

Gender Equality and Social Inclusion Charter

PREAMBLE

The signatories of this Charter acknowledge the commitments stated in international treaties of which Bosnia and Herzegovina is a signatory:

- 1) *„All human beings are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms, without distinction of any kind, such as race, color, sex, language, religion, political or other opinions, national or social origin, property, birth, or another status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional, or international status of the country or territory to which a person belongs. Everyone has the right of equal access to public service in his country“¹.*
- 2) *“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control“².*
- 3) *“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition“³.*
- 4) *„Universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population“⁴.*
- 5) *“Primary health care brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being, and that primary health care is the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals, as was declared in the Declaration of Alma-Ata and reaffirmed in the Declaration of Astana“⁵.*
- 6) *“Any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance and, in case of sickness, the care necessitated by his condition“⁶.*
- 7) *“Parties shall take the necessary legislative and other measures to promote and protect the right for everyone, particularly women, to live free from violence in both the public and the private sphere” .*

¹ Universal Declaration of Human Rights Articles 1, 2 and 21, United Nations General Assembly in Paris on 10 December 1948 (General Assembly resolution 217 A),

² Idem (Article 25)

³ WHO Constitution 1946

⁴ UN General Assembly Resolution, 74th session, Agenda item 126, Political declaration of the high-level meeting on universal health coverage

⁵ idem

⁶ European Social Charter, Article 13, European Treaty Series - No. 163, Council of Europe, Strasbourg, 3.V.1996, ratified by BIH in 2008

⁷ Council of Europe Convention on preventing and combating violence against women and domestic violence (2011), BIH ratified in 2014

The signatories of this Charter acknowledge commitments stated in the BIH laws:

- 1) FBIH *„Every person has the right to health care and to the possibility of achieving the highest possible level of health in accordance with the provisions of this Law and the Law on Health Insurance“^{8a}. RS *„Everyone has an equal right to social welfare and health care and access to health care services, regardless of gender. Health institutions will take all measures to prevent discrimination based on gender in the enjoyment of all forms of health care“^{8b}.**
- 2) Everyone has an equal right to health care and access to health care services, including those relating to family planning, regardless of gender. Health care institutions shall undertake all necessary steps to prevent discrimination on the grounds of gender in the enjoyment of all forms of health care.
- 3) *“Protection, assistance and support to victims of domestic violence must be provided by members of the Ministry of Internal Affairs, the prosecutor’s office, centres for social work, that is, social protection services, health and educational institutions, and the competent court.”¹⁰*

THE PROJECT APPROACH TO:

Gender Equality

- 1) The project acknowledges that *“gender power relations and gender norms and stereotypes affect women’s and men’s exposure and vulnerability to certain health risks, their health-seeking behavior, their ability to access health services and the way that health systems respond to their needs”¹¹.*
- 2) The project will:
 - a. collaborate with stakeholders and partners to ensure that gender equity principles are incorporated into all policies and activities.
 - b. build capacities of community nurses to provide gender-sensitive services, and to recognize and act in case of domestic violence

Social Inclusion

- 1) The project acknowledges that *„poverty and social exclusion are driving forces of health inequities“¹².*
- 2) The project will:
 - a. prioritize the needs of vulnerable and socially excluded groups, ensuring that “no one is left behind”.
 - b. Identify socially excluded groups and their needs and design community nursing services that will answer those needs
 - c. improve the effectiveness of nursing services, in particular community nursing services aimed at vulnerable and socially excluded groups
 - d. engage in advocacy activities and support partners in implementing activities aimed at achieving social inclusion.
 - e. prioritize underdeveloped, rural and municipalities with ethnic minorities in the selection of community nursing sites.
 - f. lobby for the inclusion of socially excluded groups in community nursing local networks and creation of specific measures in local implementation plans to provide services to uninsured people.
 - g. support evaluation of community nursing services by service beneficiaries.

^{8a} Healthcare Law FBIH, Official Gazette Federation BIH no. 46/2010 and 75/2013, Article 3

^{8b} Healthcare Law RS, Official Gazette RS, No 57/2022, Articles 5 and 6

⁹ Gender Equality Law BIH, Official Gazette BIH, No 32/10, Article 18

¹⁰ Law on Protection from Domestic violence, FBIH Official Gazette 20/2013 and 75/2021, Article 3

¹¹ Health and Gender Equality, WHO Policy Brief

¹² Poverty, social exclusion and health systems in the WHO European Region, WHO 2010

PROJECT PARTNERS' COMMITMENTS

The signatories of this Charter commit to:

Gender Equality

- 1) provide women and men with equal access to nursing services and undertake specific measures if needed.
- 2) provide women and men with equal professional opportunities
- 3) act in accordance with existing guides and protocols for the prevention and handling of domestic violence

Social inclusion

- 1) ensure that no one is left behind and the individuals who are socially excluded are empowered and their health needs are addressed.
- 2) provide high-quality community nursing services to all, in particular to socially excluded population groups.
- 3) contribute to health equity by expanding community nursing roles, using local resources and establishing partnership with communities.
- 4) involve representatives of socially excluded groups in the governance of health and social services.

Signatories

Primary Healthcare Centre _____
Centre for Social Work _____
Municipality _____

