Country Profile: Croatia

Region: Southern Europe

Last Updated: 29 October 2019

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 Practicioners
- Law on Health Care Services
- Other

Related Documents

From Criminal / Penal Code:
- Criminal Code

From EML / Registered List:
- Essential Medicines List, 2010

From Medical Ethics Code:
- Law on Doctors’ Activities

From Abortion Specific Law:
- Abortion Law, 1978

From Other:
- Law on Patients’ Rights Protection, 2004

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

Concluding Observations:
- SR VAW

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: 10 weeks
### Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Abortion Law, 1978
- Criminal Code

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**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)

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**Foetal impairment**

| Yes |

**Related documents:**
- Abortion Law, 1978 (page 3)

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### Gestational limit

**Weeks:** No limit specified

**Related documents:**
- Abortion Law, 1978 (page 1)

---

**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)

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)

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**Rape**

| Yes |

**Related documents:**
- Abortion Law, 1978 (page 3)

### Gestational limit

**Weeks:** No limit specified

**Related documents:**
- Abortion Law, 1978 (page 1)

---

**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)
### Incest

| Yes |

- **Related documents:**
  - Abortion Law, 1978 (page 3)

### Gestational limit

| Weeks: No limit specified |

- **Related documents:**
  - Abortion Law, 1978 (page 1)

---

**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:**

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**Intellectual or cognitive disability of the woman**

| Not specified |

- **Related documents:**
  - Abortion Law, 1978
  - Criminal Code

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**Mental health**

| Not specified |

- **Related documents:**
  - Abortion Law, 1978
  - Criminal Code

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**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)

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:**

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**Physical health**

| Not specified |

- **Related documents:**
  - Abortion Law, 1978
  - Criminal Code

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**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)

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**Health**

| Yes |

- **Related documents:**
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>Abortion Law, 1978 (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

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

- **Commission of First Instance**
  - Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN, Nurse, social worker

A Commission of First Instance is required to make decisions in non-emergency contexts on the medical need for an abortion for pregnancies of more than ten weeks of gestation. The Commission of First Instance is composed of two physicians, of whom one is a gynaecologist, and a social worker or a registered nurse who work in the medical organization which is to perform the abortion.

- Abortion Law, 1978 (page 1)
Authorization in specially licensed facilities only

Yes

Related documents:
- Abortion Law, 1978 (page 1)

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)

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:
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

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 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:
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

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)

Police report required in case 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:
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

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)
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

**Parental consent required for minors**

- **Yes**

**Related documents:**
- Abortion Law, 1978 (page 1)

**Can another adult consent in place of a parent?**

- **Yes**

  - Abortion Law, 1978 (page 3)

**Age where consent not needed**

- 16

  - Abortion Law, 1978 (page 3)

**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 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.

**Spousal consent**

- **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:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

**WHO Guidance**

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

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

**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:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

**WHO Guidance**

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

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.

**Compulsory**
### Counselling

<table>
<thead>
<tr>
<th>Not specified</th>
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</table>

**Related documents:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

### Compulsory waiting period

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**Related documents:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

**WHO Guidance**

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

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

### Mandatory HIV screening test

<table>
<thead>
<tr>
<th>Not specified</th>
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**Related documents:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

**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)

### Other mandatory STI screening tests

<table>
<thead>
<tr>
<th>Not specified</th>
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<tbody>
<tr>
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</table>

**Related documents:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004

**WHO Guidance**

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

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

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

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

#### National guidelines for induced abortion

No data found

**WHO Guidance**

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

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

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

#### Methods allowed

**Vacuum aspiration**

No data found

**Dilatation and evacuation**

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Country recognized approval (mifepristone / mifepristone-misoprostol)
No found

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

Combination mifepristone-misoprostol
No data found

Misoprostol only
No data found

Other (where provided)

Country recognized approval (misoprostol)
No found

Related documents:
- Croatia Essential Medicine List, 2010 (page 1)

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)

Where can abortion services be provided

Related documents:
- Abortion Law, 1978 (page 1)

Primary health-care centres
Not specified
### National guidelines for post-abortion care

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

### 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 (page 18)

No data found

### 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>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraception included in post-abortion care</td>
<td>No data found</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td>Insurance to offset end user costs</td>
<td>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.</td>
</tr>
</tbody>
</table>
| Who can provide abortion services | Related documents:  
- Abortion Law, 1978 (page 1)  
- Nurse  
  Not specified  
  - Abortion Law, 1978  
- Midwife/nurse-midwife  
  Not specified  
  - Abortion Law, 1978  
- Doctor (specialty not specified)  
  Not specified  
  - Abortion Law, 1978  
- Specialist doctor, including OB/GYN  
  Yes  
  - Abortion Law, 1978 (page 1)  
**WHO Guidance** | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. 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. |
| Extra facility/provider requirements for delivery of abortion services | Referral linkages to a higher-level facility  
Not specified  
- Abortion Law, 1978  
Availability of a specialist doctor, including OB/GYN  
Yes  
**WHO Guidance** | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. |
Conscientious Objection

Public sector providers

**Related documents:**
- Law on Doctors' Activities (page 5)

**Individual health-care providers who have objected are required to refer the woman to another provider**

Yes
- Law on Doctors' Activities (page 5)

**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)

Private sector providers

**Related documents:**
- Law on Doctors' Activities (page 5)

**Individual health-care providers who have objected are required to refer the woman to another provider**

Yes
- Law on Doctors' Activities (page 5)

**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)

Provider type not specified

Yes

**Related documents:**
- Law on Doctors' Activities (page 5)

**Individual health-care providers who have objected are required to refer the woman to another provider**
<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Law on Doctors' Activities (page 5)</td>
</tr>
</tbody>
</table>

**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.

**Related documents:**
- Law on Doctors' Activities (page 5)

<table>
<thead>
<tr>
<th>Public facilities</th>
<th>Not specified</th>
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<tbody>
<tr>
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**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.

**Related documents:**
- Abortion Law, 1978
- Law on Patients’ Rights Protection, 2004
- Law on Doctors’ Activities

<table>
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<tr>
<th>Private facilities</th>
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</table>

**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.
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
8 (2017)
<table>
<thead>
<tr>
<th>Goal 3. Ensure healthy lives and promote well-being for all ages</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<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>8.9 (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

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

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

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

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

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

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

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

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

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

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
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.9</td>
<td>2014</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.47</td>
<td>2018</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.12</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>29</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>44.3</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>56.947</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.91</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.046</td>
<td>2016</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>47.9</td>
<td>2013</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>18.5</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>