

## MIGRATION AND HUMAN SECURITY CHALLENGES DURING COVID-19 PANDEMIC IN BIH

Ilarija BAŠIĆ<sup>92</sup>

PhD candidate, University of Mostar, Bosnia and Herzegovina

**Abstract:** The COVID-19 pandemic has significantly changed the life of every human being including those who are on the move in a search for a better life in one of EU countries. It has left the impact on the health and wellbeing of the migrants, refugees and asylum seekers in BiH residing in temporary reception centres, but also those in informal locations who are particularly affected due to poor access to health services and limited access to proper sanitation, hygiene facilities and personal protective equipment. In addition to this, migrants, refugees and asylum seekers have faced overcrowded temporary reception centres, burn down of one centre in the middle of the winter, deterioration of social cohesion in host communities and xenophobic narrative of some politicians. This research paper aims to analyse were the introduced COVID-19 measures within temporary reception centres in accordance with the recommendations for the local population, have the people on the move have access to the proper health care related to the COVID-19 including immunization, how the security risks related to the transmission were prevented, both in centres and informal locations. Using the content analysis, comparative, descriptive, and interview methods, in this research paper will also be deepened the understanding of how security challenges related to these events were overwhelmed.

**Keywords:** Migrants, security, challenges, COVID-19, health care.

### Introduction

In December 2019, a new type of coronavirus called novel coronavirus (COVID-19) was identified in Wuhan, China, after the virus has spread rapidly worldwide. The virus was confirmed to have reached Bosnia and Herzegovina on 5 March 2020, when a patient in Banja Luka, who had travelled to Italy, tested positive (Wikipedia). The World Health Organization (WHO) declared the novel coronavirus a global pandemic on 11 March, and called for governments to take urgent and aggressive action to minimize the consequences of the spread of this highly infectious virus (WHO, 2020), while on 17 March, the Council of Ministers of Bosnia and Herzegovina declared a state of emergency in the entire country which has one of the highest rates of COVID-19 deaths in the world as well as one of the lowest test rates in Europe (Wikipedia).

The outbreak of the pandemic represented a diversified emergency by sectors and by human units. It has had first and foremost medical and health impacts and, secondly, economic, security, social, and psychological impacts. Furthermore, in its global and

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<sup>92</sup> Contact address: ilarijah@gmail.com

transversal dimension, the pandemic is a phenomenon that does not only concern the security of states and that cannot be addressed only at the state level. The economic, political, social, and psychological impacts of the pandemic risk translate into security criticalities capable of producing instability. Security problems that go beyond the sphere of “military” threats but no less dangerous than this (Di Liddo, 2021, p. 8).

Whilst concerns around the ways in which health is increasingly co-opted by approaches to national security are not new (Aldis, 2008; Elbe, 2011; Feldbaum et al., 2010, 2006; King, 2002; Wenham, 2019), the Covid-19 pandemic has, in many ways, provided an unwelcome opportunity to witness these concerns unfold in real-time. The pandemic highlights how existing, and growing, tensions relating to the movement of people across national borders – that manifest as xenophobia, racism, and nationalism – continue to frame popular imaginations of the spread of communicable diseases (Clissold et al., 2020; Elias et al., 2021; Kwok, 2020; Reny and Barreto, 2020). The COVID-19 pandemic, specifically the securing of borders – both physically and metaphorically – maps onto existing regional, and global, challenges, amplifying existing tensions surrounding immigration and the management of communicable diseases, and the experiences of different migrants globally (Vearey, J., Grunchy, T., Maple, N., 2021).

Migrants in Bosnia and Herzegovina (BiH), beside COVID-19, were affected by the health/safety impact on the International Organization for Migration (IOM) operational migrant response, especially in relation to the management of temporary reception centres. In particular, the increasing demand for accommodation has been complicated by the necessity to ensure compliance with COVID-19 mitigation and prevention measures such as maintaining physical distancing and ensuring space for quarantine. The reception of people on the move has disproportionately been affecting communities in Una-Sana Canton who have voiced concerns about constrained resources and insufficient support from the State. The BiH authorities have struggled to adequately respond to the basic needs and human rights of migrants in the country. The situation, requiring a multi-level and multi-sectorial approach, has exposed the country’s complex governance system. IOM has scaled up its operations across the country in six active temporary reception centres, providing safe, secure and dignified accommodation that is in line with COVID-19 mitigation measures, food, and other necessities, and where migrants have access to a range of health and protection services and strengthening the resilience of local communities where was evident psychosocial strain, social alienation leading to increased vulnerability to online manipulation (social engineering) by violent extremist groups, and the rise of xenophobia (IOM, 2021).

## Methodology

The goal of this research is to deepen the understanding of how COVID-19 has affected the lives of people on the move currently residing in BiH, especially the health and well-being of the migrants, refugees, and asylum seekers in BiH residing in TRC’s, but also those in informal locations who are particularly affected due to poor access to health services and limited access to proper sanitation, hygiene facilities, and personal protective equipment. The paper aims to analyse were the introduced COVID-19 measures within TRC’s in accordance with the recommendations for the local population, have the people

on the move have access to the proper health care related to the COVID-19 including immunization, how the security risks related to the transmission were prevented, both in centres and informal locations. The main and auxiliary hypotheses were determined in line with the paper's goal.

The main hypothesis is: People on the move have had the access to health care in BiH during the COVID-19 pandemic.

Auxiliary hypotheses are:

H1: An obstacle to access to health care during the COVID-19 in BiH is the constant movement to the desired destination.

H2: The people on the move have not presented a security threat to the public health in BiH, during the COVID-19 pandemic.

The following methods were used in this paper: content analysis, comparative and descriptive method, as well as interview. Due to the multidisciplinary nature of the topic, the results of the research will be useful to the academic community, representatives of the media, and non-governmental and educational sectors.

## **Discussion and results**

Health has become an increasingly important issue and one which has caught the attention of the foreign and security policy community. In the last few decades, the world has witnessed the rise and spread of new diseases like SARS, Anthrax, Chagas and Ebola, Corona Virus, etc., which challenge the concept of national security.

In the year 2015, 189-member states of the United Nations (UN) made a promise to free people from fear, want, and diseases. This pledge became the 17 Sustainable Development Goals to be achieved by 2025. SDG 3 talks about health and wellbeing, which has been a pertinent issue of the most debated concept of human (health) security. Conceptually, human security and health are interlinked. The mounting globally spreading threat of infectious disease requires special consideration, in the tune of SDG 3, within the context of the developing definition of security. It focuses on strengthening the capacity of all countries, particularly of developing countries, for early warning, risk reduction, and management of national and global health risks with several other targets. Building international research networks for health, supporting international public-private partnerships to create new lines of drugs and vaccines, coming together to eradicate diseases, and taking part in international treaties that govern the global community, in which countries can use health-specific SDG targets to promote a stable and result-oriented public health system in the tune of national security priorities (Singh, 2020).

Human security is a people-centred concept that seeks to address the root causes of insecurity. The idea of human security provides a counterweight to it, offering a more comprehensive understanding of the multidimensional challenges to human survival and well-being by focusing on people's needs. It is most pithily summed up as the 3 freedoms: "freedom from want"; "freedom from fear"; and "freedom to live in dignity". It is useful to consider in this context 7 components or types of needs or issues associated with human security as elaborated by the UN: health security, economic security, food security, environmental security, personal security, community security, and political security. Health security encompasses access to health services and living in a safe environment. The

emergence of the novel coronavirus has created a severe global public health emergency, having by March 2021, over 2.6 million people around the world killed by COVID-19. In addition to direct deaths caused by the coronavirus, there are likely to be many indirect deaths resulting from delays in seeking healthcare for other disorders or from overwhelmed health systems, or the diversion of resources to deal with the coronavirus (Di Liddo, 2021, p. 13-14).

The co-opting of health concerns to justify securitization of borders and sovereignty began to emerge at the end of the Cold War when a renewed approach to what is now framed as global health security (GHS) was initiated (Ingram, 2004). With the ultimate aim of protecting global health (Feldbaum et al., 2010), GHS, according to the WHO, straddles discussions on global health and the securitization agendas associated with state sovereignty through concerns associated with bioterrorism and infectious disease control, with a focus on pandemic preparedness (Vearey, J., Grunchy, T., Maple, N., 2021).

Since the beginning of 2018, Bosnia and Herzegovina (BiH), as part of the Western Balkan migrant route, has become an attractive destination for the people on the move on their way to the European Union (EU) countries. According to the data of the Service for Foreigners' Affairs of BiH a total of 85.206 migrants were registered in BiH in the period 2018-2022. In 2021 BiH had made a significant step forward in the migration management process, especially in the area of more efficient control of movement and stay of migrants within the territory of BiH, closing "informal camps" and strengthening cooperation with local communities, where BiH Ministry of Security and the Service for Foreigners' Affairs of BiH played an important role. With the progression of the COVID-19 pandemic in Bosnia and Herzegovina and globally in 2020-2021, the Government of BiH has adopted vital and evidence-based public health measures to help control the spread of COVID-19.

### **Lack of information and stigmatization**

Insufficient communication by the authorities regarding the extraordinary measures imposed was identified as one of the first human rights issues which emerged in the national response to the Covid-19 pandemic. Restrictions were seemingly enacted without clear justification and, generally, information on the measures undertaken and the situation in the country was scarce and insufficient. At the very beginning of the virus outbreak in BiH, one of the three Ombudspersons in BiH, Ms Jasminka Dzumhur tackled directly this issue in an interview saying that citizens have been deprived of important information by the authorities (Banjaluka Centre for Human Rights, 2020, p. 10).

Stigmatization and discrimination of persons associated with COVID-19 was on the rise at the initial stage of the outbreak, and the aforementioned exposing of personal data was contributing to it. Persons who tested positive, those under self-isolation, and even those working closely with persons who might be positive, like medical staff, were subjected to threats, hate speech on social media, and evictions. Initial concerns about scapegoating have been confirmed by reports of hate speech directed against the migrant, refugee, and asylum seeker (MRA) population and discriminatory barring of these people from accessing shops and private accommodation. Prejudices were brought to the forefront this time as well, and because of them migrants were blamed to be COVID-19 carriers. Certain officials cautioned BiH citizens against interacting with MRAs which gave individuals justification

for behaving in a discriminatory manner. One example was seen when on 21 March, information was received that in response to the evolving Coronavirus situation, Robot market in Bihać banned MRAs to enter this market. Allegedly, there was a poster placed at the entrance door saying *"Immigrants not allowed entry in market"* (Banjaluka Centre for Human Rights, 2020, p. 14-15).

The state minister of security, Fahrudin Radončić, was also threatening to introduce further punitive measures, and to extend limitations to freedoms. He has personally declared war not only on the virus but also on the thousands of migrants and refugees who are stuck in BiH. Many of them, some 4,000, are settled in temporary centres led by the International Organization for Migrations (IOM), and others in private facilities, whereas some 2,000 people, according to rough estimates, are left outside. They live in exceptionally difficult conditions, without the opportunity to maintain hygiene or buy food. In one of his appearances, Radončić said how migrants are *"the greatest hotspot of the coronavirus in BiH,"* ordering the quarantining of the centres and with it a complete prevention of movement for migrants and refugees, threatening that, if people violate these measures, *"the police has to physically force them to be there and prohibit their movement"* (Ahmetašević, 2020).

The confluence of the mixed migration and COVID-19 crises implicates a unique set of concerns, given the vulnerability of the already marginalized and underserved migrant/refugee population. Legally speaking, various measures have been adopted to limit the rights of migrants, refugees and asylum seekers in accordance with the level of government which adopted them. The measures referred to bans on movement for a certain period of time, bans on gatherings, bans on the entry of foreign citizens into BiH, compliance with health guidelines, etc. They were aimed at BiH citizens, as well as at refugees and migrants for whom a special decision was adopted at the BiH level restricting movement and residence in order to protect the health of citizens. In order to limit contact between migrants and refugees and the general public, officials, especially those in cantons with larger migrant/refugee populations, restricted the movement of migrants and refugees, turning accommodation facilities into detention centres. A new tent camp de facto in Una-Sana Canton was opened, camp Lipa, which was hastily put together at the outset of the COVID-19 outbreak. It is a tent settlement and does not have running water or sewerage. The conditions in the camp are below any decent standard, and migrants and refugees are forcibly kept there. In times of crisis, the violation of the human rights of migrants only spilled over from the "usual situation": Thus, with the bans on movement, discrimination, inhumane conditions, the bad attitude of the authorities towards this population only continued (Banjaluka Centre for Human Rights, 2020, p. 30-31).

International humanitarian organizations – IOM, UNHCR, UNICEF, DRC, MdM and Save the Children called for state, entity and local authorities of Bosnia and Herzegovina to uphold the principles enshrined in International Human Rights Law, ratified conventions – as well as national legal frameworks – and ensure safety and protection for people stranded for the days at the location of the former Lipa Emergency Tent Camp, in freezing temperatures, without access to basic facilities, supported with minimal humanitarian assistance (FENA, 2020).

## Health response

Danish Refugee Council (DRC) in BiH focuses on improving access to primary and secondary health care including psychosocial and mental health services to refugees, migrants and asylum seekers, as well as on enhancing the overall protective environment, primarily for the most vulnerable persons of concern, including the survivors of Sexual and Gender-Based Violence (SGBV). Therefore, for the purpose of this research an interview was conducted with the representatives of this humanitarian organization.

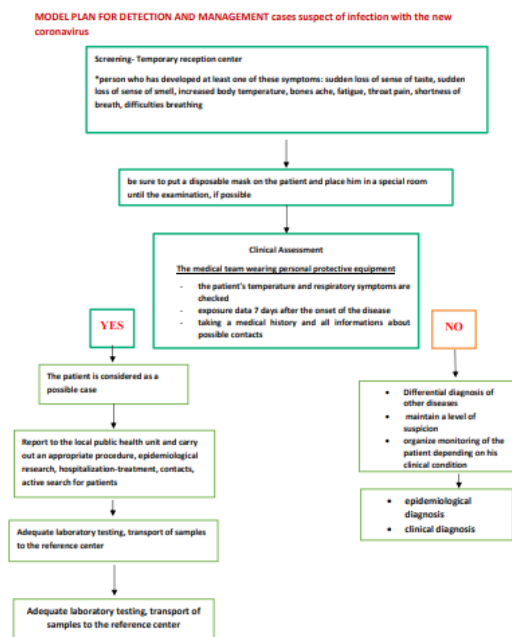
DRC works closely with Institutes of Public Health, Ministries of Health, Clinical Centres, Health Centres, and Hospitals, and with the WHO in BiH, and has contracts with local health institutions. DRC has ensured that each one of the existing centres in BiH, has a temporary outpatient ambulance for receiving patients and providing health services for persons in need, as well as for referral to specialist examinations or longer treatment, when necessary, in hospitals or clinical centres. The medical teams of the local Health Centres are daily present in infirmaries that are fully equipped. On average, DRC-supported medical teams in infirmaries conduct over 6,000 medical consultations a month, with over 1,200 direct medical interventions per month.

As the pandemic was declared, DRC and other actors mobilized to support the government in its efforts to save lives, control the transmission of the virus and ease the economic fallout. The proposed actions by the DRC in partnership with other service providers have aimed to alleviate gaps and provide immediate solutions to the most urgent needs of migrants and asylum seekers who may find themselves without adequate accommodation, no access or scarce access to basic services and exposed to public health risk. With the support of health care actors - Federal Ministry of Health in Bosnia and Herzegovina (FMoH), Primary Health Centres and Public Health Institutes and Emergency Medical Department (EMD) - DRC has conducted the assessment of medical equipment, assets and supplies and defined the list of priorities for urgent upgrades based on the set of criteria and relevant to needs of migrant and public health.

Further, DRC has strongly advocated for equitable access to primary and secondary healthcare for asylum-seekers, refugees and migrants affected by COVID-19. During the first operational and coordination meetings of health authorities, a set of preventive measures were defined, as well as detailed instructions shared on a daily and transparent exchange of information, pieces of advice, and experiences among the organizations dedicated to health care of MRA. DRC teams together with the camp management have provided informative sessions for beneficiaries in the camps and making sure that the emphasis is put on all-important measures, as well as on minimized contact with other people. The materials which contain information on Covid-19 prevention were available in each TRC in the following languages: English, Urdu, Pashto, Arabic, and Bengali.

*"Previously prescribed safety measures and steps to be taken in the case that viral disease occurred among a migrant population, were quickly adapted to the needs of COVID-19, in cooperation with local health institutions and the WHO. Together with IOM, we have provided and equipped special parts within the temporary reception centres for the needs of isolation wards for preventive purposes, but also for the treatment of patients. We have additionally strengthened the already quality referral mechanisms with health care institutions and confirmed that only teamwork would bring results,"* said Verica Rečević, DRC Program Manager.





Picture 1. Model plan for detection and management of cases suspected of infection

Together with the Swiss Agency for Development and Cooperation (SDC) DRC has provided full support to health institutions to alleviate the circumstances caused by the COVID-19 pandemic in BiH, but also to relieve medical workers from an increased number of examinations and interventions under the influence of asylum seekers, migrants, and refugees. Specialized medical equipment was donated, as well as numerous devices to the health centres and public health institutes, which has improved the quality of services provided.

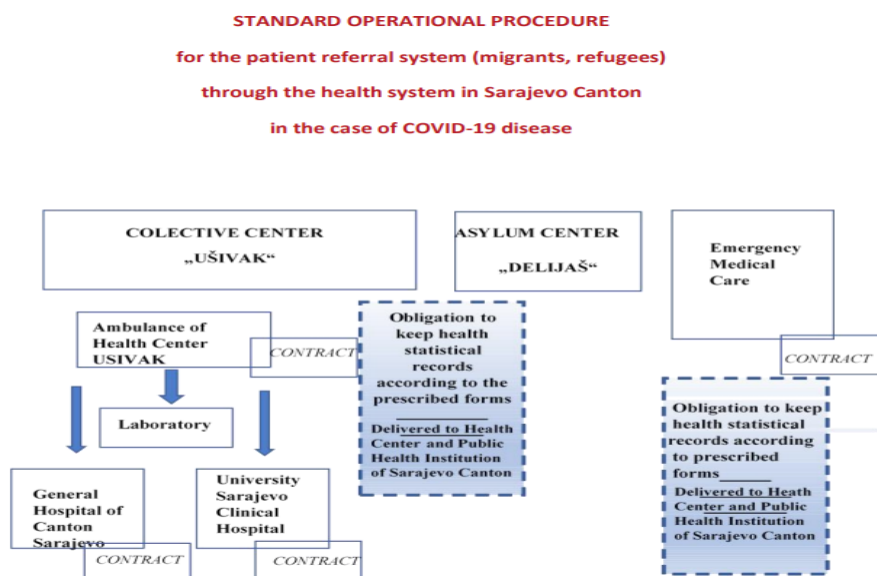
*“The outbreak of the COVID-19 pandemic aggravates the situation for all people living in Bosnia and Herzegovina, with even higher health risk exposure for migrants. Switzerland thus strongly urges the Bosnia and Herzegovina authorities at all levels to step up their efforts to provide emergency assistance and to agree on a longer-term, sustainable solution for the current migrant crisis. We remain committed to supporting Bosnia and Herzegovina in managing the challenging migrant and public health situation in line with international human rights standards”,* stated Barbara Dätwyler Scheuer, Director of Cooperation at the Embassy of Switzerland in Bosnia and Herzegovina.

Particular attention was on health care institutions in Una-Sana Canton, Canton Sarajevo, Herzegovina-Neretva and Tuzla canton, which are affected by the increased influx of MRA, being without adequate accommodation, without access, or with limited access to basic services, including health services.

*“Employees of the Sarajevo Canton Public Health Institute, together with the DRC, have been ‘on the go’ for the past two years, but successfully, resolving situations concerning the health care of people on the move. With the outbreak of the COVID-19 pandemic and our joint reaction and response to this virus among the people on the move, we finally assessed that the conditions are met to formally draft a document with progress so far made, in the form of the Standard Operating Procedure (SOP), comprehending all aspects into a standardized form. In practice, these procedures*

have been carried out for a long time. We have defined the chain of responsibility of all directly involved health actors, but also of those who cooperate with health workers, in terms of access to health by people on the move,” said Aida Pilav, director of the Public Health Institute of Sarajevo Canton (DRC, 2021).

The response of all health care institutions has been equitable and inclusive, so that no individual is left out unattended if in need regardless on his/her age, gender, ethnicity/race or other social characteristics. Promptness of realized support has been particularly important with the very first confirmed cases of COVID/19 among migrant population in August, 2020. Health respondents on a primary and secondary level stepped up their response in diagnosing, treating and hospitalizing COVID-19 positive identified in TRCs and out-of-sites. Under-resourced hospitals and fragile health systems were getting overwhelmed with the first days of pandemics and only a fast-track mechanism could enable DRC and the partners to offer immediate assistance to BIH to MRA, as well as to local population. This also meant providing health workers and others involved in the COVID-19 response with appropriate policy in place to reduce infections, as well as with mentorship and training in infection prevention. Improvement of health care system and flow of health care knowledge and humanitarian experience fostered through this project is building trust amongst frontline respondents creating an atmosphere of mutual respect and understanding of MRA population needs.



Picture 2. Standard operational procedure for the patient referral system

With the Standard Operational Procedures (SOP) document in place, for the purpose of organizing training sessions and disseminating knowledge to a wider audience of respondents in both cantons, DRC in cooperation with relevant institutions applied a multi-disciplinary approach. The first Training session was held on December 21, 2020 for participants in Sarajevo Canton while the second training session was held on December 23, 2020 for participants in Una Sana Canton.



Main Training Contents were the following:

- COVID-19 in TRC's: good practices and importance of SOP implementation;
- Basic principles of microbiological diagnostic in COVID-19;
- Standard Operating Procedures in Prevention: Contact Tracing;
- Occupational safety of health workers and actors in response to the COVID-19 pandemic;
- Psychological risks to health of professionals and actors involved in the response to COVID-19;
- Understanding the need for SOP: Basic microbiology of COVID-19.

DRC has directly contributed to the improvement performance of the healthcare in alleviating the health effects of COVID-19 on migrants and general population, thus contributed to the overall *Preparedness and Response Plan* and *COVID-19 Emergency and Preparedness Plan for People of Concern in Temporary Reception Centres in BiH*, in coordination with federal, cantonal and local health authorities, together with World Health Organization and other actors.

COVID-19 testing was included in medical care provided to people on the move in infirmaries within TRC's as well as treatment within temporary reception centres under medical surveillance or – in case of severe health conditions – treatment in medical institutions, all in accordance with WHO and local health authorities' recommendations, and with the same level of treatment that is available for the local population. For persons not having access to adequate reception facilities and exposed to harsh living conditions, DRC provided emergency and lifesaving assistance through outreach response, together with partner Red Cross of Federation of BiH. These people also have the opportunity for the proper medical care within one of the health institutions in BiH, through established referral mechanisms.

Since the outbreak of the COVID-19 pandemic till the June 1, 2022, teams of primary healthcare centres and DRC have performed 106,034 medical screenings for COVID-19 for people on the move, both within temporary reception centres and in outreach locations. So far, 1,936 people were tested with PCR, 5,090 Ag-RDT, and only 373 have been confirmed COVID-19 positive. DRC haven't recorded any death case related to COVID-19 among migrant population in BiH.

#### TOTAL NUMBER OF POCs SCREENED SINCE MARCH 2020



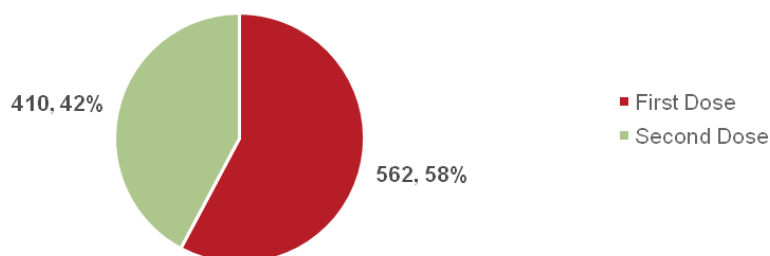
RECEPTION CENTERS & OUT-OF-SITE LOCATIONS

Picture 3. The number of tested migrants

In Bosnia and Herzegovina, in the area of the Una-Sana Canton, COVID-19 vaccination for refugees, migrants, and asylum seekers who reside in temporary reception centres Borići and Miral have begun in August 2021. The Public Health Institute of the Federation of Bosnia

and Herzegovina has allocated 500 doses of Astra Zeneca vaccine, while the IOM, through a project implemented by the DRC, has ensured vaccine application material, as well as doctors who will monitor the condition of people on the move, three days after vaccination. Until June 1, 2022, 972 PoCs vaccinated against COVID-19, of which 562 first dose and 410 second dose (DRC, 2022).

#### POCs VACCINATED WITH FIRST & SECOND DOSE



Picture 4. The number of vaccinated migrants

## Conclusion

With the SDC support, DRC provided immediate short and mid-term support to the country's response to COVID-19 in order to mitigate the threats to public health and contribute to the stabilization of migrant and host communities. The COVID-19 pandemic was a test of cooperation and partnerships and showed how different actors must respond collectively and in inventive ways to complex global challenges.

MRA have had the access to health care in BiH during the COVID-19 pandemic, as well as that the main obstacle to access to health care was the constant movement of people towards their desired destination. MRA have not presented a security threat to the public health in BiH, during the COVID-19 pandemic. Therefore, the bans on movement, discrimination, inhumane conditions, and the bad attitude of the authorities towards this population were not appropriate and they represent a violation of human rights.

DRC has been strengthening the capacities of health authorities and institutions in terms of response to COVID-19 through building resilience and preparedness through organizing Webinars or other knowledge sharing activities, and producing thematic analysis documents, such as: Sitreps, Spot check reports, Monthly Health Snapshots, weekly and monthly Health Reports, daily updates, etc. on COVID-19 response and the impact of pandemics to asylum seeking and migrant population. In this way, DRC has been reducing risks of the pandemics spread, enabling the service providers to remain operational and responsive regardless of vast exposure to population potentially carrying the COVID-19.

We can conclude that the capacities of the health care institutions and providers have met the health needs of migrants and the local population in relation to COVID-19, and they have been even improved. The health conditions of migrants have improved and the risk of spreading the COVID-19 infection amongst migrants and to the citizens of the host communities has been prevented.

## Literature

- Ahmetašević, N. (2020). *Bosnia and Herzegovina's covid-19 response threatens fragile human rights*. <<https://kosovotwopointzero.com/en/bosnia-and-herzegovinas-covid-19-response-threatens-fragile-human-rights/>>. Accessed on 14 June, 2022.
- Aldis, W., 2008. *Health security as a public health concept: a critical analysis*. Health Policy Plan. 23, 369–375. doi:10.1093/heapol/czn030.
- Banjaluka Center for Human Rights, (2020). *Human Rights in times of COVID-19 Identified omissions in realization of human rights in Bosnia and Herzegovina*. <<https://www.osce.org/files/f/documents/7/7/470667.pdf>>. Accessed on 14 June, 2022.
- Carciotto, S., 2020. *Making Asylum seekers more vulnerable in South Africa: the negative effects of hostile asylum policies on livelihoods*. Int. Migr. doi:10.1111/imig.12788.
- Clissold, E., Nylander, D., Watson, C., Ventriglio, A., 2020. *Pandemics and prejudice*. Int. J. Soc. Psychiatry 66, 421–423. Doi:10.1177/0020764020937873.
- Di Liddo, M. (2021). *The impact of Covid-19 on Human Security*. <[https://www.un.org/humansecurity/wpcontent/uploads/2021/06/Human\\_security\\_covid\\_CeSI\\_MAECI\\_May\\_2021\\_1.pdf](https://www.un.org/humansecurity/wpcontent/uploads/2021/06/Human_security_covid_CeSI_MAECI_May_2021_1.pdf)>. Accessed on 14 June, 2022.
- DRC, (2022). *Emergency response to COVID-19 in Mixed Migration Context in Bosnia and Herzegovina*. <<https://drc.ngo/media/jxflewcu/situation-report-covid-19-78-01-06-2022.pdf>>. Accessed on 14 June, 2022.
- DRC, (2021). *Standard Operating Procedure (SOP) for prevention of COVID-19 transmission*. <<https://drc.ngo/media/ql5bsswv/success-story-sop-for-prevention-of-covid19-transmission.pdf>>. Accessed on 14 June, 2022.
- Elbe, S., 2011. *Pandemics on the radar screen: health security, infectious disease and the medicalisation of insecurity*. Political Stud. 59, 848–866. doi:10.1111/j.1467-9248.2011.00921.x.
- Elias, A., Ben, J., Mansouri, F., Paradies, Y., 2021. *Racism and nationalism during and beyond the COVID-19 pandemic*. Ethn. Racial Stud. 44, 783–793. doi:10.1080/01419870.2020.1851382.
- Feldbaum, H., Lee, K., Michaud, J., 2010. *Global health and foreign policy*. Epidemiol. Rev. 32, 82–92. doi:10.1093/epirev/mxq006.
- Feldbaum, H., Patel, P., Sondorp, E., Lee, K., 2006. *Global health and national security: the need for critical engagement*. Med. Confl. Surviv. 22, 192–198. Doi:10.1080/13623690600772501.
- FENA, (2020). *BiH authorities urged to find a solution for 900 migrants from the Lipa camp*. <BiH authorities urged to find a solution for 900 migrants from the Lipa camp - FENA.NEWS>. Accessed on 14 June, 2022.
- Ingram, A. Nuffield Health & Social Services Fund, UK Global Health Programme, 2004. *Health, Foreign Policy & Security: Towards a Conceptual Framework for Research and Policy*. Nuffield Trust, London.
- IOM, (2021). *Bosnia and Herzegovina Crisis Response Plan 2021*. <<https://crisisresponse.iom.int/response/bosnia-and-herzegovina-crisis-response-plan-2021>>. Accessed on 14 June, 2022.
- King, N.B., 2002. *Security, disease, commerce: ideologies of postcolonial global health*. Soc. Stud. Sci. 32, 763–789.

- Kwok, H., 2020. *Beyond the anti-racist reason: a postcolonial perspective on pandemic politics*. Health Sociol. Rev. 29, 122–130. doi:10.1080/14461242.2020.1785320.
- Reny, T.T., Barreto, M.A., 2020. *Xenophobia in the time of pandemic: othering, anti-Asian attitudes, and COVID-19*. Political Groups Identities 0, 1–24. doi:10.1080/21565503.2020.1769693.
- Singh, S. K. (2020). *Infectious diseases and national security: Threats and responses*. <<https://www.academics4nation.org/post/infectious-diseases-and-national-security-threats-and-responses>>. Accessed on 14 June, 2022.
- Vearey, J., Grunchy, T., Maple, N. (2021). *Global health (security), immigration governance and Covid-19 in South (ern) Africa: An evolving research agenda*. Journal of Migration and Health. Volume 3. <<https://reader.elsevier.com/reader/sd/pii/S2666623521000076?token=9938511B805654EC730653C7EA2105FD7A3FA247579EDE48DE64AF738888DB8888250EAFD31B5AFD2598375D84F64E3F&originRegion=eu-west-1&originCreation=20220614082537>>. Accessed on 14 June, 2022.
- Wenham, C., 2019. *The over securitization of global health: changing the terms of debate*. Int. Aff. 95, 1093–1110. doi:10.1093/ia/iiz170.
- WHO, (2020). *WHO calls for urgent, aggressive actions to combat COVID-19, as cases soar in South-East Asia Region?*<<https://www.who.int/southeastasia/news/detail/17-03-2020-who-calls-for-urgent-aggressive-actions-to-combat-covid-19-as-cases-soar-in-south-east-asia-region>>. Accessed on 14 June, 2022.
- Wikipedia. *COVID-19 pandemic in Bosnia and Herzegovina*.<[https://en.wikipedia.org/wiki/COVID-19\\_pandemic\\_in\\_Bosnia\\_and\\_Herzegovina](https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Bosnia_and_Herzegovina)>. Accessed on 14 June, 2022.