Country Profile: Bulgaria

Region: Europe

Last Updated: 15 December 2023

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
- Misprostol 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

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 were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Foetal impairment

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 were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

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

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

WHO Guidance

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Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Additional notes

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

Related documents:
- National Framework for Pregnancy Termination (page 1 05-Bulgaria-Criminal-Code-2010.pdf)
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

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Source document: WHO Abortion Care Guideline (page 64)

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

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

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

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Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

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

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Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Health

No

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

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

There is a permitted list of health conditions in the abortion law.
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>No</th>
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<tr>
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<td>- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 13)</td>
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</table>

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 81)

**Additional notes**

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.

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
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<tr>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.

**Source document:** WHO Abortion Care Guideline (page 52)
<table>
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<td>• Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
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**WHO Guidance**

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![Source document: WHO Abortion Care Guideline (page 81)](https://example.com)

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>Not applicable</th>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

![Source document: WHO Abortion Care Guideline (page 64)](https://example.com)

<table>
<thead>
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<th>Police report required in case of rape</th>
<th>Not applicable</th>
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</thead>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

![Source document: WHO Abortion Care Guideline (page 64)](https://example.com)

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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

![Source document: WHO Abortion Care Guideline (page 81)](https://example.com)

<table>
<thead>
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<td>• Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
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![Source document: WHO Abortion Care Guideline (page 81)](https://example.com)
### Ultrasound images or listen to foetal heartbeat required

- 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

### Compulsory counselling

- 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 were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

#### The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.

- **Source document:** WHO Abortion Care Guideline (page 85)

### Compulsory waiting period

- 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 were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

#### Mandatory waiting periods delay access to abortion, sometimes to the extent that women’s access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1.

- **Source document:** WHO Abortion Care Guideline (page 79)

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

### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

#### Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.

- **Source document:** WHO Abortion Care Guideline (page 59)
### 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

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

**Source document:** WHO Abortion Care Guideline (page 50)

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

#### WHO Guidance

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Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.

**Source document:** WHO Abortion Care Guideline (page 59)

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### 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:**
  - Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy
  - National Framework for Pregnancy Termination
  - Criminal Code, 2017

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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.

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

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### Restrictions on information provided to the public

- **No data found**

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Dissemination of misinformation, withholding of information and censorship should be prohibited.

Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers.

**Source document:** WHO Abortion Care Guideline (page 74)

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### Restrictions on methods to detect sex of the foetus

- **No data found**

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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 Abortion Care Guideline (page 103)
Vacuum aspiration
Yes (up to 12 WEEKS)
• National Framework for Pregnancy Termination

Dilatation and evacuation
Yes (over 12 WEEKS)
• National Framework for Pregnancy Termination

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

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners. The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 μg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 μg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.
Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

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.

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.

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### National guidelines for post-abortion care

Yes, guidelines issued by the government

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

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

- **Source document:** WHO Abortion Care Guideline (page 50)

### Where can post-abortion care services be provided

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

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

- **Source document:** WHO Abortion Care Guideline (page 133)

### Contraception included in post-abortion care

Yes

**Related documents:**

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

- **Source document:** WHO Abortion Care Guideline (page 126)
<table>
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<tr>
<th>Induced abortion for all women</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortsions on medical grounds and in pregnancy from rape are covered by the national insurance.</td>
<td></td>
</tr>
<tr>
<td>• Law on Health Insurance, 2006 (page 21)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Induced abortion for poor women only</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Law on Health Insurance, 2006 (page 21)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abortion complications</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Law on Health Insurance, 2006</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private health coverage</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Law on Health Insurance, 2006</td>
<td></td>
</tr>
</tbody>
</table>

| Other (if applicable) |     |

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

**Source document:** WHO Abortion Care Guideline (page 53)

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
<td></td>
</tr>
<tr>
<td>National Framework for Pregnancy Termination</td>
<td></td>
</tr>
<tr>
<td>Ordinance № 19/12.22 on the Approval of Medical Standard - Obstetrics and Gynecology</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Midwife/nurse-midwife</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
<td></td>
</tr>
<tr>
<td>National Framework for Pregnancy Termination</td>
<td></td>
</tr>
<tr>
<td>Ordinance № 19/12.22 on the Approval of Medical Standard - Obstetrics and Gynecology</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor (specialty not specified)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
<td></td>
</tr>
<tr>
<td>National Framework for Pregnancy Termination</td>
<td></td>
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<td>Ordinance № 19/12.22 on the Approval of Medical Standard - Obstetrics and Gynecology</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialist doctor, including OB/GYN</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

| Other (if applicable) |     |

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

**Source document:** WHO Abortion Care Guideline (page 97)
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 were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

**Source document:** WHO Abortion Care Guideline (page 98)

Private 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**

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**Source document:** WHO Abortion Care Guideline (page 98)

Provider 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**

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**Source document:** WHO Abortion Care Guideline (page 98)
<table>
<thead>
<tr>
<th>Facility Type Not Specified</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy</td>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

**Additional notes**

Medical establishments to which women are referred for abortions must ensure their hospitalization within one day or another type of care for hospitalized patients, with the objective of guaranteeing the abortion.

When an urgent abortion is required according to the medical indications of the pregnant women, whose condition prevents them from being transferred, the abortion shall be performed in the nearest hospital establishment by specialists.

<table>
<thead>
<tr>
<th>Public Facilities</th>
<th>Related documents:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 1)</td>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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.

Source document: WHO Abortion Care Guideline (page 98)

**Related documents:**

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

**Private Facilities**

No Related documents: Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 1)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

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When an urgent abortion is required according to the medical indications of the pregnant women, whose condition prevents them from being transferred, the abortion shall be performed in the nearest hospital establishment by specialists.
Neither Type of Facility Permitted

- Yes

Related documents:
- Ordinance No 2 on Conditions and Procedures for the Artificial Termination of pregnancy (page 1)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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**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**

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

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  
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)  
No data

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

3.1.1 Maternal mortality ratio  
10 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
39.5 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population  
No data

3.c.1 Health worker density and distribution  
No data

**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

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**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 months

No data

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

No data

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

No data

### 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

No data

### 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

No data

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

No data

### 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

No data

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

No data

### 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

No data

### 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

No data
**Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development**

17.8.1 Proportion of individuals using the Internet

<table>
<thead>
<tr>
<th>Additional Reproductive Health Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
</tr>
<tr>
<td>Total fertility rate</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
</tr>
<tr>
<td>Median age</td>
</tr>
<tr>
<td>Population, urban (%)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
</tr>
</tbody>
</table>