Country Profile: Lithuania

Region: Northern Europe

Last Updated: 9 April 2020

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

Concluding Observations:
- CEDAW
- CEDAW
- CESC
- CESC
- CRC
- CRC
- HRC
- HRC
- 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

- **Gestational limit: 12**

Legal Ground and Gestational Limit

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

Related documents:
- Abortion Operations Performance of Procedure
Foetal impairment

Not specified

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

Related documents:
- Abortion Operations Performance of Procedure

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)

Additional notes

Abortion is permissible in the case of listed congenital and chromosomal anomalies

Related documents:
- Abortion Operations Performance of Procedure (page 3)

Rape

Not specified

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

Related documents:
- Abortion Operations Performance of Procedure

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)

Incest

Not specified

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

Related documents:
- Abortion Operations Performance of Procedure

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>
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<td>- Abortion Operations Performance of Procedure (page 1)</td>
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<td><strong>Gestational limit</strong></td>
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<td>Weeks: No limit specified</td>
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<td>- Abortion Operations Performance of Procedure (page 2)</td>
<td></td>
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### WHO Guidance

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

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

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

### Physical health

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### WHO Guidance

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

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

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

### Mental health

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<td>- Abortion Operations Performance of Procedure</td>
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### WHO Guidance

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

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

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

### Intellectual or cognitive disability of the woman

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<thead>
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### Gestational limit

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**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)
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
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<tr>
<td>Abortion Operations Performance of Procedure (page 3)</td>
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</tbody>
</table>

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

**Commission of Three Persons**
- Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN Physicians; Neurologist and Specialist Physicians by Disease Profile

**Related documents:**
- Abortion Operations Performance of Procedure (page 3)

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#### 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)

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<table>
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<tr>
<td>The Law on the Rights of Patients and Compensation for the Damage to Their Health</td>
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#### WHO Guidance

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

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### Additional notes

No gestational limit specified.
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**

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**Related documents:**
- Abortion Operations Performance of Procedure
- The Law on the Rights of Patients and Compensation for the Damage to Their Health
- Civil 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. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

**Additional notes**

Judicial authorisation is possible where the parents’ or legal representatives’ consent cannot be obtained.

**Related documents:**
- The Law on the Rights of Patients and Compensation for the Damage to Their Health (page 10)

**Judicial authorization in cases of rape**

Not applicable

**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 applicable

**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**

Yes

**Related documents:**
- Abortion Operations Performance of Procedure (page 1)
- The Law on the Rights of Patients and Compensation for the Damage to Their Health (page 8)

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

Yes

**Age where consent not needed**

16

**Related documents:**
- Abortion Operations Performance of Procedure (page 1)
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)

### Spousal consent

No

Related documents:
- Abortion Operations Performance of Procedure (page 1)

### Ultrasound images or listen to foetal heartbeat required

Not specified

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

Related documents:
- Abortion Operations Performance of Procedure
- The Law on the Rights of Patients and Compensation for the Damage to Their Health

### Compulsory counselling

Not specified

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

Related documents:
- Abortion Operations Performance of Procedure
- The Law on the Rights of Patients and Compensation for the Damage to Their Health

### Compulsory waiting period

Not specified

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

Related documents:
- Abortion Operations Performance of Procedure
- The Law on the Rights of Patients and Compensation for the Damage to Their Health
<table>
<thead>
<tr>
<th>Topic</th>
<th>Requirement</th>
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<th>Source document</th>
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<tr>
<td>Mandatory HIV screening test</td>
<td>No</td>
<td>Abortion Operations Performance of Procedure (page 1)</td>
<td>WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Yes</td>
<td>Abortion Operations Performance of Procedure (page 1)</td>
<td>WHO Safe Abortion Guidance (page 88)</td>
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<tr>
<td>Restrictions on information provided to the public</td>
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<td>Abortion Operations Performance of Procedure, The Law on the Rights of Patients and Compensation for the Damage to Their Health, Special Requirements for Providing Secondary and Tertiary Gynecological Services</td>
<td>WHO Safe Abortion Guidance (page 107)</td>
</tr>
</tbody>
</table>
Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion

No data found

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration
Yes (5 WEEKS)

- Requirements for Providing Obstetrical and Gynecological Outpatient Services (page 3)

Dilatation and evacuation
Not specified

- Abortion Operations Performance of Procedure
- Requirements for Providing Obstetrical and Gynecological Outpatient Services

Combination mifepristone-misoprostol
Not specified

- Abortion Operations Performance of Procedure
- Requirements for Providing Obstetrical and Gynecological Outpatient Services

Misoprostol only
Not specified

- Abortion Operations Performance of Procedure
- Requirements for Providing Obstetrical and Gynecological Outpatient Services

Other (where provided)
Mifepristone (63 DAYS)

- State Medicines Control Agency of the Republic of Lithuania to the Ministry of Health – Mifepristone Linepharma (page 2)

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.

**Country recognized approval (mifepristone / mifepristone / mifepristone)**

Yes

**Related documents:**
- State Medicines Control Agency of the Republic of Lithuania to the Ministry of Health - Mifepristone Linepharma (page 1)

**Pharmacy selling or distribution**

Yes, with prescription only

**Related documents:**
- State Medicines Control Agency of the Republic of Lithuania to the Ministry of Health - Mifepristone Linepharma (page 1)

**WHO Guidance**

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Country recognized approval (misoprostol)**

Yes, for gynaecological indications

**Related documents:**
- State Medicines Control Agency of the Republic of Lithuania to the Ministry of Health - Misodel (page 1)

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

Yes, with prescription only

**Related documents:**
- State Medicines Control Agency of the Republic of Lithuania to the Ministry of Health - Misodel (page 1)

**WHO Guidance**

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Additional notes**

Misoprostol (Misodel) is licensed for labour induction.

**Where can abortion services be provided**

**Related documents:**
- Abortion Operations Performance of Procedure (page 1)

**Primary health-care centres**

Not specified

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

Not specified

**Specialized abortion care public facilities**

Not specified
National guidelines for post-abortion care

- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services

Private health-care centres or clinics
Not specified
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services

NGO health-care centres or clinics
Not specified
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services

Other (if applicable)
Specific secondary and tertiary gynecological services
- Abortion Operations Performance of Procedure
- Gynecological Secondary Level of Service Special Requirements

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 18)

Where can post abortion care services be provided

- 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)

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-

No data found
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

### Abortion care

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)

### Insurance to offset end user costs

| Yes |

**Related documents:**
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services
- Gynecological Secondary Level of Service Special Requirements

### Induced abortion for all women

| Yes |

Contraindicated pregnancy termination operations are performed free of charge, otherwise they are paid at rates set by the Ministry of Health.

**Related documents:**
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services
- Gynecological Secondary Level of Service Special Requirements

### Induced abortion for poor women only

| No |

**Related documents:**
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services
- Gynecological Secondary Level of Service Special Requirements

### Abortion complications

| Yes |

**Related documents:**
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services
- Gynecological Secondary Level of Service Special Requirements

### Private health coverage

| Not specified |

**Related documents:**
- Abortion Operations Performance of Procedure
- The Health Insurance Law
- Special Requirements for Providing Secondary and Tertiary Gynecological Services
- Gynecological Secondary Level of Service Special Requirements

### Other (if applicable)

### Who can provide abortion services

| Nurse |

| Not specified |

**Related documents:**
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services

| Midwife/nurse-midwife |

| Not specified |

**Related documents:**
- Abortion Operations Performance of Procedure
- Special Requirements for Providing Secondary and Tertiary Gynecological Services

**Source document:** WHO Safe Abortion Guidance (page 18)
Conscientious Objection

### Doctor (specialty not specified)
- Not specified

* Abortion Operations Performance of Procedure
* Special Requirements for Providing Secondary and Tertiary Gynecological Services

### Specialist doctor, including OB/GYN
- Yes

* Abortion Operations Performance of Procedure (page 2)

### Other (if applicable)

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**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)

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

#### Referral linkages to a higher-level facility
- Not specified

* Abortion Operations Performance of Procedure
* Special Requirements for Providing Secondary and Tertiary Gynecological Services

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

* Abortion Operations Performance of Procedure (page 2)

#### Minimum number of beds
- Not specified

* Abortion Operations Performance of Procedure
* Special Requirements for Providing Secondary and Tertiary Gynecological Services

#### Other (if applicable)

Pregnancy terminations are done only in gynaecological departments of hospitals and out-patient clinics equipped with operating rooms.

* Abortion Operations Performance of Procedure (page 1)

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**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)

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### Conscientious Objection

#### Public sector providers
- No data found

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**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)
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</tr>
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</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</td>
<td></td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>

**Indicators**

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

### Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)  
No data

### Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio  
8 (2017)

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  
No data

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  
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

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

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

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

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

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

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
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

**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: **18** (1995)
- Percentage of births attended by trained health professional: **100** (2014)
- Percentage of women aged 20-24 who gave birth before age 18 | No data |
- Total fertility rate: **1.63** (2018)
- Legal marital age for women, with parental consent | No data |
- Legal marital age for women, without parental consent | **18** (2009-2017) |
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>No data</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>28 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>45.1 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>67.679 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.95 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.954 (2016)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>53 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>12 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
</tr>
</tbody>
</table>