

## PUBLIC POLICY PROPOSALS TO IMPROVE REGULATION, AVAILABILITY AND PRACTICES OF ABORTION HEALTHCARE SERVICES IN BOSNIA AND HERZEGOVINA

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## Abstract

This publication focuses on the analysis of the state of legal regulation, availability and practices of abortion in Bosnia and Herzegovina, according to data from available research, and offers specific recommendations, i.e. public policy proposals that need to be adopted and implemented in Bosnia and Herzegovina, so that access to abortion as a healthcare service would be on an equal basis throughout the entire country.

Public policy proposals are based on available research in the field of sexual and reproductive health in Bosnia and Herzegovina with a focus on abortion, especially on the previously published Sarajevo Open Centre's research – „Research on Regulation, Availability and Practice of Abortion in Bosnia and Herzegovina“<sup>1</sup>. The research represents the first in-depth and comprehensive exploration of this right - healthcare service in Bosnia and Herzegovina, consisted of the following stages - parts:

- presentation and analysis of the international and domestic legal framework that regulates the issue of abortion and sexual and reproductive rights in a broader sense, with the aim of mapping the positive (valid) regulations in this area, identifying shortcomings and room for improvement;
- presentation and analysis of the institutional practice in the field of healthcare and healthcare facilities in the segments of recognition, enjoyment and realization of the right to abortion from the perspective of availability and access to abortion services;
- presentation and analysis of the experiences of persons from Bosnia and Herzegovina who had an abortion.

Based on the results - conclusions of abortion research, observed problems and shortcomings, and developed research recommendations, as well as other research that deals with access to sexual and reproductive health rights, this policy paper will present specific public policy measures to improve access to this right/healthcare service in Bosnia and Herzegovina.

### **Remark:**

In the publication, where we use the terms “woman” and “female patient”, i.e. female gender, we do not only refer to cis women, but we also include TIGD persons (transgender, intersex and gender diverse), i.e. persons who have the reproductive capacity to become pregnant, who need and/or who have had an abortion. We emphasize that, according to the data collected in the research, there were no women who define themselves differently from cis women. Regardless, it should not be ignored that this issue also concerns trans and gender diverse persons, with additional specifics, social and possible legal restrictions.

<sup>1</sup> Delila Hasanbegović Vukas (2023), Research on Regulation, Availability and Practice of Abortion in Bosnia and Herzegovina. Sarajevo: Sarajevo Open Centre. Available at: <https://soc.ba/is-trazivanje-o-regulaciji-dostupnosti-i-praksi-abortusa-u-bosni-i-hercegovini/>

## Introduction

Following the problems that were identified through Sarajevo Open Centre's previous research on the regulation, availability and practice of abortion in Bosnia and Herzegovina, the purpose of this policy document - public policy proposal is to propose specific measures to improve access to the right to abortion/termination of pregnancy in Bosnia and Herzegovina.

In its work on women's rights and gender equality, Sarajevo Open Centre strives to create solid grounds for an evidence-based approach and **complete availability and accessibility of abortion services in all parts of Bosnia and Herzegovina**. In that context, with the aforementioned research, we continued the annual monitoring of the state of women's rights, which includes the **area of sexual and reproductive health**<sup>2</sup>. The research was conducted among competent institutions in the healthcare field in Bosnia and Herzegovina, public and private healthcare facilities (clinical centers/clinics, hospitals, polyclinics, dispensaries), i.e. among healthcare and medical experts who work on the creation and implementation of policies and regulations in this sphere, but also performing abortions - pregnancy terminations, in order to get a clear overview of the legal regulations and medical practices used.

Research shows the situation in practice is such that, despite the existence of a legal basis committed to the provision of accessible and safe abortion healthcare services, it is still not available under equal conditions throughout the territory of Bosnia and Herzegovina. The reasons for this are multiple: not performing a pregnancy termination at the request of the pregnant woman or conditioning the same with high prices, uneven prices in the cantons, inadequate furnishing of public healthcare facilities with the necessary equipment and medical supplies, the absence or an insufficient number of facilities that would perform these procedures in all areas of Bosnia and Herzegovina, incomplete procedure of informing patients about the course of abortion, inconsistency in the use of anesthesia, failure to perform medical abortion, lack of psychological support, lack of reliable statistics, that is, a systematic and consolidated way of collecting data on pregnancy terminations, etc.

The **aim of this policy paper** is to establish informed cooperation with leading healthcare facilities and institutions - clinical centers, hospitals and their experts, to share information and raise awareness and sensibility to the problems of limited access to abortion healthcare services. Furthermore, this *policy document* can and should serve decision-makers and creators of laws and policies in the areas of access to healthcare and sexual and reproductive rights. The ultimate goal is to affect broader understanding of abortion as a human right and basic healthcare service, to make it available to all persons who need it. Public policy proposals are led by international standards, World Health Organization guidelines and good practices in this regard.

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<sup>2</sup> Orange Report 5, 6, 7 (2019, 2021, 2022): Report on the State of Human Rights of Women in Bosnia and Herzegovina in the period 2016-2019/ 2020/2021. Available at: <https://soc.ba/publikacije/edicija-ljudska-prava/>

## Public Policy Proposals: How to Improve Availability of Abortion in Bosnia and Herzegovina?

Improvements to the current state of legal regulation, availability and practice of abortion in Bosnia and Herzegovina will be proposed in accordance with the “problem - solution” principle, which means that the problems/deficiencies observed through the research of this issue will be highlighted first, followed by specific public policy proposals - measures that need to be taken to improve the situation, by specific segments of the quality and comprehensiveness of abortion-related healthcare services.

It is important to note that public policy proposals are derived from the knowledge of available research and that in terms of the possibility of more specific implementation of the measures, it is necessary to additionally study the context, identify and analyze the actors in Bosnia and Herzegovina responsible for the application of the proposed measures.

Given that public policy proposals are directed towards competent healthcare institutions, healthcare facilities, but also decision-makers in parliaments/assemblies in Bosnia and Herzegovina, it will be important in future advocacy interactions to exchange experiences in recognizing, enjoying and exercising the right to abortion, as well as modalities for adequate, fair and effective implementation of the proposed measures.

Also, it is important to remember that abortion is not and should not be a means of pregnancy prevention, but a service for those who need it in cases of unwanted pregnancies, unavailability/non-functionality of contraception and that it represents solely the choice of persons who need it.

In this context, in the discourse on **reproductive justice** in literature and the feminist movement, it is emphasized that the right to abortion is insignificant and unattainable for persons who do not have access to it because of the price, distance from the closest healthcare facility or other obstacles. The scope of the reproductive justice postulate thus implies more than the pro-choice movement, while it is being emphasized that a woman cannot freely choose what to do with her pregnancy if her options are limited in oppressive circumstances and due to lack of access to services. That is why the final part of this paper will be devoted to the segment of access to rights in the domain of sexual and reproductive health. When talking about the scope of reproductive justice, several segments are included, which implies the access to:

- contraception;
- comprehensive sex education;
- abortion;
- prevention and care in the sphere of sexual and reproductive health;
- prevention and adequate treatment of sexually transmitted infections;
- alternative birth options;
- adequate prenatal and postnatal care during and following the pregnancy;
- protection from domestic and gender-based violence;
- adequate compensations for the protection of families with children.

## Legal regulation

The laws on the requirements and procedures for pregnancy termination in Bosnia and Herzegovina are not harmonized in the part that regulates the **possibility of a medical doctor refusing to provide an abortion if the procedure is against his/her personal beliefs**, that is, doctors do not have this option in Federation of Bosnia and Herzegovina and Brčko District, while in Republika Srpska they do.

Allowing the refusal to provide services in one entity creates a situation of insecurity and infringement of this right for all persons in that territory. Non-harmonized regulations in the entities allow the doctors in the Federation of B&H and Brčko District to apply conscientious objection that is not legally stipulated/allowed.

### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Impose additional measures on healthcare workers to ensure that the service is provided by another doctor or another healthcare facility in case of refusal of a certain doctor to provide the service in the given facility.
- Remove the provision that allows doctors to refuse to terminate a pregnancy due to personal beliefs from the Republika Srpska Law on Conditions and Procedure for Termination of Pregnancy<sup>3</sup>.
- Ensure that each healthcare facility has enough medical personnel to perform and monitor abortion procedures (anesthesiologists, gynecologists, nurses/technicians), especially in cases where the so-called conscientious objection-refusal to terminate a pregnancy is based on the personal beliefs of doctors and other healthcare workers.

The support of the argument that the so-called conscientious objection of healthcare workers should be limited, is indicated in many international standards, like Resolution 2439 (2022) of the Parliamentary Assembly of the Council of Europe, which points out that conscientious objection, where legal, should never limit actual and timely access to abortion services.<sup>4</sup>

Also, the instrument for monitoring the implementation of the UN International Covenant on Economic, Social and Cultural Rights stipulates the obligations of states to, where healthcare providers are allowed to invoke conscientious objection, appropriately regulate this practice in order to ensure that it does not impede anyone's access to sexual and reproductive healthcare, including requests for referral to an accessible healthcare worker who is able and willing to provide services, and

<sup>3</sup> Article 6, paragraph 3 of the RS Law on Conditions and Procedure for Termination of Pregnancy, "RS Official Gazette", number 01-501/08 reads: The right of a gynecology and obstetrics specialist to refuse to carry out a permitted termination of pregnancy is recognized, if it is against his/her beliefs.

<sup>4</sup> Resolution available at: <https://pace.coe.int/en/files/30069/html>



that conscientious objection does not interfere with the performance of services in emergency situations.<sup>5</sup>

The proposal to abolish/restrict the aforementioned provision from the Republika Srpska Law can be argued by the fact that the postulates of the healthcare/medical profession, specifically specialization in gynecology, mandate the timely provision of services that patients need. Abortion is a procedure that is learned during medical education and training, so the qualified healthcare workers, especially gynecologists and anesthesiologists, should perform it like other diagnostic and therapeutic treatment procedures. It is of course clear that the absence/restriction of the conscientious objection provision will not prevent doctors from continuing to refuse to provide abortion services (such as the situation in the Federation of Bosnia and Herzegovina), but it is significant that such a legal possibility does not exist, i.e. that access to abortion is not restricted in this way.

It is important to remind that Article 38 of the RS Law on Health Care, in which the patient's rights to health care are regulated, reads: „ The patient has the right to schedule an examination, diagnostic, therapeutic and rehabilitation procedure as soon as possible, in case there are no conditions to provide the requested healthcare service immediately.“<sup>6</sup>

Unlike the Republic of Croatia Law on Medical Practice, the FB&H Law on Medical Practice<sup>7</sup> does not contain a conscientious objection, that is, there is no possibility to refuse services due to “ethical, religious or moral views“ as defined in the Croatian Law, unless it conflicts with the rules of the profession. The FB&H Law leaves the possibility of avoiding the provision of services for which the doctor is not qualified, i.e. for which he/she does not have a license, if the patient does not behave in accordance with the given instructions for the treatment and prevention of the disease, that is, by measures of prescribed therapy, and if the patient threatens or is physically aggressive.

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<sup>5</sup> ESCR Committee, General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social, and Cultural Rights), para. 17, U.N. Doc. E/C.12/GC/22 (2016). Available at: <https://docstore.ohchr.org/SelfServices/FileHandler.ashx?enc=4slQ6QSmIBEDzFEovLCuW1a0Szab0oXTdImnsJZZVQfQejF41Tob4CvIje-TiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TlM%2BP3HJPzxjHySkUoHMavD%2Fpyfcp3YlZg>

<sup>6</sup> The RS Law on Health Care, "RS Official Gazette", no. 57/2022

<sup>7</sup> The FB&H Law on Medical Practice, "FB&H Official Gazette", no. 56/2013. Law available at: <https://fmoh.gov.ba/zakoni/20/zakon-o-lijecnistvu>

## (Re)accreditation of Healthcare Facilities, Quality and Safety of Health Care

Relevant **accreditation standards** have been developed in the Federation of Bosnia and Herzegovina for primary and hospital healthcare level, as well as **safety standards** which, according to the FB&H Law on Health Care, are binding for every healthcare facility, both public and private.

Despite the existence of the certification standard, i.e. **written procedure concerning the termination of pregnancy**, the legally prescribed obligation to introduce safety standards is not uniformly implemented in the territory of the Federation, thereby not complying with the Law on the System for Improvement of Quality, Safety and Accreditation in Health Care.

Not all healthcare facilities in the Federation of Bosnia and Herzegovina have completed the full **re-accreditation process** for providing the termination of pregnancy services.

### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- More intensively monitor the implementation of the accreditation/re-accreditation process of healthcare facilities that are registered for the provision of healthcare services in the field of women's and maternity protection, more precisely, the provision of pregnancy termination services, as well as meeting the safety standards for these services.
- Through the laws and by-laws on improving quality, safety and accreditation in healthcare <sup>8</sup>, as well as adequate accreditation standards and policies, ensure that termination of pregnancy services are provided in healthcare facilities in all parts of Bosnia and Herzegovina - cantons, entities, District.

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<sup>8</sup> The FB&H Law on the System for Improvement of Quality, Safety and Accreditation in Health Care, "FB&H Official Gazette", no. 59/2005, 52/2011, 6/2017; Rulebook on Accreditation of Healthcare Facilities in Republika Srpska, "RS Official Gazette", no. 50-GEN-31/03; The RS Law on Health Care, "RS Official Gazette", no. 57/2022; Law on Health Care in the Brčko District of B&H, "BD Official Gazette", no. 5/2023, 7/2023



## Health Guidelines and Procedures

In relation to **health guidelines** and clear **medically established procedures** that healthcare facilities apply and are guided by when performing medically indicated abortions and abortions at the request of patients, healthcare facilities in Bosnia and Herzegovina rely on international clinical guidelines (especially those issued by the World Health Organization).

In Bosnia and Herzegovina, a clinical guideline based on evidence and good practice was developed, entitled “Counseling and Procedures Before and After Intentional Early Termination of Pregnancy” (2007).

The FB&H Agency for Quality and Accreditation in Healthcare was preparing procedures for performing medically indicated abortions, which were supposed to be adopted by the end of 2023.

### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Adopt and adequately implement health guidelines and medical procedures for performing intentional and termination of pregnancy for medical reasons, which would be in accordance with the World Health Organization’s strategies and guidelines, especially the latest edition of the Abortion Care Guideline from 2022 and the Clinical Practice Handbook for Quality Abortion Care from 2023.<sup>9</sup>
- The guidelines should ensure that healthcare and other workers of appropriate professional profiles in healthcare facilities, as part of their work and professional obligations, provide women and men with medical assistance and appropriate advice in exercising the right to freely decide on childbirth and familiarize them with the procedure, course and consequences of applying modern methods and means for regulating termination of pregnancy.
- Regularly and effectively supervise the application of the aforementioned professional guidelines and procedures for performing intentional and termination of pregnancy for medical reasons.

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<sup>9</sup> Abortion Care Guideline. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. Available at: <https://www.who.int/publications/i/item/9789240039483>;  
Clinical Practice Handbook for Quality Abortion Care. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO. Available at: <https://www.who.int/publications/i/item/9789240075207>

## Statistics

There are no reliable **statistics** at the B&H level - a systematic and consolidated **data collection on pregnancy terminations** despite the fact that, according to entity laws on records in health and plans/programs for conducting statistical research of interest to FB&H/RS/BD, all public and private healthcare facilities registered for activities in the field of *women's and maternity healthcare* and performing pregnancy termination procedures are required to keep records - collect statistical data on the number of terminated pregnancies.

Due to these gaps, it is not possible to analyze trends in statistics in depth or to compare trends in the administrative-territorial units in Bosnia and Herzegovina (cantons, District, entities).

In the Federation of Bosnia and Herzegovina, **entry of pregnancy terminations into the software system** is not done continuously in all cantons. Hospitals are often late in submitting data or the data are inadequately kept. Private healthcare facilities do not regularly submit reports on pregnancy terminations or the data are incomplete.

### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Ensure regular, systematic, comprehensive collection, processing, analysis and publication of statistical data on performed abortions in Bosnia and Herzegovina, classified according to key indicators (type of abortion, etc.).
- When collecting, processing, analyzing and publishing statistical data on abortions performed in Bosnia and Herzegovina, ensure protection of personal data and privacy of persons who had an abortion, in all aspects related to that procedure.
- Regularly and efficiently supervise the fulfillment of obligations to keep records on abortions in healthcare facilities and impose fines on those that do not act accordingly, i.e. do not keep statistics on pregnancy terminations and do not submit these data to the competent institutes for public health.

## Prices

Health insurance funds in Bosnia and Herzegovina bear the **costs of an abortion** performed in one of the contractual healthcare facilities only if the pregnancy is terminated for medical reasons. Intentional termination of pregnancy services (on request) are not covered by mandatory health insurance, and the costs depend on the healthcare facility registered for activities of women's and maternity healthcare in the canton/entity and performing a pregnancy termination procedure.

The entities have set prices for specific types of pregnancy terminations in *healthcare services prices lists*.

The **prices** of abortions on request with the accompanying types of anesthesia applied differ among cantons (healthcare facilities), creating a situation of uneven availability of this healthcare service. Prices vary from 100 to 300/500 BAM, depending on the abortion method and the type of anesthesia used.

### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Enable the intentional termination of pregnancy services (abortion on request) to be covered by mandatory health insurance.
- Harmonize prices/tariffs in entities and cantons, so that the intentional termination of pregnancy service is available under equal conditions in all areas of Bosnia and Herzegovina.

The fact that the abortion service on request is paid for is discriminatory and produces inequality, because it does not provide equal access to everyone, that is, it favors/differentiates between persons who have the right to pregnancy termination. Access to abortion is a human right and, for whatever reason being done, should be free of charge, safe and legal. If it is not free of charge, abortion cannot be a complete right, but a limited right for situations determined by the legislator (such as the endangered health of a pregnant person or fetus, rape and other forms of sexual violence, etc.). Such "right", conditioned by a monetary compensation, does not take into account situations in which a person is need for and decides to have an abortion, such as poor economic situation, unavailability of contraception, etc.<sup>10</sup>

Even in countries with wider access to legal abortion, pregnant persons may still face multiple restrictions and obstacles in accessing services such as **cost**, biased counseling, mandatory waiting periods. World Health Organization has issued technical guidelines for countries on the need to identify and remove such obstacles.

As stated in the Abortion Care Guidelines and Related Healthcare (WHO, 2022), World Health Organization recognizes that even in countries where abortion is legally regulated and available, the challenge remains to provide publicly funded and free of charge abortion services.

<sup>10</sup> Delila Hasanbegović Vukas, Rašid Krupalija, Nerma Šehović (May 12, 2022), Social Networks as a "Promising" Field for Opponents of Abortion in Bosnia and Herzegovina. Raskrinkavanje. Available at: <https://raskrinkavanje.ba/analiza/drustvene-mreze-kao-obecavajuće-polje-za-protivnike-abortusa-u-bih>

Human rights guaranteed by relevant international legal instruments, and related obligations and principles, primarily the **right to the highest standard of physical and mental health, including sexual and reproductive health and rights**, ensure that healthcare and services, including all services related to abortion and sexual and reproductive health in general, especially needed essential medicines, **are physically and geographically available and accessible to all persons, either free of charge or based on a health insurance package**, so that healthcare costs would not leave individuals with financial difficulties.

Therefore, the recommendations of World Health Organization, from the perspective of healthcare financing and improving access to comprehensive abortion services, as part of UHC (*Universal health coverage* - universally available healthcare), require shifting the burden of financing from individuals to domestic public financing of countries, which combines tax-advance revenue schemes to cover healthcare costs.

It is also important to mention Resolution 1607 (2008) of the Parliamentary Assembly of the Council of Europe, which calls on member states to ensure adequate financial coverage for all abortion services, abolish restrictions that hinder, *de iure or de facto*, access to safe abortion and, in particular, take the necessary steps to create appropriate conditions for health, medical and psychological care related to abortion.<sup>11</sup>

The UN bodies for monitoring the implementation of international agreements consistently recognize that, for the full availability of abortion in practice, countries that allow abortion on request should, among other things, guarantee the availability of sexual and reproductive healthcare services, by ensuring universal coverage of abortion services within the framework of public health insurance.<sup>12</sup>

In support to arguments for reducing the financial burden on persons needing a pregnancy termination, the following is a presentation of several examples of countries that have made abortion costs as easy as possible. In the **Netherlands**, termination of pregnancy on request is possible up to the 13th week of pregnancy, and the healthcare insurance system reimburses the costs. In **Norway**, abortion on request can be performed up to the 12th week of pregnancy and is available free of charge, i.e. is covered by healthcare insurance and considered as an emergency medical procedure.<sup>13</sup>

In the context of the proposed public policies for Bosnia and Herzegovina, and in accordance with the systemic possibilities, the priority recognized in this *policy* document is lowering and equalizing/harmonizing the prices of abortions on request in the cantons (healthcare facilities), as well as among the entities themselves and in Brčko District. An ideal solution that follows the principles of human rights and full availability of services would include free of charge services, i.e. healthcare insurance

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<sup>11</sup> Resolution available at: <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=17638>

<sup>12</sup> ESCR Committee, General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social, and Cultural Rights), para. 17, U.N. Doc. E/C.12/GC/22 (2016). Available at: <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1a0Szab0oXTdImnsJZZVQfQejF41Tob4CvIje-TiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TlM%2BP3HJPzXjHySkUoHMavD%2Fpyfcp3YlZg>

<sup>13</sup> More information is available at: <https://abortion-clinics.eu/abortion-europe/easy-access-foreign-women/>

covered access to all abortion services, regardless of the method and type of abortion involved, surgical - medical, i.e. medically indicated - intentional/on request.

## Availability and Quality of Services

Certain healthcare facilities do not have a sufficient number of **medical personnel** in the field of gynecology and anesthesia.

Termination of pregnancy services on request of pregnant women are not available in healthcare facilities in all parts of Bosnia and Herzegovina. For example, there is no private healthcare facility registered for this activity in BPC Goražde, while the public hospital performs only spontaneous abortions. In West Herzegovina Canton, there is no secondary healthcare facility, so abortions are not performed, while the patients are referred to University Clinical Hospital Mostar (Herzegovina-Neretva Canton), which does not perform abortions on request.

### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Provide pregnancy termination services in all healthcare facilities, public and private, that register the activity of women's and maternity healthcare (gynecological-obstetrical services).
- Ensure that each administrative-territorial unit of Bosnia and Herzegovina (cantons, entities, District) has a sufficient number of healthcare facilities that perform all types and methods of abortion.
- Healthcare facilities should ensure that every woman has the right, in accordance with the law and with informed consent, to choose the method of abortion (surgical, medical).

In Abortion Care Guidelines and Related Healthcare (WHO, 2022), World Health Organization recognizes that, from the perspective of service provision, **integration of abortion services into national programs of family planning and healthcare in the field of sexual and reproductive health** is technically the simplest option, because abortion services require few, if any, additional skills of service providers, medicines, medical supplies, equipment, or other reserves. Furthermore, it is the most efficient option, as it minimizes any additional/marginal costs of implementing abortion services.

Women do not have access to **comprehensive information** about pregnancy termination procedures in healthcare facilities.

In a certain number of cases, pregnancy terminations are performed without **anesthesia** or with inadequate anesthesia. In certain areas of Bosnia and Herzegovina, patients pay additionally for the application of general anesthesia.

#### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Enable the mandatory use of an adequate anesthesia in healthcare facilities, in accordance with the type and method of abortion performed.
- Ensure the availability of general anesthesia for pregnancy termination without additional payment for this type of anesthesia.
- Provide accurate, scientifically established information on the abortion procedure, as well as inform about the details of health care following an abortion.

**Psychological support** is not systematically provided in healthcare facilities; in some hospitals/clinics this type of support is not always provided to women who have had an abortion on request (under the assumption they do not need such support if they wish to have an abortion).

#### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Provide counseling and free of charge psychological support to all patients in accordance with their needs, before and after pregnancy termination, regardless of the type and method of abortion.
- Psychological support and counseling should be affirmative of the person's decision to have an abortion, based on the ethical and professional principles of the psychological/psychotherapeutic profession.

As a rule, **medication abortion** (abortion pills) is not performed in Bosnia and Herzegovina because the medicine is not registered on the B&H market, although some healthcare facilities state they also perform this type of abortion.

#### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- Ensure equal availability of medical (non-surgical) abortion in all parts of Bosnia and Herzegovina, which implies the registration and import of adequate medicines (so-called abortion pills).
- Perform medical abortion in accordance with the World Health Organization recommendations (WHO, 2022), especially bearing in mind the principles of human rights in this sense: that countries must ensure adequate access to essential medicines in an affordable and non-discriminatory manner.



## Sexual and Reproductive Health and Prevention of Unwanted Pregnancies

In Bosnia and Herzegovina, contraceptives can be found on the lists of essential medicines only in Republika Srpska (Legravan medicine, generic name - levonorgestrel+etinil estradiol) and in Canton 10 (hormonal contraceptive Microgynon), while in other parts of the country users must pay the full price of all contraceptives. In Republika Srpska, Health Insurance Fund may fully or partially cover the costs of contraceptives from the essential medicines list, while in Canton 10, Health Insurance Fund covers 50% of the full price of the aforementioned contraceptive.

While the World Health Organization's latest model list of essential medicines from 2017 includes 14 different contraceptives, among which are condoms, diaphragms and intra-vaginal rings, Bosnia and Herzegovina on its essential medicine lists (only in one canton and Republika Srpska) has contraceptive pills, the price of which, depending on the manufacturer, varies from 3 to 11 BAM.

While there is a single list of essential medicines in Republika Srpska, cantons often fail to harmonize their lists with the FB&H list of essential medicines. Due to a lack a harmonization, citizens in different parts of Bosnia and Herzegovina pay different prices for the same medicine, and contraceptives are no exception. Even though the FB&H B list of medicines, which is also a form of recommendation to the cantons, includes a contraceptive of the generic name "drospirenon+etinilestradiol", cantons choose not to put this medicine on their lists of essential medicines, as the B list is not obligatory, and is decided upon exclusively at the cantonal level.

Insufficient supply does not apply only to contraceptives from the list of essential medicines. Namely, that supply is also limited in cases where persons have to or want to pay the full price of a contraceptive. In total, 15 contraceptives have been registered at the B&H market – 11 belonging to the hormonal group of contraceptives for systematic use, one intrauterine device, two medicines for emergency contraception, and one intra-vaginal contraceptive.

Data from the Multiple Indicator Cluster Survey for 2011–2012 indicate a low level of modern contraception use in Bosnia and Herzegovina. According to the latest available data, some of the modern contraception methods are used by 12% of women aged 15-49 in the general population. The percentage of Roma women who use one of the modern contraception methods is lower and amounts to 8%. Data show that modern contraception is mostly used by women aged 30-39 (14%), and the prevalence of the use of modern methods of contraception increases proportionally with the increase in household financial situation.<sup>14</sup>

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<sup>14</sup>The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021), Human Rights in the Field of Sexual and Reproductive Health in Bosnia and Herzegovina - Final Report. The Institution of Human Rights Ombudsman of Bosnia and Herzegovina, United Nations Population Fund of Bosnia and Herzegovina (UNFPA), proMENTE social research, page 11. Available at: [https://ba.unfpa.org/sites/default/files/pub-pdf/ljudska\\_prava\\_u\\_oblasti\\_seksualnog\\_i\\_reproduktivnog\\_zdravlja\\_u\\_bih.pdf](https://ba.unfpa.org/sites/default/files/pub-pdf/ljudska_prava_u_oblasti_seksualnog_i_reproduktivnog_zdravlja_u_bih.pdf)

The low percentage of modern methods use is partly influenced by the prices of certain contraceptives, which are so high that many women in our country cannot afford them. Hormonal pills that need to be bought every month reach a price of up to 26 BAM, while an intrauterine device costs about 315 BAM. Lack of information on all the options that are offered, but also the stigma that still reigns in our society when it comes to sexual and reproductive health, contribute to the fact that the use of condoms and coitus interruptus are still the most dominant methods of contraception in Bosnia and Herzegovina.

There is no systematic education on contraceptive methods in Bosnia and Herzegovina, but there are certain partial and *ad hoc* solutions, while the adolescents most often use the means of public information (internet, social networks, press, television) as a source of information about contraception. To a lesser extent and sporadically, they receive this information in healthcare facilities and within the framework of education through the teaching contents of the subjects of biology and physical education, where the information depends entirely on the sensitization of the teaching staff conducting the education.<sup>15</sup>

It is possible to conclude that prejudices, misconceptions and insufficient knowledge about the importance of contraception, in addition to the high prices of contraceptives, are the key factors for such a low rate of contraceptive use.<sup>16</sup>

#### PUBLIC POLICY RECOMMENDATIONS/PROPOSALS:

- *Education/prevention of the population*: design, adopt and implement youth education on sexuality and reproductive health – responsible sexual behavior that includes, above all other, access to contraception and then legal and safe abortion.
- *Availability of free contraception*: entities and cantons should include all developed contraceptives in the lists of medicines that will be financed through mandatory health insurance funds; expand the offer of contraceptives on the B&H market.
- *Raising awareness*: educational facilities should conduct campaigns to raise public awareness of the importance of sexual and reproductive health in all phases of life, by spreading exclusively scientifically based information and knowledge, while these issues should be included in the system of formal primary and secondary education.
- *Education of healthcare personnel*: conduct gender equality training for healthcare workers to ensure the provision of healthcare services that take into account the different needs and interests of women and men.

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<sup>15</sup> The Institution of Human Rights Ombudsman of Bosnia and Herzegovina (2021), *ibid*, page 11.

<sup>16</sup> Delila Hasanbegović, Amina Dizdar, Nejra Agić (2019), Orange Report 5: Report on the State of Human Rights of Women in Bosnia and Herzegovina for the period 2016-2019. Sarajevo: Sarajevo Open Centre, page 58–60. Available at: [https://soc.ba/site/wp-content/uploads/2019/12/Narandz%CC%8Casti-izvjes%CC%8Ctaj-2016.-2019\\_BHS\\_web.pdf](https://soc.ba/site/wp-content/uploads/2019/12/Narandz%CC%8Casti-izvjes%CC%8Ctaj-2016.-2019_BHS_web.pdf)

## About the Author

**Delila Hasanbegović** is a programme coordinator at Sarajevo Open Centre. She advocates for transgender, intersex and gender diverse persons' access to gender-affirming healthcare and legal gender recognition in Bosnia and Herzegovina. She coordinates the regionalization of inclusive psychosocial support and mental healthcare services for LGBTI+ persons in Bosnia and Herzegovina. She is also involved in advocating for gender equality in the field of labor relations and the labor market, harmonizing private and professional life, as well as advocating for sexual and reproductive rights. She is the author of several published papers on human rights of women and LGBTI+ persons, gender equality, feminism, reproductive justice, political participation and representation of women. She graduated from the University of Sarajevo Law Faculty.

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## About Sarajevo Open Centre

**Sarajevo Open Centre (SOC)** is working on human rights promotion, especially the position and human rights of LGBTI persons and women in Bosnia and Herzegovina, by interpreting, presenting and promoting the authentic experiences of persons suffering human rights violations and unequal position, and advocating for legal, political, economic, social and cultural changes in all spheres of life. We will set forth here only some of the achievements related to the equality of LGBTI persons and women.

In addition to psycho-social and legal counseling, we continued to run the only LGBTI media in the country - the [www.lgbti.ba](http://www.lgbti.ba) portal. We organized trainings for the police, prosecutor's offices and courts, focusing on the topics of hate crimes, hate speech and the application of anti-discrimination law; for medical experts and healthcare workers, focusing on trans-specific and trans-affirming gender reassignment; for experts in the field of mental health and social protection; and for the LGBTIQ community. We worked intensively on creating a local institutional network to support LGBTI persons in Sarajevo, Banja Luka, Tuzla, Zenica, Mostar, Prijedor, Bijeljina, on the improvement of sexual and reproductive health and rights, the rights of workers in connection with maternity/parental leave, introducing gender-sensitive language in parliaments and universities, adoption and implementation of cantonal gender action plans, but also raising awareness on gender-based violence in Bosnia and Herzegovina

Over the past years, several of our legislative and *policy* initiatives have entered government or parliamentary procedure. Our advocacy focus has been placed on policy issues for women's and LGBTI persons' equality in Bosnia and Herzegovina, issues of women's and men's reproductive rights, parenthood in the context of harmonization of private and professional segments of life, freedom of assembly for LGBTI persons and improvement of the institutional framework for protection against violence and discrimination, and we intend to continue working on issues concerning transgender persons, gender diverse persons, intersex persons, same-sex partnerships, their social inclusion, but also the position of LGBTI persons in education, health, work and employment. Over the past few years, we have conducted media campaigns, which have reached over one million B&H citizens, and we also organized the LGBTI film festival Merlinka, which is known as local film festival Kvirhana since 2021, organized in cooperation with Tuzla Open Centre.

You can find more about our work at [www.soc.ba](http://www.soc.ba). This publication is produced as part of the Human Rights Papers edition, published by Sarajevo Open Centre.