

Country Profile: Bosnia and Herzegovina

Last Updated: 14 November 2018

Region: Southern Europe



Identified policies and legal sources related to abortion:

- ✓ Reproductive Health Act
 - General Medical Health Act
 - Constitution
- ✓ Criminal / Penal Code
 - 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](#)



List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- ✓ Xst OP
- ✓ 2nd OP
- ✓ CESC
- ✓ CESC-OP
- ✓ CAT
- ✓ CAT-OP
- ✓ CEDAW
- ✓ CEDAW-OP
- ✓ CRC
- ✓ CRC:OPSC
- ✓ CRC:OPAC
- ✓ CRC:OPIC
- ✓ CMW
- ✓ CRPD *
- ✓ CRPD-OP
- ✓ CED **
- Maputo Protocol

↓ [Download data](#)



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

| | |
|--------------------------------------|-------------------------------------|
| Bosnia and Herzegovina | <i>i</i> Law Varies By Jurisdiction |
| Federation of Bosnia and Herzegovina | <i>i</i> Not Specified |

| | |
|---|--------------------------------------|
| (Bosnia and Herzegovina) | |
| Republika Srpska (Bosnia and Herzegovina) | ✓ Gestational limit: 10 weeks |

Legal Ground and Gestational Limit

| Bosnia and Herzegovina | |
|-----------------------------------|--|
| Economic or social reasons | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p>Gestational limit applies Restriction Varies By Jurisdiction</p> <p> 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) 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)</p> <p> 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. 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.</p> |
| Foetal impairment | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p>Gestational limit applies Restriction Varies By Jurisdiction</p> <p> 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; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. 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) 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)</p> <p> 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. 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.</p> |
| Rape | <p> Varies by jurisdiction</p> |



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

Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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

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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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 \(page 103\)](#)



Additional notes

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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.

Incest



Varies by jurisdiction

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

Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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

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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Intellectual or cognitive disability of the woman



Varies by jurisdiction

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

Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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

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.

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Mental health



Varies by jurisdiction

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

Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

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Physical health



Varies by jurisdiction

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Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

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Health



Varies by jurisdiction

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Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. 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, § 4.2.1.2.

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Life



Varies by jurisdiction

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Gestational limit applies

Restriction Varies By Jurisdiction



WHO Guidance

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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.

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Other

Gestational limit applies

Restriction Varies By Jurisdiction



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Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)

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](#)



WHO Guidance

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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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Foetal impairment



Not specified

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Rape



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Incest



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Intellectual or cognitive disability of the woman



Not specified

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Mental health



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WHO Guidance

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The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

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Physical health



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Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Health



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- [Law on Health Protection](#)



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Life



Not specified

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Related documents:

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WHO Guidance

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

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:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1 10-Bosnia-and-Herzegovina-Republika-Srpska-Criminal-Code.pdf\)](#)



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 \(page 103\)](#)

Foetal impairment

Yes

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Gestational limit

Weeks: No limit specified

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)



WHO Guidance

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

Rape

Yes

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1 10-Bosnia-and-Herzegovina-Republika-Srpska-Criminal-Code.pdf\)](#)

Gestational limit

Weeks: No limit specified

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)



WHO Guidance

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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.

Incest

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

Yes

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1 10-Bosnia-and-Herzegovina-Republika-Srpska-Criminal-Code.pdf\)](#)

Gestational limit

Weeks: No limit specified

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)



WHO Guidance

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

Intellectual or cognitive disability of the woman

No

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1 10-Bosnia-and-Herzegovina-Republika-Srpska-Criminal-Code.pdf\)](#)

Mental health

No

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)



WHO Guidance

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The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

Physical health





No

Related documents:













- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1 10-Bosnia-and-Herzegovina-Republika-Srpska-Criminal-Code.pdf\)](#)















WHO Guidance

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|----------------------|--|
| | <p></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> |
| <p>Health</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. 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, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| <p>Life</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| <p>Other</p> | <p>Pregnancy as a result of a criminal offense, or psychosocial indications</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p> Additional notes</p> <p>No gestational limit is specified in case of pregnancy as a result of a criminal offence.</p> |

Additional Requirements to Access Safe Abortion

| | |
|---|---|
| <p>Authorization of health professional(s)</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Authorization in specially licensed facilities only</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Judicial authorization for minors</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Judicial authorization in cases of rape</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p> <p></p> |

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| <p>Police report required in case of rape</p> | <p> Additional notes</p> <p>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.</p> <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Parental consent required for minors</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Spousal consent</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Ultrasound images or listen to foetal heartbeat required</p> | <p> Varies by jurisdiction Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</p> <p> WHO Guidance</p> |

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 \(page 88\)](#)



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.

Prohibition of sex-selective abortion



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.

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 \(page 17\)](#)



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.

Restrictions on information provided to the public



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 \(page 107\)](#)



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.

Restrictions on methods to detect sex of the fetus



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 \(page 103\)](#)



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)








Authorization of health professional(s)





No data found



WHO Guidance

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| | <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> |
| <p>Authorization in specially licensed facilities only</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> |
| <p>Judicial authorization for minors</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> |
| <p>Judicial authorization in cases of rape</p> | <p>Not applicable</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p> |
| <p>Police report required in case of rape</p> | <p>Not applicable</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p> |
| <p>Parental consent required for minors</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> |
| <p>Spousal consent</p> | <p>No data found</p> <p></p> |

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| |  WHO Guidance <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> |
| Ultrasound images or listen to foetal heartbeat required | <p>No data found</p>  WHO Guidance <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 19)</p> |
| Compulsory counselling | <p>No data found</p>  WHO Guidance <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 46)</p> |
| Compulsory waiting period | <p>No data found</p>  WHO Guidance <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> |
| Mandatory HIV screening test | <p>No data found</p>  WHO Guidance <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> |
| Other mandatory STI screening tests | <p>No data found</p>  WHO Guidance <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> |
| Prohibition of sex-selective abortion | <p>No data found</p>  WHO Guidance |

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| | <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p> |
| <p>Restrictions on information provided to the public</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> |
| <p>Restrictions on methods to detect sex of the foetus</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| <p>Other</p> | |
| <p>Republika Srpska (Bosnia and Herzegovina)</p> | |
| <p>Authorization of health professional(s)</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p>Number and cadre of health-care professional authorizations required</p> <p>Depends on gestational age Specialist Doctor, Including OB/GYN</p> <p>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.</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Authorization in specially licensed facilities only</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • 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 \(page 106\)](#)



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:

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)



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 \(page 105\)](#)



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:

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)



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 \(page 104\)](#)



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:

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)



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 \(page 104\)](#)

Police report required in case of rape

Parental consent required for minors

Yes

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Can another adult consent in place of a parent?

Yes

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Age where consent not needed

16

- [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 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 \(page 105\)](#)

Spousal consent



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:

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)



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 \(page 105\)](#)

Ultrasound images or listen to foetal heartbeat required



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:

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)



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 \(page 19\)](#)

Compulsory counselling

No

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 2\)](#)



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 \(page 46\)](#)

Compulsory waiting period






Not specified

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| | <p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> |
| <p>Mandatory HIV screening test</p> | <p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> |
| <p>Other mandatory STI screening tests</p> | <p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> |
| <p>Prohibition of sex-selective abortion</p> | <p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p> |
| <p>Restrictions on information provided to the public</p> | <p>No data found</p> <p> WHO Guidance</p> |

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| | <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> |
| Restrictions on methods to detect sex of the foetus | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| Other | |

Clinical and Service-delivery Aspects of Abortion Care

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| Bosnia and Herzegovina | |
| National guidelines for induced abortion | <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p> <p> Additional notes</p> <p>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.</p> |
| Methods allowed | <p>Vacuum aspiration</p> <p>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.</p> <p>Dilatation and evacuation</p> <p>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.</p> <p>Combination mifepristone-misoprostol</p> <p>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.</p> <p>Misoprostol only</p> <p>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.</p> <p>Other (where provided)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> |

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 / mife-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

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.

Country recognized approval (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 \(page 54\)](#)



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 abortion 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

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

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.

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.



WHO Guidance

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.

National guidelines for post-abortion care



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.

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

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

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.

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)



WHO Guidance

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

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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

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 \(page 62\)](#)



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.

Insurance to offset end user costs

Other (if applicable)



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 \(page 18\)](#)



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.

Who can provide abortion services

Nurse

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.

Midwife/nurse-midwife

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.

Doctor (specialty not specified)

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.

Specialist doctor, including OB/GYN

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)



WHO Guidance

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

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. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)



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.

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

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.

Availability of a specialist doctor, including OB/GYN

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.

Minimum number of beds

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)



WHO Guidance

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

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. Safe Abortion Guidelines, § 3.3.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)

National guidelines for induced abortion

No data found



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 \(page 75\)](#)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mife-misoprostol)

No data found



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 \(page 13\)](#)

| | |
|---|--|
| <p>Country recognized approval (misoprostol)</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p> |
| <p>Where can abortion services be provided</p> | <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Health Protection <p>Primary health-care centres</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p>Secondary (district-level) health-care facilities</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p>Specialized abortion care public facilities</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p>Private health-care centres or clinics</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p>NGO health-care centres or clinics</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 18)</p> |
| <p>National guidelines for post-abortion care</p> | <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p> |
| <p>Where can post abortion care services be provided</p> | <p>Primary health-care centres</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p>Secondary (district-level) health-care facilities</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Health Protection <p>Specialized abortion care public facilities</p> |

Not specified

- [Law on Health Protection](#)

Private health-care centres or clinics

Not specified

- [Law on Health Protection](#)

NGO health-care centres or clinics

Other (if applicable)



WHO Guidance

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

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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

Contraception included in post-abortion care



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:

- [Law on Health Protection](#)



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 \(page 62\)](#)

Insurance to offset end user costs

No data found

Other (if applicable)



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 \(page 18\)](#)

Who can provide abortion services

Related documents:

- [Law on Health Protection](#)

Nurse

Not specified

- [Law on Health Protection](#)

Midwife/nurse-midwife

Not specified

- [Law on Health Protection](#)

Doctor (specialty not specified)

Not specified

- [Law on Health Protection](#)

Specialist doctor, including OB/GYN

Not specified

- [Law on Health Protection](#)

Other (if applicable)



WHO Guidance

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

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. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

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

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

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. Safe Abortion Guidelines, § 3.3.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Republika Srpska (Bosnia and Herzegovina)

National guidelines for induced abortion

No data found



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 \(page 75\)](#)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mife-misoprostol)

No data found



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 \(page 13\)](#)

Country recognized approval (misoprostol)

No data found



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 \(page 54\)](#)

Where can abortion services be provided

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)

Primary health-care centres

Not specified

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)

Secondary (district-level) health-care facilities

Not specified

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)

Specialized abortion care public facilities

Not specified

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)

Private health-care centres or clinics

Not specified

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)

NGO health-care centres or clinics

Not specified

- [Law on Conditions and Procedure for Termination of the Pregnancy](#)

Other (if applicable)

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.

- [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.

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 \(page 18\)](#)

National guidelines for post-abortion care

No data found



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 \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found

Other (if applicable)



WHO Guidance

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

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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

Contraception included in post-abortion care

No data found



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 \(page 62\)](#)

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

- [Rulebook on Compulsory Health Insurance, 2014 \(page 4\)](#)

Abortion complications

Not specified

- [Rulebook on Compulsory Health Insurance, 2014](#)

Private health coverage

Not specified

- [Rulebook on Compulsory Health Insurance, 2014](#)

Other (if applicable)



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 \(page 18\)](#)



Additional notes

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

Who can provide abortion services

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Nurse

No

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Midwife/nurse-midwife

No

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Doctor (specialty not specified)

No

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)

Specialist doctor, including OB/GYN


Yes

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 1\)](#)





Other (if applicable)



WHO Guidance

| | |
|--|---|
| | <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.</p> <p>↓ Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)</p> |
| <p>Extra facility/provider requirements for delivery of abortion services</p> | <p>Referral linkages to a higher-level facility</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy <p>Availability of a specialist doctor, including OB/GYN</p> <p>Yes</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 1) <p>Minimum number of beds</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy <p>Other (if applicable)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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. Safe Abortion Guidelines, § 3.3.1.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p> |

Conscientious Objection

| | |
|--|--|
| <p>Bosnia and Herzegovina</p> | |
| <p>Public sector providers</p> | <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>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.</p> |
| <p>Private sector providers</p> | <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>This questionnaire reflects the legal and policy sources that apply in the two autonomous entities that comprise Bosnia and Herzegovina: the</p> |

Provider type not specified



WHO Guidance

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

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

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.

Neither Type of Provider Permitted



WHO Guidance

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

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

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.

Public facilities



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

↓ **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.

Private facilities



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

↓ **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.

Facility type not specified



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are

accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

↓ **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.

Neither Type of Facility Permitted



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



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Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)

Public sector providers



Not specified

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Related documents:

- [Law on Health Protection](#)



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Private sector providers



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Provider type not specified



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Public facilities



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Private facilities



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Facility type not specified



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Republika Srpska (Bosnia and Herzegovina)

Public sector providers

No

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 2\)](#)



WHO Guidance

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Additional notes

Obstetrician-gynaecologists are not permitted to object in emergency cases where medical assistance is needed in regard of acute danger to life or serious damage to

health.

Private sector providers

No

Related documents:

- [Law on Conditions and Procedure for Termination of the Pregnancy \(page 2\)](#)



WHO Guidance








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Additional notes

| | |
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| | <p>Obstetrician-gynaecologists are not permitted to object in emergency cases where medical assistance is needed in regard of acute danger to life or serious damage to health.</p> |
| <p>Provider type not specified</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Conditions and Procedure for Termination of the Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>Obstetrician-gynaecologists are not permitted to object in emergency cases where medical assistance is needed in regard of acute danger to life or serious damage to health.</p> |
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| <p>Private facilities</p> | <p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no</p> |

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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 | 11 (2015) |
| 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 | No data |
| 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 | No data |
| 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 | No data |
| 5.a.1 (a) 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 | No data |
| 5.b.1 Proportion of individuals who own a mobile telephone, by sex | No data |

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

17.8.1 Proportion of individuals using the Internet

No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

9 (2012)

Percentage of births attended by trained health professional

99.9 (2015)

Percentage of women aged 20-24 who gave birth before age 18

No data

Total fertility rate

1.36 (2016)

Legal marital age for women, with parental consent

No data

Legal marital age for women, without parental consent

18 (2009-2017)

Gender Inequalities Index (Value)

0.17 (2017)

Gender Inequalities Index (Rank)

37 (2017)

Mandatory paid maternity leave

yes (2016)

Median age

41.5 (2015)

Population, urban (%)

41.9 (2017)

Percentage of secondary school completion rate for girls

0.64 (2013)

Gender parity in secondary education

No data

Percentage of women in non-agricultural employment

38 (2013)

Proportion of seats in parliament held by women

19.3 (2017)

Sex ratio at birth (male to female births)

1.06 (2017)

