Country Profile: Liechtenstein

Region: Western Europe

Last Updated: 14 November 2018

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:
- Penal Code, 1987

From EML / Registered List:
- Agreement between Liechtenstein and Switzerland on Registration of Therapeutic Products
- List of the Swiss Agency for Therapeutic Products - Swissmedic

From Document Relating to Funding:
- Law on Health Insurance, 2000

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

Concluding Observations:
- CEDAW
- CEDAW
- CEDAW
- HRC

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
- No
<table>
<thead>
<tr>
<th>Legal Ground and Gestational Limit</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economic or social reasons</strong></td>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
<td>Liechtenstein Penal Code, 1987 (page 63)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

*Source document: WHO Safe Abortion Guidance (page 103)*

<table>
<thead>
<tr>
<th><strong>Foetal impairment</strong></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Liechtenstein Penal Code, 1987 (page 63)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

*Source document: WHO Safe Abortion Guidance (page 103)*

<table>
<thead>
<tr>
<th><strong>Rape</strong></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Liechtenstein Penal Code, 1987 (page 63)</td>
</tr>
</tbody>
</table>

**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)*

<table>
<thead>
<tr>
<th><strong>Incest</strong></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Liechtenstein Penal Code, 1987 (page 63)</td>
</tr>
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**WHO Guidance**

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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)*

<table>
<thead>
<tr>
<th><strong>Intellectual or cognitive disability of the woman</strong></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Liechtenstein Penal Code, 1987 (page 63)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mental health</strong></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liechtenstein Penal Code, 1987 (page 63)</td>
</tr>
</tbody>
</table>

### Health

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<tr>
<th>Related documents:</th>
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<tbody>
<tr>
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</table>

### Life

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<tr>
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</tbody>
</table>

**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)

**WHO Guidance**

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

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

**Source document:** WHO Safe Abortion Guidance (page 102)

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

**Source document:** WHO Safe Abortion Guidance (page 103)

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Not specified</th>
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</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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**Related documents:**
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<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
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</tbody>
</table>

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 Guidance

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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**Related documents:**
- Liechtenstein Penal Code, 1987

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<th>WHO Guidance</th>
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<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
</tbody>
</table>

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 105)

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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**Related documents:**
- Liechtenstein Penal Code, 1987

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<tr>
<th>WHO Guidance</th>
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<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Judicial authorization in cases of rape</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Police report required in case of rape</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Parental consent required for minors</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Spousal consent</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Ultrasound images or listen to foetal sound</td>
</tr>
<tr>
<td>Topic</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Heartbeat required</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Compulsory counselling</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
</tbody>
</table>
### Prohibition of sex-selective abortion

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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</tbody>
</table>

#### Related documents:
- Liechtenstein Penal Code, 1987

### Restrictions on information provided to the public

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>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.</td>
</tr>
</tbody>
</table>

#### List of restrictions

**Offering One's Services for Abortion or Announcing Means to Obtain an Abortion:**
Whoever publicly, with the intention to promote abortion offers his own or someone else's services or announces, recommends or exhibits means, devices, or procedures or otherwise makes them accessible will be sentenced to a prison term of up to one year or a fine of up to 360 days.

#### Related documents:
- Liechtenstein Penal Code, 1987 (page 65)

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation</td>
<td>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.</td>
</tr>
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</table>

#### Related documents:
- WHO Safe Abortion Guidance (page 103)
National guidelines for induced abortion

### WHO Guidance

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

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

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

### Methods allowed

- **Vacuum aspiration**
  - No data found

- **Dilatation and evacuation**
  - No data found

- **Combination mifepristone-misoprostol**
  - No data found

- **Misoprostol only**
  - No data found

- **Other (where provided)**
  - No data found

**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)

### Related documents:
- List of the Authorized Products Swissmedic Products (page 226)

### Pharmacy selling or distribution

Yes, with prescription only

“The market in Liechtenstein is covered by the Swissmedic monitoring network under the terms of the Customs Treaty. Reports of ADRs involving therapeutic products that are registered in Switzerland and may be marketed in Liechtenstein under the terms of the Customs Treaty must be reported to a regional pharmacovigilance centre (RPVC) in Switzerland (healthcare professionals) or to Swissmedic (companies). Therapeutic products registered in the EEA are covered by the European monitoring system. Adverse drug effects and quality defects involving therapeutic products registered in the territory covered by the Agreement with Austria must be reported to the Ministry of Health in Austria.”


- List of the Authorized Products Swissmedic Products (page 226)
- Agreement between Liechtenstein and Switzerland on Registration of Therapeutic Products (page 1)
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

“The market in Liechtenstein is covered by the Swissmedic monitoring network under the terms of the Customs Treaty. Reports of ADRs involving therapeutic products that are registered in Switzerland and may be marketed in Liechtenstein under the terms of the Customs Treaty must be reported to a regional pharmacovigilance centre (RPVC) in Switzerland (healthcare professionals) or to Swissmedic (companies). Therapeutic products registered in the EEA are covered by the European monitoring system. Adverse drug effects and quality defects involving therapeutic products registered in the territory covered by the Agreement with Austria must be reported to the Ministry of Health in Austria.”


**Related documents:**
- Agreement between Liechtenstein and Switzerland on Registration of Therapeutic Products (page 1)

### Country recognized approval

**misoprostol**

Yes, for non-gynaecological indications only

**Related documents:**
- List of the Authorized Products Swissmedic Products (page 229)

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

Yes, with prescription only

“The market in Liechtenstein is covered by the Swissmedic monitoring network under the terms of the Customs Treaty. Reports of ADRs involving therapeutic products that are registered in Switzerland and may be marketed in Liechtenstein under the terms of the Customs Treaty must be reported to a regional pharmacovigilance centre (RPVC) in Switzerland (healthcare professionals) or to Swissmedic (companies). Therapeutic products registered in the EEA are covered by the European monitoring system. Adverse drug effects and quality defects involving therapeutic products registered in the territory covered by the Agreement with Austria must be reported to the Ministry of Health in Austria.”


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**Related documents:**
- Agreement between Liechtenstein and Switzerland on Registration of Therapeutic Products (page 1)

### Where can abortion services be provided

**Liechtenstein Penal Code, 1987**

**Related documents:**
- Liechtenstein Penal Code, 1987
Primary health-care centres
Not specified
- Liechtenstein Penal Code, 1987

Secondary (district-level) health-care facilities
Not specified
- Liechtenstein Penal Code, 1987

Specialized abortion care public facilities
Not specified
- Liechtenstein Penal Code, 1987

Private health-care centres or clinics
Not specified
- Liechtenstein Penal Code, 1987

NGO health-care centres or clinics
Not specified
- Liechtenstein Penal Code, 1987

Other (if applicable)

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

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)

No data found

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
No data found

Secondary (district-level) health-care facilities
No data found

Specialized abortion care public facilities
No data found

Private health-care centres or clinics
No data found

NGO health-care centres or clinics
No data found

Other (if applicable)

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.

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion. All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.</td>
</tr>
<tr>
<td>Related documents:</td>
<td>Law on Health Insurance, 2000 (page 85)</td>
</tr>
<tr>
<td>Induced abortion for all women</td>
<td>Yes</td>
</tr>
<tr>
<td>For medically indicated abortion'</td>
<td>Law on Health Insurance, 2000 (page 85 see note)</td>
</tr>
<tr>
<td>Induced abortion for poor women only</td>
<td>No</td>
</tr>
<tr>
<td>Abortion complications</td>
<td>Law on Health Insurance, 2000</td>
</tr>
<tr>
<td>Private health coverage</td>
<td>Law on Health Insurance, 2000</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

| 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. |
| Related documents:                          | Law on Health Insurance, 2000 (page 18) |
| Nurse                                       | Liechtenstein Penal Code, 1987 (page 63) |
| Midwife/nurse-midwife                       | Liechtenstein Penal Code, 1987 |
| Doctor (specialty not specified)            | Liechtenstein Penal Code, 1987 |
| Specialist doctor, including OB/GYN         | Liechtenstein Penal Code, 1987 |

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
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<tr>
<td>Nurse</td>
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<tr>
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<td>Liechtenstein Penal Code, 1987</td>
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</tbody>
</table>
Conscientious Objection

**Public sector providers**

- **Not specified**
  
  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- Liechtenstein Penal Code, 1987

**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**

- **Not specified**

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**Related documents:**

- Liechtenstein Penal Code, 1987

**WHO Guidance**

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

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims

No data
and the poor and the vulnerable

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 Maternal mortality ratio  

No data

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  

5.7 (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 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

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

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

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

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

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

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

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

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

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

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

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months
### 16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

| 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

| Proportion of individuals using the Internet | No data |

### Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Percentage of married women with unmet need for family planning</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>No data</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
</tbody>
</table>

| Total fertility rate | 1.58 (2018) |

| Legal marital age for women, with parental consent | No data |
| Legal marital age for women, without parental consent | No data |
| Gender Inequalities Index (Value) | 0.17 (2017) |
| Gender Inequalities Index (Rank) | No data |
| Mandatory paid maternity leave | No data |
| Median age | No data |
| Percentage of secondary school completion rate for girls | No data |
| Gender parity in secondary education | 0.782 (2016) |
| Percentage of women in non-agricultural employment | 44.2 (2012) |
| Proportion of seats in parliament held by women | 16 (2017) |
| Sex ratio at birth (male to female births) | No data |