

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Bosnia and Herzegovina is part of what used to be known as Yugoslavia, along with Slovenia, Serbia, Croatia, Kosovo and Macedonia. The breakup of the Former Yugoslavia in 1990 was followed by a genocide in Bosnia and Herzegovina, from which they still haven't fully recovered from. It was also succeeded by a major political transition - where the former communist regime fell apart which divided the country into two separate entities namely The Federation of Bosnia and Herzegovina and the Republic of Srpska.

Focusing on the healthcare system present in Bosnia and Herzegovina, it currently borrows largely from the system in place before the Genocide of 1992. During the Yugoslavian era, the healthcare system was centralized with primary healthcare being provided by General Practitioners at municipal health centres and in clinics, secondary care services were provided by municipal health centres, regional and national institutes and, finally, tertiary care was provided by specialty teaching hospitals linked to universities (1). After the war ended and the Dayton Peace Treaty agreement came into place, the country was re-organized to become one of the most complicated political systems in the world. The South West of the country is currently divided into 10 cantons, each with its own sets of ministers which means that there are currently 11 Health Ministers, including the Ministry of Health at the Federation Level. The Ministry of Health at Federation Level has virtually no say in how the cantons can manage their healthcare systems. This means that changes are harder to implement, and that progress is seen much slower. The current healthcare system in Bosnia differs depending on which canton, or which side of the country you find yourself in, although they follow similar concepts. According to the UNHCR in 2001, however, the healthcare system in Bosnia and Herzegovina lacked in several aspects - the complexity of medical insurance schemes making it hard for people to receive adequate care privately, but also the lack of proper facilities, equipment and medication, as well as lack of essential funds in the public hospitals (2).

There are very little official data regarding health in Bosnia available. The current expected life expectancy of a male and female Bosnian s 74.9 and 80.2 years respectively. This has largely increased since in the 1990 where the observed life expectancy was 75.1 years old and 69.0 years old for females and males respectively. The war, of course, had a major impact on the health of the population. Numbers vary from sources, but it is believed that 17,000 children were killed during the genocide and the number of deaths during the war is estimated to range from 170,000 to 200,000, along with 100,000 left severely wounded and 25,000 with lifelong disabilities. Hundred-thousands of Bosnians were forced to become refugees or were internally displaced. As it can be expected, psychological traumas from the war - such as anxiety, depression, PTSD, behavioural disorders, obsessive memories, irrational fear and inability to form emotional bonds - are very rampant across the country. There has been some increase in drug abuse, suicide and domestic violence seen post war, which could reflect the traumas witnessed during the war (3).

Moreover, there are many lingering health problems due to environmental factors such as high air pollution, limited sites for disposing of urban wastes, water shortages and the destruction of infrastructure due to the war (3). Whilst drug anuse is a problem, smoking is considered as the major health problem in Bosnia, with the World Bank describing it as an endemic. Half of the adult population smoke and this comes as no surprise as the cost cigarettes In Bosnia are the cheapest in Europe and Central Asia (4).

If we look at data of cause of death in the country (5), in 2016 the number 1 killer in the country was Ischaemic heart disease, followed by cerebrovascular disease, diabetes and lung cancer. Communicable diseases are not seen on the list of the 10 biggest killers in the country and are relatively rare. Tobacco is the 2nd biggest factor to lead to death or disability, just after high blood pressure. Alcohol and drug use is seen as the 6th biggest factor to lead to disability or death.

There is very little data available on acute presentations that reach the emergency services of the Emergency department of hospitals in Bosnia. Based on my time and experience there, however, the emergency department is organised very differently from how it is in the NHS. The NHS allows emergency doctors to manage acute presentations and offer first line treatment to patient. The Bosnian healthcare system, however, is a lot more limiting to emergency physicians. They see patients and request investigations but then refer the patients to a specialty doctor for further treatment or management.

Moreover, the A & E services are a lot less busy in Bosnia than they are in the UK. The majority of cases includes fractures from young adults or children and falls from the elderly. More severe cases are seen by the consultant emergency physician and is quickly referred to the appropriate medical or surgical team.

In short, the Bosnian healthcare system, whilst being rather equitable, has many changes it could do to improve the h=quality of care the patents receive and decrease the frustration of the healthcare workers and professionals. The system is currently not sustainable, as is most of the political system in place. Changes are, however, hard to implement. The country is extremely rich in resources, in human labour and human intelligence but is, unfortunately, currently trapped in the makings of the Dayton Agreement.

Bibliography

- 1. Healthcare in Bosnia and Herzegovina before, during and after 1992 - 1995 war: a personal testimony. Simunovic, Vladimir. 1, 2007, Conflict and Health, Vol. 1, p. 7.**
- 2. UNHCR. Healthcare in Bosnia and Herzegovina in the context of the return of refugees and displaced person. Sarajevo : s.n., 2001.**
- 3. Health Care Systems in Transitions, Bosnia and Herzegovina. Jennifer Cain, Antonio Duran, Amya Fortis. 7, Copenhagen : WHO, 2002, European Observatory on Health Care Systems, Vol. 4.**
- 4. The World Bank. Smoking: An Endemic Problem in Bosnia and Herzegovina. The World Bank. [En ligne] 2012. <http://www.worldbank.org/en/news/feature/2012/11/20/smoking-an-endemic-problem-in-bosnia-and-herzegovina>.**
- 5. Evaluation, Institute for Health Metrics and. Bosnia and Herzegovina. [En ligne] 2016. [Citation :] <http://www.healthdata.org/bosnia-and-herzegovina>.**