Country Profile: Algeria

Region: Northern Africa

Last Updated: 7 May 2017

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

Related Documents

From General Medical Health Act:
- Law on Health Protection and Promotion, 1985

From Criminal / Penal Code:
- Penal Code

From EML / Registered List:
- Forecast for Pharmaceutical Products, Ministry of Health, 2015

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- 2nd
- OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CRPD *
- CRPD-OP
- Maputo Protocol
- CED **
- Maputo Protocol

Concluding Observations:
- CEDAW
- CRC
- SR VAW
- HRC

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

Abortion at the woman's request

No

Legal Ground and Gestational Limit
<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
<th>Related documents:</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic or social reasons</td>
<td>No</td>
<td>Penal Code (page 399)</td>
<td>WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td>Foetal impairment</td>
<td>No</td>
<td>Penal Code (page 399)</td>
<td>WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td>Rape</td>
<td>No</td>
<td>Penal Code (page 399)</td>
<td>WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td>Incest</td>
<td>No</td>
<td>Penal Code (page 399)</td>
<td>WHO Safe Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>No</td>
<td>Penal Code (page 399)</td>
<td>WHO Safe Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>Mental health</td>
<td>Yes</td>
<td>Law on Health Protection and Promotion, 1985 (page 9)</td>
<td>WHO Safe Abortion Guidance (page 102)</td>
</tr>
</tbody>
</table>

Gestational limit applies
<table>
<thead>
<tr>
<th>Physical health</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Health Protection and Promotion, 1985 (page 9)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

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

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

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

**Additional notes**

Law 85-05 on the Protection and Promotion of Public Health states: "Abortion for therapeutic purposes is considered an indispensable measure to save the life of the mother in danger, or to preserve her physiological and mental equilibrium which is seriously threatened."

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<table>
<thead>
<tr>
<th>Health</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Law on Health Protection and Promotion, 1985 (page 9)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.
Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 400)</td>
<td></td>
</tr>
</tbody>
</table>

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

2

Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN

• Law on Health Protection and Promotion, 1985 (page 9 )

**WHO Guidance**

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

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

**Authorization in specially licensed facilities only**

**Not specified**

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

**Related documents:**

• Penal Code
• Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

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

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.
<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
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<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
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</tr>
<tr>
<td>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a &quot;chilling effect&quot; (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</td>
<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 104)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Police report required in case of rape</th>
<th>Not applicable</th>
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<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 104)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parental consent required for minors</th>
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<tr>
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<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
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<tr>
<td>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</td>
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<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
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<table>
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<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
<td></td>
</tr>
</tbody>
</table>
Ultrasound images or listen to foetal heartbeat required

**WHO Guidance**

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

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

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

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Compulsory counselling

**WHO Guidance**

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

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

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

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Compulsory waiting period

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 107)
### Mandatory HIV screening test

**Not specified**

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

**Related documents:**
- Penal Code
- Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

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

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

### Other mandatory STI screening tests

**Not specified**

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

**Related documents:**
- Penal Code
- Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

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

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

### Prohibition of sex-selective abortion

**Not specified**

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

**Related documents:**
- Penal Code
- Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

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

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

### Restrictions on information provided to the public

**Yes**

**Related documents:**
- Penal Code (page 400)

**List of restrictions**

Speeches made in public places or meetings; by selling, offering for sale or offering, even non-public, or displaying, displaying or distributing on public roads or in public places, or by distribution at home, in the mail or in any distribution or transportation agent, books, writings, printed matter, advertisements, posters, drawings, pictures and emblems; advertising medical practices or alleged medical facilities

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
### Restrictions on methods to detect sex of the foetus

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
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<tbody>
<tr>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

**Related documents:**
- Law on Health Protection and Promotion, 1985
- WHO Safe Abortion Guidance (page 107)

### Other

**WHO Guidance**

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

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

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

### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
<td></td>
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</tbody>
</table>

**WHO Guidance**

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

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

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

#### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No data found</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

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

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

**Source document:** WHO Safe Abortion Guidance (page 123)
<table>
<thead>
<tr>
<th>Country recognized approval (mifepristone / mifepristone)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Forecast for Pharmaceutical Products, Ministry of Health, 2015 (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

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

<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Forecast for Pharmaceutical Products, Ministry of Health, 2015 (page 1)</td>
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- Source document: WHO Safe Abortion Guidance (page 13)

<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Law on Health Protection and Promotion, 1985 (page 9)</td>
</tr>
</tbody>
</table>

**Primary health-care centres**

Not specified

- Penal Code
- Law on Health Protection and Promotion, 1985

**Secondary (district-level) health-care facilities**

Not specified

- Penal Code
- Law on Health Protection and Promotion, 1985

**Specialized abortion care public facilities**

Not specified

- Penal Code
- Law on Health Protection and Promotion, 1985

**Private health-care centres or clinics**

Not specified

- Penal Code
- Law on Health Protection and Promotion, 1985

**NGO health-care centres or clinics**

Not specified

- Penal Code
- Law on Health Protection and Promotion, 1985
## Post-abortion care

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

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

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

### Additional notes
The abortion must be performed in a “specialized structure”; no additional details are provided.

### National guidelines for post-abortion care

<table>
<thead>
<tr>
<th>Description</th>
<th>Data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
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</table>

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

### Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Description</th>
<th>Data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.</td>
<td></td>
</tr>
</tbody>
</table>

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

### Contraception included in post-abortion care

<table>
<thead>
<tr>
<th>Description</th>
<th>Data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.</td>
<td></td>
</tr>
</tbody>
</table>

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

### Insurance to offset end user costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
</tbody>
</table>

**Source document:** WHO Safe Abortion Guidance (page 62)
Who can provide abortion services

- Nurse
  - Not specified
  - Penal Code
  - Law on Health Protection and Promotion, 1985

- Midwife/nurse-midwife
  - Not specified
  - Penal Code
  - Law on Health Protection and Promotion, 1985

- Doctor (specialty not specified)
  - Yes
  - Penal Code (page 400)

- Specialist doctor, including OB/GYN
  - Yes
  - Penal Code (page 400)

- Other (if applicable)

Extra facility/provider requirements for delivery of abortion services

- Referral linkages to a higher-level facility
  - Not specified
  - Law on Health Protection and Promotion, 1985

- Availability of a specialist doctor, including OB/GYN
  - Not specified
  - Law on Health Protection and Promotion, 1985

- Minimum number of beds
  - Not specified
  - Law on Health Protection and Promotion, 1985

- Other (if applicable)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 18)

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

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

### Public sector providers

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<tr>
<td>Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.</td>
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**Individual health-care providers who have objected are required to refer the woman to another provider**

<table>
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There is evidence to suggest that the Public Health Code, Ordinance No. 76-79 of 23 October 1976, contains a provision relevant to the medical profession and objection to the provision of healthcare. However, this document could not be located.

### WHO Guidance

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

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

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

### Additional notes

There is evidence to suggest that the Public Health Code, Ordinance No. 76-79 of 23 October 1976, contains a provision relevant to the medical profession and objection to the provision of healthcare. However, this document could not be located.

### Private sector providers

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<tbody>
<tr>
<td>Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.</td>
<td></td>
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</tr>
</tbody>
</table>

There is evidence to suggest that the Public Health Code, Ordinance No. 76-79 of 23 October 1976, contains a provision relevant to the medical profession and objection to the provision of healthcare. However, this document could not be located.

### WHO Guidance

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

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

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

### Additional notes

There is evidence to suggest that the Public Health Code, Ordinance No. 76-79 of 23 October 1976, contains a provision relevant to the medical profession and objection to the provision of healthcare. However, this document could not be located.
Individual health-care providers who have objected are required to refer the woman to another provider. Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

There is evidence to suggest that the Public Health Code, Ordinance No. 76-79 of 23 October 1976, contains a provision relevant to the medical profession and objection to the provision of healthcare. However, this document could not be located.

Related documents:
- Penal Code
Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health are not publicly available, data for this section is not included. This page is intended for use with the WHO Safe Abortion Guidance.

**Private facilities**

*Not specified*

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

**Related documents:**

- Penal Code
- Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

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

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

**Facility type not specified**

*Not specified*

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

**Related documents:**

- Penal Code
- Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

**Neither Type of Facility Permitted**

*Not specified*

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

**Related documents:**

- Penal Code
- Law on Health Protection and Promotion, 1985

**WHO Guidance**

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

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↓ **Source document:** WHO Safe Abortion Guidance (page 106)
reproductive health become available, these will be provided, through periodic updates.

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

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

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

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

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

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

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

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

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

3.c.1 Health worker density and distribution

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

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

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

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

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

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

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

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

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

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

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

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

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

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

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

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

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

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

No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

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

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

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

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

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

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

Total fertility rate

Legal marital age for women, with parental consent

Legal marital age for women, without parental consent

Gender Inequalities Index (Value)

Gender Inequalities Index (Rank)

Mandatory paid maternity leave

Median age

Population, urban (%)

Percentage of secondary school completion rate for girls
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender parity in secondary education</td>
<td>1.037</td>
<td>2011</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employ</td>
<td>17.6</td>
<td>2013</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>21.3</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05</td>
<td>2018</td>
</tr>
</tbody>
</table>