

Bosnia and Herzegovina



COVID-19 RESPONSE AND IMPACT ON HIV AND TB SERVICES

(see at this link [BiH full report](#))



Population ¹	3,269,000
COVID-19 deaths per 100,000 population (at 1 February 2021)	146.07
COVID-19 lockdown(s) initiated	Yes, but only for certain populations (March 2020)
Disruption to harm reduction services	Yes, NSEP
Reduced TB detection	Yes
Integrated TB and COVID-19 testing	Yes
Reduced access to clinicians	Yes
Reduced access to peer support and/or psychosocial support	Yes
Stockouts of HIV or TB medications	unknown

¹ The Bosnia and Herzegovina Agency for Statistics' latest figures are from a 2013 census (publication date 2020), i.e. that the population is 3,531,159 persons. Agency for Statistics of Bosnia and Herzegovina, 'Demography 2019' (2020) http://www.bhas.ba/data/Publikacije/Bilteni/2020/DEM_00_2019_TB_0_HR.pdf accessed 5 March 2021. This data is likely to be outdated. Thus, data from Worldometer is used. <https://www.worldometers.info/world-population/bosnia-and-herzegovina-population> accessed 5 March 2021



Highlights

- Acute shortages of PPE and health staff in the COVID-19 response.
- ‘Extreme fragmentation’ of the health system results in patients getting different HIV regimens depending on where they live.
- Reduced screening for HIV and decrease in TB detection, albeit percentages are not known.
- «Poor Global Fund transition – as a result, there have been interruptions in harm reduction services, and lack of services for MSM.
- Social contracting laws needed to facilitate role of NGOs in provision of social support for communities.
- Extremely low TB treatment success rate – need for comprehensive reporting and recording mechanisms to understand reasons why.



COVID-19 situation and response

Bosnia and Herzegovina (abbreviated BiH) is an upper middle-income country bordering Serbia, Montenegro, and Croatia. The health system is characterised by ‘extreme fragmentation’,² with each of the 10 cantons of the Federation of BiH, together with Republika Srpska and Brčko District being responsible for their own financing, procurement, organization, and procurement of healthcare.³

At time of writing, Bosnia and Herzegovina (hereinafter BiH) has the sixth highest COVID-19 death rate per capita in the world. The COVID-19 response brought to the fore key weaknesses within the health system, including insufficient staffing, poor working conditions for health staff, COVID denialism, and the effects of a fragmented health system on the ability to deliver a coordinated health response.

2 Marko Martić and Ognjen Đukić, ‘Health Care Systems in BiH: Financing Challenges and Reform Options?’ Friedrich Ebert Stiftung (October 2017) 6 <https://library.fes.de/pdf-files/bueros/sarajevo/14124.pdf> accessed 23 December 2020

3 Ibid

Initial responses seemed positive, with curfews introduced on 21st March 2020, followed by cancellation of all public gatherings and non-essential businesses such as fitness centres, shopping malls, and beauty salons. Cases rose dramatically in June 2020 onwards, and

had exposed a number of weakness in the health system, including effects of fragmentation and human resources deficiencies. In the words of Dr Siniša Skočibusić, Infectious Diseases Clinician from University Clinical Hospital in Mostar, in Southern BiH:

■ *Our healthcare system is not strong enough to give a good response. Also, the managing of COVID health care system and the COVID pandemic is much more involved with politics than with experts... One of the problems is that the governing system is fragmented. But another problem is that some health care decision makers are not focused (on the fact) that COVID is a major problem, but rather more people wanting to continue life as it was before... In medicine, we have strong individual personalities. It is very hard to break those personalities and organise a functional healthcare system.*

In addition, the country has seen COVID denialism stemming from distrust of government, outdoor masking hesitancy, and lax behaviours around physical distancing. In October 2020, the World Bank announced that it projected that BiH would slip into its worst recession in 25 years. And while it is expected

that 1.2 million doses of COVID vaccines (and therefore some immunity) would be deployed to BiH from March 2021 onwards, the diversion of human resources to COVID, as well as the prospective recession and corresponding effects of poverty, are bound to have rippling effects on other diseases, including HIV and TB.



Effects on HIV Care, Harm Reduction, and TB Care

■ **HIV Care.**

The COVID-19 pandemic saw reduced screening for HIV, and postal delivery for ARVs had been adopted only in some cantons. The MSM population face significant stigma, and services for MSM at time of writing are unfunded, making access to HIV services significantly more difficult during the pandemic. According to a 24-year-old MSM from Sarajevo, “Testing was more difficult because it was not possible

to easily enter the healthcare centre as there were rigorous measures of protection so as to prevent transmission”. Many people among key populations, especially those who work in the informal economy, have lost incomes due to the pandemic.

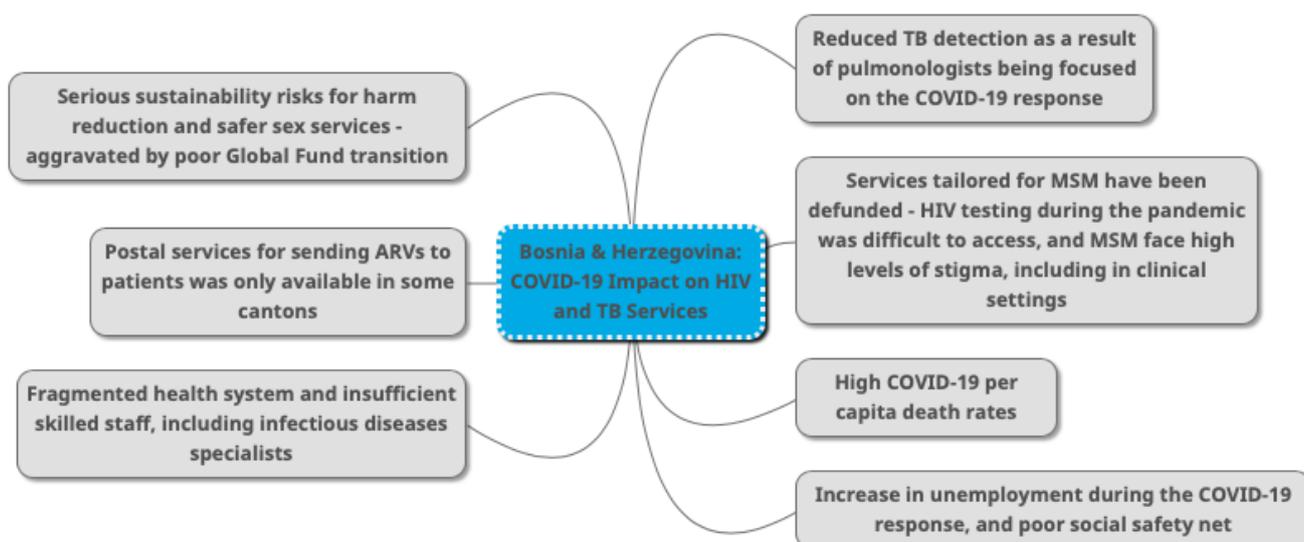
■ TB Treatment and Care.

There has been substantial reduction in TB testing due to pulmonologists, the doctors primarily treating TB, being engaged fulltime in the COVID-19 response. There is a lack of a robust civil society response to TB in BiH, with the response primarily led by clinicians.

■ Harm Reduction.

Needle-and-syringe exchange programs were heavily affected by the COVID-19 pandemic, juxtaposed with the lack of funding due to transitioning out of Global Fund funding, corruption, and the lack of other available funds due to diversion towards COVID-19. Denis Dedajic, the President of Association Margina, elaborated:

■ *The impact of COVID-19 on the availability of needles and syringes, as well as other materials, is huge. This is primarily due to the shutdown of all other services that operated in Bosnia and Herzegovina, except for two services provided by our organization in the Tuzla and Zenica regions, which are accredited until 2023. The main problem is the lack of funds to finance our services. We are still working but we are in big trouble. 6 of us are active as well as about 40 volunteers from the population of users - we all work without any compensation since September 2019, and the pandemic itself has increased problems due to restrictions on movement, introduction of curfews, inconsistent crisis headquarters measures, and large-scale fraud in public procurement of equipment and materials for the purpose of defence against the corona... All funds that were previously available are now aimed at measures against COVID-19. During the pandemic and until now, we are distributing needles and other materials saved from the Global Fund and other NGOs. We have only enough materials for two more months.*





Recommendations

- For Global Fund to authorise emergency funding to remedy impacts of poor transition;
- For the legislature of BiH to approve social contracting laws;
- For international donors to inject emergency overseas development assistance into BiH to fund harm reduction, sexual health services and support services for the most vulnerable populations;
- For TB community groups to be strengthened and provided with robust support;
- For the government to invest in strengthening of staffing capacity – and invest in building long-term pandemic preparedness into health infrastructure.
- For the government to approve a COVID-19 relief package for unemployed and vulnerable populations.