



Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

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**Subcommittee on Prevention of Torture and Other Cruel,
Inhuman or Degrading Treatment or Punishment**

Visit to Bosnia and Herzegovina undertaken from 11 to 17 December 2022: recommendations and observations addressed to the State party

Report of the Subcommittee*, **

* In accordance with article 16 (1) of the Optional Protocol, the present report was transmitted confidentially to the State party on 27 September 2023. On 9 November 2024, the State party requested the Subcommittee to publish its report, in accordance with article 16 (2) of the Optional Protocol.

** The annexes to the present document are being circulated in the language of submission only.



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I. Introduction

1. In accordance with its mandate under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Subcommittee on Prevention of Torture carried out its first visit to Bosnia and Herzegovina from 11 to 17 December 2022.
2. Bosnia and Herzegovina became a party to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on 1 September 1993 and became a party to the Optional Protocol on 24 October 2008.
3. The Subcommittee members conducting the visit were Zdenka Perović (head of delegation), Massimiliano Bagaglini, Marie Brasholt and Abdallah Ounnir. The delegation was assisted by two human rights officers and two security officers from the Office of the United Nations High Commissioner for Human Rights, as well as four interpreters.
4. The principal objectives of the visit were:
 - (a) To provide advice and technical assistance on the establishment of a national preventive mechanism to the Institution of the Human Rights Ombudsman of Bosnia and Herzegovina, which will be designated¹ to exercise this function, and to the State party on their treaty obligations under the Optional Protocol, taking into account the Subcommittee's guidelines on national preventive mechanisms;²
 - (b) To visit places of deprivation of liberty in order to assist the State party in discharging effectively its obligations under the Optional Protocol to strengthen the protection of persons deprived of their liberty from the risk of torture and ill-treatment.
5. In addition to visiting places of deprivation of liberty (see annex I), the delegation held discussions with representatives of relevant government authorities, the Institution of the Human Rights Ombudsman and civil society organizations, as well as with representatives of the United Nations and other international organizations in the country (see annex II). It also met and interviewed persons deprived of their liberty, law enforcement and detention officers, and health and social care personnel.
6. At the end of the visit, the delegation presented its confidential preliminary observations orally to government authorities.
7. In the present report, the Subcommittee sets out its observations, findings and recommendations relevant to the prevention of torture and ill-treatment of persons deprived of their liberty under the jurisdiction of Bosnia and Herzegovina.
8. The Subcommittee reserves the right to comment further on any place visited, whether or not it is mentioned in the present report, in its discussions with Bosnia and Herzegovina arising from the report. The absence of any comment in the present report relating to a specific facility or place of detention visited by the Subcommittee does not imply that it has either a positive or a negative opinion of it.
9. **The Subcommittee recommends that the present report be distributed to all relevant authorities, departments and institutions, including but not limited to those to which it specifically refers.**
10. The present report will remain confidential until such time as Bosnia and Herzegovina decides to make it public in accordance with article 16 (2) of the Optional Protocol. The Subcommittee firmly believes that the publication of the present report would contribute positively to the prevention of torture and ill-treatment in Bosnia and Herzegovina.

¹ The representative of the Government informed the delegation that the amendment to the law on the Ombudsman to designate that institution as the national preventive mechanism was being considered under parliamentary procedure, meaning that the designation was expected to be adopted at the subsequent parliamentary session.

² CAT/OP/12/5.

11. **The Subcommittee encourages the State party to publish the present report in accordance with article 16 (2) of the Optional Protocol.**

12. The Subcommittee draws the State party's attention to the Special Fund established by the Optional Protocol. Recommendations contained in Subcommittee visit reports that have been made public can form the basis of applications to the Fund, in accordance with its published criteria. In addition, the national preventive mechanism, as soon as it is established, may seek financial support from the Special Fund for its educational programmes, whether the visit report has been published or not.

13. The Subcommittee wishes to express its gratitude to the authorities and the liaison officer for their assistance relating to the planning and undertaking of the visit.

II. Establishment of the national preventive mechanism and implementation of the Optional Protocol

14. Bosnia and Herzegovina ratified the Optional Protocol on 24 October 2008 and should have established or designated a national preventive mechanism at the latest one year later.

15. On 12 October 2009, the Permanent Mission of Bosnia and Herzegovina to the United Nations Office and other international organizations in Geneva informed the Subcommittee secretariat that the Government had decided to postpone the implementation of the obligation related to the designation of the national preventive mechanism for three years. On 23 March 2011, the State party made a formal declaration under article 24 of the Optional Protocol, postponing the establishment of its mechanism for three years. Since then, over 12 years have passed and the State party has yet to establish its mechanism. The Subcommittee added it to the list of States parties whose compliance with the obligations set out in article 17 of the Optional Protocol is substantially overdue.

16. In recent years, the Subcommittee has been engaging with the State party with regard to the designation of the national preventive mechanism, and the State party has taken legislative steps to designate the Institution of the Human Rights Ombudsman as the mechanism of Bosnia and Herzegovina. In August 2022, the Council of Ministers of Bosnia and Herzegovina adopted the proposal on amendments to the law on the Institution of the Human Rights Ombudsman. The bill, which the parliament has yet to adopt, would entrust the Institution of the Human Rights Ombudsman with the mandate of the mechanism.

17. The Subcommittee notes that the State party envisages establishing a separate unit within the Institution of the Human Rights Ombudsman to discharge tasks incumbent on the national preventive mechanism. The Subcommittee received information that budget allocations related to the creation of the mechanism will be considered only after the adoption of the bill.

18. The Subcommittee is concerned that there has been no involvement of civil society in the process of establishing the national preventive mechanism, with no civil society organization providing contributions to the development of the draft legislation despite the holding of public hearings.

19. **The Subcommittee recalls that the establishment of a national preventive mechanism is an international obligation incumbent upon Bosnia and Herzegovina under article 17 of the Optional Protocol. The Subcommittee reiterates that Bosnia and Herzegovina needs to establish an independent, efficient and well-resourced mechanism as soon as possible. To that end, the Subcommittee recommends that the State party give priority to the passage of a bill meeting the requirements of the Optional Protocol so that it may become law at the earliest possible date.**

20. **While the State party is free to decide on the organizational structure of the national preventive mechanism, it should do so within the confines of the minimum requirements outlined in the Optional Protocol. The Subcommittee stresses that the mandates of the national human rights institution and the mechanism are separate and distinct and should be discharged independently.**

21. The Subcommittee encourages the State party to take further steps to facilitate a public debate concerning the national preventive mechanism, cultivate broad adherence to its principles – openness, transparency, inclusiveness and independence, as referred to in the Optional Protocol – and ensure that it will command the confidence of the general public.

22. The national preventive mechanism should be established through a public, inclusive and transparent process, involving civil society and other actors engaged in the prevention of torture in the country. A similar process should be applied in the selection and appointment of the head and the members of the mechanism, in accordance with published criteria.

23. The Subcommittee recommends that the following elements, drawn from its guidelines on national preventive mechanisms, be taken into account by the authorities when designating or establishing an independent and effective mechanism:

(a) The mechanism should be established in accordance with the relevant provisions of the Optional Protocol and of the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles);

(b) The mandate and powers of the mechanism should be clearly set out in a constitutional or legislative text, and the operational independence of the mechanism should be guaranteed in law and in practice;

(c) The mechanism members should be independent and impartial and must have the requisite capabilities and professional knowledge, including medical, psychological and other related expertise, to effectively fulfil the mechanism's functions;

(d) The mechanism should have sufficient personnel to ensure that it can fulfil its functions under the Optional Protocol and that it has an operational capacity corresponding to the number of places of detention within the scope of its mandate;

(e) The necessary resources should be provided to permit the effective operation of the mechanism, and the mechanism should enjoy complete financial and operational autonomy when carrying out its functions under the Optional Protocol. Resources should be assured through a separate line in the annual budget of the Institution of the Human Rights Ombudsman and should be predictable;

(f) The mechanism should complement rather than replace existing systems of oversight in the country, and its establishment should take into account effective cooperation and coordination between preventive mechanisms in the country, and not preclude the creation or operation of other such complementary systems;

(g) The State party should ensure that the mechanism is able to carry out visits in the manner and with the frequency determined by the mechanism itself. This includes the ability to conduct private interviews with those deprived of liberty and the right to carry out unannounced visits at all times to all places of deprivation of liberty, in accordance with the provisions of the Optional Protocol;

(h) The mechanism should play a prominent role in the country's system for prevention of torture and ill-treatment, with a high degree of institutional and public visibility. In that regard, the Subcommittee stresses the importance of increasing public awareness of the mandate and work of the mechanism, and the need for it to be recognized as a key component in that system.

III. Normative framework for the prevention of torture

A. Overarching issues

1. Institutional framework

24. The Subcommittee takes note of the complex governance set-up of the State party and the decentralization of powers and responsibilities in the areas relating to the prevention of torture. The Subcommittee is, however, concerned about the discrepancies in legislative and policy measures taken by different jurisdictions within the State party. The lack of monitoring and harmonization at the State level is also concerning, as it leads to varying degrees of compliance with obligations under the Optional Protocol.

25. Despite governance challenges, the Subcommittee expects each entity to consider the relevance of the recommendations made in the present report in relation to institutions within its jurisdiction, and disseminate them accordingly.

26. The Subcommittee recalls that, in its concluding observations on the sixth periodic report of Bosnia and Herzegovina, the Committee against Torture, expressing concerns about the lack of a unified procedure for handling complaints by prisoners and the absence of a fully independent body to receive and act on complaints against the police, recommended that the State party take all measures necessary to change the culture of impunity for torture and ill-treatment.³

27. The Subcommittee notes with concern the lack of follow-up by relevant authorities in some areas – geographical and thematic – on recommendations made by torture-prevention bodies.

28. **The Subcommittee recommends that the State party undertake greater efforts to address the lack of institutional harmonization and encourage all stakeholders to collectively take action to ensure full compliance with the Optional Protocol.**

2. Recording of allegations

29. The Subcommittee regrets that the State party was not able to provide a comprehensive list of places of deprivation of liberty. It is concerned about the lack of systematic collection of information related to deprivation of liberty, in particular information related to allegations of torture and complaints concerning detention conditions. The lack of uniformity and systematicity, with practices varying greatly from one place of detention to another, is worrying. The State party's complex governance structure makes it all the more important to collect data at the State level.

30. The delegation observed discrepancies between the information entered in police station registers and detainees' accounts of events. The Subcommittee is concerned that incomplete or unreliable information is still sometimes entered into registers. The delegation observed that overworked staff prioritized other tasks over the filling of registers. This leads to situations where information is unreliable or incomplete, with parts of the register left empty, because it was entered with a delay and from memory.

31. The Subcommittee is concerned that a lack of comprehensive registers hinders oversight. The dispersion of information pertaining to a single case of deprivation of liberty complicates the review of detention timelines, the recording of incidents that took place during that period and compliance with the 24-hour limit for administrative detention.

32. The Subcommittee is concerned about registration practices that overlook the transfer of detainees from one place of detention to another, which compounds issues related to the dispersion of key detention information. The Subcommittee recalls that, where persons deprived of liberty are concerned, failure to record the duration of transportation between different places of deprivation of liberty may lead to an illegal prolongation of the maximum duration of detention established by the law.

³ [CAT/C/BIH/CO/6](#), paras. 14 and 15.

33. The delegation observed that, in some cases, the period of time from the moment when a person was apprehended and that individual's arrival at the police detention facility was not registered; rather, only the time when the person was admitted to the detention unit was recorded. The Subcommittee recalls that the maintenance of complete and reliable records of persons deprived of their liberty is one of the fundamental safeguards against torture and ill-treatment.

34. **The Subcommittee recommends that the State party ensure that each place of deprivation of liberty keep comprehensive registers and a filing system storing key information about each individual who is deprived of liberty.**

35. **Police and custodial officers should be properly trained in the maintenance of registers and should enter information promptly into such registers, commencing with the arrival of the detainee. Registers should be regularly inspected by prosecutors and by internal oversight bodies of the police and the penitentiary system and should be available for examination by the national preventive mechanism, once it is operational.**

36. **To facilitate oversight, the Subcommittee recommends that record-keeping by places of deprivation of liberty be improved and information be centralized to ensure that a third party can trace the transfer and ascertain the well-being and precise location of a person in detention by reviewing a single file and/or register.**

37. **The Subcommittee also recommends that the State party develop a database at the State level to systematize and centralize data collection, with a focus on matters such as allegations of torture and ill-treatment, prison population, sanctions and detention conditions. At the same time, the State party should take steps to digitalize data collection on deprivation of liberty across the country. In the meantime, paper registers should be harmonized.**

38. Information related to a particular person in detention should be traceable and should include the following: (a) exact date and time of apprehension; (b) exact time of arrival at the facility; (c) reasons for the arrest; (d) authority ordering the arrest; (e) identity of the arresting officer or officers; (f) date, time and reasons for transfer or release; (g) duration of the transfer between places of detention; (h) precise information about where the person was held during the entire period of detention (e.g. cell number, office of the inspector in charge); (i) identity of the person notified of the detention, including the date and time of the notification or failed notification attempt, and the signature of the officer who undertook the notification; (j) date and time of family visits; (k) date and time of requests for meetings with a lawyer, and date and time of such meetings; (l) date and time of requests for medical attention and/or visits by health professionals, as well as the professionals' names and credentials; and (m) date and time of the detained person's first appearance before a judicial or other authority.

B. Definition of torture

39. The Subcommittee is concerned that, notwithstanding the repeated recommendations of the Committee against Torture,⁴ the provisions on the offence of torture in the Criminal Code of the Republika Srpska do not contain all the elements set out in article 1 of the Convention against Torture. The Subcommittee is also concerned that the criminal codes of the Federation of Bosnia and Herzegovina and of Brčko District do not define torture as a separate offence.

40. The Subcommittee takes note of the statement of the authorities during the visit indicating that the Convention against Torture was directly applicable in Bosnia and Herzegovina. However, the Subcommittee is concerned that the prosecutorial and police authorities met during the visit seemed to have an understanding of torture solely based on the criminal code of their entity, and did not apply the Convention.

41. Generally, in prisons and police stations, the civil servants, including security officials, met by the delegation were aware of the legislative framework applicable to places of deprivation of liberty, broadly construed. The Subcommittee notes, however, that the

⁴ Ibid., para. 8; and [CAT/C/BIH/QPR/7](#), para. 2.

common understanding of torture is tied to war, which leads to some confusion between crimes committed in the context of an armed conflict and torture and other forms of cruel, inhuman or degrading treatment that are unrelated to such a context.

42. The Subcommittee recommends that the State party increase awareness of the Convention against Torture and take steps to ensure that the criminal codes of all entities set out a definition of torture that is aligned with the Convention.

C. Fundamental legal safeguards

43. Fundamental safeguards are regulated by the laws on criminal procedure of the Federation of Bosnia and Herzegovina, the Republika Srpska and Brčko District. In addition, the treatment of persons deprived of liberty is regulated by written rules established by each police department. However, implementation appears inconsistent not only between different entities, but also between police stations within the same entity.

44. The Subcommittee is concerned that, in a number of interviews, detainees in police stations said that they had not been informed of the motives for their detention and about their rights in a way that they understood. While authorities in some police stations pointed to procedures designed to inform detainees about their rights, those procedures were not consistent across police stations and, often, they were carried out as a matter of form. As an example, one detainee told the delegation that he had been asked to sign a document stating that he had been informed of his rights even though he had been severely inebriated, and therefore unable to understand the information provided to him, at the time.

45. Although the exercise of the right to notify third parties of detention appears to be granted, the Subcommittee notes with concern that this is not always the case. For example, the delegation found that, most of the time, it was indicated only that the person deprived of liberty had refused to inform a family member or lawyer.

46. The Subcommittee is concerned that registers in several places of deprivation of liberty failed to include the time of release, which made it impossible to determine the duration of custody.

47. The number of cases in which a medical examination was carried out in police custody is quite limited. In almost all cases reviewed by the delegation, such an examination was performed by an emergency doctor, often in the presence of an official. The doctors' reports were very short and kept in the file of the person deprived of liberty, even after the person's release.

48. All detained persons should be fully informed of the reasons for their arrest or confinement, as well as of their rights as detainees, from the first moment of deprivation of liberty. Information on rights should be communicated in a clear and easily understandable way, for example through factsheets or posters that are comprehensive, legible and intelligible to detainees, and available in all places of detention, including in rooms and cells.

49. All persons deprived of liberty should be able to inform a family member or other person of their detention immediately. Detained persons should always be informed in cases where the police officers contact their family members or other persons. Any decision by investigators and/or prosecutors to restrict the right to inform family members or other persons must be for objective and verifiable reasons related to the investigation and subject to judicial review.

50. All detained persons should have access to independent and competent legal counsel of their choice and, if needed, legal aid from the outset of detention. Lawyers should, in practice, have unrestricted access to their clients at any time, without the need for any approvals from prosecutors and/or investigators.

51. The maximum period of police custody prescribed by law should be strictly respected and rigorously monitored by the relevant authorities, including through effective judicial review of the detention. Police officers should be provided with appropriate training on the legality of apprehension, arrest and detention.

52. All detained persons in police custody should be able to request and receive a thorough medical examination by a competent independent medical practitioner upon admission in order to, *inter alia*, detect any signs of previously sustained injuries. Confidential medical reports should be made available to detainees and their counsel. Medical examinations should be conducted out of the hearing and sight of police officers and guards, unless the doctor concerned explicitly requests otherwise. In such cases, the doctor should record in writing the reasons for the decision and the identity of the police officer present.

D. Persons deprived of their liberty on remand

53. There are significant differences in the treatment of persons deprived of liberty on remand and sentenced prisoners. This is due in part to security measures related to the type of crime and the protection of the investigative process, which require special detention conditions for persons held on remand.

54. The Subcommittee is concerned about judicial delays leading to excessively lengthy detention on remand. It has observed that some people are detained on remand for several years.

55. The Subcommittee recalls that the detention in custody of persons awaiting trial should be the exception rather than the rule, in conformity with the presumption of innocence and with due regard for the investigation of the alleged offence and for the protection of society and the victim, as set out in paragraphs 6.1 and 6.2 of the United Nations Standard Minimum Rules for Non-Custodial Measures (the Tokyo Rules). The Subcommittee recommends that the State party consider the introduction of legal time limits for proceeding to trial, where possible, and other measures to reduce judicial delays, including alternative measures to pretrial detention.

IV. Situation of persons deprived of liberty

A. Police stations

1. Allegations of ill-treatment

56. While the delegation received no allegations of ill-treatment in police stations, the Subcommittee is concerned about allegations of ill-treatment made by persons interviewed in remand prisons, who said that police officers had mistreated them during arrest, even though they had offered no resistance and their hands were tied behind their backs.

57. These are testimonies that confirm that the first moments of deprivation of liberty are the ones in which abuses most often occur. While noting that, during interviews, some representatives of prosecutorial authorities acknowledged allegations of ill-treatment by police officers and indicated that they had led to prosecutions, the Subcommittee is concerned that many have yet to lead to prosecutions, and that many other cases have not even been investigated.

58. The Subcommittee recommends that the State party ensure that all allegations of ill-treatment are taken seriously, and that persons alleging ill-treatment can file a confidential complaint to an independent investigative mechanism. Such allegations must be investigated in a prompt and effective manner and those responsible for ill-treatment must be punished accordingly.

2. Conditions of detention

59. The delegation observed that police authorities in some jurisdictions had a policy of holding detainees from across their territory of responsibility in a single place of detention. The detention facilities had been built in line with international standards for that specific purpose. Such a centralized approach appears to be sound, from both an organizational and a material point of view.

60. However, the delegation was concerned by conditions of detention in several police stations in which it observed that detainees were kept in cells that were cold, excessively small, deprived of running fresh water and/or without natural light. In one police station, the cells were in the basement and were not equipped with a bell, depriving detainees of any means of calling or otherwise attracting the attention of police officers, who were posted one floor up.

61. The delegation was also concerned that, in some police stations, cell doors were fitted with barred windows. Bars can easily be used as anchorage for hanging. Indeed, a suicide by hanging had taken place in one location a few weeks before the delegation's visit.

62. **The Subcommittee recommends that, in all police stations, the State party:**

(a) **Ensure that all detention cells are adequately heated and equipped with running water and windows that let in natural light;**

(b) **Ensure that all detention cells are equipped with infrastructure or otherwise designed in a way that allows detainees to easily initiate communication with or draw the attention of police officers;**

(c) **Ensure that all detention cells are devoid of barred windows and any other infrastructure that could serve as anchorage for hanging or other types of self-harm.**

63. The delegation observed a lack of clear policies and procedures regarding detainees' access to food. The Subcommittee believes that vague policies on access to food, or a lack thereof, may be conducive to discrimination and/or arbitrary practices that violate international standards.

64. The delegation also observed a lack of clear policies and procedures regarding the granting of breaks to detainees being interrogated. The Subcommittee wishes to recall that conducting interrogations continuously for long periods of time may amount to ill-treatment or torture. It is concerned that the absence of written policies on breaks may make discrimination and/or arbitrary practices more likely.

65. **The Subcommittee recommends that, in all police stations, the State party:**

(a) **Establish clear policies and procedures ensuring that all detainees are regularly provided with sufficient food of adequate quality and that such access is not dependent on their financial means or arbitrary decisions by police officers;**

(b) **Establish clear policies and procedures ensuring that all detainees are provided with sufficient uninterrupted rest periods and adequate food and drink while being interrogated;⁵**

(c) **Ensure that such policies and procedures are regularly communicated to all persons deprived of their liberty, as well as staff members, and that they are implemented.**

3. Access to healthcare

66. The delegation was informed that a medical examination was mandatory in cases where force had been used during arrest. However, the Subcommittee is concerned that the right to see a doctor while in police custody is not established in law, and it was unclear during the visit whether all detainees were informed about the possibility of seeing a doctor.

67. **The Subcommittee recommends that the right to have access to a doctor be firmly established in a specific legal provision and properly reflected in guidance and working practice, and that persons held in police custody be systematically informed about this right at the outset of custody.**

68. The delegation was informed that police officers were routinely present during medical examinations, and that a copy of the medical file was kept at the police station, even after the removal or release of the person.

⁵ Principles on Effective Interviewing for Investigations and Information-Gathering, principle 111.

69. **The Subcommittee recommends that medical examinations be conducted in accordance with the principle of medical confidentiality; non-medical persons, other than the patient, should not be present. In exceptional cases, where a doctor so requests, special security arrangements , such as having a police officer within calling distance, may be considered. The doctor should note this assessment in the records, as well as the names of all the people present. The confidentiality of medical files should be ensured at police stations and doctors' reports should be given to the person examined.**

70. One detainee who had sustained a broken hand following a fight told the delegation that the doctor had not asked him how the injury had occurred, and it was also not registered in the medical file.

71. **The Subcommittee recommends that all medical examinations of people kept in police custody include: (a) medical history; (b) an account by the person examined of any violence; (c) results of the physical examination, including a description of any injuries and an indication as to whether the whole body was examined; and (d) the doctor's conclusion as to consistency between the three first items.**

4. Oversight

72. The Subcommittee is concerned that responsible authorities seemingly carry out few, if any, visits to police stations.

73. The delegation observed that, in some police stations, police officers tasked with guarding detainees were directly in charge of the collection and storage of closed-circuit television (CCTV) footage. Given the role of CCTV monitoring, the Subcommittee is concerned about the lack of independent oversight of CCTV records management, which makes it possible for police officers to alter or delete surveillance footage.

74. **The Subcommittee recommends that the State party bolster oversight measures by ensuring that the recording and storage of CCTV footage are performed effectively and independently by internal oversight bodies and that CCTV footage cannot be reviewed or altered by police officers. CCTV footage should be readily available for examination by the national preventive mechanism, once it is operational. This matter underscores the need to establish an independent, efficient and well-resourced national preventive mechanism as soon as possible.**

B. Prison establishments

1. Ill-treatment

75. The delegation received allegations of ill-treatment, notably in the form of the use of physical violence as a means of punishment and excessive use of force by guards dealing with inter-prisoner violence. Some detainees named specific officers whose violent behaviour was allegedly notorious yet left unaddressed by prison authorities. The Subcommittee is concerned about the lack of investigations into these allegations.

76. In several interviews, the delegation was also told about guards routinely resorting to threats to compel detainees to comply with rules. In one instance, the Subcommittee directly observed prison guards proffering threats to detainees it had just interviewed, for no apparent reason. Such behaviour appears to reflect the widespread use of threats described by detainees in interviews with the delegation, which exerts undue psychological pressure on detainees by inducing stress and fear.

77. In interviews with the delegation, some detainees complained about insults, threats and harassment that were racially charged and/or stigmatized them because of their sexual orientation.

78. The Subcommittee wishes to put on the record that the State party's obligations under the Convention against Torture are not contingent on detainees' behaviour and recalls that the fight against impunity is an important means of preventing torture and ill-treatment.

79. **The Subcommittee recommends that:**

- (a) **The State party ensure that any allegations or complaints of torture or ill-treatment are investigated promptly, impartially and effectively, in accordance with articles 12 and 13 of the Convention against Torture;**
- (b) **Prison staff be made aware that those responsible for the infliction of any acts of ill-treatment or torture, including psychological torture in the form of threats, or complicity or participation in acts of torture, will be punished, with penalties that are commensurate with the gravity of such acts;**
- (c) **Training programmes for police, investigators and prison staff emphasize the prohibition of torture and ill-treatment, including verbal abuse.**

2. Material conditions

80. The delegation observed that some cells, including those used for solitary confinement, had little to no heating. Other cells had windows that were permanently shuttered with metal plates, preventing any natural light from coming in. Both detainees and custodial staff complained to the delegation about run-down or inadequate infrastructure.

81. **The Subcommittee recommends that, in all prisons, the State party:**

- (a) **Ensure that all detention cells are adequately heated, and that their windows let in natural light and fresh air;**
- (b) **Ensure that adequate measures are implemented to prevent bedbugs, and effectively deal with infestations;**
- (c) **Ensure that all institutions with dilapidated infrastructure undergo renovations.**

82. **While noting the ongoing work to build new detention facilities with modern infrastructure, the Subcommittee also recommends that the State party retrofit any cells that fail to fulfil the above requirements to meet international standards.**

3. Regime

83. Several detainees complained that their access to the courtyard and other areas outside their cells had been curtailed for no apparent reason. Some of them said that their access to other rights was conditioned on not going for a walk every day or reported being rewarded for it in some other way. This breeds inequality in access to these services, while fostering arbitrary management practices and even corruption.

84. The delegation observed unclear policies and procedures regarding sentenced detainees' access to work, education, rehabilitation and recreational opportunities. In several interviews, detainees expressed frustration about the lack of access to work and rehabilitation activities, noting that custodial staff considered those activities as a luxury. The Subcommittee is concerned that prisoners on remand have little to no access to these activities, despite the length of their detention, which can sometimes last for several years.

85. **The Subcommittee recommends that the State party ensure that prisoners be permitted to go out of their cells into common areas and courtyards, in line with established outdoor activity schedules, with the possibility of engaging in purposeful and communal activities, should they wish to do so. The Subcommittee stresses the importance of such access to areas located outside cells being granted to detainees on a fair and equitable basis, irrespective of the detention regime applicable to them.**

86. **The Subcommittee also recommends that the State party broaden the work, educational, vocational and recreational opportunities for all prisoners, as these activities facilitate the rehabilitation of prisoners and their future reintegration into society. The Subcommittee further recommends that fairly remunerated work opportunities be made available to all detainees. In the light of their lengthy detention, particular efforts must be made to ensure that remand prisoners also have access to these opportunities.**

87. The delegation observed that, in the places of detention visited, the recording of solitary confinement and other disciplinary sanctions was rudimentary and unsystematic. Information was entered manually in a notebook, and record-keeping was done separately for remand and sentenced prisoners.

88. In some of the facilities visited, the delegation was told that solitary confinement was sometimes used to remove prisoners from their cells as a means of mitigating security risks arising from conflicts between prisoners.

89. **To facilitate oversight, the Subcommittee recommends that record-keeping be improved to ensure that a third party can review all cases of solitary confinement from a single file or register. Information entered in records should include the nature of the sanction, the name of the person who requested it and the official who enforced it, as well as the start and end dates and times.**

90. **The Subcommittee wishes to stress that solitary confinement, isolation and administrative segregation are not appropriate methods of managing the security of persons. Such measures should only be used as a last resort, under exceptional circumstances, for the shortest possible time and with adequate procedural safeguards.**

91. **The Subcommittee recommends that, in the meantime, registers of disciplinary measures should be harmonized and information about detainees should be collected and made available centrally, in a comprehensive and systematic manner. The Subcommittee is concerned that, although most of the required details are recorded, there is a lack of uniformity, with practices varying greatly from one prison to another.**

92. The delegation observed a lack of clear policies and procedures regarding detainees' access to hygiene products while in solitary confinement. The Subcommittee is concerned about the dilapidated state of some of the isolation cells, where the delegation observed a foul smell and decrepit toilets.

93. **The Subcommittee recommends that, in all prisons, the State party ensure that all detainees kept in solitary confinement have access to hot water, hygiene products and decent sanitation facilities.**

4. Healthcare

94. The delegation observed that all the institutions that it visited employed health staff and had procedures in place for assessing the health of newly arriving prisoners. Most prisoners interviewed by the delegation said that they had access to healthcare services upon request, whether inside the institution or outside, including specialist services. One notable exception was the women, who complained that they only had access to healthcare services when severely ill and after having pressured prison guards, and that they did not have access to preventive healthcare such as gynaecological examinations and mammograms. In one institution, prisoners complained about receiving low salaries for their work, stating that they had to pay high fees for specialist healthcare provided outside the institution. Both prisoners and health staff complained that certain drugs, in particular those related to drug substitution therapy, were not always available, and staff complained that procurement procedures were slow.

95. The delegation noted that health personnel were almost completely unaware of the Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol).

96. **The Subcommittee recommends that procedures be implemented and sufficient resources be allocated to health in penitentiary institutions to ensure that prisoners can enjoy the same standards of healthcare that are available in the community, and that they have access to necessary healthcare services free of charge, as stipulated in rule 24 (1) of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). This includes preventive healthcare services and services that take into account the needs of particularly vulnerable prison populations.**

97. **The Subcommittee also recommends that health professionals working in places of detention receive training on the Istanbul Protocol.**

98. In some institutions, prison guards are always present during consultations with dentists and medical doctors, as well as during consultations with healthcare providers outside the institution. The reasons given were the risks that the prisoners might coerce the health staff into making phone calls, or that they might abscond during consultations. The health staff did not seem to question this breach of the confidentiality of the medical examination but informed the delegation that, if they wanted, prisoners could request that the guards leave.

99. Medical confidentiality should be scrupulously respected at all times. The Subcommittee emphasizes that prison officers should stay out of hearing and out of sight when patients are interacting with health staff. In exceptional cases, where the health staff so request, special security arrangements, such as having a prison officer within calling distance, may be considered acceptable, but this should be the exception, not the rule.

100. In some institutions, doctors are engaged in activities beyond patient care. On the positive side, these activities include checking samples of the food provided to prisoners to ensure quality. However, they also include being part of the prison disciplinary commission and, as such, making decisions regarding the imposition of sanctions on an equal footing with other members.

101. The practice of having doctors as members of disciplinary commissions should be stopped immediately. In line with rule 46 of the Nelson Mandela Rules, doctors should monitor the health of prisoners held in solitary confinement, but they should not play any role in the imposition of disciplinary sanctions.

102. On one occasion, the delegation spoke to a prisoner who, following a stroke, was unable to speak and appeared confused. The delegation was told on several occasions that there were other prisoners with intellectual disabilities. The Subcommittee draws the attention of the State party to rule 109 of the Nelson Mandela Rules, which states that persons who are diagnosed with severe intellectual disabilities and/or health conditions for whom staying in prison would mean an exacerbation of their condition should not be detained in prisons, and arrangements should be made to transfer them to mental health facilities as soon as possible.

103. In some institutions, the delegation heard that solitary confinement was used for prisoners with mental health conditions and drug use disorders. Furthermore, solitary confinement for five or seven days, without access to fresh air, was imposed on newly arriving prisoners to prevent outbreaks of coronavirus disease (COVID-19) in the institutions.

104. Isolating people with mental health conditions or to prevent the spread of diseases may be necessary, but the regime should under no circumstance be punitive. Rather, it should reflect the individuals' need for close observation and care. The Subcommittee recommends that guidelines be developed in line with these principles, and that the State party ensure that all the rights of such prisoners are upheld.

5. Deaths in custody

105. The Subcommittee observed that the collection of data on prison populations and deaths in custody, as well as on allegations of torture, investigations and outcomes, was lacking.

106. The Subcommittee recommends that the State party ensure that each prison keep comprehensive registration and filing systems, storing key information about its inmates, including the number and circumstances of deaths in custody and allegations of torture, investigations and outcomes.

6. Effective complaints mechanisms

107. The delegation observed a number of issues related to internal and external complaints procedures. In several instances, interviews with prisoners and custodial staff revealed that little to no information was provided to prisoners about how to file complaints internally. Some prisoners alleged that they had been prevented from making complaints, or that their complaints had been thrown away by custodial staff without being considered. Regarding

external oversight mechanisms, some prisoners allegedly face systemic hurdles in trying to contact the Institution of the Human Rights Ombudsman to file a complaint or request a meeting. Furthermore, the delegation was told that the confidentiality of those meetings was not always guaranteed or, when the meetings took place, ensured in practice.

108. The Subcommittee recommends that the State party improve oversight mechanisms by ensuring that prisoners can forward complaints internally and externally in a secure and confidential manner and without any fear of reprisals.

C. Groups in situations of particular vulnerability

1. Women and girls

109. The delegation observed that women and girls deprived of liberty sometimes struggled to access preventive health examinations and hygiene products.

110. The Subcommittee recommends that the State party ensure that women and girls can easily access standard preventive health examinations and necessary hygiene products.

2. Lesbian, gay, bisexual and transgender individuals

111. The delegation interviewed prisoners who alleged that they had been subjected to verbal abuse because of their sexual orientation or gender identity.

112. Some prisons allow access to intimate and family rooms only to heterosexual couples who are married. This effectively deprives lesbian, gay, bisexual, transgender and unmarried persons of access to these facilities.

113. The Subcommittee recommends that the State party:

(a) Take the measures necessary to protect the physical and psychological integrity of lesbian, gay, bisexual and transgender individuals deprived of liberty;

(b) Train law enforcement officials and custodial staff on international rules and principles regarding equality and non-discrimination in relation to sexual orientation and gender identity;

(c) Ensure that intimate and family rooms be accessible to all detainees and their families on request, where relevant, regardless of sexual orientation, gender identity or marital status.

3. People with disabilities, including psychosocial disabilities, and people with mental health conditions

114. The delegation observed that prisoners with psychosocial or intellectual disabilities and prisoners with serious mental health conditions that, for instance, impeded their ability to speak, were kept with other prisoners. Other prisoners are therefore put in a situation where they are de facto entrusted with the care of prisoners with disabilities or serious mental health conditions or, in some cases, ordered to take on that role by custodial staff. Remunerating prisoners asked to give this type of care does not change the fact that both the exposure of prisoners with disabilities to inadequate care and the practice of entrusting prisoners with the provision of such care are unacceptable.

115. The Subcommittee recommends that the State party ensure that prisoners with psychosocial or intellectual disabilities or serious mental health conditions who require care are separated from other prisoners. The Subcommittee also recommends that the State party develop measures to monitor their well-being more closely and ensure that they have access to adequate care.

D. Forensic psychiatry

116. The delegation observed that the forensic psychiatric hospital it visited was relatively new and that the building was in a good state and kept clean. Patients interviewed by the delegation expressed appreciation for their good relations with the staff.

117. The delegation was surprised to find both patient and common rooms in the wards without any types of decoration or personal touches. Such impersonal environments can have a negative effect on patients' mental health. In the common room in one of the wards, there was only furniture and very little to keep the patients occupied except for a television, a deck of cards and a chess set. The delegation was concerned that patient rooms were crowded, with six beds placed in a single room, and that all of them were monitored by CCTV.

118. The Subcommittee recommends that the State party allow for the decoration of common rooms and the personalization of rooms. The State party should ensure access to leisure activities and materials to provide for a less institution-like atmosphere. Steps should also be taken to lower the number of patients in each room.

119. The delegation was informed that all patients in the hospital visited were indeed forensic, and that their placement at the hospital was first reassessed by a court, usually six to nine months after their arrival, but in some cases up to one year after arrival. Release from the hospital is dependent on a psychiatric evaluation conducted by the hospital and an independent psychiatric expert. One patient interviewed by the delegation was not aware why he had been placed in the hospital or what the plans were for his release or transfer.

120. The delegation was informed that all patients had individual treatment plans, and was able to consult a few of them. However, the Subcommittee is concerned that such treatment plans do not include advance statements from patients regarding their individual preferences on how to calm them down if they became agitated, or their preferences regarding treatment or means of coercion, if necessary. There was some confusion as to where treatment plans could be found, as medical files were kept partly in paper format and partly in electronic documents saved on a password-protected computer.

121. The Subcommittee recommends that all patients be informed of the reason for their hospitalization and future plans, and that any preferences of the patient are taken into account when treatment plans are prepared. Treatment plans should be easily accessible to all relevant staff at all times so that they can be consulted and properly implemented.

E. Social care institutions

122. The delegation observed that the residents in the social care home it visited represented a very large spectrum of conditions, including intellectual disabilities, dementia, autism, schizophrenia and severe physical ailments, but also included healthy older people who needed assistance with everyday activities. The Subcommittee is concerned that such a wide range of conditions and life phases imposes a considerable burden on the staff, posing a significant challenge to their ability to adequately address residents' needs.

123. The delegation noted that the institution it visited was considered semi-open: while the entrance door was locked, some residents could request staff to open it, while others could only go out when accompanied by staff. Other restrictions in place included the prohibition of alcohol and sexual intercourse.

124. Some staff members told the delegation that coercion was never used. However, the same staff members also indicated that they would sometimes have to chase residents and hold them to give them a bath. The delegation was told that some residents were being bribed with sweets to take their medication and that, on one occasion, staff had had to hide medication in food so that the patient would take it. The Subcommittee is concerned that the understanding of coercion among staff members is unclear.

125. The delegation observed that magnetic restraint belts were used to avoid self-harm, if consent to that effect had been provided by parents or guardians. While the delegation was

told that only one resident was under restraint at the time of the visit, it observed during its visit that two young men were tied to their beds. The delegation was subsequently informed that one of them had been restrained for two days and the other for significantly longer. According to his medical file, the latter had last been seen by a psychiatrist a month before the visit. The Subcommittee is concerned by the discrepancy between what it was told by staff members and what it observed, and regrets that no registers or other types of documentation exist on the use of restraints.

126. The Subcommittee is concerned that staff did not know which laws guide the use of restraints and forced treatments, and they had not been provided with guidelines related to such measures or sufficient information related to the use and purpose of the consent provided by third parties when the patient was not legally competent. Furthermore, staff were not aware of which patients had a legal guardian and which did not; only the management was privy to that information.

127. The Subcommittee recommends that the State party adopt a comprehensive, carefully developed policy on the application of restraint measures that stipulates the means of restraint that can be used, the circumstances under which they can be used, the practical means by which they might be applied, the permissions and systems of supervision that need to be in place before and during their application, including the duration of their use, and the procedure to be followed following the termination of their use. In addition, all types of measures introduced against the will of a person residing in a social care home should be properly documented in the person's individual file and in a register specifically dedicated to that purpose, and complaint mechanisms, as well as internal and external reporting mechanisms, should be provided for.

128. The Subcommittee also recommends that staff members be educated on the legal framework applicable to such measures. They should be provided with guidelines related to their use, including on the circumstances under which they may be resorted to and all applicable conditions. Finally, the rules regarding consent and guardianship should be clear, including on the role of parents of adults.

129. The above remarks notwithstanding, residents interviewed by the delegation expressed their contentment with the living conditions in the institution, and the delegation observed friendly interactions and a warm atmosphere between staff and residents. The buildings appeared clean, tidy, well maintained and suitable for their purpose.

130. The delegation was informed of some inappropriate behaviour towards residents, such as slaps, which had been resolved by the staff member in question talking to a psychiatrist. However, the Subcommittee is concerned that no disciplinary action was taken.

131. The Subcommittee recommends that the State party provide effective oversight, monitoring and complaints policies and procedures in social care institutions to ensure that all instances of ill-treatment are immediately identified and reported. The Subcommittee also recommends that the State party guarantee the effectiveness of investigations into allegations of ill-treatment and related sanctions.

132. The delegation observed that, given the health conditions and age of residents of social care homes, it was not rare for residents to die in the institution or following hospitalization. However, the Subcommittee is concerned that there are no written rules or guidelines for the handling of such cases, including on when an autopsy should be performed.

133. The Subcommittee recommends that the authorities develop clear guidelines in relation to deaths of residents of social care homes.

F. Migration

1. Regime

134. The Subcommittee is concerned about the overall lack of judicial supervision of migrants with irregular status held in detention at the migration centre, which the State party enforces by virtue of an administrative measure. While the facility's staff refer to migrants as "users", the Subcommittee notes that, in effect, migrants held in these centres are deprived

of liberty. The Subcommittee wishes to recall that the detention of migrants in an irregular situation should be a measure of last resort.

135. The Subcommittee notes that, in principle, such detention cannot exceed a 3-month period, which can be extended in some cases to up to 18 months, following which, if it is not possible to provide for repatriation, migrants are to be released. The Subcommittee is concerned about allegations that this rule is effectively circumvented by a practice consisting of releasing the migrants when the 18-month period ends and re-arresting them shortly afterwards.

136. The Subcommittee is concerned about the short time frames for the submission of appeals, which jeopardize access to legal remedies in practice, in particular for a population that often has a limited understanding of domestic legislation and faces language barriers and a lack of access to information and legal representation.

137. The Subcommittee is also concerned that appeals do not lead to the suspension of measures to detain or repatriate migrants with irregular legal status. In case of repatriation, this can cause the rights of the returned migrants to be irreversibly affected, notably with regard to the prohibition of refoulement.

138. While there was a room in the centre dedicated to migrants' meetings with their lawyers, the delegation was told during interviews that effective access to lawyers and free legal aid remained limited.

139. The Subcommittee encourages the State party:

- (a) To ensure that migrants with irregular status are detained only as a last resort and for the shortest possible time;**
- (b) To initiate legislative reforms aimed at strengthening the role of the courts in decisions pertaining to the deprivation of liberty of migrants with irregular status and suspending the decision to detain and/or deport throughout the appeals process;**
- (c) To extend deadlines for the submission of appeals to repatriation decisions and allow migrants to stay in the country during the entire appeals process;**
- (d) To ensure that all immigration detainees (including those in short-term holding facilities) have access to free legal advice and ensure that all detainees have effective access to fair and accessible procedures to challenge decisions to detain and/or deport them.**

2. Isolation

140. The Subcommittee notes with concern that migrants may be put into isolation, in a special room intended for that purpose, which is under video surveillance. As there is no record of the use of such measures, it is not possible to determine how often they are imposed and for what duration.

141. The Subcommittee reiterates that solitary confinement and isolation are not appropriate methods of managing the security of persons. Where persons in administrative detention are concerned, such measures should only be used for health reasons, as a measure of last resort, and under the strict surveillance of medical personnel. The State party should issue comprehensive regulations governing the use of solitary confinement and isolation, and the proper documentation thereof.

3. Access to information and asylum procedures

142. The Subcommittee is concerned about the overall lack of access to interpretation services and information in languages that migrants understand. The delegation observed that migrants only had access to documents relating to detention and repatriation decisions, some of which were only available in Bosnian. Several migrants had not been informed about the length of detention, their right to appeal deportation decisions and related time frames, procedures for accessing international protection or the availability of legal aid.

143. **The Subcommittee recommends that the State party:**

- (a) **Ensure that all detained persons are duly informed of their rights and about relevant administrative and legal procedures in a language they understand, and provided with interpretation services, as needed;**
- (b) **Initiate reforms aimed at supplementing the legal framework applicable to the detention and deportation of migrants with irregular status, in particular the Law on Aliens, with guidelines and regulatory instruments on migrants' exercise of fundamental rights, including those related to access to information and healthcare.**

4. Conditions of accommodation, food and hygiene

144. The Subcommittee wishes to recall that the regime and conditions of detention must reflect the legal basis for the deprivation of liberty, and that infrastructure should be set up accordingly. The Subcommittee is concerned that the regulatory framework does not provide for the effective implementation of these principles. The migration detention centre in Lukavica appeared inadequately equipped to guarantee separation between detained migrants, including asylum-seekers, with various legal statuses. Such lack of separation should be avoided, notably because asylum-seekers are in a situation of heightened vulnerability and should not be considered irregular migrants until the review of their request for international protection has been completed.

145. There is a separate facility for women and families in the centre in Lukavica. However, during an interview with the delegation, one of the women said that she had come with her partner from an overseas country via Serbia, but that they had been separated and were not allowed to be together or see each other. The officials explained that they had separated them because their surnames were not the same.

146. The Subcommittee is concerned that management is entrusted to security officials who, although professional and specialized, adopt a security approach that is not suited to addressing all the needs of the diverse and often vulnerable population of the centre. The Subcommittee is particularly concerned that no recreational or purposeful activities are carried out by the migrants held in at migration centre, including families with minors.

147. The Subcommittee recommends that the State party:

- (a) **Ensure that the detention of asylum-seekers is a measure of last resort⁶ and also ensure the effective separation, both in the facility and with regard to the regime, of asylum-seekers and foreign nationals who have not filed an application for international protection;**
- (b) **Provide joint accommodation to migrants who declare themselves as partners or family members, regardless of their marital status, nationality or surname;**
- (c) **Ensure that all dilapidated infrastructure is renovated;**
- (d) **Provide basic personal hygiene items to all detainees and improve the quality of the food;**
- (e) **While noting that, in principle, children should not be held in immigration detention,⁷ take effective measures to guarantee that all migrants held in detention, notably families with minors, are offered the opportunity and resources to engage in purposeful and/or recreational activities.**

5. Access to healthcare

148. The Subcommittee notes that a nurse is present 24 hours per day. It is, however, concerned that there is no medical doctor formally on duty at the centre, even though one is usually available on call. This may jeopardize migrants' timely access to medical services.

⁶ Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention, para. 14.

⁷ Ibid., para. 51.

149. The Subcommittee is concerned that methadone substitution therapy is not available to the several migrants requesting drug use treatment, and that the only treatment offered at the centre is buprenorphine.

150. **The Subcommittee recommends that the State party:**

(a) **Provide sufficient human resources to ensure the adequate provision of health services in the migrant centre;**

(b) **Develop and implement a comprehensive strategy for the provision of adequate assistance to migrants who have drug use-related problems;**

6. **Oversight**

151. The Subcommittee notes that the centre is occasionally visited by monitoring bodies, as well as one national civil society organization. However, the Subcommittee is concerned that, in the absence of a national preventive mechanism, the Institution of the Human Rights Ombudsman is not able to visit the migration centre regularly.

152. The Subcommittee regrets that migrants have no access to complaint mechanisms in the centre.

153. **The Subcommittee recommends that the State party:**

(a) **Provide effective oversight, monitoring and complaints policies and procedures in migration centres to ensure that any ill-treatment is immediately identified and guarantee the effectiveness of investigations into allegations of ill-treatment;**

(b) **Introduce independent processes, both when a decision to detain is made and during detention, for the identification of people who may face a particular risk of harm in detention.**

V. **Next steps**

154. The Subcommittee requests that the State party reply to the present report within six months of the date of its transmittal to the Permanent Mission of Bosnia and Herzegovina to the United Nations Office and other international organizations in Geneva. The reply should respond directly to all the recommendations and requests for further information made in the report, giving a full account of action that has already been taken or is planned, including timescales, in order to implement the recommendations. The reply should include details concerning the implementation of institution-specific recommendations and concerning general policy and practice.

155. Article 15 of the Optional Protocol prohibits all forms of sanctions or reprisals, from all sources, against anyone who has been, or who has sought to be, in contact with the Subcommittee. The Subcommittee reminds Bosnia and Herzegovina of its obligation to ensure that no such sanctions or reprisals occur and requests that, in the State party's reply, it provide detailed information concerning the steps that it has taken to ensure that it has fulfilled that obligation.

156. The Subcommittee recalls that prevention of torture and ill-treatment is a continuing and wide-ranging obligation. It therefore requests that Bosnia and Herzegovina inform it of any legislative, regulatory, policy or other relevant developments relating to the treatment of persons deprived of their liberty and regarding the work of the national preventive mechanism.

157. The Subcommittee considers both its visit and the present report to form part of an ongoing process of dialogue. The Subcommittee looks forward to assisting Bosnia and Herzegovina in fulfilling its obligations under the Optional Protocol by providing further advice and technical assistance in order to achieve the common goal of prevention of torture and ill-treatment in places of deprivation of liberty. The Subcommittee believes that the most efficient and effective way of developing the dialogue would be for it to meet with the national authorities responsible for the

implementation of the Subcommittee's recommendations within six months of receiving the reply to the present report.

158. The Subcommittee recommends that, in accordance with article 12 (d) of the Optional Protocol, the national authorities of Bosnia and Herzegovina enter into dialogue with the Subcommittee on the implementation of the Subcommittee's recommendations within six months of the Subcommittee's receipt of the reply to the present report. The Subcommittee also recommends that Bosnia and Herzegovina initiate discussions with the Subcommittee on the arrangements for such a dialogue at the time of the submission of its reply to the present report.

Annex I

List of places of deprivation of liberty visited by the Subcommittee

Police stations

Novo Sarajevo police station
Sarajevo central police department
Sarajevo Cantonal Police Headquarters
Police Department of the Federation of Bosnia and Herzegovina
Banja Luka police station
Banja Luka police department
Detention unit of the Banja Luka District Prosecutor's Office
Mostar central police station
Stolac police station
Tuzla central police station

Prisons

Sarajevo remand prison
Banja Luka prison
Mostar prison
Tuzla prison
Lukavica Immigration Detention Centre
Special hospital for forensic psychiatry in Sokolac
Social care home for people with intellectual disabilities in Stolac

Annex II

List of government officials and other interlocutors with whom the Subcommittee met*

Ministry of Human Rights and Refugees of Bosnia and Herzegovina
Ministry of Justice of Bosnia and Herzegovina
Ministry of Justice of the Federation of Bosnia and Herzegovina
Ministry of Justice of the Republic of Srpska
Ministry of Security of Bosnia and Herzegovina
Ministry of the Interior of the Republic of Srpska
Ministry of Internal Affairs of the Federation of Bosnia and Herzegovina
State Investigation and Protection Agency
Border Police of Bosnia and Herzegovina
Police of the Brčko District of Bosnia and Herzegovina
Judicial Commission of the Brčko District of Bosnia and Herzegovina
Judicial Police of the Federation of Bosnia and Herzegovina
Prosecutor's Office of Bosnia and Herzegovina
High Judicial and Prosecutorial Council of Bosnia and Herzegovina
Joint Committee on Human Rights of the Parliamentary Assembly of Bosnia and Herzegovina
Independent Commission for Monitoring the Conditions of Stay in Institutions
Institution of the Human Rights Ombudsman of Bosnia and Herzegovina

* The interlocutors are listed only by their respective institutions and/or organizations.