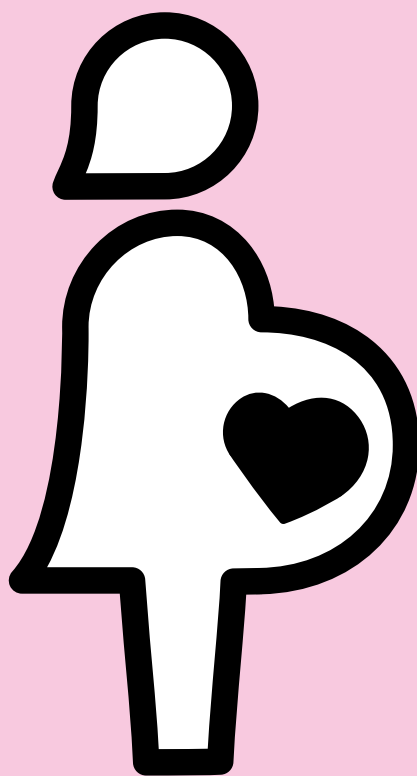
¹⁶³ World Health 2013 Report, WHO

Recommendations

- Strengthen the BiH health systems to adequately respond to the population's health needs and ensure a well-balanced allocation of resources in order to achieve the highest gain in population health.
- Devise and invest in tailored health interventions to address the need of children from marginalised and vulnerable groups, in particular Roma children and children with disability.
- Further effort needs to be made to ensure universal vaccination for all children, including specific catch up activities targeted at the Roma population, increasing demand for immunisation through the provision of a second opportunity for immunisation and outreach activities required to combat diseases.
- Further efforts need to be made to promote exclusive breastfeeding during the first six months and to implement the recently adopted Infant and Young Children Feeding Policies in both entities.
- Strengthen the system capacity to prevent the separation of children from their families, ensure alternatives to institutionalisation and advocate for and support the implementation of legislation which forbids the institutionalisation of children below the age of three.
- Raise awareness on child protection and further strengthen actions aimed at the prevention of violence against children.
- Improve advocacy and raise awareness on the importance and benefits of immunisation and breastfeeding, encourage avoidance of teenage pregnancy and support adequate nutrition for infants, babies and children.

MDG 5

To improve maternal health



MDG 5

To improve maternal health

Table 10: MDG 5 Indicators

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
		Targets as in PRSP	Achieved				
a	b	c	d	e	f	g	h
GOAL 5: To improve maternal health							
5.A Target: To reduce by three quarters the maternal mortality ratio between 1990 and 2015							
5.1. Maternal deaths (per 100,000 live births)	5.05	4.0	3 (2006) 1 (2007)	1 (2007) 2.9 (2009)	3.0 (2010) 6.3 (2011)	2.5	potentially
5.2. Percentage of assisted childbirths in %	b1) 99 b2) 99.6	100	99.5	99.9	99.9 (2011/12)	100.0	achieved
5.B Target: To achieve universal access to reproductive health by 2015							
5.3. Contraception prevalence rate	49 (2001)	55	35.7 (2006)	35.7 (2006)	46 (2011/12)	65	unlikely
Additional indicators for BiH							
5.4. Fertility rate (total number of live births per woman (%))	1.4	1.5	1.17	1.19 (2008)	1.21 (2011)	1.7	unlikely
5.5. Birth-rate (natality rate) (%)	9.9	11.5	8.8	8.9 (2008)	8.3 (2011)	13.5	unlikely
5.6. Population natural growth rate (%)	1.9	3.7	-0.3	0.0	-0.8 (2011)	7.0	unlikely
5.7. Expected life expectancy at birth	total	73	73.5	75	75.2 (2008)	75 (2011)	achieved
	male	71	n/a	72.4	72.1 (2008)	72.4 (2011)	
	female	76	n/a	77.7	77.5 (2008)	77.7 (2011)	

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Situation Analysis

Reproductive health problems remain the leading cause of ill health and death amongst women of childbearing age worldwide. Impoverished women, especially those living in developing countries, suffer disproportionately from unintended pregnancies, maternal death or disability, sexually transmitted infections including HIV, gender-based violence and other problems related to their reproductive system and sexual behaviour. Globally, an estimated 287,000 maternal deaths occurred in 2010, a decline of 47% from levels in 1990. At the country level, two countries accounted for a third of global maternal deaths: India at 19% (56,000) and Nigeria at 14% (40,000). The global maternal mortality rate (MMR) in 2010 was 210 maternal deaths per 100,000 live births, down from 400 maternal deaths per 100,000 live births in 1990. Every day almost 800 women die in pregnancy or childbirth. And for every woman who dies 20 or more experience serious complications. Of the hundreds of thousands of women who die during pregnancy or childbirth each year 90% live in Africa and Asia. The majority of these women die as a result of severe bleeding, infection, eclampsia, obstructed labour or the consequences of unsafe abortions.

According to a recent Save the Children report,¹⁶⁴ in the Democratic Republic of Congo women have a one in 30 chance of dying as a result of giving birth, while in Finland the risk of death is one in 12,200. The report further indicates that the first day of life is the most dangerous day for mothers and babies. The Birth Day Risk Index developed by Save the Children compares first-day death rates for 186 countries. The first day is also a day an unequalled opportunity to save lives and set the stage for a healthy future. Four products could greatly assist health workers world-wide in saving many newborn lives (almost a million babies a year) for products that cost of between 13 cents and 6 US dollars each: (1) steroid injections for women in preterm labour (to reduce deaths due to breathing problems for premature babies'), (2) resuscitation devices (to save babies who do not breathe at birth), chlorhexidine cord cleansing (to prevent umbilical cord infections) and (4) injectable antibiotics (to treat newborn sepsis and pneumonia).

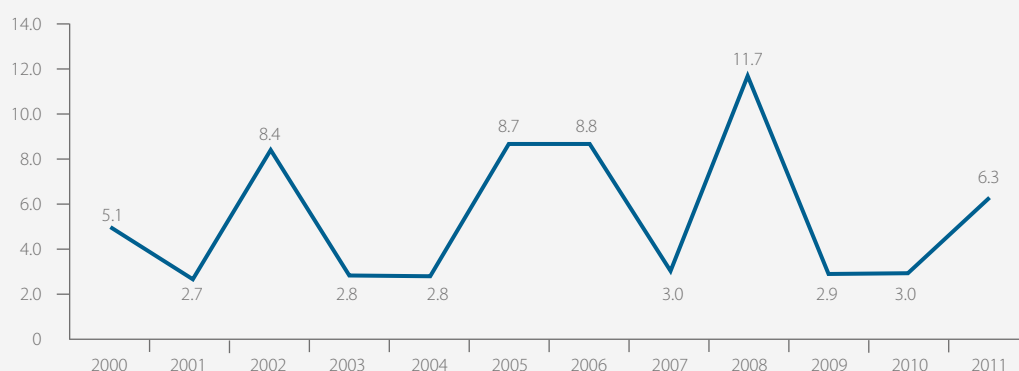
Sexually transmitted infections (STI) continue to take an enormous toll on health, particularly on women's reproductive health. In fact next to complications of pregnancy and childbirth they are the leading cause of health problems for women of reproductive age. They can cause pregnancy related complications, including spontaneous miscarriages, premature birth, stillbirth and congenital infections. They can also lead to pelvic inflammatory disease and cervical cancer.

¹⁶⁴ Save the Children, *Surviving the First Day, State of the World's Mothers* 2013 Report.

Situation in Bosnia and Herzegovina

In Bosnia and Herzegovina, according to data from the WHO, UNICEF and UNFPA, the number of women who die from pregnancy and childbirth related complications has halved in 20 years. The estimated maternal mortality ratio in 1990 was 18 per 100,000 whereas in 2010 it was 8 per 100,000 live births, which constitutes a decline of 56%.¹⁶⁵ According to TransMonee data, in 2011 the ratio was 6.3 per 100,000 live births.¹⁶⁶

Figure 11: Maternal mortality ratio per 100,000 live births



Source: TransMonee 2013 Database.

According to the Save the Children Mother's Index, Bosnia and Herzegovina ranks 47 out of 176 countries. The country is ranked worse than Slovenia (14), Croatia (34), Serbia (36), the FYRoM (40) and Montenegro (42), but fares better than Hungary (52), Turkey (60), Romania (61), Ukraine (74), Albania (81) and Moldova (84). Five indicators are used in calculation of the Mothers' Index: (1) maternal health (lifetime risk), (2) the under five mortality rate, (3) expected years of formal schooling, (4) the gross national income per capita and (5) participation of women in national government.¹⁶⁷ The index indicates how countries compare in terms of quality of life and societal and economic conditions that act either an impediment or encouragement to motherhood. Sexual and reproductive rights fall within the basic human rights acknowledged by national and international documents on human rights. Access to essential reproductive health services for women in BiH is legally guaranteed by the public health insurance schemes, in accordance with the entities' laws on health insurance. This includes regular checkups during pregnancy and post-partum care. However, since medical insurance is largely linked to employment women often have to pay for these services.

¹⁶⁵ *Trends in Maternal Mortality: 1990 to 2010*, WHO, UNICEF, UNFPA and World Bank estimates, 2010 Report.

¹⁶⁶ Transmonee 2011

¹⁶⁷ Save the Children, *Surviving the First Day, State of the World's Mothers* 2013 Report.

The FBiH Law on Health Protection¹⁶⁸ regulates indisputable rights to accessible health services of standard quality and equal substance, while the Law on Health Insurance¹⁶⁹ guarantees the right, within the obligatory health insurance coverage, to complete health protection concerning pregnancy and maternity, the right to medication and medical aids and the right to artificial insemination. The FBiH Law on Health Protection guarantees to all women (BiH nationals) the right to free-of-charge delivery, postnatal care for mothers for the subsequent six months after delivery and free healthcare for children up to 18 years of age. The Law on Health Protection of Republika Srpska¹⁷⁰ prescribes that health protection and care is to be provided under the same conditions for the general population and groups of special socio-medical significance. This includes women's right to family planning, during pregnancy and delivery, maternal healthcare for up to 12 months after delivery and for children up to 15 years of age, school children and students in the course of their studies up to 26 years of age.

Reproductive health and rights policies exist in BiH through state level policy and entity strategies. In both entities women's health protection is a strategic priority aimed at providing accessible good quality antenatal care to every mother as well as safe delivery and overall postnatal protection and care. A decrease in the pregnancy termination rate is another strategic priority aimed at eliminating illegal abortions and promoting access to health services. However, implementation remains only partial and is in the initial stages, while M&E mechanisms and budgeting for adequate implementation are largely missing.

Antenatal Care

The antenatal period represents an important opportunity to reach pregnant women through a number of interventions that may prove vital for their health and wellbeing and that of their infants. A better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care. If the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery it may provide a route for ensuring that pregnant women deliver with the assistance of a skilled healthcare provider. Management of anaemia during pregnancy and the treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infection (for instance, STI) during pregnancy.¹⁷¹

UNICEF/WHO recommend a minimum of four antenatal care visits during pregnancy; in BiH 84% of mothers had received antenatal care four or more times (97% in RS and 79% in FBiH), while a smaller proportion of mothers had received one, two or three antenatal care visits (2%). The findings show that 13% of women in BiH did not receive antenatal care: less than 1% in RS and about 18% in the FBiH. Antenatal care is largely provided by professionals, most often by medical doctors (86%). Almost all women in RS had been provided with antenatal care by a medical doctor (nearly 100%),

¹⁶⁸ Official Gazette of the Federation of BiH, No. 29/97

¹⁶⁹ Official Gazette of the Federation of BiH, numbers 30/97, 7/02 and 70/08

¹⁷⁰ Official Gazette of Republika Srpska: 106/09

¹⁷¹ BiH MICS4 2011-2012 Report (2013)

while this figure was somewhat lower in the FBiH (81%). Research also shows that 79.1% of Roma women in BiH received antenatal care one time and 62% 4 times during pregnancy.¹⁷²

Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both mother and baby. Almost all deliveries in BiH occur in public sector health facilities with only a negligible number of deliveries taking place at home or another place, almost all births in BiH are delivered by skilled personnel. Doctors assisted the delivery of 86% of births and nurses/midwives assisted 14%, while in a negligible number of cases the delivery was assisted by a relative/friend. In RS a higher percentage of women (91%) were assisted by a doctor during delivery compared to the FBiH (84%), whereas the situation was reversed for deliveries assisted by a nurse/midwife.¹⁷³ One in seven women in BiH gave birth by Caesarean section (14%), 15% in BiH and 12% in RS. A correlation between Caesarean section and household wealth has been found with this type of delivery most common amongst women coming from the richest households.¹⁷⁴

Fertility Rates and Demography

According to available data, since 2000 BiH entered a longer period of negative population growth with a declining birth rate and increasing death rate. BiH also has an ageing population: only 14% of the population is younger than 15.¹⁷⁵ The recently released 2012 Revision of the UN Population Division's *World Population Prospects* places the population at 3.829 million and projects a gradual decline to 3.751 million by 2025, 3,332 million by 2050 and 2.374 million by the end of the century. The estimated elderly population in BiH, aged 60 or above, for 2012 was 20.9%, while in 2050 it is expected to reach 34.9%.¹⁷⁶ The expected population decline is likely to increase the burden on the health, social protection and pension systems.

¹⁷² Ibid.

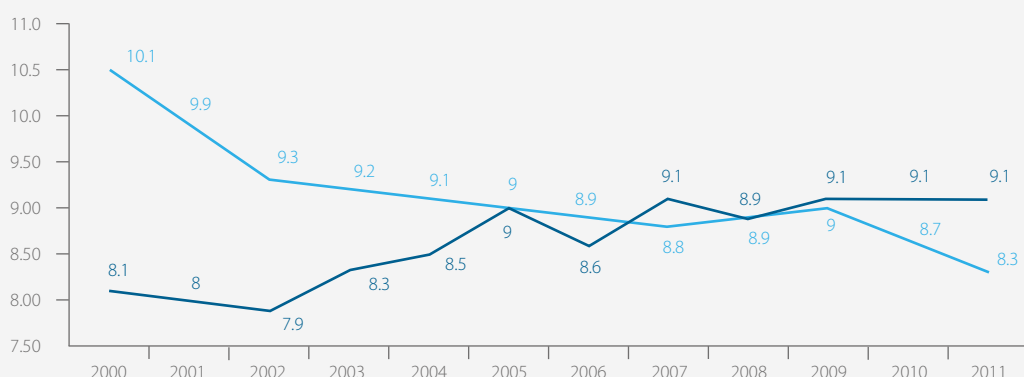
¹⁷³ Ibid.

¹⁷⁴ Ibid

¹⁷⁵ Ibid.

¹⁷⁶ The UN Population Division estimates the current life expectancy in BiH at 76.3 years.

Figure 12: Birth and mortality rates in BiH 2000-2011



Source: BHAS, Thematic Bulletin on Demography, 2012.

Figure 13: BiH population growth rate 2000-2011

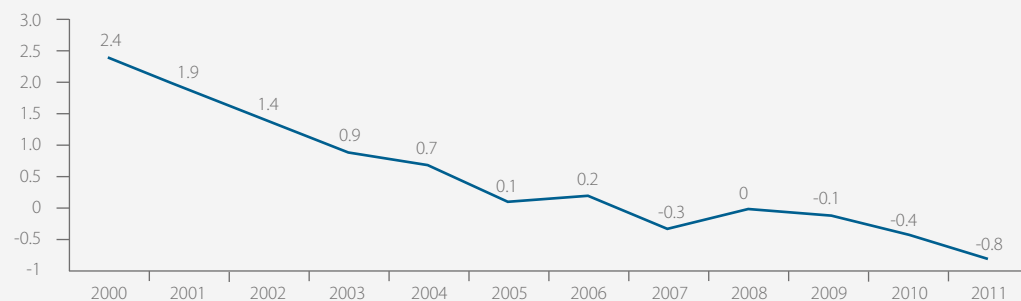
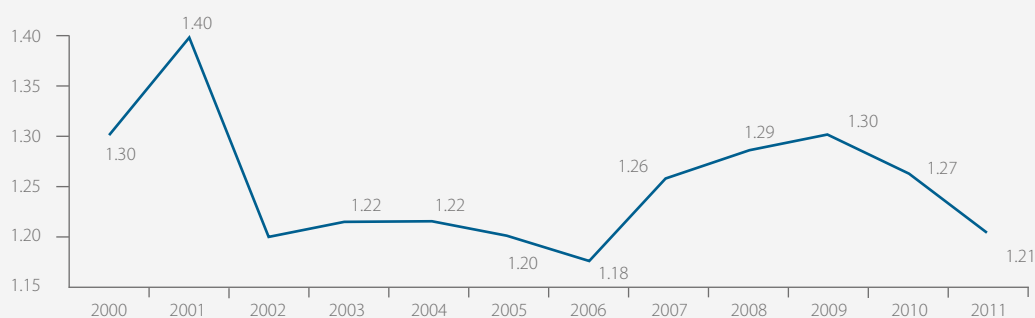


Figure 14: Fertility rate in BiH 2000-2011



Source: BHAS, Thematic Bulletin on Demography, 2012.

A prime contributor to the expected population decline over the coming years is the low total fertility rate, which is situated at 1.21 children per woman.

Fertility is closely linked to family planning as access to contraception and information on family planning reduces the number of unwanted pregnancies. The pattern of contraceptive use over the past five years appears to have improved, although the efficacy of the methods used remains low. Considering the low efficiency of the most commonly used means of contraception there is a strong need for accurate figures on fertility preferences, reasons for not having children, the number of unwanted pregnancies and intended terminations.

A large number of abortions are not registered in accordance with legislative prescriptions and abortions are seriously underreported by the private sector, mainly to avoid taxation. The abortion rate in Tuzla Canton was 97 for every 100 live births¹⁷⁷ and if the same abortion ratio existed in 2012 there would have been over 30,000 abortions in BiH annually. In 1999 35.6% of women in RS and 29.7% of women in the FBiH reported having had one or more abortions, while 9.2% and 7% of the women reported having undergone as many as 3 or more abortions in RS and the FBiH respectively.¹⁷⁸ Although liberal abortion laws remain in place some religious and conservative forces may advocate limiting the laws and policies that ensure women's access to such services.

¹⁷⁷ 2010 UNFPA BiH CPAP 1 document

¹⁷⁸ 1999 UNFPA-WHO collaboration for a comprehensive representative survey of SRH of women in BiH

Knowledge of Contraceptive Methods and use of Contraceptives

Through the MICS4 survey all of the respondent women aged 15-49 years were asked whether they had heard of the different family planning methods,¹⁷⁹ the research shows that nearly all women aged 15-49 knew of at least one contraceptive method. Modern methods were somewhat more widely known than traditional methods: 99% of all women had heard of at least one modern method while 95% of women knew at least one traditional method. The most widely known modern method was the male condom (98%), followed by the pill (96%) and the IUD (92%). Of the traditional methods the most widely known method was withdrawal (93%) and periodic abstinence/the rhythm method (87%). A higher proportion of women who were not married knew of emergency contraception, the female condom, foam/jelly, implants, injectables and the diaphragm. On average women knew of 9.4 different contraceptive methods.

Appropriate family planning is important for the health of women and children for (1) the prevention of pregnancies that are too early or too late, (2) extending the period between births and (3) limiting the number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical. Research shows that in BiH a method of contraception was being used by 46% of women who were married or in union: 54% in RS and 43% in the FBiH. The most popular method used was withdrawal, which accounted for 30% of cases and was at a similar level in RS (33%) and the FBiH (29%). The next most popular method was the male condom (6%). Amongst other methods of contraception, 4% of women used an IUD, 4% practiced periodic abstinence and 2% were on the pill.

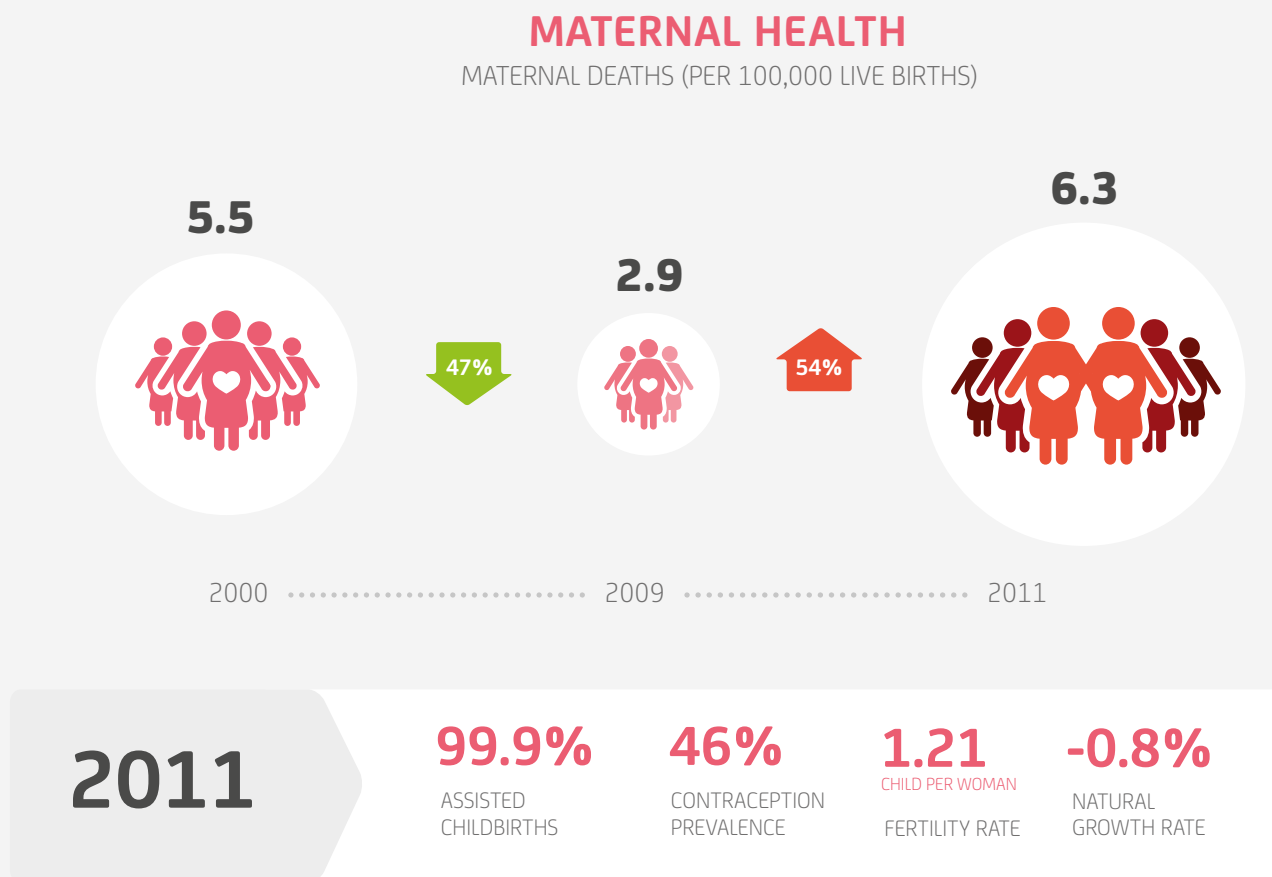
The prevalence of any contraceptive method differed in accordance with the women's level of education and was highest amongst women with higher education (55%). The percentage of male condom and pill use increased with women's education. Thus, the male condom was most commonly used by women with higher education (14%) and least commonly by women with primary education (2%); while for the pill the percentages were 6% and less than 1% respectively. There was also a positive correlation between contraceptive prevalence and the number of live births. The total met need for contraception in BiH was present amongst 46% of women aged 15-49: 54% of women in RS and 43% women in the FBiH. Women with higher education had a higher level of met need (55%) compared to women with primary and secondary education (each 45%).

A substantial portion of young men and women reported having used a condom during their last intercourse with a non-regular partner (more than 70% overall for both young men and women for BiH and 49% of young Roma men).¹⁸⁰ The data also reveals important differences in levels of sexual experience, risky behaviour and in the rate of live births among the younger population. The high proportion of young Roma women who give birth before 18 years of age (31%) is linked to higher rates of sexual experience and lower rates of condom use compared to the general population.

¹⁷⁹ Female and male sterilisation, IUD (intrauterine device), injectables, implants, pill, male condom, female condom, diaphragm, foam/jelly, lactational amenorrhea method (LAM), periodic abstinence/the rhythm method, withdrawal and emergency/postcoital contraception. Of these methods, periodic abstinence/the rhythm method and withdrawal were considered traditional methods while the rest were considered to be modern methods of contraception.

¹⁸⁰ MICS 4 data for 2011-12 and the Roma Survey 2011-12

Figure 15: Maternal Health Overview



Other related Health Issues

Malignant neoplasm is a concern and frequent cause of death amongst women. The primary cause of death among malignant diseases among women is breast cancer, while the second lead cause is cervical cancer. According to available WHO data, the cervical cancer incidence rate is 13.2 and the annual number of deaths in BiH from cervical cancer is 119. The 2007 cervical cancer rate in the Federation was 17 per 100,000 inhabitants and the mortality rate was 7.4 per 100,000 inhabitants, which represents rather high disease incidence and mortality rates.¹⁸¹ While the government in the Federation has been active in developing and piloting a breast cancer prevention and treatment programme there is no standardised approach to cancer prevention, no database and no established indicators in Republika Srpska or the Federation of BiH. Cancer screenings are random without a regular screening system in place or standard cytological controls, which is an impediment to adequate and timely treatment of disease in its early stages.

¹⁸¹ Federal Ministry of Health

Lessons Learned

Attaining the MDG of improving maternal health will require more support in Bosnia and Herzegovina. While the country has been very successful in keeping the maternal mortality rate low it still needs to invest more to ensure universal access to reproductive health and reproductive health commodities. It also needs to improve maternal health through the establishment of strategic frameworks such as for the prevention of cervical cancer, which is the one of the highest causes of mortality among women in Bosnia and Herzegovina. There is visible progress in BiH in fundamental health outcomes, such as reduced maternal and child mortality rates (see the table at the start of this Chapter). A holistic approach and view is required to account for economic and societal factors that affect reproductive, maternal and child health. In order to ensure further improvements in reproductive and maternal health it is necessary to further educate the BiH population and improve existing healthcare and social protection services.

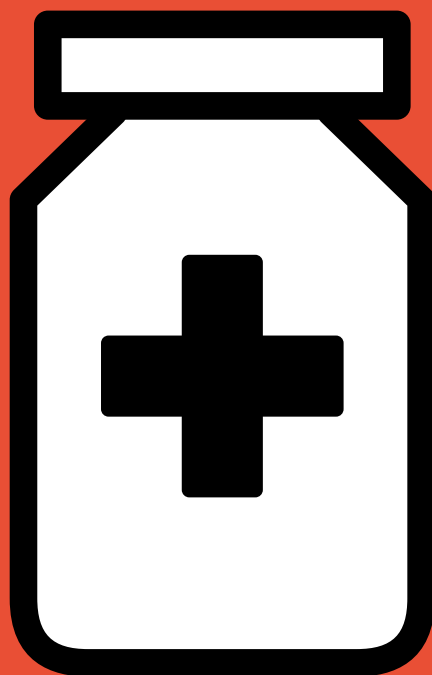
BiH has faced a decreasing birth rate and fertility trend as well as an increasing population mortality rate over the past decade and this will have a significant impact on the country's population and existing sector policy reforms. It is important that BiH recognises demographic trends through available information, which largely depends on estimates. Demographic trends will have a considerable impact on the health and social protection sectors and therefore accurate and detailed analyses of the demographic indicators is required in order to establish a reliable baseline for the development of appropriate population policy.

Unfinished Business and Recommendations

- It is necessary to raise awareness amongst the population on birth control methods and family planning. Such an intervention would most certainly contribute towards an improvement in women's health and a reduction in the intentional abortion rate.
- The population growth rate in BiH is falling significantly and this negative trend is also accompanied by youth emigration, which additionally complicates the demographic situation in BiH. The current situation requires a strong and coordinated response by state authorities, especially in health and social protection departments that should take the lead role in birth-rate improvement efforts. Adequate conditions need to be created for people in their reproductive years to start families and consider having more than one child, but for this to happen considerable socio-economic improvements are required.
- Improvements in access to reproductive health services need to be achieved in order for all citizens of BiH to have adequate access and treatment including vulnerable groups and in particular Roma women, for whom this problem is quite severe. Educational/awareness raising programmes for vulnerable groups, Roma women and adolescents are essential for combating the negative effects of early childbearing, abortion and improving woman's reproductive health.
- Regular demographic research on the health condition of the population is necessary in order to monitor and analyse the current situation and to develop plans for future interventions.

MDG 6

To combat HIV/AIDS
and tuberculosis



MDG 6

To combat HIV/AIDS and tuberculosis

Table 11: MDG 6 Indicators

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
		Targets as in PRSP	Achieved				
a	b	c	d	e	f	g	h
GOAL 5: To combat HIV/AIDS, malaria and other diseases							
6.A Target: To have halted and begun to reverse the spread of HIV/AIDS by 2015							
6.1. Adults with HIV/AIDS, number of new AIDS cases / number of deaths	111/5/3 (2004)	n/a	n/a	151/4/1	164/2/1 (2009) 171/7/0 (2010) 197/7/0 (2011)	<50 (annual)	achieved
6.2. HIV prevalence in adults in %	< 1 0.2 (2004)		< 1	< 1	0.7 (2011)	< 1	achieved
6.B Target: To have halted and begun to reverse the incidence of malaria and other major diseases by 2015							
6.3. Tuberculosis prevalence and mortality rate /100,000	cases	50	30	55	30	66 (2011)	unlikely / target unrealistically set
	mortality rate	4	0	8	<6	6.8 (2011)	
6.4. Proportion of TBC cases discovered and treated under DOTS treatment/100,000	90	n/a	100	n/a	98 (2011)		no target data / positive trends observed
Additional indicators for BiH							
6.5. Registered drug addicts	n/a	n/a	3,499	4,900	1,544 registered, 7,500 IDU estimate (2010)	<7500	likely
6.6. GDP percentage allocated for healthcare	b1) 4.8 b2) 7.3 b3) 7.7	6.7 FBiH 5.9 RS	9.8	9.8 (2007)	10.2 (2011)	8	achieved

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
		Targets as in PRSP	Achieved				
a	b	c	d	e	f	g	h
6.7. Percentage of population covered by health insurance in %	78	100	FBiH 83.65 RS 70 BD 90.26	FBiH 83.65 RS 70 BD 90.26	FBiH 85.6 RS 65.25 (2011)	100	unlikely
6.8. Number of physicians per 1000 inhabitants	1.5	1.5	1.4	1.5	1.7 (2011)	1.7	achieved
6.9. Number of hospital beds per 1000 inhabitants	3.2	3.2	n/a	3.5 (2008)	3.5 (2010) 3.7 (2011)	3.2	unlikely

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

HIV/AIDS Situation

Infection with human immunodeficiency virus (HIV) resulting in acquired immune deficiency syndrome (AIDS) is one of the worst diseases in the history of humankind. At the world level the AIDS epidemic is slowly changing its course, while HIV incidence as well as the number of deaths caused by AIDS is decreasing. However, HIV infection remains of major public health importance in Europe. Since the beginning of the HIV epidemic 420,564 HIV diagnoses have been reported in the European Union/European Economic Area (EU/EEA) of which 297,388 were in men and 119,977 in women (3:1 male to female ratio).¹⁸² In 2011 53,974 HIV diagnoses were reported by 50 of the 53 countries in the World Health Organisation (WHO) European Region, of which 28,038 were reported by the countries in the EU/EEA resulting in a rate of 5.7 per 100,000 of the population. The four countries with the highest rates of HIV diagnoses in 2011 were Estonia (27.3), Latvia (13.4), Belgium (10.7) and the United Kingdom (10.0). In 15 countries in Central Europe and the Balkans region (WHO Europe Centre Region) the rate of HIV cases increased from 0.8 per 100,000 of the population in 2004 to 1.6 per 100,000 of the population in 2011. Rates increased in all 15 countries, except in the Former Yugoslav Republic of Macedonia where rates remain at a very low level and have been stable since 2004.

BiH is a low HIV prevalence country with an estimated prevalence of <0.1%.¹⁸³ According to BiH reports to the European Centre for Disease Prevention and Control (ECDC) the number of AIDS cases in the country has stabilised since 2002. With the introduction of highly active anti-retroviral therapy (HAART) the number of AIDS cases and deaths from AIDS seems to have slowed down, while the number of HIV positive cases has increased. Due to the low-level of the HIV/AIDS epidemic the measures in the country are predominantly focused on the promotion of preventive behaviour for key populations exposed to increased risk of HIV infection: men having sex with men (MSM), sexual workers (SW) and their clients, asylum seekers, refugees, prisoners, internally displaced persons (IDPs), the transient population, injecting drug users (IDU), young people and persons who

¹⁸² ECDC and WHO Regional Office for Europe, Surveillance Report – HIV/AIDS Surveillance in Europe, 2011

¹⁸³ Council of Ministers of BiH, Response to HIV/AIDS in Bosnia and Herzegovina 2011-2016 Strategy

live on or below the poverty line and those persons exposed through a professional capacity to HIV such as healthcare workers who come into contact with bodily fluids as well as other professionals like policemen, soldiers, correctional officers, fire fighters, rescue service officers and members of associations and foundations that provide harm reduction services and similar.

The first case of HIV in BiH was registered in 1986. Up until the end of September 2012 a total of 221 cases of HIV infection and 120 cases of AIDS were registered.¹⁸⁴ The infection ratio in BiH is 5:1 male/female.¹⁸⁵ Monitoring data shows that 81% of those infected with HIV are men and that the most common form of transmission of HIV is through heterosexual sex (52%). To date only one recorded case of mother-to-child transmission (MTCT) has been registered, back in 2006. Currently 74 persons are receiving anti-retroviral therapy. The challenge of a shortage of anti-retroviral therapy in BiH is being addressed through the programme of the Global Fund to Fight AIDS, Tuberculosis and Malaria, implemented by United Nations Development Programme (UNDP). The anti-retroviral treatment began in 2007 through the public health care system.

Substantial effort has been invested in the prevention and detection of HIV/AIDS with pre-testing and post-testing counselling in BiH being established in 2005 through Voluntary Confidential Counselling and Testing Centres (VCCT). VCCT centres have increased the number of people coming in for tests. The increased availability and use of HIV testing is a necessary pre-requisite for diagnosing and providing appropriate treatment and care to people living with HIV (PLHIV). Currently, there are 22 VCCT centres, 14 in the FBiH and 8 in RS. The VCCT centres have been targeting the most-at-risk population groups, IDU, MSM, SWs, through the provision of free voluntary and confidential counselling and testing for HIV/AIDS. Ten drop-in centres regularly provide injecting drug users with sterile needles and syringes and distribute condoms and HIV/AIDS information material as well as referrals to VCCT centres.

HIV Prevalence

In 2010 the VCCT centres reported 15 HIV positive cases out of total of 7,196 undertaken tests, while in 2011 these centres reported 32 HIV positive cases out of a total of 6,011 undertaken tests. During the period January 2011 to September 2012 a total of 24 HIV cases were diagnosed. Given the ratio of population groups tested by the VCCT and the number of HIV positive cases and taking into account the over-representation of key population groups at risk undergoing testing at the VCCT centres this puts the likely prevalence rate of those tested at VCCT between 0.1 and 0.5%.¹⁸⁶

The HIV/AIDS Strategy in BiH for the period 2011-2016 was adopted by the Council of Ministers of BiH in September 2011. A key vision of the Strategy is for BiH to become a state experiencing a gradual decrease in the number of persons newly infected with the HIV virus and to create an environment that will ensure a long quality and healthy life for all persons living with HIV. Identified strategic goals for the 2011-2016 period focus on (1) a universal approach towards prevention, treatment, care and social support; (2) strengthening surveillance of HIV/AIDS, (3)

¹⁸⁴ UNDP Project: Scaling up Universal Access for Most at Risk Populations in Bosnia and Herzegovina (HIV/AIDS), M&E Unit

¹⁸⁵ ECDC/WHO 2011 Report

¹⁸⁶ Council of Ministers of BiH, Response to HIV/AIDS in Bosnia and Herzegovina 2011-2016 Strategy

Figure 16: HIV Prevalence Rate per 100,000 of the population in the region and the EU/EEA average

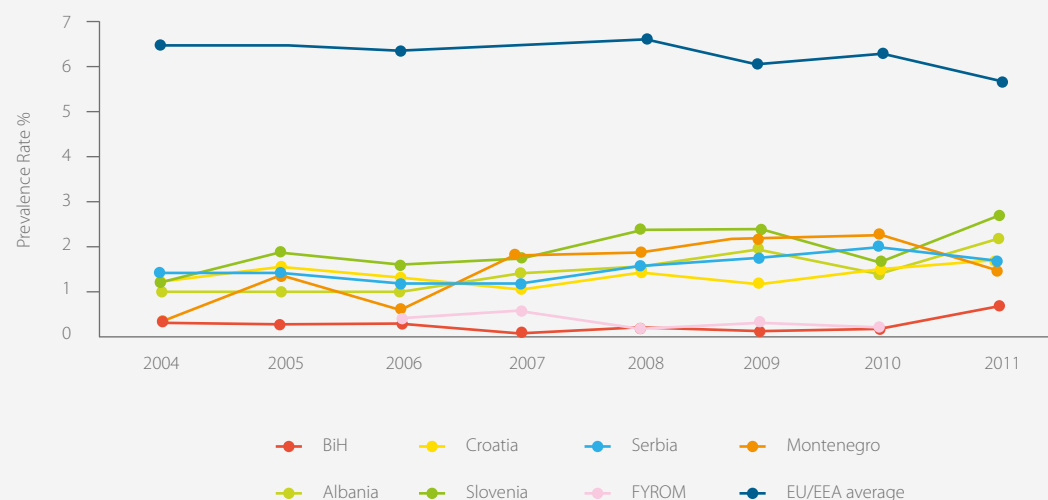
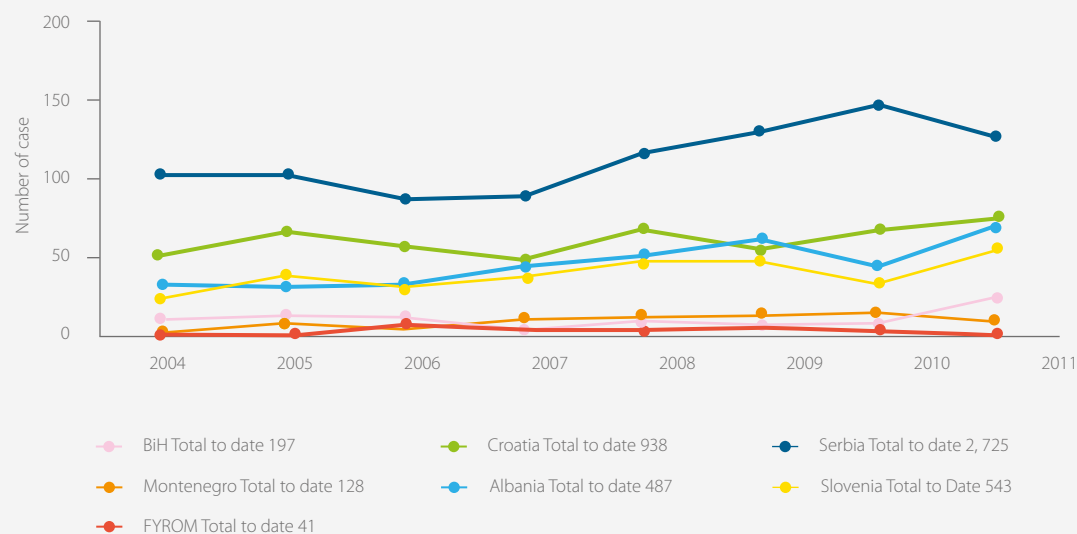


Figure 17: New HIV cases and totals in the region annually



Source: ECDC/WHO 2011 Report.

strengthening inter-sector and multi-sector cooperation, (4) development and capacity building of all stakeholders involved in combating HIV/AIDS, (5) strengthening the legal framework for the promotion of respect for and the protection of human rights and (6) reducing the level of stigmatisation and discrimination associated with HIV/AIDS. BiH has established a functioning Country Coordination Mechanism (CCM) to ensure local ownership and participatory decision-making in the implementation of the programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The capacities of the coordinating and implementing agencies to

respond to HIV and AIDS in Bosnia and Herzegovina have been considerably strengthened through the support of the UN Global Fund and the establishment of resource centres, municipal health councils and monitoring and evaluation (M&E) units (public health institutes), which indicates the increased involvement of the BiH authorities.

The UN Resident Coordinator and Joint UN Team on HIV/AIDS in BiH, with the United Nations Population Fund (UNFPA) as the Chair, provided technical assistance for compiling the existing information/data sets within the country and also provided support for the development of the HIV/AIDS Strategy in BiH for the period 2011-2016. An M&E system has been established to monitor all indicators related to HIV/AIDS at the state and entity level; the system is intended to be used throughout the country to connect ministries, expert health institutions, non-governmental organisations active in outreach and the clinical centres. The M&E system is being developed with the support of GFATM and the World Bank. The HIV/AIDS M&E is situated in the Programme Management Unit of the UNDP with representatives nominated from the ministries of health to oversee the implementation of the UNDP/GFATM programme. Through the established system within the M&E Unit, data is collected on 151 indicators at the national level for HIV and TB.

Psychosocial support for people living with HIV/AIDS is provided by civil society organisations. The issues of co-infection and co-morbidity of TB and HIV/AIDS have also been addressed by the programmes funded by the Global Fund. WHO provides assistance in the area of HIV/AIDS through capacity building and by supporting the participation and attendance of BiH health professionals at international meetings on HIV/AIDS, tuberculosis, blood safety and the monitoring of communicable diseases in general. WHO has also been active in strengthening evidence-based practice at the country level, which includes HIV AIDS Treatment and Care Clinical Protocols for the WHO European Region. UNFPA has contributed through capacity building at a multidisciplinary level by training health professionals, psychologist, social workers and teachers on youth friendly approaches in SRH, including HIV/AIDS.

Youth 'in' and 'out-of-school' receive information on HIV prevention through peer based education. Over the period December 2010 to November 2012 10,602 school youth aged 10-24 years and 19,373 'out-of-school' youth aged 14-24 years were reached. The vulnerable population, particularly Roma, migrants and returning refugee populations, have also been provided with HIV information counselling: in total, 9,964 Roma, migrants and returning refugees were reached during the period December 2010 – December 2012. To date, approximately 2-3% of the total population have received a free and confidential HIV test.¹⁸⁷ With the aim to assess HIV/STI related knowledge, behavioural risk and to analyse trends bio-behavioural surveys (IBBS) were conducted amongst people who inject drugs (PWID), MSM and SW in 2012. The outcome indicators following the trends for PWID showed an increase in the use of sterile injecting equipment (the last time they injected): 91% in 2012 in comparison to 79 % in 2009. IBBS for MSM showed a rate of 67% for the use of condoms with the last male partner in 2012 compared with 49.2% in 2008. IBBS for SW conducted in 2012 showed a rate of 88% for condom use with the most recent client in 2012 in comparison to 76% in 2008.

¹⁸⁷ UNDP Project: Scaling up Universal Access for Most at Risk Populations in Bosnia and Herzegovina (HIV/AIDS), M&E Unit

Tuberculosis Situation

Progress towards global targets for reducing cases of and deaths resulting from tuberculosis (TB) continues. The Millennium Development Goal (MDG) target to halt and reverse the TB epidemic by 2015 has already been achieved. New cases of TB have been falling for several years and fell to a rate of 2.2% between 2010 and 2011. The TB mortality rate has decreased to 41% since 1990 and the world is on track to achieve the global target of a 50% reduction by 2015.¹⁸⁸ However, the global burden of TB remains enormous. There were an estimated 8.7 million new cases of TB in 2011 (13% co-infected with HIV) and 1.4 million people died from TB, including almost one million deaths among HIV-negative individuals and 430,000 among people who were HIV-positive. TB remains one of the top killers of women with 300,000 deaths among HIV-negative women and 200,000 deaths among HIV-positive women in 2011. Global progress has also revealed regional variations: the African and European regions are not on track to halve 1990 levels of mortality by 2015.¹⁸⁹

Vulnerable groups, including people living in poverty, the unemployed, internally displaced persons (IDP), and minorities, such as the Roma population, still have difficulty accessing basic health services. The mass migration of population, the unhealthy living conditions, physical and psychological stress, poor nutrition and the accompanying poverty together with a shortage of medicine and support for patients highly jeopardises tuberculosis control in the country.

Bosnia and Herzegovina is among those countries with an 'intermediate' burden of tuberculosis (TB) within the World Health Organisation European Region, with TB incidence estimated at 49 per 100,000 of the population in 2011. The TB burden in BiH has remained steady during the last few years. BiH has a fairly developed network of health infrastructure but this infrastructure requires upgrading. In 2011 the estimated prevalence rate was 66 per 100,000 of the population.

The mortality rate was 6.8, the multidrug-resistance rate was 0.17% in new TB cases and 2.1% for retreatment TB cases.¹⁹⁰ The last anti-TB drug resistance survey was performed in 2000 and the findings showed a prevalence of 0.1 % for multidrug-resistant TB (MDR-TB) in newly diagnosed cases of TB and 2.0% in those previously-treated. Treatment success in new smear positive cases was 98%, while in smear positive re-treatment cases it was 96% for the cohort of TB patients from 2010.¹⁹¹

At the state level the Ministry of Civil Affairs, Sector for Health, is in charge of the coordination of entity activities and the fulfilment of the international obligations of BiH within the health sector. TB Management in BiH comes under the responsibility of the Ministry of Health and Social Welfare of Republika Srpska, the Ministry of Health of the Federation of Bosnia and Herzegovina and the cantons (in the Federation BiH), and the Department of Health and other Services of Brcko District. In Republika Srpska, the Federation of BiH and Brcko District the management of TB patients relies on the network of public TB hospitals, dispensaries and family medicine teams. Notification of TB patients stems from the family doctors/TB dispensaries and TB hospitals to the regional/cantonal TB coordinators and then to the entity TB coordinators. There is no formally

¹⁸⁸ WHO, Global Tuberculosis Report 2012

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

¹⁹¹ 2012 Global AIDS Response Progress Report Bosnia and Herzegovina: reporting period January 2010 - December 2011.

Figure 18: TB Burden Prevalence per 100,000 of the population in the region

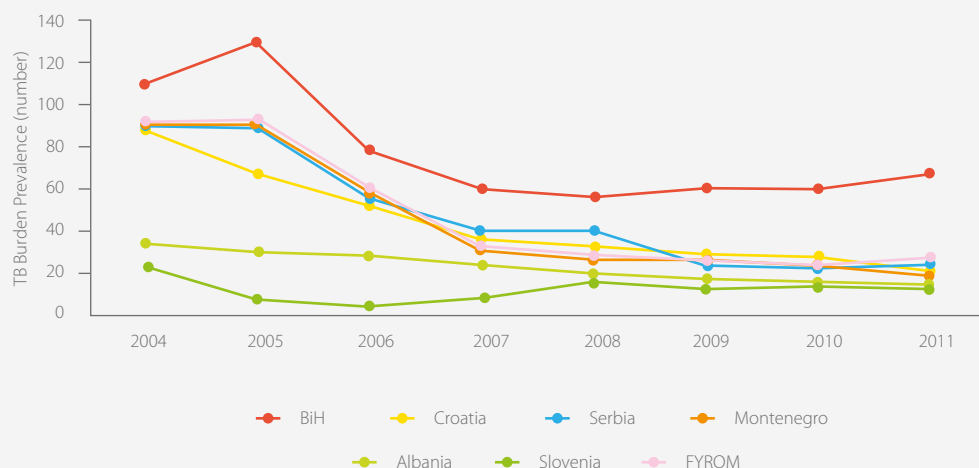
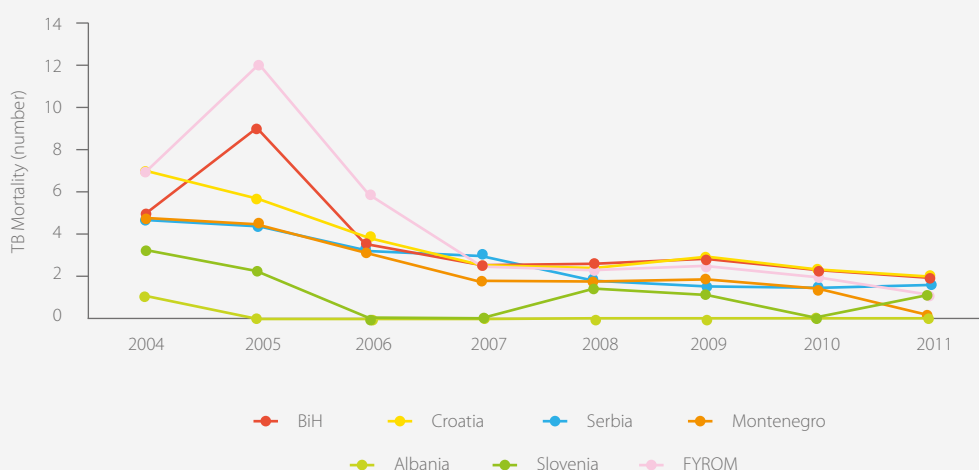


Figure 19: TB mortality rate per 100,000 of the population in the region



Source: WHO, Global Tuberculosis Report 2012.

established central structure for coordination and supervision of the activities in the regions/cantons. Each entity has a Central Reference Laboratory, while Brcko District has the Central TB Laboratory; a number of independent TB laboratories perform smears and cultures, mostly within the TB hospitals with the exception of RL in RS, which is located within the Public Health Institute. There is no formal networking between these laboratories. The National Reference Laboratories in Sarajevo and Banja Luka are linked to the Supranational Reference Laboratory for Mycobacteria in Borstel, which provides overall quality assurance for the work of these laboratories and support in terms of the quality of work of other TB laboratories.

BiH has a functioning Country Coordination Mechanism (CCM). The CCM covers all of the sectors of society historically defined by the Global Fund: representatives of government institutions, non-governmental organisations, academic institutions, international organisations, religious organisations and PLWHA. The CCM is to be commended for the successful development of the BiH

application to GFATM. This project, to a large extent, refers to and builds on the objectives set forth in Round 6 approved TB grant for Bosnia and Herzegovina. It is conceived as a scaling-up and fortification of the existing Directly Observed Therapy Short-Course (DOTS) based on the National Tuberculosis Programmes (NTP). Existing TB strategies in the country entirely reflect the WHO promoted Stop TB Strategy, while DOTS elements are the cornerstone of the strategy. Improved tuberculosis outcomes expected from these strategies are consistent with the internationally set target to detect at least 70% of new sputum smear-positive TB cases and cure at least 90% of these cases.

The regimen that is currently recommended by WHO for new cases of drug-susceptible TB is highly efficacious, with cure rates of around 90% in HIV-negative patients. Nonetheless, it requires 6 months of treatment with first-line drugs: a combination of rifampicin, isoniazid, ethambutol and pyrazinamide for 2 months followed by a 4 month continuation phase of rifampicin and isoniazid. Regimens for MDR-TB treatment currently recommended by WHO entail 20 months of treatment with second-line drugs for most patients and are associated with multiple (and sometimes serious) side-effects and lower cure rates. There are also interactions between anti-TB treatment and antiretroviral therapy (ART) for people living with HIV. New drugs are required to shorten and simplify treatment, improve the efficacy and tolerability of treatment for MDR-TB and to improve the treatment of TB among people living with HIV. New drugs could also help to treat latent TB infection in people without the active TB disease; at present, preventive therapy usually consists of 6-9 months of isoniazid monotherapy.

The issues of co-infection and co-morbidity of TB and HIV/AIDS have been addressed by the programmes funded by the Global Fund. The GFATM TB Project is making progress to cost-effectively and sustainably reduce the burden of TB in BiH: reduced from 2,373 in 2007 to 1,413 TB cases in 2012¹⁹². Substantial progress has also been achieved in TB control in BiH in terms of improved TB case detection, uninterrupted supply of first and second line anti-TB drugs provided to all registered TB patients free of charge as well as strengthened and regionalised National Tuberculosis Programmes (NTPs) and a TB laboratory network with a comprehensive system for recording and reporting as a part of effective M&E.

¹⁹² Information from UNDP GFATM TB Project in BiH.

Figure 20: HIV/AIDS and TB Snapshot



Laboratory support focuses on the development and implementation of quality improvement measures for all laboratories in BiH (including procurement of the most needed laboratory equipment) in order to achieve safety standards and quality control mechanism that allow every patient with pulmonary TB access to quality controlled culture and DST. The programme also focuses on strengthening the health system to provide adequate healthcare, with focus on TB, Roma and other vulnerable population groups, followed by the enhancement of TB community care, support for NGO efforts aimed at appropriate access to healthcare as well as advocacy, communication and social mobilisation.

Bottlenecks and Challenges

Whilst HIV/AIDS incidence in BiH remains low, like other countries in transitions BiH is facing a number of challenges related to social and demographic change with increased numbers of drug users, sex workers and sexually transmitted diseases. Accessibility to the health system for vulnerable population groups in BiH, especially for individuals not covered by health insurance, incorporating diagnosis and treatment remains a problem that needs to be adequately addressed in order to maintain the current prevalence rates on HIV/AIDS and TB.

The lack of a BiH level health system strategy results in inability to deal with HIV/AIDS and tuberculosis in terms of adopting of a broad approach towards healthcare. Primary, secondary and tertiary healthcare strategies have been adopted at the entity level, while a primary healthcare strategy exists at the BiH level. The FBiH has adopted the Strategic Plan for the Development of Health in the FBiH for the period 2008-2018, while in 2012 Republika Srpska adopted the Policy for the Improvement of the Health of the Population in Republika Srpska by the Year 2020. The Strategy of Health Development in Brcko District for the period 2008-2013 was adopted in 2008; the existing strategy is being implemented and represents a key basis for implementation of the Family Medicine Programme in accordance with the Strategy for Brcko District Development 2008-2017.

Surveys/studies are usually undertaken by international agencies as the government at both the national and entity level lacks capacities in this area. There is a need to support national capacity building to strengthen data quality, disaggregated data collection, data analysis and interpretation, report writing and dissemination, use of results and evidences for programming and policy making as well as the provision of regular feedback to those who collect surveillance data and other relevant stakeholders. It is also important to integrate the laboratories into the reporting system. Referral between sexual and reproductive health services and the VCCTs needs to be improved. HIV/AIDS prevention programmes need to offer other contraception commodities apart from condoms as well as medication for other sexually transmitted infections. The challenge ahead lies in the readiness of government institutions to take over the funding and management responsibilities once the Global Fund programmes end.

There are several potential risks related to tuberculosis and the implementation of the National Tuberculosis Programme (NTP). The relevant policy/strategy and regulatory framework need to be further developed, updated and aligned with NTP. A sufficient number of health professionals, both TB doctors and nurses, as well as microbiologists and laboratory technicians need to be engaged by the health system in order to ensure the quality of TB services for the BiH population in line with WHO recommendations. Another key issue that needs to be addressed is the uninterrupted procurement and supply of HIV/AIDS and TB drugs (both first line and second line TB drugs) and

explore possibility for common procurement of medicine in order to ensure continuity in drugs supply and better prices. Adequate procurement and supply of relevant laboratory consumables needed for early HIV and TB diagnoses (including DST on liquid media and diagnostic strips for molecular diagnosis) as well as the maintenance of the different equipment procured (e.g., TB laboratories and MDRTB wards procured through the GFATM) are prerequisites for the sustainability of the investment and efforts vested in the area of HIV/AIDS and TB control by GFATM.

Lessons Learned

Over the period 2000-2012 BiH has made significant progress in the struggle against HIV/AIDS and tuberculosis. In the past couple of years in particular the HIV infection has been kept under control. The defined goals for a HIV rate of less than 1% in the general population and less than 5% in any of the key population groups exposed to greater risk are being successfully met. There has been a slight increase in the prevalence of TB over the years yet this target (under 1% of the population) is also being successfully met. An integrated approach towards tackling HIV/TB is still not fully developed in BiH. A number of issues need to be addressed if the current level of success in achievement of MDG 6 is to be maintained.

Unfinished Business and Recommendations

- Increase health insurance coverage of the population and in particular of the vulnerable and at risk population groups. The implementation of this priority will improve the overall wellbeing of society in BiH and at the same time reduce the vulnerability, exclusion and poverty dimensions for BiH citizens.
- Identify additional sources of funding for the promotion of health and disease prevention as cornerstone elements of comprehensive health protection that increases people's awareness and responsibility for their own health.
- Improve referral mechanisms between sexual and reproductive health services and the VCCTs.
- National statistical and M&E capacities need to be developed to strengthen ownership over data collection methods, data analysis and interpretation and the use of evidence for global reporting and national programming and policy development.
- Further align the relevant policy, strategic and regulatory framework with the National Tuberculosis Plan.
- Secure an adequate number of health professionals, including microbiologists and laboratory technicians, within the health system in order to ensure the continuous quality of TB services in line with WHO recommendations.
- The GFATM Project ends in 2015 and sustainability needs to be ensured by the national partners for the continuation of the established coordination structures and functions and a strong M&E function at both the national and entity level.
- Adequate budgets need to be allocated for the continuous procurement and supply of HIV/AIDS and TB drugs, laboratory consumables and equipment maintenance.
- Common/joint procedures for drugs procurement need to be explored in order to ensure both continuity of supply and a better price deal.

MDG 7

Ensure environmental sustainability



MDG 7

Ensure environmental sustainability

Table 12: MDG 7 Indicators

Objective/Target/ Indicator		Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
			Targets as in PRSP	Achieved				
a		b	c	d	e	f	g	h
GOAL 7: To ensure environmental sustainability								
7.A Target: To integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
7.1. Percentage of forest area (% of land area)		b1) 44.6 b2) 55.6 b3) 42.8	52	42.7	53	42.8 (2011)	60	unlikely
7.2. Percentage of terrestrial protected areas for biodiversity maintenance in %		0.5	1.5	0.8	<2 (2009)	0.6 (2010) 2 (2011)	6	unlikely
7.3. GDP per unit of energy use (PPP \$ per kg of oil equivalent)		3.8	n/a	4.7	4.7 (2007)	4.4 (2011)	4.9	potentially
7.4. CO2 emissions	Metric ton per capita	6.1 (2000) 5.4 (2001)	3.5	6.8 (2005)	7.3 (2006)	8.0 (2009)	5.0	unlikely
	Kg per 2005 PPP \$ of GDP	99.4	n/a	99.0	99.2	103 (2011)	100	no target data
7.B Target: To halve the proportion of the population without sustainable access to safe drinking water and basic sanitation by 2015								
7.5. Percentage of the population having access to water supply systems		53	58	65 (2008)	65 (2008)	61.7 (2011)	67	potentially
7.6. Percentage of the population having access to water sewage systems		33	36	36 (2008)	36 (2008)	36 (2008)	40	likely
Additional indicators for BIH								
7.7. Electric power consumption/pc (kWh/pc)		540	1,050	2,381	2,381 (2007)	3,110 (2010)	2,500	achieved
7.8. Percentage of surface cleared of landmines		b1) 5 b2) 6.12	20	n/a	64	(20%) / 310 km ² reduction over the 2009-2012 period	80 100 by the end of 2019	unlikely

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Situation Analysis

Over the last decade BiH has increased its efforts to address environmental challenges and has harmonised the legal aspects of environmental protection in each of the entities through a set of environmental laws prepared in accordance with European Union directives. The laws on environmental protection of the Federation of Bosnia and Herzegovina (FBiH), the Republika Srpska (RS) and the Brcko District¹⁹³ (BD) of Bosnia and Herzegovina, as well as the Laws on Waters,¹⁹⁴ are the founding legal acts that govern the sector.

BiH through succession of SFRY inherited a series of international treaties related to environment. BiH has signed numerous multilateral agreements within the field of environmental protection: the Convention on Biological Diversity (2002), the Framework Convention on Climate Change (2000), the Convention to Combat Desertification in Those Countries Experiencing Serious Drought and/or Desertification (2002), the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (2001), the Danube Convention (2006), the Aarhus Convention (2008), the Bern Convention (2008), the Convention on International Trade in Endangered Species of Wild Fauna and Flora (2008), the Cartagena (2008), the Kyoto Protocol (2009), the ESPO Convention (2009), the Stockholm Convention on Persistent Organic Pollutants (2010) and the Beijing Amendment to the Montreal Protocol of the Vienna Convention on the Protection of the Ozone Layer (2011).

A considerable number of strategic documents were drafted during the period 2000-2012 and these represent the basis for continuous efforts in BiH to implement reforms within the environment sector: the Solid Waste Management Strategy (2002), the National Environmental Action Plan of BiH – NEAP BiH (2003), the UNECE EPR1 – First Environmental Performance Review (2004), the First National Report on the Implementation of the UN Convention to Combat Desertification/Land Degradation in BiH (2007), the Initial National Communication to the UN Framework Convention on Climate Change (2009), the I, II, III and IV BiH reports to the UN Convention on Biological Diversity (2005-2010), the Biological Diversity Strategy with Action Plan (2010), UNECE EPR2 – Second Environmental Performance Review (2011), the NCSA Report (National Capacity Self-Assessment 2012), the 'BiH in the Process Rio + 20' - BiH report to the UN Convention on Sustainable Development (UNSDC) held in Rio de Janeiro 20-22 June 2012, Water Policy in BiH (2011, pending adoption) and the Second National Communication to the UN Framework Convention on Climate Change (pending adoption). In the period 2000-2012 some of the most important environmental documents were developed in the FBiH and RS: the Environmental Protection Strategy of the FBiH 2008-2018 (2008), the Water Management Strategy of the FBiH 2010-2022 (2011), the Federal Waste Management Plan 2012-2017 (2011), the Strategy for Nature Protection of RS (2011), the Draft Strategy for the Integral Management of Waters in RS until 2024 (draft strategy, first iteration, 2012) and others.¹⁹⁵

A National Capacity Self-Assessment was conducted in order to identify country level priorities and needs for capacity building targeted at addressing global environmental issues and, in

¹⁹³ Law on Environmental Protection (Official Gazette of FBiH, numbers: 33/03 and 38/09), Law on Environmental Protection (Official Gazette of RS, numbers: 28/07, 41/08 and 29/10), Law on Environmental Protection (Official Gazette of BD, numbers: 24/04, 1/05, 19/07 and 9/09).

¹⁹⁴ Law on Waters (Official Gazette of FBiH, No. 70/06), Law on Waters (Official Gazette of RS, numbers: 50/06 and 92/09), Law on Water Protection in BD (Official Gazette of BD, numbers: 25/04, 1/05 and 19/07).

¹⁹⁵ BiH State of Environment Report for 2012

particular, to enhance the capacity of Bosnia and Herzegovina to meet its existing commitments under the four top priority UN conventions. The National Biodiversity Strategy and Action Plan (NBSAP) under the Convention on Biological Diversity (CBD) 2008-2015 has been adopted and is now being revised to meet the requirements of the CBD Biodiversity Strategic Plan 2011-2020 and the Aichi Targets. International obligations toward the UN Convention to Combat Desertification and Land Degradation (UNCCD) are also being met by regular reporting and the current elaboration and alignment of the National Action Programme for the UNCCD.

BiH produced, through the support of the UN, under the leadership of UNEP, and cooperation with key national stakeholders, the first State of Environment Report for Bosnia and Herzegovina (SOER 2012). The report was created according to DPSIR methodology covering the period of 1990-2012 and includes 284 environmental indicators. Apart from the overview of environmental performance and assessment of the efficiency of the implemented protection measures, the report identifies key questions related to the protection and improvement of the present status of the environment. The work on SOER also indicated the insufficient human and technical capacities for the fulfilment of the international environmental obligations of BiH.

Availability of Environmental Data

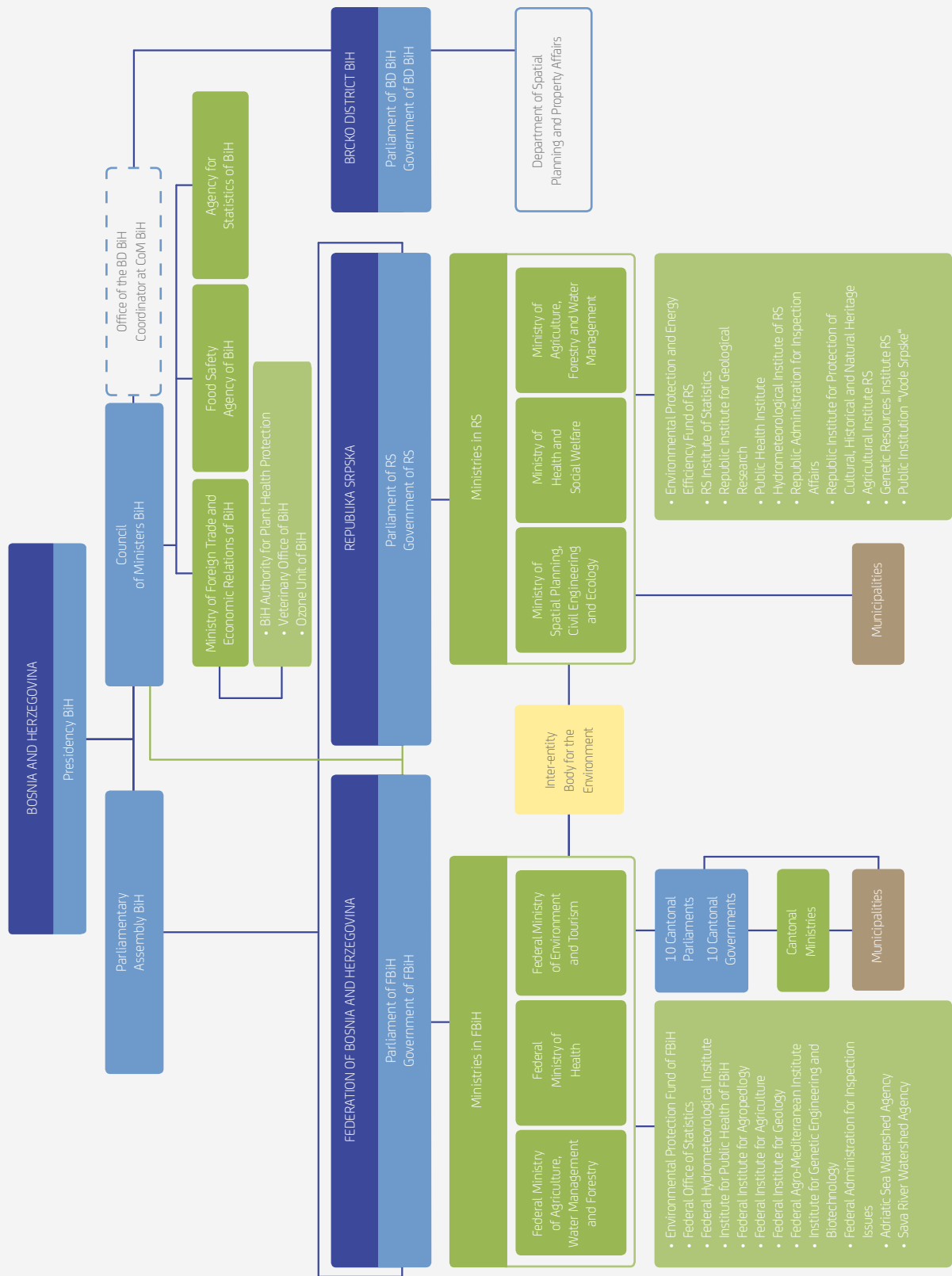
There is no systematic environmental monitoring and no reporting system in BiH due to the unclear distribution of responsibilities and obligations between the state, entities, cantons and municipalities. The Agency for Statistics of BiH, the Institute for Statistics of the FBiH and the Institute of Statistics of Republika Srpska collect and process certain environmental data, according to the Statistical Programme and Work Plan. Data collection and processing is not performed in accordance with EU guidelines and the data is often inconsistent (the same data collected in the two entities often cannot be compared due to different methodologies used) or incomplete (emissions measured for only one year). Some sectors perform better environmental data monitoring than others. The water agencies regularly monitor the different environmental parameters of surface water and regularly prepare reports on the surface water quality; however, this is not the case for groundwater. The hydro-meteorological institutes regularly measure air pollution in Sarajevo and Banja Luka and prepare annual reports, but the number of stations in BiH is insufficient to determine the air quality status for the whole country. Some environmental data is partly or completely missing, such as data on biological diversity, climate change, land resources and the impact the economy driving forces (agriculture, industry, mining, tourism and spatial and urban planning) have on the environment. This is caused by a lack of legislation in some of the mentioned areas, inadequate mechanisms of data transfer and coordination and by the lack of official institutionalised cooperation between the sectors in charge of environmental issues.¹⁹⁶

Environmental Governance

Environment and the use of natural resources are the responsibility of the entities and BD, which regulate environmental matters through laws, regulations and standards. The Ministry of Foreign Trade and Economic Relations of BiH (MoFTER) has a coordination role in the area of environment. Given that the environment and the use of natural resources are of interest to different sectors and ministries, such complex administrative structure requires adequate mechanisms of cooperation.

¹⁹⁶ Ibid.

Figure 21: Environmental governance in Bosnia and Herzegovina



Forest Coverage, Biodiversity and Climate Change Threats

Forests represent a very significant natural resource in BiH. The forest cover extends to 50% of the total territory of BiH and is distributed equally between the two entities. Most forest areas are classified as high forests. The first forest inventory in BiH was implemented during the period between 1964 and 1968. A new forest inventory commenced in 2006 and is currently in the final stage. It is expected that data arising from the new inventory will serve as a solid basis for monitoring forest status over the forthcoming period. BiH has a very long tradition of utilising its wood resources. Prior to the conflict the amount of timber harvested annually was between 5.5 and 6.5 million m³/year, whereas today that figure is around 4.5 million m³/year.¹⁹⁷ Besides wildfires, which pose the greatest hazard to forests and biodiversity in general, a negative impact on forest resource management is the presence of landmines. Due to the inaccessibility of certain areas forest treatment and rehabilitation options within these areas for the purpose of forest health management or fire hazard protection are limited.

The country is considered to be among the top five in Europe in terms of biodiversity with a high number of endemic and relict species. More than 5,000 species and sub-species of vascular plants, more than 100 species of fish, over 320 species of birds and other components of biological diversity have been identified in BiH.¹⁹⁸ However, data on biodiversity in BiH is scarce and BiH has still not established a central or coordination body for monitoring the status of biodiversity. The amount of territories designated as protected areas in BiH are relatively small and extremely low in terms of the percentage of protected territory compared to the total territory of BiH, far below the European standard. The management of existing protected areas is also a matter of considerable concern. These areas are not properly monitored and management remains understaffed and insufficiently supported by the responsible levels of governance, which has resulted in the degradation of these sites and a potential loss of the biological basis for their conservation status. The complexity of biodiversity in BiH requires a new approach to the management of protected areas with an increased use of scientific monitoring. Pressures from the energy sector also pose a threat to the pristine ecosystems of the country.

BiH is considered highly sensitive to climate change threats due to its 'climate-sensitive' and economic sectors, such as agriculture, forestry and the hydropower/energy sector. Industrial process emissions have decreased compared to the pre-war period and as pre-war production levels have not yet been reached the air quality status of BiH is better than it was prior to the nineties. Yet due to specific climate conditions and temperature inversions air pollution is significantly pronounced in the winter months in the larger urban areas in BiH, especially in the cities located in valleys where emissions become 'trapped' for longer periods of time. Although parameters of some pollutants like smoke and SO₂ (sulphur dioxide) perhaps do not exceed the limits, the chemical 'cocktail' of polluted air usually has a more harmful impact on human health and the environment, which is not taken into consideration in reports. There has been a significant improvement in monitoring and reporting on air quality such as the installation of online monitoring stations and regular reporting to EIONET (European Environment Information and Observation Network) in the European Environment Agency. Laws on environmental protection in the FBiH, RS and BD and new regulations on air quality monitoring and the definition of the types of air pollutants in both entities

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

adopted in 2012 define the methodology and procedures for air quality monitoring in accordance with EU directives. However, in order to have a more complete general state of air quality in BiH it is necessary to collect and analyse more data from different stations throughout the country.

In BiH the most significant source of CO₂ emissions is the energy sector, which contributes 74% of total CO₂ emissions. In the energy sector solid fuel (coal) comprises the largest proportion (77%), followed by liquid fuel (17%) and gas (6%). Other emissions sources include agriculture, industrial processes and waste accounting for 12%, 11% and 3% of total CO₂ emissions respectively. The First National Communication of BiH under the UNFCCC (Framework Convention on Climate Change) compiled the 1990 base year inventory of greenhouse gases. This assessment of vulnerability in adaptation to climate change shows that BiH has the potential to reduce CO₂ emissions. Forests in BiH represent a significant CO₂ sink of 7,423.53 Greenhouse gas CO₂ from the base year 1990.¹⁹⁹ The World Bank monitors CO₂ emissions globally and estimates that CO₂ emissions per capita in BiH have increased since 2000 in contrast to the target of a reduction by 2015 (see MDG indicator 7.4). However, CO₂ emission kg per 2005 PPP \$ of GDP seem to have decreased slightly.

Potential of Renewable Energy and Biomass

BiH possesses significant resources for generating energy. The theoretical hydro potential in BiH amounts to approximately 99,256 GWh/yr, while the technical to approximately 23,395 GWh/yr. The energy potential of a small-scale hydro power plant in BiH amounts to 3,520 GWh annually. BiH has significant solar radiation ranging from 1,240 kWh/m² in the north to 1,600 kWh/m² in the south, while average annual sunny hours amounts to 1,840.9. The theoretical potential for solar energy in BiH amounts to 67.2 pWh, which exceeds the total consumption of energy in the country. Currently there are no wind power plants that are connected to the high voltage network. However, between 1999 and 2012 potential locations were identified for building wind power plants in BiH. At present there are 16 macro-locations with the technical potential for exploitation in the FBiH with a total power output potential of approximately 1400 MW, while in RS there are 13 macro-locations with a total power output potential of 640 MW designated as desirable for the construction of wind power plants (Strategic Plan and Programme for Energy Sector Development in the FBiH, 2009 and the Energy Development Strategy of RS, 2012). The Decree on the Production and Consumption of Energy from Renewable Sources and Cogeneration in RS defines 100 MW of usable capacity up until 2020 in order to encourage electricity production from wind power plants.²⁰⁰

It is imperative for BiH to start introducing clean energy sources like biomass. So far biomass has mainly been exported, while poor quality coal and fuel oil were used for heating BiH households. Biomass originating from forestry (firewood, forestry waste and wood waste from the timber industry) and agriculture has the largest economic potential and offers the best opportunity for employment and decreasing greenhouse gas emissions. The total technical potential of biomass energy in BiH amounts to approximately 33.518 PJ.²⁰¹

¹⁹⁹ BiH's First National Communication under UNFCCC, published in 2009

²⁰⁰ BiH State of Environment Report for 2012

²⁰¹ Ibid.

Sustainable Access to Drinking Water and Sanitation

While BiH is rich in water resources access to drinking water, measured against the proportion of the population with continuous access to an adequate supply of safe drinking water (piped water) at home,²⁰² is not yet fully ensured for the entire population. However, access to water has increased from the baseline of 53% in 2000/2001 to 61.7% in 2011; therefore, the 2015 target of 67% population coverage could potentially be achieved. Access to a public (centralised) sewage system²⁰³ has also increased from the baseline of 33% to 36% in 2008 and so the 2015 target of 40% coverage is likely to be achieved.

BiH ranks among the better-watered and largely spring-fed countries. It has a dense river network in the Sava River Basin, a less developed network of surface waters in the Adriatic Basin and significant karstic ground watercourses. The condition of rivers in BiH is generally good in terms of the content of oxygen in the water, despite the River Bosna being significantly more polluted than other rivers. Nitrate concentrations in rivers in the country in the post-war period are insignificant, mostly due to slow agricultural and industrial development. One of the few exceptions is the River Spreca where high concentrations of nitrates have been reported, as industry in the region has been considerably developed.

The total annual abstraction of water for public water supply amounts to around 1% of annual renewable water. Groundwater and springs are of special significance as they are mainly used for water supply (89%), while 10.2% comes from rivers and 0.8% from natural lakes and artificial reservoirs. Yet the current infrastructural capacity of the water supply system is a matter of serious concern. Due to damage and a lack of maintenance during the war (1992-1995) most of the water and wastewater systems, which date back more than 25 years, suffer from a high level of network leakage. Losses to the water supply network are estimated at between 30% and 50%, while the uncharged water level is between 25 and 75%.²⁰⁴

In some urban zones the public utility companies cannot supply sufficient drinking water during the dry season, when water demand is at its highest. At the same time, rural areas, typically not connected to a centralised water supply system, rely on small village water supply systems without regular water quality control. Access to drinking water for vulnerable and marginalised groups in rural areas is worse as the capacity of public water companies is often overwhelmed by the large number of requests of returnees, limited reconstruction of damage to the existing facilities. The Roma population, often living in informal settlements, lack basic facilities such as access to potable water.²⁰⁵

The sewage system in BiH is inadequate both in terms of the capacity and technology used. Sewage systems only exist in the central parts of cities, while the urban fringes and rural areas

²⁰² The indicator was used instead of the global MDG indicator to measure access to improved drinking water sources, which includes household water connection, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection.

²⁰³ BiH has adopted the indicator that measures the proportion of the population with access to the public sewage system instead of the global MDG indicator "Proportion of people using an improved sanitation facility" that includes flush or pour-flush toilets or latrine piped to sewage, a septic tank or pit, a ventilated improved pit (VIP) latrine, a pit latrine with slab or a composting toilet/latrine.

²⁰⁴ BiH State of the Environment Report for 2012

²⁰⁵ UNDP (2007) 'National Human Development Report 2007: Social Inclusion in Bosnia and Herzegovina'.

are served largely by inadequate and inappropriate septic pits. The latter seriously endanger the quality of surface and groundwater which are important sources of drinking water. New sewage lines are often added to the main sewage system in an ad hoc manner as urban areas expanded, which has contributed to the decreasing quality of the system. In addition to the low coverage of the public sewage system the treatment of collected waste water is very limited. There are only seven waste water treatment plants for sewage water in BiH, which can only treat less than 2% of waste water (1.9% in the FBiH and less than 1% in RS). The low collection rate and low price for the provision of public services, in particular the price of water, is well below the level of the operating costs of the utility companies and this constitutes one of the challenges to improving the infrastructure, maintenance and quality of service delivery.

In order to address the above-mentioned priorities within the water and sanitation sector the FBiH signed an Agreement with the European Investment Bank (EIB) in 2008 on financing a 60 million EUR loan for water supply and wastewater projects; two years later a similar agreement was signed with the entity of RS for a 50 million EUR loan. The aim of these agreements was to financially support the construction and rehabilitation of the water supply and sanitation infrastructure in the country. In parallel, the EU Delegation to BiH signed an agreement with the EIB to co-finance this loan through IPA 2009 (12 million EUR for FBiH) and IPA 2010 (10 million for RS EUR). In addition, the Swedish International Development Cooperation Agency (SIDA) agreed to co-finance/support for this process to a total amount of 12 million EUR. Furthermore, the EBRD adopted an individual approach towards BiH municipalities by signing a 5 million EUR loan for the development of the Capljina water supply, with total project cost estimated at 12 million EUR; the project is still in the implementation preparation phase. Additional funds are allocated for technical assistance to the BiH water and sanitation sector, such as the IPA Project Preparation Fund: PPF 2.5 million EUR and 2.2 million EUR by SIDA.²⁰⁶

Waste Management

Waste also represents one of the main environmental challenges affecting the quality of life in BiH. Data collection, monitoring and reporting within the waste sector lags behind other sectors such as the air and water sectors. The quantity of municipal waste generated per capita in BiH is increasing, yet the share of the population covered by organised waste collection and disposal to landfills amounts to 68% (2011). Recyclables separated from the mixed municipal waste amount to less than 5% of the total waste mass, while at least 95% of the collected mixed municipal waste is disposed of mostly at non-sanitary disposal sites. Municipal waste landfills are mainly of an open type and located in areas that are not regulated by the principles for sanitary landfill. In 2010 a total of 91 registered waste disposal sites existed in BiH; however, only 5 of them could be considered sanitary landfills. Despite efforts to close illegal dumpsites throughout BiH around 1,100 of them are still in use and pose a threat to public health and the environment. Due to a lack of adequate treatment and disposal facilities non-hazardous and hazardous waste from production activities and medical waste often end up at existing municipal waste disposal sites.²⁰⁷

²⁰⁶ UNDP, *Water Supply in BiH - Status and the Steps Ahead*, 2012.

²⁰⁷ BiH State of Environment Report for 2012

The Landmine Problem and the Demining Process

Seventeen years after the end of the conflict BiH still faces the problem of a high level of landmine and unexploded ordnance (UXO) contamination. BiH is the most landmine contaminated country in Europe and certainly one of the most contaminated in the world. Despite the efforts made and significant improvements in mine action management landmines and UXO still represent one of the main threats to the safety of citizens and economic and social development in BiH. Although a great deal of work has been invested in the process of the identification and clearance of landmine contaminated areas they can still be found almost all over the country. Identifying the location of minefields in BiH is very complicated, since most of them are either not correctly documented or the records have been lost. An additional specificity of the problem in BiH which makes its resolution even more difficult is the fact that minefields most often have unknown patterns, with individually placed mines or mine groups in low density concentrations over broad areas.

At the beginning of 2009 the new demining strategy set the total mine contaminated area in BiH at 1,573 km².²⁰⁸ The current mine-suspect area is estimated to be 1,263 km² or 2.5% of overall area of BiH.²⁰⁹ In 2012 the annual plan was realised at 53% for mine reduction and at 28% for land clearance. In 2012 there were a total of 9 mine accidents that killed or injured 12 people. To date, in the post-war period 1,689 people have been affected by landmines including 593 fatalities.

Mine action in Bosnia and Herzegovina began in 1996 with the establishment of the United Nations Mine Action Centre (UNMAC). The Centre was formed in order to build a local management structure and operational mine action capacity. All available minefield records (18,600) were gathered through SFOR and a central database was established as a basic tool for further planning and reporting. Operational demining activities in the field were conducted intensively through UN and World Bank programmes and through the engagement of certain foreign NGOs and commercial organisations. In July 1998 the national structures took over responsibility for demining activities, but with continued financial, expert and technical assistance being provided by the international community. Entity Mine Action Centres were established in RS (RSMAC) and in the FBiH (FMAC) under the coordination centre (BHMAC).

The adoption of the Demining Law in 2002 established centre BHMAC at the BiH level under the auspices of the Ministry of Civil Affairs of BiH. In the same year the first Mine Action Strategy was made for the period 2002-2009. At the end of 2004 an evaluation of the programme concluded that the vision of the first strategy was too optimistic and unrealistic and that the size and complexity of the problem greatly exceeded available funding, technology as well as the available support for programme implementation. In 2008 a new demining strategy was adopted in BiH. The objective of the 2009-2019 Mine Action Strategy is to completely eliminate suspect area of the first and second category of priority by the end of 2018, reducing it through general and technical survey and mine clearance and to completely eliminate third category priority suspect areas using prohibitive measures and survey activities.

²⁰⁸ Bosnia and Herzegovina Mine Action Strategy 2009-2019

²⁰⁹ 2012 BHMAC Report

The first urgent demining phase was implemented despite the adverse circumstances and obstacles, in particular the considerable lack of funding. Demining of urban areas has been finalised through the demining of locations considered to be priorities for the return of refugees and displaced persons and for the reconstruction of the basic infrastructure. The mine action structure has been developed and operational capacities for mine action have been built, while standards have been created for the organisation, field implementation, recording and quality control of operational activities.

However, experience to date indicates a major discrepancy between the realistic need for mine action in BiH and the possibilities of the country and its supporters. Given the current level of progress in terms of demining and land clearance it seems unlikely that the objectives of the strategy will be met by 2019; this is mainly due to the lack of sufficient funds: the existing strategy cites the annual financial requirement for demining at approximately 80 million BAM (40 Mil EUR).

It should be pointed out that, to date, the planned annual funds have never been allocated to the full amount for any of the years and as a consequence the available operational capacities have remained significantly unutilised. Due to the unrealised funding predictions the strategic plan, although revised, will not be fully implemented. Donor participation remains moderate and while the increased participation of local communities in funding of mine action is visible it remains insufficient.

Figure 22: Environment Snapshot



Unfinished Business and Recommendations

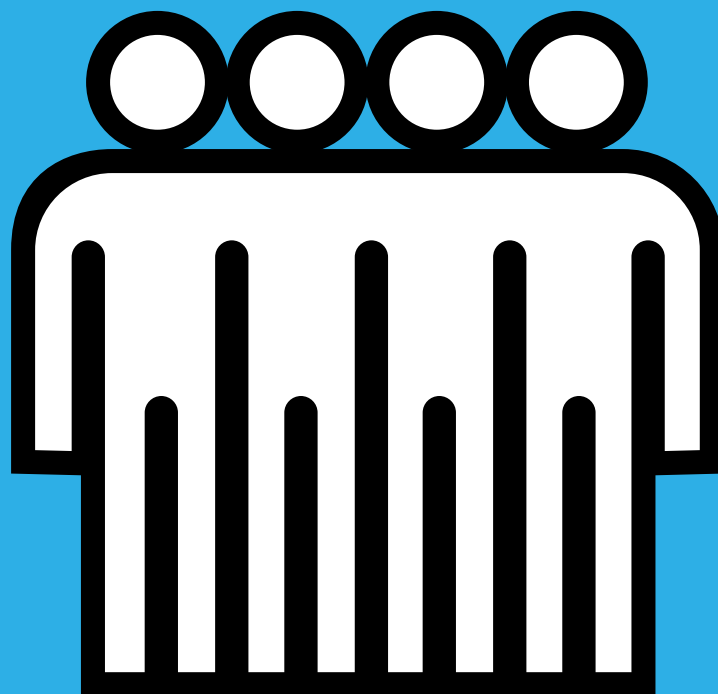
In the forthcoming period it is necessary to strengthen environmental protection institutions and human and technical capacities at all levels including inspectorates. Proper management of environmental issues and risks requires decision making that needs to be based on science and adequate evidence. Improved environmental data collection and application, based on reliable and timely inputs and information, is a prerequisite for adequate planning, monitoring and reporting.

For long-term environmental protection sustainable sources of financing are required, which includes efforts to prioritise and coordinate investment programmes and also fully utilise already available funds (such as in the water sector). Finally, comprehensive environmental protection can only be ensured through the inclusion of environmental protection needs in planning and development processes of all sectors that exercise environmental pressures. A range of actions remain to be tackled in the forthcoming period:

- Improve the existing legal and institutional framework, vertical and horizontal coordination and strengthen capacities at all levels required for adequate management of the environment sector.
- Strengthen data collection, environmental statistics, environmental monitoring and reporting.
- Improve biodiversity data collection and establish a coordination mechanism for biodiversity status monitoring.
- Improve the capacities and management of existing protected areas and ensure adequate financing.
- Improve data collection, monitoring and reporting in the waste sector and increase the share of the population covered by organised waste supply.
- Address the issues of inadequate volume of waste recycling, illegal dumpsites and the disposal of hazardous and medical waste.
- Introduce additional air monitoring stations in order to provide adequate coverage throughout BiH and better monitoring of air quality.
- Increase use of renewable energy and biomass and introduce European standards and regulations for biomass fuels.
- Improve the existing water and wastewater systems that are outdated and produce considerable water losses and set adequate water tariffs for businesses and the population.
- Ensure better integration of environmental protection needs in other sector policies.
- Ensure adequate and continuous levels of funding required to free the country from the threat of landmines

MDG 8

To develop a global partnership
for development



MDG 8

To develop a global partnership for development

Table 13: MDG 8 Indicators

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Progress towards 2015 Targets
		Targets as in PRSP	Achieved				
a	b	c	d	e	f	g	h
GOAL 8: To develop a global partnership for development							
8.A Target: To further develop an open, rule-based, predictable, non-discriminatory trading and financial system							
8.1. Corruption Perceptions Index	n/a	n/a	3.3	3.2 (2008)	3.0 (2009) 4.2 (2012)	4	achieved
8.2. Export expressed as a percentage of imports (in %)	30.8	n/a	42.7	44.8	53.0 (2011) 51.0 (2012)	80.0	unlikely
8.3. Foreign direct investment as a percentage of GDP (in%)	2.1	n/a	13.5	2.9	2.4 (2011) 3.8 (2012)	7.0	unlikely
8.4. Official assistance for development (ODA) as a percentage of GDP (in%)	11.1	n/a	2.97	2.6	2.3 (2011)	1.0	likely
8.B Target: To deal comprehensively with developing countries' debt using measures at the national and international level to make the debt sustainable and comparable on a long-term basis							
8.5. Total external public debt/GDP ratio (in %)	35.2	n/a	18.2	21.8	27.5 (2012)	25	unlikely
8.6. Export/GDP ratio (in %)	17.9	n/a	27.3	23.2 (2009)	30.4 (2012)	43	unlikely
8.C Target: In cooperation with the private sector, to make available the benefits of new technologies, especially information and communications technology							
8.7. Personal computers per 100 of the population	3.9 (2000)	4.0	6.4	6.4 (2008)	6.4 (2008)	12.0	likely
8.8. Phone lines per 100 of the population	22.6	15.0	28.2	27 (2008)	25 (2011)	26.0	achieved
8.9. Mobile phone subscribers per 100 of the population	11.9	n/a	64.9	84 (2008)	85 (2011)	90.0	achieved
8.10. Internet users per 100 of the population	1.11	4.0	27.9	34.7 (2008)	60 (2011)	15.0	achieved

Please note: for more detail and source information please refer to the main indicator table in Annex 1.

Gross Domestic Product

In the period from 2000 to 2008 BiH recorded significant economic growth with GDP growing on average by about 6% annually. The generators of this growth were the high level of export, powerful domestic consumption and investment growth spurred by a significant growth in loans and remittances and the high price of BiH products on the world market (e.g., metal). This GDP growth was accompanied by a decrease in poverty.²¹⁰ According to the WB/Directorate for Economic Planning of BiH the percentage of the population living below the poverty line (absolute poverty rate), defined as the consumption level of 205 BAM per person per month, dropped between 2004 and 2007 from 18% to 14%, while the relative poverty rate in 2007 was 18.2%. Data from 2011 indicates that the absolute poverty rate increased to 15% and that the relative poverty rate slightly decreased to 17.9%.²¹¹

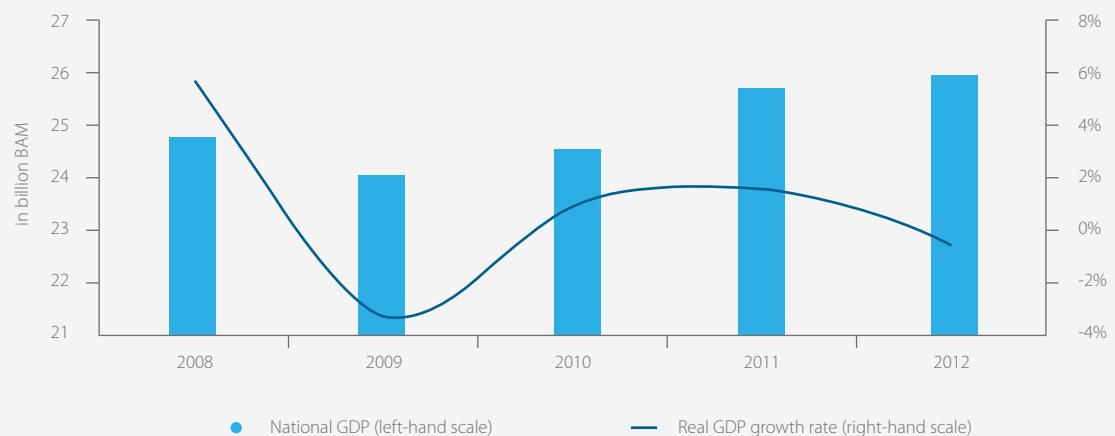
Since 2008 the BiH economy has not recorded any significant economic growth and the subsequent years have been marked by significant recession followed by episodes of stagnation and extremely slow recovery. The pre crisis growth rates of above 5%, which are necessary not only for reaching the standard of living in the developed as well as most of the neighbouring transition countries, now seems out of reach and unlikely for a number of years to come. In 2012 a negative GDP growth rate was recorded (-0.5%), due to additional deepening of the crisis in the Euro Zone and other key foreign trading partners of BiH as well as insufficient economic activities within the country.²¹²

²¹⁰ For more detail see: WB/DEP. "Protecting the Poor during the Economic Crisis: 2009 Bosnia and Herzegovina Poverty Update", December 18, 2009. p. 8-9.

²¹¹ For more information and sources, check section MDG1.

²¹² Central Bank of Bosnia and Herzegovina Annual Report 2012

Figure 23: Nominal GDP and actual GDP growth rates 2008-2012



Source: Central Bank of Bosnia and Herzegovina, Annual Report 2012.

Recession in the Euro Zone has lasted for six successive quarters yet the situation in the BiH economy only became complicated when circumstances in the German economy worsened. The main effects of economic stagnation in the Euro Zone felt on the local economy were those reflected by the decrease in external demand for BiH exports and insufficient capital inflows. Also, the region was again affected by recession (primarily Croatia and Serbia), which altogether formed quite unfavourable external conditions. Internally there were problems related to restrictive fiscal policy, poor domestic private spending and a low level of investment (particularly in the private sector). Public investment increased to some extent, but failed to achieve its full potential. Financial mediation was of a low intensity and did not provide the necessary stimulation for general economic activity. Inflation in most countries in South East Europe grew during 2012, which was partly a reflection of increased VAT rates and the growth in food prices. The highest inflation was recorded in Serbia, which by the end of the year had reached 12%. BiH was the least affected country in SEE with inflation of 1.8%.²¹³

According to an IMF assessment, the economy is showing slight signs of recovery in 2013 (GDP growth in 2013 is estimated in the range of 0.5% to 1%). Industrial production and exports rose in the first quarter of 2013 compared to the same period last year. While to a large extent this was a reflection of a much milder winter and higher water levels that boosted electricity production and export the prospects of a modest economic recovery this year, by around 0.5%, have improved. Inflation continued to decline reaching 0.5% by April 2013, owing to lower food and fuel prices. Yet the unemployment rate inched up further to over 28%. Looking beyond 2013, growth is expected to pick up in line with the projected gradual recovery in Europe and is expected to be driven by an increase in export combined with large and stable inflows of remittances that should boost incomes, consumption and imports. Public investment in infrastructure projects should also support economic activity. However, a faster pace of economic growth will require substantial progress in the implementation of structural reforms.²¹⁴

Industrial Production and Construction

Industrial production in BiH recorded a serious decline in 2012. After two years of positive growth (from 1.6% in 2010 and 5.6% in 2011) there was a prominent decline in industrial output of 5.2% in 2012. As the added value of industrial production accounted for around 18% of the total Gross Added Value (GAV) it can be considered as quite a reliable indicator of decline of total economic activities in BiH. An analysis of the structure of the Industrial Production Index in BiH shows there was a decline in production output in all three areas of economic activity.²¹⁵

In the mining and manufacturing industries an approximately identical decline in production output was recorded: in mining the decline was 4.9% and in manufacturing it was 4.7%. In the supply of electric energy, gas and water the decline in production was 7.1%. Within mining the exploitation of energy raw materials (coal, brown coal and peat) saw a decline in production of 3.9%, while in the exploitation of other ores and stone there was a decline in production of 9.2%. Within

²¹³ Ibid.

²¹⁴ International Monetary Fund: - Bosnia and Herzegovina: Third Review Under the Stand-By Arrangement and Request for Waiver of Applicability of a Performance Criterion - Staff Report and Press Release, July 2013.

²¹⁵ Central Bank of Bosnia and Herzegovina Annual Report 2012

the manufacturing industry only two out of fourteen subareas recorded growth in production output: the production of chemical products and man-made fibres (8.2%) and in the production of rubber and plastic products (0.8%). High rates of production decline were recorded in the production of machines and devices (-26.2%), other manufacturing industry (-22.5%) and in the production of electrical and optical devices (-19.0%). In the remaining nine sub-areas the decline in production output was in the range of -0.9% (production of base metals and metal products) to -15.8% (production of other products of non-metal minerals). Such a trend of industrial production indicates that the local economy is in a period of recession and that urgent measures need to be taken if the economy is to recover and in order to initiate a revival of production output.²¹⁶

Construction in the local economy represents a very important activity, which accounts for more than 4% of the gross added value and employs 5.0% of the total number of employees. During the period from 2005 to 2008 the value of performed works in this activity in the FBiH increased by 79.2% and by 97.8% in RS. Unlike this period, when high rates of growth in the value of performed construction works were recorded, in 2009 and especially in 2010 due to the recession there was a decline in the value of performed construction works. During 2011 negative trends stopped and a moderate recovery was observed; however, this was followed by a further decline of 2.7% in 2012 in the FBiH and 7.9% in RS when compared to the previous year.²¹⁷

Current Account, Trade and Foreign Direct Investment

The current account deficit in 2012 amounted to 9.5% of GDP (equal to 2011), which shows that, despite the stagnation in economic activity, under such conditions the local economy relied on external funding. This increase in the current account deficit was influenced mainly by a deepening of the deficit in the foreign trade of commodities and a declining surplus in the services account, while a positive impact on trends in the current account related to an increase in surplus accounts of primary and secondary revenues. In the capital account there was a stable, if stagnating, inflow of funds, as in previous years.²¹⁸

The total value of foreign trade exchange in 2012 amounted to 23.1 billion BAM; therefore, compared to the previous year, a slight decrease in the volume of trading was recorded at 2.7%. The ratio of foreign trade exchange and GDP amounted to 89.2%, which confirms that the local economy has been very open. The decreased volume of foreign trade exchange resulted from a decrease in the export and import of goods during the year. Coverage of imports by exports deteriorated compared to the previous year amounting to 51.0%. The total value of imports amounted to 15.25 billion BAM, representing an annual decrease of 272.5 million BAM or 1.7%. The value of exports amounted to 7.86 billion BAM, which was lower by 364.2 million BAM or 4.4%. The foreign trade deficit amounted to 7.39 billion BAM or 28.5% of GDP, which was higher by 1.3% than in 2011.²¹⁹

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Ibid.

²¹⁹ Ibid.

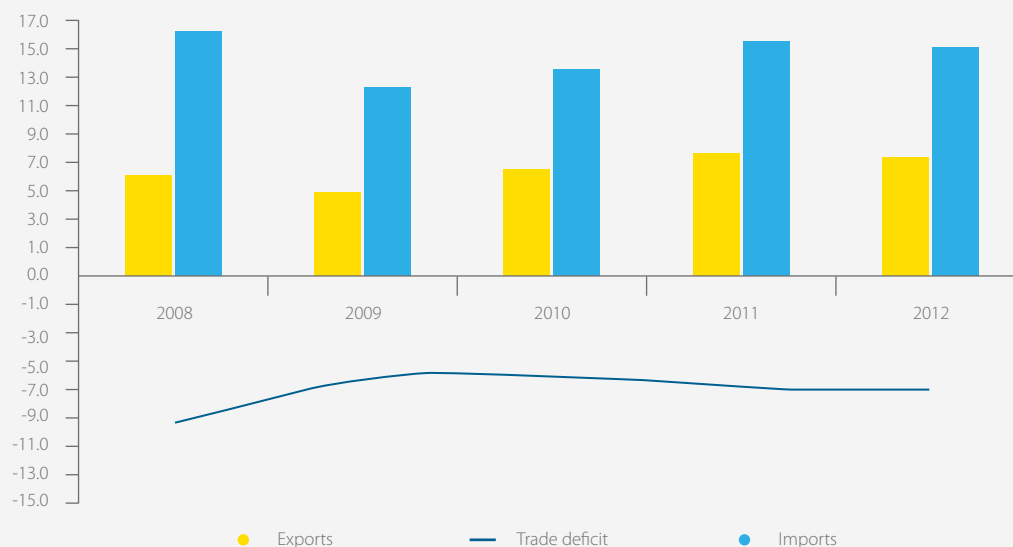
The most exported goods were base metals (24.3%), mineral origin products (11.1%), machine devices, and mechanical and electric devices (10.1%), and chemical industry products (6.8%) and furniture (6.2%). Out of these five main groups of products only furniture from the group of other products recorded a growth in exports compared to the previous year and so it contributed towards mitigating the decline in exports at the annual level. The decline in exports was mainly due to a decline in the export of mineral origin products (mineral fuels and oils and electric power) of 33.7%. This decrease was mainly the result of a twofold reduction in the volume of exported electric power, mainly to Serbia; however, a growth in prices for exported electric energy mitigated the decline to some extent. The most imported goods were mineral origin products (including oil at 21.2%), followed by machine devices and mechanical devices (12.3%), chemical industry products (10.0%), food products (9.9%) and base metals (8.7%). According to the economic purpose, the biggest share of imports was of semi-finished products (29.9%), non-durable consumer goods (25.3%) and energy (20.5%). Compared to the previous year the structure and share of some groups of products in total imports remained unchanged. The share of categories of capital products was still significantly lower than in the pre-crisis period, suggesting that investment is recovering more slowly than general spending.²²⁰

Products of mineral origin (oil and oil derivatives) and means of transportation are product groups that most affected the deepening of the trade deficit in 2012. Their contribution to the increase in the trade deficit amounted to 32.0% and 14.8% respectively. Analysis of exports according to economic purpose shows that within the structure of exports the biggest shares were taken by semi-finished products and production materials accounting for 41.2% of total exports; during the year the share of this group of products in total exports increased: at the annual level, the export of this group increased by 2.3%.²²¹

²²⁰ Ibid.

²²¹ Ibid.

Figure 24: Exports, imports and the trade deficit 2008-2012 (in billion BAM)



Source: Central Bank of Bosnia and Herzegovina Annual Report 2012.

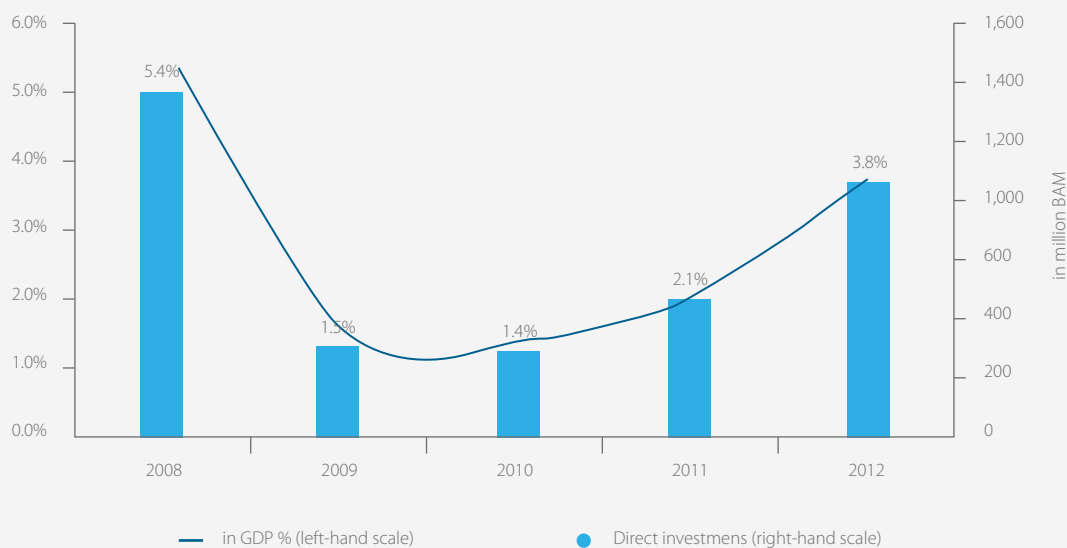
In geographical distribution terms foreign trade exchange in 2012 was still mainly concentrated on the EU member states and the neighbouring countries. These two groups of countries (EU27 and SEE) accounted for 87.3% of entire exports, while their share of total imports was 72.1%. Croatia and Germany stand out as the leading partners both in exports and also as the countries from which BiH mostly imports. Exports to Croatia decreased by 3.3%, while imports from Croatia were lower by 1.1%. The value of exports to Germany recorded a decrease of 0.5% compared to the previous year with a simultaneous increase in imports of 4.7%. The share of imports from other countries decreased and for Russia total imports decreased by 7%. Otherwise, BiH recorded the highest level of trade deficit with the Russian Federation (19.4%), followed by Croatia (14.0%), China (11.0%), Serbia (9.8%) and Germany (7.0%).²²²

Foreign Direct Investment continued to increase with an encouraging trend in 2012 that significantly exceeded the previous year; the inflow of investment was mainly in the nonfinancial sectors of the economy. The total value of the inflow of direct investment in 2012 was 992.7 million BAM, which was higher by 458.1 million or 85.7% compared to the previous year. Relative to GDP, foreign direct investment reached 3.8%, which is much closer to the pre-crisis recorded amounts. The biggest growth in investment was recorded in the production of base metals and the wholesale trade.²²³

²²² Ibid.

²²³ Ibid.

Figure 25: Foreign direct investment 2008-2012



Source: Central Bank of Bosnia and Herzegovina Annual Report 2012.

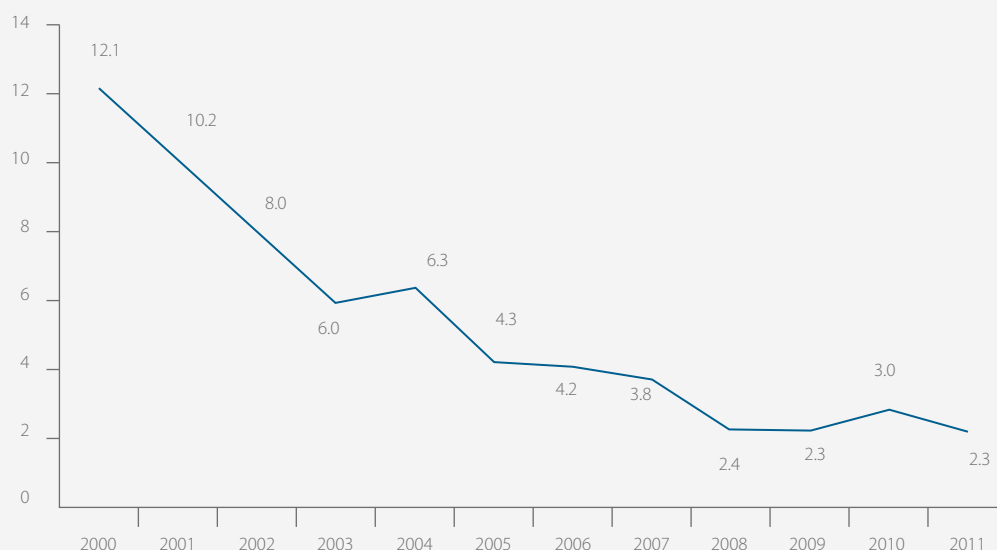
Official Development Aid (ODA) to BiH

In the post-war period, according to many estimates, BiH received the most donor aid per capita in history; however, it is not possible to find precise figures or even vaguely reliable estimates on the volume of the assistance received in the period up to 2000. Records of the received aid only started to be partially kept by local government in 2000. The received aid was intended for humanitarian assistance, economic recovery and reconstruction with a shift in focus since 2000 towards democratisation, institution building, capacity development, sector support etc. Back in 2000 official development aid (ODA) was very large, accounting for over 12% of GDP, but in the following years it decreased, amounting to 2.3% in 2011.

In order to address the necessity for the coordination of international aid, including monitoring efficiency and transparency, in 2005 a Donor Coordination Forum (DCF) was founded, while in 2008 the Sector for Coordination of International Economic Aid (SCIA) was founded within the Ministry of Finance and Treasury of BiH of BiH; the latter was charged with the coordination of international aid²²⁴. In 2009 the Council of Ministers of BiH adopted the Paris Declaration on Aid Effectiveness, through which government in Bosnia and Herzegovina committed to fulfil 56 partner obligations within the five main areas covered by the Declaration: ownership of local institutions, alignment of objectives, harmonisation, results-based management and mutual accountability. In 2010 BiH was officially added to the list of countries that are signatories to

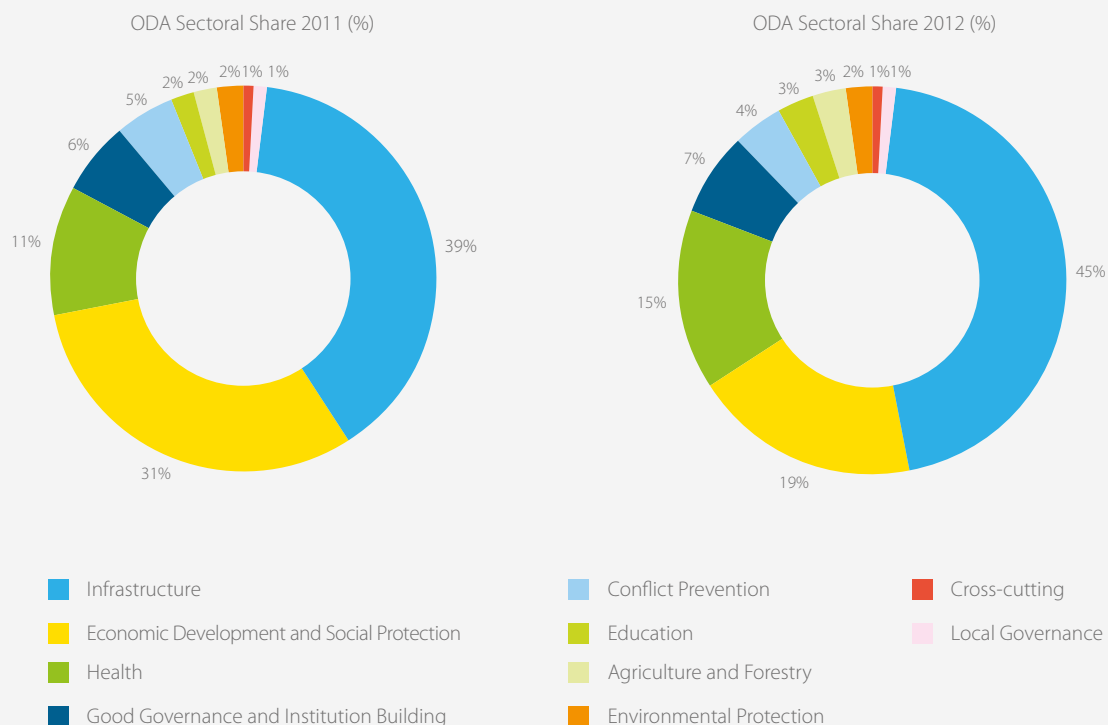
²²⁴ With the exception of aid received from the EU.

Figure 26: Official development aid (ODA) for BiH viewed as a Percentage of GDP



Source: World Bank.

Figure 27: ODA share per sector in 2011 and 2012



Source: Ministry of Finance and Treasury of BiH, BiH Donor Mapping Report 2011-2012.

the Paris Declaration²²⁵. The DCF is based on a rotating chairmanship of DCF members²²⁶, while MoFT/SCIA provides Secretariat function for the Forum. BiH will continue to receive a high per capita level of ODA, although ODA is being reducing each year. Several bilateral partners have scaled down their assistance over the past few years or will scale down in the near future, due to the presence of other global pressures and priority countries as well as the likelihood that BiH will join the EU in the future; the EU integration process has stalled over the past few years. The total allocation from DCF members for BiH in 2011 amounted to 541.36 million EUR, out of which 171.26 million EUR was in the form of grants and 370.10 million EUR in the form of loans. Compared to the previous period, grant-based ODA showed a significant decline in 2011. The largest share of ODA in 2011 was provided for the infrastructure sector, economic development and social protection and health sectors.²²⁷ As of 31 July 2012 the total allocation of DCF members for BiH amounted to 443.68 million EUR, out of which 176.31 million EUR was in the form of

²²⁵ For more information check www.mft.gov.ba.

²²⁶ For more information check www.donormapping.ba.

²²⁷ Ministry of Finance and Treasury of BiH, BiH Donor Mapping Report 2011-2012.

grants and 267.37 million EUR in loans. The structure of investment in sectors over the first seven months of 2012 was very similar to that of 2011.²²⁸

Over the observed period the three largest international financial institutions, the European Investment Bank (EIB), EBRD and the World Bank, provided the loans along with the bilateral donor Germany. At the same time, direct bilateral assistance indicated a trend of gradual decrease and it's channelling through the assistance of the European Union. In 2011 Spain/AECID, United Kingdom/DFID and the Netherlands ceased their operations and closed their offices in BiH, while Austria/ADC will gradually phase out direct bilateral technical assistance.²²⁹

The founding of the Donor Coordination Forum (DCF) is an important initiative and an example which should be followed by all donors active in BiH; however, according to the Donor Directory from January 2012, a total of 209 donors were active in the country but only 22 were DCF members.²³⁰

According to an Organisation for Economic Cooperation and Development (OECD) report²³¹ on Aid Effectiveness dating from 2011, more effort needs to be invested both by BiH institutions and donors in order to ensure a better quality of implementation of the Paris Declaration in the country. In 2010 BiH participated for the first time in a survey for the report, but only fulfilled two out of the ten indicators. One of the targets set by OECD is that 40% of donor missions need to be realised jointly in the field. In BiH only 10% of the 131 donor missions were coordinated. The UN has implemented the largest number of missions in BiH (59) out of which 10 (17%) were coordinated with other donors, while the EU coordinated the largest part of their missions (50%). The Paris Declaration emphasises that aid effectiveness is increased when donors use a mutual framework and coordinate the management and delivery of support. Partner countries have the obligation to define clear programmes and strategies while donors are responsible for utilising local systems in the preparation, implementation, financial management, monitoring and evaluation of their programmes. Although programme-based aid allocation (*programme-based approach*) is emphasised in the Paris Declaration only 35% of aid to BiH in 2010 was programme-based, which is significantly less than the set target of 66%. Only six donors allocated aid in this way, out of which funds 88% was allocated by the World Bank as budget support.²³²

²²⁸ Ibid.

²²⁹ Ibid.

²³⁰ IBHI/SIF, Donors in BiH: Support to the Development of the NGO Sector, Lessons (Not) Learned, Initiative for Better and Humane Inclusion (IBHI) and the Social Inclusion Foundation in BiH (SIF in BiH), Sarajevo, 2013.

²³¹ OECD, Aid Effectiveness 2005–10: *Progress in implementing the Paris Declaration*, 2011.

²³² IBHI/SIF, Donors in BiH – Support to the Development of the NGO Sector, Lessons (Not) Learned, Initiative for Better and Humane Inclusion (IBHI) and the Social Inclusion Foundation in BiH (SIF in BiH), Sarajevo, 2013.

External Public Debt

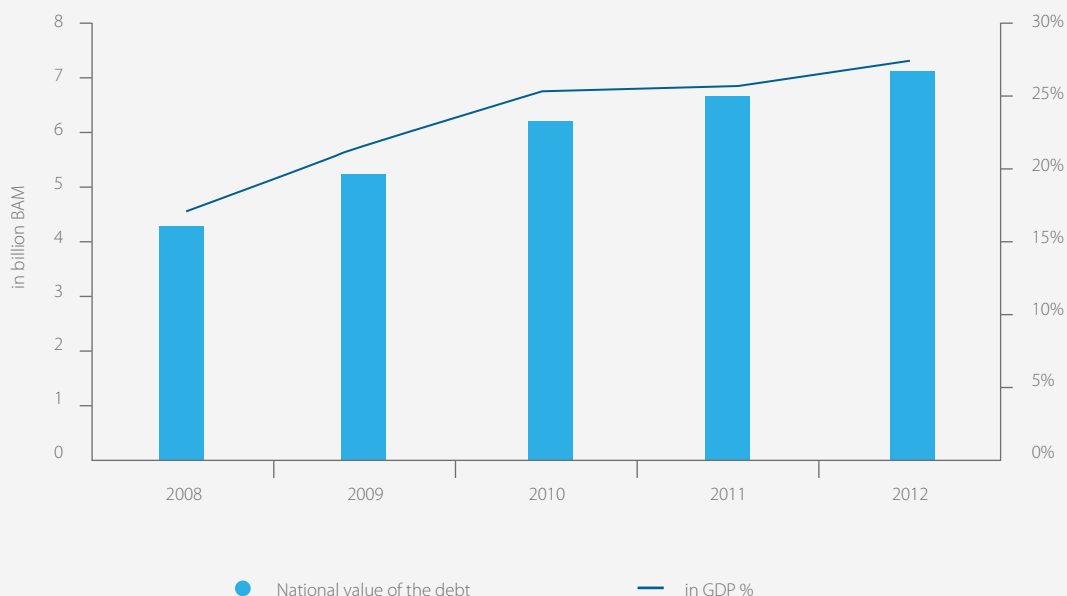
In 2012 the external public debt in BiH increased so that by the end of the year it amounted to 7.13 billion BAM, higher by 470.8 million BAM or 7.1% compared to the situation at the end of 2011. Expressed in percentage of GDP, the situation pertaining to external public debt amounted to 27.5%.²³³

The main part of the debt increase related to an increase of debt with the European Investment Bank (EIB) to the amount of 268.7 million BAM, with the IMF to the amount of 165.6 million BAM, the EBRD to the amount of 141.8 million BAM and with the WB - International Development Association (IDA) - to the amount of 33.9 million BAM. In the total balance of external debt the largest part at the end of 2012 related to loans from the World Bank IDA (loans withdrawn after the war under concession terms) totalling 1.77 billion BAM or 24.8%. This is followed by a debt towards EIB to the amount of 973.3 million BAM or 13.6%, the IMF debt of 950.4 million BAM, the Paris Club at 781.7 million BAM or 11% of the share, the WB - International Bank for Reconstruction and Development (mainly debts incurred before 1992) at 675.7 million BAM or 9.5% of the share and the London Club at 479.3 million BAM or 6.7% of the share.²³⁴

²³³ Central Bank of Bosnia and Herzegovina Annual Report 2012.

²³⁴ Ibid.

Figure 28: External public debt (nominal values and in percentage of GDP)



Source: Central Bank of Bosnia and Herzegovina Annual Report 2012.

The amount of contracted and non-implemented loan funds (which will be withdrawn in the following period) remains very high and this will contribute to a further increase in the debt in 2013 and over subsequent years. These funds in the end of 2012 amounted to 1.78 billion BAM, representing a decrease in the amount of 10.6% compared to the previous year. The biggest part of these non-implemented funds was with the EIB to the amount of 559.4 million BAM or 31.5%, the EBRD to the amount of 326.4 million BAM or 18.4%, the World Bank - IBRD to the amount of 65.5 million BAM or 3.7%; regarding non-implemented funds from governments and government agencies the biggest individual non-implemented amount was from the Government of Japan to the amount of 213.9 million BAM or 12%.²³⁵

All of the liabilities related to the servicing of the external public debt were fully implemented in 2012. Repayment of external public debt amounted to 413.3 million BAM, wherein repayment of the principal was 305.4 million BAM or 73.9% of the total repaid amount and repayment of interest was 107.9 million BAM or 26.1%. Debt repayment was significantly higher compared to 2011 when the total repayment amounted to 340.0 million BAM where the repayment of the principal amounted to 235.5 million BAM and repayment of interest was 104.5 million BAM. In comparison with 2011 the growth in the repayment of the principal was higher by 29.7% and interest by 3.2%.²³⁶

²³⁵ Ibid.

²³⁶ Ibid.

Figure 29: Global Partnership Snapshot



Corruption

Bosnia and Herzegovina made steps towards the prevention of corruption through the established of the Anti-Corruption Agency and adoption of the Anti-Corruption Strategy in 2009. While the legal and institutional frameworks for the fight against corruption are in place application of policies and laws needs to be strengthened. To address this serious and widespread problem BiH needs to take serious steps in order to implement the Anti-Corruption Strategy. If implemented fully and with clearly defined anti-corruption measures it would contribute to the overall process of fighting corruption and increasing trust in the governing structures.

The extent of the problem was stressed in the European Commission's 2012 Progress Report for BiH, *"Corruption continues to affect all spheres of life, economic development and the rule of law... (It) continues to remain widespread in the public sector and the public-private interface."*²³⁷ Corrupt activities are evident in politics and the public sector, where there is still insufficient control over political parties' financing, public procurement processes and the provision of public services such as health and education. The process of opening a business and the issuance of permits is also prone to corruption, which puts the overall investment climate in BiH at risk both in the short and long-term.

A survey carried out in August 2010 by the UN Office on Drugs and Crime (UNODC) states that, *"In a half of cases kickbacks are paid in response to a direct or indirect request by a public official, almost 40 per cent of bribes paid are actually offered by citizens themselves. This shows the lack of faith some citizens of BiH have in the ability of the public administration to function without the payment of some kind of kickback for facilitating bureaucratic procedures."*²³⁸ This paper also highlighted the extensive presence of corruption. In the 12 months prior to the survey 20.1% of citizens in BiH had been exposed, either directly or through a household member, to a bribery experience involving a public official.²³⁹

According to the Transparency International Corruption Perception Index for 2012 BiH ranks 72 out of 176 countries and is behind all current and prospective EU member states with the exception of Serbia and Albania that are ranked 80 and 113 respectively.

²³⁷ EC Progress Report 2012, online.

²³⁸ UNODC report *"Corruption in Bosnia and Herzegovina, Bribery as Experienced by the Population."*

²³⁹ Ibid.

Availability of Information and Communication Technology

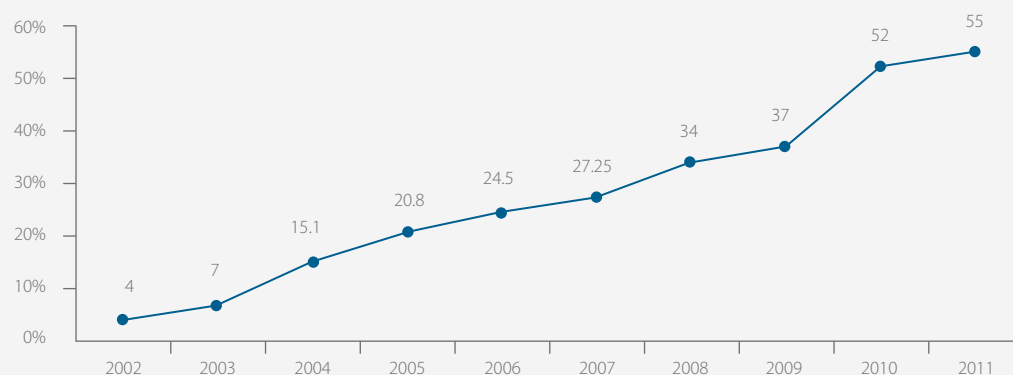
The last of the MDG targets refers to the development of information and communication technologies. Information and communication technologies (ICT) are increasingly taking a central place in strategies that aim to increase the competitiveness of countries all over the world. Compared to 2003 the availability of information technologies in BiH has improved considerably.

Considering how important ICT is for enabling middle-income countries to reach higher levels of development and economic and social transformation, BiH cannot allow itself to be left out of the process of development and expansion of information technology. Transformation from a classical into an information society is one of the prerequisites for integration into the EU. A prerequisite for the establishment of an information society lies in the development of a widespread ICT infrastructure as a conduit for the flow of information, consisting of telecommunications networks and strategic information systems.

The strategic framework related to the development of an information society in BiH is defined through three key strategic documents that were adopted by the Council of Ministers of BiH in November 2004: the Policy, Strategy and the Action Plan for Information Society Development in BiH. These three documents contain the main guidelines and principles, strategy and mechanisms, defined priorities and activities for the sustainable and continuous development of Bosnia and Herzegovina as a society based on knowledge and the intensive use of information and communication technology. The Strategy defines five development pillars: (1) legal infrastructure, (2) eEducation, (3) eGovernance, (4) ICT infrastructure and (5) ICT industry. However, in the years that followed, the creation of the legal infrastructure for the development of an information society was not done in accordance with the plan.

The Communications Regulatory Agency (CRA) of BiH is the regulatory body authorised to regulate telecommunications and broadcasting and organise the radio-frequency spectrum in BiH. Within the scope of its regular activities, the Agency continuously conducts an annual market analysis of

Figure 30: Growth of internet use in BiH 2002-2011



Source: Communications Regulatory Agency of BiH Annual Survey of CRA licences for the provision of Internet services in BiH in 2011.

Internet service providers. According to a CRA survey, a total of 515,296 Internet subscribers were registered in BiH in 2011. CRA estimates that in the same reporting period there were a total of 2,113,100 Internet users which brings the Internet usage rate in BiH for 2011 to 55%. The dominant type of Internet access in 2011 was xDSL with 48.1% of the total number of Internet subscribers in BiH; second place was taken by cable Internet access subscribers who made up 22.3% of the total number of Internet subscribers in BiH.

There is a clear indication that Internet use in BiH is on a constant rise with emphasis given to the use of broadband services. Further liberalisation of the telecommunications market and the introduction of new technology will further enable the presence of quality services and maintain a positive trend in BiH concerning Internet usage. The offer of faster and cheaper Internet access is a precondition for the development of an informational society as well as for the future prosperity of the economy and society as a whole.

Conclusions

In the period from 2000 to 2013 BiH created solid conditions for participation in the global partnership. The country's dependence on official development aid (ODA) has been significantly decreased over the recent period and a mechanism for coordination of development assistance is in place to provide better management of development aid in accordance with national priorities and strategies and the Paris Declaration. Back in 2000 ODA was very large, accounting for over 12% of GDP, but in the following years it decreased, reaching 2.3% in 2011.

With the exception of Foreign Direct Investment (FDI), most economic indicators signify stagnation and in some instances recession: since 2008 the country has not experienced any significant growth. In 2012 a negative GDP growth rate was recorded (-0.5%), due to the deepening of the crisis in the Euro Zone and insufficient economic activity within the country. However, BiH was the least affected country in SEE with inflation of 1.8%. Some modest signs of recovery might take place in 2013; IMF projections place GDP growth in the range of 0.5% to 1% for 2013. Industrial production is in decline and the current account deficit in 2012 amounted to 9.5% of GDP. Coverage of imports by exports in the previous year deteriorated compared to the preceding year, amounting to 51.0%. The total value of foreign trade exchange in 2012 amounted to 23.1 billion BAM, which represents a decrease in the volume of trading of 2.7%. FDI continued to increase with an encouraging trend: the total FDI value in 2012 was 992.7 million BAM, which was higher by 458.1 million or 85.7% compared to the previous year. Relative to GDP, foreign direct investment reached 3.8%, drawing closer to pre-crisis levels.

In 2012 the external public debt in BiH increased so that by the end of the year it amounted to 7.13 billion BAM, by which the debt was higher by 470.8 million BAM or 7.1% compared to the situation at the end of the 2011. Expressed in percentage of GDP the situation of government external debt amounted to 27.5%. The amount of contracted and non-implemented loan funds remained very high amounting to 1.78 billion BAM. According to the Corruption Perception Index for 2012, BiH ranks 72nd and is behind all of the current and prospective EU member states with the exception of Serbia and Albania that are ranked 80th and 113th respectively. BiH ranks poorly in international comparisons: the country ranks 81st in terms of human development, 98th in the world in terms of democracy, and 126th in terms of the ease of doing business. The Internet usage rate in BiH increased from 4% in 2002 to 55% in 2011.

Recommendations

- Application of comprehensive approach is required to change the business environment to become more vibrant, attractive, efficient and transparent; piecemeal actions will not bring about the required changes. An enabling business environment is crucial for the economic development of the country and to help attract adequate levels of investment to enable job creation, a reduction in unemployment, greater revenue, more competitive products and services and greater exports.
- Resolve the issue of corruption.
- The external public debt that reached 27.5% of GDP is a major impediment to the development of the country, especially given that insufficient public funds are used for development purposes. In addition to the reduction of the external public debt, a comprehensive overhaul of public administration is required.
- The issue of contracted but non-implemented loan funds needs to be urgently resolved in light of the expensive servicing.

MDG

Unfinished Business of MDG and
the Post-2015 Agenda for BiH

Unfinished Business of MDG and the Post-2015 Agenda for BiH

Assessment of Indicator Achievement versus set Targets

Over the period of 2000-2013 progress towards the achievement of the MDG in Bosnia and Herzegovina has been uneven and while significant progress has been made in certain areas only limited progress has been made in others. Out of the 68 indicators used to monitor progress on MDG achievement in the country under half (31) have been fully achieved or are likely to be achieved by 2015, while it is unlikely that 37 will be achieved or potentially may be achieved by the end of 2015.

Table 14: Progress on Achievement of the 68 MDG Indicators for BiH

	Fully achieved	Likely to be achieved	Potentially to be achieved	Unlikely to be achieved
	over 95% progress	80-95% progress	50-80% progress	under 50% progress
OUT OF THE 68 INDICATORS...	22	9	7	30

If we take the whole set of indicators used to measure progress against each goal then not a single MDG has been fully achieved in BiH. However, if we look at the single most important indicator related to a particular MDG it may be concluded, from the data available, that based on the key parameter/indicator only one of the eight goals has been fully achieved, namely MDG 4: Reduction of Child Mortality. Yet even this achievement is overshadowed by the level of inequality that affects certain groups such as Roma; the child mortality rates for Roma remain extremely high and are between three and four times higher than those for the general population.

Considerable improvements are evident for MDG2 Education, MDG 6 HIV/AIDS and MDG 8 Global Partnership (in particular relating to a reduction in ODA). Some progress has been made in relation to MDG 3 Gender Equality and MDG5 Maternal Health, while limited progress has been made in MDG7 Environment. Least progress is evident in relation to the achievement of MDG1 Poverty Reduction. More detail on the level of progress made against the set targets to be achieved by 2015 can be found in the extended indicators table provided in Annex 1 to this report.

Progress towards MDG 1: **To eradicate extreme poverty and hunger**

BiH entered the first decade of the 21st century bearing the still noticeable consequences of the 1992-1995 war, primarily the immense human and material losses and the loss of GDP during the entire war period as well as the drain on human capacities resulting from the emigration of a large part of its qualified labour force. At the beginning of the century the level of economic development in BiH was far below the level achieved during the years immediately before the war. BiH was then undergoing a transition and a privatisation process, primarily the introduction of market institutions, and was only just starting to create the foundations for dynamic development. It was against this background that the baselines were set in 2000/2001. Some of the progress related to this goal that was captured in the last MDG progress report in 2010 has been lost, while overall progress towards achievement of MDG1 has been limited and most of the related indicators and targets set for 2015 are unlikely to be met. Every sixth household in BiH is poor, unemployment rates are increasing and inequalities between the mainstream population and vulnerable groups remain.

Annual average GDP growth of 6% up until 2007 was lost in the years after the global crisis hit reaching negative values (-3.2 in 2009 and most recently -0.5 in 2012) and with an outlook of very slow recovery over the next 3-5 years. The high unemployment rate, higher than the regional average and considerably higher than the EU27 average (28% in 2012 vs. 10.9% EU27 in 2013), remains a problem. The youth unemployment rate for the age group 15-24 reached a staggering 63.1% in 2012 compared to 22.8% in the EU27 and the benchmark rate of 34.8% back in 2000.

Some improvement is evident in terms of the relative poverty rate with a reduction in the rate of 0.3% down from 18.2% in 2007 to 17.9% in 2011. In the same period the absolute poverty rate increased from 14.4% to 15%. There is also no evidence of positive trends in relation to the share that the poorest quintile has in national consumption, the employment ratio, the proportion of the population below the minimum level of dietary energy consumption, the Gini Index (pending WB calculations) or participation in the informal sector. The only target met in relation to MDG1 is the average annual inflation rate which has been kept below the target of 4% continually since 2000.

Sustainable and inclusive growth in BiH is unlikely to be realised without a holistic approach towards dealing with complex and interrelated issues. A comprehensive overhaul of the existing pension and social protection systems needs to be undertaken. In BiH the population continues to face many risks including the risks of long-term unemployment, youth unemployment, ill-health, poor education standards, domestic violence, disadvantaged children, dissatisfied youth, an ageing population with increasing need of adequate care services and the further marginalisation of disadvantaged groups such as Roma, persons with disability and refugees and returnees. Regional inequalities also need to be addressed and solutions found for a more even development process across the country in terms of infrastructure, services, economic opportunities and social support/protection.

Progress towards MDG 2: **To reach universal primary education**

Good education is a precursor to a good life filled with opportunity and therefore the achievement of this goal is important as it is a springboard for all other development and social inclusion goals. Universal primary education is, naturally, a priority as this is the basis upon which stands all possible progress in higher levels of education. While the primary school enrolment rate has remained continually high in BiH since 2000, at over 97%, it appears that 2-3% of the population of primary school age remains extremely hard to reach. Some progress has been made since the baseline year (from 97% in 2000 to 97.6 in 2012) but 100% enrolment by the end of 2015 is perhaps unlikely. Yet the rate is on a par with the EU27 enrolment rate of 97.6%. The final grade survival rate compared to the number who enrolled in the 1st grade has also been continually high (99% in 2000 and 99.5% in 2012) and 100% might be reached by the end of 2015.

Considerable progress has been made in terms of the secondary school enrolment rate (from 68.3% in 2000 to 91.8% in 2012) and the higher education enrolment rate (from 23% in 2000 to 38% in 2011) and both targets of 85% and 35% respectively have been met. The children attending preschool rate has improved from 4.3% in 2000 to 13.1% in 2012, but the goal of 25% is probably unlikely given the rather slow rate of progress over the years in terms of preschool enrolment. The adult literacy rate amongst the 15-24 age group remained high at 97.9% in 2010 and the goal of 99% might be achievable by 2015. The percentage of GDP allocated to education was 4.88% in 2010, which was close to the EU27 average of 5.44 in 2011; however, reaching 7.5% by 2015 is unlikely and the target appears to have been set unrealistically high.

It is important that BiH continuously benchmarks its progress against standards in the EU as a widening of the gap in terms of general education, skills and the education of the labour force all affect the long term progress of the country, which depends largely on good results achieved in the education sector. Inequalities experienced by vulnerable groups in terms of education need to be addressed urgently because no education or low education is an impediment to prosperity, quality of life and the ability to exit out of poverty. The inequalities faced by the Roma population are so severe that without a comprehensive accelerated and multi-sector approach towards addressing the multiple issues that affect the Roma population significant improvement will remain unlikely for many years to come.

Progress towards MDG 3: To promote gender equality and empower women

During the period 2000-2013 significant progress was made in the development of the legal and institutional framework needed to improve gender equality and empower women. On the other hand, in real life, positive changes in employment practices, income generation opportunities and political participation were modest.

The girls/boys ratio in education and the ratio of literate women to men in the age group 15-24 of 100% have been achieved, while the share of women in wage employment in the non-agricultural sector increased somewhat from 39.2% in 2000 to 42% in 2011 and has the potential to reach the target of 45% by 2015. The percentage of female representatives in the BiH Parliament at the state level dropped from 14.3% in 2000 to 10.5% in 2008 but then increased to 19% in 2011 and there is the likelihood that following the next elections in 2014 the 25% target rate might be achieved. However, these gains appear superficial when compared with local government and representation of the country abroad: only 2.8% of women were elected as mayors and only 15.5% of women appointed as ambassadors or consuls.

The share of women in the employed population increased from 37.2% in 2000 to 40.8% in 2013 and therefore the 40% target has been met. Women's participation in the executive branch of government increased considerably from 2.38% in 2000 to 30% in 2013 and the target of 10% has been met. Political participation improved in comparison to previous years in the executive branch of government, within Council of Ministers BiH (CoM), yet not a single ministerial position is held by a woman at the BiH level. The target for this indicator has been met given that 6 deputy ministers in the CoM are women.

Although women in BiH are on a par with men relating to primary and secondary education and have even outperformed men in terms of higher education for a couple of decades this advantage is not reflected in the situation of women in the field of work and employment. Even in the sectors such as education and healthcare where women constitute the majority, they are virtually absent from the management and policy development structures that govern these sectors. Bosnia and Herzegovina still copes with deep-rooted patriarchal stereotypes concerning the role and responsibilities of women and men in the family and in society at large.

Progress towards MDG 4:

To reduce child mortality

According to official statistical data, the infant mortality rate per 1,000 live births decreased by 35% from 7.6 in 2000 to 5.0 in 2012 and thus the goal of reducing the infant mortality rate to 5.0 in BiH has been achieved. This constitutes significant and continuous improvement in comparison to post-war years when the infant mortality rate was 14 in 1996. The estimated under-five child mortality rates in BiH have also declined by 20% from 9.6 in 2000 to 7.7 in 2011. Assuming that the causes of child death are accurately reported in BiH, it can be concluded that a further reduction in child mortality in the country will depend increasingly on addressing preventable neonatal mortality. Low infant birth weight is one of the key risk factors that are associated with increased morbidity and mortality in children. The percentage of infants weighing less than 2,500 grams has also decreased from 4% in 2000 to 3.1% in 2011/2012.

However, the situation regarding mortality rates and the health of Roma children in BiH is alarming. The infant mortality rate and child mortality rate remain extremely high at 24 and 27 respectively, which indicates that Roma children are three to four times more likely to die at birth, during their first year of life or in the first five years of their life than children from the general population. While 3% of children are born with less than 2,500 grams 14% of Roma children are underweight at birth. Perhaps the greatest inequalities are evident in terms of the immunisation rates: only 4% of Roma children are immunised compared to 68% of children from the general population. In terms of child wellbeing in BiH, apart from the comprehensive measures that need to be addressed for Roma children and children from other vulnerable groups, further effort needs to be made to ensure universal vaccination for all children, provide alternatives to the institutionalisation of children with special needs and further strengthen measures for child protection and the prevention of violence against children.

Progress towards MDG 5:

To improve maternal health

The attainment of MDG 5, to improve maternal health, will require more support in Bosnia and Herzegovina. Some improvements are evident since 2000 in reducing the number of maternal deaths per 100,000 live births from 5.05 in 2000 to 1.0 in 2007, 2.9 in 2009 and 3.0 in 2010 but then the figure spiked up to 6.3 in 2011. Focus on these figures needs to be maintained for 2012 and 2013 in order to see whether a negative trend is forming in relation to an increase in maternal death in BiH and what the underlying causes might be. The percentage of assisted childbirths continued to be high at 99.9% in 2012.

While BiH has been very successful generally in keeping the maternal mortality rate low it still needs to invest more effort to ensure universal access to reproductive health and reproductive health commodities and it needs to improve maternal health through the establishment of strategic frameworks such as for the prevention of cervical cancer, which is the one of the highest causes of mortality amongst women in Bosnia and Herzegovina. A holistic approach and view is required that would include economic and societal factors that affect reproductive, maternal

and child health. In order to ensure further improvement in reproductive and maternal health it is necessary to further educate the BiH population and improve existing healthcare and social protection services.

BiH has faced a decreasing birth rate and fertility trend as well as an increasing population mortality rate over the past decade and this will have a significant impact on the country's population and existing sector policy reforms. Demographic trends will have a considerable impact on the health and social protection sectors and therefore accurate and detailed analysis of demographic indicators is required in order to establish reliable baselines for the development of appropriate population policy.

Progress towards MDG 6: **To combat HIV/AIDS and Tuberculosis**

In the period 2000-2012 BiH made significant progress in the struggle against HIV/AIDS and tuberculosis. In particular, in the past couple of years the HIV infection has been kept under control. The defined goals for the HIV rate of less than 1% of the general population and less than 5% in any of the key population groups exposed to greater risk are being successfully met. There has been a slight increase in the prevalence of TB over the years; however, this target (under 1% of the population) is also successfully being met.

Progress towards MDG 7: **To ensure environmental stability**

Limited progress has been made towards environmental sustainability and the achievement of MDG 7. The percentage of forest area has remained at the same level since 2000 at 43.8% with the target of 60% unlikely to be met. The percentage of protected terrestrial areas for the maintenance of biodiversity also remains rather low with only a slight increase from 0.5% in 2000 to 2% in 2011 and so the target of 6% appears unlikely to be met. A reduction in CO₂ emissions to 5 metric tons per capita by 2015 also seems unlikely given the fact that the most recent data from 2009 is 8.0 per capita. The percentage of the population having access to the water supply system increased from 53% in 2000 to 61.7% in 2011 with the target of 67% potentially to be met by 2015. The percentage of the population having access to the water sewage system also increased from 33% in 2000 to 36% in 2008, thus the target of 40% is likely to be met by 2015. Given the current level of progress in terms of demining and land clearance it seems unlikely that the objectives of the national demining strategy will be met by 2019; this is mainly due to the lack of a sufficient level of funding. The existing strategy states the annual financial requirement for demining at approximately 80 million BAM (40 million EUR). The current suspect mine contaminated area is estimated at 1,263 km² or 2.5% of the overall area of BiH. In the post-war period, to date, 1,689 people have been affected by landmines, with 593 fatalities.

Progress towards MDG 8:

To develop a global partnership for development

In the period from 2000 to 2013 BiH created solid conditions for participation in the global partnership. The country's dependence on official development aid significantly decreased from over 12% of GDP in 2000 to 2.3% in 2011. With the exception of Foreign Direct Investments (FDI), which reached 3.8% in 2012, and the inflation rate, which was kept under control reaching only 1.8% in the same year, all other economic indicators signify economic stagnation and in some instances recession given that since 2008 no significant growth has been observed. In 2012 a negative GDP growth rate was recorded (-0.5%). The current account deficit amounted to 9.5% of GDP, coverage of imports by exports deteriorated compared to the previous year amounting to 51.0% and the total value of foreign trade exchange was 23.1 billion BAM, which represented a decrease in the volume of trading by 2.7%. The external public debt of BiH increased to 7.13 billion BAM, which represented a 7.1% increase over 2011; expressed as a percentage of GDP, the situation concerning government external debt reached 27.5%. The amount of the contracted and non-implemented loan funds was very high amounting to 1.78 billion BAM. In terms of corruption BiH ranked 72nd place and was behind all current and prospective EU member states with the exception of Serbia and Albania ranked 80th and 113th place respectively. In other international comparisons the country is ranked 81st in terms of human development, 98th in the world in terms of democracy, and 126th in terms of the ease of doing business. The Internet usage rate in BiH increased from 4% in 2002 to 55% in 2011.

Emerging Priorities and the Post-2015 Development Agenda in BiH

As evidenced by the analysis in this chapter, varied progress has been made towards the achievement of the eight MDG in Bosnia and Herzegovina with numerous development issues still requiring focus and effort from all levels of government in order to be adequately addressed.

Over the years limited attention has been given to MDG in the country, mostly due to the perception that, although representing global development goals and values, MDG overemphasise particular needs in underdeveloped parts of the world such as Africa. Thus, they are perceived as not necessarily being comprehensive enough to adequately address the domestic development goals and values underpinned by the desire for the country to join the EU family. This sentiment is shared by many countries²⁴⁰ and a general criticism of the MDG is that they do not adequately reflect many of the issues identified in the Millennium Declaration, such as employment and decent work, sustainability and climate change and a reduction in inequality and discrimination as well as other issues that have been left out.

Another reason why the MDG received limited attention in the country was other competing issues that overshadowed all other developmental needs in the country, such as the post-war reconstruction needs, EU accession requirements in terms of institutional development and changes to the legislative framework.

²⁴⁰ UNDP Bratislava Regional Centre, Reflections on the MDGs and the post-2015 agenda, from Europe and Central Asia. Human Development Working Paper 2013/01, January 2013

How the country is doing in terms of development and how it benchmarks progress in the region and against EU standards tends to be covered by many different documents and analyses; this report pools the key data in one place and can therefore serve as a relevant starting reference point from which to assess key parameters in terms of where the country was in 2000, where it is now and where it wants to be as a society in the future. Some issues, such as poverty and unemployment, are so extensive that without urgent focused pro-active and innovative interventions the required changes will not happen in the near future.

This developmental 'soul searching' is not needed just in BiH but globally as world leaders search for a new development agenda to drive economic recovery and build resilient and equitable societies across the globe; this should expand on the lessons learned during the 15-year global MDG development agenda. Post-2015 discussions started in earnest from 2010 when comprehensive global analysis and stocktaking on MDG achievement took place. The new developmental approach is different from all previous ones in terms of transparency, extensive global and national discussion and most of all citizen participation through voicing what is a priority and important developmental issue for them and what they see as urgently necessary to improve their quality of life.

While BiH was not one of the 50 countries where nationwide post-2015 consultations were held, the UN Country Team in BiH conducted a survey during the summer of 2013 with governmental partners, the NGO sector, international community, UN staff and citizens as to their views on what key development priorities the UN in BiH should focus on over the next medium-term period. The UN further intends to use the findings of that survey, this MDG report and the 2013 UN Common Country Assessment (CCA) during the preparation of the next United Nations Development Assistance Framework (UNDAF) in BiH for the period 2015-2019.

The purpose of this report, apart from taking stock of the progress made towards achievement of the MDG, is also to stimulate discussion on comprehensive development issues in the country over the forthcoming period through the provision of the most reliable available data and information on trends identified in accordance with the data collected and analysed.

Each of the priorities listed above is complex requiring a holistic approach and all development priorities are interconnected. However, some priorities have greater potential for positive impact on others and their improvement would have a transformational effect on many other issues. Clearly actions aimed at growth, economic development and job creation would underpin all other processes.

Table 15: Development Priorities in BiH according to UN survey findings

SOCIAL INCLUSION/INEQUALITIES
Social Protection
Social Inclusion and Inequality (including economic inequalities, gender equality, people with disability, Roma, youth, minorities, the elderly etc.)
Education (including pre-primary, primary and secondary education, university, adult education and lifelong learning)
Violence (domestic violence, sexual/gender based violence, violence against children, etc.)
Health (including child and maternal health, sexual and reproductive health, family planning, public health, etc.)
Child Protection
Cultural Heritage
UNBALANCED DEVELOPMENT
Economic Development and Employment
Rural and Local Development
Agricultural Development
Infrastructure Development
STABILITY AND SECURITY
Justice, the Rule of Law, Human Rights and Refugee Protection
Fight against Corruption and Organised Crime
Demining and Small Arms Reduction
ENERGY AND ENVIRONMENT
Water, Energy Efficiency and Environmental Sustainability

ANNEX 1

Indicators for Monitoring of Bosnia
and Herzegovina's Millennium
Development Goals

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
GOAL 1: To eliminate extreme poverty and hunger								
1.A Target: Between 1990 and 2015 halve the proportion of people whose income is less than \$1 a day								
1.1. Percentage of population living below absolute poverty line	19.5	16.0	14.0	14.4 (2007) Rural: 17.78 Urban: 8.23	15.0 (2011) Rural: 19.0 Urban: 9.2	9.0	b) WB, Poverty Assessment 2003, data from LSMS 2000/2001. d) HBS 2007, WB calculation e) Ibid. f) HBS 2011, IBHI calculation Note: A very small proportion is estimated to live below international poverty line set at 1.25 USD per day (0.04%) and under 2 USD per day (0.19%). National absolute poverty line according to the WB/LSMS 2001 was set at 205 BAM per month. The 2015 target was identified in the MDG Report 2004. Absolute poverty line in 2007 of 205BAM per member of household a month is based on 2007 prices. Prices for 2011, from the expanded HBS survey, were adjusted for inflation for the period of 2007-2011 for 479 products at the entity level. Through this methodology, absolute poverty line has been adjusted, based on the absolute poverty line from 2007. Inflation in the period 2007-2011 was approx. 14%, thus the adjusted poverty line for 2011 is approx. 235BAM per member of household per month.	unlikely
1.2. Relative poverty rate in %	18.3 (2004)	n/a	18.2	18.2 (2007)	17.9 (2011) FBIH: 17.1 RS: 19.5 DB: 14.7	14.0	a) HBS 2004, Agency for Statistics of BiH (BHAS) publication. b) HBS 2007, BHAS publication. e) Ibid. f) HBS 2011, BHAS publication Note: Relative poverty line is set at 60 percent of median consumption per adult equivalent. The OECD-modified equivalence scale is used to calculate equalized household size. Such a line was defined as 311BAM in 2004, 386 BAM per month per adult equivalent in 2007 and 416.408BAM per month per equivalent adult in 2011 HBS. Relative poverty rate was not calculated for 2000/2001. The missing target for 2015 was suggested in 2010 MDG progress report, taking into consideration other targets and data trend.	unlikely
1.3. Poorest quintile share in national consumption in %	9.5	n/a	7.2	7.2 (2007)	7.2 (2007)	>10	b) LSMS 2000/2001 d) HBS 2007, BHAS publication. e) Ibid. f) Ibid. New data from the WB due in October 2013 Note: The missing target for 2015 was suggested in 2010 MDG progress report, taking into consideration other targets and trend.	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
1.B Target: To achieve full and productive employment and decent work for all, including women and young people								
1.4. Employment ratio compared to the population of working age in %	36.1	n/a	31.2	33.1 (2009) 32.5 (2010)	31.7 (2012)	37.3	b) Living in BiH, Panel Study Wave 4 Report, 2004 d) LFS 2007, BHAS e) LFM 2009, 2010, BHAS f) BHAS annual indicators 2012 Note: Although not in the previous BiH MDG indicators, this indicator is in the (Global) List of MDG Indicators 2008. The missing target for 2015 was suggested in 2010 MDG progress report, taking into consideration other targets and trend.	unlikely
1.C Target: To halve, between 1990 and 2015, the proportion of people who suffer from hunger								
1.5. Undernourishment amongst the children below 5 in %	4.2 (2000)	n/a	1.5 (2006)	1.5 (2006)	1.6 (2011/12)	0	b) UN Statistics Division, UNICEF d) MICS 2006 e) Ibid. f) MICS BiH 2011-2012	potentially
1.6. Proportion of population below minimum level of dietary energy consumption %	Less than 5 (2002)	n/a	d1) 0.52 (2007) d2) less than 5 (2004-06)	e1) 0.52 (2007) e2) Less than 5 (2004-06)	5 (2011)	Close to zero	b) FAOSTAT d1) HBS 2007. d2) FAOSTAT e) Ibid. f) World Bank Data Note: d1) Percentage of the population with total consumption expenditures, food and non-food included falling below the food poverty line.	unlikely
Additional indicators for BiH								
1.7. Gini Index	26.0	25.0	33.3	33.3 (2007)	33.3 (2007)	20.0	b) DataWorldBank d) WB, Updated Report on Poverty in BiH for 2009 e) Ibid. f) Ibid. New data from the WB due in October 2013	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
1.8. Unemployment rate in %	22.9	22	29.0	24.1 (2009) 29.9 (2010)	27.6 (2011) ... FBiH 29.2 RS 24.5 DB 39.0 ... M 29.9 F 26.1 28.0 (2012)	22.0	b) Living in BiH, Panel Study Wave 4 Report, 2004 d) Labour Force Survey 2009, 2010 e) Ibid. 2011 f) Ibid 2011 and BHAS annual indicators 2012 Note: In accordance with the ILO definition of unemployment: http://laborstat.ilo.org/applv8/data/c3e.html	unlikely
1.9. Participation of informal sector in overall employment expressed in %	43.4	30	44.1	42.7	43.8 (2012) 44.5 (2013)	30.0	b) BHAS employment statistics d/e) Ibid f) Labour and Employment Agency of BiH, Statistical bulletin, September 2012; and information for registered unemployment rate for April 2013 Note: Registered unemployment, official statistical records, from employment bureaus. 2015 target is as in PRSP, BiH Employment Strategy 2010-2014's target is 2% annual employment rate increase	unlikely
1.10. Inter-quintile ratio (richest/ poorest 20%)	36.5	n/a	33.6 (2006)	33.6 (2006)	F1) 36.3 F2) 33.4 (2010)	25	b) ILO & Council of Europe, 2007/08 "BiH Employment Policy Review", calculation based on LMSM 2000/2001. e) ILO & Council of Europe, 2007/08 "BiH Employment Policy Review", calculation based on Labour Force Survey 2006 f) WB, Bosnia and Herzegovina - Challenges and Directions for Reform A Public Expenditure and Institutional Review, February 2012. F1 – Informally employed (no pension, excluding public sector) F2 – Informally employed (no health insurance, excluding public sector), estimates based on 2010 LFS data Note: The missing target for 2015 was suggested in 2010 MDG progress report, according to ILO-Council of Europe calculation.	unlikely
1.11. Real annual GDP growth rate in %	3.8	n/a	5.7	5.7 (2007)	4.9 (2011)	-	b) LSMS 2000/2001 d) HBS 2007 e) Ibid. f) HBS 2011, BHAS	negative trend observed
	4.1	5.5	6.2	-3.2	1.6 (2011) -0.5 (2012)	5.0	b) CB8H, Bulletin 4/2002 d) CB8H, Bulletin 4/2009 e) CB8H, Annual Report 2009 f) CB8H Annual Report 2011 and Annual Report 2012	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments		Progress towards 2015 Targets
		Targets as in PRSP	Achieved				c	d	
1.12. Unemployment rate within the 15-24 age group in %	34.8 (Age group 19-24)	30	58.4	47.5 (2008) 48.7 (2009)	57.5 (2010) 57.9 (2011) FBiH 59.7 RS 53.2 DB 70.9 M 56.4 F 60.5 63.1% (2012)	12	b) LSMS 2000/2001 d) Labour Force Survey 2007 e) BHAS Labour Force Survey 2009 / LFS 2011 f) BHAS LFS 2011 and 2012 Note: The target set for 2015 was unrealistic. The BiH Employment Strategy 2010-2014's target is to reduce youth unemployment rate to 30%. The country is still far from reaching this 30% target.	unlikely	
1.13. Average annual inflation rate in %	3.1	2.2	1.5	-0.4	3.7 (2011) 1.8 (2012)	Less than 4	b) CBBH, Annual Report 2007 d/e) CBBH, Annual Report 2009 f) CBBH Annual Report 2011 and Annual Report 2012	Achieved	
GOAL 2: To achieve universal primary education									
2.A Target: To ensure that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling by 2015									
2.1. Primary school enrolment rate, net %	b1) 97.0 b2) 98.9	95	98.4 (2005/6)	96	97.6 (2011/12)	100	b1) BiH HDR 2002 b2) LSMS d) MICS 2006 e) Education statistics FBiHSI, RSSI and BD; f) MICS 2011-2012	Potentially	
	total	99	99.8	99.8	99.5	100	b) MICS 2000 d) MICS 2006 e) Ibid.	likely	
	men		99.6	99.6	99.0				
2.2. Final grade survival rate compared to number of those enrolled in 1 st grade	women		100.0	100.0	100		f) MICS 2011-2012		
2.3. Literacy rate within the 15 – 24 age group in %	total	99	n/a	99.2	99.6	100	b) BH Common Country Study Development Indicators, Final Draft 2002 d) MICS 2006 e) UN Official MDGs Indicators database for 2008 f) MICS 2011-2012	likely	
	male		n/a	99.7	99.9				
	female		99.6	98.7	99.3				

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
Additional indicators for BiH								
2.4. Secondary school enrolment rate in %	b1) 56.8 b2) 72.6 b3) 68.3	75	79.3 (2005/06) M 77.9 F 81.1	77	91.8 (2011/12) M 90.4 F 93.1	85	b1) BiH NHDR 2002 b2) WB's Poverty Assessment 2003 data based on LSMS 2000/2001. b3) LSMS 2000/2001. d) Net secondary school attendance Rate, MICS 2006 e) Education statistics from FBH/RSI, RSI and BD and LFS 2009 calculation. f) MICS 2011-2012	Achieved
2.5. Higher education enrolment rate in %	b1) 19.8 b2) 24.2 b3) 23.0	25	d1) 25 (2004) d2) 33.5 (2007)	e1) 34 (2008) e2) 50 (2009)	38 (2011)	35	b1) BiH NHDR 2002 b2) WB's Poverty Assessment 2003, data based on LSMS 2000/2001 b3) LSMS 2000/2001 d1) BiH Ministry of Civil Affairs, 2004, national report "Education Development in BiH" d2 and e1) Data World Bank (gross rate) estimate e2) Education statistics from FBH/RSI, RSI and BD and LFS 2009 calculation. f) Data World Bank estimate (school enrolment tertiary) Note: e2) Revised estimate based on change in trends compared to MRC 2003.	Achieved
2.6. Children attending pre-school care rate in %	4.3	12	6.4 M 4.7 F 8.0	9.9	13.1 (2011/12)	25.0	b) WB's Poverty Assessment 2003 data based on LSMS 2000/2001. d) MICS 2006 e) Calculation based on education statistics from FBH/RSI, RSI and BD. f) MICS 2011-2012 Note: Attendance at early childhood education. Children aged 36-59 months.	unlikely
2.7. Percentage of GDP allocated for education	b1) 5.2 b2) 6.0 b3) FBH 6.8 RS 3.6	FBH 5.6 RS 4.5	4.14	4.51 (2008)	4.88 (2011)	7.5	b1) Estimate, NHDR MDG 2003 b2) BiH from Aid Dependency to Fiscal Self-Reliance ESCSPE, 2002 b3) WB, Poverty Assessment 2003 d and e) BHAS Bulletin 10/09 f) BHAS Announcement GDP for BiH 2011 Note: The target set for 2015 is unclear and not in line with the Government expenditure reduction plans as indicated in the target for 2007. Some developing countries aim to increase GDP expenditure for education. The OECD average was 5.6% in 1998, and 6.1% in 2006 (OECD Education at A Glance). The 2015 target of 7.5% is still high in comparison with OECD countries.	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
2.8. Adult literacy rate (literacy rate within the 15+ population age group) in %	b1) 85.9 b2) 88.9	90	98	97.6	97.9 (2010)	99.0	b1) BH NHDR 2002 b2) LSMS 2001 d) WDI 2010 e) HDR 2009 f) HDR 2010	likely
GOAL 3: To promote gender equality and empower women								
3.A Target: To eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015								
3.1. Girls/boys ratio in education (No. of girls per 100 boys)	primary	94.7	n/a	94.9	95.0	101 (2011)	b) BHAS, Women and Men in BiH, 2009; BHAS, Women in BiH, 2005 (data for school year 2000/01).	Achieved
	secondary	99.4	n/a	99.0	99.2	103 (2011)	d) BHAS, Women and Men in BiH, 2009 and Education Statistics 2009 (data for school year 2007/08).	
	higher	122.2	n/a	126.6	127.4	129 (2011)	e) BHAS; Release – Educational Statistics number 1/2010 (data for school year 2009/10). f) World Bank Data / BHAS Women and Men in BiH 2011	
3.2. Ratio of literate women to men, 15-24 age group in %	1.01	n/a	0.99 (2008)	0.99 (2008)	1.00 (2011/12)	1	b) BH Common Country Study Development Indicators, Draft 2002 d/e) World Bank, Global Data Monitoring Information System f) MICS4 data	Achieved
3.3. Share of women in wage employment in the non-agricultural sector %	39.2	40.0	33.8	34.9	42 (2011)	45	b) FBHISI, RSSI, status from March 2001 1, 2003 NHDR MDGs calculation d) LFS 2007; e) LFS 2009 f) BHAS Women and Men in BiH 2011	likely
3.4. Percentage of female representatives in BiH Parliament at the state level	14.3	16	10.5 (2008)	10.5 (2008)	19 (2011)	25	b) CEDAW, Article 7, participation of women in political and public life d and e) BHAS "Women and Men in BiH", 2009 f) BHAS Women and Men in BiH 2011	Potentially
Additional indicators for BiH								
3.5. Registered unemployment amongst women in %	49.4	n/a	49.2	48.1	50.2 (2013)	40.0	b) FBHISI, RSSI, status from March 2001, 2003 NHDR MDGs d and e) BHAS "Women and Men in BiH", 2009; labour statistic FBHISI, RSSI and BD f) BHAS Announcement: Registered unemployment in March 2013	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
3.6. Women's unemployment (ratio of employed women within the overall female population) in %	17	13	20.7	23.7	23 (2011)	20	b) Calculation based on number of women employed in March 2001 BHAS "Women in BiH, 2005" and working age population from 1991 census. d) BHAS "Women and Men in BiH", 2009 f) BHAS Women and Men in BiH 2011 Note: How 2015 target has been established is unclear and appears too modest.	Achieved
3.7. Share of women in the employed population in %	37.2	38.0	34.4	37.1	40.8 (2013)	40.0	b) BH NHDR 2002 d) Labour Force Survey 2009 e) Ibid f) Calculation based upon BHAS announcement Employment by areas in march 2013 Note: How 2015 target has been established is unclear and appears too modest.	Achieved
3.8. Women's participation in the executive branch of government in %	2.38	4	15	10 (2008)	30 (2013)	10	b) CEDAW, Art. 7 - participation of women in political and public life d) BHAS "Women and Men in BiH", 2009; e) Ibid f) CoM website Note: This indicator measures the percentage of women in minister posts in the Council of Ministers of BiH. No female ministers were elected in 2010. There are 6 female deputy ministers in the current CoM (out of 20 executive ministerial/deputy positions).	Achieved
GOAL 4: To reduce child mortality								
4.A Target: To reduce the under-five mortality rate by two thirds between 1990 and 2015								
4.1. Under-five mortality rate, per 1,000 live births	9.6	9.3	8.5	8.3 (2008) 8.1 (2009)	7.9 (2010) 7.7 (2011)	7.0	d) BHAS, Bulletin no. 02/2009 on Demography. b, d, e and f) Level & Trends in Child Mortality, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA, UNDP).	likely
4.2. Infant mortality (under one year of age) per 1000 live births	7.6	7.0	6.6	6.9 (2008) 6.5 (2009)	6.4 (2010) 5.8 (2011) 5.0 (2012)	5.0	b) BHAS, Bulletin 2/2003. d) BHAS Bulletin no. 02/2009 on Demography e) Ibid. e and f) BHAS Demography 2011 and BHAS Demography 2012 first release (march 2013)	Achieved

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
4.3. Percentage of children vaccinated against measles by the age of 1 in %	80.7 to 95.1	98	75 (2006)	75 (2006)	79.9 (2011/12)	100	b) FBiH PHI, RS HP Fund, FBiH SI d) MICS 2006 e) Ibid. f) MICS 2011-2012	unlikely
Additional indicators for BiH								
4.4. Percentage of children weighing 2,500 grams or less at birth in %	4	3	4.5 (2006)	4.5 (2006) 4.7 (2009)	3.1 (2011/12)	1	b) FBiH PHI, RS HP Fund, FBiH SI d) MICS 2006 e) Ibid and TransMonee 2011 (for 2009) f) MICS 2011-2012	Potentially
4.5. Children under 6 months exclusively breastfed in %	2.1	5	17.6 (2006)	17.6 (2006)	18.5 (2011/12)	15	b) FBiH PHI, RS HP Fund, FBiH SI d and e) MICS 2006 f) MICS 2011-2012	Achieved
GOAL 5: To improve maternal health								
5.A Target: To reduce by three quarters the maternal mortality ratio between 1990 and 2015								
5.1. Maternal deaths (per 100,000 live births)	5.05	4.0	3 (2006) 1 (2007)	1 (2007) 2.9 (2009)	3.0 (2010) 6.3 (2011)	2.5	b) BH Common Country Study Development Indicators, Final Draft 2002 d) e) TransMonee 2009 and 2011 f) TransMonee 2011	Potentially
5.2. Percentage of assisted childbirths in %	b1) 99 b2) 99.6	100	99.5	99.9	99.9 (2011/12)	100.0	b1) FBiH PHI, RS HP Fund, FBiH SI. b2) BH Common Country Study Development Indicators, Final Draft 2002. d) TransMonee 2009 e) Social Inclusion Strategy; Health Sector Development Strategy f) MICS 2011-2012	Achieved
5.B Target: To achieve universal access to reproductive health by 2015								
5.3. Contraception prevalence rate	49 (2001)	55	35.7 (2006)	35.7 (2006)	46 (2011/12)	65	b) BH Common Country Study Development Indicators, Final Draft 2002. d and e) MICS 2006. percentage of women aged 15-49 years married or in union who are using (or whose partner is using) a contraceptive method f) MICS 2011/2012. % of women aged 15-49 years married or in union who are using (or partner is using) a contraceptive method	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
a	b	c	d	e	f	g	h	i
Additional indicators for BiH								
5.4. Fertility rate (total number of live births per woman (%))	1.4	1.5	1.17	1.19 (2008)	1.21 (2011)	1.7	b) BHAS Bulletin no. 03/2003 on Demography d and e) BHAS Bulletin no. 02/2009 on Demography f) BHAS Demography, 2011	unlikely
5.5. Birth-rate (natality rate) (%)	9.9	11.5	8.8	8.9 (2008)	8.3 (2011)	13.5	b) BHAS Bulletin no. 03/2003 on Demography d and e) BHAS Bulletin no. 02/2009 on Demography f) BHAS Demography 2011	unlikely
5.6. Population natural growth rate (%)	1.9	3.7	-0.3	0.0	-0.8 (2011)	7.0	b) BHAS Bulletin no. 03/2003 on Demography d and e) BHAS Bulletin no. 02/2009 on Demography f) BHAS Demography, 2011 Note: 2015 target set unrealistically high	unlikely
5.7. Expected life expectancy at birth	total	73	73.5	75	75 (2011)	74	b) WB's WDI 2002	Achieved
	male	71	n/a	72.4 (2008)	72.4 (2011)		d) DataWorldBank e) BH Monee 2009 statistical template, UNICEF f) TransMonee Country profile BiH 2012	
	female	76	n/a	77.7 (2008)	77.7 (2011)			
GOAL 6: To combat HIV/AIDS, malaria and other diseases								
6.A Target: To have halted and begun to reverse the spread of HIV/AIDS by 2015								
6.1. Adults with HIV/AIDS, number of new AIDS cases / number of deaths	111/5/3 (2004)	n/a	n/a	151/4/1	164/2/1 (2009) 171/7/0 (2010) 197/7/0 (2011)	< 50 (annual)	b, d, e and f) HIV/AIDS surveillance in Europe, 2011 Note: According to the HIV/AIDS GFATM project, to date in BiH were registered 221 HIV cases, 116 AIDS cases and 55 deaths (2011/2012). 2015 target is target R9 in the Global Fund to Fight AIDS, Tuberculosis and Malaria	Achieved
6.2. HIV prevalence in adults %	0.2 (2004)		< 1	< 1	0.7 (2011)	< 1	b, d, e and f) HIV/AIDS surveillance in Europe, 2011	Achieved
6.B Target: To have halted and begun to reverse the incidence of malaria and other major diseases by 2015								
6.3. Tuberculosis prevalence and mortality rate /100,000	cases	50	30	55	66 (2011)	20	b) WHO d) BH-FMoH-MoHSWRS e) Ibid	Unlikely / target unrealistically set
	mortality rate	4	0	8	6.8 (2011)	2	f) Global TB control, 2012 Note: 2015 target is unrealistic and it is unclear how it has been set.	

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments			Progress towards 2015 Targets
		Targets as in PRSP	Achieved				b	c	d	
a	b	c	d	e	f	g	h	i		
6.4. Proportion of TBC cases discovered and treated under DOTS treatment/100,000	90	n/a	100	n/a	98 (2011)		b) WHO d) BH-FMoH-MoHSWRS f) 2012 Global AIDS Response Report – BiH period 01/2010 -12/2012			no target data -positive trends
Additional indicators for BiH										
6.5. Registered drug addicts	n/a.	n/a	3,499	4,900	1,544 registered, 7,500 IDU estimate (2010)	<7500	d) BH-FMoH-MoHSWRS e) Ibid, estimate f) JEMCDDA Annual report on the drug situation in BiH 2011			likely
6.6. GDP percentage allocated for healthcare	b1) 4.8 b2) 7.3 b3) 7.7	6.7 FBH 5.9 RS	9.8	9.8 (2007)	10.2 (2011)	8	b1) NHDR MDG 2003. estimate b2) BiH from From Aid Dependency to Fiscal Self-Reliance, ECSPE, 2002 b3) WB, Poverty Assessment 2003 d) WB's WDI 2010 f) WB WDI 2011			Achieved
6.7. Percentage of population covered by health insurance in %	78	100	FBH 83.65 RS 70 BD 90.26	FBH 83.65 RS 70 BD 90.26	FBH 85.6 RS 65.25 (2011)	100	b) FBH PHI, RS PHI f) FBH Health Insurance Institute and Reinsurance and RS Health Insurance Fund and Republic Institute for Statistics (calculations)			unlikely
6.8. Number of physicians per 1000 inhabitants	1.5	1.5	1.4	1.5	1.7 (2011)	1.7	b) FBH PHI, RS PHI d) WB's WDI 2010 e) Federal Development Planning Institute, FBH municipal Socio-Economic Indicators for 2008. RS – Public Health Institute – Publication on Population Health for 2008 f) World Bank Data 2011			Achieved
6.9. Number of hospital beds per 1000 inhabitants	3.2	3.2	n/a	3.5 (2008)	3.5 (2010) 3.7 (2011)	3.2	b) FBH PHI, RS PHI e) Federal Development Planning Institute, Socio-Economic Indicators by Municipalities in the FBH for 2008. RS – Public Health Institute – Publication on Population Health for 2008 f) Population health state and healthcare in FBH 2011 / World Bank Data 2010			unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
GOAL 7: To ensure environmental sustainability								
7.A Target: To integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources								
7.1. Percentage of forest area (% of land area)	b1) 44.6 b2) 55.6 b3) 42.8	52	42.7	53	42.8 (2011)	60	b1) WB's WDI 2002, b2) NHDR MDG 2003 b3) WB WDI 2011 (data for 2000) d) WB's WDI 2009 e) BiH's Initial National Communication under the UN Framework Convention on Climate Change (UNFCCC), 2009 f) WBData 2011 Note: How the 2015 target has been set is unclear. According to BiH SOER 2012 Report, the first forest inventory in BiH was implemented in the period between 1964 and 1968. The new state inventory was initiated in 2006 and is now in its final phase. The result of a new forest inventory will ensure relevant information on the state of forest resources at the state and entity level.	unlikely
7.2. Percentage of terrestrial protected areas for biodiversity maintenance in %	0.5	1.5	0.8	<2 (2009)	0.6 (2010) 2 (2011)	6	b) WDI 2002, WRI UN stats d) WDI 2009 e) BiH National Communication under UNFCCC, 2009 f) WBData 2010 f) BiH SOER 2012 Report	unlikely
7.3. GDP per unit of energy use (PPP \$ per kg of oil equivalent)	3.8	n/a	4.7	4.7 (2007)	4.4 (2011)	4.9	b) DataWorldBank d) WB's WDI 2009 e) WB's WDI 2010 f) WBData 2010 Note: The missing target for 2015 was suggested in 2010 MDG progress report, taking into consideration other targets and data trend.	Potentially
7.4. CO ₂ emissions	Metric ton per capita 6.1 (2000) 5.4 (2001)	3.5	6.8 (2005)	7.3 (2006)	8.0 (2009)	5.0	b) DataWorldBank d) WB's WDI 2009 e) DataWorldBank f) WBData 2009	unlikely
	Kg per 2005 PPP \$ of GDP	1.3	1.2 (2005)	1.2 (2006)	1.1 (2009)	n/a	b) d) e) DataWorldBank f) WBData 2009	no target data

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
7.B Target: To halve the proportion of the population without sustainable access to safe drinking water and basic sanitation by 2015								
7.5. Percentage of the population having access to water supply systems	53	58	65 (2008)	65 (2008)	61,7 (2011)	67	b) NHDR MDG 2003, estimate d and e) WB, From Stability to Performance, Local Governance and Service Delivery in BiH, 2009, f) UNBIH General assessment of the water supply sector and its human development function 2011, estimate Note: This indicator is different from the Global MDG indicator, "Proportion of population using an improved drinking water source". In 2005 98% of the population have been using an improved drinking water sources, and 99% in 2008. Source: UN Official MDGs Indicators database (unstats.un.org)	Potentially
7.6. Percentage of the population having access to water sewage systems	33	36	36 (2008)	36 (2008)	36 (2008)	40	b) NHDR MDG 2003, estimated d), e) WB, From Stability to Performance, Local Governance and Service Delivery in BiH, 2009 Note: This indicator is different from the Global MDG indicator, "Proportion of population using an improved sanitation utility". In 2005, 95% of population was using improved sanitation facility (sewage system), the same goes for 2008. Source: UN Official MDGs Indicators database (unstats.un.org)	likely
Additional indicators for BiH								
7.7. Electric power consumption/pc (kWh/pc)	540	1,050	2,381	2,381 (2007)	3,110 (2010)	2,500	b) WB's WDI 2002 d) WB's WDI 2009 e) Ibid. f) WB WDI 2010	Achieved
7.8. Percentage of surface cleared of landmines	b1) 5 b2) 6.12	20	n/a	64	(20%) / 310km ² reduction over the 2009-2012 period	80 100 by the end of 2019	b1) NHDR MDG 2003 b2) BH Common Country Study Development Indicators, Final Draft 2002 e) and f) BHMIC Report on antimine operations in BiH for 2012/author calculations g) BHMIC 2009-2019 Strategy Note: BHMIC Strategy set the mine polluted area of 1,573 km ² in 2008. Current suspect area (2012 BHMIC Report) estimates are 1,263 km ² or 2.5% of overall area of BiH. 2012 annual plan was realised at 53% for mine reduction and at 28% for land clearance. In 2012, 9 mine accidents took place, killing and injuring 12 people. To date, in the post-war period, 1,689 people were affected by mines, with 593 fatalities	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments	Progress towards 2015 Targets
		Targets as in PRSP	Achieved					
a	b	c	d	e	f	g	h	i
GOAL 8: To develop a global partnership for development								
8.A Target: To further develop an open, rule-based, predictable, non-discriminatory trading and financial system								
8.1. Corruption Perceptions Index	n/a	n/a	3.3	3.2 (2008)	3.0 (2009) 4.2 (2012)	4	d) Transparency International BiH, Corruption in BiH, 2009; e) Ibid f) Transparency International BiH Note: 2015 target is unclear and is set very low, however, it has been achieved. The Corruption Perceptions Index by Transparency International, measures the perceived level of public-sector corruption. A composite index is based on 13 different expert and business surveys with scores on a scale from 0 (perceived to be highly corrupt) to 10 (perceived to have low levels of corruption).	Achieved
8.2. Export expressed as a percentage of imports (in %)	30.8	n/a	42.7	44.8	53.0 (2011) 51.0 (2012)	80.0	b) CBBH, Annual Report 2007 d) CBBH, Annual Report 2009 e) Ibid. f) CBBH, Annual report 2011 and Annual Report 2012	unlikely
8.3. Foreign direct investment – as a percentage of GDP (in %)	2.1	n/a	13.5	2.9	2.4 (2011) 3.8 (2012)	7.0	b) CBBH, Annual Report 2007 d) CBBH, Annual Report 2009, e) Ibid. f) CBBH, Annual report 2011 and Annual Report 2012	unlikely
8.4. Official assistance for development (ODA) as a percentage of GDP (in %)	11.1	n/a	2.97	2.6	2.3 (2011)	1.0	b) GDP CBBH Bulletin no. 4/2004; ODA DataWorldBank b) World Bank e/f) Ibid.	likely
8.B Target: To deal comprehensively with developing countries' debt using measures at the national and international level to make the debt sustainable and comparable on a long-term basis								
8.5. Total external public debt/GDP ratio in %	35.2	n/a	18.2	21.8	27.5 (2012)	25	b) CBBH Bulletin no. 4/2009, d) Ibid, e) Ibid. f) CBBH Annual Report 2012. Note: The missing target for 2015 was suggested in 2010 MDG progress report, taking into consideration other targets and data trend. IMF estimates for 2015 is 28.2% thus it is unlikely that the target will be reached.	unlikely

Objective/Target/ Indicator	Baseline 2000/ 2001	2007		2009 or latest available data (in 2010 MDG Progress Report)	2012 or latest available data	2015 MDG Targets (unless otherwise indicated)	Sources and Comments		Progress towards 2015 Targets
		Targets as in PRSP	Achieved						
a	b	c	d	e	f	g	h	i	
8.6.Export/GDP ratio in %	17.9	n/a	27.3	23.2 (2009)	30.4 (2012)	43	b) CBBH Bulletin no. 4/2004 d) CBBH Bulletin no. 4/2009 e) Ibid f) CBBH Annual Report 2012		unlikely
8.C Target: In cooperation with the private sector, to make available the benefits of new technologies, especially information and communications technology									
8.7. Personal computers per 100 of the population	3.9 (2000)	4.0	6.4	6.4 (2008)	6.4 (2008)	12.0	b) DataWorldBank d) Ibid. / e) Ibid. / f) Ibid. Note: No recent data available. Indicator value remains the same as in BiH 2010 MDG Progress Report.		likely
8.8. Phone lines per 100 population	22.6	15.0	28.2	27 (2008)	25 (2011)	26.0	b/d/e) DataWorldBank f)WB WDI 2011		Achieved
8.9. Mobile phone subscribers per 100 of the population	11.9	n/a	64.9	84 (2008)	85 (2011)	90.0	b) DataWorldBank d) Ibid. e) Ibid. f)WB WDI 2011		Achieved
8.10.Internet users per 100 of the population	1.11	4.0	27.9	34.7 (2008)	60 (2011)	15.0	b) UN Statistics d/e) DataWorldBank f)WB WDI 2011		Achieved

Progress description	Meaning
goal achieved	more than 95% progress
likely to be achieved	approximately 80%-95% progress so far
potentially to be achieved	possible to achieve if some changes are made; approximately 50% - 80% progress so far
unlikely to be achieved	less than 50% of progress so far

ANNEX 2

References

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