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, 2017
- From Health Regulation / Clinical Guidelines:
  - National Framework for Pregnancy Termination
  - Approval of the Medical Standard Obstetrics and Gynecology - Ordinance № 19
- From EML / Registered List:
  - Medabon Approval, 2016
  - Medabon Information, 2016
  - Misoprostol Information, 2022
- 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

Concluding Observations:
- CEDAW
- CRC
- CRPD

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**

- 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.

- **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)

**Foetal impairment**

- Not specified

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

**Related documents:**
- 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.

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

**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.

- 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)

**Incest**

- 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 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)
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)

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)

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

Source document: WHO Safe Abortion Guidance (page 102)

Additional notes

There is a permitted list of health conditions in the abortion law.

No

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

There is a permitted list of health conditions in the abortion law.

Source document: WHO Safe Abortion Guidance (page 102)

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)
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.

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.

Additional Requirements to Access Safe Abortion

### 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)

### WHO Guidance

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

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

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

### Authorization in specially licensed facilities only

**No**

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

### WHO Guidance

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

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

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

### Judicial authorization for minors

**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. Safe Abortion Guidelines, § 4.2.2.

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

### Judicial authorization in cases of rape

**Not applicable**

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 104)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police report required in case of rape</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Parental consent required for minors</td>
<td>Not specified</td>
</tr>
<tr>
<td>Spousal consent</td>
<td>Not specified</td>
</tr>
<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
<td>Not specified</td>
</tr>
<tr>
<td>Compulsory counselling</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

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

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

Source document: WHO Safe Abortion Guidance (page 104)

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

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

Source document: WHO Safe Abortion Guidance (page 105)

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)

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

Source document: WHO Safe Abortion Guidance (page 19)

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)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Code</th>
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<th>Related documents</th>
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<tbody>
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<td>Compulsory waiting period</td>
<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>
<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy - National Framework for Pregnancy Termination</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<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>
<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy - National Framework for Pregnancy Termination</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<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>
<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy - National Framework for Pregnancy Termination</td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<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>
<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy - National Framework for Pregnancy Termination - Criminal Code, 2017</td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td>No data found</td>
<td>-</td>
<td>- WHO Guidance</td>
</tr>
</tbody>
</table>

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)

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)

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)
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)

WHO Guidance

Methods allowed

Vacuum aspiration
Yes (up to 12 WEEKS)

Dilatation and evacuation
Yes (over 12 WEEKS)

Combination mifepristone-misoprostol
Not specified

Misoprostol only
Not specified

Other (where provided)
saline-rivanol-balloon catheter-medication (type Not Specified) (over 12 WEEKS)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 13)

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

Source document: WHO Safe Abortion Guidance (page 14)
Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:
- Medabon Approval, 2016 (page 1)
- Medabon Information, 2016 (page 1)

Pharmacy selling or distribution

No data found

It is possible that the sources include information regarding dispensing and prescription requirements, but this could not be ascertained due to the fact that the text could not be translated.

WHO Guidance

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

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

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

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

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

Country recognized approval (misoprostol)

Yes, indications not specified

Related documents:
- Misoprostol Information, 2022 (page 1)

Misoprostol allowed to be sold or distributed by pharmacies or drug stores

No data found

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.

It is possible that the source includes information regarding indications, dispensing and prescription requirements, but this could not be ascertained due to the fact the text could not be translated.

WHO Guidance

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

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

- Source document: WHO Safe Abortion Guidance (page 54)
<table>
<thead>
<tr>
<th>Location of Abortion Services</th>
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</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
</tr>
</tbody>
</table>

**Ordinal No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 3)**

Abortions on request are performed in specialized obstetrics gynecological and general hospitals and in diagnostic consultation, medical, and medical stomatology centers with open beds for short-term observation and treatment. Abortions on request are performed in medical institutions of the Council of Ministers, Ministry of Defense, Ministry of Transport and Communications, Ministry of Justice, and Ministry of Interior. Medically indicated abortions are carried out in specialized obstetric gynecological hospitals and in regional, inter-district, and national general hospitals with an obstetric gynecological (gynecological) clinic or ward. They are performed in the medical institution whose established special medical committee authorized the abortion.

**Ordinal No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 3)**

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### National guidelines for post-abortion care

**Yes, guidelines issued by the government**

**Related documents:**

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

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### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance

---

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
### Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Location</th>
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<tr>
<td>Primary health-care centres</td>
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<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
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<tr>
<td>Specialized abortion care public facilities</td>
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<td>Private health-care centres or clinics</td>
<td>Not specified</td>
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<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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.

**Related documents:**


### Contraception included in post-abortion care

- Yes

**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.

**Related documents:**

- Law on Health Insurance, 2006 (page 21)

### Insurance to offset end user costs

- Yes

**Related documents:**

- Law on Health Insurance, 2006 (page 21)

**Induced abortion for all women**

- Yes

**Related documents:**

- Law on Health Insurance, 2006 (page 21)

**Induced abortion for poor women only**

- No

**Related documents:**

- Law on Health Insurance, 2006 (page 21)

**Abortion complications**

- Not specified

**Related documents:**

- Law on Health Insurance, 2006

**Private health coverage**

- Not specified

**Related documents:**

- Law on Health Insurance, 2006

**Other (if applicable)**
Conscientious Objection

Public sector providers

Not specified

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

Related documents:

- 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)
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)
**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 Status</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</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</td>
</tr>
<tr>
<td>1.a.2 Proportion of total government spending on essential services (education, health and social protection)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Goal 3. Ensure healthy lives and promote well-being for all at all ages
### Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data Available</th>
</tr>
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<tbody>
<tr>
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### Goal 5. Achieve gender equality and empower all women and girls

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

<table>
<thead>
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### Goal 10. Reduce inequality within and among countries

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### 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

<table>
<thead>
<tr>
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<th>Data Available</th>
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<tbody>
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<td>10.3.1</td>
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</tbody>
</table>
16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

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

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

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

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

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

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

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

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

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

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

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

17.8.1 Proportion of individuals using the Internet

**Additional Reproductive Health Indicators**

- Percentage of married women with unmet need for family planning: 29.7 (1998)
- Percentage of births attended by trained health professional: 99.8 (2015)
- Percentage of women aged 20-24 who gave birth before age 18: No data
- Total fertility rate: 1.56 (2018)
- Legal marital age for women, with parental consent: 18 (2009-2017)
- Gender Inequalities Index (Value): 0.22 (2017)
- Gender Inequalities Index (Rank): 46 (2017)
- Mandatory paid maternity leave: yes (2020)
- Median age: 44.6 (2020)
<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, urban (%)</td>
<td>75.008</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.97</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.969</td>
<td>2016</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>49.8</td>
<td>2013</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>23.8</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06</td>
<td>2018</td>
</tr>
</tbody>
</table>