Country Profile: Bosnia and Herzegovina

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
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **

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
<table>
<thead>
<tr>
<th><strong>Legal Ground and Gestational Limit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bosnia and Herzegovina</strong></td>
</tr>
<tr>
<td><strong>Economic or social reasons</strong></td>
</tr>
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<td>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</td>
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<td>Source document: WHO Safe Abortion Guidance (page 103)</td>
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<td><strong>Additional notes</strong></td>
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<td><strong>Foetal impairment</strong></td>
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**Source document:** WHO Safe Abortion Guidance (page 102)

**Additional notes**

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### Intellectual or cognitive disability of the woman

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

**Who Guidance**

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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)

**Additional notes**

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### Mental health

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.

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)

**Additional notes**

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### Physical health

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.

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)

**Additional notes**

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### Health

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

**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.

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

**Additional notes**

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**Life**

**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.

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)

**Additional notes**

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

---

**Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)**

**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**

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**

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

- Not specified

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Related documents:
- Criminal Law of the Federation of Bosnia and Herzegovina
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WHO Guidance

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Incest

- Not specified

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

Intellectual or cognitive disability of the woman

- Not specified

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

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

WHO Guidance

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

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)

Mental health

- Not specified

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Related documents:
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- Law on Health Protection

WHO Guidance

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Physical health

- Not specified

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

Health

- Not specified

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

WHO Guidance

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

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.

Source document: WHO Safe Abortion Guidance (page 102)

Life

- Not specified

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

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Other

Republika Srpska (Bosnia and Herzegovina)

Economic or social reasons

- No

- Related documents:

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

- Yes

- Related documents:
Gestational limit

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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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)

Rape

Yes

Related documents:

Gestational limit

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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Source document: WHO Safe Abortion Guidance (page 103)

Incest

Yes

Related documents:

Gestational limit

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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<table>
<thead>
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<th>Intellectual or cognitive disability of the woman</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Law on Conditions and Procedure for Termination of the Pregnancy (page 10-Bosnia-and-Herzegovina-Republika-Srpska-Criminal-Code.pdf)</td>
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<tr>
<th>Mental health</th>
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![WHO Guidance](image)

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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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<th>Health</th>
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**Gestational limit**

**Weeks:** No limit specified

*Source document:* Law on Conditions and Procedure for Termination of the Pregnancy (page 1)

![WHO Guidance](image)

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

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.

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

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**Gestational limit**

**Weeks:** No limit specified

*Source document:* Law on Conditions and Procedure for Termination of the Pregnancy (page 1)
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Source document: WHO Safe Abortion Guidance (page 103)

Other

Pregnancy as a result of a criminal offense, or psychosocial indications

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

Additional notes
No gestational limit is specified in case of pregnancy as a result of a criminal offence.

Additional Requirements to Access Safe Abortion

Bosnia and Herzegovina

Authorization of health professional(s)

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.

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

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes
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.

Authorization in specially licensed facilities only

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.

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

Source document: WHO Safe Abortion Guidance (page 106)

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

Judicial authorization for minors

Varies by jurisdiction
Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.
Judicial authorization in cases of rape

**WHO Guidance**

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

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

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

**Additional notes**

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

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Police report required in case of rape

**WHO Guidance**

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

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

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

**Additional notes**

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Parental consent required for minors

**WHO Guidance**

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

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

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

**Additional notes**

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<th>Topic</th>
<th>Status</th>
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<th>Additional notes</th>
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<tr>
<td>Spousal consent</td>
<td>Varies by jurisdiction</td>
<td>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.</td>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
<td>Varies by jurisdiction</td>
<td>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.</td>
<td>Source document: WHO Safe Abortion Guidance (page 19)</td>
</tr>
<tr>
<td>Compulsory counselling</td>
<td>Varies by jurisdiction</td>
<td>Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.</td>
<td>Source document: WHO Safe Abortion Guidance (page 46)</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>Varies by jurisdiction</td>
<td>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</td>
<td>Source document: WHO Safe Abortion Guidance (page 39)</td>
</tr>
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</table>
### Mandatory HIV screening test

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

### Other mandatory STI screening tests

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

### Prohibition of sex-selective abortion

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<tr>
<td>Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

### Restrictions on information provided to the public

<table>
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<tr>
<th>WHO Guidance</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Source document**: WHO Safe Abortion Guidance (page 107)
### Restrictions on methods to detect sex of the foetus

**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

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

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

| Authorization of health professional(s) | No data found |

**WHO Guidance**

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

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

Source document: [WHO Safe Abortion Guidance (page 105)](#)

| Authorization in specially licensed facilities only | No data found |

**WHO Guidance**

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

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

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

| Judicial authorization for minors | No data found |

**WHO Guidance**

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

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

Source document: [WHO Safe Abortion Guidance (page 105)](#)

| Judicial authorization in cases of rape | Not applicable |

**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
Police report required in case of rape

**WHO Guidance**

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

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

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

Parental consent required for minors

**WHO Guidance**

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

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

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

Spousal consent

**WHO Guidance**

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

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

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

Ultrasound images or listen to foetal heartbeat required

**WHO Guidance**

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

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

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

Compulsory counselling

**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

**WHO Guidance**

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

The requirement for mandatory waiting period prior to abortion that can hinder access to abortion services should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.
<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Mandatory HIV screening test</td>
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</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>No data found</td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>No data found</td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td>No data found</td>
</tr>
<tr>
<td>Restrictions on methods to detect sex of the foetus</td>
<td>No data found</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Republika Srpska (Bosnia and Herzegovina)

- **Authorization of health professional(s)**: Yes
Number and cadre of health-care professional authorizations required

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 105)

### Additional notes

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

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
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<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
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</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

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)

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...
<table>
<thead>
<tr>
<th>Police report required in case of rape</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy</td>
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</table>

**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

**Related documents:**

- Law on Conditions and Procedure for Termination of the Pregnancy

<table>
<thead>
<tr>
<th>Parental consent required for minors</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
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<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
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</table>

**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

**Related documents:**

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

<table>
<thead>
<tr>
<th>Spousal consent</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

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

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by 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.

**Related documents:**

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

<table>
<thead>
<tr>
<th>Ultrasound images or listen to foetal heartbeat required</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Conditions and Procedure for Termination of the Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>
### Compulsory counselling
- **No**

### Compulsory waiting period
- **Not specified**

### Mandatory HIV screening test
- **Not specified**

### Other mandatory STI screening tests
- **Not specified**
Clinical and Service-delivery Aspects of Abortion Care

**Prohibition of sex-selective abortion**

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

**Restrictions on information provided to the public**

No data found

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

No data found

**Other**

No data found

**Bosnia and Herzegovina**

National guidelines for induced abortion

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

**Additional notes**
Methods allowed

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

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

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

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

**Other (where provided)**

---

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 13)

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

Source document: WHO Safe Abortion Guidance (page 14)

---

**Country recognized approval (mifepristone / mife-misoprostol)**

**WHO Guidance**

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

Source document: WHO Safe Abortion Guidance (page 54)

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

Source document: WHO Safe Abortion Guidance (page 13)

---

**Country recognized approval (misoprostol)**

**WHO Guidance**

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

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

### 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 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**
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**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.
Contraception included in post-abortion care

Who can provide abortion services

Insurance to offset end user costs

Additional notes

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)

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)

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)

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.

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)

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.

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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)

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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)

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Source document: WHO Safe Abortion Guidance (page 13)

Country recognized approval (misoprostol)

No data found

WHO Guidance

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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 Health Protection

Primary health-care centres

Not specified

- Law on Health Protection

Secondary (district-level) health-care facilities

Not specified

- Law on Health Protection

Specialized abortion care public facilities

Not specified

- Law on Health Protection

Private health-care centres or clinics

Not specified

- Law on Health Protection

NGO health-care centres or clinics

Not specified

- Law on Health Protection

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)

<table>
<thead>
<tr>
<th>National guidelines for post-abortion care</th>
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### WHO Guidance

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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)

<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary health-care centres</strong></td>
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</tr>
<tr>
<td></td>
<td>- Law on Health Protection</td>
</tr>
<tr>
<td><strong>Secondary (district-level) health-care facilities</strong></td>
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<td></td>
<td>- Law on Health Protection</td>
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<td><strong>Specialized abortion care public facilities</strong></td>
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<td>- Law on Health Protection</td>
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<tr>
<td><strong>Private health-care centres or clinics</strong></td>
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<tr>
<td></td>
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</tr>
<tr>
<td><strong>NGO health-care centres or clinics</strong></td>
<td>Other (if applicable)</td>
</tr>
<tr>
<td><strong>Other (if applicable)</strong></td>
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</tr>
</tbody>
</table>

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**Source document:** WHO Safe Abortion Guidance (page 57)

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>Not specified</th>
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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 | No data found |
### end user costs

**WHO Guidance**

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

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

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

### Who can provide abortion services

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Not specified</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Not specified</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Not specified</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**

- Law on Health Protection

**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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Not specified</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Not specified</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**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.
### Republika Srpska (Bosnia and Herzegovina)

#### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Method allowed</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vacuum aspiration</strong></td>
<td><a href="#">WHO Safe Abortion Guidance</a></td>
</tr>
<tr>
<td><strong>Dilatation and evacuation</strong></td>
<td><a href="#">WHO Safe Abortion Guidance</a></td>
</tr>
<tr>
<td><strong>Combination mifepristone-misoprostol</strong></td>
<td><a href="#">WHO Safe Abortion Guidance</a></td>
</tr>
<tr>
<td><strong>Misoprostol only</strong></td>
<td><a href="#">WHO Safe Abortion Guidance</a></td>
</tr>
<tr>
<td><strong>Other (where provided)</strong></td>
<td><a href="#">WHO Safe Abortion Guidance</a></td>
</tr>
</tbody>
</table>

#### Source document

[WHO Safe Abortion Guidance](#)

#### 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)**: No data found

#### Source document

[WHO Safe Abortion Guidance](#)

#### Country recognized approval (mifepristone / mife-misoprostol)

No data found

#### Source document

[WHO Safe Abortion Guidance](#)

#### WHO Guidance

No data found

#### Source document

[WHO Safe Abortion 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)

### National guidelines for post-abortion care

No data found

### Where can post abortion care services be provided

#### Primary health-care centres
No data found

#### Secondary (district-level) health-care facilities
No data found
### Contraception included in post-abortion care

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Data Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>No data found</td>
</tr>
</tbody>
</table>

#### 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)](#)

### Insurance to offset end user costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
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<tbody>
<tr>
<td>Contraception included in post-abortion care</td>
<td>Yes</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>Rulebook on Compulsory Health Insurance, 2014 (page 4)</td>
<td></td>
</tr>
<tr>
<td>Induced abortion for all women</td>
<td>Yes</td>
</tr>
<tr>
<td>Induced abortion for poor women only</td>
<td>No</td>
</tr>
<tr>
<td>Abortion complications</td>
<td>Not specified</td>
</tr>
<tr>
<td>Private health coverage</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

#### 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)](#)

### Financing of abortion services

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.

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
<th>Referral linkages to a higher-level facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy (page 1)</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>Law on Conditions and Procedure for Termination of the Pregnancy</td>
</tr>
</tbody>
</table>

**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)

---

**Conscientious Objection**

Bosnia and Herzegovina
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.
<table>
<thead>
<tr>
<th>Facility type</th>
<th>Private facilities</th>
<th>Facility type not specified</th>
<th>Neither Type of Facility Permitted</th>
<th>Federation of Bosnia and Herzegovina (Bosnia and Herzegovina)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td>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.</td>
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</tr>
</tbody>
</table>

**Public sector providers**

- **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.

  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)

**Private sector providers**

**Not specified**

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**Related documents:**
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**WHO Guidance**

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Source document: WHO Safe Abortion Guidance (page 106)

**Provider type not specified**

**Not specified**

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- Law on Health Protection

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Source document: WHO Safe Abortion Guidance (page 106)

**Neither Type of Provider Permitted**

**Not specified**

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

**WHO Guidance**

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Source document: WHO Safe Abortion Guidance (page 106)

**Public facilities**

**Not specified**

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**Related documents:**
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**WHO Guidance**

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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)

Private facilities

Not specified

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Related documents:
- Law on Health Protection

WHO Guidance

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)

Facility type not specified

Not specified

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Related documents:
- Law on Health Protection

WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 106)

Neither Type of Facility Permitted

Not specified

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WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 106)

Republika Srpska (Bosnia and Herzegovina)

Public sector providers

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

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

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.

- Law on Conditions and Procedure for Termination of the Pregnancy
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**Source document:** WHO Safe Abortion Guidance (page 106)

**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.

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### Related documents:

- Law on Conditions and Procedure for Termination of the Pregnancy (page 2)

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

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- Law on Conditions and Procedure for Termination of the Pregnancy

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**Not specified**

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**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.

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.
Indicators

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

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)  
No data

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

3.1.1 Maternal mortality ratio  
10 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

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

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

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

3.c.1 Health worker density and distribution

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

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

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

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

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

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

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

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

5.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

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

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

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

Goal 10. Reduce inequality within and among countries
10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17.8.1 Proportion of individuals using the Internet

**Additional Reproductive Health Indicators**

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