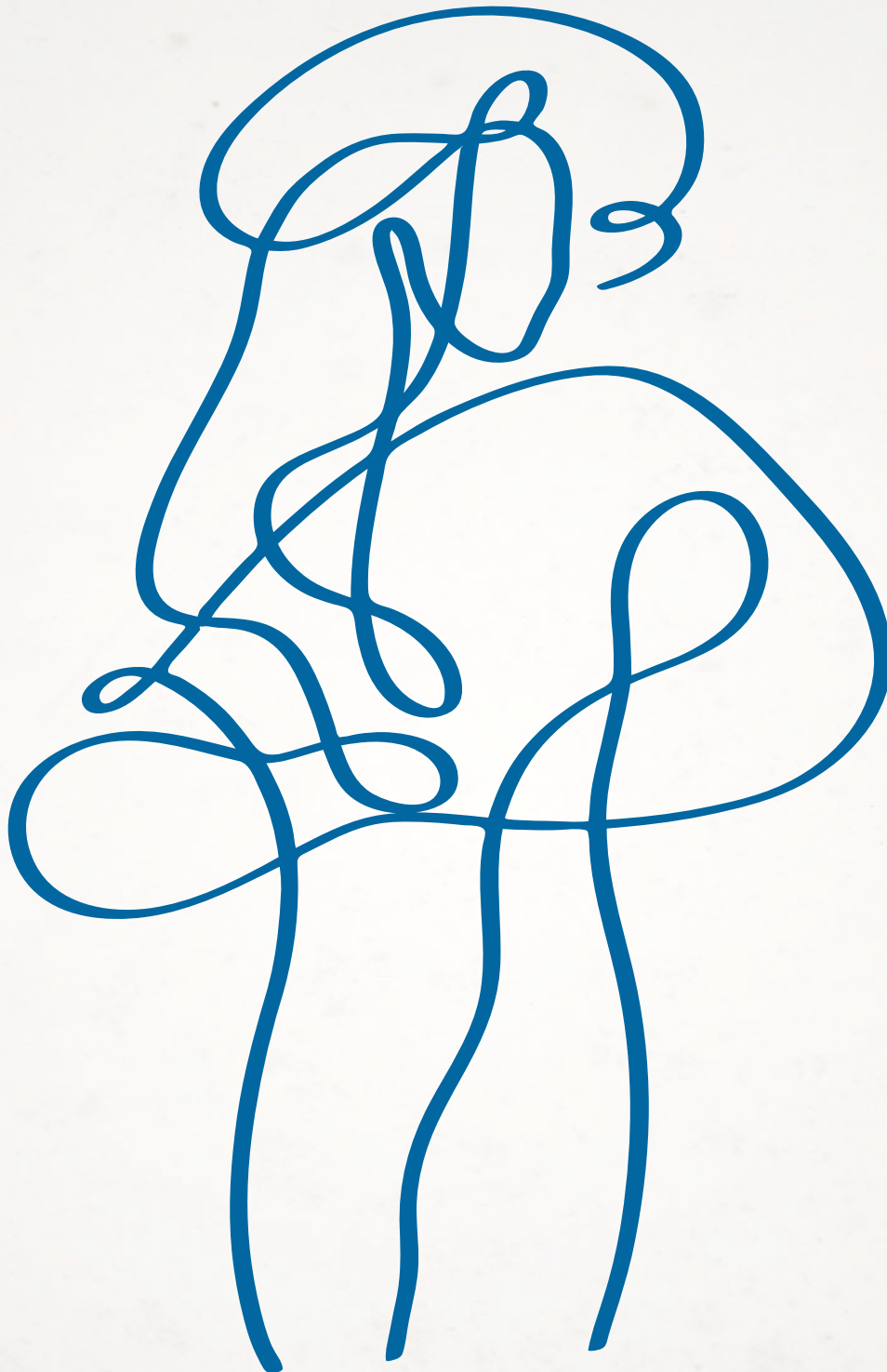




Ombudsmen/Ombudsman za ljudska prava Bosne i Hercegovine  
Омбудсмен/Омбудсман за људска права Босне и Херцеговине  
Human Rights Ombudsman of Bosnia and Herzegovina



# INQUIRY ON SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS IN BOSNIA AND HERZEGOVINA

FINAL REPORT

SARAJEVO, JANUARY 2021

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# 1 INTRODUCTION

This Report provides a brief overview and analysis of the respect for human rights related to sexual and reproductive health, carried out on the basis of the survey conducted in the course of 2019 and 2020.

The analysis was carried out by the BiH Institution of Ombudsmen for Human Rights, with technical assistance provided by the United Nations Population Fund (UNFPA) in BiH and proMENTE Social Research.

## 2 METHODOLOGY

For the purpose of gaining insight into the respect for the rights related to sexual and reproductive health, a survey was designed under the internationally recognized methodology developed by the United Nations Population Fund (UNFPA) and was conducted in Bosnia and Herzegovina<sup>1</sup>.

The survey consisted of two phases:

During PHASE ONE, the **mapping** of the legislation, institutional mechanisms, information and the data related to the survey areas was conducted on the basis of an analysis of the secondary data collected earlier for BiH (laws, strategies, rule-books, reports and surveys) (hereinafter: the mapping). Below is described the **survey** conducted within the territories of the Federation of Bosnia and Herzegovina, the Republika Srpska and the Brčko District of BiH, covering the following cities: Sarajevo, Mostar, Tuzla, Banja Luka, Bijeljina, Livno and Brčko. The survey included a number of data collection methods (questionnaire, interviews and focus groups, public discussions). The questionnaire, interviews and focus group discussions were conducted with the representatives of 73 relevant institutions and those of the local primary health care centres, hospitals and clinical centres. Public discussions organized in all the cities covered by the survey did not attract the public to participate at a satisfactory level.

During PHASE TWO, a **supplemental survey** was conducted for the purpose of collecting additional data, including the data on the impact of the COVID-19 pandemic on sexual and reproductive health. The supplemental survey was conducted in Sarajevo, Mostar, Tuzla, Banja Luka, Bijeljina and Livno. This survey included the collection of quantitative (by way of an online questionnaire) and qualitative data (focus groups, interviews) on a sample of female beneficiaries aged 18-49.

The survey included also interviews with service providers and employees of the public sector healthcare providers.

The total sample of the quantitative part of the survey consisted of 566 female beneficiaries of services, while 79 female beneficiaries and 6 healthcare service providers were involved in the qualitative part of the survey. The results of this phase of the survey are presented in the chapter "*How Does It Look Like in Practice?*"

Particularly designed survey tools (questionnaires and the focus group and interview guides) were used in the survey.

For the questionnaire, the Likert 5-point scale was used for each defined survey area (1-completely agree; 5-completely disagree). Additionally, the respondents could choose an answer "*I am not familiar*".

The data collected through an online questionnaire was processed by using the statistical data processing software (IBN SPSS Statistics) and then, a descriptive analysis was conducted.

A systematic and unbiased approach to the data qualitative analysis made it possible to gain insight to the respect for human rights related to sexual and reproductive health in practice.

The limitation of the survey concerns the inability to generate a representative sample. On the other hand, the utilization of a number of survey methods and the triangulation of all data obtained provided the first ever insight into the human rights situation in this particular area. We tried, based on the results obtained, to make room for the creation and implementation of the programme for improvement of the rights of women and girls related to sexual and reproductive health.

Since the relevant data for BiH exists, the survey did not include gender-based violence which, under an international survey methodology, forms a part of an assessment of the human rights situation in the context of sexual and reproductive health.

# 3 RESULTS

The results are shown for the following survey areas: family planning; the use of contraception; a deliberate pregnancy termination; prevention and treatment of cancer of female reproductive organs; respect for patients' rights; sexuality education of youth; and accessibility of services in all these areas during the COVID-19 pandemic. The results of the survey are shown as aggregated data for BiH, the entity level, the Brčko District level and the cities covered by the survey.

## 3.1 Right to Sexual and Reproductive Health: What Does the Legal Framework Say?

Under international agreements, the right to health is the basic human right which, in addition to the right to preventive and curative healthcare services, encompasses the enjoyment of, and allows every individual to enjoy, the highest attainable standard of physical and mental health.

The right to health includes also **sexual and reproductive health** which is perceived as a state of complete physical, mental and psychological well-being, and not just as the absence of a disease or disability in the aspects related to reproductive organs, their functions and processes.

The state has an obligation to ensure that its legislation and policies guarantee human rights to all individuals under its jurisdiction, in accordance with international standards.

Reproductive health means that people can have safe and satisfying sexual life, the possibility to have their offspring and to make independent, responsible decisions on whether they will have children, how many children they want to have, and on child spacing. In this regard, individuals and couples have a right to access the information on effective and acceptable family planning methods.

Individuals and couples have a right to access reliable information on quality healthcare services which ensure safe pregnancy, delivery and good health of mothers and children.

***The right to sexual and reproductive health is guaranteed by the following documents: International Conference on Population and Development (1994), the Beijing Declaration and Platform for Action (1995), Maternity Protection Convention (2000), the European Charter on Patients' Rights (2002), and the 2030 Agenda for Sustainable Development.***

Bosnia and Herzegovina ratified the most important international and regional instruments for human rights which also include the rights related to sexual and reproductive health<sup>2</sup>. These instruments guarantee non-discrimination, equal

rights of men and women, the right to life, prohibition of torture, cruel treatment or punishment, prohibition of interference with the right to privacy, family and home, prohibition of forced marriages, freedom of expression, the right to request, receive and communicate the information and the right of access to the judiciary in the event of a human right violation. Under the international obligations of Bosnia and Herzegovina, arising from ratified international standards and under the constitutional structure of Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina, the Republika Srpska and the Brčko District passed the laws pertaining to sexual and reproductive rights.

The sexual and reproductive rights issues are not regulated separately at the levels of the Entities, Cantons and the Brčko District. Rather, they are contained in the laws related to health and social protection, and in the family, criminal and petty offense laws.

The chapters below describe the findings of the analysis of the state of human rights in each of the five above-mentioned areas.

## **3.2 Prenatal, Intrapartum and 42 Days Postpartum Care of Women**

### **3.2.1 Healthcare of Women**

Access to quality healthcare during pregnancy, and during and after childbirth (antenatal, perinatal and postnatal care) is the element of the women's right to the highest attainable standard of health, equality and non-discrimination, which is related to women's right to life. The states have a duty to develop laws, policies, programmes and practices to ensure health and well-being of women and girls during antenatal, perinatal and postnatal periods.

Protection of women and maternity is one of the key obligations of Bosnia and Herzegovina when it comes to international human rights standards and particularly to equal rights and opportunities of women and men.<sup>3</sup> Maternity care is the fundamental human right which is guaranteed by all key universal human rights instruments. Protection of mothers and maternity care is based on the principle of equality between men and women, which is defined by the Universal Declaration of Human Rights and the principle that all people are equal before the law and have the right to the equal protection and equal benefit of the law, without discrimination. A failure to secure any right related to the protection of mothers and maternity care amounts to discrimination against women based on sex.

In Bosnia and Herzegovina, during maternity period (pregnancy, childbirth and 42 days after childbirth), women are facing various problems related to healthcare, social protection and labour relations.

***In the Republika Srpska, the BiH Federation and the Brčko District, there is a lack of systemic and comprehensive approach to family planning.***



Regarding the accessibility of healthcare services to pregnant and postpartum women, the situation varies across Bosnia and Herzegovina, particularly across the Federation of Bosnia and Herzegovina. Under the Health Care Law, prenatal and postnatal healthcare services are provided free of charge, irrespective of whether or not pregnant and postpartum women are insured against medical costs, while there are some differences regarding the patients' co-payment and out-of-pocket payments for medicines which are not on the List of Essential Medicines. The differences in ensuring newborn essentials and hygiene maternity kits are evident.

Provision of counselling services to pregnant and postpartum women is an integral part of the antenatal protection of pregnant women which is organized differently in BiH and in most cases every examination of pregnant women is used to inform them of improvements of their health both during pregnancy and in the postpartum period. The health condition of pregnant and postpartum women is monitored through regular health check-ups and counselling. These services are available to all pregnant women, including those from marginalized groups of population.

**The social status of pregnant and postpartum women is monitored** in the areas of Livno<sup>4</sup>, Sarajevo<sup>5</sup>, Tuzla<sup>6</sup>, Republika Srpska<sup>7</sup> and the Brčko District of BiH<sup>8</sup>.

**The Law on Employment in the Institutions of Bosnia and Herzegovina<sup>9</sup>** contains the provisions for the protection of women, maternity, and the right to maternity benefit. This right is regulated also at the level of administrative units of BiH<sup>10</sup>. In this regard, the seat of an employer is taken as a basis for calculation of maternity benefit and the execution of payment in the Republika Srpska, and in the FBiH, the permanent residence of a woman is taken as a basis. Thus, those women who live in the Republika Srpska and work in the Federation of Bosnia and Herzegovina may not exercise their right to pay during maternity leave.

The Law on Child Protection in the Republika Srpska<sup>11</sup> defines maternity benefit for all unemployed mothers during a period of 12 months, and during a period of 18 months for twins and every next child.

Under the Law on the Principles of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH, the maternity benefit is calculated as a percentage of the woman's salary received during a 6-month period prior to childbirth. However, some Cantons have no legislation in place to regulate this issue. As a consequence, postpartum women who live in those Cantons do not receive maternity benefits nor do they have medical insurance, while levels of maternity benefits vary across other Cantons<sup>12</sup>.

## **How Does It Look Like in Practice?**

### **3.2.2 Accessibility of Healthcare Services During Pregnancy**

Healthcare service providers in all the cities covered by the survey have said that healthcare services provided to pregnant women include clinical examinations, ultrasound examinations, laboratory testing and regular health check-ups.



Healthcare service providers have said that medicines which are essential for maintaining pregnancy are available in pharmacies and that pregnant women are not required to pay out-of-pocket for medicines which are on the List of Essential Medicines. Postpartum newborn home care services are provided in Sarajevo, Bijeljina and Tuzla. Regarding the provision of postnatal healthcare in Mostar, service providers have said that postpartum newborn home visits do not exist.

***“With all due respect for exceptional cases, I truly believe that there are far more bad ones. Only a small number of healthcare workers have an adequate approach to patients”***  
***Bijeljina***

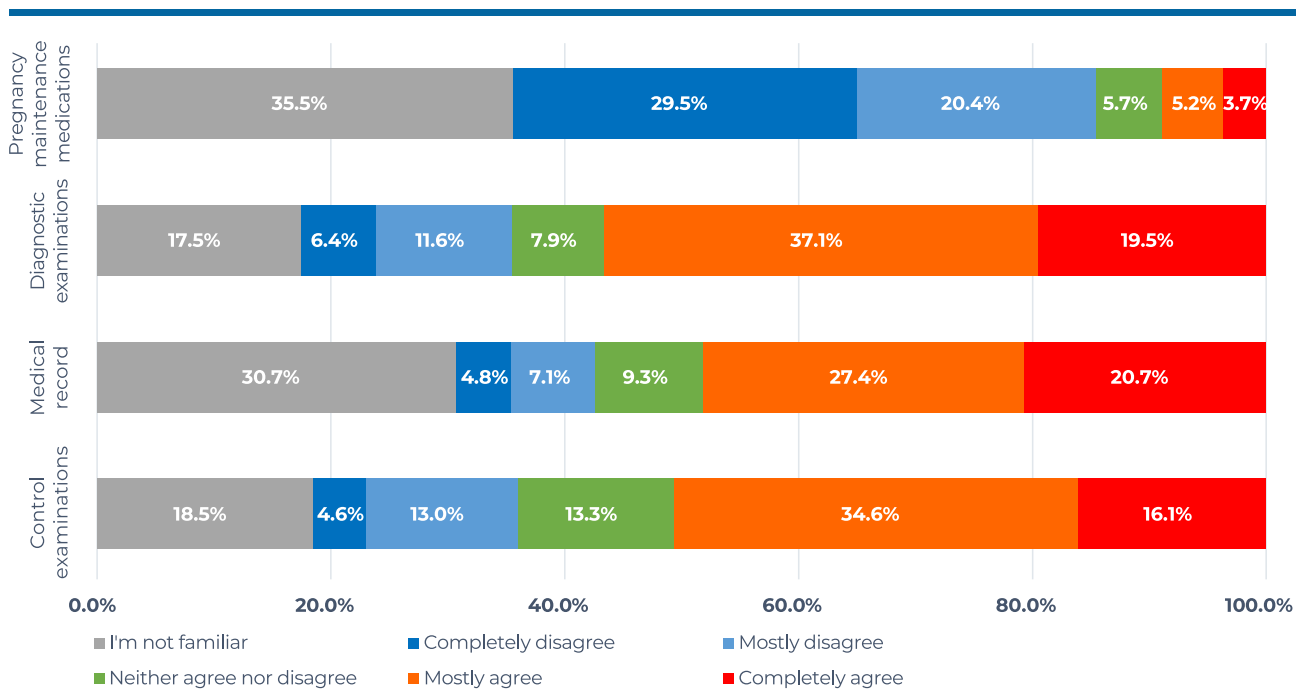
Most of respondents who live in the cities covered by the survey have said that the waiting times for medical examinations at healthcare facilities within the public health sector are too long, which is the reason why more

and more women choose private healthcare providers because of quality of services and better treatment by the healthcare staff.

In Sarajevo, Mostar and Tuzla, in addition to individual counselling services provided to pregnant women, also prenatal education is organized for pregnant women. In Banja Luka and Bijeljina, healthcare workers provide individually the necessary information and counselling to all pregnant women. On the other hand, the healthcare beneficiaries have said that most of healthcare workers do not pay enough attention to counselling.

***“I think that their behavior towards patients could be slightly different, more detailed, more humane, warmer, with a little bit more attention”***  
***Sarajevo***

Although there are positive examples of how healthcare workers behave towards their patients, the respondents have reported negative experiences of pregnant women and postpartum mothers.



**Graph 1. Accessibility of healthcare services during pregnancy**

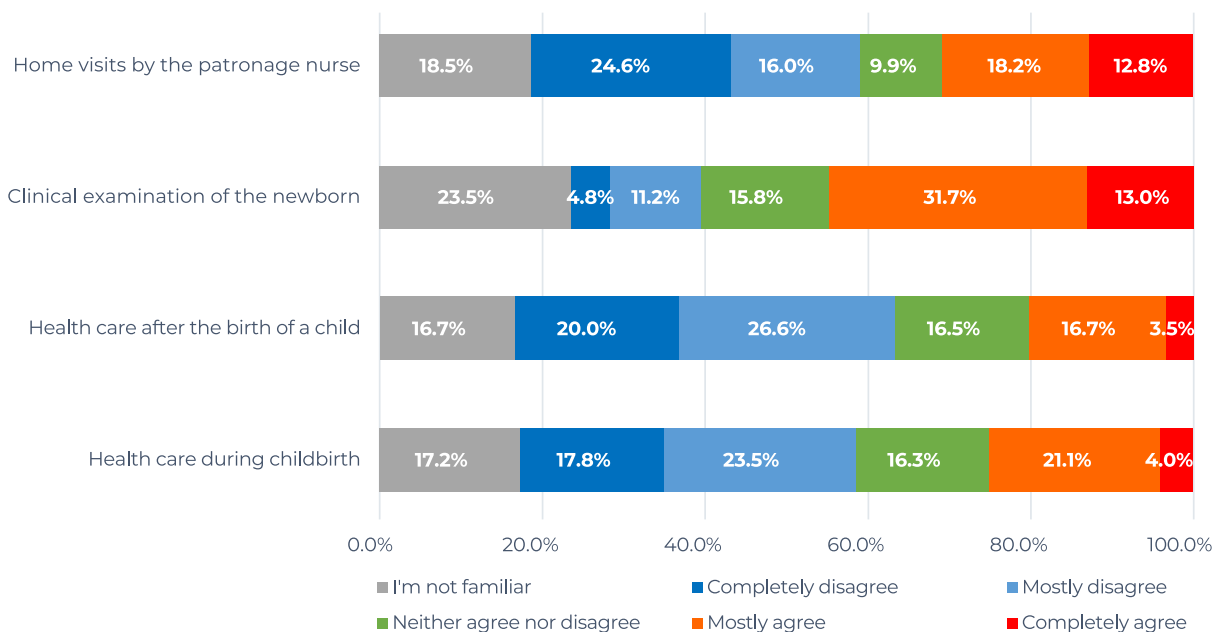
One half of the respondents do not believe that the medicines which are essential for maintaining pregnancy are provided free of charge (50%).

More than one half of the respondents believe that healthcare institutions provide diagnostic examinations (57%) and regular health check-ups for the purpose of monitoring health of mothers and their newborns (53%). Less than one half of respondents (48%) believe that the data is entered in the medical files during pregnancy.

One fourth of respondents believe that women are provided with quality healthcare services during delivery (25%), while fewer women (21%) believe that the healthcare institutions provide quality healthcare to women after childbirth.

Less than one half of respondents agree that healthcare institutions provide detailed clinical examinations of newborns (45%).

Two fifths of respondents (41%) disagree that postpartum newborn home visits are provided.



**Graph 2. Accessibility of intrapartum and postpartum healthcare services**

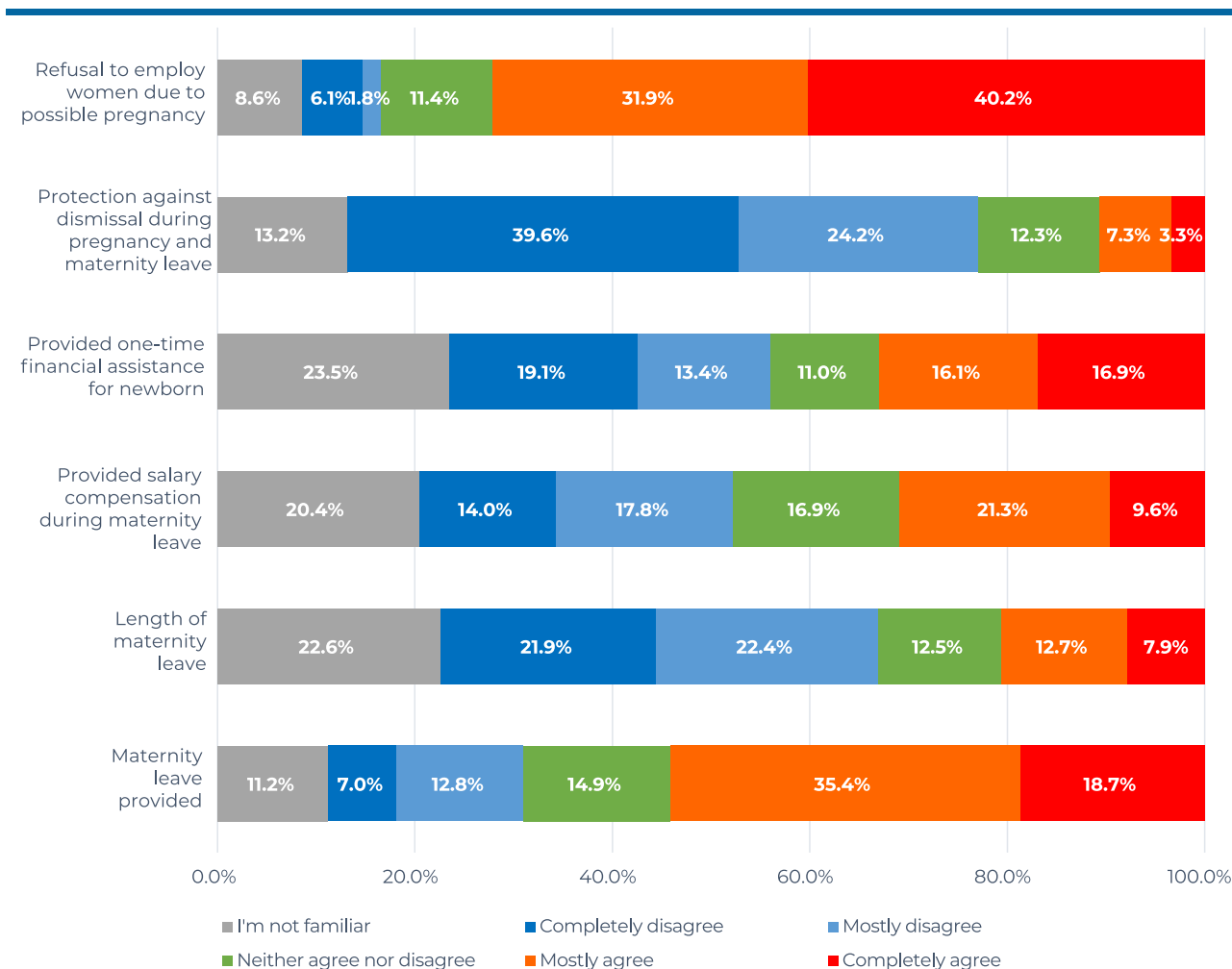
### 3.2.3 Labour Rights and Social Protection

Most respondents believe that the labour rights of pregnant and postpartum women are not protected. In other words, employers oftentimes terminate employment contracts of pregnant women, the postpartum women repay the benefits and they are not entitled to equal maternity leave. Moreover, discriminatory practices exist during an initial job interview.

A high percentage of respondents believe that employers refuse to hire women who may become pregnant (72%) and that they are not protected against dismissal during pregnancy and maternity leave (64%).

More than one half of respondents (54%) believe that women may exercise their right to maternity leave and more than two fifths of respondents (44%) do not believe that women are entitled to an equal length of maternity leave.

One third of respondents (32%) believe that women do not receive a maternity pay during maternity leave.



**Graph 3. Respect for labour rights of pregnant and postpartum women**

### 3.3 Contraception: Protection against Unwanted Pregnancy and Sexually Transmitted Infections

Access to reliable information on contraception makes it possible for individuals and couples to make an informed decision on whether they will have children, when and how many children, which contributes to their health, enhances their autonomy and well-being. Access to contraceptive information and services ensures satisfying and safe sexual life<sup>13</sup>.

The contraceptive information and services are essential for the prevention of unwanted pregnancy and sexually transmitted infections (STIs), including HIV<sup>14</sup>.

This is why, it is important that the contraceptive information and services are available, accessible, acceptable and of good quality<sup>15</sup>.

Contraceptives are added to the Lists of Essential Medicines only in the Republika Srpska and Canton 10, while in other parts of the country the beneficiaries must pay out-of-pocket the full costs of all contraceptives.

In Canton 10, the hormonal contraceptive Microgynon is on the B Essential Medicines List and in the Republika Srpska, in addition to this hormonal contraceptive, Legravan medicine is on the A Essential Medicines List. In the Republika Srpska, the Health Insurance Fund may fully or partially cover the costs of contraceptives which are on the Essential Medicines List, while in Canton 10, the Health Insurance Institute covers 50% of the cost of this medicine.

In the Federation of Bosnia and Herzegovina, emergency contraception is available on prescription by a gynaecologist, while in the Republika Srpska, emergency contraception does not require a medical prescription and the patient pays out-of-pocket the full cost of the medicine.

***Out of 10 Cantons in FBiH, only Canton 10 covers the cost of one contraceptive from compulsory insurance funds.***

In the Brčko District of BiH, all modern contraceptives (condoms, hormonal contraceptives, an intrauterine device, emergency contraception) are bought at market prices<sup>16</sup>.

***Adding contraceptives to the positive Essential Medicines Lists in Bosnia and Herzegovina has been slow and ineffective.***

The respondents have said that young people can receive the information on contraceptives in healthcare institutions, non-governmental organizations and youth and family centres. The activities include counselling, peer education, info stands and promotional materials<sup>17</sup>.

In the Republika Srpska, all young people can receive the information on contraception through the healthcare system. There is a Gynaecology Clinic at the campus in Banja Luka which deals with this issue<sup>18</sup>. In the Brčko District of BiH, there are no precise plans of education in available contraception methods nor is this education foreseen in the curricula<sup>19</sup>.

In BiH, there is no systemic education on contraception methods, rather, there are some partial and ad hoc arrangements, and young people most often use the media (the internet, social networks, press, television) as sources of information on contraception. They receive that information to a lesser extent and sporadically in healthcare institutions and in schools, through Biology and Gym subjects, where the information fully depends on how much the teachers are sensitized.

The data from the Multiple Indicator Cluster Survey<sup>20</sup> for 2011-2012 indicates the low level of use of modern contraception in BiH. According to the latest available data, a certain method of modern contraception is used by 12% of women aged 15-49 in the general population. The percentage of Roma women who use

some method of modern contraception is lower, 8%. The data shows that modern contraception is used mainly by women aged 30-39 (14%) and the prevalence of the use of modern contraception methods increases proportionately with an increase in the wealth of a household.

**There is no systemic education on contraception methods.**

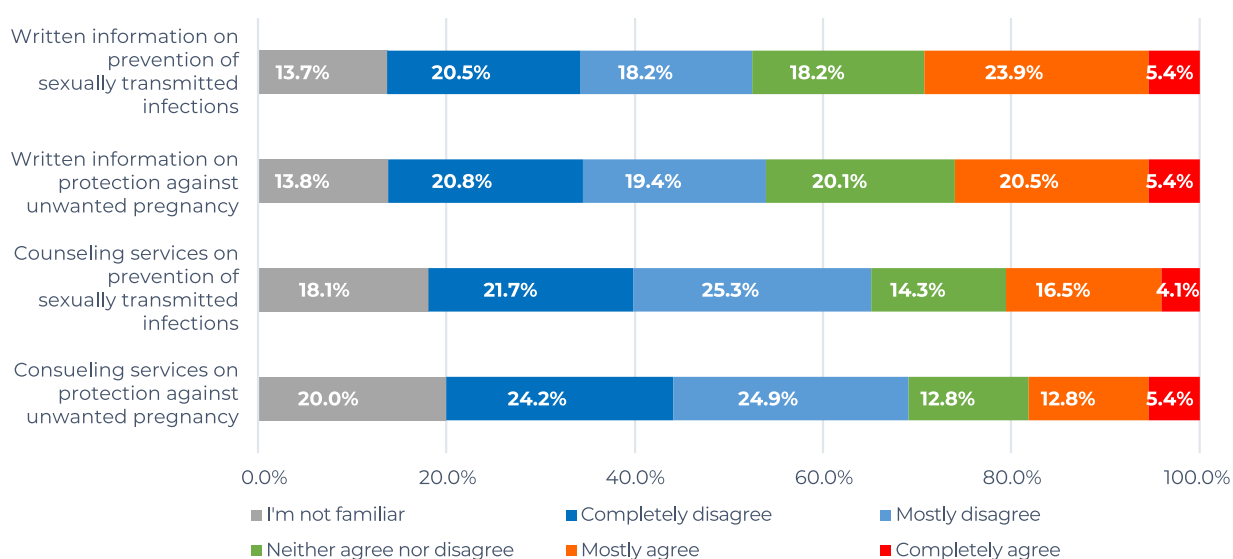
The lack of free contraceptives in a country is one of the best indicators of the government’s irresponsibility towards sexual and reproductive health of the population. While the most recent WHO List of Essential Medicines from 2017 contains 14 different contraceptives, including condoms, a contraceptive diaphragm and the vaginal ring, in Bosnia and Herzegovina, only the above-mentioned contraceptives were added to its Lists of Essential Medicines. An inadequate approach to contraception can have numerous adverse impacts on the society.<sup>21</sup>

Under the results of the first phase of the survey, the reasons for not using contraception include the lack of information, a low socioeconomic status, limited access to gynaecologists, cultural and religious reasons and the fact that not all women have an equal opportunity to afford contraceptives.<sup>22</sup>

**How Does It Look Like in Practice?**

Nearly one half of the respondents completely or mostly disagree that the counselling services related to the protection against unwanted pregnancy are available in public healthcare institutions (49%), 20% of respondents are not aware of such services, while 40% of respondents have said that no written information on the protection against unwanted pregnancy is provided in the form of brochures or manuals.

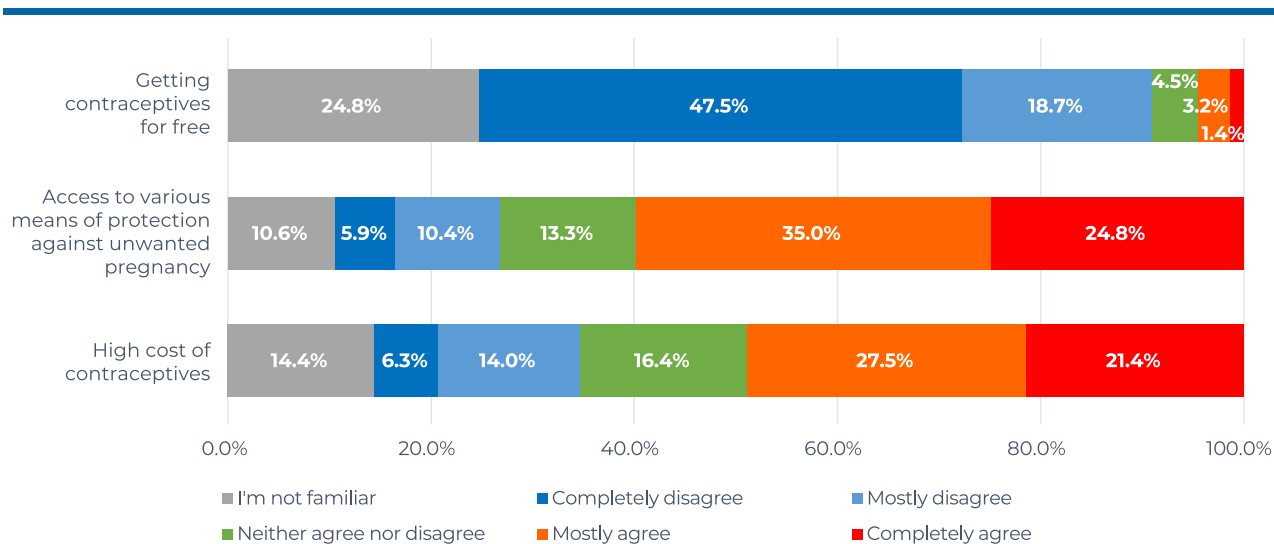
Also, nearly one half of respondents do not believe that the public healthcare institutions provide counselling services for the prevention of STIs (47%), while 39%



**Graph 4. Availability of information and counselling on the methods of protection against unwanted pregnancy and STIs**

respondents do not believe that healthcare institutions provide written information on the prevention of STIs.

A high percentage of respondents mainly or completely agree that various contraceptives are available in the cities covered by the survey (60%). However, according to estimates made by nearly one half of respondents, contraceptives are expensive (49%), while a high percentage of respondents believe that there is no possibility of receiving contraceptives free of charge in the cities in which they live (66%).



**Graph 5. Availability of methods to prevent unwanted pregnancy and STIs**

According to what the service providers and beneficiaries have said, contraceptives are available in the pharmacies in the cities covered by the survey, while the beneficiaries have to pay out-of-pocket for them. Some respondents who live in Sarajevo have said that contraceptives can be obtained free of charge from the XY Association.

Also, some respondents who live in Tuzla and Banja Luka have said that contraceptives are available free of charge within the project activities implemented by some non-governmental organizations. This response is shared by the service provider in Mostar. In Banja Luka and Livno, only one type of contraceptive is added to the List of Essential Medicines, the use of which is not recommended to young women.

Generally, the information on the types of contraceptives, their benefits and weaknesses is available, but it is provided mainly at the request of beneficiaries of services. It is possible to be informed about the types of contraceptives, but young people rarely use that service and prefer receiving the information on sexual and reproductive health via the Internet.

The population is informed about these topics mainly through leaflets, although they do not believe that this source of information is enough.

***“Prevention of unwanted pregnancy is the topic raised by healthcare institutions. Everything comes down to the patients’ initiative. I am not aware of brochures on that issue which are distributed to patients, and when it comes to the methods used to prevent unwanted pregnancy, everything is paid by patients”***  
**Tuzla**

Most of respondents who live in Sarajevo, Tuzla, Banja Luka, Bijeljina and Livno believe that the information provided on contraceptives, their benefits, weaknesses and potential side effects, is available in public healthcare institutions.

The service providers in Sarajevo, Mostar, Tuzla, Banja Luka and Bijeljina have said that the information and counselling services related to the methods of protection against unwanted pregnancy and STIs are available in public healthcare institutions. A youth counselling service exists within the XY Association in Sarajevo.

### **3.4 Abortion: Ending a Pregnancy**

Availability of healthcare services in the area of reproductive health, including pregnancy termination services, represents an important aspect of respect for human rights. According to international human rights organizations and the United Nations, the laws which criminalize abortion are discriminatory and prevent women from enjoying good health and the states should decriminalize abortion under all circumstances.<sup>23</sup> It is explicitly stated that denial of access to abortion under certain circumstances amounts to a violation of the women’s rights to health, privacy, freedom from inhumane and humiliating treatment and non-discrimination.<sup>24</sup> The CEDAW Committee made it clear that the states must take actions to ensure that women’s life and health is a priority over protection of the foetus.<sup>25</sup>

The states have a duty to eliminate and restrain from adopting medically unnecessary obstacles to abortion, including compulsory waiting times,<sup>26</sup> biased requests for counselling<sup>27</sup> and requirements for approval by third parties, and to regulate the medical staff’s conscientious objection of abortion.<sup>28</sup>

The Committee on the Rights of the Child also called “healthcare personnel to provide medically accurate and non-stigmatizing information on abortion.”<sup>29</sup> They also called for the removal of requirements for judicial authorization and other law enforcement reports when a pregnancy is the result of rape.<sup>30</sup>

In Bosnia and Herzegovina, the issue of abortion is regulated by laws at the entity level.

The BiH Federation and the Brčko District do not have new laws in place which would cover sexual and reproductive health and rights. Instead, these issues are regulated by a number of documents and by the still applicable Law on the Requirements and Procedure for Ending a Pregnancy from 1977 which guarantees freedom of choice about childbirth. This Law regulates the pregnancy termination procedure in the healthcare institutions and makes it incumbent upon healthcare and other staff of appropriate profiles to provide counselling on pregnancy termination.



Under the above-mentioned 1977 Law which is applied in the FBiH and the Brčko District, and the RS Law on the Requirements and Procedure for Ending a Pregnancy<sup>31</sup>, every woman has a right to decide to end her pregnancy during the first 10 weeks of pregnancy. However, a deliberate pregnancy termination service is not provided in all areas of BiH, as is the case in the healthcare institutions in Canton 10 and one part of Mostar, where only a medically indicated termination of a pregnancy is performed.<sup>32</sup>

The costs of medically indicated abortions are covered by health insurance, while the full costs of service to end a pregnancy requested by a pregnant woman (intentional) are paid out-of-pocket by the patient.

Under the Law on the Requirements and Procedure for Ending a Pregnancy in the Republika Srpska and the BiH Federation, a gynaecologist-obstetrician has an obligation to provide pregnancy termination counselling. Under the provisions of that Law, a healthcare institution must provide pre- and post-abortion medical examination and counselling services. Healthcare and other professionals working in the healthcare institutions have an obligation to provide, within their working and professional duties, medical assistance to women and men and appropriate counselling regarding their exercise of the right to make a free choice about childbirth and to inform them about the procedure and consequences of application of modern methods and devices for deliberate termination of an unwanted pregnancy. The Law on the Requirements and Procedure for Ending a Pregnancy in the Republika Srpska prescribes the requirements for a safe termination of a pregnancy. All forms of unsafe termination of a pregnancy and termination of a pregnancy in contravention of that Law are punishable under the Criminal Code and the persons who performed an unsafe abortion or assisted termination of a pregnancy will be punished under the Criminal Code.<sup>33</sup>

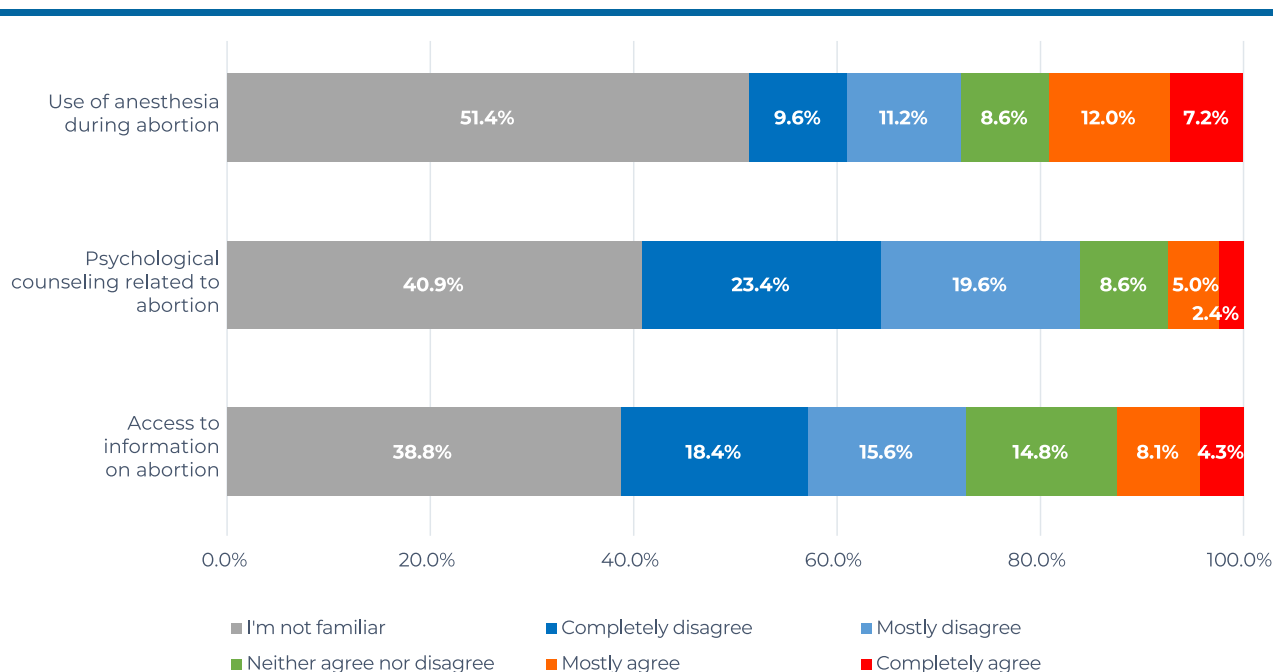
Under the Law on the Requirements and Procedure for Ending a Pregnancy in the Republika Srpska and the BiH Federation, for pregnant adolescents and pregnant women deprived of legal capacity, a termination of pregnancy application is filed by a parent or legal guardian or the guardianship authority, while a pregnant adolescent who is aged above 16 and who has legal capacity may request a termination of pregnancy on her own.

Guidance-Counselling and procedures for pre- and post-deliberate early termination of pregnancy are available in BiH, describing detailed guidance for health professionals on how to provide counselling on ending a pregnancy in healthcare institutions.<sup>34</sup>

### **How Does It Look Like in Practice?**

Over one third (34%) of beneficiaries of services believe that women have no access to comprehensive information on the pregnancy termination procedure. Also, a high percentage of respondents believe that women who have decided to end a pregnancy have no access to psychological counselling services (43%).

Beneficiaries of healthcare services had diverse experiences related to the use of anaesthesia to reduce pain in termination of first trimester pregnancy, while one fifth of respondents (21%) have said that anaesthesia is not used.



**Graph 6. Accessibility of information and counselling on a pregnancy termination procedure**

According to service providers, pregnancy termination services are available in Sarajevo, Tuzla, Banja Luka and Bijeljina. A pregnancy may be terminated within the first ten weeks of pregnancy. Later termination of a pregnancy is possible if there is a vital indication or approval by an ethical committee. It is not possible to have a pregnancy terminated in some medical institutions where healthcare workers may invoke a “conscientious objection” and refuse to end a pregnancy.

The service providers believe that the patients who have decided to have their pregnancy terminated should be provided with the necessary information and support.

***“I had two miscarriages and both were performed without anesthesia. I fainted twice on the table while they were removing the pregnancy. They poured water on my face. When they finished, the doctor told me that I could get up and leave, while I could not stand on my feet. My husband, who had waited in front of the door, literally took me into his arms and out of the room”***

**Mostar**

According to service providers, patients undergoing termination of a pregnancy receive no anaesthesia in Sarajevo. In Mostar, the patients are given a choice between pregnancy termination without anaesthesia and pregnancy termination under general/local anaesthesia. Anaesthesia services are provided free of charge only if there is a medical indication for termination of a pregnancy.

In Tuzla, a pregnancy termination procedure is performed under local or general anaesthesia, while an additional cost is charged for general anaesthesia.

In Bijeljina and Banja Luka, anaesthesia is administered to patients during a pregnancy termination procedure and as of late, a medication abortion is also possible.

***“Patients, including at-risk patients, have to cover one part of the cost of anesthesia. Patients choose to have their pregnancy terminated without anesthesia, mainly for financial reasons. Not all women are in the same situation, which is a form of discrimination against women on the basis of financial status.”***  
**Tuzla**

### **3.5 Breast and Cervical Cancer**

In Bosnia and Herzegovina, like in the developed regions of the world, malignant diseases are among the leading health problems. According to available data, the incidence of breast cancer among women in Bosnia and Herzegovina is 50 per 100,000 women and has a growing trend.<sup>35</sup> At the same time, breast cancer has been the leading cause of malignant neoplasm-related death of women for many years.<sup>36</sup> According to the latest available information of the World Health Organization<sup>37</sup>, the incidence of cervical cancer for Bosnia and Herzegovina is 17.6 per 100,000 women.<sup>38</sup>

In both the BiH Federation and the Republika Srpska, prevention of breast and cervical cancer services, counselling, examinations, diagnostic and treatment services, home care visits, etc. are provided at the primary healthcare level.

Prevention services in the Republika Srpska for certain groups of health insurance beneficiaries are free (girls aged above 15, women aged above 65, pregnant women...), while other groups are required to co-pay. The data on the number of cervical and breast cancer screenings for the Republika Srpska is incomplete because the patients undergo screening services in both public and private healthcare institutions.

The programme for organized screening of a target age group (30-49) and younger at-risk women and treatment of pre-cancerous lesions may prevent most of cervical cancer cases. Organized cancer screening programmes may help detect cancer early.<sup>39</sup>

*All individuals and groups are entitled to evidence-based information on all aspects of sexual and reproductive health, including reproductive system cancers.<sup>40</sup> The states have an obligation to adopt the appropriate legislative, administrative, budgetary and promotional measures in this area and to make an effort to ensure universal access to quality sexual and reproductive health care to all groups of population.<sup>41</sup>*

Similarly, preventive health examinations in the BiH Federation are regulated by the Decision on the Maximum Amounts of Direct Co-Payment by Insured Persons for Some Healthcare Services<sup>42</sup>, under which some groups of female beneficiaries of health insurance are exempted from co-payment requirements, while others are subject to co-payment in required amounts. Under cantonal legislation, also other groups of insured persons may be exempted from co-payment requirements. The cantonal legislation defines the co-payment authority or institution in place of insured persons.

The screening programmes for breast and cervical cancer in the BiH Federation are implemented sporadically. Examples of good practice have been registered in the Zenica-Doboj and Tuzla Cantons.<sup>43</sup>

Prevention and early diagnosis measures are implemented in both Entities in BiH.

Women receive the information on preventive screening services (a Pap test and mammography) and an advice to undergo screening from the family medicine team members. Also, a family medicine doctor has a duty to remind of and refer all women aged above 25 to screening for gynaecological condition and a Pap test once in two years and to remind of and refer women aged above 40 to breast screening mammography, in accordance with the applicable methodological instruction for monitoring the implementation of the programme for prevention of non-communicable diseases.<sup>44</sup>

Cervical and breast cancer healthcare service packages are differently defined in different administrative parts of BiH. The essential service package for reproductive organs cancer patients contains healthcare services at the primary, secondary and tertiary levels, which includes relevant specialist, diagnostic and treatment services, such as: examinations, mammography, ultrasound, puncture, laboratory testing and pathohistological examinations, magnetic resonance and chemotherapy, radiotherapy, hormonal therapy. In some Cantons, the essential service package has been expanded to include an oncological physical therapy and/or reconstructive surgical interventions, and/or orthopaedic aids.

Plastic surgery services provided to breast cancer patients in the BiH Federation are covered by compulsory health insurance, in accordance with the decrees on medical aids which are in place in all the Cantons. In some territorial units, the service package includes other aids (gloves, wigs, a breast prosthesis).

The Republika Srpska Health Insurance Fund covers fully the medical treatment expenses, including surgery and breast reconstruction expenses, regardless of whether it is the reconstruction using the patient's own tissue or implants. It also covers the costs of wigs, bras and prostheses).

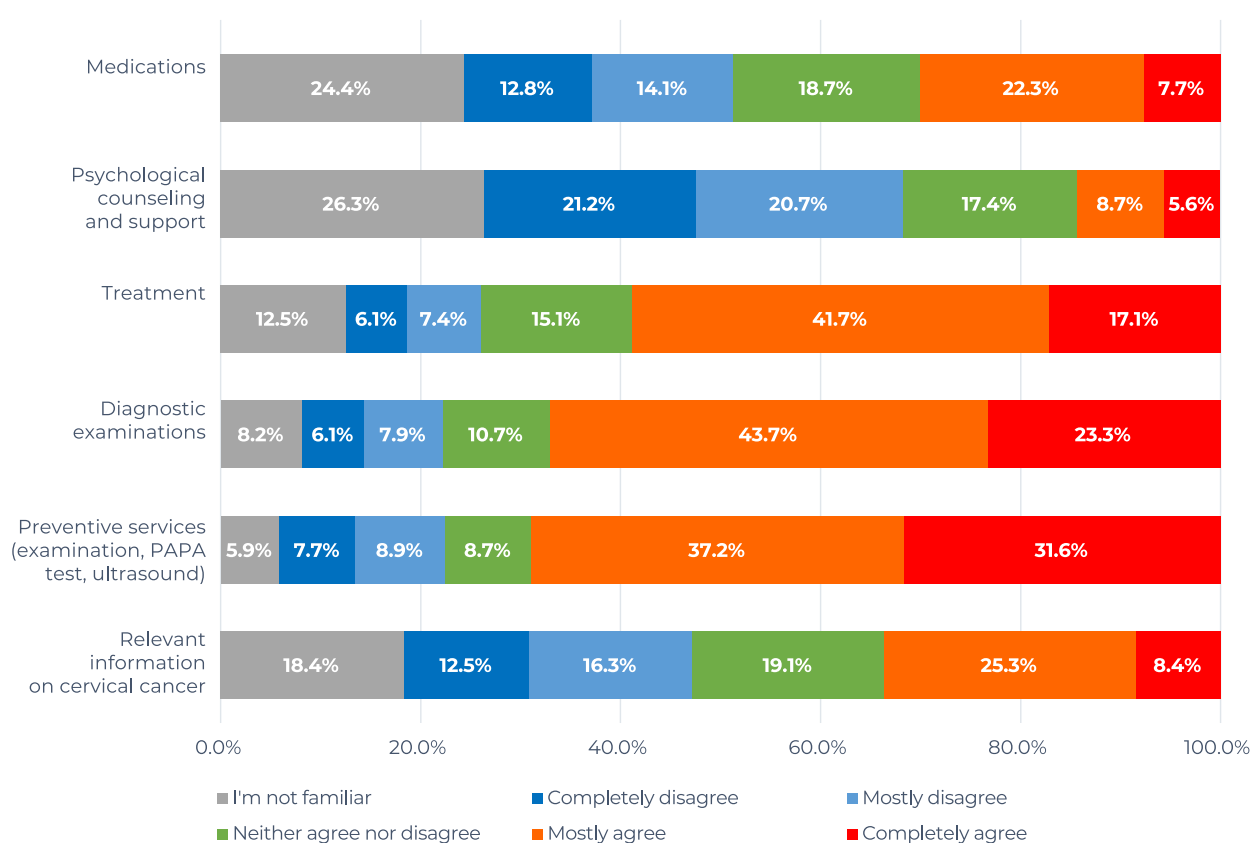
The Health Insurance Fund of the Brčko District of BiH covers the expenses of corrective surgery for breast cancer patients, upon recommendation by the relevant doctor.

## How Does It Look Like in Practice?

Most respondents believe that preventive services (69%), diagnostic examinations (67%) and cervical cancer treatment services (59%) are available in public healthcare institutions, while only one third of respondents (34%) believe that the relevant information on cervical cancer is available.

Less than one third (30%) of respondents believe that the medications for cervical cancer treatment are accessible.

42% of respondents believe that the public sector psychological counselling is not available to the cervical cancer patients.

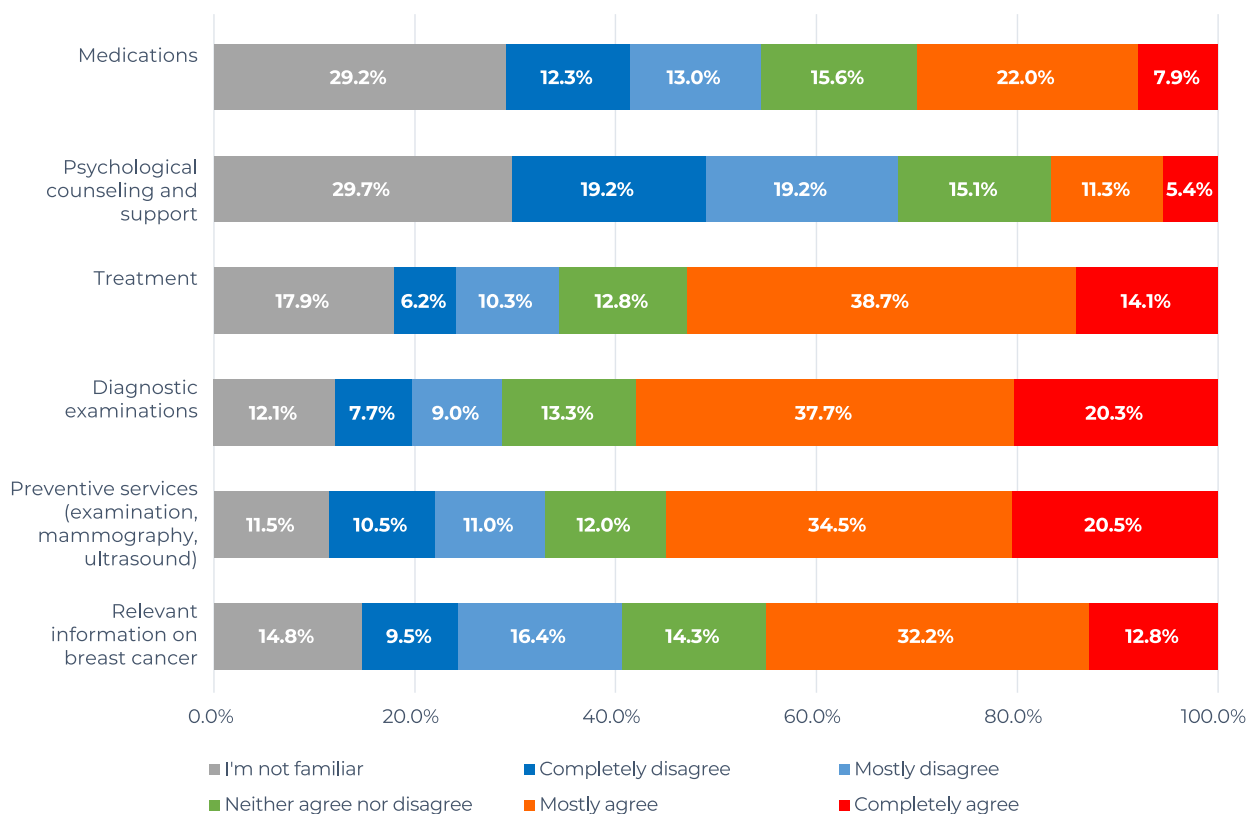


**Graph 7. Accessibility of cervical cancer prevention and treatment**

More than one half of respondents believe that preventive services (55%), diagnostic examinations (58%) and breast cancer treatment (53%) are available in public healthcare institutions, while 45% of respondents believe that public healthcare institutions provide relevant information on breast cancer.

One fourth of respondents (25%) believe that the breast cancer patients do not have access to medications.

Only 17% of respondents believe that psychological counselling services are provided to oncology patients in public healthcare institutions.



**Graph 8. Accessibility of breast cancer prevention and treatment**

***“Since I am the woman who suffers from breast and lymph node cancer, I can say that we have access to complete services, counselling, free medications and therapies, everything is accessible to us.”***

**Mostar**

The participants of the focus groups and interviews have said that breast and cervical cancer prevention and treatment services are available in the cities included in the survey. More precisely, the beneficiaries of services have access to information, preventive examinations, treatment and psychological support services.

Radiotherapy treatment is not available in Livno. In Sarajevo, Tuzla, Banja Luka, Bijeljina and Livno, different aids, such as wigs and implants, are also available.

Breast and cervical cancer prevention and treatment services are not equally covered by compulsory health insurance. Women have to pay out-of-pocket for cytostatic drugs which are not added to the List of Essential Medicines.

The cervical and breast cancer patients have access to professional psychological support services, although it is not quite clear how the right to access is exercised. The focus group participants and the cancer patients emphasized a very bad psychological support system which does not follow all phases of treatment of

***“There is very little information, the behavior towards us is very bad, let alone a psychological approach-a person tells you somewhere down the corridor that you have cancer and that you have only two months left to live.”***

**Tuzla**

a patient. Of particular concern is the absence of psychological support during the cancer diagnostic phase, the beginning of a chemotherapy treatment and when patients suffer from side effects of the therapy and also during pre- and post-surgery periods.

Closely related to the right to psychological support is the right of patients to be informed about their disease, treatment and about their rights and entitlements during the medical treatment. The treatment of primary disease should ensure that adverse impacts on the patients' psychological condition are reduced. The importance of this is ignored.

The focus group participants have said that there are no written materials (brochures, guides, leaflets...) regarding cancer prevention, detection, treatment, including the ways of coping with side effects of a treatment (chemotherapy, hormonal therapy, etc.).

Healthcare institutions covered by the survey have cytostatic drugs covered by health insurance. From time to time, there are problems regarding their procurement which are often related to procurement procedures. When there are no cytostatic drugs available, the patients may pay out-of-pocket costs and later seek refunding of out-of-pocket expenses from the Health Insurance Fund, in which case they need to submit a certificate issued by the healthcare institution confirming that no cytostatic drugs are available at the institution.

In the cities covered by the survey, there is no HPV vaccination programme in place. In the Sarajevo Canton, an initiative has been launched to introduce an HPV vaccination programme.

***“All that is on paper, but access to reliable information and detailed examinations remains difficult.”***  
***Banja Luka***

As a service provider from Sarajevo said, support to breast cancer patients is provided by the “Renaissance” and “Think Pink” associations which organize visits to local communities from time to time

for the purpose of mammography examinations. In Mostar, the “New View” (Novi pogled) association provides support to oncology patients. In Livno, the “Bistrica” association is making huge efforts to raise public awareness about the importance of preventive examinations so that the citizens of Livno get informed about all types of cancer and that support is provided to all patients.

Most of respondents and participants of focus groups and interviews have said that most attention should be given to the promotion of cancer screening tests.



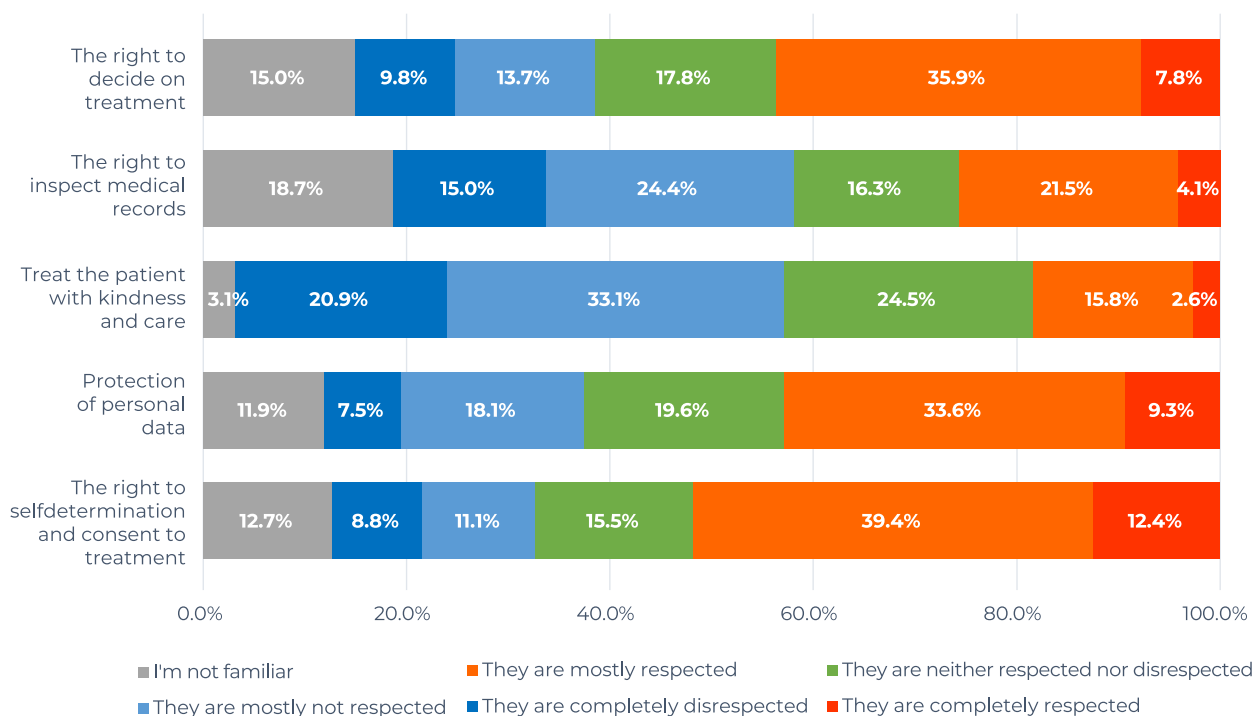
### 3.6 Protection of Patients' Rights

Every citizen of BiH has a right to health care provided with full respect for human rights and values, the patient's person, physical and psychological integrity and moral, cultural and religious convictions of a person.<sup>45</sup> Moreover, citizens have a guaranteed **right to information about their health condition**, which refers to the right to receive all types of information about health, rights and duties, including the ways in which patients may exercise them, and the information on: diagnosis and prognosis of the course of a disease, a proposed medical treatment, type and probability of risks and consequences, other treatment methods, possible changes to the patient's condition after he/she has undergone the proposed medical treatment and the impact of medications and its possible undesired effects. The citizens of BiH, as patients, are **entitled to see their medical documentation** and they may ask questions about the content of the documentation. Also, the patients may waive their right to be informed and refuse to receive the information on the nature of their health condition.

The Law on Health Insurance in both Entities refers only to insured persons and their family members.

#### How Does It Look Like in Practice?

Regarding respect for the rights of female patients, more than one half of patients have confirmed that healthcare workers do not treat patients with kindness and attention (54%).



**Graph 9. Respect for patient rights**

Two fifths of respondents have said that patients have no access to medical documentation (39%) and more than one fourth of respondents have said that the protection of patients' personal data is not respected (26%).

A significant percentage of respondents have said that the right of patients to choose treatment is not respected (24%) nor is the right to accept or refuse medical treatment respected (20%).

***"I am sharing the experience of my close relative, my sister, who experienced such a huge trauma during childbirth that she decided she would never get pregnant again and go through all that agony one more time. When you hear that a gynecological ward, the delivery room, is like a slaughterhouse...it is quite clear to you what women in the most difficult moment of their lives are experiencing."***

**Mostar**

Opinions of respondents aged 18-30 about respect for patient rights are divided within the region of Sarajevo. Some respondents believe that healthcare workers respect the patient rights, others suggest that inequalities present in the society are reflected on the healthcare workers' behaviour towards patients of different socioeconomic status.

At the same time, the respondents aged 31-49 have said that most of healthcare workers do not behave towards pregnant women adequately. The beneficiaries of the healthcare services provided to pregnant and postpartum women in Mostar have said that the healthcare personnel mainly do not behave adequately towards patients.

The respondents from Tuzla have said that there are also positive examples of how healthcare professionals in public healthcare institutions behave towards patients but emphasized that women often have negative experiences. The views of the respondents from Banja Luka and

***"There are some negative but also some positive examples. I have heard about the lack of tolerance among some doctors, that communication and services are below the professional level. Sometimes they are rude and impudent. But in some cases, patients receive absolute support, assistance, care and everything they need."***

**Banja Luka**

Livno about respect for the patients' rights are divided, while the respondents from Bijeljina believe that the patients' rights are not respected enough.

The results of the focus group discussions have shown various examples of respect for patients' rights, while the majority of the focus group participants have mentioned an inadequate treatment of patients by healthcare staff.

***"Everything looks perfect, like, we have the rights, but those rights disappear as soon as you enter the clinic, not only in our city. Kindness and patients' rights disappear."***

**Bijeljina**

Most respondents who participated in the focus groups believe that their personal data is protected in the health system and have said that they have access to their medical documentation and have the right to choose among the treatment options.

## 3.7 Comprehensive Sexuality Education

Under International Technical Guidance on Sexuality Education, this programme includes the information on growth and development; anatomy and physiology; reproduction, contraception, pregnancy and delivery; HIV and AIDS; sexually transmitted diseases; family life and interpersonal relations; culture and sexuality; enhancing human rights; non-discrimination, equality and gender roles; sexual behaviours; gender diversity; sexual abuse; gender-based violence; and harmful practices.<sup>46</sup>

Comprehensive sexuality education (CSE) is defined by the United Nations Population Fund (UNFPA) as a “rights-based and gender sensitive approach to sexuality education, both in-school and out of school”.<sup>47</sup> It encompasses a comprehensive vision of sexuality and sexual behaviours, not focusing only on prevention of unwanted pregnancy and sexually transmitted infections (STIs).<sup>48</sup>

In order to make informed and healthy choices about sexuality and reproduction, individuals, including adolescents, need quality, accessible and comprehensive information.<sup>49</sup>

The absence of sexuality education in-school and out of school and the provision of little or no information or even false information on this topic prevent young people from acquiring knowledge and practical skills which would help them go through development stages into adulthood and become prepared for making responsible decisions.

*Human rights bodies emphasize that in reference to the rights to health, information, education and freedom from discrimination, the states have the following obligations related to comprehensive sexuality education:*

- *A comprehensive sexuality education programme should be a core part of the standard school curriculum which is provided during education in a sensitive manner, without parental consent.<sup>50</sup>*
- *The information should be physically accessible, understandable and appropriate to children’s age and education level.<sup>51</sup>*
- *It is necessary to ensure that individuals have access to this education also outside a formal education system.<sup>52</sup>*
- *It is necessary to develop public education campaigns to raise awareness about sexual and reproductive health issues. It is also necessary to ensure that the education programmes do not censure or deny the information or spread biased and factually inaccurate information.<sup>53</sup>*
- *It is necessary to ensure that the curriculum is non-discriminatory, including on the basis of sex and sexual orientation, in terms of its content and teaching methodology.<sup>54</sup>*
- *It is necessary to ensure that the curriculum materials do not extend harmful or discriminatory stereotypes, paying particular attention to diversity and gender-related issues, including addressing gender role stereotypes.<sup>55</sup>*
- *It is necessary to ensure that teachers are effectively trained in the provision of sexuality education and that young people are involved in the development of such curricula.<sup>56</sup>*

## ***Age-sensitive comprehensive sexuality education is not part of the curriculum in schools in Bosnia and Herzegovina.***

The entity-level laws governing health, social protection and education do not contain any provisions relating to mandatory comprehensive sexuality education. Public policies and strategies have recognized the need to develop the youth-oriented sexuality education curricula in primary and secondary schools, to promote and develop peer education and to improve cooperation with non-governmental organizations which have sufficient knowledge and human resources to contribute to improving the situation in this area.

The topics of sexual and reproductive health are included in the curricula of the primary and secondary schools and are taught partially, most often as part of the biology, religion, homeroom, environment and society, health and gym classes, while topics related to contraception, sexually transmitted infections, sexual abuse and gender-related issues are completely excluded. The Internet is the young people's most frequent source of knowledge about reproductive health. As many as 79.6% respondents mentioned the Internet as one of the sources of knowledge. The second-largest source are friends/peers, chosen by 42.4% respondents, and the third-largest source are books/brochures, chosen by 41.6% respondents.<sup>57</sup>

One of the goals of the *Strategy for Improvement of Sexual and Reproductive Health and Rights in the Federation of Bosnia and Herzegovina 2010-2019*<sup>58</sup> is to improve knowledge of young people for the purpose of their acquiring healthy views, habits and behaviours regarding the protection and improvement of sexual and reproductive health, through both formal and informal education, and to improve knowledge and skills of all those who work with young people as well as of the family counselling services staff.

The policy for improvement of sexual and reproductive health<sup>59</sup> and the Strategy for Improvement of Sexual and Reproductive Health<sup>60</sup> in the Republika Srpska emphasize the importance of enhancing formal and informal education of young people in sexual and reproductive health.

The survey<sup>61</sup> conducted in 2017 in Bosnia and Herzegovina shows that 98% of young people aged 15-25 believe that school should be the place where they will learn about reproductive health.

The problem related to the provision of comprehensive sexuality education concerns inadequate education of teachers themselves who lack the knowledge and skills necessary for communication with children about these topics, which is the consequence of the lack of continuous training of teachers.

It is established on the basis of responses provided within a survey conducted by the cantonal Education Ministries in the Federation of Bosnia and Herzegovina that there is no systemic education about sexual and reproductive health. The topics which refer to sexual and reproductive health of students are included in the curricula for primary and secondary schools and are taught in fragments, most often in biology, religion, homeroom<sup>62</sup>, the environment<sup>63</sup>, health<sup>64</sup> and eth-

ics classes<sup>65</sup>, while the topics of contraception, sexually transmitted infections, sexual abuse and gender-related issues are completely excluded.

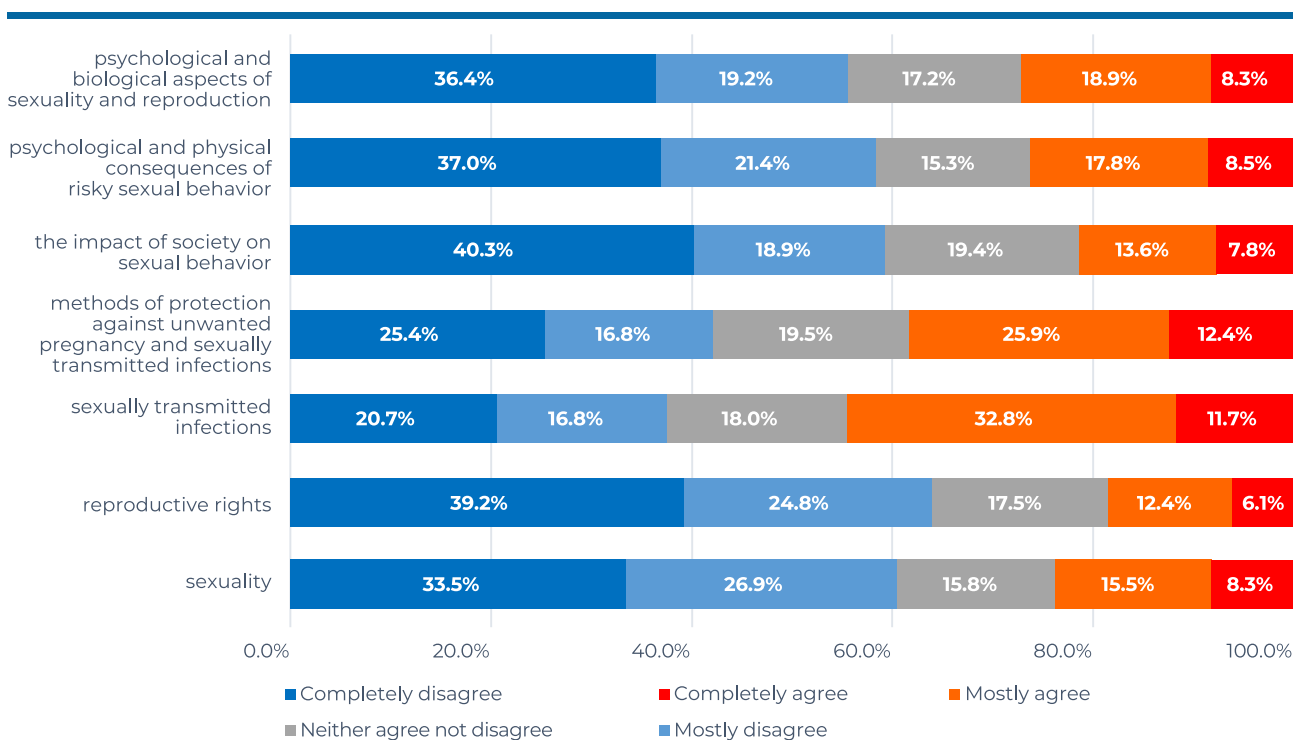
This education is not provided in the Brčko District of BiH.

***There are some exceptions, such as the Sarajevo Canton, where an elective subject “Healthy Lifestyles” was introduced for students from the 5th to the 9th grade of primary school, while in the Bosnian-Podrinje Canton, all students from the 4th to the 9th grade receive a lecture on “Youth Health” during homeroom classes. These activities are the result of cooperation between the cantonal Education Ministries and Education and Pedagogical Institutes, on the one hand, and the XY Association NGO and the United Nations Population Fund, on the other.***

In the Republika Srpska, a homeroom curriculum which includes this particular issue is in the process of being drafted. The RS Ministry of Education and Culture, in cooperation with the RS Ministry of Health and Social Protection, prepared an educational package entitled Teacher Guide. However, we do not have the information whether or to what extent the curriculum is harmonized with the recommended international methodology.

### How Does It Look Like in Practice?

Most of respondents believe that during formal or informal education they did not receive reliable information on reproductive rights (64%), sexuality (60%), the impact of society on sexual behaviour (59%), psychological and physical consequences of risky sexual behaviours (58%) and psychological and biological aspects of sexuality and reproduction (56%).



**Graph 10. Availability of education on sexual and reproductive health**

***“Sexuality education is less and less present in secondary schools and particularly in primary schools, primarily as a result of parents’ requests because parents believe that it is too much for children. I had one sexuality education lesson and that was it. Then, you have to do all the rest by yourself.”***

**Sarajevo**

During formal and informal education, more attention was given to education on sexually transmitted infections and methods of protection from unwanted pregnancy and sexually transmitted infections. 45% of respondents have said that they were informed about

the topics related to sexually transmitted infections during education, and 38% of respondents have said that, to some extent, they are familiar with methods of contraception.

Most of respondents in the focus groups and service providers believe that the prices of contraceptives, the tabooization of sexual and reproductive health and the lack of information are the main reasons for insufficient use of contraceptives

***“There is no mention of it in schools. My elder child goes to the 9th grade. Within the biology course there is a lesson about human body and that lesson is simply skipped.”***

**Bijeljina**

and thereby for an increase in the number of unwanted pregnancies and sexually transmitted infections. In this regard, education on sexual and reproductive health within formal education is insufficient in primary and secondary schools in the cities covered by the survey.

***“Lack of knowledge; such issues are not mentioned at all in secondary schools. As boys and girls mature, during puberty, they do not receive any organized education. I think that it is a major reason why they do not know what is available and what they could use as protection.”***

**Livno**

Thus, the need for education on the topics which are related to sexual and reproductive health is recognized.

### **3.8 Sexual and Reproductive Health Services During the COVID-19 Pandemic**

The decision to declare a natural or another disaster within the territory of Bosnia and Herzegovina due to the COVID-19 pandemic introduced measures to prevent the spread of an infectious disease caused by a novel coronavirus (COVID-19)<sup>66</sup>. The respect for measures led to restrictions on the provision of services in healthcare institutions, including sexual and reproductive health services.

***“The pandemic disrupted it all, the patients who have huge problems, who may suffer from cancer or another serious disease, have to wait for excessively too long to undergo a clinical examination, to get access to the apparatus, which would establish a diagnosis.”***

**Mostar**



## How Does It Look Like in Practice?

Healthcare services were available in emergency cases, to pregnant women and oncology female patients. Pregnant women were examined at the primary healthcare level.

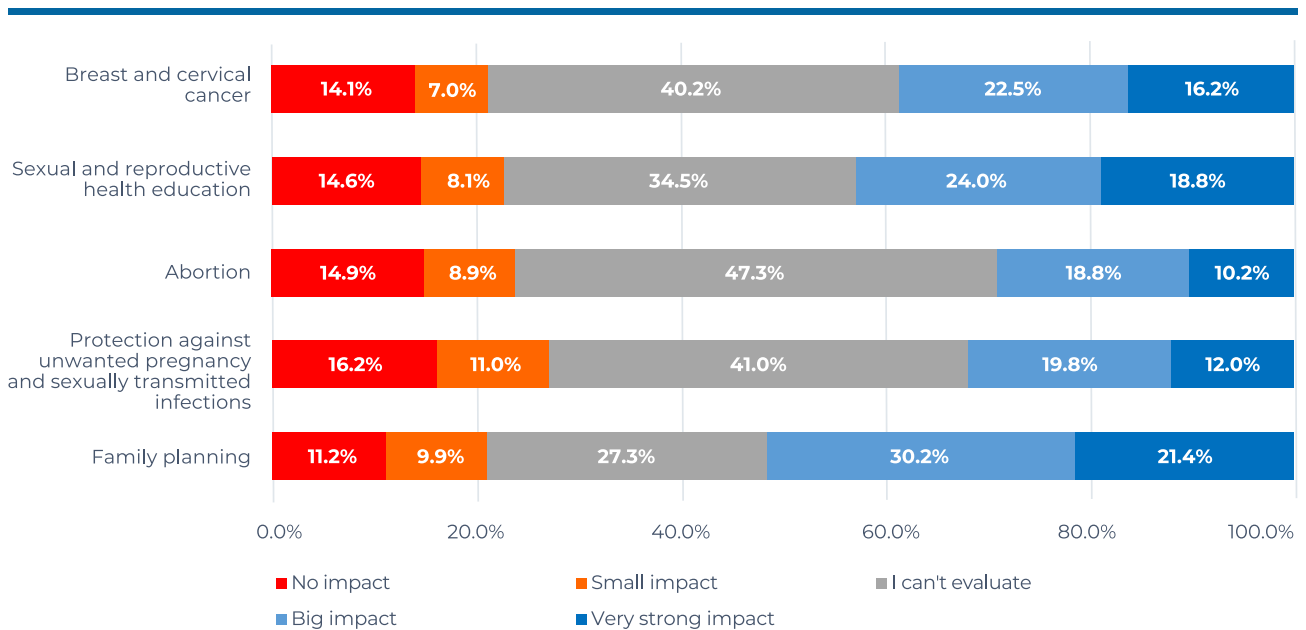
According to the information obtained from the service providers in all the cities covered by the survey, healthcare services provided in hospitals have been discontinued or reduced, waiting times are now much longer, and the provision of surgical services have been reduced to the minimum.

In all the cities covered by the survey, *within phase 2*, COVID delivery rooms and COVID ambulatory care services were created for pregnant women who test positive for coronavirus.

***“I think it is equal to nil. All healthcare workers have been reassigned to COVID departments. All the rest is done superficially, particularly prevention and counselling. That is at the minimal level now.”***

**Sarajevo**

Most of respondents who participated in the qualitative part of the survey believe that the COVID-19 pandemic has a negative impact on accessibility to and quality of sexual and reproductive health services, while the highest attention has been given to COVID-19 patients.



**Graph 11. Accessibility of sexual and reproductive health care services during the COVID-19 pandemic**

The largest number of respondents have said that the pandemic is the reason why family planning services have been reduced (52%), and one third of respondents (32%) emphasized the impact of the pandemic on reduced accessibility of contraceptives. Reduced accessibility of services related to the breast and cervical cancer treatment was noticed by 39% of respondents, while 29% mentioned reduced accessibility of pregnancy termination services (29%). Less than a half of



respondents emphasized that the pandemic affected the accessibility of sexual and reproductive health education services (43%).

A service provider in Sarajevo has said that healthcare services provided to pregnant and postpartum women have never been neglected, while a service provider in Mostar has said that healthcare of pregnant and postpartum women are available

***“Simply, the population is unable to go to healthcare institutions to undergo regular examinations, to make an appointment, to visit a HIV counselling service as it is located at the Infectious Diseases Clinic which is inaccessible. That is a restriction on us in some way. I do not think education can be provided either.”***

***Banja Luka***

during the COVID-19 pandemic, but that the patient admission procedure has made it difficult for patients to come. A service provider in Tuzla believes that COVID-19 pandemic has not had an adverse impact on accessibility and quality of sexual and reproductive health services, although the School for Pregnant Women does not provide services during the pandemic. A service provider in Bijeljina shares the same view, while a service provider in Banja Luka has emphasized that the COVID-19 pandemic has not affected the quality of services provided to the beneficiaries who came for an examination, although it has affected indeed the organization of work in healthcare institutions.

# 4 CONCLUSIONS AND RECOMMENDATIONS

*Bosnia and Herzegovina ratified the most important international and regional human rights agreements which include the rights related to sexual and reproductive health.<sup>67</sup> Although there is a legal framework in place in BiH which regulates the rights to access sexual and reproductive health care services, there are differences in the levels of respect for these rights.*

## **Prenatal, Intrapartum and 42 Days Postpartum Care of Women**

Maternity care (pregnancy, delivery and 42 days after delivery) is one of the key obligations of Bosnia and Herzegovina arising from international human rights standards, and particularly when it comes to equal rights and equal opportunities of women and men.<sup>68</sup>

During that period, women in Bosnia and Herzegovina are facing various problems related to healthcare, social protection and labour relations:

- Although under the law, all women are entitled to healthcare during pregnancy, delivery and 42 days after childbirth, regardless of whether or not they are covered by health insurance, their unequal access to healthcare services is evident. The medicines used to maintain pregnancy in BiH are on the Lists of Essential Medicines and are provided free of charge.
- Waiting times for medical examinations at public sector healthcare facilities are long; insufficient attention is paid to counselling; patients are not satisfied with the quality of services provided or with the medical staff behaviour towards patients, which is the reason why an increasing number of patients choose private sector healthcare facilities.
- Postpartum home care services are not equally available throughout BiH.
- Evident are discriminatory practices towards women in employment, the differences in respect for labour rights of pregnant and postpartum women regarding access to and length of maternity leave and access to the maternity benefit.

### **Recommendations:**

- *To ensure access to quality healthcare services to women during pregnancy, delivery and in the postpartum period.*
- *To improve the healthcare personnel behaviour towards patients.*
- *To ensure accessibility to all medicines which are essential for maintaining pregnancy.*
- *To ensure access to home care services for all postpartum women.*

- *To ensure respect for the Labour Law in order to eliminate discriminatory practices towards women related to founding/expanding a family.*
- *To ensure equal pay for all women during maternity leave, regardless of the territorial unit in which they live.*

## **Contraception: Protection against Unwanted Pregnancy and Sexually Transmitted Infections**

Respect for the right of individuals and couples to make informed decisions on whether they will have children, how many children they want to have and on child spacing implies availability of accessible, acceptable and quality family planning services. This implies accessibility of contraceptives which are necessary for prevention of unwanted pregnancy and sexually transmitted infections, including HIV.

A low rate of the use of modern contraception in Bosnia and Herzegovina is the consequence of:

- *Tabooization of the topics related to the use of contraceptive protection against unwanted pregnancy and sexually transmitted infections, the lack of reliable information on available methods of modern contraception and the prices of contraceptives which are not equally affordable for all population groups.*
- *The fact that the beneficiaries pay the full price of all modern contraceptives in BiH, with the exception of two contraceptives in the RS and one contraceptive in Canton 10, which are on the Lists of Essential Medicines, and that the emergency contraception is covered by health insurance in the BiH Federation. This prevents access to contraceptives, particularly for persons with a low socioeconomic status and young people.*

### **Recommendations:**

- *To increase accessibility of relevant information on modern contraception methods in an acceptable way, adjusted to various population groups, through continuous professional training of family medicine doctors on this issue.*
- *To provide training on modern contraception methods within healthcare facilities and within and outside formal education by using the resources of non-governmental organizations and professional associations of healthcare personnel.*
- *To include contraceptives on the Lists of Essential Medicines in all parts of BiH, with an emphasis on contraceptives recommended for young people.*

## Abortion: Ending a Pregnancy

Although under the current entity-level laws every woman has a right to choose to end a pregnancy during the first 10 weeks of pregnancy, this right is not fully respected in all parts of Bosnia and Herzegovina:

- Pregnancy termination services provided at the request of a pregnant woman are not available at the relevant healthcare facilities in all parts of BiH.
- Women do not have access to comprehensive information on the pregnancy termination procedure in the healthcare institutions.
- Pregnancy termination is done in a number of cases without anaesthesia or with inadequate anaesthesia. In some parts of BiH, patients are charged an extra amount of money for general anaesthesia.
- The costs of pregnancy termination services provided at the request of pregnant women (deliberate termination of pregnancy) are fully covered by pregnant women.

### Recommendations:

- *To ensure equal requirements for pregnancy termination throughout BiH, including deliberate pregnancy termination services.*
- *To ensure provision of pregnancy termination services under mandatory use of an appropriate type of anaesthesia.*
- *To ensure that the costs of pregnancy termination services are covered by compulsory health insurance.*
- *To ensure counselling and psychological support to all patients before and after termination of a pregnancy.*

## Breast and Cervical Cancer

Although malignant diseases are one of the leading public health problems in Bosnia and Herzegovina, women do not have equal access to cervical and breast cancer prevention and treatment services:

- The healthcare service package for cervical and breast cancer patients is defined differently in different administrative parts of BiH, while prevention and treatment services are not equally covered by compulsory health insurance.
- There is no organized cervical and breast cancer screening programme in place in BiH. The HPV vaccination programme does not exist either. An initiative has been launched to introduce such a programme in the Sarajevo Canton.
- Psychological support to the cervical and breast cancer patients is not sufficient nor does it follow all phases of the disease.
- It is necessary to improve dissemination of information to women about the malignant diseases, through public campaigns.
- The problems related to the procurement of cytostatic drugs concern the procurement procedures. When cytostatic drugs are not available, the patients pay out-of-pocket costs and later seek refunding of out-of-pocket ex-

penses from the Health Insurance Fund, in which case they need to submit a certificate issued by the healthcare institution confirming that no cytostatic drugs are available at the institution.

- Women have to pay out-of-pocket costs for the cytostatic drugs which are not on the List of Essential Medicines.

### **Recommendations:**

- *To harmonize the healthcare service packages for cervical and breast cancer, including reconstructive surgery and orthopaedic aids, in BiH.*
- *To ensure equal and timely access to breast and cervical cancer prevention and treatment services, including the availability and accessibility of the HPV vaccination programme.*
- *To launch an organized breast and cervical cancer screening programme in BiH.*
- *To ensure that psychological counselling and support are clearly defined, that psychological counselling follows all phases of treatment and that it is a part of the cancer treatment protocol.*
- *To ensure supplies of cytostatic drugs which are on the List of Essential Drugs for the purpose of their timely accessibility to patients.*
- *To ensure the minimum service package for cancer patients, regardless of whether or not they are covered by health insurance.*

### **Protection of Patients' Rights**

Under the laws which are in place in BiH, every citizen of BiH has a legally guaranteed right to healthcare provided with full respect for human rights and values, the patient's person, physical and psychological integrity and moral, cultural and religious convictions of a person, and a right to make a free choice about everything that concerns their health.

However, it should be borne in mind that the Law on Health Insurance refers only to insured persons and their dependents. Regarding respect for the rights of patients in BiH, these rights are not respected in a significant number of cases:

- Health care personnel do not treat patients with kindness and attention (54%)
- Not all patients have access to medical documentation (39%)
- Protection of the patients' personal data is not respected (26%)
- The patient's right to choose treatment is not respected (24%) nor is the right to accept treatment is respected (20%)

### **Recommendations:**

- *To conduct continuous training of healthcare workers on issues regarding the respect for the patients' rights and communication skills, with the focus on behaviour towards patients based on respect, kindness and attention.*
- *To carry out regular reviews of the extent at which patients' rights are respected.*

## Comprehensive Sexuality Education

Human rights bodies emphasize that in reference to the rights to health, information, education and freedom from discrimination, the states have an obligation to ensure availability of comprehensive sexuality education through formal and informal education.

- Although the policies and strategies recognize the need for sexuality education and 98% of young people in BiH<sup>49</sup> believe that it should be taught in schools, comprehensive sexuality education in accordance with internationally recognized standards is not part of the school curricula in Bosnia and Herzegovina. Exceptions are the primary schools in the Sarajevo Canton and the Goražde Canton, where age-adapted comprehensive sexuality education is provided.
- One of the problems related to the provision of sexuality education concerns the absence of training of teachers who lack the necessary knowledge and skills for communication with children about these issues. As a consequence of the absence of sexuality education in accordance with international standards, young people are not prepared or empowered to make informed and healthy choices about their lives.

### Recommendations:

- *To include well-adapted comprehensive sexuality education in accordance with internationally recognized standards in formal and informal education.*
- *To conduct campaigns to raise public awareness about the importance of comprehensive sexuality education for individuals and community.*
- *To explore possibilities of funding the training of teachers and other professionals necessary for their work with young people in accordance with international standards.*

## Sexual and Reproductive Health Services During the COVID-19 Pandemic

The right to sexual and reproductive health care is one of the basic human rights. The measures introduced to prevent the spread of COVID-19 resulted in reduced accessibility of health care services, including sexual and reproductive health care services in Bosnia and Herzegovina:

- Generally speaking, the COVID-19 pandemic resulted in reduced accessibility and quality of sexual and reproductive health care services.
- Health care services are available in emergency cases, to pregnant women and oncology female patients.
- The scope of services has been reduced in hospitals, waiting times are longer, and surgical services have been reduced to the minimum. Within a second phase of response to the pandemic, COVID delivery rooms and COVID ambulatory care services for pregnant women who test positive for coronavirus were opened.

- According to the assessments of the beneficiaries of five sexual and reproductive health services, the pandemic has the strongest impact in terms of **reduced accessibility** of family planning services (52%), sexual and reproductive health education (43%), breast and cervical cancer prevention and treatment services (39%), contraceptives (32%) and pregnancy termination services (29%).

### **Recommendations:**

- *To improve accessibility of sexual and reproductive health care services during the pandemic, including the introduction of telemedicine services.*
- *To improve accessibility of reliable information on the topics related to sexual and reproductive health, including the information on accessible services.*

### **Generalne preporuke**

- *To encourage the engagement of individuals and the public in discussions and campaigns focusing on respect for human rights and making a positive change in the society.*
- *In order to make it possible to monitor progress in the realization of the rights related to sexual and reproductive health, the BiH Institution of Ombudsmen should conduct periodic monitoring/research (every five years) in accordance with agreed indicators, which should include additional important areas of research, such as infertility.*



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