Country Profile: Montenegro

Region: Southern Europe

Last Updated: 7 May 2017

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:
- Essential Medicine List

From Abortion Specific Law:
- Law on the Terms and Procedures for Termination of Pregnancy

List of ratified human rights treaties:

- CERD
- CCPR
- Xst
- Op
- 2nd
- Op
- CESCR
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **
- Maputo Protocol

Concluding Observations:

- CRC
- CRC
- 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: 10

Legal Ground and Gestational Limit

Abortion at the woman's request

- Gestational limit: 10

Legal Ground and Gestational Limit
Economic or social reasons

Information

Not specified

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

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

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)

Foetal impairment

Yes

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

Gestational limit

Weeks: 20

- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

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 foetal 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)

Rape

Yes

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

Gestational limit

Weeks: 20

- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

WHO Guidance

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

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Incest

Yes

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)
**Gestational limit**

- Weeks: 20
- **Related documents:** Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

---

**WHO Guidance**

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

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**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)

---

**Intellectual or cognitive disability of the woman**

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

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

---

**Mental health**

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

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

---

**WHO Guidance**

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

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

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

---

**Physical health**

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

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

---

**WHO Guidance**

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

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

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

---

**Health**

- **Yes**

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

---

**Gestational limit**

- Weeks: 32
- **Related documents:** Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)
WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Life

Yes

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

Gestational limit

Weeks: 32

- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Other

If the pregnancy or childbirth could lead to difficult personal or family circumstances

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

Additional notes

Abortion in circumstances where the pregnancy or childbirth could lead to difficult personal or family circumstances is permissible up to 20 weeks of gestation.

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)

Yes

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

Number and cadre of health-care professional authorizations required

Trial Commission with three members where the gestation is beyond 10 weeks, except in cases of emergency

Specialist Doctor, Including OB/GYN

If the Trial Commission returns a decision that is not favourable for the woman, she may appeal. The Appeal Commission consists of a chairman and 4 members (the president and another member who specialise in obstetrics and gynaecology, a specialist in medical genetics, a psychiatrist, and a lawyer).

- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 2)
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 2)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

### Authorization in specially licensed facilities only

**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)

### Additional notes

If the Trial Commission returns a decision that is not favourable for the woman, she may appeal. The Appeal Commission consists of a chairman and 4 members (the president and another member who specialise in obstetrics and gynaecology, a specialist in medical genetics, a psychiatrist, and a lawyer).

---

### Judicial authorization for minors

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

**Related documents:**

- Law on the Terms and Procedure for Termination of Pregnancy, 2009

### 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)

### Additional notes

Abortions that are approved by the Trial or Appeal Commissions must be conducted at the Clinical Center of Montenegro.

**Related documents:**

- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

---

### Judicial authorization in cases of rape

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

**Related documents:**

- Law on the Terms and Procedure for Termination of Pregnancy, 2009

### 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

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
### Police report required in case of rape

**Not specified**

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

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

### Parental consent required for minors

**Yes**

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

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

**Yes**

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)

#### Age where consent not needed

16

**Related documents:**
- Criminal Code (page 65)

### Spousal consent

**Not specified**

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

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

### Ultrasound images or listen to foetal heartbeat required

**Not specified**

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

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009
### Compulsory counselling

<table>
<thead>
<tr>
<th></th>
<th><strong>Not specified</strong></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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

---

### Compulsory waiting period

<table>
<thead>
<tr>
<th></th>
<th><strong>Yes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

---

### Mandatory HIV screening test

<table>
<thead>
<tr>
<th></th>
<th><strong>Not specified</strong></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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

---

### Other mandatory STI screening tests

<table>
<thead>
<tr>
<th></th>
<th><strong>Not specified</strong></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>
<td></td>
</tr>
</tbody>
</table>
### Clinical and Service-delivery Aspects of Abortion Care

#### Prohibition of sex-selective abortion

- **Related documents:**
  - Law on the Terms and Procedure for Termination of Pregnancy, 2009

- **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)

#### Restrictions on information provided to the public

- **Related documents:**
  - Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

- **WHO Guidance**
  
  The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
  
  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.
  
  **Source document:** WHO Safe Abortion Guidance (page 107)

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

- **Related documents:**
  - Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

- **List of restrictions**
  
  It is prohibited to use early genetic tests (up to 10 weeks of pregnancy), to determine the sex, except when there are risks of hereditary diseases
  
  - Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

- **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. 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)

#### Other

- **Related documents:**
  - Law on the Terms and Procedure for Termination of Pregnancy, 2009

- **National guidelines for induced abortion**
  
  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)

### Methods allowed

<table>
<thead>
<tr>
<th>Service</th>
<th>Country recognized approval (mifepristone / misoprostol)</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No</td>
<td>Essential Medicine List, 2011 (page 1)</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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)

### WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

Source document: WHO Safe Abortion Guidance (page 13)

### Related documents:

- Essential Medicine List, 2011 (page 1)
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)

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

Primary health-care centres
No
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

Secondary (district-level) health-care facilities
Yes
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

Specialized abortion care public facilities
Not specified
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

Private health-care centres or clinics
Not specified
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

NGO health-care centres or clinics
Not specified
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

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)
Contraception included in post-abortion care

Not specified

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

Insurance to offset end user costs

Yes

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

Induced abortion for all women

Yes

The law states that costs related to abortions up until 10 weeks will be borne by the woman. However, it provides coverage for poor women, as well as women who meet the conditions set forth in Section I, subsection 6, 7, and 8 (life/health threat, foetal impairment, conception that occurred as the result of a criminal offense, or when the pregnancy or childbirth would lead to personal or family difficulties).

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)

Abortion complications

Not specified

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

Private health coverage

Not specified

Related documents:
- Law on the Terms and Procedure for Termination of Pregnancy, 2009

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)

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)

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)
### Conscientious Objection

<table>
<thead>
<tr>
<th>Public sector providers</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>
<td></td>
</tr>
</tbody>
</table>

## WHO Guidance

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

### Referral linkages to a higher-level facility

- Not specified
- **Law on the Terms and Procedure for Termination of Pregnancy, 2009**

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

- Not specified
- **Law on the Terms and Procedure for Termination of Pregnancy, 2009**

### Minimum number of beds

- Not specified
- **Law on the Terms and Procedure for Termination of Pregnancy, 2009**

### Other (if applicable)

Abortion may be carried out only in health institutions which meet the requirements in terms of space, staff and equipment to perform these activities. They must also meet the requirements set out by the State Administration competent for health affairs.

- **Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)**

---

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

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Law on the Terms and Procedure for Termination of Pregnancy, 2009</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Midwife/nurse-midwife</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Law on the Terms and Procedure for Termination of Pregnancy, 2009</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor (specialty not specified)</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Law on the Terms and Procedure for Termination of Pregnancy, 2009</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialist doctor, including OB/GYN</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

## Related documents:

- **Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 1)**
- **Law on the Terms and Procedure for Termination of Pregnancy, 2009**
- **Law on the Terms and Procedure for Termination of Pregnancy, 2009**
- **Law on the Terms and Procedure for Termination of Pregnancy, 2009 (page 3)**
- **WHO Guidance Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)**
- **WHO Safe Abortion Guidance (page 75)**

---

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)
<table>
<thead>
<tr>
<th>Private sector providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<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>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>- Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
</tr>
</tbody>
</table>

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Provider type not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<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>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>- Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
</tr>
</tbody>
</table>

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<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>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>- Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
</tr>
</tbody>
</table>

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 106)
<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Type Permitted</th>
<th>Description</th>
<th>Related Documents</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public facilities</td>
<td>Not specified</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>
<td>Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
<td>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)</td>
</tr>
<tr>
<td>Private facilities</td>
<td>Not specified</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>
<td>Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
<td>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)</td>
</tr>
<tr>
<td>Facility type not specified</td>
<td>Not specified</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>
<td>Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
<td>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)</td>
</tr>
<tr>
<td>Neither Type of Facility Permitted</td>
<td>Not specified</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>
<td>Law on the Terms and Procedure for Termination of Pregnancy, 2009</td>
<td>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)</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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</td>
<td>No data</td>
</tr>
<tr>
<td>1.3.1</td>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>1.a.2</td>
<td>Proportion of total government spending on essential services (education, health and social protection)</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>Maternal mortality ratio</td>
<td>6 (2017)</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1</td>
<td>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.2</td>
<td>Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>11.8 (2015-2020)</td>
</tr>
<tr>
<td>3.8.2</td>
<td>Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
<tr>
<td>3.c.1</td>
<td>Health worker density and distribution</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1</td>
<td>Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</td>
<td>No data</td>
</tr>
<tr>
<td>5.2.1</td>
<td>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</td>
<td>No data</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</td>
<td>No data</td>
</tr>
</tbody>
</table>
### Goal 5. Achieve gender equality and empower all women and girls

- **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

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

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

Goal 16. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

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

Total fertility rate

Legal marital age for women, with parental consent

Legal marital age for women, without parental consent

Gender Inequalities Index (Value)

Gender Inequalities Index (Rank)

Mandatory paid maternity leave

Median age

Population, urban (%)

21.8 (2013)

99 (2013)

No data

1.745 (2018)

No data

18 (2009-2017)

0.13 (2017)

32 (2017)

yes (2020)

38.8 (2020)

66.813 (2018)
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.89</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.014</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>47.2</td>
<td>2012</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>23.5</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.07</td>
<td>2018</td>
</tr>
</tbody>
</table>