



BOSNIA AND HERZEGOVINA

**INITIAL REPORT OF BOSNIA AND HERZEGOVINA ON
THE IMPLEMENTATION OF THE MADRID PLAN OF
ACTION ON AGEING**

Sarajevo, October 2017

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1. GENERAL INFORMATION ON BOSNIA AND HERZEGOVINA

Official name: Bosnia and Herzegovina (BiH)

Geographic location: Bosnia and Herzegovina is located in the western part of the Balkan Peninsula

Neighbouring countries: Republic of Serbia and Republic of Montenegro on the east, Republic of Croatia on the north, west and south.

Administrative division: BiH is divided into two entities: Federation of Bosnia and Herzegovina (FBiH), Republika Srpska (RS) and Brčko District BiH

Entity structure: FBiH is administratively divided in 10 Cantons. The Cantons are further divided into municipalities. There are 79 municipalities in FBiH.

Republika Srpska is administratively divided into 64 local units of self-governance, out of which 7 have status of a city.

The city of Brčko is a separate administrative unit – District.

Area: Bosnia and Herzegovina covers a total area of 51,209.2 BAM, thereof 51,197 BAM land and 12.2 sea.

Climate: Mainly continental, Mediterranean in the south

Population: 3,531.159

Population structure: Bosniaks, Croats, Serbs and other people

Capital city: Sarajevo

Official languages: Bosnian, Croatian and Serbian (Bosnian and Croatian use Latin alphabet, while Serbian uses Cyrillic alphabet)

Currency: Convertible marks (BAM), (BAM 1 = EUR 0.511292)

Bosnia and Herzegovina (hereinafter: BiH) is an asymmetrically organized country in which the rights and obligations in the field of social policy, education and health care are delegated to the Entities, Cantons and the Brčko District.

According to the Law on Ministries and other Bodies of Administration of BiH ("Official Gazette of BiH", No. 5/03, 42/03, 26/04, 42/04, 45/06, 88/07, 35/09, 59/09, 103/09, 87/12, 6/13 and 19/16), the competence of the Ministry of Civil Affairs in the aforementioned fields relating to defining the basic principles of activities coordination, harmonising the plans of Entity authorities and defining strategies at international level is defined.

The demographic trends in BiH, together with the existing legal framework on ageing, entail numerous challenges for the decision makers, association of citizens, communities and legal entities working in the field of elderly care. The United Nations Department of Economic and Social Affairs (UN DESA) estimates that in 2060 persons 65 years of age and older will represent more than 30% of the overall population in BiH, compared to 15% in 2010.

Over the last 20 years, a declining trend in BiH population is still ongoing – namely, a dropping trend of the fertility rate and an increasing trend of the elderly rate. In one part, this is the result of birth rate being below the natural increase rate, loss of significant number of working-age population during the war years, and increase in the population's life expectancy. Consequently, the BiH population will be older and older over the years and the next generations of working-age population will not be able to support the elderly population, which will be retired by then.

BiH is a signatory of numerous international documents that guarantee the respect of fundamental human rights and freedoms, which refer to the protection of human rights of elderly persons.

The older people in BiH belong to a highly vulnerable category.

The key issues faced by the elderly are low monthly income, increased living costs, high morbidity of cardiovascular and malignant diseases, and related mortality rates, high frequency of sensory and physical disabilities as well as neurological and mental disorders such as the Alzheimer's disease, Parkinson's disease, polyneuritis, acute psychosis, dementia and depression.

The elderly population (65 years of age and older) makes about 17% of the population, and its share in the overall population is constantly increasing. In global terms, in 2014, women outlived men by 4,6 years in average. The economic situation of older women is much more affected by the marital status than that of men. Relevant data indicate that 1/3 of women live alone compared to only 15% of men living alone. Loss of a spouse makes older women more vulnerable also from the aspect of poverty risk.

According to the 2013 census, the population of the Federation of Bosnia and Herzegovina (hereinafter: the FBiH) is 2,219,220, thereof 49% men and 51% women. About 12.9% of the population belongs to the 65+ age group, where about 10.9% are elderly men and 14.8% are elderly women. The majority of the 65+ population lives in the Sarajevo Canton (17.7%), while the smallest number in the Una-Sana Canton (10.7%).

There are over 500,000 pension rights beneficiaries in BiH, while the share of pensioners in its overall population is almost the same in both entities, i.e. one eight or 12.5% of the overall population.

The average number of pensioners in BiH is constantly on the rise, so the expenditure for pensions in 2010 was also on the rise although there was no increase in the average pensions in both entities.

The population of the Brčko District BiH, according to the 2013 census, was 83,516. The population's average age is about 40. About 14.5% of the population belongs to the 65+ age group, while the number of women in the 65+ age group is about 38.7% higher than the number of men.

The life expectancy for people 65 years of age in BiH is 17.41 for women and 15 for men. The increase in life expectancy indicates that the share of retired persons will increase with more female pensioners than male. The life expectancy differs between the entities, from 17.05 in FBiH to 14.42 in the the Brčko District BiH.

According to the 2013 census, the population of the Republika Srpska is 1,170,342, whereof 48.8% men and 51.2% women. The average age is 41.72 years, namely 40.32 for men and 43.05 for women. Out of total population, 17.1% belongs to the 65+ age group, whereof 7.1% elderly men and 9.9% elderly women. In the Republika Srpska, the life expectancy for persons over 65 years of age is 16.25 years, namely, 14.67 for men and 17.37 for women.¹

1.1 Poverty

Older people belong to the most vulnerable category in terms of social exclusion.

According to data from 2011, the relative poverty line for BiH was BAM 416.40 equalised per adult on a monthly basis, while the relative poverty rate for FBiH was 17.1%.

According to data from the Institute of Statistics of Republika Srpska "Household Budget Survey" (2011), *the relative poverty line* for RS for 2011 amounted to BAM 381.09, equalised per adult on a monthly basis, while the relative poverty line was 14.4%. In terms of territorial distribution (according to settlement type), poverty is mostly widespread among households in rural areas (17.8%) than among

¹ Data source: Institute of Statistics of Republika Srpska

those in urban areas (10.1%). The poverty level is closely linked to the age of the household head and is mainly concentrated among households whose heads are 65 years of age and older (19.5%). It is even more pronounced among one-person households in the age category 65+ years of age (23.8%). According to the same data, disaggregated by gender of the household head, the highest poverty rate is among women (18.7%).

In the same period, the absolute poverty line for BiH amounted to BAM 238.00 per capita and per 2007-based prices, while the absolute poverty rate for FBiH was 22.7%.

In addition, according to data from the RS Institute of Statistics "Household Budget Survey (2007)", *the absolute poverty line* for RS for 2007 stood at BAM 201.07 per month and per household member, while the absolute poverty rate was 16.8%. In terms of territorial distribution (according to settlement type), absolute poverty is mostly widespread among households in rural areas with 19.91% than among those in urban areas (10.94%). Observed according to the age group, absolute poverty is mainly concentrated among heads of households 65 years of age and older, and it stood at 21.06%. With the creation of the report/study "Budgetary allowances for social protection in BiH – what functions and what does not function", the absolute poverty line for RS for 2011 was updated. In this report, according to the updated absolute poverty line in the RS, the absolute poverty rate for 2011 was 15.8%.

The average pension in the FBiH in September 2016 amounted to BAM 368.98 (Federal Bureau for Pension and Disability Insurance). According to the Household Budget Survey (2007), the poverty rate varies with the age group of the household members. Observed for all age groups, the poverty rate is concentrated mainly in the following age groups: 35-49 (29.6%), 50-64 (32%) and 64+ (30.4%). According to the same data, disaggregated by gender, the highest poverty rate is among women over 65 years of age. Older persons, in general, have no savings or life insurance policies, thus their income is often limited to their pensions.

The average old-age pension in the RS in the same period amounted to BAM 341.89 (Statistics Bulletin of the Pension and Disability Insurance Fund for September 2016).

The Brčko District BiH does not have its own fund for pension and disability insurance so its residents have the right to choose to pay their contributions with one of the entity funds/institutes.

The sources of poverty are most frequently caused by insufficient income compared to the real needs of the older people. The reasons underlying low income of the older people are often linked to their unemployment in the pre-retirement period because the employers, due to the high number of unemployed persons on the labour market, often look for younger persons to perform the job. In addition, lot of persons have developed their competences in the previous system, which are presently obsolete, and therefore they are not competitive on the labour market.

Furthermore, one of the reasons for insufficient income is low income during the employment period, which, due to lack of additional forms of insurance, results in low pension during old age.

It has been estimated that poverty is more pronounced in rural areas, by 9%. However, when it comes to women, in comparison to men, they have a lower rate of economic activity, and consequently higher unemployment rate and lower monthly income, lower representation in the decision-making structures where important decisions are made for all citizens, and bear the risk of long-term unemployment and poverty more than men, particularly if they live in rural areas (Institute for Development Programming of FBiH, 2015, Development Report of FBiH).

1.2 Social policy

The social insurance system in BiH covers the following: a) unemployment insurance, b) health insurance and health care, c) pension and disability insurance, and d) veteran protection

The social protection system is decentralized in compliance with the Constitution.

At state level, the role of the authorities is to determine the basic principles of activities coordination, to harmonise the plans of the entity-level authorities and to define strategies at international level, inter alia, in the fields of social protection, pension, labour and employment.

The Ministry of Civil Affairs of BiH coordinates the Project 'Support to the Social Service Providers and Enhancement of the Monitoring Capacities' (SOCEM 2015-2017) IPA 2011, which overall objective is to 'improve social protection of socially vulnerable groups, and improve monitoring, reporting and promoting human rights'. The project's objective also includes development of a generic model (best practice model) of assistance to the elderly and persons with disabilities, and to support the establishment of two mobile teams for assistance to the elderly and persons with disabilities. The project is financed by the European Union in BiH and is implemented in the social welfare services in 12 municipalities in FBiH and RS.

In the Republika Srpska (hereinafter: the RS), the competence for social protection rests with the entity level, which ensures equal level of rights and their realization. In the FBiH, however, the situation is rather complicated due to divided competences between the cantons and the entity level. The main difference in defining the social protection rights, i.e. the difference between the entity laws on social protection, derives from the constitutional organization of the entities that establishes different administrative structures. Furthermore, a significant difference in the implementation of the mentioned social protection laws stems from the highly different economic situation of the two entities. Consequently, the level of social protection rights achieved by the older people in the FBiH is very unequal both in theory and in practice.

1.3 Pension policy

According to the Dayton Peace Agreement (Constitution of BiH), the pension and disability insurance system is under the competence of the entities (organisation, acquiring and exercising rights, etc.), and covers old-age insurance, disability insurance and death insurance. All the listed risks are financed through the payment of a unique contribution.

At the state level, there is no single policy or organisation of pension and disability insurance. The Ministry of Civil Affairs of BiH (Department for Social Protection and Pension) has a coordinating role in the implementation of activities and tasks in the field of social policy and coordination with competent entity authorities as well as with the other contracting party, to draft international bilateral agreements on social insurance.

The entities regulate social policy by their own regulations, which implementation rests with the entity providers of pension and disability insurance, health protection and unemployment insurance.

1.4 Living conditions and security within the community

The quality of living conditions for older persons is an important prerequisite for prolonging healthy age. The elderly persons who lack sufficient monthly income are often constrained to make savings in terms of their household utilities, which affects the maintenance of healthy life habits, and thus, the prevention of acute and chronic diseases.

While several-member families do not have high household costs per member, these costs significantly increase for single-member households. Taking into account the trend of independent living among the elderly, the costs per person in such households are rarely high compared to their total income. This occurs more often in rural areas where income per household member is much lower than in urban areas.

Older persons with disability, or impaired walking capacity, face the problem of buildings without elevators, which complicate their social inclusion preventing the access to and exit from the apartments.

Older persons are also affected by planned robberies due to the estimated low level of self-defence they can have for the attacker. In rural areas, the main problem lies in the access to assistance services provided by the community (police, health and social protection) which are much more accessible in urban areas. This is particularly present in rural areas where houses are very remote and where such services either do not exist at all or are very rare.

In general, everyday life is very difficult for the older persons in rural areas where houses and facilities are remote due to insufficient road infrastructure, public transport, shops, cultural, sports and entertainment facilities and remote health care facilities.

In the RS, in accordance with the Law on Urban Planning and Construction ("Official Gazette of RS", No. 40/13), a Rulebook was enacted on the requirements for planning and designing facilities for free movement of children and persons with reduced physical capacities ("Official Gazette of RS", No. 93/13). This Rulebook refers not only to old persons but it rather stipulates the urban-technical conditions for planning the spaces of public roads and pedestrian areas, access to buildings, designing of residential and non-residential buildings, as well as special purpose facilities within such buildings, removing architectural barriers with existing buildings, which enable free movement of children and persons with reduced physical capacities.

1.5 Social inclusion

By the provisions of the Election Law of BiH, the Central Election Commission of BiH enacts regulations that determine the manner and procedure of developing the excerpt from the Central Voters Register for voters who are, inter alia, tied to their homes due to old age, illness or disability.

As an inclusion measure for vulnerable groups, the guidelines prepared for the elections in BiH, put special emphasis on "target group within a target group", for example, in the target group of women, special attention should be given to older women.

It has been noted that local communities lack activities in which older people could take their part. Therefore, their competences, skills and knowledge remain unused and such persons, because of their exclusion, become prone to mental illnesses, particularly depression. All of this has an adverse effect on the quality of life of older persons.

1.6 Lifelong learning

At state level, the role of the Ministry of Civil Affairs of BiH in the fields of education refers to the establishment of basic principles of activities coordination, harmonisation of the plans of entity-level authorities and definition of strategies at the international level.

In 2014, the Council of Ministers of BiH adopted two acts as main documents that govern the fields of lifelong learning and adult education at state level, namely the "Principles and Standards in the field of

Adult Education in BiH"² and the "Strategic Platform for Development of Adult Education in the Lifelong Learning Context in BiH, for the period 2014 - 2020."³

The "*Principles and Standards in the field of Adult Education in BiH*" present a legal basis for the action of educational and other authorities – competent bodies, institutions, organizations and individuals at all levels of government in BiH. The document also presents a framework in which the mentioned institutions initiate, implement and coordinate their activities in the field of adult education, in line with their competences. The principles and standards of adult education determine the common principles and standards for building, developing, implementing and coordinating the policies and legislation that govern the field of adult education in BiH, and for monitoring, assessing and analysing the state of play in this field. In addition, measures for enhancement of lifelong learning are also suggested, agreed upon and implemented in line with the mentioned principles and standards. The basic principles and standards defined in the "Principles and Standards in the field of Adult Education" follow the international and European principles and standards in the same field and respect the specificities of the economic, social and cultural context in BiH.

The "*Strategic Platform for Development of Adult Education in the Lifelong Learning Context in BiH, for the period 2014 - 2020*" represents a legal framework and basis for the action and cooperation of the competent bodies, institutions, organizations and individuals at all levels of government in BiH with the objective to adopt and fully implement the necessary strategic and/or other development documents regarding adult education. The strategic platform determines the global directions of development of adult education in BiH for the period 2014 - 2020, as a common platform for the development of modern policies for adult education in BiH based on the concept of lifelong learning. The strategic platform establishes the grounds for a systematic inter-sectoral approach to strategic planning of the development of adult education in BiH, and initiates the necessary reform processes in this field, which should bring better competition on the knowledge and labour market, increased mobility and professional flexibility of individuals, as well as social-economic revitalisation.

The Council of Ministers of BiH has also adopted the "Action Plan for the Development and Implementation of the Qualifications Framework for Adult Education in BiH for the period 2014 - 2020" ("Official Gazette of BiH", No. 28/15), which actually represents a plan of all key activities for the development and implementation of the qualifications framework in BiH for all institutions and individuals who are, within their competences, included in the development and implementation of such framework in BiH. The action plan includes, inter alia, the vision, mission, objectives and planned activities for the development of human resources in terms of lifelong learning, as well as development and implementation of the qualifications framework in BiH.

With the adoption of these strategic documents at state level, an opportunity has been created for the entities and cantonal government as well as the Government of the Brčko District BiH to get involved in improving the position of older persons through activities and projects for lifelong learning.

Funds from the FIGAP Programme were used to support the project of the Red Cross in the Tuzla Canton. Within this project, 27 unemployed women from the area of Tuzla Municipality were trained for nursing old, ill and disabled persons. Alongside the training, a public campaign was organized in which the interested institutions, private agencies, non-governmental organizations and the citizens had the chance to inform themselves on the possibilities of engaging professional and trained nurses. In

² "Official Gazette of BiH", No. 39/14;

³ "Official Gazette of BiH", No. 96/14;

cooperation with the municipality and the Employment Bureau, mediation was provided in the employment and engagement of 15 nurses. For that purpose, this model has been promoted in the media campaigns as one of the models of social inclusion of unemployed women.

1.7 Violence, neglect and abuse

According to statistical data, violence against older persons is on the rise, both violence of children against their parents and violence of grandchildren against their grandparents. During 2014, 1,459 cases of violence were reported to the Ministries of Interior, where the detailed analysis showed that in 1% of the cases the perpetrators were the grandchildren, while in 13% of cases the perpetrators were the sons. Furthermore, victims of violence are mothers in 6% of cases, grandmothers in 1% of cases and fathers in 7% of the cases (Gender centre of FBiH, 2014).

When family physicians notice less obvious indications of domestic violence, they try to persuade the older person in conversation to report the violence.

According to the data from the Institute of Statistics of RS, in 2015, a total of 2,178 of injured persons/victims were identified in all criminal acts in which the perpetrator was a convicted or sentenced adult against whom a first-instance criminal proceeding was carried out before the courts in RS.

Based on the conducted analysis, the highest number of damaged persons/victims or 3.3% included women, i.e. spouses, extramarital spouses and girlfriends. A criminal act against father or mother was registered in 1.9% of cases, while criminal acts committed by grandchildren against a grandmother or grandfather were registered in 0.1% of cases.

The number of damaged persons/victims who are 65 years of age and older was 1.2% in comparison with the total number of injured persons. Out of the total number of damaged persons from this category, in 59.3% of the cases, the victim was either father or mother.

In the Brčko District BiH, all forms of violence are present, including physical, emotional and economic violence, which often has elements of neglect and abuse. Economic violence is the most prevailing form, where other household members dispose of the income of the older person without his/her previous agreement or consent. Cases of domestic violence are rarely reported by older persons either because of shame in case the community hears about the violence, because of fear to infringe the family relation with that member, or because of dependence on that family member. Cases of domestic violence are regarded as failure in one's child upbringing, and are therefore issues not shared with others. On the other hand, older persons who dared to report such cases to the competent authorities often change their minds and give up the testimony against his/her relative, which prevents further processing due to lack of evidence.

1.8 Mental health

BiH is the leader in the field of mental health in South East Europe (SEE). Within the Ministry of Civil Affairs of BiH, since 2011, the Regional Health Development centre on Mental Health in SEE operates as part of the South East Europe Health Network (SEEHN). Being harmonized with international and WHO guidelines and documents, the Regional centre has made a significant contribution to enhancement of reforms in the field of mental health in the region, including BiH.

Specific fields in which BiH has achieved progress include the fields of deinstitutionalization, support for the mental health centres in the community, support to associations of beneficiaries who use services

provided by mental health institutions, as well as definition of standards for the protection of human rights of persons with mental illnesses.

1.9 Relevant project activities supported by international donors

Presently, in BiH, activities under several projects are being implemented with the support of international donors, which significantly contribute to the creation of conditions for improving the quality of health protection for the population.

The "Health Sector Enhancement Project (HSEP)", financed from the credit arrangement with the World Bank and co-financed by the local communities, implied the repair, reconstruction and furnishing of primary healthcare facilities with the objective of expanding and enhancing the family medicine model.

The American centres for Disease Control and Prevention (CDC) approved in 2016 to the Ministry of Civil Affairs of BiH grant for the implementation of the project "Capacity Building for Surveillance and Response to Avian and Pandemic Influenza in Bosnia and Herzegovina". The overall objective of the project is to improve surveillance on influenza and improve the infrastructure and capacities for early detection and response to virus-related influenza in BiH. The project is focused on building capacities and training staff at different levels of the health care system and veterinary system in BiH for adequate and safe isolation and maltreat of the virus, and enhancing capacities for international reporting and coordination. The project will contribute to reduced burdens with diseases and increased productivity, limited regional expansion of the avian and pandemic influenza and improved economic and social prospects at national, regional and global level.

The "Sexual and Reproductive Health" Programme, implemented by the United Nations Population Fund (UNFPA), is focused on reducing inequalities, increasing equality in the access to high-quality care for mothers, resolving unfulfilled needs in terms of family planning through advocacy, as well as technical assistance for:

- a) Evidence-based policy and administrative framework for establishing high protection standards for all;
- b) Technical support for capacity building, quality and acceptance by the community of service providers;
- c) Improving knowledge and competences of citizens with the aim to ensure safe conduct and increased need for relevant information and unified services;
- d) Increased accessibility to contraceptive technologies;
- e) Enhancing the work on policies regarding the screening programme for cervical cancer;
- f) Collecting data on the needs for sexual and reproductive health and response of the healthcare sector; and
- g) Integration of the minimal initial package of services for reproductive health in crisis situation and plans for readiness in emergency situations.

The "Strengthening of Nursing in BiH" Project is financed by the Swiss Agency for Development and Cooperation (SDC). The project's interventions are directed towards: improvement of legislation in the field of nursing, strengthening chambers and associations of nurses, and development of a system for continuous education of nurses; developing nursing at community level, polyvalent patronage, and improving university-level education for nurses and planning human resources in the field of nursing. One of the project's activities is establishment of the polyvalent patronage nurse (PPN) service, which has a significant role both in ensuring the services for the elderly and in the long-term care; the PPN service also connects the primary healthcare service and the individuals, users of healthcare in the

family, the place of residence, place of work, temporary residence in the community, etc. Furthermore, the PPN service organises, coordinates and implements measures and activities for social health protection, cooperates with social protection organisations and services, the police, non-governmental organisations, etc.

The "Mental Health Project in BiH", - phase 1 and 2 - is implemented from the donation of by the Swiss Agency for Development and Cooperation (SDC). The project's focus is the enhancement of capacities of the competent institutions in order to meet the European standards in the mental healthcare system in BiH, with the final objective to improve the mental health of the entire population.

The "Reducing Health Risk Factors in BiH" project is being implemented by the World Bank - Sarajevo Office - in cooperation with the Swiss Agency for Development and Cooperation (SDC). The project's activities are directed towards reducing the risk factors of non-communicable diseases, such as cardiovascular disease, malignant and chronic respiratory diseases, diabetes, etc.

The Project for "Strengthening and Advancing Modern and Sustainable Public Health Strategies, capacities and services to improve population health in BiH" is being implemented by the World Health Organisation/Europe Office, in partnership with the Swiss Agency for Development and Cooperation (SDC). The project's aim is to reduce burdens with non-communicable diseases and to ensure better health outcome for the BiH's population.

The American centres for Disease Control and Prevention (CDC) approved in 2016 to the Ministry of Civil Affairs of BiH grant for implementation of the project "Capacity Building for Surveillance and Response to Avian and Pandemic Influenza in Bosnia and Herzegovina". The overall objective of the project is to enhance surveillance of influenza and improve the infrastructure and capacities for early detection and response to virus-related influenza in BiH. The project is focused on building capacities and training staff at different levels of the healthcare system and veterinary system in BiH for adequate and safe isolation and treatment of the virus, and on enhancing capacities for international reporting and coordination. The project will contribute to reduced burdens with diseases and increased productivity, limited regional expansion of the avian and pandemic influenza and improved economic and social prospects at national, regional and global level.

2. FEDERATION OF BOSNIA AND HERZEGOVINA

2.1 Social protection of older persons

Article 12, paragraph 1, item 7 of the Law on Basic Social Protection, Protection of Civil Victims of War and Protection of Families with Children ("Official Gazette of FBiH", No. 36/99, 54/04, 39/06 and 14/09) recognizes older persons without family care as beneficiaries of social protection.

Under this law, an older person without family care is a person over 65 years of age (male), or over 60 years of age (female), has no family members or relatives who are obliged by law to take care of such person, or family members or relatives exist, but are not in a position to fulfil their obligation (Article 16 of the Law).

In line with the aforementioned law (Article 19) and the cantonal regulations, assistance to older is provided through basic rights and social welfare services, in particular: regular allowances and other material help, allowances for care and assistance provided by a third person, home care and help in the house, institutional housing of old and infirm persons, alternative possibilities of housing for older

persons without family care and persons with disabilities in another family, day-care in day-care centres and clubs for elderly, social services and other professional services, regulating the right to humanitarian help, and respective subsidies (electricity, heating, funeral costs, etc.).

As stipulated by Article 22, paragraph 1 of the mentioned Law, the right to regular allowances and other material help is entitled to persons and families, provided that: they are unable work, i.e. they are prevented to exercise their right to work; they do not have sufficient funds to maintain themselves; they have no family members or relatives who are obliged by law to take care of such person, or family members or relatives exist, but are not in a position to fulfil their obligation.

Under Article 23, paragraph 1, item 2 of the mentioned Law, a person unable to work, i.e. not able to exercise his/her right to work, is considered to be a person over 65 years of age.

Allowances for care and assistance provided by a third person may be acquired by persons over 65 years of age, if they are old and infirm and in indispensable need for assistance and care by a third person in order to meet their life needs, due to permanent deterioration of their health (Article 26).

According to this Law, older persons without family care are considered to be men over 65 years of age and women over 60 years of age.

FUNCTIONAL ORGANISATION OF SOCIAL PROTECTION IN FBiH

	COMPETENCE	LEGISLATION	FINANCING
FBiH	Determines policies for social protection in FBiH	Passes laws on social protection, binding for the territory of FBiH	Financing the basic rights of people with disabilities, persons with non-war disability and partially civil victims of war
CANTON	Implements policies for social protection and establishes social welfare services	Passes implementing laws and by-laws regarding social protection	Financing social protection activities from the cantonal budget
MUNICIPALITY	Offering services and forms (rights) of social protection to beneficiaries (material and other type of help, placement with families or institutions, adoption, guardianship, etc.)	Passes implementing by-laws (regulations, decisions, etc.)	Financing measures and services for social beneficiaries protection from the municipality budget, and in agreement with the canton, personal participation of the beneficiary, legacy, gift, will or other sources

NON- GOVERNMENTAL AND PRIVA SECTOR	Implements policies and activities of social protection in cooperation with the governmental sector		Self-financing, donations and other sources
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Source: Federal Ministry of Labour and Social Policy

2.2 Rights and social welfare services for older persons in FBiH

In line with the Law on Basic Social Protection, Protection of Civil War Victims and Protection of Families with Children, an old person without family care is considered a person older than 65 years of age (man) and 60 years of age (woman), who has no family members or relatives who are obliged by law to take care of such person, or family members or relatives exist, but are not in a position to fulfil their obligation.

Among such persons, there is a certain number of old and infirm persons who have a certain level of body impairment. According to the earlier law, such persons have acquired rights under the cantonal regulations, including property limitation and other criteria prescribed by these laws.

However, these indicators are important because they document the need for delivering different type of support to old and infirm persons, primarily material support to prevent poverty among the elderly population. In addition, they indicate the need for a social services network which yet needs to be developed in BiH according to the needs of users at local level.

According to the mentioned Law, it is stipulated that the establishment and operation of social protection institutions is governed by cantonal regulations, while the establishment and operations of institutions of importance for the FBiH is governed by federal regulations. The establishment of nursing homes, their operations, financing, monitoring and other issues, according to the existing legislation, is governed by the cantonal regulations on social protection and falls under the competence of the cantonal ministries of social protection.

As stipulated by the Law on Basic Social Protection, Protection of Civil War Victims and Protection of Families with Children, apart from social care centres, social care service may also be provided by humanitarian organisations, citizens' associations, religious communities and organizations, which are being founded by individuals, foreign physical or legal entities.

One of the numerous humanitarian organisations that is providing assistance and protection, without discrimination, to all vulnerable persons, and particularly to the elderly, is the Red Cross of FBiH through its volunteers and through various types of assistance (home care and assistance around the house, meals in the Red Cross kitchens, packages, medications, etc.), as well as Caritas, Merhamet, and other organizations.

In line with the mentioned law and the cantonal regulations, assistance to the elderly is provided through the basic forms of social protection, generally through: institutional care of old and infirm persons, defining regular allowances, allowances for care and assistance provided by a third party, allowances for physical injuries, regulation of the right to humanitarian help, relevant subsidies, as well as home care and assistance around the house.

New, alternative options for housing are also being foreseen for older persons without family care and persons with disability in other families, as well as care in daily centres and clubs for the elderly.

At the territory of the FBiH, institutional care of the elderly is provided in 22 institutions from the governmental, non-governmental and private sectors as well as institutions for housing of older persons with disability.

2.3 Pensions

The pension and disability insurance system in the FBiH is governed by the Law on Pension and Disability Insurance which is based on the principles of reciprocity, generational solidarity and compulsory pension and disability insurance. The risks covered by this insurance are: old age, disability, death and physical disability. Rights arising from these risks are: right to old-age pension, disability and family pension, as well as right to allowance for physical disability.

In FBiH there are around 400,000 pensioners whose pensions are mostly below or on the verge of poverty. The other part of the elderly population is covered by the social protection system, if they meet the legally prescribed conditions. It is strived to resolve their quite difficult situation through reform of the pension and disability insurance, health insurance, reform of the social protection, all with the aim to ensure pensioners and older persons have honourable time of life.

More than 80% of older persons are pensioners; thereof, about 10% receive wartime disability allowances and about 5% receive social welfare.

The insured person acquires right to old-age pension with 65 years of age and at least 20 years of pensionable service. The insured person also acquires right to old-age pension with 40 years of pensionable service, regardless of his/her age (Article 30 of the Law).

2.4 Health and medical Services

Activities in the health sector are based on the Work Program of the Federal Ministry of Health for 2015 and the Work Program of the Government of the FBiH for the period 2015 - 2018, which stem from the Strategic Plan for Health Development for the period 2008 - 2018. In FBiH, the health protection system is organised in the form of primary, specialist and hospital health protection. According to the Preliminary report on the health condition of the population and health protection for 2015 in the FBiH, the reform determination is to increase efficiency and rationalisation of health protection, advancing primary health protection, rationalisation of specialist-consultative and hospital protection, and implementation of family medicine.

Older persons in the FBiH acquire their primary healthcare services through dispensaries (in rural areas) and health centres (in urban areas). Primary healthcare services are hardly accessible in diversified rural areas where older persons need to pass longer distances in order to reach health care centres. This is particularly an issue during the winter periods or during storms. Secondary and tertiary healthcare protection is available primarily in bigger urban areas, which aggravates the fulfilment of health needs of older persons, in particular those who live in rural areas and who do not have organised transport to the health centres (either by their relatives or by means of public transport). Taking into account that older persons are more prone to diseases and that they are the biggest users of health care services, this is threatening their health condition and affecting both the quality of life and life expectancy.

The health insurance in the FBiH covers the elderly persons who receive pension or use any form of social protection.

In the FBiH, the health protection and geriatric services are stipulated and prescribed by law and are offered at all levels of health protection.

The estimated increase in the share of persons 65 years of age and older in the total population affected the rate of dependant population in the FBiH in 2015 to be rather high at 48%, which complicates the financing of social and health protection in the FBiH.

The increasing rate of dependant population is a significant problem for financing health protection. This particularly refers to the fact that health protection costs significantly increase as the person is getting older.

In addition to the above-mentioned compulsory forms of health care for the elderly, there is a range of local programs for prevention. These programs are being implemented at local communities' level (cantonal and municipal) and in compliance with the financial capacities of the local authorities (Law on Health Protection of FBiH). Furthermore, there is a range of institutions for older persons housing where same practices of health protection are provided as when the older persons are out of these institutions.

In Sarajevo, Modriča and Bosanska Dubica, centres for Healthy Ageing have been opened with the support by the Federal Ministry of Health, in which various activities are taking place with the aim to ensure healthy ageing and protect mental health and physical activity.

Such centres use the potential of persons of the third age, who are included as coordinators in many sections. The centres for healthy ageing also help the creation of inter-generational solidarity, which is especially visible in the support provided to socially vulnerable or disabled persons. Good cooperation has been established between schools and such centres, which contributes to better understanding among different generations but also encourages the development of various skills among the youth and the persons of the third age.

In the FBiH, there are 40 centres for mental health in the community. These centres are competent to provide all types of services, from coordinated care (Keys management) to prevention services, psychological support services and treatment services. The centres cover about 60,000 citizens in rural and urban areas.

The range of preventive programs includes both programs for promotion and prevention. So, in communities where centres for healthy aging exist, a relation has been created among such institutions, which especially contributes to prevention but also to reduction of depression among persons of the third age.

The centres for healthy aging provide regular physical activity, so persons of the third age are organised into groups and practice gymnastics which is adjusted to their age and health condition. At the same time, a guidebook for physical activities has been published so every person of third age could do the exercise individually at home. Such exercises not only improve the physical condition but also the psychosocial condition of the person.

Many persons, who had been depressed due to loneliness, have been directed to such centres through the centres for mental health in the community, where they have been integrated through various sections and activities and have even stopped using antidepressants.

3. REPUBLIKA SRPSKA

3.1 The right of older persons to social protection

Chapter Human Rights and Freedoms of the Constitution of the RS and article 3 of the Law on Social Welfare ("Official Gazette of the RS", No. 37/12, 90/16) stipulate that persons who meet the prescribed requirements can exercise the rights under the aforementioned Law, regardless of their race, skin colour, sex, language, political, national and religious affiliation, social and economic background, place of birth, disability, or any other status. Social welfare institutions ensure equality in access and exercising these rights and prevent any form of discrimination on any basis.

Furthermore, the Law on Social Welfare stipulates that the right to social protection can be exercised by adults in a state of social need due to, inter alia, refugee status, migration, repatriation, etc. Exercising the right to social welfare services allows older persons the possibility of integration into a new community. The aforementioned measures are under direct competency of the institutions at the BiH level, primarily the Ministry of Security of Bosnia and Herzegovina. The Law on Aliens in Bosnia and Herzegovina prescribes these measures ("Official Gazette of Bosnia and Herzegovina", No. 88/15).

Article 17 paragraph b of the Law on Social Welfare ("Official Gazette of the RS", No. 37/12, 90/16) recognizes older persons as a special category of social welfare beneficiaries. Under the Law, the beneficiaries are individuals, members of a family or a whole family whose place of residence is in the RS, and who are in a state of social need, and they cannot satisfy it by their work, property income or through other sources.

Retirement home ensures its beneficiaries housing, meals, care, putting the clothes on and taking the clothes off, health care, cultural and entertainment, recreational, occupational and other activities, social care and other services depending on their needs, abilities and interests. Retirement home can provide house care and assistance, and day-care service for older persons under a contract concluded with a legal or private person. Retirement home can provide counselling and prepare its beneficiaries and citizens for the ageing process. Retirement home can have social-geriatric unit where services are provided for older persons who, due to their psychological and physical condition, are in need of intensive care. Furthermore, it can establish a shelter for older persons who are in the state of acute social need for temporary housing.

Social welfare institutions for day-care and services are established in compliance with the Law on Social Welfare for exercising the right to care and services outside families during a day. Social welfare institutions for day-care and services are: the Adult Day-care Centre and the Social Protection Speciality Centre

Adult day-care centres provide, most adequately, satisfaction of basic needs for adults with disability and older persons through day-care. In these institutions, beneficiaries are provided with: day-care, meals, health supervision, work and occupational therapy, cultural and entertainment and recreational activities, as well as other activities in accordance with their abilities and interests.

Social protection specialist centres provide different professional and social services for individuals and groups, such as: assessment and diagnostics, counselling, individual and group treatments, support for foster families, social habilitation and rehabilitation, resocialization, protected residency, supported living, SOS phone service, personal assistance for persons with disability and other services determined by the development plans of the local self-government units and decisions on extended rights.

Home care and assistance centres provide housework and home care the old and the infirm in their homes. Home care and assistance centres provide home care for children with disabilities and severe chronic diseases.

Gerontology Centre is a development institution which provides interdisciplinary services for older persons. Gerontology Centre monitors, studies, evaluates and reports on social and health needs, in accordance with the development and provides services directed on improving institutional and non-institutional care for older persons, coordinates activities of stakeholders within the social protection for older persons system, cooperating with other sectors and training and educating those who provide care for older people. Gerontology centre implements programs of primary, secondary and tertiary prevention for old age. Gerontology Centre can provide service of supported living.

Article 5 of the Law on Social Welfare of the Republika Srpska ("Official Gazette of the RS", No. 37/12, 90/16) stipulates that 'legal and private persons providing services support beneficiaries in activating their potential to independently satisfy their needs, to have a productive life within the community, preventing their dependency on social welfare as well as reducing the risk of social exclusion'. Article 8, paragraph 2 of the Law on Social Welfare stipulates that in addition to social welfare institutions, social welfare services can be provided by associations of citizens, and other entities in compliance with the Law. Thus, a statutory possibility for providing older persons with social support in rural areas also, where there is no economic interest for establishing social welfare institutions for housing or day-care for older persons has been created. Services can also be provided by private persons who can establish social welfare institutions, and, by implementing the provisions of the aforementioned Law in the RS, a larger number of retirement homes have been established. Article 18 of the Law on Social Welfare ("Official Gazette of the RS", No. 37/12, 90/16) stipulates that social welfare beneficiary can be older person who suffers from physical, mental, economic, sexual or emotional distress in the family environment, as well as being threatened by such acts and who, due to these circumstances, finds themselves in the need for social protection. Article 32, of the Law on Social Welfare ("Official Gazette of RS", No. 37/12, 90/16) stipulates that older person who, inter alia, due to their physical, mental or sensory disability and visible changes of their health condition is in need of constant assistance and care, has the right to allowance for assistance and care by third party.

The Rulebook on Exercising the Right on Assistance and Home Care ("Official Gazette of RS", No. 2/14) lays down the ways of exercising the right to home care and assistance, types of services and home care, as well as the participation of the beneficiaries and their relatives in home care and assistance costs, provided for elderly and infirm persons, seriously ill and other persons who for temporary or permanent changes of their health condition or bodily damage are not able to take care of themselves, in compliance with the Law on Social Welfare.

The Rulebook on Exercising the Right on Assistance and Home Care ("Official Gazette of RS", No. 2/14) names the following tasks included in home care and assistance services: assistance with organizing and providing meals, such as preparing or helping with preparing meals, preparing beverages, ready meals purchase and delivery, grocery shopping, washing dishes, etc.; assistance with maintaining personal hygiene, such as washing face, taking shower and bath, brushing hair, shaving, clipping nails, purchasing hygiene products; assistance with putting clothes on and taking clothes off; purchasing and monitoring medications prescribed by qualified medical specialists and taking them to the doctor's appointments; house chorus, organizing and maintaining household, such as tidying up, bringing water, wood, etc., organizing laundry and ironing, hiring service companies when necessary; satisfying other needs of beneficiaries, such as going for a walk, communication, visiting natural manifestations, excursions, etc.

3.2 Pensions

The pension and disability insurance in the RS is regulated by the Law on Pension and Disability Insurance ("Official Gazette of the RS", No. 134/11, 82/13 and 103/15). Given that one of the objectives of the Pension System Reform Strategy in RS, adopted in May 2010, is providing stable incomes and reducing poverty of elder population, that objective has been achieved by some of the provisions of the Law on Pension and Disability Insurance, which has certainly had positive impact on economic status of the beneficiaries.

The Law ensured acquiring the right to old-age pension with 65 years of age and 15 years of pensionable service. Although these beneficiaries receive minimum pension, it is important that by exercising their right to pension they obtained health insurance. In the period from the start of implementation of the Law to the end of 2015, 6,232 persons obtained the right on this ground.

The insured under 65 years of age has the right to old-age pension at 60 years of age and 40 years of pensionable service. This provision shall be implemented from 2025, and until then a transitional period is prescribed. Retirement age in 2017 was 57 years of age and four months and each subsequent year it is increased by four months.

An insured woman under 65 years of age has the right to old-age pension at 58 years of age and 35 of pensionable service. This provision shall also be implemented from 2025, and until then a transitional period regarding retirement age is prescribed. Retirement age in 2017 was 55 years of age and four months and each subsequent year it is increased by four months.

The Law standardizes several levels of minimum pension depending on the length of the pensionable service. In December 2015, 63,663 beneficiaries, or 25.34% out of total number of beneficiaries received minimum pension on this ground, which means that the pension under general regulations is lower than the minimum pension, and the additional funds from the Republic budget are allocated to reach minimum pension. In 2015, BAM 38.4 million was allocated only for that purpose from the Republic budget.

The law prescribes regular an extraordinary pension adjustment; therefore pensions are adjusted by being increased from 1 January 2013 for 1.6%, from 1 September 2013 for 3.5%, from 1 January 2014 for 2%, from 1 October 2014 by 2% and from 1 January 2015 by 1.65%. Total increase of pensions from 1 January 2013 to 1 January 2015 was 11.2%.

The Law stipulates that disability pensions shall not be determined again for beneficiaries with disabilities caused by injuries during military service in armed conflicts, as well as by illnesses which are a direct consequence of those circumstances, and family pensions due after aforementioned pensions, old-age or disability pensions of participants of national liberation war, as well as family pensions due for a soldier killed in a conflict or killed in the national liberation war. It means that aforementioned pensions are still at that level, i.e. their pensions are due under 'guaranteed pension bases'. In December 2015, 18,174 of beneficiaries, or 7.23% out of total number of beneficiaries received pensions higher than determined by general regulations on this ground.

In addition to aforementioned legal solution, which had a positive impact on the economic status of beneficiaries, the Government and the Pension and Disability Fund of RS carried out activities which contributed better standard of pensioners, such as providing subventions for beneficiaries in the category of vulnerable electric power consumers, one-time assistance in case of beneficiary's death (in 2015, BAM 4.9 million disbursed), as well as covering pension distribution costs by postal service.

In 2015, with the purpose of ensuring regular pension payments, amendments to the Law on Pension and Disability Insurance, the Law on Budgetary System, The Law on Treasury and the Law on Contributions were adopted, with the introduction of the Pension and Disability Fund of RS into the treasury operations system from 1 January 2016 as its main objective. The purpose of introducing treasury operations into the system of the Pension and Disability Fund of RS is to include incomes and expenses related to retirement payments and functional business of the Fund in the budget of RS and to achieve in this way additional security and timely provision of funds for payment of the pensions.

3.3 Health care

Article 13 of the Constitution of RS stipulates that ‘human dignity, bodily and spiritual integrity shall be inviolable’, and article 37 stipulates that ‘everyone shall be entitled to health care’.

The Ministry is dedicated to building a modern, efficient and quality healthcare system which shall focus on patients and citizens.

Past reform processes have significantly improved legislation and the framework for improving health of RS citizens, a considerable experience and knowledge have been acquired in medical practise as well as in health care management and health care system management. A series of strategic documents in different fields have been adopted in compliance with the documents and recommendations of the World Health Organization of the European Union, the UN organizations and health care policies from the developed countries. Legislation implemented in this field is the following:

- The Law on Health Care (‘Official Gazette of RS’, No. 18/99, 58/01, 62/01, 106/09, 44/15);
- The Law on Health Insurance (‘Official Gazette of RS’, No. 18/99, 51/01, 70/01, 51/03, 57/03, 17/08, 01/09 and 106/09);
- The Law on Medicines (‘Official Gazette of RS’, No. 19/01).

National Assembly of the RS issued the ‘Programme of Health Care Policy and Health Strategy in the RS’ until 2010 (‘Official Gazette of RS’, No. 56/02), with the improvement of health of citizens and conditions affecting their health as its main objective.

Health care policy has defined four basic objectives which are the basis for the development and reform of RS health care system, as follows:

1. Reducing differences in health conditions and access to health care of citizens with regard to geographic area and socio-economic group;
2. Improving the conditions of the health care system and increasing availability of health care to vulnerable groups of people;
3. Reorientation of the overall health care to improving health and disease prevention, and
4. Increasing efficiency and the quality of health care.

Several strategic documents and projects have been developed with the purpose of improving existing conditions: A programme for detection and suppression of risk factors for cardiovascular and malignant diseases and other mass non-communicable diseases and early detection of these diseases (‘Official Gazette of RS’, No. 10/02); Strategy for reducing health differences and access to health care for the citizens, for reorienting and reorganizing health service, and increasing the efficiency and quality of work of health institutions (‘Official Gazette of RS’, No. 77/03); Health Sector Enhancement Project (HSEP), financed from the credit arrangement with the World Bank and co-financed by local communities. The project ‘Reducing Health Risk Factors in Bosnia and Herzegovina’, implemented by the World Bank – Sarajevo Office – in cooperation with the Swiss Agency for Development and Cooperation (SDC). The project ‘Developing and Advancing Modern and Sustainable Public Health

Strategies, Capacities and Services to Improve Population Health in BiH' is implemented with the donation of the Novo Nordisk A/S Company. Strengthening Nursing in Bosnia and Herzegovina is the project funded from the donation of the Swiss Agency for Development and Cooperation (SDC). The project interventions are directed to: improving regulation in the field of nursing, strengthening of chambers and associations of nurses, developing the system of continuing education for nurses; developing nursing within the community/polyvalent patronage; as well as improving university level education for nurses and human resources planning in the field of nursing. The project 'Mental Health in BiH' - phases 1 and 2 – is implemented from the donation of the Swiss Agency for Development and Cooperation (SDC). In the process of improving mental health in RS, reform activities for strengthening the concept of providing mental health services in the community.

With the purpose of improving primary health care the Government of the RS adopted the Primary Health Care Strategy ('Official Gazette of RS', No. 72/06). The Government implemented projects and programmes of establishing Family Medicine model in the RS, clinics for community based rehabilitation (CBR) and community based mental health protection. Through these systems and services older persons have new possibilities to use and the new quality of health care services.

The Law on Social Welfare ('Official Gazette of RS', No. 37/12, 90/16), stipulates that legal and private persons providing services support beneficiaries in activating their potential to independently satisfy their needs, to have a productive life within the community, preventing their dependency on social welfare as well as reducing the risk of social exclusion.

Article 8, paragraph 2 of the Law on Social Welfare stipulates that in addition to social welfare institutions, associations of citizens and other entities can provide social welfare service in compliance with the Law. Thereby, a statutory opportunity to provide older persons with social protection in rural areas also, where there is no economic interest for establishing social welfare institutions for housing or day-care for older persons has been created. Services can also be provided by private persons, who can establish social welfare institutions, and by implementing the provisions of the aforementioned Law in the RS a larger number of retirement homes have been established.

Important reform activity in the RS is commitment to implement measures for promoting health and disease prevention. Programmes in this field have become obligatory for every member of a family medicine team and mental health centres. Programmes were controlled and supported by the Public Health Institute of RS and the Health Insurance Fund of RS.

Considering the importance of the improvement of community based mental health protection, as the most important content within the deinstitutionalisation process in mental health, a system of 27 mental health centres, as a part of medical centres at the primary level of health care, has been established. Multidisciplinary teams have, through coordinated care for patients with mental disorders, primarily chronic patients, significantly improved the quality of lives of these persons and expanded the list of their services within the community.

The most significant activities are directed towards combating chronic non-communicable diseases (cardiovascular disease, diabetes, malignant diseases, depression, dementia and other psychological diseases and disorders). Several strategic documents, programmes and projects have been developed with the purpose of improving the current state:

- 'The Programme of detecting and suppressing risk factors of cardiovascular and malignant diseases and other mass non-communicable diseases and early detection of such diseases' (Official Gazette of RS, No. 10/02);

- 'Strategy for reducing health differences and access to health care for the population, for reorienting and reorganizing health service, and increasing the efficiency and quality of work of health institutions' Official Gazette of RS, No. 77/03);
- Project 'Diabetes mellitus' is implemented from the donation of Novo Nordisk A/S Company. Within the process of improving mental health in the RS, reform activities for strengthening the concept of providing service in community based mental health protection have been initiated.

In its strategic documents the RS recognizes health as the greatest fortune for citizens and the society and without mental health there is no general health either. World Health Organization defines mental health as 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

Strategic documents regulating the issue of improving mental health are following:

- Law on the Protection of Persons with Mental Disorders;
- Rulebook on Organization, Work and Financing of Commissions for Protection of Persons with Mental Disorders;
- Mental Health Policy (2005.);
- RS Mental Health Strategy (2009 - 2015); and
- RS Mental Health Strategy (2017 - 2027).

A chapter in the new RS Mental Health Strategy for the period 2017 – 2027 is dedicated to elderly care (specificities of intervention during the life cycle – persons over 65 years of age). Old age can be a period of significant changes. Some of them are positive, for example more time for hobbies and other activities, while other can be negative, for example, loss of identity related to work, grieving the death of close ones, reducing social possibilities and health issues. Old age is a positive life experience for many people and a lot can be done for older persons who do not experience it that way. Family environment and life within community proved to have protective effect on older people's mental health, unlike the life in geriatric institutions or in social isolation.

Risk factors for older persons include somatic damage caused by diseases such as cancer, cardiovascular disease, chronic states such as arthritis and the consequences of cerebrovascular attack. There is a higher risk of depression for older persons who are isolated, who do not have sufficient social relations and support or who are grieving. Head trauma is a possible risk factor for Alzheimer's disease, and hypertension, diabetes, smoking and high cholesterol for vascular dementia.

Protective factors include good physical health, support relations and social interaction and good socio-economic conditions. Higher intelligence and education could be protective factors for Alzheimer's disease, as well as anti-inflammatory drugs and substitution therapy. There are possibilities for preventive activities for dementia related to risk factors that can be influenced, for example, reducing alcohol abuse, prevention as an adequate treatment of cerebra and cardiovascular diseases, diabetes, and they are also important for the improvement of social activities and hobbies. It is necessary to improve depression and dementia screening in all mental health care settings and family medicine, particularly when somatic disorders, symptoms indicating to dementia, as well as social isolation and other stressful factors are present. It is desirable to introduce daily use of one of the validated assessment scales for most common psycho-geriatric difficulties, such as depression and dementia.

It is necessary to apply selective psychosocial interventions, i.e. counselling, providing information, training, self-help groups and support for reducing anxiety-depressive symptomatology with caregivers and spouses of persons suffering from dementia and those who have lost their partners. There is evidence that training programme implementation slows down intellectual decline related to ageing.

3.4 Lifelong learning

Lifelong learning, as an important aspect of education for individuals as well as for the society as a whole, has a significant place in the Education Development Strategy of the Republika Srpska for the period 2016 – 2021, as the core objective. This strategic objective will be fulfilled in the full capacity through adult education within the lifelong learning context and based on the Adult Education Development Strategy, with the plan for its adoption in the following period. Measures for achieving this objective are following:

- Developing competences of students (school and university level) for lifelong learning through learning to learn;
- Encouraging adult lifelong learning. This measure shall be implemented through the following activity: providing opportunities for continuous acquisition of new, functional and operational knowledge, by providing further education for adults, i.e. possibility for upskilling and reskilling and continuous professional development during the working career. This is particularly significant for older persons fit for work and it shall facilitate professional transitions;
- Informing individuals on opportunities to strengthen language and communicational skills, digital and mathematical literacy.

Generally, being aware of the importance of adult education the RS was the first to adopt The Law on Adult Education in 2009, and at the beginning of 2010, it established the Institute of Adult Education. The law governs organization and the structure of adult education. Adult education is a part of a unique education system of the RS, which enables education, training and specialization for adults. Curriculum has been developed for primary adult education, third degree and fourth degree of vocational education. The most common organizers of adult education in the RS are secondary vocational schools. Secondary schools with the permission for realization of adult education implement adult education programmes. Adult education programmes have been developed for all vocations existing in mainstream education. New adult education programmes are developed in accordance with market needs, and the dynamic depends on the requirements of the stakeholders. Adults are educated for the following vocations: obstetrician and gynaecologist technician, concrete worker, auto electrical worker, mechanic, locksmith, welder, veterinarian technician, fruit grower and winegrower, motor vehicle driver, drilling geologist, surveyor, construction technician, economic technician, electrician, electric mechanic, builder, dental technician, insulation and asphalt worker, plumber, blacksmith, courier, beautician, waiter, tailor, cook, laboratory and sanitary technician, tinsmith, mechanical technician, medical technician, butcher, hone operator, mechanic, mining equipment mechanic, maintenance fitter, sheet metal worker, shoemaker, baker, agricultural technician, confectioner, office assistant, legal administrative assistant, milk processing technician, food processing technician, food technician, precision mechanic, primary processed wood products producer, plant nursery worker, mine worker, mine technician, construction machines and loader operator, mining equipment operator, woodworker, textile technician, carpenter, roads traffic technician, electrical engineering technician, electronics technician, rail traffic technician, wood-processing technician, postal service technician, computer technician, salesperson, merchant, trading technician, catering and culinary technician, pharmaceutical technician, farmer, physiotherapist, hairdresser, chemical operator, chemical technician, florist and gardener, forester, forestry technician.

Training and specialization programmes have been developed.

Training programmes are following: mechatronics technician, herb, forest fruits gatherer and mycophagist, designer and of men's and women's clothing; fruit grower; therapeutic riding instructor, beekeeper, tailor, elderly and infirm persons caregivers, TIG welding process operator, vintner and winegrower, assistant and supporter for persons with intellectual disabilities, carpenter, MIG-MAG welder, upholsterer, fruit and vegetable seedling grower, painter, baker, French polisher, miner, CNC wood-processing machine operator, green gardener, personal assistant for persons with motor and sensory impairments, mycophagist, metallurgist, shoemaker, plumber, chimney sweeper, construction machines operator, carpenter and builder, roof constructor, locksmith.

Specialization programs have been developed for medical technicians in radiotherapy, dental technicians in dental prosthetics and medical and laboratory technicians for work in transfusion.

4. BRČKO DISTRICT

4.1 Legislative framework

Legislative framework for protection in the Brčko District BiH regarding older persons is the following:

- The Law on Health Care of the Brčko District BiH;
- The Law on Health Insurance of the Brčko District BiH
- The Family Law of the Brčko District BiH; and
- The Law on Social Welfare of the Brčko District BiH.

The Family Law of the Brčko District BiH regulates relations on principles that entail mutual respect and help among all family members (Article 2). Article 198 stipulates that 'adult children shall support their parents unable to work, and do not have sufficient livelihood, or cannot provide for themselves from their own assets.'

Article 3 of the Law on Health Care stipulates that 'health care includes the system of social, group and individual measures, services and activities for improving and maintaining health of population, preventing diseases and injuries, early detection of diseases, timely treatment, health care and rehabilitation, as well as applying health care technologies'.

Article 8 of this Law stipulates that health care protective measures include special measures of health care for people over 65 years of age.

Health care in the BD BiH is organized through primary health care system, secondary/hospital care and public health activities. Health care services are provided by four health care institutions, namely one hospital and two medical centres.

Persons over 65 years of age under the Law on Health Care of BD BiH have the right to health insurance based on age (over 65 years of age), if they cannot exercise that right on a different ground. Older persons without family care for the purpose of this Law are persons over 65 years of age who do not have family members or relatives who are legally obligated to support them, or, if they do have them, they are unable to fulfil such obligations.

One of the main characteristics of the Law on Social Welfare is the necessity for individual responsibility for personal and social security of their family members with the emphasis on the family solidarity dimension, and responsibility of the society to help the persons who cannot provide for themselves or with the help of those who are legally responsible for them a life in keeping with human

dignity. Interventions are conducted through the social protection system, directed to satisfying basic existential needs to people who meet the statutory requirements, as well as a whole series of services intended for beneficiaries who need different forms of permanent or temporary housing, or other social services. Older persons can, under the Law on Social Welfare, exercise their rights within the social protection system, such as: one-time assistance, care and assistance by a third party, home care and assistance and housing in a social care institution.

Article 60 of the Law on Social Welfare stipulates that 'home care and assistance shall be allowed to a person who due to a bodily disability or mental impairment or permanent change of their health condition needs assistance by another person: 1. a person who cannot be supported by their parents, spouse and children, and 2. a person unable to provide for care by him/herself.'

This regulates issues regarding housing for the old and the infirm in form of institutional social care, i.e. retirement homes, as well forms of family protection as the placement with foster families.

Within the Department of Health and Other Services of the Government of the BD BiH, the Sub-department for Social Welfare operates, competent under authority to act within the social and family protection system.

The Law on Social Welfare of the BD BiH stipulates that aforementioned functions are conducted by the Social Work Centre, however, until present day, no activities have been carried out in terms of policies to establish Public Institution Social Work Centre BD BiH.

In the BD BiH, as an social protection institution, there are no registered retirement homes, and according to unofficial data, there are 14 private health care and retirement homes.

According to the most recent information, cooperation in terms of housing has been achieved with 6 private health care institutions in which 28 persons are placed, and it is financed by the Sub-department for Social Welfare.

4.2 Right of the old persons to social protection

The social welfare system is defined by the Law on Social Welfare, which regulates the rights in the field of social welfare, the basis of organisation and financing of this activity, as well as other issues of importance for the achievement of citizens' social welfare.

In accordance with this Law, social welfare is an activity of general interest for the social community, which ensures assistance to the citizens when they come into a situation of social need and they take over all necessary measures to prevent the occurrence of such situation as well as remove the respective consequences.

The Law on Social Welfare stipulates that users of social welfare are persons who are in a situation of social need, namely persons of age: persons who are materially uninsured and incompetent for work, persons with disability, older persons (over 65 years) without family care, who are not in a position to meet their basic life needs due to permanent changes in their psychosocial and health condition, persons with socially negative behaviour, other persons in condition of social needs who require social protection due to extraordinary circumstances, abused persons and single parents.

In Article 27 of the Law on Social Welfare, "older persons without family care" are recognised as persons in a condition of social needs.

Incompetent for work are considered to be:

- Persons completely incompetent for work, according to the regulations on pension and disability insurance;
- Persons older than 65 years.

The type, form and scope of social welfare rights are defined depending on the material capacities of the holder of social welfare and the social needs condition of the persons to whom the protection is provided, whereby the environmental conditions are also taken into consideration. The social welfare rights refer to the services of social experts and other professionals; labour, financial and other material help; qualifications for life and work of minorities with special needs and adults with disabilities; accommodation in social welfare facilities or in other families; as well as home care and assistance around the home.

The right to accommodation in a social welfare facility or a sustaining family is entitled to an old person who is not in a position to live alone or in a family due to his/her adverse health, social, housing and family circumstances.

Accommodation in a social welfare facility or a sustaining family is recognised to a:

- Person who cannot be ensured appropriate protection by his/her family;
- Person without family care when appropriate protection cannot be ensured in another way;
- Person who accepts the accommodation.

4.3 Health protection and medical Services

The insured persons in the Brčko District BiH, including old persons, acquire their healthcare services through the Public Health Institution "Health Centre Brčko".

Persons older than 65 years of age who do not have health insurance are insured through the Health Insurance Fund of the Brčko District BiH, as per the Decision on the requirements and procedure for application to a compulsory health insurance of persons older than 65 years of age ("Official Gazette of the Brčko District BiH", No. 49/14).

From the point of access to medicines, the system of healthcare services in the Brčko District BiH recognizes essential lists of medicines (A and B lists), where medicines from the A list are free from participation payment, while for medicines from the B list the insured person pays participation of 75%, 50% and 25%.

According to data from 2015, the total number of old persons who use private healthcare facilities for accommodation was 92 (statistical bulletin for social welfare, Agency for Statistics of BiH for the Brčko District BiH). The most common reasons for accommodating old persons in nursing homes are mental difficulties (about 42.2% users), physical disability (about 23.9%) and severe chronic diseases (19.6%). For about 6.5% of users, the reason for accommodation is old age.

4.4 Lifelong learning

The opportunities for lifelong learning in the Brčko District BiH are small and limited mainly to urban areas where most of the institutions and non-governmental organisations have programs that could be interested to older persons.

Apart from the issue of missing infrastructure to support lifelong learning, there is the problem of uninformed and uninterested old persons, particularly in the rural areas, for any learning activities, as well as a negative attitude of the society that older persons cannot and do not have to develop themselves and, thus, do not need to contribute to social development.

5. CONCLUSION

Taking into account the pronounced need for adoption of special strategies to improve the position of old persons in BiH and the analysis of the condition in BiH regarding the issues of aging, presently entity-level strategies are being elaborated that will define the following goals:

General goal: Improvement of the life quality of old persons

Strategic goals:

1. Reduction of poverty rate of old persons;
2. Improvement of the health of old persons;
3. Improvement of access to public institutions and transport for all old persons;
4. Advancement of delivering social services;
5. Raising the awareness of old persons about social services and rights;
6. Raising the awareness of relatives about the need to care for their old family members;
7. Reduction of violence against old persons;
8. Advancement of active participation of old persons in social, cultural and sports activities in local communities;
9. Advancement of systematic inclusion of old persons in the programmes for lifelong learning.

In addition, there is a need for elaboration of a framework strategic document for advancement of the position of old persons at state level, which is mandatory precondition for application to currently available EU funds.

Taking into account the aforementioned, it is proposed that the Council of Ministers of BiH, after having considered the Initial Report of BiH on the Implementation of the Madrid Plan of Action on Aging, brings the following:

CONCLUSIONS

1. The Initial Report of Bosnia and Herzegovina on the Implementation of the Madrid Plan of Action on Aging is adopted;
2. The Ministry of Human Rights and Refugees of Bosnia and Herzegovina is nominated to submit the Initial Report of BiH on the Implementation of the Madrid Plan of Action on Aging to the United Nations Economic Commission for Europe (UNECE), through the Ministry of Foreign Affairs of BiH;
3. The Ministry of Human Rights and Refugees of Bosnia and Herzegovina is nominated to publish the Initial Report of BiH on the Implementation of the Madrid Plan of Action on Aging on its web site on time