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IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON  
ECONOMIC, SOCIAL AND CULTURAL RIGHTS

Reports submitted in accordance with Council resolution 1988 (LX)  
by States parties to the Covenant, concerning rights covered by  
articles 10 to 12

YUGOSLAVIA

[18 June 1982]

ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

A. Protection of the family

Marriage, relations between parents and their children, guardianship and adoption, as well as the system of upbringing and education are regulated by republican and/or provincial legislation.

(1) Basic laws regulating the protection of the family are the following:

Constitution of the SFR of Yugoslavia (Arts. 190-191);

Constitutions of the Socialist Republics and Socialist Autonomous Provinces.

Socialist Republic of Bosnia and Herzegovina

Law on the Family (Official Gazette of the SR of Bosnia and Herzegovina, No. 21/79);

Law on Child Care (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 7/75, 18/75 and 40/79);

Law on Family Allowances (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 30/74, 21/77 and 40/79);

Law on Pre-school Upbringing and Education (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 16/78 and 1/79).

Socialist Republic of Montenegro

Law on Marriage (Official Gazette of the SR of Montenegro, Nos. 17/73 and 21/73);

Law on Child-Parent Relations (Official Gazette of the SR of Montenegro, Nos. 54/75 and 4/76);

Law on Social and Child Welfare and the Self-Managing Communities of Interest for Social and Child Welfare (Official Gazette of the SR of Montenegro, Nos. 31/74, 32/74 and 4/78);

Law on Pre-school Upbringing and Education (Official Gazette of the SR of Montenegro, No. 28/77);

Decision establishing conditions for eligibility for family allowances and the rates of allowances (Official Gazette of the SR of Montenegro).

Socialist Republic of Croatia

Law on Marriage and Family Relations (Official Gazette of the SR of Croatia, Nos. 11/78 and 27/78);

Law on Pre-school Social Protection of Children (Official Gazette of the SR of Croatia, No. 51/74);

Law on Family Allowances (Official Gazette of the SR of Croatia, No. 44/77);

Law on Kindergartens (Official Gazette of the SR of Croatia, Nos. 54/65 and 22/66).

Socialist Republic of Macedonia

Law on Marriage (Official Gazette of the SR of Macedonia, Nos. 35/73, 28/74 and 13/78);

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Law on Parent-Child Relations (Official Gazette of the SR of Macedonia, Nos. 5/73 and 17/73);

Law on the Forms of Child Social Care and on the Self-Managing Communities of Interest for Child Care (Official Gazette of the SR of Macedonia, Nos. 5/74 and 9/78);

Law on the Upbringing and Education of Pre-school Children (Official Gazette of the SR of Macedonia, Nos. 45/74, 44/76 and 9/77);

Decision establishing family allowance rate (Official Gazette of the SR of Macedonia, No. 2/79);

Decision on the lowest amount of money for providing babies with layette (Official Gazette of the SR of Macedonia, No. 1/79).

#### Socialist Republic of Slovenia

Law on Marriage and Family Relations (Official Gazette of the SR of Slovenia, No. 15/76);

Law on Social Child Care (Official Gazette of the SR of Slovenia, No. 35/79);

Law on Upbringing and Protection of Pre-school Children (Official Gazette of the SR of Slovenia, No. 5/80);

Decision on assistance to provide babies with layette (Official Gazette of the SR of Slovenia, No. 8/80).

#### Socialist Republic of Serbia

Law on Marriage (Official Gazette of the SR of Serbia, No. 52/74);

Law on Parent-Child Relations (Official Gazette of the SR of Serbia, No. 52/74);

Law on Child Care and on the Self-managing Communities of Interest for Child Welfare (Official Gazette of the SR of Serbia, Nos. 48/74 and 30/79);

Law on Pre-school Upbringing and Education (Official Gazette of the SR of Serbia, Nos. 29/73, 11/76, 32/78 and 30/79);

Decision on Family Allowances (Official Gazette of the SR of Serbia, Nos. 4/77 and 7/77).

#### Socialist Autonomous Province of Kosovo

Law on Marriage (Official Gazette of the SAP of Kosovo, Nos. 43/74 and 3/77);

Law on Parent-Child Relations (Official Gazette of the SAP of Kosovo, No. 43/74);

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Law on Pre-school Upbringing and Education (Official Gazette of the SAP of Kosovo, No. 24/78);

Law on Child Care (Official Gazette of the SAP of Kosovo, No. 18/76);

Decision regarding the level of assistance to infants of beneficiaries (Official Gazette of the SAP of Kosovo, No. 19/79);

Decision on the rate of family allowances depending on the age and level of education of children (Official Gazette of the SAP of Kosovo, No 31/79).

Socialist Autonomous Province of Vojvodina

Law on Marriage (Official Gazette of the SAP of Vojvodina, No. 2/75);

Law on Parent-Child Relations (Official Gazette of the SAP of Vojvodina, Nos. 54/75 and 4/76);

Self-Management Agreement on Family Allowances (Official Gazette of the SAP of Vojvodina, No. 13/79).

Apart from the above-mentioned laws, child care is also regulated by self-management enactments of self-managing communities of interest for child care.

(2) Pursuant to the provisions of article 190, paragraph 1, of the Constitution of the SFR of Yugoslavia "the family shall enjoy social protection". Marriage and marital legal relations are regulated by law.

The Constitution of the SFR of Yugoslavia (art. 190, para. 2) as well as the relevant provisions of the Constitutions of the socialist republics and autonomous provinces, guarantees the right of prospective spouses to validly contracted marriage by free consent before a competent agency. Under Yugoslav legislation, a marriage that is not contracted with the full and free consent of prospective spouses is considered non-existent (i.e., it has no legal effect). The Constitution of the SFR of Yugoslavia (art. 191) establishes the human right to decide freely on family planning. Parents have the right and duty to raise and educate their children. Children are bound to care for their parents when they are in need of assistance.

In practice, there are no difficulties for men and women to exercise their right to enter into marriage with their full and free consent.

(3) A number of measures, such as various services and other facilities, have been taken to facilitate the establishment of a family and to assist young couples.

(4) Various measures have been taken in the SFR of Yugoslavia aimed at maintaining, strengthening and protecting the family.

Children under the age of 15 are entitled to a family allowance. After the age of 15, this right can be exercised only by children during regular schooling, but not later than the age of 26.

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In 1978, 875,000 families benefited from family allowances for 1,910,000 children as a form of aid for raising children. In 1976, 951,000 families benefited from this right for 2,059,000 children. A decrease in the number of beneficiaries of family allowances is the result of the fact that the right to a family allowance is conditioned by the income of the family which increased considerably in the above-mentioned period owing to an overall increase in the social standard. In addition, the reporting period was also marked by a slight decline in the birth rate. However, the overall resources allocated for these purposes increased from 5,078 million dinars in 1976 to 5,959 million dinars in 1978. 1/

Furthermore, the number of day-care centres is constantly increasing. The number of pre-school and instructional-educational institutions increased from 2,584 in 1976 to 3,189 in 1979. In the same period, the number of children covered by these institutions increased from 208,353 to 276,992.

Moreover, measures are being taken to facilitate family life, such as organized meals during the working hours in organizations of associated labour and in schools, tax-exemption facilities for individuals supporting members of their families etc. Within the framework of pension and disability schemes, there exists the right to a family pension (survivors' benefit) which guarantees social security to members of the family of the beneficiary even in case of his death.

#### B. Maternity protection

Article 10, paragraph 2 of the Covenant is essentially identical with the contents of Convention 103 of the International Labour Organisation on maternity protection. Considering that Yugoslavia ratified this Convention in 1955 and that it regularly submits reports on its implementation, reference should be made to the report on the implementation of the Convention, submitted by the Government of the SFR of Yugoslavia in accordance with article 22 of the Constitution of the International Labour Organisation, for the period 1 July 1978 to 30 June 1980.

However, it should be pointed out in the present report that the protection of employed and unemployed women in Yugoslavia with respect to pregnancy, childbirth and maternity considerably exceeds the level of protection provided for under the said Convention.

#### C. Protection of children and young persons

(1) Apart from the legislation mentioned under section A, paragraph (1) above, the protection of children and young persons is also regulated by the following regulations:

Constitution of the SFR of Yugoslavia (art. 162, para. 6; art. 188, paras. 1 and 2; art. 190, para. 4);

Constitutions of the socialist republics and the socialist autonomous provinces;

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Associated Labour Act (Official Gazette of the SFRY, No. 53/76);

Criminal Law of the Socialist Federal Republic of Yugoslavia (Official Gazette of the SFRY, No. 44/76).

Socialist Republic of Bosnia and Herzegovina

Law on Social Welfare (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 31/71, 7/75, 36/75 and 40/79);

Law on Child and Youth Hostels (Official Gazette of the SR of Bosnia and Herzegovina, No. 1/78);

Law on Dormitories for Schoolchildren (Official Gazette of the SR of Bosnia and Herzegovina, No. 14/76);

Law on Labour Relationship (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 36/77, 11/78 and 12/79);

Law on the Protection at Work (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 36/77, 11/78);

Criminal Law of the SR of Bosnia and Herzegovina (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 16/77, 19/77);

Law on the Enforcement of Sanctions against Criminal Offences and Infringements (Official Gazette of the SR of Bosnia and Herzegovina, Nos. 34/77 and 35/79);

Law on the Enforcement of Measures of Correction and Supervision (Official Gazette of the SR of Bosnia and Herzegovina, No. 35/79).

Socialist Republic of Montenegro

Law on Special Training and Education (Official Gazette of the SR of Montenegro, No. 28/77);

Law on Labour Relationship (Official Gazette of the SR of Montenegro, Nos. 36/77 and 39/77);

Criminal Law of the SR of Montenegro (Official Gazette of the SR of Montenegro, Nos. 17/77 and 24/77);

Law on the Enforcement of Criminal Sanctions (Official Gazette of the SR of Montenegro, Nos. 38/74 and 21/79).

Socialist Republic of Croatia

Law on Social Welfare (Official Gazette of the SR of Croatia, Nos. 50/74 and 3/75);

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Law on Social Day Care for Children in Another Family (Official Gazette of the SR of Croatia, No. 49/77);

Law on Labour Relationship of Workers in Associated Labour (Official Gazette of the SR of Croatia, No. 11/78);

Criminal Law of the SR of Croatia (Official Gazette of the SR of Croatia, Nos. 25/77 and 50/78);

Law on the Enforcement of Sanctions against Criminal Offences and Infringements (Official Gazette of the SR of Croatia, Nos. 21/74 and 39/74).

#### Socialist Republic of Macedonia

Law on Social Welfare (Official Gazette of the SR of Macedonia);

Law on Child and Youth Hostels (Official Gazette of the SR of Macedonia, No. 22/78);

Law on Labour Relationship (Official Gazette of the SR of Macedonia, No. 45/77);

Criminal Law of the SR of Macedonia (Official Gazette of the SR of Macedonia, No. 25/77 and 30/77);

Law on the Enforcement of Sanctions against Criminal and Economic Offences (Official Gazette of the SR of Macedonia, No. 19/79).

#### Socialist Republic of Slovenia

Law on Social Welfare (Official Gazette of the SR of Slovenia, No. 35/79);

Law on the Education and Training of Physically and Mentally Handicapped Children and Minors (Official Gazette of the SR of Slovenia, No. 19/76);

Law on Labour Relationship (Official Gazette of the SR of Slovenia, Nos. 24/77 and 30/78);

Law on the Enforcement of Criminal Sanctions (Official Gazette of the SR of Slovenia, No. 17/78).

#### Socialist Republic of Serbia

Law on Social Welfare (Official Gazette of the SR of Serbia, Nos. 48/74 and 30/79);

Law on Labour Relationship (Official Gazette of the SR of Serbia, Nos. 40/77 41/77, 52/77, 53/78 and 30/79);

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Criminal Law of the SR of Serbia (Official Gazette of the SR of Serbia, Nos. 26/77, 28/77, 43/77, and 20/79);

Law on the Enforcement of Criminal Sanctions (Official Gazette of the SR of Serbia, No. 26/77).

Socialist Autonomous Province of Kosovo

Law on Social Welfare (Official Gazette of the SAP of Kosovo, No. 18/76);

Law on Labour Relationship (Official Gazette of the SAP of Kosovo, Nos. 47/77, 27/78 and 12/79);

Criminal Law of the SAP of Kosovo (Official Gazette of the SAP of Kosovo, No. 20/77);

In the territory of the SAP of Kosovo, the Law on the Enforcement of Criminal Sanctions of the SR of Serbia is applicable.

Socialist Autonomous Province of Vojvodina

Law on Social Welfare (Official Gazette of the SAP of Vojvodina, Nos. 21/74 and 5/78);

Law on Labour Relationship (Official Gazette of the SAP of Vojvodina, Nos. 31/77 and 37/78);

Criminal Law of the SAP of Vojvodina (Official Gazette of the SAP of Vojvodina, Nos. 17/77 and 24/77);

In the territory of the SAP of Vojvodina, the Law on the Enforcement of Criminal Sanctions of the SR of Serbia is applicable.

Under the Constitution of the SFR of Yugoslavia (art. 188, para. 1) and the relevant provisions of the Constitutions of the socialist republics and autonomous provinces, mothers and children enjoy special social care.

In this context, the social protection of children and young persons in Yugoslavia is comprised of a body of diverse measures in the fields of health, education, social welfare and child care and other activities aimed at ensuring a healthy psycho-physical development of children and their social security.

Measures aimed at protecting and assisting children and young persons, in order to enable their healthy physical and psycho-social development, are applied without any discrimination on account of birth, parentage, social origin or other conditions. Pursuant to article 190, paragraph 4 of the Constitution of the SFR of Yugoslavia, children born out of wedlock have the same rights and duties as children born in wedlock.

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(2) Under article 188, paragraph 2 of the Constitution of the SFR of Yugoslavia, minors deprived of parental care enjoy special social protection. Special measures of social protection are provided through different forms of social protection, education, guardianship, adoption and other measures.

Apart from the above-mentioned measures, medical, educational, professional and social rehabilitation is provided for physically and mentally handicapped children. In the period from 1976 to 1978, in organizations for the accommodation of children and young persons deprived of parental care, for physically, mentally or socially handicapped children and young persons, the number of educators increased from 602 to 1,750, while the number of medical workers increased from 595 to 953, social workers from 32 to 105, psychologists, pedagogues and speech therapists from 48 to 104, and instructors of crafts and craftsmen from 84 to 237. In the same period, the number of persons benefiting therefrom remained approximately the same (i.e., 19,830 in 1976, compared with 20,475 in 1978).

Under the provisions of articles 72 and 73 of the Criminal Law of the SFR of Yugoslavia, criminal sanctions cannot be enforced against a minor who at the time of committing a criminal offence is under the age of 14. Only educative measures may be imposed on young minors (aged 14 to 16), while on senior minors (aged 16 to 18) correctional measures may be imposed and only exceptionally may they be sentenced to juvenile imprisonment.

Within the general purpose of criminal sanctions, the purpose of educative measures and juvenile imprisonment is to ensure the education, reform and proper development of delinquent minors by protecting, assisting, supervising and training them and by developing in them a sense of personal responsibility. In addition, the purpose of juvenile imprisonment is to increase pressure on delinquent minors not to commit criminal offences in the future and on all other minors not to commit criminal offences at all. Educative measures may also be imposed on a major who at the time of trial is still not 21 years old (a junior major).

Pursuant to the relevant provisions of republican and/or provincial laws on the enforcement of criminal sanctions, all convicted persons can use libraries with reading rooms to read books, magazines, dailies and periodicals in the languages of the nations and nationalities. Conditions are also ensured for convicted persons to complete their education and vocational training and to engage in cultural and educational activities as well as in physical exercise and sports.

Furthermore, the educational institution organizes courses for convicted minors and junior majors in order to make it possible for them to obtain primary and secondary education. Schools within the educational institution are organized in the same way and work according to the same regulations that are applied to primary and secondary education. The certificate of such a school must not reveal the fact that it was completed in the educational institution.

The entire system of measures aimed at protecting and assisting children and young persons, including the above-mentioned special measures for delinquent minors, has contributed to a decrease in the rate of juvenile delinquency both with respect to the number of criminal charges brought and the number of persons

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convicted. Since 1972, with slight oscillations, the number of delinquent minors in Yugoslavia has been constantly decreasing. In 1976, a total of 7,273 minors were convicted as compared to 5,266 minors in 1978. Out of this number of convicted minors, in 1978 there were only 81 sentences of juvenile imprisonment, while in other cases appropriate educative measures were applied.

(3) The Constitution of the SFR of Yugoslavia (introductory part: Basic Principles) prohibits any form of socio-economic relations based on class exploitation and any other form of exploitation of man. In this context, children and young persons are also protected by general regulations ensuring the integrity and social security of every man and citizen in Yugoslavia.

The protection of children and young persons against neglect and cruelty is ensured especially through legal protection against criminal offences. The relevant provisions of criminal laws of the socialist republics and socialist autonomous provinces stipulate that the parent, adopter, guardian or any other person who, through gross failure to do his duty to take care of and bring up children, neglects the minor whom he is obliged to care for will be punished with imprisonment of up to three years. The parent, adopter, guardian or any other person molesting a minor or forcing him to work excessively, do a job that is unsuitable for his age or to beg, or who, for personal gain, induces him to perform other acts harmful to his development, will also be punished with imprisonment of up to three years.

Under the criminal laws of the socialist republics and socialist autonomous provinces, evasion of payment for the support of a person whom one is obliged to pay for, is also regarded as a criminal offence.

Furthermore, the criminal laws also contain special provisions on the protection of the sexual integrity of the person of children and minors (offenses such as carnal knowledge and unnatural carnal copulation with a person under the age of 14, seduction, non-matrimonial cohabitation with a minor etc.). Imprisonment of up to five years is imposed for procuring and pandering and for making possible carnal copulation with a minor.

Yugoslavia has ratified the Slavery Convention of 1926 and the Supplementary Convention on the Abolition of Slavery, the Slave Trade and Institutions and Practices Similar to Slavery. Article 155 of the Criminal Law of the SFR of Yugoslavia stipulates that whoever imposes slavery upon another or trades in slaves, or incites another to sell his freedom or the freedom of a person he supports, will be punished with imprisonment of up to 10 years. Paragraph 2 of the same article of the Criminal Law provides for imprisonment of up to five years for persons transporting enslaved persons from one country to another.

(4) The Associated Labour Act (art. 168, para. 1) stipulates that a labour relationship may be established by any person who has reached the age of 15. The same Act (art. 654, para. 1, subpara. 1) stipulates that a fine of up to 30,000 dinars will be imposed on an organization of associated labour or a fine of up to 5,000 dinars on the responsible person in the organization if it or he has

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established a labour relationship with a person who has not attained the age of 15. Thus, possibilities for the employment of young persons under the age of 15 are excluded.

Under the Associated Labour Act (art. 189, para. 1, subpara. 3), workers in basic organizations have the right and duty to ensure the protection of young persons from heavy work, night work and overtime work.

The laws on labour relations of the socialist republics and socialist autonomous provinces lay down that a worker under the age of 18 cannot be assigned to work longer than the usual hours of work. A fine of up to 50,000 dinars will be imposed on an organization of associated labour or a fine of up to 10,000 dinars on the responsible person in the organization for violating this provision for young workers.

Self-management enactments of basic organizations may, in accordance with the law, determine shorter hours of work (36-40 hours a week).

Pursuant to the relevant provisions of the republican and/or provincial laws on labour relations, a worker under the age of 18 is entitled to an annual leave on the basis of standards established for determining the length of annual leave to other workers. The law of the SR of Montenegro stipulates that the annual leave of young persons under the age of 18 will be increased by six work days, while the laws of the SR of Macedonia, SR of Bosnia and Herzegovina, SR of Slovenia and the SR of Croatia provide that the annual leave of young workers should be increased by seven work days. Thus, the annual leave of workers under the age of 18 in these republics cannot be shorter than 24 or 25 days.

Under the republican and/or provincial laws on labour relations, workers under 18 years of age employed in industry, construction and transport cannot be assigned to work in night shifts (between 10 p.m. and 6 a.m. the next day). Only in exceptional cases and under determined conditions can a worker after the age of 17 be assigned to work in a night shift. As a rule, a fine of up to 50,000 dinars for an organization, or a fine of up to 10,000 dinars for the responsible person in the organization, is imposed for violating this provision.

(5) Pursuant to the relevant provisions of the republican and/or provincial laws on labour relations as well as under the provisions of the law of the SR of Bosnia and Herzegovina on protection at work, a worker under the age of 18 cannot be assigned to jobs requiring particularly great physical effort, such as working under ground or under water, nor to any other job that might be harmful to his health and life in view of his physical and psychological characteristics. The laws provide for high fines for violating these provisions.

(6) According to the statistical data available, of 4,896,426 workers employed in the social sector in 1976, 117,377 persons were under the age of 19, of which 197,846 young workers were engaged in economic activities and 9,531 in non-economic activities. 2/ The compilation of statistical data for 1978 is under way.

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ARTICLE 11. RIGHT TO AN ADEQUATE STANDARD OF LIVING

A. General and specific measures taken to achieve an adequate standard of living and a continuous improvement of living conditions of people

The overall economic, social and political transformation of Yugoslavia in the post-war period has made possible major progress in the material, social, cultural and all other conditions of life and work of the population.

Intensive investments in the development of the economy and changes in the pattern of investment, particularly in the 1960s, have contributed to a rapid increase in income and employment which at the same time have created possibilities for a very rapid improvement in the standards of living of the population. Through measures of economic reforms taken in 1965, the distribution of social income was to a considerable extent in favour of the standard of living, so that its share in the distribution of the entire social product increased from 62 per cent in 1956 to 70 per cent in 1978.

A rise in the standard of living is the result of the policies pursued in accordance with the five-year social plans of development of the country and with annual resolutions relating to the implementation of these plans, in which the improvement of the standard of living, that is, its basic elements - personal consumption and social standard - occupied an important place. On the basis of general targets envisaged in their plans and resolutions, the socio-political communities (republics, autonomous provinces and communes), through their plans and social compacts, determine the proportions of distribution of the social product, while the basic organizations of associated labour, on the basis of self-management agreements and self-management enactments, allocate part of their income for the satisfaction of general and common needs of society, distributing the net income into personal incomes, collective consumption within the basic organization of associated labour and the resources for the expansion of the material base of labour, always bearing in mind the constant improvement of living and working conditions of workers and their families.

For instance, the Social Plan of Yugoslavia for 1976-1980, within the framework of overall development policies, provides that "conditions will be created for a more stable increase in resources earmarked for the living standard, and in this context it is expected that on the basis of self-management decisions of associated labour and in accordance with the accepted political guidelines, resources earmarked for the social standard will increase more rapidly than resources earmarked for personal consumption".

The increase in the total real personal consumption will also be helped by further positive changes in its structure, that is "by diminishing the share of resources spent on food while increasing the share of resources for industrial food products, industrial goods of mass consumption and durable goods".

In addition to the above-mentioned documents providing for, guiding and ensuring an adequate standard of living, the League of Communists of Yugoslavia,

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the Confederation of Trade Unions and the Socialist Alliance of Working People, in the documents and decisions adopted, also offer guidelines for improving the living conditions of working people and citizens. Thus, the Tenth Congress of the League of Communists of Yugoslavia (held in 1974) adopted the resolution on the role of the League of Communists of Yugoslavia in social policies, a twenty-item document which defines the guidelines and tasks of the League of Communists for solving the basic problems of life of working people and citizens and for creating ever more humane conditions of their life and work. This resolution was reaffirmed by the Eleventh Congress of the League of Communists of Yugoslavia.

In the Yugoslav self-management socialist society there is no need for administrative regulations, laws and contracts for the promotion of rights to adequate food and clothing, since in the unified free market every citizen can buy all necessary items of food and clothes in unlimited quantities. The plans, resolutions and other documents referred to above are concerned with improving the quality of food of the population. Consequently, the Social Plan of Yugoslavia for 1976-1980, inter alia, lays down the following:

"Conditions will be created for further promotion of the structure of nutrition, rational consumption and reduction of the share of grain in nutrition and increase in the consumption of quality food items, in particular animal food items. In this respect, special emphasis should be laid on social restaurants (cafeterias) providing hot meals. 3/

"Qualitative changes in the consumption of industrial non-food products will contribute to increased consumption of durable goods and further increase in the purchase of goods of mass consumption (clothes, footwear etc)."

The constant care for the promotion of personal consumption of the population in the post-war period has brought about considerable quantitative and qualitative changes. Thus, the quality of food in terms of calories has increased from 2,710 in 1952 to 3,500 calories in 1978; this has helped to achieve a high degree of energy value of per capita daily consumption of food in the conditions prevailing in Yugoslavia. In terms of the total number of calories, the percentage of calories deriving from animal food items has increased from 15 per cent in 1952 to 32 per cent in 1978. Improvement in the quality of food is also indicative of the increase in the consumption of proteins of animal origin - from 18 grammes daily per capita in 1952 to more than 34 grammes in 1978; this is, however, still a very poor nutritive standard of the population.

In order to prevent the situation in which the citizen would not be able to purchase basic food items and clothes because of his bad financial situation, the entire population is covered by the system of social welfare. Namely, on the basis of regulations and self-management enactments, all citizens may exercise their right to benefit from social welfare. The immediate beneficiaries of social welfare are citizens who are in a state of the so-called social need, in need of specific forms of social protection or any other assistance not included in other forms of social policy.

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In the 1960s, the Federal Assembly adopted the Recommendation to Establish Centres for Social Work within the Commune Service for Social Welfare. This contributed a great deal to a better quality of work and to the expansion of the scope of social welfare. In this period, republican and provincial laws on social welfare were passed, and in 1970, the Federal Assembly adopted a resolution on social welfare. A turning point in the development of social welfare was the strengthening of the role of organizations of associated labour in this field and the establishment of self-managing communities of interest in the field of social welfare after the promulgation of the Constitution of 1974.

#### B. Right to adequate food

(1) Within the framework of short-, medium- and long-term plans for the development of agriculture, Yugoslavia is striving, through agricultural policy measures, to improve methods of production and the conservation and distribution of food products by making use of technical and scientific knowledge acquired on the basis of its own experience and the experience of other countries. In this context, different categories of consumers are kept informed of the structure and quality of food in an effort to achieve the most efficient development and utilization of natural resources. This is evidenced by a fast development of agricultural production which has grown at an average rate of 4 per cent in the past 10 years. At the same time, food consumption has reached in the past ten years an average level of over 3,500 calories per person daily, with a significantly increased protein component (see table 5).

There are no specific laws designed to promote the right of everyone to adequate food, since there is no need for them.

(2) Measures taken to develop or reform the existing agrarian system in order to achieve the most efficient development and utilization of natural resources encompass the existing and long-term agrarian policy measures, agricultural produce price policies, organization of the market, the tax system, investments, loans, subsidies, foreign trade policy, development planning etc.

(3) Measures to improve methods of production and the quantity and quality of food produced, to increase the yield per unit of cultivated land and to improve methods of animal husbandry are taken at all levels, from the basic producer organizations to the Federation as the broadest socio-political community:

(a) Apart from nine faculties of agriculture, there are currently 72 research institutions in Yugoslavia concerned with specific questions related to the improvement of production, productivity of labour, quality of food and other matters;

(b) In addition to specialized agricultural outposts, there are technical services attached to agricultural complexes, co-operatives and organizations of co-operations which give advice and disseminate knowledge on the use of material, equipment and techniques. These services cover the biggest part of cultivated land.

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(4) Apart from specialized services, public information institutions and advisory services are also concerned with disseminating knowledge on methods of food conservation, in particular methods on reducing crop and post-harvest losses and wastes.

(5) Food distribution is carried out in the unified Yugoslav market. For most agricultural products, the controlled and production selling prices are fixed. In addition to the social control of prices, the stabilization of the market is also maintained by reserves.

(6) to (8) Nutritionist services and advisory organizations, together with the education system, contribute to the improvement of food consumption levels and nutrition as well as to food conservation and storage.

(9) Within the framework of the United Nations system and its specialized agencies - the Food and Agriculture Organization (FAO), the International Fund for Agricultural Development (IFAD) and the World Food Programme (WFP) - as well as in other forums of international organizations (ECE, OECD, EEC, CMEA etc.), Yugoslavia pledges itself to an equitable distribution of world food supplies in relation to actual needs, both with food-importing and food-exporting countries. In this context, special attention is devoted to the problems of the developing countries.

(10) The text below contains relevant statistical data on the development of agriculture and the realization of the right to adequate food (tables 1 to 5).

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Table 1. General data on development of agriculture, 1968-1978

	1968	1973	1977	1978
Agricultural land	14 751	14 509	14 356	14 364
Arable land	10 200	10 039	9 950	9 939
Social sector	1 468	1 507	1 560	1 580
Private sector	8 732	8 532	8 390	8 359
Permanent pastures	4 480	4 396	4 324	4 342
Number of holdings				
In social ownership	2 164	1 745	2 704	2 879
Private holdings	2 600 <sup>a/</sup>			2 600 <sup>a/</sup>
Index numbers of agricultural production (1967-69 = 100)				
Social sector	100	112.0	129.7	121.2
Private sector	100	128.1	165.0	163.7
Livestock				
(500 kg)	5 169	5 608	5 634	5 514
Social sector	389	530	588	630
Private sector	4 780	5 078	5 046	4 884
Tractors				
(thousands)	62	150	297	342
Social sector	32	25	26	26
Private sector	30	125	271	316
Arable land per tractor				
(ha)	165	67	34	29
Utilization of fertilizers				
(thousands of tons)	551	706	802	855
Social sector				
Private sector				
Utilization of fertilizers per hectare of arable land				
(kg)	54	70		86
Share of authorized sale				
(percentages)				
Social sector	49	46		46
Private sector	51	54		54

Source: Statistical Yearbook of Yugoslavia, 1979.

<sup>a/</sup> 1969.

Table 2. Index numbers of agricultural production  
 (1968 and 1967-1979 = 100)

	1967	1968	1969	1973	1976	1977	1978 <sup>a/</sup>
Agriculture, total (1968 = 100)		100		116	129	135	127
Social sector		100		129	156	166	165
Private sector		100		112	122	127	117
Agriculture, total (1967-1969 = 100, converted from the original base 1954-1963 = 100)		100		112	124	130	122
Crops		100		109	119	125	108
Fruits		100		113	108	100	91
Viticulture		100		114	95	96	85
Livestock:		100		122	143	154	157
Cattle		100		121	140	147	146
Pigs		100		115	135	153	158
Sheep		100		93	99	100	100
Poultry		100		147	179	193	204

Source: Statistical Yearbook of Yugoslavia, 1979, tables 114.2 and 114.5.

<sup>a/</sup> Provisional.

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Table 3. Production of major crops and animal products, 1968-1980

	Year										Purpose	
	1968	1973	1974	1975	1976	1977	1978	1979	1980	1979	1980	
Grain (thousands of tons)												
Wheat	4 360	4 750	6 282	4 404	5 979	5 595	5 355	4 512	5 000	4 512	5 000	
Maize	6 810	8 253	8 031	9 389	9 106	9 870	7 585	10 063	9 500	10 063	9 500	
Industrial crops (thousands of tons)												
Sugar beet	2 910	3 338	4 300	4 213	4 711	5 287	5 157	5 949	6 500	5 949	6 500	
Sunflower	309	434	298	272	319	479	539	525	550	525	550	
Soya beans	3	13	14	30	48	67	63	45	50	45	50	
Tobacco	44	65	59	70	80	69	62	65	68	65	68	
Vegetable (thousands of tons)												
Potato	2 890	2 974	3 127	2 394	2 828	3 034	2 501	2 691	2 800	2 691	2 800	
Fruit trees (thousands of tons)												
Apple trees	304	448	370	370	486	381	381	434	450	434	450	
Plum trees	721	615	682	950	562	782	655	513	700	655	700	
Grapes	1 270	1 450	1 080	1 029	1 204	1 217	1 080			1 080		
Meat (thousands of tons)												
Beef and veal	269	267	307	321	326	333	344	340		344	340	
Pork <sup>a/</sup>	323	308	393	390	375	450	499	465		499	465	
Mutton and lamb	55	50	48	55	60	57	62	61		62	61	
Cow's milk (millions of litres)	2 554	3 012	3 382	3 544	3 730	3 950	4 008	4 008		4 008	4 008	
Eggs (millions)	2 186	3 201	3 674	3 590	3 825	4 041	4 062	4 110		4 062	4 110	

Source: Statistical Yearbook of Yugoslavia, programme for 1979-1980.

<sup>a/</sup> Not including bacon and lard.

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Table 4. Yield per hectare and per head, 1968-1979

	1968	1973	1974	1975	1976	1977	1978	1979
<b>Crops</b>								
Wheat (quintals per hectare)	21.8	28.0	34.1	27.3	34.7	34.9	31.3	29.6
Maize (quintals per hectare)	27.6	34.7	35.6	39.7	38.4	42.5	35.6	45.0
Sugar beet (tons per hectare)	36.9	38.7	41.2	39.2	44.2	43.2	40.8	42.5
Sunflower seed (quintals per hectare)	19.2	19.3	14.9	14.0	18.3	22.9	21.6	
Tobacco (quintals per hectare)	7.7	11.5	10.3	11.1	11.4	10.6	10.3	
Potato	86	93	96	75	91	95	83	91
<b>Animal products</b>								
Milk (litres per cow)	1 196	1 235	1 363	1 361	1 366	1 431	1 471	
Eggs (number per hen)	85	104	112	114	115	116	118	
<b>NUMBER OF HEAD, 1968 - 1979</b>								
Cattle <sup>a/</sup>	5 693	5 366	5 681	5 872	5 755	5 641	5 542	5 491
Cows and heifers (thousands)	(2 855)	(2 921)	(3 056)	(3 195)	(3 267)	(3 277)	(3 184)	(3 134)
Livestock (thousands)	5 865	6 342	7 401	7 683	6 536	7 326	8 452	7 747
Sows (thousands)	(1 024)	(1 161)	(1 312)	(1 375)	(1 196)	(1 261)	(1 406)	(1 281)
Sheep (thousands)	10 346	7 774	7 852	8 175	7 831	7 484	7 514	7 339
Horses (thousands)	1 126	964	945	922	864	812	759	701
Poultry (millions)	36.0	49.2	54.7	55.0	54.8	59.0	60.4	61.5
Total in units of 500 kg	5 169	5 608	5 799	5 439	5 503	5 634	5 514	

Source: Statistical Yearbook of Yugoslavia, 1979.

<sup>a/</sup> Including a small number of buffalo.

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Table 5. Food consumption per capita, 1968-1977

(kilogrammes)

	1968	1973	1977	1978
Cereals, total	187.7	181.1	178.1	178.7
Wheat and rye	161.5	155.4	152.4	153.6
Maize	23.0	23.3	22.6	22.1
Vegetables, total	139.1	165.2	171.7	150.6
Potatoes	67.0	70.6	67.5	61.5
Leguminous plants	9.2	8.6	8.3	8.2
Fresh vegetables	62.9	86.0	95.9	80.9
Fruit, total				
Fresh fruit and grapes	60.5	59.8	62.8	59.8
Citrus fruits	5.4	6.2	7.5	6.8
Meat and fish, total	47.5	53.4	64.3	
Beef and veal	9.1	9.7	13.7	
Pork meat (including bacon and lard)	24.8	26.7	30.6	
Mutton	2.7	2.4	2.5	
Poultry	5.4	8.3	11.0	
Fish	1.9	3.2	2.5	3.7
Fats and oils	15.1	18.9	20.7	20.5
Milk and dairy products				
Milk (litres)	77.9	81.1	98.0	
Cheese	5.0	5.9	6.7	
Eggs (number)	104	154	180	
Sugar	24.8	29.4	32.8	
Alcoholic beverages				
Beer	22.9	37.2	38.7	
Wine	27.1	29.2	27.9	
Daily calories per capita	3 136	3 379	3 543	3 480
Daily proteins in grammes	91.6	97.0	103.5	102.3
Proteins of animal origin (percentage)	(25.2)	(28.2)	(32.3)	
Grammes of fats per day	84.6	102.3	113.2	113.3
Grammes of carbohydrates per day	514	540	549	534

Source: Statistical Yearbook of the Socialist Federal Republic of Yugoslavia, 1979, table 108.5.

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C. The right to adequate clothing

(1) to (4) In addition to the information given in annex I, it must be noted that, for the purpose of upgrading the methods of production of the articles of clothing, scientific and research activities are continually promoted within the framework of faculties and institutes as well as in the developmental services of the economic organizations of associated labour. The work undertaken at the faculties consists of the study of theoretical and practical problems with a view to introducing effective technical and organizational solutions in the process of spinning, weaving, knitting, dying, printing and other processes of enriching textiles, as well as in the field of expanding and diversifying underwear and ready-made clothes.

The very complexity of technology in the textile industry itself opens a wide area of research which continuously engages 200 research workers at four faculties and four institutes. The existing potentials and capacities of the Yugoslav textile and ready-made clothing industry are considerable. Furthermore, the output of the Yugoslav textile industry exceeds the needs of the domestic market. Technical and technological characteristics of these facilities, if compared to those in the industrially developed countries, are assessed as being very close to the most sophisticated achievements.

The yearly consumption of textiles per capita in Yugoslavia grew parallel with the increase of the national income, thus it increased from 3.18 kilogrammes in 1956 to 11.3 kilogrammes in 1980. Prices of textiles, in principle, are formed freely; however, they remain under the control of society.

D. The right to housing

(1) According to the Constitution of the SFR of Yugoslavia and the constitutions of the socialist republics and socialist autonomous provinces, each citizen is guaranteed the right to acquire a tenancy title to a socially-owned dwelling; this, under conditions specified by law, ensures him permanent occupancy for the satisfaction of his personal and family housing needs. Furthermore, citizens may acquire the right to own family houses and apartments for the satisfaction of their personal and family needs.

Prior to the promulgation of the Constitution of the SFR of Yugoslavia in 1974, laws and regulations governing housing matters came under the competence of the Federation. After 1974, the legislative competences, on the whole, were transferred to the republics and autonomous provinces. The republics and provinces passed their respective laws on housing, financing housing construction, self-managing communities of interest in the field of housing and other relevant regulations and enactments.

Pursuant to the established housing policy, workers earning income (i.e., workers in associated labour) are the decision makers. In a work organization, all workers employed on the basis of labour relationship and irrespective of nationality, race, sex, language, religious belief, education and

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social status, decide on the portion of income to be channelled to funds for the solution of housing problems, either by granting workers tenancy titles to socially-owned dwellings or by granting them credits under favourable conditions either for purchasing an apartment (in condominiums) or for building a family house. Workers' housing problems are directly resolved in the basic organizations of associated labour on the basis of general normative acts (self-management agreements and regulations) agreed upon by the workers themselves. Terms and conditions for the acquisition of dwellings are set out in these agreements and regulations, taking into account the existing housing situation of the worker, years of service, number of dependants, the health of the worker, social conditions in which the worker and his dependants live etc. Thus, the housing policy of individual organizations of associated labour becomes a part of common housing policy established in a broader framework. Furthermore, the housing policy of an organization of associated labour constitutes an integral part of the overall development and operation policy of the given organization and is indivisible from the aggregate socio-economic relations in the organization itself.

However, workers do not decide on the housing policy only within the framework of their respective work organization; they also pool resources at the communal level and thus create possibilities for the resolution of housing problems of those workers whose work organizations do not have sufficient resources for the resolution of their housing problems. Economically underdeveloped communes acquire part of the necessary resources for housing from funds for the development of the less developed communes of the republic (i.e., autonomous provinces).

Citizens falling under the category of the economically non-active population resort to other means and resources for solving their housing problems. Retired workers set aside, through their insurance communities, funds for these purposes from contributions for disabled and retirement insurance. Persons not covered by personal social insurance schemes and other individuals enjoying social protection (handicapped persons) solve their housing problems through communes (budget funds) and self-managed communities of interest for social security (funds of these communities). Persons engaged in liberal professions (lawyers, farmers and the like) use their own resources for solving their housing problems.

(2) According to the latest data, despite the intensified construction of apartment buildings there still remain 500,000 persons who have submitted requests for acquiring tenancy title, 45 per cent of whom have no dwelling whatsoever. However, the volume of housing construction is objectively limited by the economic capability of the country as a whole. In recent years, a certain stagnation in the construction field has become evident; consequently, various measures are being undertaken, above all those of a financial nature, in order to accelerate housing construction. Banks, as financial institutions, grant credits to the working people and their organizations of associated labour for the construction of family houses and the purchase of apartments as well as for renovation and reconstruction of existing dwellings with a view to improving housing conditions. An increasing number of individuals have been investing their own resources and, thus, are significantly increasing the volume of the aggregate funds for housing, both socially-owned and private. Different forms of tax relief and tax-free arrangements have been introduced which provide for a more accelerated construction of privately-owned dwellings and family houses.

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Of the aggregate funds formed from contributions to the housing investment fund, one part (about one third) is earmarked for the special solidarity fund of the commune. The greatest portion of the resources thus pooled is utilized for the construction of apartments which are given to workers in those organizations of associated labour that lack sufficient funds for solving housing problems of their workers. The construction of solidarity-financed dwellings was instituted a number of years ago and a great number of low-income workers' families are living in these otherwise comfortable apartments.

(3) Housing construction in Yugoslavia is undertaken according to socially established and specified technical standards for projecting and erecting housing units and apartments. Technical standards which are uniform for Yugoslavia prescribe technical requirements with regard to quality, capacity, seismological conditions etc., in order to ensure safe and secure utilization of housing facilities.

There exist certain differences as regards the standards of housing due to specific environmental factors, such as climatic, geographical and other conditions. However, common requirements to be met are good planning and hygienic and technical conditions that ensure qualitative, secure and comfortable living.

Within the Chamber of the Economy of Yugoslavia (i.e., the General Associations of Organizations of Construction Materials and Industries), there is a separate group for housing projects concerned with the study and application of scientific and technological know-how. A significant role in this area is also played by various scientific institutes dealing with civil engineering. Co-operation has also been established with the academies of sciences in the republics and provinces, thus promoting the application of scientific research for the purpose of advancing the housing construction industry. The Association of Engineers and Technicians of Yugoslavia and the respective associations in the republics and provinces organize meetings of experts in this field.

In the international field, Yugoslavia co-operates, first and foremost, with the ECE Committee on Housing, Building and Planning, through the active participation of Yugoslav representatives at expert seminars and other meetings organized by the Committee where, inter alia, discussions take place on technological achievements in the field of civil engineering (construction technology), the rationalization of the building industry, the application of certain construction materials etc.

(4) With a view to solving housing problems, measures are being undertaken depending upon the type of accommodation required for certain categories of citizens. For instance, student dormitories and youth hostels are being constructed for their accommodation while studying outside of their permanent place of residence.

Funds of the communities of interest concerned with disabled and retired persons are used for building homes for retired persons that provide full board and lodging. In addition, retired persons may obtain credits for the purchase of new and the renovation of existing apartments and housing units.

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Special institutions are also being built: children's homes, homes for the aged, and institutions for physically and mentally handicapped persons. True, there is not a sufficient number of such institutions, so provisions have been made in the communal development plans of republics and provinces for increasing the number of facilities, depending on the material possibilities of society.

(5) In order to safeguard the achieved standard of living, measures taken by the State are aimed at limiting rent increases for the socially-owned apartments so as to avoid the negative effects of abrupt rises of rents on the cost of living and consequently on the standard of living in general. Rents are annually adjusted to the general price increase of commodities and services. However, it should be noted that rents in Yugoslavia are exceptionally low, so that annual rent amounts to 1 per cent of the market value of the apartment. The restriction of rents also has a negative side since it limits the funds required for the maintenance of buildings and dwellings. Therefore, a somewhat more accelerated rise in rents has been foreseen in the forthcoming five-year period in order to secure greater resources for the simple reproduction of the housing fund. In order to avoid the negative consequences of higher rents on the standard of living, a system of subsidized rents has been introduced benefiting the users of socially-owned apartments with low total family incomes. This system is being further expanded. These subsidies are set aside from the solidarity funds which are formed from the income of each work organization and which, in turn, are pooled into a solidarity fund at the level of each commune (town).

#### ARTICLE 12. THE RIGHT TO PHYSICAL AND MENTAL HEALTH

- A. Principal laws, administrative regulations, collective agreements and other types of arrangements designed to promote and safeguard the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and relevant court decisions, if any

##### Principal laws (Constitutions)

The foundations of the system of health protection of the Yugoslav population rest upon the rights of man and citizen stipulated by the Constitution of the SFR of Yugoslavia (1974), the constitutions of the socialist republics and the constitutions of the socialist autonomous provinces, the Associated Labour Act and other federal laws and regulations governing the health protection of the population. The basis of the system of health protection has been further elaborated in separate laws on health protection and the organization of the medical service, in other laws and by-laws establishing the right of everyone to health security, protection at work and adequate labour conditions, a healthy environment, diagnostics, medical treatment, medical care and medical and professional rehabilitation. The system also rests on the rights and obligations regulated by social compacts and self-management agreements and other self-management enactments of the self-managed communities of interest on the rights and duties of the socio-political communities concerned with the vital

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aspects of health protection and on the self-managing concept of health security and insurance of disabled.

A separate law guarantees the health protection of foreign nationals which staying in Yugoslavia.

Within the framework of the freedoms, rights, duties and responsibilities of man and citizen, the Constitution of the SFR of Yugoslavia and the constitutions of the socialist republics and socialist autonomous provinces provide for the following:

"Everyone shall be entitled to health care. Cases in which uninsured citizens are entitled to health care shall be spelled out by statute". (Article 186 of the Constitution of the SFR of Yugoslavia).

"Man shall have the right to healthy environment. Conditions for the realization of this right shall be ensured by the social community". (Article 192 of the Constitution of the SFR of Yugoslavia).

"Working people shall have the right to such working conditions as ensure their physical and moral integrity and security". (Article 161 of the Constitution of the SFR of Yugoslavia).

"Workers shall have the right to health and other kinds of care and personal security at work. Young people, women, and disabled persons shall enjoy special care". (Article 162 of the Constitution of the SFR of Yugoslavia).

"The right of workers to social security shall be ensured through obligatory insurance based on the principles of reciprocity and solidarity and past labour, in self-managed communities of interest on the basis of contributions collected from workers' personal income and contributions collected from income of organizations of associated labour, that is, contributions collected from resources of other organizations or communities in which they work. On the basis of this insurance, workers shall have, in conformity with the law, the right to health care and other benefits in case of illness, childbirth, diminution or loss of working capacity, unemployment, and old age, and other social security benefits, and for their dependants - the right to health care, survivors' pensions, and other social security benefits.

"Social security benefits for working people and citizens who are not covered by the compulsory social insurance scheme shall be regulated by the law on the principles of reciprocity and solidarity". (Article 163 of the Constitution of the SFR of Yugoslavia).

Equal rights to physical and mental health shall be guaranteed to all under equal conditions, irrespective of sex, age, religious belief, nationality, economic and social status etc. Activities violating these rights shall be contrary to the interests of the socialist society and shall be punishable.

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Laws and protective measures

Measures relating to health protection are stipulated partly by federal laws and other federal regulations and to a greater extent by enactments of the republics and provinces.

The most important legal regulations prescribing health protection measures are set out below.

(a) Federal regulations

The Law on Protection of the Population from Infectious Diseases Threatening the Entire Country (Official Gazette of the SFRY, No. 58/78);

The Law on Health Control of Foodstuffs and other Articles for Personal Use (Official Gazette of the SFRY, No. 55/78);

The Law on Production and Sale of Narcotic Drugs (Official Gazette of the SFRY, No. 55/78);

The Law on Sale of Medicaments (Official Gazette of the SFRY, No. 5/81);

The Law on Protection against Ionizing Radiation (Official Gazette of the SFRY, No. 54/76);

The Law on Sale of Poisons (Official Gazette of the SFRY, No. 4/77);

The Law on Health Protection of Foreigners in Yugoslavia (Official Gazette of the SFRY, No. 2/74);

The Law on Health Registers (Official Gazette of the SFRY, No. 22/78).

(b) Regulations of the socialist republics and socialist autonomous provinces

Socialist Republic of Bosnia and Herzegovina

The Law on Health Protection (Official Gazette of the SR of Bosnia and Herzegovina, No. 17/80);

The Law on Protection of the Population from Infectious Diseases (Official Gazette of the SR of Bosnia and Herzegovina, No. 37/75);

The Law on Protection at Work (Official Gazette of the SR of Bosnia and Herzegovina, No. 36/77);

The Law on Waters (Official Gazette of the SR of Bosnia and Herzegovina, No. 36/75);

Criminal Law (Official Gazette of the SR of Bosnia and Herzegovina, No. 16/77);

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The Law on the Conditions and Procedure for the Approval of Induced Abortion (Official Gazette of the SR of Bosnia and Herzegovina, No. 29/77);

The Law on Protection Against the Effects of Ionizing Radiation (Official Gazette of the SR of Bosnia and Herzegovina, No. 9/78);

The Law on Sanitary Inspection (Official Gazette of the SR of Bosnia and Herzegovina, No. 23/77);

The Law on the Production and Sale of Medicaments (Official Gazette of the SR of Bosnia and Herzegovina, No. 18/78);

The Law on Production, Sale and Use of Poisons (Official Gazette of the SR of Bosnia and Herzegovina, No. 16/78).

Social Republic of Montenegro

The Law on Health Protection (Official Gazette of the SR of Montenegro, No. 8/71);

The Law on Protection of the Population against Infectious Diseases (Official Gazette of the SR of Montenegro, No. 53/75);

The Law on the Conditions and Procedure for the Approval of Induced Abortion (Official Gazette of the SR of Montenegro, No. 29/79);

The Law on Protection at Work (Official Gazette of the SR of Montenegro, No. 3/80);

The Law on Waters (Official Gazette of the SR of Montenegro, No. 22/74);

The Law on Control of Air Pollution (Official Gazette of the SR of Montenegro, No. 14/80);

The Law on Establishment of the Authority to Implement Measures on Ionizing Radiation Control (Official Gazette of the SR of Montenegro, No. 12/67);

The Law on Sanitary Inspection (Official Gazette of the SR of Montenegro, No. 24/73);

The Law on Production and Sale of Medicaments (Official Gazette of the SR of Montenegro, No. 31/77);

The Law on Production and Sale of Poisons (Official Gazette of the SR of Montenegro, No. 31/77);

The Criminal Law of the Socialist Republic of Montenegro (Official Gazette of the SR of Montenegro, No. 26/78).

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Socialist Republic of Croatia

The Law on Health Protection and Health Security (Official Gazette of the SR of Croatia, No. 10/80);

The Law on Protection of the Population against Infectious Diseases (Official Gazette of the SR of Croatia, No. 53/75);

The Law on Removing and Transplanting Organs of the Human Body for Medical Purposes (Official Gazette of the SR of Croatia, No. 31/80);

The Law on Sanitary Inspection (Official Gazette of the SR of Croatia, No. 55/79);

The Law on Health Measures Ensuring the Exercise of the Right to Family Planning (Official Gazette of the SR of Croatia, No. 18/78);

The Law on Protection against Ionizing Radiation and Ensuring Safety of Nuclear Plants and Facilities (Official Gazette of the SR of Croatia, No. 18/81);

The Law on Protection at Work (Official Gazette of the SR of Croatia, No. 19/78);

The Law on Waters (Official Gazette of the SR of Croatia, No. 53/74);

The Criminal Law of the SR of Croatia (Official Gazette of the SR of Croatia, No. 25/77).

Socialist Republic of Macedonia

The Law on Social Security and the Compulsory Medical Protection (Official Gazette of the SR of Macedonia, No. 5/74);

The Law on Health (Official Gazette of the SR of Macedonia, No. 20/70);

The Law on Protection of the Population from Infectious Diseases (Official Gazette of the SR of Macedonia, No. 18/76);

The Law on Induced Abortion (Official Gazette of the SR of Macedonia, No. 19/77);

The Law on Sanitary Inspection (Official Gazette of the SR of Macedonia, No. 40/72);

The Law on Health Registers (Official Gazette of the SR of Macedonia, No. 37/79);

The Law on Production of Medicaments (Official Gazette of the SR of Macedonia, No. 45/77);

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The Law on Protection at Work (Official Gazette of the SR of Macedonia, No. 20/74);

The Law on Waters (Official Gazette of the SR of Macedonia, No. 47/73);

The Law on Control of Air Pollution (Official Gazette of the SR of Macedonia, No. 20/74);

The Criminal Law of the SR of Macedonia (Official Gazette of the SR of Macedonia, No. 25/77).

#### Socialist Republic of Slovenia

The Law on Health Protection (Official Gazette of the SR of Slovenia, No. 1/80);

The Law on Protection of the Population against Infectious Diseases (Official Gazette of the SR of Slovenia, No. 7/77);

The Law on Sanitary Inspection (Official Gazette of the SR of Slovenia, No. 8/73);

The Law on the Implementation of Measures for Protection against Ionizing Radiation and Ensuring Safety of Nuclear Plants and Facilities (Official Gazette of the SR of Slovenia, No. 16/80);

The Law on Protection at Work (Official Gazette of the SR of Slovenia, No. 16/80);

The Law on Waters (Official Gazette of the SR of Slovenia, No. 16/74);

The Law on Control of Air Pollution (Official Gazette of the SR of Slovenia, No. 13/75);

The Criminal Law of the Socialist Republic of Slovenia (Official Gazette of the SR of Slovenia, No. 12/77).

#### Socialist Republic of Serbia

The Law on Health Protection (Official Gazette of the SR of Serbia, No. 30/79);

The Law on Health, Pension and Disability Insurance of Farmers (Official Gazette of the SR of Serbia, No. 23/78);

The Law on Protection of the Population from Infectious Diseases (Official Gazette of the SR of Serbia, No. 48/75);

The Law on the Conditions and Procedure for the Approval of Induced Abortion (Official Gazette of the SR of Serbia, No. 26/77);

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The Law on Implementation of Measures for the Control of Ionizing Radiation (Official Gazette of the SR of Serbia, No. 23/78);

The Law on Health Registers (Official Gazette of the SR of Serbia, No. 47/74);

The Law on Production and Sale of Poisons (Official Gazette of the SR of Serbia, No. 20/77);

The Law on Production and Sale of Medicaments (Official Gazette of the SR of Serbia, No. 20/77);

The Law on Establishment of the Authority to Implement Measures on Ionizing Radiation Control (Official Gazette of the SR of Serbia, No. 8/80);

The Law on Protection at Work (Official Gazette of the SR of Serbia, No. 21/78);

The Law on Waters (Official Gazette of the SR of Serbia, No. 33/75);

The Law on Control of Air Pollution (Official Gazette of the SR of Serbia, No. 8/73);

The Criminal Law of the Socialist Republic of Serbia (Official Gazette of the SR of Serbia, No. 26/77).

#### Socialist Autonomous Province of Kosovo

The Law on Health Protection and Health Services (Official Gazette of the SAP of Kosovo, No. 55/75);

The Law on Conditions and Procedure for the Approval of Induced Abortion (Official Gazette of the SAP of Kosovo, No. 47/77);

The Law on Eradication of Typhus Fever (Official Gazette of the SAP of Kosovo, No. 12/75);

The Law on Implementation of Protective Measures for the Control of Ionizing Radiation (Official Gazette of the SAP of Kosovo, No. 37/79);

The Law on Sanitary Inspection (Official Gazette of the SAP of Kosovo, No. 22/73);

The Law on Production and Sale of Medicaments (Official Gazette of the SAP of Kosovo, No. 36/77);

The Law on Production and Sale of Poisons (Official Gazette of the SAP of Kosovo, No. 36/77);

The Law on Establishment of the Authority to Implement Measures on Ionizing Radiation Control (Official Gazette of the SAP of Kosovo, No. 28/80);

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The Law on Protection at Work (Official Gazette of the SAP of Kosovo, No. 3/80);

The Law on Waters (Official Gazette of the SAP of Kosovo, No. 30/76);

The Criminal Law of the Socialist Autonomous Province of Kosovo (Official Gazette of the SAP of Kosovo, No. 20/77).

Socialist Autonomous Province of Vojvodina

The Law on Socialist Security and the Compulsory Forms of Medical Protection of the Population (Official Gazette of the SAP of Vojvodina, No. 24/74);

The Law on Medical Protection and Medical Institutions (Official Gazette of the SAP of Vojvodina, No. 24/72);

The Law on Health Registers and on Notification of Malignant Diseases, Diabetes, Psychosis, Rheumatic Fever, Accidents at Work and Occupational Diseases (Official Gazette of the SAP of Vojvodina, No. 9/75);

The Law on Protection of the Population from Infectious Diseases (Official Gazette of the SAP of Vojvodina, No. 21/75);

The Law on the Conditions and Procedure for the Approval of Induced Abortion (Official Gazette of the SAP of Vojvodina, No. 26/78);

The Law on Sanitary Inspection (Official Gazette of the SAP of Vojvodina, No. 24/71);

The Law on Protection at Work (Official Gazette of the SAP of Vojvodina, No. 10/79);

The Law on Waters (Official Gazette of the SAP of Vojvodina, No. 24/77);

The Criminal Law of the Socialist Autonomous Province of Vojvodina (Official Gazette of the SAP of Vojvodina, No. 17/77).

Federal legislation in the field of health protection provides for:

(a) General and separate measures for the protection of the population from infectious diseases threatening the entire country, the authorities responsible for the implementation of the prescribed protective measures and the liability for the violation of regulations in this field, including criminal liability, in cases of death of one or a greater number of persons due to the non-implementation of the measures prescribed;

(b) Health requirements to be fulfilled as regards the sanitary quality of foodstuffs and products for general consumption, as well as other measures aimed at consumers' health protection;

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(c) The protection of the human environment against ionizing radiation, including protection of the population, air, water and soil pollution control, protection of foodstuffs and animal fodder, medicaments and products for the general use as well as protection of the environment where man works or where he comes into contact with ionizing radiation;

(d) Preventive and other measures for the production and sale of narcotic drugs and for the prevention of drug addiction;

(e) Conditions for the sale of medicaments and poisonous substances and measures for the protection of man and the human environment from harmful effects of such products;

(f) The right to health protection of foreigners staying in Yugoslavia, which is equivalent to that of the Yugoslav citizens, including the benefits gained through the exercise of those rights.

The laws of the republics and autonomous provinces prescribe measures for the implementation of certain federal health protection laws and provide for additional measures for the health protection of citizens, in accordance with the needs and possibilities of certain republics (i.e., autonomous provinces).

Within the direct competences of the republics and autonomous provinces, conditions and measures have been prescribed for protection at work, the prevention of air and water pollution, and the production and use of poisonous substances. Criminal-legal protection of the right to health protection is ensured.

All republics and provinces have passed legislation on the organization of medical services, health insurance and measures regulating the implementation of health protection of interest for the respective republic (i.e., socialist autonomous province). Pursuant to these regulations, the promulgation of which is in the exclusive competence of republics (i.e., autonomous provinces), the organization of health services and the organization of health protection are elaborated in programmes and social development plans pursuant to the needs, interests and possibilities of associated labour, local communities, communes and broader socio-political communities.

The legislation governing health services and health protection of the republics and provinces sets forth the basic principles for self-managed organization of health services as an activity of special social interest, confirms the principle of standardized preventive and curative medicine, proclaims the right of all working people and citizens to manage the services and resources pooled for ensuring health protection and the advancement of health-oriented activities and services. Furthermore, it establishes the rights and obligations of the users of health protection, of medical workers and their organizations of associated labour.

Health protection of citizens is realized through self-managed planning of health needs, with special emphasis on primary health protection (i.e., preventive and curative medicine), both for the healthy and sick person and his social environment.

Everyone's needs in the field of health protection are ensured within the framework of their right to health security which is organized also on self-managed basis.

Health protection measures provided for in the pertinent laws of the republics and autonomous provinces relate to the general living conditions, the human environment and conditions of work ensuring the physical and moral integrity and social security of the working people.

The right to health protection implies also the right of everyone to a free choice of physician and medical institution for health protection.

With reference to the provision of health services to citizens and the implementation of other health protection measures, regulations provide for the responsibility of doctors and other medical staff in case of failure to render the necessary services. Regulations also provide for the supervision of expert services rendered by medical institutions and medical workers, the basic purpose of which is to ensure adequate, qualitative and expert health protection. Furthermore, a sanitary inspection service has been established in all the republics and provinces whose task is to supervise the implementation of regulations and measures (federal, republic etc). Moreover, they are of importance for the promotion of the health security of the citizens.

Health protection, as spelled out by the Constitution and the laws, implies the care and obligation of the community to undertake measures and provide ways and means for the improvement of the health of the population, to ensure medical treatment and rehabilitation of the sick and injured, modern and efficient organization of medical services, adequate education and professional training of medical workers, full and regular supply of medicaments and orthopedic prostheses and appliances and other health protective measures.

Organizations of associated labour in the field of health are directly responsible for the implementation of health protection measures and these activities, on the whole, are of special social interest.

Workers in the basic organizations of associated labour and other working people and citizens are organized in self-managed communities of interest and socio-political communities on the principles of mutuality and solidarity, thus ensuring the material and other conditions necessary for the implementation of health security schemes.

#### B. Other information

##### (1) Measures taken to reduce the stillbirth rate and infant mortality

According to the Constitution of the SFR of Yugoslavia (article 188) "mothers and children shall enjoy special social care" and (article 191) man shall enjoy the right to decide freely on family planning.

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On the basis of these Constitutional principles, the laws of the republics and autonomous provinces and regulations of the self-managed communities of interest in the field of health and health security prescribe compulsory forms of health protection of mothers and children.

Maternity health protection includes the following:

- (a) Medical check-ups, treatment of out patients and pre-natal medical treatment in hospitals;
- (b) Home calls and health educational work with expectant mothers;
- (c) Expert hospital medical assistance or medical assistance at the home of the expectant mother at delivery;
- (d) Post-natal nursing of mother and child at home after childbirth by organizing home visits by nurses;
- (e) Gynecological check-ups six weeks, three months and six months after childbirth;
- (f) Informing the female population about the methods and means of avoiding undesired pregnancy and of the right to use contraceptives;
- (g) The right to medicaments before, during and six months after childbirth;
- (h) The right to dental health protection during pregnancy and six months after childbirth;
- (i) The right to maternity benefits and the right of a working mother to a paid maternity leave and part-time work.

Young mothers have the right to a 180 to 210 day maternity leave as well as to a four-hour working day which is recognized as a full eight-hour working day, until the child becomes one year old. During the entire period, the working mother receives the full amount of her personal income which is paid out of the health insurance fund.

The implementation of these measures resulted in a decrease of the stillbirth rate and infant mortality under one year of age.

Table 6 shows the trends of the indicators significant for the health protection of mother and child in the SFR of Yugoslavia in the period 1969-1978 (a ten-year period).

Table 6. Some indicators significant for the evaluation of the promotion of mother and child health protection in the SFR of Yugoslavia in the period 1969-1978

	1969	1974	1978
Number of check-ups during pregnancy per live birth	2.5	3.2	4.1
Deliveries with expert medical assistance (percentage)	68.7	79.1	85.5
Maternal mortality rate per 100,000 live births	73.9	32.4	19.0 <u>a/</u>
Mortality rate per 1,000 live births	9.4	8.0	7.4 <u>a/</u>
Perinatal mortality per 1,000 live births	26.0	22.3	20.8 <u>a/</u>
Infant mortality per 1,000	57.3	40.9	33.8

a/ Rates for 1977.

(2) Measures aimed at promoting child health

Compulsory forms of health protection of children and young adults include full preventive and curative health protection of infants, babies, small and pre-school children, school children and youth during the eight years of compulsory education, as well as of youth enrolled in secondary and higher schools and college students during their regular education.

With a view to following the growth, development, early detection of diseases and damages, early undertaking of therapeutical, rehabilitation and other necessary measures, as well as preventing infectious and other diseases, the implementation of the following measures of active health protection is necessary:

(a) Medical check-ups following growth and development by undertaking periodical medical check-ups during the first year (5-6 check-ups) and at least one medical check-up a year of healthy children in the 1-6 year age group;

(b) Health educational work with mothers at medical consultation centres and during home calls by nurses to examine infants and babies;

(c) Measures for active immunization against tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis and measles;

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(d) Compulsory implementation of prophylaxis of rickets with the use of A and D vitamins;

(e) Regular control of personal hygiene and hygienic conditions of life, particularly food control of foodstuffs consumed by children in kindergartens and nurseries;

(f) Compulsory medical check-ups of elementary school pupils and high school students (three medical check-ups during elementary and two during secondary education);

(g) Health educational work with pupils, parents and teachers;

(h) Sanitary controls in schools in general and sanitary control of school kitchens and of meals prepared for the pupils.

The development of some of the above-mentioned activities in the 1969-1978 period is shown in table 7.

Table 7. Data on some of the significant activities in the field of active health protection of children in the 1969-1978 period

	1969	1974	1978
Number of check-ups (consultation centres) during the first year of life per live birth	2.9	3.3	4.1
Number of home calls during the first year of life per live birth	1.7	2.1	2.7
Number of pupils covered by systematic medical check-ups (percentage)	32	24	25

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(3) Measures taken to protect and improve all aspects of environmental and industrial hygiene, to prevent air, land and water pollution and to overcome the adverse effects of urban development and industrialization etc.

(a) Protection and improvement of the human environment

On the basis of the Constitution of the SFR of Yugoslavia and for the purpose of protecting and improving the human environment, working people and citizens, organizations and communities shall ensure conditions that preserve and improve natural and other values of the human environment conducive to healthy, safe and active life and work for the present and future generations. It is the duty of each citizen to safeguard natural resources and values created by invested work. In addition to numerous federal laws and laws of the republics and autonomous provinces governing the protection and promotion of the human environment, Yugoslavia is a signatory to numerous international conventions directly and indirectly related to the protection and improvement of the human environment.

These measures range from the obligation of designers and investors, while reconstructing the existing and building new industrial and other projects, to make provision for measures for the protection of the human environment, for undertaking actions and efforts in collecting and recycling wastes, ensuring environmental hygiene and the purification of water.

Yugoslav society has resolved to ensure the protection of the human environment parallel with further social development, with the understanding that urgent sanitary and health measures would be applied in case of a direct threat to public health.

In order to accelerate the process of improving the prevailing situation, the Federation introduced regulations whereby waste-processing facilities and equipment and the appliances used in protecting the human environment are exempt from import taxes, while banks grant credit under very favourable conditions to working organizations engaged in the construction of projects and environmental protection equipment and facilities.

(b) Workers health care

Under the Constitution of the SFR of Yugoslavia, the Associated Labour Act and the republican and provincial laws on protection at work, all working organizations and employers are bound to ensure, by means of modern technical, hygienic and health measures, such working conditions and protection at work that eliminate the cause of injuries and occupational diseases or reduce the risks to the lowest possible degree.

The control of the implementation of protective measures is two-fold, that is, social (labour inspection and sanitary inspection) and self-management (control organs within the working organization, services for protection at work and trade unions).

Measures for workers' health care can be divided into three groups: (a) the health care of workers, (b) the provision of optimal working conditions, and (c) the organization of specific and special health care of workers.

(i) Health care of workers themselves

This is provided by:

- (a) Assessment of their health condition and working capacities when choosing a vocation prior to employment, or when changing a work post;
- (b) Periodical health check-ups of persons working at jobs with an increased rate of risk, women, young workers and persons disabled at work;
- (c) Assessment of the health of all workers by systematic medical examination;
- (d) Medical and professional rehabilitation and reintegration into society after disability;
- (e) Providing recreation for workers under medical control, financed by the working organizations - supplementary meals (40-50 per cent) and funds for pension and disability insurance (50-60 per cent).

The republics and provinces have regulated by means of specific provisions the purpose and frequency of preventive check-ups every six months or annually, depending on the degree of professional risk.

(ii) Provision of optimal working conditions

This is ensured by:

- (a) Exerting efforts to implement, at the stage of locating and designing industrial and other projects and selecting technology, the prescribed conditions or technical forms and standards; ensuring optimal working conditions; constructing projects and installing equipment that provides optimal conditions and protection at work, including also the use of personal protection devices;
- (b) Supervising protection at work by following working conditions and examining the health of workers in an effort to avoid the impairment of the health of workers which could be caused by an unfavourable micro-climate, lighting, air pollution, ionizing and other radiation, noise and vibration etc.;
- (c) Periodically examining tools and implements, harmful chemical and biological substances and the micro-climate.

The socio-political community established minimum health and hygienic standards and norms to be incorporated in self-management enactments. They are designed to regulate the micro-climate, lighting, noise, air pollution, ionizing and other radiation and standards of medical-biological protection.

Institutions for professional diseases and other competent institutions (institutes for protection at work) monitor working conditions on the basis of agreements reached with the organizations of associated labour or self-managing communities of interest for health, and inform the respective working organization and the competent organs of the socio-political community about their findings and, if necessary, propose measures to eliminate shortcomings, that is, improve the working conditions.

According to the available data, there has been a gradual improvement in the protection of the working environment (reduced gases and aerosols) and in lighting and micro-climatic conditions; however, protection against noise still remains an open and urgent problem.

Sanitary inspection organs and other legally authorized bodies are obliged to undertake measures of protection in all phases of prevention.

The competence of the sanitary inspection organs in the field of workers' health protection (at work) is regulated by the republican and provincial laws on sanitary inspection and the laws on health protection and organization of health services, since such protection is provided for and organized by the republics and provinces and carried out to the greatest extent by the competent organs of the communes (unless placed by law under the competence of the republican or provincial administrative organs; e.g. the protection against ionizing radiation).

Sanitary and hygiene inspection organs may pass decisions requesting the elimination of shortcomings in workers' health protection, and in cases of a direct threat to the workers' health, work may be temporarily discontinued until the danger is removed. Should the decision of the sanitary inspectors fail to be carried out, proceedings will be initiated before the magistrate or economic tribunal for determining the penalty. In the case of the health impairment or death of a worker, criminal proceedings will be instituted against the responsible person or persons.

Organizations of associated labour and the responsible persons in the organization of associated labour are held responsible for failing to abide by the regulations.

In 1976, labour inspection organs inspected 36,607 basic economic organizations, or 271.1 per cent. In 1977, they examined 30,466 basic organizations of associated labour, or 26.6 per cent of the total number, employing 39.4 per cent of the total number of persons employed. In 1978, 134,755 of these organizations were inspected, that is, 22.6 per cent, and 62,835 shortcomings were established. In 1979, a total of 96,442 various defects were discovered, that is, 2.6 per cent in each organizational unit. The largest number of deficiencies, 24.1 per cent, related to electrical installations, 19.4 per cent to machines and equipment, 15 per cent to protection devices, 3.4 per cent to the presence of harmful substances, 1.5 per cent to health conditions and first aid, 2.5 per cent to fire and explosion hazards, 0.9 per cent to noise and vibrations (data are from the Labour Inspection Report for 1979).

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Throughout the year, working organizations eliminated 60.7 per cent of the discovered deficiencies. The best results were achieved in personal protection devices (82.5 per cent), elimination of the danger of fire and explosion (78.8 per cent), electrical installations (59.6 per cent), health conditions and first aid (85.7 per cent), machines and equipment (62.1 per cent) and noise and vibrations (52.8 per cent).

Elimination of noise and vibrations still presents the greatest difficulties.

(iii) Organization of the special health care of workers

The special health care of workers is carried out by health services for occupational diseases, particularly those which are directly engaged in production. Health services for occupational diseases offer basic health care (diagnosis, treatment and medical rehabilitation) for approximately 70 per cent of the workers employed in the economic field. Other workers are provided with basic health care by general medical services within health centres. The health services for occupational diseases organize periodic health check-ups for workers who work under special working conditions, young workers, women and persons disabled at work. Approximately 77 per cent of these workers receive periodic health examinations.

In the SFR of Yugoslavia there are 1,208 organizational units for occupational diseases (health clinics, dispensaries and institutes) employing 2,044 physicians of which 840 are specialists in occupational medicine (see annex, tables A.1 and A.2).

Health services for occupational diseases encompass almost all major work organizations in the economic field; however, in order to solve the problem, dispensaries for occupational diseases are established which provide special health care to workers in smaller work organizations located in a specific territory.

Only a limited number of such institutions provide special health care for workers engaged in agriculture, forestry and civil engineering. Efforts are under way to ensure special health care for all workers within the framework of health services for occupational diseases, offering workers extensive health care (i.e., curative and preventive).

(c) Protection of specific segments of human environment

In the field of protection against air pollution, there exist regulations and norms regarding the quality of air (maximum tolerable concentration of detrimental substances in the air in human settlements, i.e., in the air of working premises and construction sites), and measures regulating the organization of protection and inspection.

With a view to reducing air pollution, plans are under way to introduce natural gas in cities and industrial centres of the Socialist Republics of Bosnia and Herzegovina and Serbia, and subsequently also in other regions of the SFR of Yugoslavia. At Bor, the giant work organization in the field of non-ferrous

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metals, sulphur dioxide, which was formerly released into the atmosphere, is presently collected and processed into sulphuric acid ( $H_2SO_4$ ). Homologation of equipment and parts of vehicles is also effected with a view to protecting the population from air pollution and noise. Ratification of the Convention on Long-Range Transboundary Air Pollution is in progress.

#### Protection of waters and potable water

The Federation regulates and provides for the protection of inter-republican and interstate waters, determines classes and categories of waters, maximum concentration of detrimental substances in waters and stipulates protection measures.

The state of the water in big rivers in the SFR of Yugoslavia is followed regularly.

The Federation also regulates the characteristics of potable water and prescribes basic measures to protect the quality of water. Public projects for supplying potable water are supervised by sanitary inspection organs. Hygienic services monitor the quality of water in utilities supplying the public with potable water.

#### Waste waters and refuse

Over 1,200 industrial plants and a large number of cities discharge waste waters into the rivers, lakes and the coastal sea. In only a small number of these plants are waste waters purified before being discharged into the river.

In urban settlements (251 settlements) in the SFR of Yugoslavia, the collection and supervision of the disposal of waste is organized.

#### Hygiene of dwellings and settlements

The Federation prescribes obligatory standards for dwellings and housing units while the republics lay down the basic principles for the urbanization of settlements. Some republics have regulations on hygiene (SR of Serbia).

#### Noise

A noise limit is fixed for working premises and dwellings as well as for motor vehicles. The level of noise in settlements is not monitored regularly.

#### Nutrition of the population, food and items of general consumption

In 1977, an average daily meal contained 3,540 calories, with a considerable presence of carbohydrates which is a result of acquired nutritional habits, particularly of the rural population. In 1977, there was a gradual increase in the consumption of proteins, about 32.3 per cent of which are of animal origin.

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Analogous to changes in the structure of nutrition of the Yugoslav population, a change has been registered also in the type of diseases, one of the causes of which is nutrition.

Market, agricultural and veterinary inspection services are charged with the supervision of the quality of food and items of general consumption, while their adequacy from the medical point of view is monitored by the sanitary inspection service through its sections in the communes, capital cities of the republics, and in the republics and provinces. On-the-spot inspection also takes place, controlling the hygienic conditions under which food and items of general consumption are produced and sold by taking samples and sending them for bacteriological and chemical analysis for the purpose of determining their health adequacy.

(d) Radioactivity in the human environment and protection against ionizing radiation

Protection against ionizing radiation is partly regulated by the Federation through specific laws and enactments, while the organization and supervision lies within the competence of the republics.

There is regular monitoring of radioactivity of the biosphere (air, water, drinking water, food, cattle fodder, soil etc.) and the results thereof are assembled and analysed. The pollution of surface waters is regularly monitored (particularly international and inter-republican waterways). Stationary and non-stationary sources of air pollution in big cities and industrial centres are monitored more or less regularly.

The production, distribution and sale of food and items of general consumption and polluting substances (poisons, pesticides, hormones, heavy metals etc.) are subject to continuing sanitary supervision and monitoring by respective health institutions.

In the health system of the SFR of Yugoslavia, in 1978 there were 444 organizational units for hygienic and epidemiological services, 22 independent institutions and 43 institutes for public health care which monitored the situation and developments in the human environment, employing 318 physicians (157 physicians as specialists for different fields of preventive medicine), 157 general practitioners, 116 chemists, 75 sanitary engineers, 522 medical technicians and 134 other medical workers. These numbers do not include the sanitary inspection staff operating within the organs of public health administration.

In Yugoslavia, medicaments are classed as products of particular social interest. Therefore, priority is given to importing ready-made drugs, raw materials for their production and the material used for medical purposes that is not produced in Yugoslavia.

Sixteen organizations of associated labour are engaged in the production of medicaments, six of which are also engaged in basic production. All organizations of associated labour are in the social sector.

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A total of approximately 1,500 medicaments are registered in Yugoslavia. They cover all indicative spheres of modern pharmacological therapy and prophylaxis.

Before the distribution and sale of medicaments, in the pre-registration process, drugs are subject to pharmacological and clinical testing, and subsequently in the production process they undergo an inter-phase control as well as both quantitative and qualitative control of each production series.

Medicaments are sold in pharmacies - health institutions which are also in the social sector. The régime of drug dispensing excludes self-medication, therefore only mild analgo-antipyretics and most of the vitamin-containing drugs, bandages, hygienic devices etc. can be bought without prescription.

Almost the entire population is covered by public health protection (health insurance) which also includes the provision of drugs free of charge, with a minimum participation of the beneficiaries which is the same for all medicaments.

(4) Schemes and specific measures, including vaccination programmes, for the prevention, treatment and control of infectious, endemic, professional and other diseases and accidents in urban and rural areas

(a) Protection against infectious diseases

Measures of public health protection against contagious diseases fall within the scope of priority measures and are provided free of charge, and are compulsory for all in Yugoslavia. These measures cover complete health protection in the early discovery of new cases, and obligatory reporting and registration of 28 contagious diseases, isolation and treatment, disinfection, control of insects and rat extermination, epidemiological research and control of the carriers of certain infectious diseases.

In the prevention of infectious diseases, particular importance is attached to obligatory immunization (against tuberculosis, diphtheria, tetanus, whooping cough, poliomyelitis, measles, abdominal typhus, rabies and immunization of international travellers), obligatory sero-prophylaxis (against tetanus and rabies) and obligatory chemo-prophylaxis (against tuberculosis, malaria, dysentery, cholera and rabies).

Table 8. Obligatory vaccination in the SFR of Yugoslavia

		Age group				
Months		Years				
1	2 3 4-12	2	4	7	14	19
Smallpox		Smallpox <u>a/</u>		Smallpox <u>a/</u>	Smallpox <u>a/</u>	Smallpox <u>a/</u>
D-T-P <u>b/</u>		DTP	DTP	DT	DT	T
Polio		P	P	P	P	
		M				

a/ Only mantoux negative.

b/ Primary immunization with three doses.

The number of those suffering or those who died from infectious diseases is declining both in absolute and relative numbers. The most frequently occurring infectious diseases in Yugoslavia are influenza, bacillary dysentery and viral hepatitis, while malaria, typhus, trachoma and endemic syphilis have been eradicated. In recent years, diphtheria and poliomyelitis appeared as sporadic cases (up to 5 cases of diphtheria annually; 3 cases of poliomyelitis in 1975 and 2 cases in 1977).

By applying specific measures with respect to international travellers, foreign and Yugoslav nationals, the country is protected against the introduction and spreading of infectious diseases. In this manner, efforts are being made to sustain the results achieved in the eradication of malaria in Yugoslavia.

(b) Occupational diseases

Within the framework of health care and improvement of health of the working people, particularly of those holding jobs that pose a threat to their health, specific measures of health protection have been implemented so as to reduce the risks of occupational diseases. A list of occupational diseases and a list of professional injuries has been compiled containing 55 diagnoses.

The morbidity rate of these diseases has slightly increased (from 0.67 per cent in 1971 to 0.71 per cent in 1979 per 100,000 workers), primarily as a result of better diagnostics and more active health care of the population falling within this group.

The most frequent occupational diseases are occupational dermatosis, diseases of the respiratory system and occupational intoxication.

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(c) Accidents at work and elsewhere

In Yugoslavia, owing to health care measures, health education and improved living and working conditions, there has been no considerable increase in the number of injuries (approximately 3.6 per cent of the total population sustains injuries). However, the number of grave injuries and those resulting in death, particularly those caused in traffic accidents, have increased.

Injuries at work are declining. There were approximately 60 injured workers out of 1,000 workers in 1970, 53 in 1975 and 50 in 1970.

However, the average duration of treatment has increased; therefore, these injuries can be considered as more serious injuries. The highest injury rate has been noted in coal production and processing, while injuries most frequently result from the violation of regulations on protection at work.

(5) Programmes and specific measures designed to ensure for all age groups and all other categories of the population, particularly in rural areas, adequate health services, including appropriate medical care in case of sickness or accident

In Yugoslavia, great efforts are being made and considerable funds set aside (approximately 6.2 per cent of the national product) to provide adequate health care for the whole population. Almost the entire population is covered by health security schemes and enjoys equal benefits with respect to the right to health protection.

Owing to such policy and the implementation of measures of complex and active health care, significant results have been achieved in the SFR of Yugoslavia as regards the preservation and protection of the health of the population. There has been a decline in the death rate of infants and young children, an increased number of children are born with the assistance of medical experts, an increased percentage of the population receives medical treatment before death, the life span has been prolonged and the average age of the population has increased.

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Table 9. Natural population trends in the SFR of Yugoslavia, according to the census

	1921	1948	1961	1971	1974	1979
Live births per 1,000 inhabitants	36.7	28.1	22.7	18.2	18.1	
Deaths per 1,000 inhabitants	20.9	15.5	9.0	8.7	8.4	
Natality rate per 1,000 inhabitants	18.8	14.6	13.7	9.5	9.7	
Mortality of infants per 1,000 live births	164.7	-	82.0	49.5	40.9	
Average age						
Male	-	27.5	28.6	30.2	30.9	
Female	-	29.3	30.7	32.3	32.2	
Expected life span						
Male	-	48.6	62.3	64.8	65.4	
Female	-	53.0	62.4	69.2	70.2	

The expanded network of health institutions, particularly those for primary health care, and an increased number of medical workers, primarily of physicians, have made possible the enlargement of the scope and quality of services.

Table 10. Functioning of health institutions in the SFR of Yugoslavia  
 (number of check-ups per person)

Type of activity	1952	1962	1971	1972	1974	1976	1978	1979
General medical service	1.30	2.90	2.90	3.0	2.99	3.54	3.71	
Services for occupational diseases	-	-	5.38		2.17	2.56	2.85	
Children's dispensaries	0.66	1.52	3.06	3.97	4.35	4.69	4.98	
Schoolchildren	0.36	1.80	1.35	1.78	1.92	2.04	2.24	
Dispensaries for women	0.13	0.11	0.47	0.52	0.53	0.62		
Expert assistance at child birth	53.99	73.28	75.06	79.01	82.37	...	...	
Births								
In health institutions	21.9	45.6	68.5	75.0	75.90	79.57	...	...
Elsewhere	16.8	7.7	4.7	25.0	24.10	20.43	...	...
Treatments prior to death	42.1	52.9	65.1	66.6	72.9	76.1	...	...

It is evident that health care is becoming increasingly accessible to the population. The ratio of the number of physicians to the number of inhabitants and the number of beds available testify to this fact.

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Table 11. Number of inhabitants per physician and number of beds available per 1,000 inhabitants in the SFR of Yugoslavia

Year	1952	1962	1971	1972	1974	1976	1978	1979
Inhabitants per physician and stomatologist	2 562	1 311	939	889	848	782	661	
Beds available per 1,000 inhabitants	3.6	5.4	5.8	5.8	5.9	6.0	5.9	

Much has been done with respect to promoting living conditions, particularly in rural areas. In the SR of Serbia, a Law on Hygienization of Villages has been adopted and is being implemented; in the SR of Bosnia and Herzegovina there is a programme on hygienization of villages, while in the SR of Macedonia the programme on supplying the village population with hygienic drinking water supplied by waterpipes has been successfully implemented.

(6) Basic characteristics of the existing health care schemes and methods for their financing

In the introduction to this section it was stated that the basic right of citizens to health security has been stipulated by the Constitution of the SFRY and by the constitutions of the republics and provinces, and elaborated in the respective republican and provincial laws.

The concept of self-management, effected through the self-management communities of interest in the field of health and health insurance and the self-managing communities of interest for old age and disability insurance, constitutes a specific aspect of public health protection in Yugoslavia.

Self-managing communities of interest are established by the working people directly or through their self-managing organizations and communities, for the purpose of satisfying their individual and communal needs and interests and harmonizing their work in the field for which the community of interest is set up with the respective needs and interests. Rights, duties and responsibilities in their mutual relations within the self-managing community of interest are regulated by a self-management agreement on its establishment, its statute and other self-management enactments.

With a view to satisfying their needs and interests within the self-managing communities of interest, the working people render a financial contribution to these communities from their incomes and the funds of the basic organizations of associated labour, in accordance with the purpose or objectives for which they are intended.

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Workers and other working people, realizing their personal and common needs and interests in the field of health and social welfare, on the principles of mutuality and solidarity, and workers of the organizations of associated labour engaged in these fields, establish self-managing communities of interest in which they conduct a free exchange of labour, decide together and on the basis of equality on the discharge of these activities in accordance with their common interest, determine the policy of development and promotion of these activities, realizing other common interests as well.

On the basis of established programmes and plans of work, arrangements are made with individual health institutions for the provision of services to the beneficiaries during a specific period of time.

Development of health care is planned in the framework of the social development plans usually envisaged for a five-year period (medium-term development plans). These plans are formulated on the basis of an analysis of the state of health of the population, organization of the health service, the needs of the population in health care and the possibilities of society.

Health care is financed on the principle of mutuality and solidarity, and the pooling of resources of health care beneficiaries, working people and citizens, working organizations and other beneficiaries of health care and services.

Delegates jointly determine, at the assembly of the self-managing community of interest, the amount of funds necessary for the realization of the agreed health care programme.

Working organizations and communities may also arrange with health organizations separate additional health care programmes for their needs, which they finance themselves.

### C. Statistical data on health protection

Health care, primarily prevention, the early discovery of diseases, diagnostics and the treatment of diseases and cases of health impairment, prevention of disability and medical rehabilitation, is directly provided for by 15,061 out-patient institutions and 423 different types of hospitals throughout the SFR of Yugoslavia.

In 1978, health care was provided by 140,744 health workers and 29,980 physicians (16,292 of whom are specialists for one of 30 medical fields), 5,946 dental practitioners, 5,131 pharmacists and 1,517 other experts with a university degree; health institutions employ 17,741 medical staff, nurses and midwives with high school education, 72,499 medical staff, nurses, medical technicians and midwives with secondary school education and 2,939 with elementary school education.

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In the SFR of Yugoslavia, for every 10,000 inhabitants there is an average of 13.68 physicians, 2.7 stomatologists, 2.3 pharmacists, 29 nurses and technicians with high school and secondary school education, 3.1 midwives and 1.4 sanitary inspectors. In other words, in Yugoslavia there is one physician per 731 inhabitants, one stomatologist per 3,706 inhabitants and one pharmacist per 4,308 inhabitants (see annex, tables A.1 to A.4).

In 1978, in the SFR of Yugoslavia there were 121,771 beds in different hospitals and 8,592 beds in natural cures and spa centres and non-hospital centres in which 2,478,084 patients were treated, with 42,376,754 hospital days (see annex, table A.3); the average duration of treatment was 17.1 days.

In 1978, there were 123,834 visits to physicians in out-patient health institutions, meaning that, on the average, each Yugoslav citizen had an opportunity to visit a physician six times a year (adults 6.8 times; children 0-6 years 4.4 times; schoolchildren and youth 1.7 times; women visited gynecologists once). These numbers do not include visits to specialized health institutions, such as anti-tuberculosis dispensaries, dermatovenereal or oncological dispensaries etc.

Owing to the developed network of health institutions, numerous practitioners and other health workers, there is almost general health security coverage in Yugoslavia; in 1978, 84 per cent children were born with professional assistance and almost all of them were born in hospitals (83.6 per cent of the total number of children born). The mortality rate per 1,000 live births is 35.6; the specific mortality rate of the group aged 1-4 years is 1.4 per 1,000 children.

Approximately 78 per cent of the deceased received medical treatment before death and in 76 per cent of cases the cause of death was established by a physician.

The expected life span is continuously being extended; in 1970/1972 it was 70.2 years for women and 65.4 years for men. According to the census of 1971, the average age of the population was 32.3 years for women and 30.2 years for men, and it is continuously increasing.

Five to six per cent of the gross national product is allocated for national health security schemes, mostly for treatment in hospitals and health institutions (approximately 40 per cent), out-patient treatment (approximately 29 per cent) and medicaments (approximately 17 per cent).

In the SFR of Yugoslavia, particular attention is devoted to the health care of children and youth, working people, women in the generative age, the prevention and eradication of infectious diseases and the protection of the human environment.

Notes

1/ See the Statistical Yearbook of the SFR of Yugoslavia, 1980. All other data referred to in the present report are based on the Statistical Yearbook of the SFR of Yugoslavia for the years 1978 and 1980, unless otherwise specified.

2/ Social Development, Statistics and Documentation 1970-1978, Federal Committee for Labour, Health and Social Welfare, Belgrade, June 1979 (SDM-1/79).

3/ Hot meals are served in organizations of associated labour and work communities during the hours of work; resources for these meals are allocated from the resources earmarked for collective consumption, while restaurants for schoolchildren and university students are subsidized.

Annex

Table A.1. Number of citizens and members of certain population groups per physician or other medical worker in health institutions for out-patient treatment and polyclinics, 1978

Population and/or population group	Number of organizational units	Practitioners (excluding stomatologists)			Stomato- logists	Pharmacists	Nurses and technicians		Inspectors	
		General medical service specialists	Total	High school education			Secondary school education	Practitioners	High school and secondary school education	
Overall population	15 061	2 613	3 027	1 402	3 930	4 671	3 498	944	-	-
General medical service (overall population)	7 083	4 090	6 233	2 469	-	-	5 717	1 612	-	-
Active insurees (professional diseases)	1 208	4 865	6 973	2 865	-	-	15 095	2 417	-	-
Children (age group 0-6 years)	1 206	4 093	2 975	1 722	-	-	12 986	965	-	-
School children and youth	629	10 259	9 922	5 044	-	-	23 804	3 708	-	-
Women in the generative period	1 079	45 388	9 388	7 779	-	-	8 731	3 230	-	-
Protection against TBC (overall population)	471	318 376	56 067	48 175	-	-	96 350	19 671	-	-
Oncological protection (overall population)	80	366 133	141 729	102 176	-	-	90 032	91 153	-	-
Mental health protection (overall population)	340	678 105	71 093	63 308	-	-	60 517	131 544	-	-
Emergency health service (cities: 9,885,600; approximately 45 per cent of inhabitants)	159	23 151	119 103	19 385	-	-	11 953	39 861	-	-

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Table A.2. Out-patient institutions in the Socialist Federal Republic of Yugoslavia and their work

	General medical service			Protection of children		Protection of women		TB	Oncological services	Dental services	Mental health	Emergency aid
	General Practitioners	Specialists	Total	Medical workers	Protection of children 0-6 years	Protection of children 7-18 years	Protection of women					
Organizational units	3 923	3 160	7 083	1 208	1 206	629	1 079	471	80	2 806	340	159
Physicians, total	5 586	3 310	8 896	2 044	1 530	958	706	456	215	5 589	347	510
General practitioners	4 511	861	5 372	1 204	644	471	121	69	60	-	38	427
Specialists	1 075	2 449	3 524	840	886	487	585	387	155	...	309	83
Nurses and medical technicians with high school education	...	...	3 071	388	327	203	628	228	244	1 785	363	827
Others with high school education	...	...	771	-	-	-	26	-	-	7 419	-	20
Nurses, technicians and midwives with secondary school education	...	...	13 620	2 423	2 730	1 303	1 669	1 103	236	-	155	20
Medical staff with elementary school education	...	...	2 008	205	194	68	34	108	5	-	12	208
Attended by physician,	52 996	28 553	81 549	16 748	11 557	8 416	5 544	3 545	...	22 315	...	...
Total new cases	-	-	36 458	5 915	7 055	1 856	2 466	...	...	...	...	...
Identified diseases	19 572	1 964	21 536	4 746	6 145	4 082	1 235	69	...	...	...	...

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Table A.3. Hospitals, number of beds available, number of discharged patients, hospitalization days and hospital workers in the Socialist Federal Republic of Yugoslavia, 1978

Hospitals	Number of beds available	Number of discharged patients	Hospitalization days	Medical staff		
				Physicians	Specialists	Others
				General practitioners		
General hospitals	138	1 961 714	27 377	2 647	6 380	35 215
Tuberculosis	27	55 699	2 573	140	314	1 969
Mental diseases	21	31 286	4 131	148	328	2 517
Infectious diseases	1	7 021	114	10	40	209
Traumatology	10	27 358	1 007	54	140	1 077
Gynaecology and obstetrics	3	22 153	206	15	39	188
Orthopaedics	1	3 383	92	4	25	44
Eye diseases	1	2 250	36	8	-	11
General children's hospitals	34	106 886	2 981	177	210	1 650
Rehabilitation	10	38 445	610	54	204	1 099
Other special hospitals	13	26 846	688	70	176	745
Spa and climatic cures	6	14 951	440	35	41	284
Health units of centres for health protection	158	178 092	1 922	106	142	1 725
Total	423	2 476 084	42 377	3 468	8 039	46 733

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Table A.4. Medical staff and assistant medical staff,  
according to the regulations in 1978

Occupation	University degrees	Vocational Training			Total	Percentage per 10,000 inhabitants
		High school education	Secondary school education	Elementary school education		
Physicians	29 980	-	-	-	29 980	13.68
Stomatologists (Dentists)	5 946	-	-	-	5 946	2.7
Pharmacists	5 131	-	-	-	5 131	2.3
Others	1 517	-	-	-	1 517	
Nurses and medical technicians	-	7 355	49 985	-	57 340	
Nurses' aids	-	3 899	-	2 004	5 903	
Total assistant medical staff	-	11 254	49 985	2 004	63 243	28.7
Physiotherapist technicians	-	1 375	1 077	-	2 452	
Pharmaceutical technicians	-	283	4 590	-	4 873	
Dental technicians	-	559	4 808	-	5 367	
Dentists	-	908	426	-	1 334	
Radiologist technicians	-	942	1 117	-	2 059	
Laboratory technicians	-	924	7 560	-	8 484	
Sanitary technicians	-	1 242	1 853	-	3 095	1.4
Technicians for professional diseases	-	216	85	-	301	
Nurses - midwives	-	38	5 939	-	6 027	
Midwives	-	-	-	935	935	3.1
Total	42 574	17 741	72 499	2 939	140 744	62.5

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