



## Bosnia and Herzegovina

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and (2) Regional Office data and information. The overall assessment is an average of the answers obtained from the two questionnaires received back from the focal persons of the Federation of Bosnia and Herzegovina and the Republic of Srpska.

### Summary of country assessment

Bosnia and Herzegovina reports implementing 74% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on all the key areas identified by the resolution: national policy, multisectoral collaboration, surveillance, capacity-building and evidence-based emergency care.

#### National policies

- Both in the Republic of Srpska and in the Federation of Bosnia and Herzegovina there is an overall national policy for preventing violence. In the Republic of Srpska there is an overall national policy for preventing injuries. Both in the Republic of Srpska and in the Federation of Bosnia and Herzegovina there are specific national policies for road safety and preventing child maltreatment and intimate partner violence. There are policies to prevent fires and interpersonal violence in the Federation of Bosnia and Herzegovina. Alcohol has been identified as a risk factor for violence and injuries, while national policies have not highlighted socioeconomic inequality in injuries and violence as a priority.

#### Implementation of effective interventions

- Bosnia and Herzegovina reported overall implementation of 65% of selected effective interventions for injury prevention and 91% for violence prevention. This is lower than the median regional score of 72% for unintentional injury and higher than the median regional score of 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than median regional score for fires and falls.
- Bosnia and Herzegovina reported overall implementation of 65% of selected effective interventions on alcohol, versus a median regional score of 76%. Only 57% of legal and fiscal interventions on alcohol access for have been implemented, versus a median regional score of 71%. All the health system-based programmes to reduce alcohol-related harm have been implemented (Table 2).

#### Impact of resolution EUR/RC55/R9

- Bosnia and Herzegovina acknowledged that the adoption of resolution helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health of Federation of Bosnia and Herzegovina and the Ministry of Health and Social Welfare of the Republic of Srpska. For instance, on the level of Bosnia and Herzegovina it influenced the adoption of the State Strategy for combating violence against the children and Strategy on prevention and combat against family violence; in the Republic of Srpska it influenced the adoption of the Action plan for family violence prevention; and in the Federation of Bosnia and Herzegovina the Strategic plan for prevention of family violence has been adopted. In regard to the injury prevention, it influenced adoption of Road Safety Strategies. There has been positive progress in the past 12 months in all the key areas of the resolution: national policy development, evidence-based emergency care, surveillance, capacity-building and multisectoral collaboration. All the elements of resolution were successfully achieved.

#### Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing fires, falls and alcohol misuse. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

## Country profile

Table 1. Demographics<sup>a</sup>

- Bosnia and Herzegovina has a very young population of 3.9 million. The percentage of children 0–14 years is higher than the regional average; the percentage of people 65+ years old are lower than the European Region average.

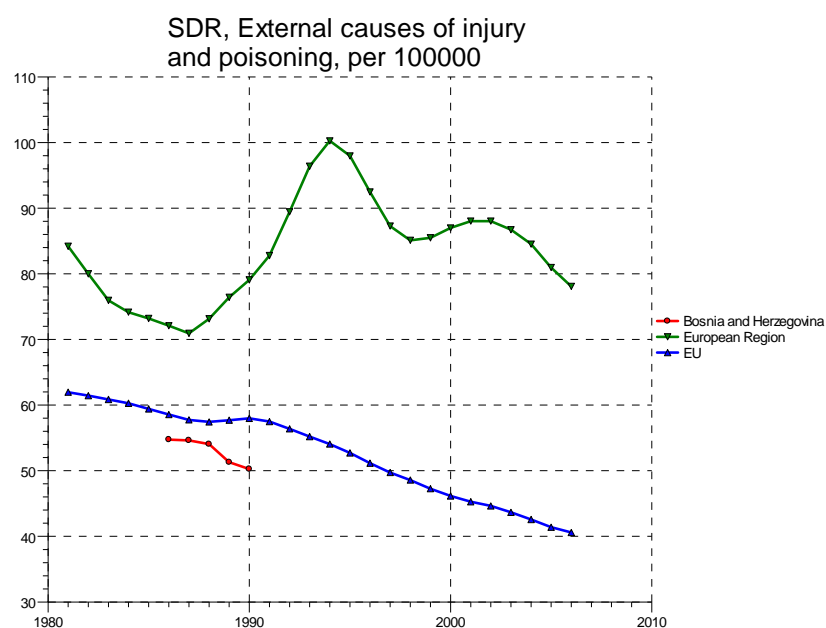
- Life expectancy both for males and for females is lower than the regional average.



Indicator (last available year)	Bosnia and Herzegovina	WHO European Region	European Union (EU27)
Mid-year population	3.9 million	890.9 million	493.8 million
% of population aged 0–14 years	24.3	17.5	15.7
% of population aged 65+ years	6.3	14.0	16.8
Males, life expectancy at birth, in years	69.0	71.4	76.0
Females, life expectancy at birth, in years	76.0	79.1	82.2

<sup>a</sup> Data on life expectancy and on population structure have been taken from WHO country highlights on health (<http://www.euro.who.int/document/E88283.pdf>, accessed in September 2009)














- Health data available from official statistical sources were not communicated to WHO for a validation process yet. Only estimates from the Global Burden of Disease project can be used, and comparison with European Region and European Union (EU) average cannot be made. These estimates are commented but not reported.
- Injuries are the third leading cause of death. Rates cannot be compared with the regional average because they are estimates and the reference population is a different one. The rates for unintentional injuries are always lower than the European Region and EU averages; rates for violence are always lower than regional figures.
- Before the conflict of the 1990s, rates were below both EU and regional average. There are no available data after 1990 (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, fires, poisoning, drowning and falls.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The WHO Regional Office for Europe has been engaged in working collaboratively with focal persons. There has also been support for the development of the World and European reports on child injury prevention and other technical reports. Bosnia and Herzegovina also took part in the project on a global status report on road safety.

**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in the Bosnia and Herzegovina, the WHO European Region and the European Union, 1980–1990**



**Table 2. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified or no response NA Not applicable - No data

\*Only in Republic of Srpska; #Only in the Federation of Bosnia and Herzegovina

Cause of injury	Mortality <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Bosnia and Herzegovina	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	-	<b>75.8</b>	<b>40.0</b>	NA	<b>74</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	-	<b>45.9</b>	<b>25.9</b>	 *	<b>65</b>	<b>72</b>
Road traffic injuries	-	13.3	9.3		94	81
Fires and burns	-	2.4	0.7	 #	50	60
Poisoning	-	10.7	2.3		60	80
Drowning or submersion	-	3.4	1.3		68	63
Falls	-	5.6	5.5		25	75
<b>Intentional injury</b>	NA	NA	NA	 *	<b>91</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	-	5.2	1.0	 #	NA	NA
Youth violence <sup>h</sup>	-	5.3	1.0		100	86
Child maltreatment <sup>i</sup>	-	0.6	0.3		90	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		83	67
Self-directed violence	-	14.0	10.2		94	88
<b>Alcohol<sup>j</sup></b>	NA	NA	NA	NA	<b>65</b>	<b>76</b>
Alcohol-related poisoning	-	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	-	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	-	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	57	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	100	67

<sup>a</sup> Unless otherwise specified.<sup>b</sup> Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfaddb>, accessed 15 January 2010).<sup>c</sup> The 27 European Union countries.<sup>d</sup> Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 ([http://www.who.int/violence\\_injury\\_prevention/publications/injury\\_policy\\_planning/prevention\\_moh/en](http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en), accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.<sup>j</sup> This score was calculated from 17 alcohol-related interventions.<sup>k</sup> The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 ([http://www.euro.who.int/InformationSources/Data/20070615\\_2](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 15 January 2010).<sup>l</sup> This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).<sup>m</sup> This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**

Legend: ✓ Yes ✗ No ? Not specified or no response

\*Only in Republic of Srpska; #Only in the Federation of Bosnia and Herzegovina

<b>National policies</b>	
• Overall national policy on injury prevention	✓*
• Overall national policy on violence prevention	✓
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✓
• Policies targeted to reduce socioeconomic differences in violence and injuries	✓
• National policies highlight socioeconomic inequality as a priority	✗
<b>Political support for the agenda for injury and violence prevention</b>	
	✓
<b>Easy access to surveillance data</b>	
	✓
<b>Intersectoral collaboration</b>	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✗
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
<b>Capacity-building</b>	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓#
<b>Emergency care</b>	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
<b>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>	
	✓
<b>Recent developments in injury and violence prevention (during the past 12 months)</b>	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✓
• Evidence-based emergency care	✓