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# *Factsheet*

# Bosnia and Herzegovina



# 1. HIV EPIDEMIOLOGY AND RESPONSE

## 1.1 HIV epidemiology in brief

Bosnia and Herzegovina (BiH) has a low level HIV epidemic, with 209 officially registered people living with HIV in 2014, 114 of them were receiving antiretroviral therapy (coverage 54%)<sup>1,2</sup>. About 90% of the newly diagnosed HIV infections are caused by sexual transmission, 35.6% of them among men who have sex with men (MSM). The HIV prevalence among key populations is below 3%<sup>3,4</sup>. There are significant gender (e.g. 82% of the HIV infections have been diagnosed among men) and sub-regional differences (54% of the men who have sex with men in Sarajevo have been tested during last 12 months, compared with 7.5% in Tuzla)<sup>5,6,7</sup>.

## 1.2 Legal and institutional aspects of the national HIV response and the role of NGOs

- 1 Bosnia and Herzegovina, *Epidemiological Situation of HIV and Tuberculosis in BiH*.
- 2 Bosnia and Herzegovina, *Transition Plan for Continuation of HIV and AIDS Prevention, Treatment and Care in Bosnia and Herzegovina 2015-2017* (2015).
- 3 Institute for Public Health FB&H and Institute for Public Health of Republic of Srpska, *Study among Injection Drug Users in Bosnia and Herzegovina, 2012: A Respondent-Driven Sampling Survey* (2012).
- 4 Institute for Public Health FB&H and Institute for Public Health of Republic of Srpska, *Research on Risk Behaviour in Relation to HIV/STI Prevalence Among Groups Exposed to Higher Risk (MSM and SW) in Bosnia And Herzegovina, 2012* (2012).
- 5 Bosnia and Herzegovina, *Epidemiological Situation of HIV and Tuberculosis in BiH*.
- 6 Institute for Public Health FB&H and Institute for Public Health of Republic of Srpska, *Study among Injection Drug Users in Bosnia and Herzegovina, 2012: A Respondent-Driven Sampling Survey* (2012).
- 7 Institute for Public Health FB&H and Institute for Public Health of Republic of Srpska, *Research on Risk Behaviour in Relation to HIV/STI Prevalence Among Groups Exposed to Higher Risk (MSM and SW) in Bosnia And Herzegovina, 2012* (2012).

**Table 1: Indicators for key populations**

	PWID	MSM	SW
Estimated population size	12,500	6,900	4,000
HIV prevalence (%)	2.7 <sup>a</sup>	1.2	0.5
Coverage of HIV testing in the past 12 months (%)	53.5 <sup>a</sup>	59.5	10.1
Prevention programme coverage (%)	43.2	45.7	41.5

<sup>a</sup> In Sarajevo.

Sources: *Behavioral and Biological Surveillance Study among Injection Drug Users in Bosnia and Herzegovina, 2012: A Respondent-Driven Sampling Survey* (Sarajevo/Mostar/Banja Luka, Institute for Public Health FB&H and Institute for Public Health of Republic of Srpska, 2012); *Research on Risk Behaviour in Relation to HIV/STI Prevalence Among Groups Exposed to Higher Risk (MSM and SW) in Bosnia And Herzegovina, 2012* (Sarajevo/Mostar/Banja Luka, Institute for Public Health FB&H and Institute for Public Health of Republic of Srpska, 2012); *Estimating Population Sizes for MSM, PWID and SW in Bosnia and Herzegovina* (AIDS Projects Management Group, 2013); United Nations Development Programme.

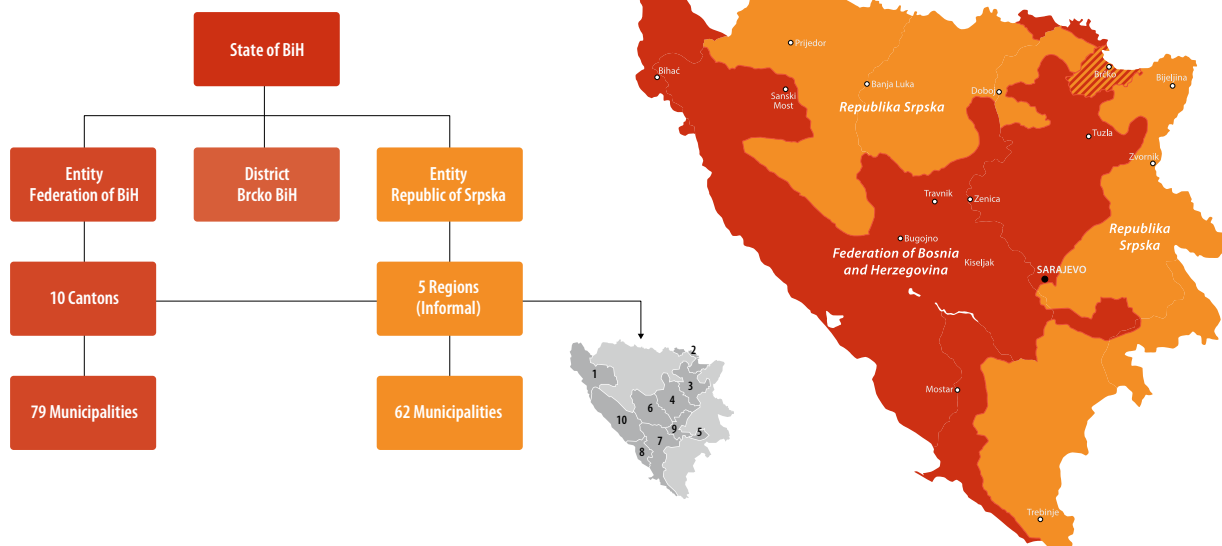
In Bosnia and Herzegovina, health care and social services lay within the competence of two entities – the Federation of Bosnia and Herzegovina and Republic of Srpska, Brčko District, as well as cantons within the Federation of Bosnia and Herzegovina.

### 1.2.1. State level

Bosnia's HIV Programme is considered a role model for multi-sector collaboration within complex political and organizational challenges. The HIV response is the only health programme of such complexity to have a national (state) level programme and supporting strategy in place, specifically the **Strategy for Response to HIV/AIDS in Bosnia and Herzegovina 2011-2016 and its Action Plan**<sup>8</sup>. Its implementation is coordinated by the state Ministry of Civil Affairs, Health Sector. The Strategy includes strengthening inter-sectoral and multi-sectoral cooperation as well as capacity building of all stakeholders to combat

- 8 Bosnia and Herzegovina, *Strategy for HIV and AIDS Response in BiH 2011-2016 and Action Plan* (2010).

## Map of administrative divisions of BiH



Source: AIDS Project Management Group, *Report of the Independent Evaluation of the HIV/AIDS Programme in Bosnia and Herzegovina* (2014), (based on authors' personal communication with WHO Country Office, Sarajevo, 15 November 2013).

HIV. It expressly states the important role of civil society in implementing the Strategy and identifies NGOs as strategic partners. For example within Goal 6 Decreasing Stigma and Discrimination, NGOs are specified as public institution's partners in preventing stigma and discrimination towards people living with HIV. Moreover, the Action Plan includes NGOs as "responsible institutions" for almost all key interventions. The Strategy envisages additional capacity building for NGOs in the field of implementing HIV prevention programmes and strengthening the role of civil society in implementing the Strategy. It also provides that the number of concluded service agreements or cooperation memorandums between relevant public bodies and NGOs will be an indicator of implementation. In addition, it calls on analysis of the existing capacities of NGOs to provide the services.

The National Advisory Board for Combating HIV/AIDS in Bosnia and Herzegovina (NAB)<sup>9</sup> was established in 2002 and is chaired by the state's Ministry

<sup>9</sup> Bosnia and Herzegovina, *General Information about Advisory Board for Combating HIV/AIDS in Bosnia and Herzegovina*.

of Civil Affairs. Its task is developing a strategy to prevent and combat HIV and further developing the planning process for its implementation. It is comprised of representatives from different ministries, civil society and international organizations. HIV Coordinators for the Federation of Bosnia and Herzegovina, Republic of Srpska and Brčko District facilitate and coordinate the tasks undertaken by the NAB<sup>10</sup>. Civil society representatives are represented on the NAB<sup>11</sup>.

**1.2.2 The Federation of Bosnia and Herzegovina**  
The **Law on Protecting Citizens from Communicable Diseases** (2005)<sup>12</sup> has provisions relevant to HIV. It does not explicitly recognize the role of NGOs in prevention and control of communicable diseases. The **Law on Health Care** (2010)<sup>13</sup> states that HIV prevention shall be funded from the federal budget.

<sup>10</sup> Ibid.

<sup>11</sup> Bosnia and Herzegovina, *Strategy for HIV and AIDS Response in BiH 2011-2016 and Action Plan*.

<sup>12</sup> Bosnia and Herzegovina, *Zakon o zaštiti stanovništva od zaraznih bolesti Federacije BiH* (2005).

<sup>13</sup> Bosnia and Herzegovina, *Zakon o zdravstvenoj zaštiti Federacije BiH* (2010).

It also envisages that health care measures shall include cooperation with NGOs working on health care development. The Law, however, only lists state and licensed private health care institutions, and not NGOs, as providers of health services. According to the **Health Insurance Law** (1997)<sup>14</sup> treatment of infectious diseases is fully covered by the state-funded health insurance.

### 1.2.3 Republic of Srpska

The **Law on Protecting Citizens from Communicable Diseases** (2004)<sup>15</sup> includes HIV infection. It does not explicitly mention the NGO role in prevention and control of such diseases. The **Law on Health Protection** (2009)<sup>16</sup> prescribes specifically care for special social or medical groups of patients, including people living with HIV. It recognises state and licensed private health care institutions, but not NGOs, as health service providers. The **Health Insurance Law** (1999)<sup>17</sup> prescribes free of charge treatment of infectious diseases. **The Strategy of Primary Health Care** (2008)<sup>18</sup> includes a goal on strengthening the involvement of the local community in ensuring primary health care, and specifically mentions civil society involvement in the work of local health councils.

### 1.2.4 Brčko District

The **Law on Health Care** (2010)<sup>19</sup> prescribes care for special social or medical groups of patients, including people living with HIV. It also states that health care for people living with HIV without health insurance will be covered from the district budget. It also lists state and licensed private health care institutions as health services providers, but does not explicitly include NGOs. The **Health Insurance Law** (2002)<sup>20</sup> regulates also that provision of HIV prevention, control and treatment is covered by the state-funded health insurance.

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14 Bosnia and Herzegovina, Zakon o zdravstvenom osiguranju Federacije BiH (1997).

15 Bosnia and Herzegovina, Zakon o zaštiti stanovništva od zaraznih bolesti Republike Srpske (2004).

16 Bosnia and Herzegovina, Zakon o zdravstvenoj zaštiti Republike Srpske (2009).

17 Bosnia and Herzegovina, Zakon o zdravstvenom osiguranju Republike Srpske 1999).

18 Bosnia and Herzegovina, Strategija primarne zdravstvene zaštite (2008).

19 Bosnia and Herzegovina, Zakon o zdravstvenoj zaštiti Brčko Distrikta (2010).

20 Bosnia and Herzegovina, Zakon o zdravstvenom osiguranju Brčko Distrikta (2002).

## 2. SOCIAL CONTRACTING OF NGOS IN THE NATIONAL HIV RESPONSE

### 2.1 NGO landscape in Bosnia and Herzegovina

According to the state level **Law on Associations and Foundations of BiH** (2001)<sup>21</sup>, NGOs can be established as associations and foundations at the state level<sup>22</sup>. When registered at the state level, NGOs can operate throughout the country. The total number of NGOs registered at the state level, as well as in the two entities (the Federation of BiH and Republic of Srpska) is estimated to be around 12,000<sup>23</sup>. Registration at state level is voluntary – NGOs can operate without registration. Registration in one entity only hinders activities in the other entity if the NGO employs persons there (due to different tax authorities and regulations). At entity levels, each entity has its own law regarding registering associations and foundations, however, they do not differ significantly in their main provisions from the law at state level. A general (single) registry for NGOs has still not been adopted. In addition, registration entitles NGO to obtain public funding from the administration where it is registered. State budgets for funding are much lower than those of the entities; therefore, NGOs mostly register within their own entity<sup>24</sup>.

According to the 2014 USAID CSO Sustainability Index, NGO sustainability and financial capacity,

21 Bosnia and Herzegovina, Zakon o udruženjima i fondacijama BiH (2001).

22 Registering at all levels requires usually between one and two months. Registration fees are 200 KM (US\$ 140) in the Federation of BiH and at the national level, and 600 KM (US\$ 415) in the Republic of Srpska, not including other fees for certifying and issuing documents required for registration. (Source: USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015)).

23 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

24 Technical Assistance for Civil Society Organisations, *Bosnia and Herzegovina Needs Assessment 2013-2015* (2014).

including in Bosnia and Herzegovina, remains the biggest issue<sup>25</sup>. NGOs mostly rely on foreign funding, but they also have access to public funds, which are distributed at all levels. In Bosnia and Herzegovina, NGOs are free to carry out economic activities with a purpose to pursue their stated goals. They can undertake economic activities that are not directly related to the achievement of their goals only by establishing a separate commercial legal entity. In such a case, the profit from economic activities must not exceed one third of the organization's total annual budget, or 10,000 KM (app. US\$ 5,781), whichever amount is higher. In addition, profit generated from economic activities can only be used for furthering the stated purpose of the organization<sup>26</sup>.

Social service providers have no specific tax benefits and donations to NGOs working in the field of social care do not qualify for tax breaks.

### 2.2 Social contracting of NGOs under Global Fund grants

During the current (2012-2015) grant phase, nine NGOs were financed by the Global Fund, with an average of US\$ 312,903 available per NGO (range US\$ 89,318 – US\$ 583,845), predominantly for prevention programmes and services among key populations at local levels (people who inject drugs, men who have sex with men, sex workers), as well as psychosocial support (Table 2).

25 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

26 Bosnia and Herzegovina, Zakon o udruženjima i fondacijama BiH (2001).

**Table 2: Global Fund average annual budget for NGOs (2012-2015)**

Programme	Budget allocated to NGOs (US\$)	% of line budget	National/sub-national / local (%)
<b>Prevention</b>			
PWID	873,794	47.8	0/0/100
MSM	313,499	94.6	0/0/100
SW	225,756	74.6	0/0/100
Prison inmates	171,533	99.2	0/0/100
Youth out of school	1,610	72.3	0/0/100
<b>Prevention subtotal</b>	<b>1,586,192</b>	<b>51.2</b>	<b>0/0/100</b>
<b>Treatment, care and support subtotal</b>	<b>645,616</b>	<b>68.7</b>	<b>75/0/25</b>
<b>Stigma reduction subtotal</b>	<b>6,237</b>	<b>7.4</b>	<b>0/0/100</b>
<b>TOTAL</b>	<b>2,238,045</b>	<b>42.2</b>	<b>22/0/78</b>

Source: UNDP BiH.

## 2.3 Government social contracting to NGOs: Legal and regulatory frameworks

The legal frameworks on state and entity levels allow NGOs to provide health-related services.

The **Law on Public Procurements** (2014)<sup>27</sup> on state level clearly provides for the types of procedures for funding services from, and (2) the list of public services that can be procured, including health and social services. NGOs are allowed to compete for government contracts under the same conditions as other legal entities. The Law on Public Procurements determines the procedure and guarantees of transparency in the process of selecting service providers.

The only law that mentions contracting of social services is the **Law on Social Care of Civil Victims of War and Families with Children** (1999)<sup>28</sup> which allows NGOs to become service providers in supporting independent living, daily community services, therapy,

and housing services. Legislation at canton levels can widen the scope of social care, as cantons have competences in the implementation of social policy and in creation of social care services.

In Republic of Srpska the **Law on Social Care** (2012)<sup>29</sup> enables NGOs to participate as providers of a variety of services, including support to independent living, daily community services, therapy, consultation services and housing services. Decisions at local level can widen the scope of social care. Local authorities allocate funds for the implementation of social services, formulate needs and coordinate social care activities. The Law also envisages cooperation between social care institutions and NGOs, and allows to fund social services from donations and to provide volunteer work under supervision of experts.

Republic of Srpska also has a **Law on Public-Private Partnership** (2009)<sup>30</sup>, which enables NGOs to be partners in such contracts. However, providing services without capital investment of the private partner are not considered to be a “public-private partnership” for the purpose of the Law, which makes it difficult for

27 Bosnia and Herzegovina, Zakon o javnim nabavkama (2014).

28 Bosnia and Herzegovina, Zakon o osnovama socijalne zaštite, zaštite civilnih žrtava rata i zaštite porodice sa djecom Federacije BiH (1999).

29 Bosnia and Herzegovina, Zakon o socijalnoj zaštiti Republike Srpske (2012).

30 Bosnia and Herzegovina, Zakon o javno-privatnom partnerstvu Republike Srpske (2009).

NGOs to compete, as they would have to participate in such partnership with capital, not only expertise<sup>31</sup>.

The **Law on Social Care** in Brčko District (2002)<sup>32</sup> allows NGOs to become service providers, including support to independent living, daily community services, therapy, and housing services. According to the Law, donations can be used to fund social services.

Unlike in Republic of Srpska, the **Law on Public-Private Partnership** (2010)<sup>33</sup> only allows registered companies to become service providers.

## 2.4 Quality control and assurance

Overall, quality standards and monitoring procedures are not specifically defined, and depend on broadly worded legislation and practices at the entities in question<sup>34</sup>. Monitoring is mostly based on the submission of financial and narrative reports by NGOs to the institutions that allocated funds and no regular monitoring or evaluation is envisaged. Information about the services provided by NGOs is rarely available to the public<sup>35</sup>.

According to the Law on Social Care, the Institute for Social Care conducts monitoring of implementation of standards in providing social services. In addition, there is social services inspection, which can determine, upon site visit, shortcomings in providing social services. If the shortcomings are not addressed within the given deadline, respective ministry can withdraw the license for social service provision.

There are no further details on monitoring of implementation.

According to the Law on Social Care, the department tasked to license social service providers also conducts monitoring and site visits, based on their adopted programme. If the shortcomings are not addressed within the given deadline, the relevant department can withdraw the license for social service provision. There are no further details on monitoring of implementation provided within the Law.

## 2.5 Other prerequisites for service provision (licenses, special permissions, etc.)

In the Federation of Bosnia and Herzegovina, **Bylaw on Standards for Operation and Provision of Services in Social Welfare Institutions** (2013)<sup>36</sup>, which regulates in detail requirements in space, equipment, service provision, treatment and other prerequisites.

The Law on Social Care of Republic of Srpska prescribes licensing of workers providing social services by the relevant Ministry, which also keeps a register of licensed persons. Conditions for venue, equipment, expert staff, etc. are included in the **Bylaw on the Conditions for the Establishment of Social Care Institutions** (2013)<sup>37</sup>.

In Brčko District, the Law on Social Care prescribes licensing of workers providing social services by the relevant department, which also keeps a register of licensed persons. No other details are prescribed within the Law.

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31 The Law on Public-Private Partnership (2009) defines public-private partnership ('PPP') as a long-term cooperation between public and private partners which includes merging of resources, capital and expertise for the purpose of addressing public needs (Art 2).

32 Bosnia and Herzegovina, Zakon o socijalnoj zaštiti Brčko distrikta (2003).

33 Bosnia and Herzegovina, Zakon o javno-privatnom partnerstvu Brčko distrikta (2010).

34 Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Bosnia and Herzegovina 2014. The Monitoring Matrix is a tool that has been developed for measuring the health of the legal, regulatory, and financial environment in which civil society organisations operate. The Matrix was developed by the European Center for Not-for-Profit Law and the experts of the Balkan Civil Society Development Network.

35 Ibid.

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36 Bosnia and Herzegovina, Pravilnik o standardima za rad i pružanje usluga u ustanovama socijalne skrbi u Federaciji Bosne i Hercegovine (2013).

37 Bosnia and Herzegovina, Pravilnik o uslovima za osnivanje ustanova socijalne zaštite Republike Srpske (2013).

## 2.6 Government social contracting of NGOs: The practice

According to the 2014 Independent Evaluation HIV/AIDS Programme Bosnia and Herzegovina, the HIV Programme established 23 voluntary counseling and testing centers (of which 22 were operational in 2014) within public health institutions. NGOs covered the service provision gaps for groups difficult to reach, including HIV testing<sup>38</sup>. Services were delivered through counselling and testing centres and antiretroviral treatment clinics, drop-in centres, outreach work, as well as “gatekeepers” among the key populations (the term refers to intermediaries between data collectors and the potential respondents). Services to migrants and mobile populations were also provided through mobile clinics<sup>39</sup>.

Although the practice of NGOs providing social services is developing, NGOs are not yet sufficiently recognized as valuable partners to the state in service provision. They are also not yet fully supported through funding incentives. In addition, most NGOs lack the capacity and knowledge for service provision<sup>40</sup> and rely largely on foreign funding to support their services<sup>41</sup>.

Some other areas have been identified that require further improvement. The legal framework obliges the public sector to publish open calls for local social service providers, however, this is not yet established practice for all services<sup>42</sup>. It is generally considered that state or local institutions have priority in certain service provision, compared with NGOs. NGOs are not included in conducting needs assessments and evaluations. In case NGOs do get contracted, they are usually engaged in a project up to one year, or provide one part of the required service. There are no reported

cases of multi-year funding for service provision<sup>43</sup>. In addition, signing of long-term contracts is difficult in practice, as most government’s budget allocation is done on an annual basis.

The amount of funds available for NGOs from governmental sources varies depending on the level. Municipalities are providing the biggest funding in the form of grants, while the state level has the most limited funds<sup>44</sup>. According to a report prepared by NGOs in 2012<sup>45</sup>, more than 100 million KM (app. US\$ 72 million) went from the budgets at the national, entity, and Brčko District levels to civil society organizations in 2012 (this figure does not include spending from public companies). The level remained the same in following years<sup>46</sup>.

There is no information available on allocation of funds for health or social care areas at state level. At the level of the Federation of Bosnia and Herzegovina, the only available information relating to allocation of funds for health or social care areas is from 2013. The Ministry of Work and Social Policy allocated 1,096,861 KM (app. US\$ 603,729) for areas of social care, work of public kitchens, housing of violence victims and enhancing conditions for persons with disabilities<sup>47</sup>. At the level of Republic of Srpska, the Ministry of Health and Social Care announced a 2015 call for allocating funds for projects or programmes of NGOs in the field of developing day-care housing and support for socially needy households<sup>48</sup>. Applicants were required to submit project application or plan and programme of work for current year, explanation of co-financing the project, financial report for previous year, a list of implemented projects in the last two years and NGO registration certificate. The criteria for allocating funds included project / programme response to the area

38 AIDS Project Management Group, *Report of the Independent Evaluation of the HIV/AIDS Programme in Bosnia and Herzegovina* (2014).

39 HIV/AIDS Programme Bosnia and Herzegovina recognised that civil society strengthening was critical for continuing interventions and made small grants to incipient and/or grassroot organizations in Phase II.

40 Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Bosnia and Herzegovina 2014.

41 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

42 Ibid.

43 Monitoring Matrix on Enabling Environment for Civil Society Development Country Report Bosnia and Herzegovina 2014.

44 Technical Assistance for Civil Society Organisations, *Bosnia and Herzegovina Needs Assessment 2013-2015* (2014).

45 Social Inclusion Foundation in Bosnia and Herzegovina and Civil Society Promotion Center, *Report Heads or Tails* (2013).

46 USAID, *The 2014 CSO Sustainability Index for Central and Eastern Europe and Eurasia* (2015).

47 Bosnia and Herzegovina, Odluka o utvrđivanju liste korisnika i raspodjeli dijela sredstava ostvarenog prometa lutrije Bosne i Hercegovine za 2013. godinu (2014).

48 Bosnia and Herzegovina, Javni konkurs za raspodjelu dijela prihoda od igara na sreću za prvo polugodište 2015. godine (2015).



of funding, project contribution to decreasing social exclusion of targeted population, envisaged impact on targeted population, ensured support from local centre for social work, and quality of application. The highest amount that could be allocated under the project was 10,000 KM (app. US\$ 5,504). The decision on allocation of funds included the obligation for NGOs to submit financial reports at the end of the project implementation.

At the level of Brčko District, during 2014, the government allocated funds for NGOs on two bases: for “regular work during the year” and based on a public call for proposals<sup>49</sup>. NGOs were obliged to submit periodic and final narrative and financial reports.

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<sup>49</sup> Bosnia and Herzegovina, Isplaćeni grantovi MZ, UG i NVO – grantovi neprofitnih organizacija u 2014., Brčko distrikt (2015).

# 3. RECOMMENDATIONS

## **Legal and institutional aspect of the HIV response at the national level:**

It is important to ensure continuous support for services provided to key populations at higher risk of HIV exposure and people living with HIV, especially through non-state providers. NGOs have started developing their services in the areas of prevention, treatment, care and support, which could be further broadened. Building on that, the following recommendations can be made:

- ▶ It would be important to continue supporting the implementation of the key interventions envisioned by the HIV Strategy in Bosnia and Herzegovina and its Action Plan, especially those including NGOs as implementing partners and increasing the capacity of government and civil society sector for HIV services.
- ▶ The Law on Health Care and the Law on Protecting Citizens from Communicable Diseases could explicitly recognize NGOs as service providers in the field of HIV.

## **Legal framework of NGOs:**

A legal framework is developed and mostly favorable, however, it could be further improved to strengthen NGOs' sustainability and facilitate their involvement in service provision:

- ▶ A unified (single) registry of NGOs at the state level would be helpful in planning and implementing NGO-related policies and laws as it would allow up to date information on registered and active NGOs across the country, including those working in HIV related areas so they are more easily defined and contracted.
- ▶ Government agencies could consider making it obligatory to allocate all public funds to NGOs through public calls – in order to increase transparency, competitiveness, and, ultimately, quality of services rendered. Currently there is no such an obligation.

- ▶ The Law on Corporate Income Tax could be revised to provide tax deductions for donations to any entities working in social services, including NGOs.

## **Social contracting of NGOs for the national HIV response:**

- ▶ The legal framework, policies, and practices should promote the equal status of NGOs as social service providers at all levels.
- ▶ NGOs should be included in all phases of the development and provision of services at all levels, including estimating the needs for a particular service.
- ▶ Financial support to social service providing NGOs should be provided both in the form of “project-based” financing as multi-year programmes.
- ▶ Government agencies could review the possibility of introducing a special procedure for social contracting, for instance through the amendment of Law on Public-Private Partnerships and Concessions, as well as the Law on Social Care and its bylaws.
- ▶ Clear and detailed licensing systems and quality control system should be developed in both entities and Brčko District with criteria for evaluating the quality and effects of services, based on concrete visible and measurable indicators. In addition, legislation should be amended in order to introduce and standardize procedures and administrative fees for licensing.

## NGO Social Contracting: Factsheet Bosnia and Herzegovina 2016

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