

# Country Profile: France

Last Updated: 17 May 2018

Region: Western 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:

- [Public Health Code](#)
- [Law on Modernisation of the Health System](#)

### From Criminal / Penal Code:

- [Penal Code](#)

### From Health Regulation / Clinical Guidelines:

- [Voluntary Interruption of Pregnancy up to 14 weeks](#)
- [Medical Abortion Good Practice Recommendations](#)
- [Post-abortion Contraception Information](#)

### From EML / Registered List:

- [National Agency for the Security of Medicines and Health Products, 2005](#)



## 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

↓ [Download data](#)



## Concluding Observations:

- [CEDAW](#)
- [CEDAW](#)









## 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 weeks**

## Legal Ground and Gestational Limit

<b>Economic or social reasons</b>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"><li>• <a href="#">Public Health Code, 2013</a></li><li>• <a href="#">Penal Code</a></li></ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<b>Foetal impairment</b>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"><li>• <a href="#">Public Health Code, 2013 (page 407)</a></li></ul> <p><b>Gestational limit</b></p> <p><b>Weeks: No limit specified</b></p> <ul style="list-style-type: none"><li>• <a href="#">Public Health Code, 2013 (page 407)</a></li></ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<b>Rape</b>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"><li>• <a href="#">Public Health Code, 2013</a></li><li>• <a href="#">Penal Code</a></li></ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p>
<b>Incest</b>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p>

- [Public Health Code, 2013](#)
- [Penal Code](#)



### 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:

- [Public Health Code, 2013](#)
- [Penal Code](#)

#### 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:

- [Public Health Code, 2013](#)
- [Penal Code](#)



### WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

#### Physical health



### Not specified

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

#### Related documents:

- [Public Health Code, 2013](#)
- [Penal Code](#)



### 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 \(page 102\)](#)

#### Health

Yes

#### Related documents:

- [Public Health Code, 2013 \(page 407\)](#)



#### Gestational limit

Weeks: No limit specified



- [Public Health Code, 2013 \(page 407\)](#)








### WHO Guidance

	<p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<p><b>Life</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> <li>• <a href="#">Penal Code</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 102)</a></p>
<p><b>Other</b></p>	

## Additional Requirements to Access Safe Abortion

<p><b>Authorization of health professional(s)</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 407 see note)</a></li> </ul> <p><b>Number and cadre of health-care professional authorizations required</b></p> <p>2</p> <p><b>Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 407 see note)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p> <p> <b>Additional notes</b></p> <p>Medical authorisation not required for terminations until 12 weeks pregnancy. For terminations after 12 weeks of gestation, the following authorisation requirements obtain:</p> <p>"The voluntary termination of a pregnancy may be practiced at any time if two physicians who are members of a multidisciplinary team certify, after this team has rendered its advisory opinion, that the continuation of the pregnancy jeopardizes the pregnancy Or that there is a high probability that the unborn child will be afflicted with a particularly serious condition recognized as incurable at the time of diagnosis.</p> <p>Where termination of pregnancy is contemplated on the grounds that the continuation of pregnancy seriously jeopardizes the health of the woman, the multidisciplinary team responsible for examining the woman's request shall include at least four persons who are a qualified medical practitioner. Gynecology and obstetrics, a member of a multidisciplinary prenatal diagnostic center, a practitioner specializing in the affliction of which the woman is a victim, a doctor chosen by the woman and a qualified person subject to professional secrecy who may be a social worker or a psychologist . The physician qualified in gynecology and obstetrics and the physician qualified in the treatment of the</p>
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	<p>condition of which the woman is affected must carry out their activity in a health establishment.</p> <p>Where termination of pregnancy is contemplated on the basis that there is a high probability that the unborn child will have a particularly serious condition recognized as incurable at the time of diagnosis, the multidisciplinary team Demand of the woman is that of a multidisciplinary center of prenatal diagnosis.</p> <p>When the team of the aforementioned center meets, a doctor chosen by the woman may, at the request of the latter, be associated with the consultation. Except for medical emergencies, the woman is given a period of reflection of at least one week before deciding to interrupt or continue her pregnancy."</p> <p>See also Articles R2213-1 to R2213-6 for abortion for "medical reasons"</p>
<p><b>Authorization in specially licensed facilities only</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 403)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p>
<p><b>Judicial authorization for minors</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 105)</a></p>
<p><b>Judicial authorization in cases of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Police report required in case of rape</b></p>	<p>Not applicable</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 104)</a></p>
<p><b>Parental consent required for minors</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 404)</a></li> </ul>



### 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 \(page 105\)](#)



### Additional notes

Non-emancipated minors require the consent of one of the holders of parental authority or, the where appropriate, the 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:

- [Public Health Code, 2013](#)



### 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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)

#### 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:

- [Public Health Code, 2013](#)



### 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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 19\)](#)

#### Compulsory counselling

No

#### Related documents:

- [Public Health Code, 2013 \(page 404 see note\)](#)











### 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.


↓ **Source document:** [WHO Safe Abortion Guidance \(page 46\)](#)



	<p> <b>Additional notes</b></p> <p>The following is mandatory for non-emancipated minor women, not for adult women: a consultation with a person who having trained and qualified in marriage counseling or any other qualified person in a institution providing information, consultation or family advice, a family planning or education centre, a social service or another approved body. This preliminary consultation includes a special interview in which assistance or advice appropriate to the situation of the applicant are brought to her.</p>
<p><b>Compulsory waiting period</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 404 )</a></li> <li>• <a href="#">Law on Modernisation of the Health System (page 22)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<p><b>Mandatory HIV screening test</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Other mandatory STI screening tests</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 88)</a></p>
<p><b>Prohibition of sex-selective abortion</b></p>	<p> <b>Not specified</b></p> <p>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.</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women’s access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</p>

	<p>↓ <b>Source document:</b> <a href="#">Preventing Gender-Biased Sex Selection (page 17)</a></p>
<b>Restrictions on information provided to the public</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 107)</a></p>
<b>Restrictions on methods to detect sex of the foetus</b>	<p>No data found</p> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 103)</a></p>
<b>Other</b>	

## Clinical and Service-delivery Aspects of Abortion Care

<b>National guidelines for induced abortion</b>	<p>Yes, guidelines issued by the government</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Voluntary Interruption of pregnancy up to 14 weeks (page 1 )</a></li> <li>• <a href="#">Medical Abortion Good Practice Recommendations (page 1)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 75)</a></p>
<b>Methods allowed</b>	<p><b>Vacuum aspiration</b></p> <p>Yes (98 DAYS 14 WEEKS)</p> <ul style="list-style-type: none"> <li>• <a href="#">Voluntary Interruption of pregnancy up to 14 weeks (page 1 )</a></li> <li>• <a href="#">Medical Abortion Good Practice Recommendations (page 1)</a></li> </ul> <p><b>Dilatation and evacuation</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Voluntary Interruption of pregnancy up to 14 weeks</a></li> <li>• <a href="#">Medical Abortion Good Practice Recommendations</a></li> </ul> <p><b>Combination mifepristone-misoprostol</b></p> <p>Yes (63 DAYS 9 WEEKS (but no specified limit for medical reasons) WEEKS)</p> <ul style="list-style-type: none"> <li>• <a href="#">Voluntary Interruption of pregnancy up to 14 weeks (page 1 )</a></li> <li>• <a href="#">Medical Abortion Good Practice Recommendations (page 1)</a></li> </ul> <p><b>Misoprostol only</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Voluntary Interruption of pregnancy up to 14 weeks</a></li> <li>• <a href="#">Medical Abortion Good Practice Recommendations</a></li> </ul>



## 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 / mife-misoprostol)

Yes

### Related documents:

- [Amendment to List of Generic Groups in Public Health Code 2014 \(page 33 \)](#)
- [Public Review Report Mifegyne National Agency for the Security of Medicines and Health \(page 1 \)](#)
- [National Agency for the Security of Medicines and Health Products, 2005 \(page 1\)](#)

### Pharmacy selling or distribution

No

Only physicians, family planning or education centers and health centers which have concluded the agreement referred to in Article R. 2212-9 of the Public Health Code may obtain supplies of medicines necessary for a medical termination of pregnancy.

- [Public Health Code, 2013 \(page 2148\)](#)



### 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 \(page 13\)](#)



### Additional notes

Only physicians, family planning or education centers and health centers which have concluded the agreement referred to in Article R. 2212-9 of the Public Health Code may obtain supplies of medicines necessary for a medical termination of pregnancy.

## Country recognized approval (misoprostol)

Yes, for gynaecological indications

### Related documents:

- [Patient Notice Gymiso National Agency for the Security of Medicines and Health Products \(page 1\)](#)

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

No

Only physicians, family planning or education centers and health centers which have concluded the agreement referred to in Article R. 2212-9 of the Public Health Code may obtain supplies of medicines necessary for a medical termination of pregnancy.

- [Public Health Code, 2013 \(page 2148\)](#)





## 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 \(page 54\)](#)

### Where can abortion services be provided

#### Related documents:

- [Public Health Code, 2013 \(page 403\)](#)

#### Primary health-care centres

Yes

- [Public Health Code, 2013 \(page 403\)](#)

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

Yes

- [Public Health Code, 2013 \(page 403\)](#)

#### Specialized abortion care public facilities

Not specified

- [Public Health Code, 2013](#)

#### Private health-care centres or clinics

Yes

- [Public Health Code, 2013 \(page 403\)](#)

#### NGO health-care centres or clinics

Not specified

- [Public Health Code, 2013](#)
- [Public Health Code, 2013 \(page 403\)](#)

#### Other (if applicable)

Abortion may only take place in a public or private health facility or within the framework of an agreement concluded between such a facility and a practitioner, a center for family education or family planning, or a health center under conditions determined by a decree of the State Council.(1, article L2212-2) Medical abortions may be provided in Centres for Family Planning or Family Education (1, article 2311-3) Doctors may provide medical abortions outside of health establishments up to five weeks of gestation (1, article R2212-10)

- [Public Health Code, 2013](#)



## 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 \(page 18\)](#)

### National guidelines for post-abortion care

Yes, guidelines issued by the government

#### Related documents:

- [Voluntary Interruption of pregnancy up to 14 weeks \(page 1 \)](#)
- [Medical Abortion Good Practice Recommendations \(page 1\)](#)





## WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

<p><b>Where can post abortion care services be provided</b></p>	<p><b>Primary health-care centres</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p><b>Secondary (district-level) health-care facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p><b>Specialized abortion care public facilities</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p><b>Private health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p><b>NGO health-care centres or clinics</b></p> <p>Not specified</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013</a></li> </ul> <p><b>Other (if applicable)</b></p> <p>Health centres providing primary care</p> <p>The Public Health Law states: "Health centers are community health facilities primarily providing primary care ... They can perform voluntary interruptions of pregnancy by medication under the terms of an agreement concluded in accordance with Article L. 2212-2 and under the conditions laid down in Articles L. 2212-1 to L. 2212-10 of this Code."</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 1287)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 57)</a></p>
<p><b>Contraception included in post-abortion care</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 404 03-France-Voluntary-interruption-of-pregnancy-up-to-14-weeks-National-Agency-for-Accreditation-and-Evaluation-in-Health-2010.pdf)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 62)</a></p>
<p><b>Insurance to offset end user costs</b></p>	<p>Yes</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Social Security Code (page 60)</a></li> </ul> <p><b>Induced abortion for all women</b></p> <p>Yes</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 409 10-France-Social-Security-Code.pdf)</a></li> </ul> <p><b>Induced abortion for poor women only</b></p> <p>No</p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 409 10-France-Social-Security-Code.pdf)</a></li> </ul> <p><b>Abortion complications</b></p> <p>Not specified</p>

- [Public Health Code, 2013](#)
- [Social Security Code](#)

### Private health coverage

Not specified

- [Public Health Code, 2013](#)



### 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 \(page 18\)](#)

### Who can provide abortion services

#### Related documents:

- [Public Health Code, 2013 \(page 403 \)](#)
- [Law on Modernisation of the Health System \(page 44\)](#)

#### Nurse

No

- [Public Health Code, 2013 \(page 403\)](#)

#### Midwife/nurse-midwife

Yes

Midwives may perform medical abortions in cases of abortion at the woman's request before the end of the twelfth week of pregnancy.

- [Public Health Code, 2013 \(page 403 \)](#)
- [Law on Modernisation of the Health System \(page 44\)](#)

#### Doctor (specialty not specified)

Yes

- [Public Health Code, 2013 \(page 403\)](#)

#### Specialist doctor, including OB/GYN

Not specified

- [Public Health Code, 2013](#)



### 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.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

### Extra facility/provider requirements for delivery of abortion services

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

Not specified

- [Public Health Code, 2013](#)

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

Not specified

- [Public Health Code, 2013](#)

#### Minimum number of beds

Not specified

Private facilities must have beds or places authorized for gynecology/obstetrics or surgery.

The Public Health Law does not stipulate a specific number of beds required.

- [Public Health Code, 2013](#)
- [Public Health Code, 2013 \(page 2146\)](#)

**Other (if applicable)**

Public and private facilities must have the capacity to manage abortion complications. Public facilities must have an approved centre for family planning or education or an agreement for such a centre to undertake within their institution the activities defined in articles R2311-7 to R 2311-18. Private facilities must have an agreement with an approved family planning or education centre to undertake within their institution the activities defined in articles R2311-7 to R2311-8.

- [Public Health Code, 2013 \(page 2146\)](#)



**WHO Guidance**

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

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

**Conscientious Objection**

**Public sector providers**

No

**Related documents:**

- [Public Health Code, 2013 \(page 405\)](#)

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

Yes

- [Public Health Code, 2013 \(page 405\)](#)



**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**

No

**Related documents:**

- [Public Health Code, 2013 \(page 405\)](#)

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

Yes

- [Public Health Code, 2013 \(page 405\)](#)



**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:**

- [Public Health Code, 2013 \(page 405\)](#)

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

Yes

- [Public Health Code, 2013 \(page 405\)](#)



### 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 \(page 106\)](#)

## Neither Type of Provider Permitted

No

### Related documents:

- [Public Health Code, 2013 \(page 405\)](#)

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

Yes

- [Public Health Code, 2013 \(page 405\)](#)



### WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)

## Public facilities

No

### Related documents:

- [Public Health Code, 2013 \(page 405\)](#)



### WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



### Additional notes

The Public Health Law states that "A private health facility may refuse to have voluntary terminations of pregnancy performed on its premises." However, this refusal may not be invoked by a facility referred to in paragraph 2 of article L. 6161-5 or by a facility having concluded an agreement of concession pursuant to article L. 6161-9 in its version prior to Law No. 2009-879 of 21 July 2009 on hospital reform and on patients, health, and territories unless other facilities are able to respond to local needs. The Public Health Law also states that specific kinds of public hospitals are not permitted to refuse performing abortions.

## Private facilities

Yes

### Related documents:






- [Public Health Code, 2013 \(page 405\)](#)



### 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

	<p>accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Public Health Law states that "A private health facility may refuse to have voluntary terminations of pregnancy performed on its premises." However, this refusal may not be invoked by a facility referred to in paragraph 2 of article L. 6161-5 or by a facility having concluded an agreement of concession pursuant to article L. 6161-9 in its version prior to Law No. 2009-879 of 21 July 2009 on hospital reform and on patients, health, and territories unless other facilities are able to respond to local needs. The Public Health Law also states that specific kinds of public hospitals are not permitted to refuse performing abortions.</p>
<p><b>Facility type not specified</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 405)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Public Health Law states that "A private health facility may refuse to have voluntary terminations of pregnancy performed on its premises." However, this refusal may not be invoked by a facility referred to in paragraph 2 of article L. 6161-5 or by a facility having concluded an agreement of concession pursuant to article L. 6161-9 in its version prior to Law No. 2009-879 of 21 July 2009 on hospital reform and on patients, health, and territories unless other facilities are able to respond to local needs. The Public Health Law also states that specific kinds of public hospitals are not permitted to refuse performing abortions.</p>
<p><b>Neither Type of Facility Permitted</b></p>	<p>No</p> <p><b>Related documents:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Public Health Code, 2013 (page 405)</a></li> </ul> <p> <b>WHO Guidance</b></p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ <b>Source document:</b> <a href="#">WHO Safe Abortion Guidance (page 106)</a></p> <p> <b>Additional notes</b></p> <p>The Public Health Law states that "A private health facility may refuse to have voluntary terminations of pregnancy performed on its premises." However, this refusal may not be invoked by a facility referred to in paragraph 2 of article L. 6161-5 or by a facility having concluded an agreement of concession pursuant to article L. 6161-9 in its version prior to Law No. 2009-879 of 21 July 2009 on hospital reform and on patients, health, and territories unless other facilities are able to respond to local needs. The Public Health Law also states that specific kinds of public hospitals are not permitted to refuse performing abortions.</p>

## 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 (2015)

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

8.6 (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



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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

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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

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

No data

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## Goal 10. Reduce inequality within and among countries

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

No data

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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

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

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

No data

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

No data

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

No data

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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

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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

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

No data

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

No data

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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

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

No data

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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

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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

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

17.8.1 Proportion of individuals using the Internet

No data

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### Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

**1.7** (2005)

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Percentage of births attended by trained health professional

**97.4** (2016)

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Percentage of women aged 20-24 who gave birth before age 18

No data

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Total fertility rate

**1.96** (2016)

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Legal marital age for women, with parental consent

No data

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Legal marital age for women, without parental consent

**18** (2009-2017)

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Gender Inequalities Index (Value)

**0.08** (2017)

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Gender Inequalities Index (Rank)

**16** (2017)

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Mandatory paid maternity leave

**yes** (2016)

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Median age

**41.2** (2015)

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Population, urban (%)

**80.2** (2017)

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Percentage of secondary school completion rate for girls

**0.94** (2013)

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Gender parity in secondary education

**1.009** (2015)

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Percentage of women in non-agricultural employment

**49.6** (2013)

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Proportion of seats in parliament held by women

**35.4** (2017)

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Sex ratio at birth (male to female births)

**1.05** (2017)