

Country Profile: Germany

Region: Western Europe

Last Updated: 18 September 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 Practitioners
- Law on Health Care Services
- ✓ Other

Related Documents

From Criminal / Penal Code:

- [Criminal Code](#)

From EML / Registered List:

- [List of Substances and Preparations, 2016](#)
- [Ordinance on the Prescription of Drugs](#)

From Abortion Specific Law:

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)
- [Act to Amend the Act on Assistance for Pregnant Women and Families, 1995](#)
- [Germany Bavaria Pregnancy Counselling Law, 1996](#)

From Other:

- [Information on Medical Abortion](#)
- [Information about the Pregnancy Conflict Act and Legal Regulations](#)
- [Law on Human Genetic Testing, 2013](#)
- [Social Code - Statutory Health Insurance, 2016](#)
- [Recommendation and Report by the Committee on Family, Senior Citizens, Women and Youth, 1995](#)
- [Germany Medical Abortion Federal Centre for Health Education, 2018](#)
- [Germany Law for Improved Information on Abortion, 2019](#)



List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- ✓ Xst
- OP
- ✓ 2nd
- OP
- ✓ CESC
- CESCR-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](#)






Persons who can be sanctioned:

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

Abortion at the woman's request

✓ Gestational limit: 12

Legal Ground and Gestational Limit

| | |
|-----------------------------------|--|
| Economic or social reasons | <p>Socio-economic factors may be considered in the process of assessing a woman's eligibility for termination of her pregnancy. The Criminal Code states: "The termination of pregnancy performed by a physician with the consent of the pregnant woman shall not be unlawful if, considering the present and future living conditions of the pregnant woman, the termination of the pregnancy is medically necessary to avert a danger to the life or the danger of grave injury to the physical or mental health of the pregnant woman and if the danger cannot reasonably be averted in another way from her point of view."</p> <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p>Related documents:</p> <ul style="list-style-type: none">• Criminal Code (page 110) |
| Foetal impairment | <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Criminal Code (page 109) <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p> Additional notes</p> <p>The "eugenic indication" which used to be explicitly mentioned in section 218a no. 1 StGB-aF [old version of the German Criminal Code] was abolished by the SFHÄndG [Act to Amend the Act on Assistance for Pregnant Women and Families] of 21 August 1995 (Federal Law Gazette I p. 1050). Today the legal situation is as follows: there is no "eugenic indication" in the German Criminal Code. But if the pregnant woman is under considerable mental stress because prenatal diagnosis (PND) has shown genetic or prenatal damage to the unborn child and she does not consider herself mentally able to raise a disabled child, a medically indicated abortion can be granted. In this particular case, the requirement for the (medical) indication is the necessity to avert a danger to the life of the pregnant woman or a danger of grave injury to her physical or mental health.</p> <p>The following is stated in Bundestag Printed Paper 13/1850: "The embryopathic indication has been rejected. As became particularly clear from the statements made by associations representing disabled people, this regulation had created the misunderstanding that the justification was based on a disabled child having an inferior right to life. But the regulations on the embryopathic indication were always based on the consideration that such cases can lead to an unacceptable strain being placed on the pregnant woman. The wording with regard to medical indication in section 218a StGB [...] enables these situations to be covered. It has thus been made clear that a disability can never lead to a lowering in the standards of protection applied to human life."</p> <p>Related documents:</p> <ul style="list-style-type: none">• Act to Amend the Assistance for Pregnant Women and Families Act (page 1)• Recommendation and Report by the Committee on Family, Senior Citizens, Women and Youth, 1995 (page 25) |
| Rape | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none">• Criminal Code (page 110) <p>Gestational limit</p> <p>Weeks: 12</p> |

The number of weeks given refers to weeks since conception.

- [Criminal Code \(page 110 see note\)](#)



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

No

Related documents:

- [Criminal Code \(page 109\)](#)



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

No

Related documents:

- [Criminal Code \(page 109\)](#)

Mental health

Yes

Related documents:

- [Criminal Code \(page 110\)](#)

Gestational limit

Weeks: no limit specified

- [Criminal Code \(page 110\)](#)



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:** [WHO Safe Abortion Guidance \(page 103\)](#)

Physical health

Yes

Related documents:





- [Criminal Code \(page 110\)](#)

Gestational limit


Weeks: no limit specified

- [Criminal Code \(page 110\)](#)



| | |
|----------------------|--|
| | <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</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>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| <p>Health</p> | <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code (page 110) <p> WHO Guidance</p> <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>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> |
| <p>Life</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code (page 110) <p>Gestational limit</p> <p>Weeks: no limit specified</p> <ul style="list-style-type: none"> • Criminal Code (page 110) <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 102)</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>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| <p>Other</p> | <p>The pregnant woman was the victim of an illegal act according to the Penal Code (child sexual abuse; sexual assault, rape, sexual abuse of persons incapable of resistance) or there are pressing reasons for believing that pregnancy was caused by such an act.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code (page 11 See note) <p> Additional notes</p> <p>Under these circumstances, the abortion is permissible if no more than 12 weeks have passed since conception.</p> |

Additional Requirements to Access Safe Abortion

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|---|--|
| <p>Authorization of health professional(s)</p> | <p> Not specified</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> |
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Related documents:

- [Criminal Code](#)



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



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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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 \(page 104\)](#)

Parental consent required for minors



No data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.



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

Minors’ consent to abortion is regulated by the Criminal Code in conjunction with the Civil Code, and guidance on how to interpret these has developed through a number of court decisions which it was not possible to access and reflect.

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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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

Yes

Related documents:

- [Criminal Code \(page 110\)](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 2\)](#)



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 \(page 46\)](#)



Additional notes

The offence described under section 218 StGB (termination of pregnancy) is not deemed to have been committed if the pregnant woman has demonstrated to the physician by certificate pursuant to section 219 (2), second sentence, StGB that she obtained counselling at least three days before the operation. In the federal state of Bavaria, to obtain the counselling certificate required for an abortion within the first 12 weeks of gestation, the woman must state the reason why she wishes to have an abortion during the mandatory counselling session.

Related documents:

- [Germany Bavaria Pregnancy Counselling Law, 1996 \(page 4\)](#)

Compulsory waiting period

Yes

Related documents:

- [Criminal Code \(page 110\)](#)

Waiting period

Day after counseling

3 days



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 \(page 107\)](#)



Additional notes

The doctor's written certification that the woman meets the conditions for the medical indication may not be made before the expiry of three days after his or her diagnosis. This does not apply if the pregnancy has to be stopped to avert a present significant risk to the life or limb of the pregnant woman.

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:

- [Criminal Code](#)
- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)










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 \(page 88\)](#)

| | |
|--|---|
| <p>Other mandatory STI screening tests</p> | <p> Not specified</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>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code • Law to Prevent and Manage Conflicts of Pregnancy, 2015 <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> |
| <p>Prohibition of sex-selective abortion</p> | <p> Not specified</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>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code • Law to Prevent and Manage Conflicts of Pregnancy, 2015 <p> WHO Guidance</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>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p> <p> Additional notes</p> <p>Prenatal genetic testing is addressed in section 15 (1) of the Act on Genetic Testing: Prenatal genetic testing may only be carried out for medical purposes and only where and to the extent that testing aims to look for certain genetic traits in the embryo or foetus that, according to the generally recognised state of the art, adversely affect its prenatal or postnatal health or if it is intended to treat the embryo or foetus with a medicinal product the effect of which is affected by certain genetic traits.</p> <p>While abortion is legal on request if not more than twelve weeks have elapsed since conception under Section 218a (1) of the Criminal Code, the Act on Genetic Testing stipulates that the foetal gender can be disclosed on request only after 12 weeks of pregnancy.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Human Genetic Testing, 2013 (page 7) |
| <p>Restrictions on information provided to the public</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code (page 111) • Germany Law for Improved Information on Abortion, 2019 (page 1) <p>List of restrictions</p> <p>(1) Whosoever publicly, in a meeting or through dissemination of written materials (section 11(3)), for material gain or in a grossly inappropriate manner, offers, announces or commends</p> <ol style="list-style-type: none"> 1. his own services for performing terminations of pregnancy or for supporting them, or the services of another; or 2. means, objects or procedures capable of terminating a pregnancy with reference to this capacity, or makes declarations of such a nature shall be liable to imprisonment not exceeding two years or a fine. <p>(2) Subsection (1) No 1 above shall not apply when physicians or statutorily recognised counselling agencies provide information about which physicians, hospitals or institutions are prepared to perform a termination of pregnancy under the conditions of section 218a(1) to (3).</p> <p>(3) Subsection (1) No 2 above shall not apply if the offence was committed with respect to physicians or persons who are authorised to trade in the means or objects mentioned in subsection (1) No 2 or through a publication in professional medical or pharmaceutical journals. (4) Subsection (1) shall not apply when doctors, hospitals or institutions 1. provide information about the fact that they undertake abortions under §218a subsections 1 to 3, 2. point to information provided by a federal or state authority, a counselling centre under the Conflict Pregnancy Law or a medical association.</p> |

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| | <p>The Federal Medical Association maintains a list - which is updated monthly - of doctors, hospitals and institutions having indicated they undertake abortions under §218a subsections 1 to 3. When such information has been provided, the list also contains information on abortion methods provided. Information about this list is accessible also via the Federal Centre for Health Education website and the federal central emergency hotline.</p> <ul style="list-style-type: none"> • Criminal Code (page 111) • Germany Law for Improved Information on Abortion, 2019 (page 1) <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> |
| <p>Restrictions on methods to detect sex of the foetus</p> | <p>No data found</p> <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> |
| <p>Other</p> | |

Clinical and Service-delivery Aspects of Abortion Care

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|--|---|
| <p>National guidelines for induced abortion</p> | <p>No data found</p> <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 75)</p> |
| <p>Methods allowed</p> | <p>Vacuum aspiration</p> <p>No data found</p> <p>Dilatation and evacuation</p> <p>No data found</p> <p>Combination mifepristone-misoprostol</p> <p>Yes (63 DAYS)</p> <ul style="list-style-type: none"> • Germany Medical Abortion Federal Centre for Health Education, 2018 (page 1) <p>Misoprostol only</p> <p>Yes (End of 9 WEEKS)</p> <ul style="list-style-type: none"> • Information on Medical Abortion (page 1) <p>Other (where provided)</p> <p> WHO Guidance</p> |

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| | <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 14)</p> |
| <p>Country recognized approval (mifepristone / mife-misoprostol)</p> | <p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • List of Substances and Preparations, Federal Institute of Pharmaceuticals and Medical Products, 2016 (page 41) <p>Pharmacy selling or distribution</p> <p>No</p> <ul style="list-style-type: none"> • Information on Medical Abortion (page 1) • Ordinance on the Prescription of Drugs (page 31) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p> |
| <p>Country recognized approval (misoprostol)</p> | <p>Yes, indications not specified</p> <p>Related documents:</p> <ul style="list-style-type: none"> • List of Substances and Preparations, Federal Institute of Pharmaceuticals and Medical Products, 2016 (page 42) <p>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</p> <p>No</p> <ul style="list-style-type: none"> • Information on Medical Abortion (page 1) • Ordinance on the Prescription of Drugs (page 31) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p> |
| <p>Where can abortion services be provided</p> | <p>Related documents:</p> <ul style="list-style-type: none"> • Germany Medical Abortion Federal Centre for Health Education, 2018 (page 2) <p>Primary health-care centres</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law to Prevent and Manage Conflicts of Pregnancy, 2015 |

- [Germany Medical Abortion Federal Centre for Health Education, 2018](#)

Secondary (district-level) health-care facilities

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)
- [Germany Medical Abortion Federal Centre for Health Education, 2018](#)

Specialized abortion care public facilities

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)
- [Germany Medical Abortion Federal Centre for Health Education, 2018](#)

Private health-care centres or clinics

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)
- [Germany Medical Abortion Federal Centre for Health Education, 2018](#)

NGO health-care centres or clinics

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)
- [Germany Medical Abortion Federal Centre for Health Education, 2018](#)

Other (if applicable)

Medical abortions may be performed in a medical office or hospital.

- [Germany Medical Abortion Federal Centre for Health Education, 2018 \(page 2\)](#)



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

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 \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Secondary (district-level) health-care facilities

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Specialized abortion care public facilities

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Private health-care centres or clinics

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

NGO health-care centres or clinics

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Other (if applicable)



WHO Guidance

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

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

Contraception included in post-abortion care

Yes

Related documents:

- [Information Pregnancy Conflict Act and Legal Regulations \(page 15 \)](#)



WHO Guidance

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

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 62\)](#)



Additional notes

Post-abortion care may include counselling for contraceptive methods on the woman's request.

Insurance to offset end user costs

Yes

Related documents:

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 6 \)](#)
- [Social Code Fifth Book Statutory Health Insurance, 2016 \(page 27\)](#)

Induced abortion for all women

No

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 6\)](#)

Induced abortion for poor women only

Yes

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 6\)](#)

Abortion complications

Yes

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 6 \)](#)
- [Social Code Fifth Book Statutory Health Insurance, 2016 \(page 27\)](#)

Private health coverage

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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:

- [Criminal Code \(page 110\)](#)

Nurse

Not specified

- [Criminal Code](#)

Midwife/nurse-midwife

Not specified

- [Criminal Code](#)

Doctor (specialty not specified)

Yes

- [Criminal Code \(page 110\)](#)

Specialist doctor, including OB/GYN

Not specified

- [Criminal Code](#)

Other (if applicable)**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

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Availability of a specialist doctor, including OB/GYN

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Minimum number of beds

Not specified

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)

Other (if applicable)

Facilities that provide postabortion care.

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 5\)](#)

**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****Related documents:**

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 5\)](#)

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

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.

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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

While nobody is obliged to participate in a pregnancy termination, this is not the case if participation is necessary in order to protect the woman from risk of death or serious health damage which cannot be averted in another manner.

Private sector providers

Related documents:

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 5 \)](#)

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



Not specified

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



Additional notes

While nobody is obliged to participate in a pregnancy termination, this is not the case if participation is necessary in order to protect the woman from risk of death or serious health damage which cannot be averted in another manner.

Provider type not specified

Yes

Related documents:

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 5 \)](#)

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



Not specified

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



Additional notes

While nobody is obliged to participate in a pregnancy termination, this is not the case if participation is necessary in order to protect the woman from risk of death or serious health damage which cannot be averted in another manner.

Neither Type of Provider Permitted

Related documents:

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015 \(page 5 \)](#)

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



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.

- [Law to Prevent and Manage Conflicts of Pregnancy, 2015](#)



WHO Guidance

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



Additional notes

While nobody is obliged to participate in a pregnancy termination, this is not the case if participation is necessary in order to protect the woman from risk of death or serious health damage which cannot be averted in another manner.

Public facilities



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 to Prevent and Manage Conflicts of Pregnancy, 2015](#)



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 \(page 106\)](#)

Private facilities



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 to Prevent and Manage Conflicts of Pregnancy, 2015](#)







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 \(page 106\)](#)

Facility type not

| | |
|------------------------------------|---|
| specified | <p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law to Prevent and Manage Conflicts of Pregnancy, 2015 <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> |
| Neither Type of Facility Permitted | <p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law to Prevent and Manage Conflicts of Pregnancy, 2015 <p> WHO Guidance</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>↓ Source document: WHO Safe Abortion Guidance (page 106)</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

6 (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 6.5 (2015-2020)

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

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

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex No data

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care No data

5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education No data

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure No data

5.b.1 Proportion of individuals who own a mobile telephone, by sex No data

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

8.5.2 Unemployment rate, by sex, age and persons with disabilities No data

Goal 10. Reduce inequality within and among countries

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

disabilities No data

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law No data

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

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months No data

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation No data

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 No data

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms No data

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months No data

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar) No data

16.6.2 Proportion of the population satisfied with their last experience of public services No data

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions No data

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age No data

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law No data

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

17.8.1 Proportion of individuals using the Internet No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning No data

| | |
|--|-----------------------|
| Percentage of births attended by trained health professional | 98.7 (2015) |
| Percentage of women aged 20-24 who gave birth before age 18 | No data |
| Total fertility rate | 1.5 (2016) |
| 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) | 0.07 (2017) |
| Gender Inequalities Index (Rank) | 14 (2017) |
| Mandatory paid maternity leave | yes (2016) |
| Median age | 46.2 (2015) |
| Population, urban (%) | 77.3 (2017) |
| Percentage of secondary school completion rate for girls | 0.99 (2013) |
| Gender parity in secondary education | 0.953 (2015) |
| Percentage of women in non-agricultural employment | 48 (2013) |
| Proportion of seats in parliament held by women | 31.5 (2017) |
| Sex ratio at birth (male to female births) | 1.06 (2017) |