Country Profile: Bulgaria

Region: Europe

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

Related Documents

From Criminal / Penal Code:
- Criminal Code as Amended, 2010

From Health Regulation / Clinical Guidelines:
- National Framework for Pregnancy Termination
- Approval of the Medical Standard Obstetrics and Gynecology
  - Ordinance № 19

From Document Relating to Funding:
- Law on Health Insurance, 2006

From Abortion Specific Law:
- Conditions and Procedures for the Artificial Termination of Pregnancy - Ordinance № 2

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

Concluding Observations:
- CEDAW
- CRC
- CRC

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

Gestational limit: 12
## Legal Ground and Gestational Limit

### Economic or social reasons

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

**WHO Guidance**

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

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

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

### Foetal impairment

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

**WHO Guidance**

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

> A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

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

**Additional notes**

Abortion is permissible in the case of specific congenital anomalies and hereditary diseases.

**Related documents:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 15)

### Rape

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

**WHO Guidance**

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

> The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

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

**Additional notes**

Abortion is permissible when pregnancy results from an act of violence, proven by the competent authorities.

**Related documents:**
Incest

Yes

Related documents:
- National Framework for Pregnancy Termination

Gestational limit

Weeks: No limit specified

- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

WHO Guidance

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

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Intellectual or cognitive disability of the woman

Not specified

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

Related documents:
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

Mental health

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:
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Physical health

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:
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)
Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Health</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 3)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

**Weeks:** 20

**WHO Guidance**

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

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

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

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)

<table>
<thead>
<tr>
<th>Life</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 3)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

**Weeks:** No limit specified

**WHO Guidance**

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

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

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

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)

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When pregnancy results from an act of violence, proven by the competent authorities. Additionally, the law states: A medical indication of abortion shall be made under Request of a pregnant woman in the presence of a disease, Undeniably proven and documented, in which the further course of pregnancy or confinement may endanger the life or health of the woman or the viability of the offspring listed in Annex 2 and during a pregnancy of no more than 20 gestational weeks.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**

- National Framework for Pregnancy Termination (page 12)
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 15)

**Additional notes**

No gestational limit is specified for abortion in the case of pregnancy resulting from an act of violence.

**Authorization of health professional(s)**

Yes

**Related documents:**

- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 13)
### Number and cadre of health-care professional authorizations required

**Commission**
- Specialist Doctor, Including OB/GYN
- Secretary, specialist in the relevant medical condition, genetics specialist (in cases of fetal congenital anomalies)

Authorization is required for gestational ages of more than twelve weeks. The Commission providing the authorization consists of four members: the Head of Department of Obstetrics and Gynecology, an obstetrician-gynecologist, a specialist in the relevant medical condition, and a secretary. In cases of fetal congenital anomalies, the Commission also comprises a genetics specialist.

- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 4)

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#### Authorization in specially licensed facilities only

**No**

**Related documents:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 12)

---

#### Judicial authorization for minors

**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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

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#### Judicial authorization in cases of rape

**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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
- National Framework for Pregnancy Termination

---

#### 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.

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

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

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2

**Source document:** WHO Safe Abortion Guidance (page 104)
<table>
<thead>
<tr>
<th>Potential for Legal Action</th>
<th>Description</th>
<th>Related documents</th>
<th>Source document</th>
</tr>
</thead>
</table>
| Police report required in case of rape                       | 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. | - Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy  
- National Framework for Pregnancy Termination                | WHO Safe Abortion Guidance (page 104)                                                                       |
| Parental consent required for minors                         | 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. | - Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy  
- National Framework for Pregnancy Termination                | WHO Safe Abortion Guidance (page 104)                                                                       |
| Spousal consent                                               | 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. | - Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy  
- National Framework for Pregnancy Termination                | WHO Safe Abortion Guidance (page 105)                                                                       |
| Ultrasound images or listen to foetal heartbeat required      | 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. | - Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy  
- National Framework for Pregnancy Termination                | WHO Safe Abortion Guidance (page 105)                                                                       |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory counselling</td>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 19)</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 46)</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 88)</td>
</tr>
</tbody>
</table>
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

| Yes, guidelines issued by the government |

**Related documents:**
- *National Framework for Pregnancy Termination (page 1)*

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**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...
Methods allowed

Vacuum aspiration
Yes (up to 12 WEEKS)
- National Framework for Pregnancy Termination (page 1)

Dilatation and evacuation
Yes (over 12 WEEKS)
- National Framework for Pregnancy Termination (page 1)

Combination mifepristone-misoprostol
Not specified
- National Framework for Pregnancy Termination

Misoprostol only
Not specified
- National Framework for Pregnancy Termination

Other (where provided)
saline- rivanol - balloon catheter -medication (type Not Specified) (over 12 WEEKS)
- National Framework for Pregnancy Termination (page 1)

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.

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.

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

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

WHO Guidance

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

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.
The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

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

### Where can abortion services be provided

<table>
<thead>
<tr>
<th>Location</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
</tr>
<tr>
<td>Secondary (district-level)</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialized abortion care</td>
<td>Yes</td>
</tr>
<tr>
<td>Public facilities</td>
<td>Yes</td>
</tr>
<tr>
<td>Private health-care centres</td>
<td>Not specified</td>
</tr>
<tr>
<td>NGO health-care centres</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

**Related documents:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 3)

### WHO Guidance

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

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

### National guidelines for post-abortion care

<table>
<thead>
<tr>
<th>Availability</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, guidelines issued by the government</td>
<td>National Framework for Pregnancy Termination (page 1)</td>
</tr>
</tbody>
</table>

**Related documents:**
- National Framework for Pregnancy Termination (page 1)

**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)
<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
<th>Primary health-care centres</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

### WHO Guidance

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

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

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

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>Yes</th>
</tr>
</thead>
</table>

### Related documents:


### WHO Guidance

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

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

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

<table>
<thead>
<tr>
<th>Insurance to offset end user costs</th>
<th>Yes</th>
</tr>
</thead>
</table>

### Related documents:

- Law on Health Insurance, 2006 (page 21)

### Induced abortion for all women

Yes

Aborts on medical grounds and in pregnancy from rape are covered by the national insurance.

- Law on Health Insurance, 2006 (page 21)

### Induced abortion for poor women only

No

- Law on Health Insurance, 2006 (page 21)

### Abortion complications

Not specified

- Law on Health Insurance, 2006

### Private health coverage

- Law on Health Insurance, 2006
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.

**Related documents:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 3 02-Bulgaria-Termination-of-Pregnancy-Framework.pdf)

**Who can provide abortion services**

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

**Other (if applicable)**

**WHO Guidance**

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.

**Referral linkages to a higher-level facility**

Not specified

**Availability of a specialist doctor, including OB/GYN**

Yes

**Minimum number of beds**

Not specified
Conscientious Objection

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Description</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector providers</td>
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<td>WHO Safe Abortion Guidance (page 75)</td>
</tr>
<tr>
<td>Private sector providers</td>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
<tr>
<td>Provider type not specified</td>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
</tbody>
</table>
Neither Type of Provider 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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy

**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)

Public 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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy

**WHO Guidance**

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

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

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

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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy

**WHO Guidance**

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

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

**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:**
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy

**WHO Guidance**

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

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

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

Goal 1. End poverty in all its forms everywhere

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>1.a.2 Proportion of total government spending on essential services (education, health and social protection)</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
<td>10 (2017)</td>
</tr>
<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>39.5 (2015-2020)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
<tr>
<td>3.c.1 Health worker density and distribution</td>
<td>No data</td>
</tr>
</tbody>
</table>
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

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

No data

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

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

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

No data

Goal 10. Reduce inequality within and among countries

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

No data

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

No data

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

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
<td>No data</td>
</tr>
<tr>
<td>Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>29.7 (1998)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.8 (2015)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.56 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Category</td>
<td>Value</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.22 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>46 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>44.6 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>75.008 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.97 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.969 (2016)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>49.8 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>23.8 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
</tr>
</tbody>
</table>