

MS in Bosnia and Herzegovina



WHAT IS MS?

Multiple sclerosis (MS) is a complex neurodegenerative disease affecting 3,557 of the 3.28 million¹ people in Bosnia and Herzegovina.

Each person will experience this unpredictable disease differently, but common symptoms often include pain, fatigue, reduced mobility and cognitive dysfunction.

There is currently no cure for MS; however, optimal treatment and support have a significant effect on disease progression and quality of life for people with MS.



PEOPLE ARE AFFECTED BY MS IN

BOSNIA AND HERZEGOVINA



PAIN



FATIGUE



REDUCED MOBILITY



COGNITIVE DYSFUNCTION

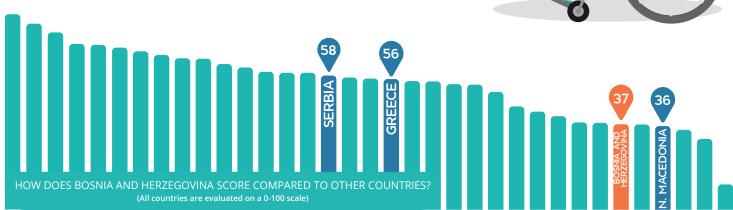


COUNTRY CONTEXT

Healthcare in Bosnia and Herzegovina is managed differently by the two separate governing entities: in the Federation of Bosnia and Herzegovina, healthcare is decentralised to the 10 cantons which

manage and finance healthcare; in the Republika Srpska, care is delivered by the city, municipality and employers, with financing provided through obligatory health insurance.²

Regardless of location, there are limited provisions for long-term care, placing significant strain on people with complex conditions and disabilities.





WHAT DID THE BAROMETER FIND?

Access to certain disease-modifying drugs (DMDs) has improved recently, thanks to advocacy efforts by physicians who were in constant contact with government and regulatory authorities, as well as increases in funding for MS treatments. National society members also featured on television to promote treatment for all people with MS for World MS Day 2020. However, there remain many areas for improvement requiring attention:



Just 10% of people with MS receive DMDs; **only 5 of the 12** DMDs surveyed are available and reimbursed, and they are subject to significant waiting lists and costs.



Up to 20% of people receive physical rehabilitation, with **only 4 outpatient physiotherapy sessions** accessible annually, and there is no access to psychological or cognitive rehabilitation.



There are no social protections or support programmes to help people with MS to maintain employment.



POLICY RECOMMENDATIONS

Develop a national neurological disease plan that includes a comprehensive approach to MS, with an adequate budget for implementation.





Ensure that all DMDs and symptomatic therapies approved by the European Medicines Agency are fully reimbursed and available to patients in a timely manner.



More information can be found at www.emsp.org or contact zivjetisamsom@gmail.com

Ensure that all people with MS have better reimbursement for rehabilitation programmes and publicly- funded options spanning physical therapy and cognitive, psychological and occupational support.



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