Country Profile: Czech Republic

Region: Europe

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

Related Documents

From General Medical Health Act:
- Health Services Act

From Criminal / Penal Code:
- Criminal Code

From Ministerial Order / Decree:
- Implementing the Act on the Interruption of Pregnancy

From EML / Registered List:
- State Institute for Drug Control

From Abortion Specific Law:
- Law on Abortion, 1986

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

Concluding Observations:
- CRC
- CRC

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

Abortion at the woman's request

- Gestational limit: 12
<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
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</tbody>
</table>

**Related documents:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

**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.

**Foetal impairment**

Yes

**Related documents:**
- Law on Abortion, 1986 (page 2)

**Gestational limit**

Weeks: 24

- Implementing the Act on the Interruption of Pregnancy (page 1)

**WHO Guidance**

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

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.

**Rape**

Yes

**Related documents:**
- Implementing the Act on the Interruption of Pregnancy (page 1)

**Gestational limit**

Weeks: 24

- Implementing the Act on the Interruption of Pregnancy (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.

**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:
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

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**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)*

---

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

---

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

---

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

---

### Health

**Yes**

**Related documents:**
- Law on Abortion, 1986 (page 2)

#### Gestational limit

**Weeks:** 24

- Implementing the Act on the Interruption of Pregnancy (page 1)
WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Life

Yes

Related documents:
- Law on Abortion, 1986 (page 2)

Gestational limit

Weeks: 24

- Implementing the Act on the Interruption of Pregnancy (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Other

Listed diseases, syndromes and conditions

Related documents:
- Implementing the Act on the Interruption of Pregnancy (page 5)

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)

Yes

Related documents:
- Health Services Act

Number and cadre of health-care professional authorizations required

1
Specialist Doctor, Including OB/GYN

 Abortions at gestational ages of more than 12 weeks need to be authorised. The law sets out a process by which the woman can request a review of a negative decision.

- Law on Abortion, 1986 (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)
### Authorization in specially licensed facilities only

**Additional notes**

Abortions at gestational ages of more than 12 weeks need to be authorised. The law sets out a process by which the woman can request a review of a negative decision.

**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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

**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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

**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 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

**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)

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy
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)

### Parental consent required for minors

Yes

**Related documents:**
- Health Services Act

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

Yes

- Law on Abortion, 1986 (page 1)

### Age where consent not needed

16

- Law on Abortion, 1986 (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 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)

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**Additional notes**

If an abortion has been performed on a woman between 16 and 18 years of age, the health establishment is required to notify her legal representative.

---

**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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy
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.

Source document: WHO Safe Abortion Guidance (page 19)

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

### 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:**
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

### 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:**
- Law on Abortion, 1986
<table>
<thead>
<tr>
<th>Clinical and Service-delivery Aspects of Abortion Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prohibition of sex-selective abortion</strong></td>
</tr>
<tr>
<td><em>Not specified</em></td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>- Law on Abortion, 1986</td>
</tr>
<tr>
<td>- Implementing the Act on the Interruption of Pregnancy</td>
</tr>
<tr>
<td><strong>Restrictions on information provided to the public</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>Restrictions on methods to detect sex of the foetus</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>Except in certain circumstances, a woman may not have an abortion if she has had one in the last six months.</td>
</tr>
<tr>
<td>A physician may deny a woman access to an abortion if the physician believes it is against her health interest.</td>
</tr>
<tr>
<td>Abortions on women only temporarily staying in Czech Republic are restricted. Women are required to pay for abortions on request. With certain exceptions women temporarily staying in the Czech Republic pay for abortion services.</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
</tbody>
</table>
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

Not specified

- Implementing the Act on the Interruption of Pregnancy

#### Dilatation and evacuation

Not specified

- Implementing the Act on the Interruption of Pregnancy

#### Combination mifepristone-misoprostol

Yes

- State Institute for Drug Control (page 1)

#### Misoprostol only

Yes

- State Institute for Drug Control (page 1)

#### Other (where provided)

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 / mifepristone-misoprostol)

Yes

Related documents:

- State Institute for Drug Control (page 1)

Pharmacy selling or distribution

Yes, with prescription only

- State Institute for Drug Control (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.
### Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Institute for Drug Control (page 1)</td>
</tr>
</tbody>
</table>

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

Yes, with prescription only

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Institute for Drug Control (page 1)</td>
</tr>
</tbody>
</table>

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### Where can abortion services be provided

#### Related documents:
- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

#### Primary health-care centres

Not specified

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

Not specified

#### Specialized abortion care public facilities

Not specified

#### Private health-care centres or clinics

Not specified

#### NGO health-care centres or clinics

Not specified

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### National guidelines for post-abortion care

No data found

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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 (page 18)
### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
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<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
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<tr>
<td>NGO health-care centres or clinics</td>
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</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**

- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

### Contraception included in post-abortion care

- Not specified

**Related documents:**

- Law on Abortion, 1986
- Implementing the Act on the Interruption of Pregnancy

### Insurance to offset end user costs

- Yes

**Related documents:**

- Law on Abortion, 1986 (page 2)

### Induced abortion for all women

- Yes

Women are required to pay for abortion on request. With certain exceptions women temporarily staying in the Czech Republic pay for abortion services.
Induced abortion for poor women only

No

Abortion complications

Not specified

Private health coverage

Not specified

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 18)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

Availability of a specialist doctor, including OB/GYN

Not specified
Conscientious Objection

**Public sector providers**

**Related documents:**
- Health Services Act (page 52)

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

Yes

- Health Services Act (page 52)

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 106)

**Additional notes**

Health workers may not refuse to provide services if they are unable to ensure referral and the refusal would endanger the patient's life or pose a serious threat to her health.

**Private sector providers**

**Related documents:**
- Health Services Act (page 52)

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

Yes

- Health Services Act (page 52)

**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)
<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Additional notes</th>
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</thead>
<tbody>
<tr>
<td>Health workers may not refuse to provide services if they are unable to ensure referral and the refusal would endanger the patient's life or pose a serious threat to her health.</td>
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<tr>
<td>- Health Services Act (page 52)</td>
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<td>Related documents:</td>
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<tr>
<th>Neither Type of Provider Permitted</th>
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<th>Public facilities</th>
<th>Not specified</th>
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| Related documents: |
| - Health Services Act |

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<tr>
<td>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.</td>
</tr>
</tbody>
</table>
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)

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

<table>
<thead>
<tr>
<th>Goal 3. Ensure healthy lives and promote well-being for all at all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
</tr>
<tr>
<td>3 (2017)</td>
</tr>
<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>10 (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>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>3.c.1 Health worker density and distribution</td>
</tr>
<tr>
<td>No data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>No data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 5. Achieve gender equality and empower all women and girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</td>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>No data</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>No data</td>
</tr>
</tbody>
</table>
5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

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

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

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

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

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

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

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

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

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 | 4.3 (2008) |
| Percentage of births attended by trained health professional | 99.8 (2013) |
| Percentage of women aged 20-24 who gave birth before age 18 | No data |
| Total fertility rate | 1.71 (2018) |
| Legal marital age for women, with parental consent | No data |
| Legal marital age for women, without parental consent | 18 (2009-2017) |
| Gender Inequalities Index (Value) | 0.12 (2017) |
| Gender Inequalities Index (Rank) | 29 (2017) |
| Mandatory paid maternity leave | yes (2020) |
| Median age | 43.2 (2020) |
| Population, urban (%) | 73.792 (2018) |
| Percentage of secondary school completion rate for girls | 1 (2013) |
| Gender parity in secondary education | 1.10 (2015) |
| Percentage of women in non-agricultural employment | 46 (2013) |
| Proportion of seats in parliament held by women | 21.1 (2017) |
| Sex ratio at birth (male to female births) | 1.06 (2018) |