Country Profile: Bosnia and Herzegovina

Region: Southern Europe

Last Updated: 15 October 2021

Identified policies and legal sources related to abortion:
- General Medical Health Act
- Constitution
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
  - Law on Medical Practitioners
  - Law on Health Care Services
- Other

Related Documents

- From Reproductive Health Act:
  - Federation of Bosnia and Herzegovina Law on Health Protection

- From Criminal / Penal Code:
  - Federation of Bosnia and Herzegovina Criminal Law
  - Republika Srpska Criminal Law

- From Document Relating to Funding:
  - Republika Srpska Rulebook on Compulsory Health Insurance

- From Abortion Specific Law:
  - Republika Srpska Law on Conditions and Procedure for Termination of the Pregnancy

Concluding Observations:
- CEDAW

Persons who can be sanctioned:
- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned

Abortion at the woman’s request

<table>
<thead>
<tr>
<th>Country</th>
<th>Law Varies By Jurisdiction</th>
<th>Gestational limit: 10 weeks</th>
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<tbody>
<tr>
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<td>Republika Srpska (Bosnia and Herzegovina)</td>
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<td>✔️ Gestational limit: 10 weeks</td>
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Legal Ground and Gestational Limit

Bosnia and Herzegovina
<table>
<thead>
<tr>
<th>Reason</th>
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<th>WHO Guidance</th>
<th>Additional notes</th>
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<td>Economic or social reasons</td>
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<td>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</td>
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<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 103)</td>
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### Economic or social reasons

**Not specified**
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

### Foetal impairment

**Not specified**
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

#### WHO Guidance
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: [WHO Safe Abortion Guidance (page 103)]

### Rape

**Not specified**
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**Related documents:**
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

#### WHO Guidance
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Source document: [WHO Safe Abortion Guidance (page 103)]

### Incest

**Not specified**
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**Related documents:**
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

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Source document: [WHO Safe Abortion Guidance (page 102)]

### Intellectual or cognitive disability of the woman

**Not specified**
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**Related documents:**
- Criminal Law of the Federation of Bosnia and Herzegovina
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### Mental health

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#### Related documents:
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Source document: WHO Safe Abortion Guidance (page 102)

### Physical health

- **Not specified**
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#### Related documents:
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

#### WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 102)

### Health

- **Not specified**
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#### Related documents:
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

#### WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 102)

### Life

- **Not specified**
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#### Related documents:
- Criminal Law of the Federation of Bosnia and Herzegovina
- Law on Health Protection

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The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

Source document: WHO Safe Abortion Guidance (page 102)

### Other

- **Republika Srpska (Bosnia and Herzegovina)**

#### Economic or social reasons

- **No**

#### Related documents:

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

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- **Source document**: WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

- **Source document**: WHO Safe Abortion Guidance (page 103)

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

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<tr>
<td>Related documents:</td>
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<tr>
<td>Gestational limit</td>
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*Source document: WHO Safe Abortion Guidance (page 102)*

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*Source document: WHO Safe Abortion Guidance (page 102)*

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<thead>
<tr>
<th>Other</th>
<th>Pregnancy as a result of a criminal offense, or psychosocial indications</th>
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<td>Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
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**Additional notes**

Abortion can be performed after the tenth gestational week of pregnancy, when conception occurred due to a criminal offense or when the existence of psychosocial indications for termination of pregnancy is determined. The Law on the conditions and procedures for the termination of pregnancy does not specify any gestational limits for these situations.“
### Authorization of health professional(s)

- **Variety:** Varies by jurisdiction
- **WHO Guidance:**
  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
  Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.
- **Source document:** WHO Safe Abortion Guidance (page 105)
- **Additional notes:**
  Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

### Authorization in specially licensed facilities only

- **Variety:** Varies by jurisdiction
- **WHO Guidance:**
  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
  Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.
- **Source document:** WHO Safe Abortion Guidance (page 106)
- **Additional notes:**
  This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

### Judicial authorization for minors

- **Variety:** Varies by jurisdiction
- **WHO Guidance:**
  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
  Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.
- **Source document:** WHO Safe Abortion Guidance (page 105)
- **Additional notes:**
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### Judicial authorization in cases of rape

- **Variety:** Varies by jurisdiction
- **WHO Guidance:**
  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
  Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2
- **Source document:** WHO Safe Abortion Guidance (page 104)
- **Additional notes:**
  This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.
**Police report required in case of rape**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2

*Source document: WHO Safe Abortion Guidance (page 104)*

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

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**Parental consent required for minors**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

*Source document: WHO Safe Abortion Guidance (page 105)*

**Additional notes**

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**Spousal consent**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

*Source document: WHO Safe Abortion Guidance (page 105)*

**Additional notes**

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**Ultrasound images or listen to foetal heartbeat required**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

*Source document: WHO Safe Abortion Guidance (page 19)*

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.
### Compulsory counselling

**Varies by jurisdiction**

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

*Source document:* [WHO Safe Abortion Guidance (page 46)](#)

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

### Compulsory waiting period

**Varies by jurisdiction**

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

*Source document:* [WHO Safe Abortion Guidance (page 107)](#)

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

### Mandatory HIV screening test

**Varies by jurisdiction**

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

*Source document:* [WHO Safe Abortion Guidance (page 88)](#)

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

### Other mandatory STI screening tests

**Varies by jurisdiction**

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

*Source document:* [WHO Safe Abortion Guidance (page 88)](#)

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### Prohibition of sex-selective abortion

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women’s access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

**Additional notes**

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<table>
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<tr>
<th>Restrictions on information provided to the public</th>
</tr>
</thead>
</table>
| **WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

### Other

#### Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
</tr>
</thead>
</table>
| **No data found**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.

**Source document**: WHO Safe Abortion Guidance (page 105)

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
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</thead>
</table>
| **No data found**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

**Source document**: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
</tr>
</thead>
</table>
| **No data found**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

**Source document**: WHO Safe Abortion Guidance (page 105)
<table>
<thead>
<tr>
<th>Topic</th>
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<td></td>
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<tr>
<td>Source document: WHO Safe Abortion Guidance (page 104)</td>
<td></td>
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<tr>
<td><strong>Spousal consent</strong></td>
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<tr>
<td><strong>Ultrasound images or listen to foetal heartbeat required</strong></td>
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<td></td>
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<tr>
<td>Source document: WHO Safe Abortion Guidance (page 19)</td>
<td></td>
</tr>
<tr>
<td><strong>Compulsory counselling</strong></td>
<td>No data found</td>
</tr>
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<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.</td>
<td></td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 46)</td>
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</tr>
<tr>
<td><strong>Compulsory waiting period</strong></td>
<td>No data found</td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion. States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</td>
<td></td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 107)</td>
<td></td>
</tr>
</tbody>
</table>
### Mandatory HIV screening test

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

*Source document:* WHO Safe Abortion Guidance (page 88)

### Other mandatory STI screening tests

No data found

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

*Source document:* WHO Safe Abortion Guidance (page 88)

### Prohibition of sex-selective abortion

No data found

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

*Source document:* Preventing Gender-Biased Sex Selection (page 17)

### Restrictions on information provided to the public

No data found

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

*Source document:* WHO Safe Abortion Guidance (page 107)

### Restrictions on methods to detect sex of the foetus

No data found

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

*Source document:* WHO Safe Abortion Guidance (page 103)

### Other

**Republika Srpska (Bosnia and Herzegovina)**

**Authorization of health professional(s)**

Yes

**Related documents:**

- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)

**Number and cadre of health-care professional authorizations required**

Depends on gestational age
Specialist Doctor, including OB/GYN

In the Republika Srpska, abortions until 10 weeks of gestation are authorized by an obstetrician gynaecologist. Between 10 and 20 weeks of gestation they are authorized by a medical commission and after 20 weeks by an ethics committee.

- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

*Source document:* WHO Safe Abortion Guidance (page 105)

**Additional notes**

In the Republika Srpska, abortions until 10 weeks of gestation are authorized by an obstetrician gynaecologist. Between 10 and 20 weeks of gestation they are authorized by a medical commission and after 20 weeks by an ethics committee.
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| Related documents: | Law on Conditions and Procedure for Termination of the Pregnancy (page 1) |
| WHO Guidance | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4. Source document: WHO Safe Abortion Guidance (page 106) |

| Judicial authorization for minors | Not specified |
| Related documents: | Law on Conditions and Procedure for Termination of the Pregnancy |
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<p>| Police report required in case of rape | Not specified |
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<table>
<thead>
<tr>
<th>Parental consent required for minors</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
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<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
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</table>

<table>
<thead>
<tr>
<th>Can another adult consent in place of a parent?</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Related documents:</td>
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<td>- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
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</table>

<table>
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<th>Age where consent not needed</th>
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<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
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### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

- Source document: WHO Safe Abortion Guidance (page 105)

### Additional notes

For underage pregnant women or pregnant women deprived of legal capacity, the request for termination of pregnancy shall be submitted by the parent, guardian or guardianship authority. A minor pregnant woman over the age of sixteen, who has legal capacity, may also submit a request for termination of pregnancy on her own.

<table>
<thead>
<tr>
<th>Spousal consent</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
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<td></td>
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The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

- Source document: WHO Safe Abortion Guidance (page 105)

### Additional notes

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

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<th>Ultrasound images or listen to foetal heartbeat required</th>
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- Source document: WHO Safe Abortion Guidance (page 19)

### Compulsory counselling

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<thead>
<tr>
<th>Yes</th>
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<tbody>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy (page 2)</td>
</tr>
</tbody>
</table>

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

- Source document: WHO Safe Abortion Guidance (page 46)

### Additional notes

According to the Article 7 of the Law on the conditions and procedures for termination of pregnancy, health care institutions in which abortion procedures are performed are obliged to provide accurate and impartial information on pregnancy termination by organizing mandatory counseling before and after the termination of pregnancy.
<table>
<thead>
<tr>
<th>Issue</th>
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<th>Related documents:</th>
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<tr>
<td>Compulsory waiting period</td>
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</tr>
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</table>
Clinical and Service-delivery Aspects of Abortion Care

Bosnia and Herzegovina

National guidelines for induced abortion

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

**Source document:** WHO Safe Abortion Guidance (page 75)

**Additional notes**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

Methods allowed

**Vacuum aspiration**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

**Dilatation and evacuation**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

**Combination mifepristone-misoprostol**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

**Misoprostol only**

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

**Other (where provided)**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 123)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 13)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / misoprostol)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Source document:** WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

**Source document:** WHO Safe Abortion Guidance (page 13)

**Additional notes**

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The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Additional notes

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

Primary health-care centres

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

Secondary (district-level) health-care facilities

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

Specialized abortion care public facilities

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

Private health-care centres or clinics

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NGO health-care centres or clinics

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6-Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)

Additional notes

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

Additional notes

This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.
Where can post-abortion care services be provided

**Primary health-care centres**
This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

**Secondary (district-level) health-care facilities**
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**NGO health-care centres or clinics**
This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.

**Other (if applicable)**

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Contraception included in post-abortion care

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines § 2.3.

- Source document: WHO Safe Abortion Guidance (page 62)

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Insurance to offset end user costs

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

- Source document: WHO Safe Abortion Guidance (page 18)
### Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
</tr>
<tr>
<td>Midwife/midwife</td>
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<tr>
<td>Doctor (specialty not specified)</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
</tr>
<tr>
<td>Other (if applicable)</td>
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</table>

<table>
<thead>
<tr>
<th>Source document:</th>
<th>WHO Guidance: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)</th>
</tr>
</thead>
</table>

### Referral linkages to a higher-level facility

- **Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses.**

  - **Source document:** Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

### Additional notes

- **This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the Federation of Bosnia and Herzegovina and Republika Srpska.**

### Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)

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### WHO Guidance

- **Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities.**

  - **Source document:** WHO Safe Abortion Guidance (page 75)

- **Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health.**

  - **Source document:** WHO Safe Abortion Guidance (page 75)
<table>
<thead>
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<th>Methods allowed</th>
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<td>Vacuum aspiration</td>
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*Source document: WHO Safe Abortion Guidance (page 123)*

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

*Source document: WHO Safe Abortion Guidance (page 123)*

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

*Source document: WHO Safe Abortion Guidance (page 13)*

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

*Source document: WHO Safe Abortion Guidance (page 14)*

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**WHO Guidance**

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

*Source document: WHO Safe Abortion Guidance (page 54)*

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

*Source document: WHO Safe Abortion Guidance (page 13)*

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*Source document: WHO Safe Abortion Guidance (page 54)*
Related documents:
- Law on Health Protection

Primary health-care centres
Not specified
- Law on Health Protection

Secondary (district-level) health-care facilities
Not specified
- Law on Health Protection

Specialized abortion care public facilities
Not specified
- Law on Health Protection

Private health-care centres or clinics
Not specified
- Law on Health Protection

NGO health-care centres or clinics
Not specified
- Law on Health Protection

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6—Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)

No data found

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Source document: WHO Safe Abortion Guidance (page 75)

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

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Referral linkages to a higher-level facility
Not specified
- Law on Health Protection

Availability of a specialist doctor, including OB/GYN
Not specified
- Law on Health Protection

Minimum number of beds
Not specified
- Law on Health Protection

Other (if applicable)

WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 75)

Republika Srpska (Bosnia and Herzegovina)

National guidelines for induced abortion
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WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 75)

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<td>- Law on Conditions and Procedure for Termination of the Pregnancy</td>
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<td>Where can abortion services be provided</td>
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<td>Places prescribed by the Minister of Health and Social Welfare for abortion and post-abortion care. Termination of pregnancy before 20 weeks of gestation is done in a medical institution that has hospital services in gynecology and obstetrics, anesthesiology and resuscitation, an emergency room and a transfusion service blood. Termination of pregnancy after 20 weeks of gestation is done at a clinic or clinical center.</td>
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*Source document: WHO Safe Abortion Guidance (page 57)*

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**Contraception included in post-abortion care**

No data found

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**WHO Guidance**

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All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

*Source document: WHO Safe Abortion Guidance (page 62)*

---

**Insurance to offset end user costs**

Yes

**Related documents:**
- Rulebook on Compulsory Health Insurance, 2014 (page 4)

**Induced abortion for all women**

Yes

Abortion for medical reasons is covered under the compulsory health insurance scheme and does not require a co-payment by the woman.

*Rulebook on Compulsory Health Insurance, 2014 (page 4)*

**Induced abortion for poor women only**

No

**Abortion complications**

Not specified

*Rulebook on Compulsory Health Insurance, 2014*

**Private health coverage**

Not specified

*Rulebook on Compulsory Health Insurance, 2014*

**Other (if applicable)**

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**WHO Guidance**

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*Source document: WHO Safe Abortion Guidance (page 18)*

---

**Additional notes**

Abortion for medical reasons is covered under the compulsory health insurance scheme and does not require a co-payment by the woman.
### Conscientious Objection

**WHO Guidance**

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**Source document:** Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

**WHO Guidance**

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**Source document:** WHO Safe Abortion Guidance (page 75)

**WHO Guidance**

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Source document:** WHO Safe Abortion Guidance (page 106)

**Additional notes**

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### Public sector providers

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**Related documents:**
- Law on Health Protection

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- Law on Health Protection

<table>
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<tr>
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Public facilities

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Republika Srpska (Bosnia and Herzegovina)
### Public sector providers

**Related documents:**
- Law on Conditions and Procedure for Termination of the Pregnancy (page 2)

**Individual health-care providers who have objected are required to refer the woman to another provider**

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**Indicators**

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

**Goal 1. End poverty in all its forms everywhere**

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

   No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

   No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

   No data

**Goal 3. Ensure healthy lives and promote well-being for all at all ages**

3.1.1 Maternal mortality ratio

   10 (2017)

3.1.2 Proportion of births attended by skilled health personnel

   No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

   No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

   10 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

   No data

3.c.1 Health worker density and distribution

   No data

**Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

   No data

**Goal 5. Achieve gender equality and empower all women and girls**

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

   No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

   No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

   No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

   No data
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education

5.6.2 Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

5.b.1 Proportion of individuals who own a mobile telephone, by sex

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

16.6.2 Proportion of the population satisfied with their last experience of public services

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet
### Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>9 (2012)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.9 (2015)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.265 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.17 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>37 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>43.1 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>48.245 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.64 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>No data</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>17.13 (2018)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>19.3 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
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