Country Profile: Norway

Region: Northern Europe

Identified policies and legal sources related to abortion:
- Reproductive Health Act
- General Medical Health Act
- Conception
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- 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, 2005

From Ministerial Order / Decree:
- Abortion law interpretation Foetal reduction MoH, 2016

From Health Regulation / Clinical Guidelines:
- Regulation on Abortion, 2001

From EML / Registered List:
- Regulation - Mifegyne
- Regulation - Sunmedabon
- Registration - Misodel

From Document Relating to Funding:
- Payment in Inpatient and Outpatient Settings

From Abortion Specific Law:
- Law on Termination of Pregnancy, 1975
- Law on Abortion Amendment Concerning Foetal Reduction, 2019

From Other:
- Law on Human Medical Use of Biotechnology, 2004

Concluding Observations:
- CRPD
- 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: 22

Legal Ground and Gestational Limit
### Economic or social reasons

**Yes**

**Related documents:**
- Law on Termination of Pregnancy, 1975 (page 1)

### Foetal impairment

**Yes**

**Related documents:**
- Law on Termination of Pregnancy, 1975 (page 1)

#### Gestational limit

**Weeks:** 22

- Law on Termination of Pregnancy, 1975 (page 1)
- Regulation on Abortion, 2001 (page 5)

**WHO Guidance**

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

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)

### Rape

**Yes**

**Related documents:**
- Law on Termination of Pregnancy, 1975
- Criminal Code, 2005

#### Gestational limit

**Weeks:** 22

- Law on Termination of Pregnancy, 1975 (page 1)
- Regulation on Abortion, 2001 (page 5)

**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)

**Additional notes**

The Law on Abortion cites several crimes in addition to rape and incest as grounds for access to abortion.
| Incest | Related documents:
| Law on Termination of Pregnancy, 1975 (page 1)
| Criminal Code, 2005 (page 82) |
|---|---|
| Gestational limit | Weeks: 22
| Law on Termination of Pregnancy, 1975 (page 1)
| Regulation on Abortion, 2001 (page 5) |
| **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. |
| | 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. |
| Intellectual or cognitive disability of the woman | No |
| Mental health | Related documents:
| Law on Termination of Pregnancy, 1975 (page 1) |
|---|---|
| Gestational limit | Weeks: 22
| Law on Termination of Pregnancy, 1975 (page 1)
| Regulation on Abortion, 2001 (page 5) |
| **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. |
| | 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. |
| Physical health | Yes |
| Related documents:
| Law on Termination of Pregnancy, 1975 (page 1) |
|---|---|
| Gestational limit | Weeks: 22
| Law on Termination of Pregnancy, 1975 (page 1)
| Regulation on Abortion, 2001 (page 5) |
| **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. |
| | 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. |
### Health

**Additional Requirements to Access Safe Abortion**

- **Authorization of health professional(s):**
  - Yes
  - Related documents:
    - Law on Termination of Pregnancy, 1975

- **Number and cadre of health-care professional authorizations required**
  - 2
  - Doctor (Specialty Not Specified)
  - Law on Termination of Pregnancy, 1975

### 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)

### Additional notes

Foetal reduction may only be granted by a tribunal where the woman's health status make it necessary to reduce the risk of miscarriage and premature birth. Foetal reduction may not be granted if there is a reason to assume that the fetuses are viable.

- Related documents:
  - Abortion law interpretation Foetal reduction MoH, 2016 (page 8)
  - Abortion Law Amendment Concerning Foetal Reduction, 2019 (page 1)

### Life

- Yes

**Related documents:**
  - Law on Termination of Pregnancy, 1975 (page 3)

**Gestational limit**

- Weeks: No limit specified
  - Law on Termination of Pregnancy, 1975 (page 3)

### 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

When the pregnancy, birth or care of the child can put the woman in a difficult life situation; selective foetal reduction in cases where one or more of the fetuses are removed due to disease in the fetus; foetal reduction in case of multiple multiple births with the purpose of reducing the number of fetuses based on random selection.

12-Norway-Abortion-Law-Amendment-Concerning-Foetal-Reduction-201

- Related documents:
  - Law on Termination of Pregnancy, 1975

### Additional notes

Foetal reduction can only be granted by a tribunal.

- Related documents:
  - Abortion Law Amendment Concerning Foetal Reduction, 2019 (page 1)
Authorization in specially licensed facilities only

Yes

Related documents:
- Law on Termination of Pregnancy, 1975 (page 1)
- Regulation on Abortion, 2001 (page 2)

WHO Guidance

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

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

Source document: WHO Safe Abortion Guidance (page 106)

Judicial authorization for minors

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

WHO Guidance

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

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

WHO Guidance

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2

Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

WHO Guidance

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2

Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

No

Related documents:
- Law on Termination of Pregnancy, 1975 (page 2)

WHO Guidance

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

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes

The abortion law specifies that the request for abortion must be submitted by the woman herself. If she is under 16 years of age, the person or persons who have parental responsibility or the guardian shall be given the opportunity to express themselves, unless there are special reasons for the contrary.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Info</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spousal consent</td>
<td>No</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td></td>
<td>Third-party authorization should not be required for women to obtain abortion services.</td>
<td>Safe Abortion Guidelines, § 4.2.2.2.</td>
</tr>
<tr>
<td></td>
<td>— Extension of the requirement for authorization by a spouse may violate the right to</td>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
<tr>
<td></td>
<td>privacy and women's access to health care on the basis of equality of men and women.</td>
<td></td>
</tr>
<tr>
<td>Ultrasound images or listen</td>
<td>Not specified</td>
<td>Related documents:</td>
</tr>
<tr>
<td>to foetal heartbeat required</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the</td>
<td>WHO Safe Abortion Guidance, (page 105)</td>
</tr>
<tr>
<td></td>
<td>relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
<tr>
<td>Compulsory counselling</td>
<td>No</td>
<td>Regulation on Abortion, 2001</td>
</tr>
<tr>
<td></td>
<td>Many women have made a decision to have an abortion before seeking care, and this</td>
<td>Provision of counselling to women who desire it should</td>
</tr>
<tr>
<td></td>
<td>decision should be respected without subjecting a woman to mandatory counselling.</td>
<td>be voluntary, confidential, non-directive and by a</td>
</tr>
<tr>
<td></td>
<td>— States should consider eliminating waiting periods that are not medically required,</td>
<td>trained person.</td>
</tr>
<tr>
<td></td>
<td>and expanding services to serve all eligible women promptly. Safe Abortion Guidelines,</td>
<td>Source document: WHO Safe Abortion Guidance (page 19)</td>
</tr>
<tr>
<td></td>
<td>§ 4.2.2.6.</td>
<td></td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>Not specified</td>
<td>Related documents:</td>
</tr>
<tr>
<td></td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the</td>
<td>WHO Safe Abortion Guidance, (page 19)</td>
</tr>
<tr>
<td></td>
<td>relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>Not specified</td>
<td>Related documents:</td>
</tr>
<tr>
<td></td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the</td>
<td>WHO Safe Abortion Guidance, (page 88)</td>
</tr>
<tr>
<td></td>
<td>relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The requirements for HIV and other tests that are not clinically indicated are potential</td>
<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
</tr>
</tbody>
</table>
### Clinical and Service-delivery Aspects of Abortion Care

<table>
<thead>
<tr>
<th>Other mandatory STI screening tests</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Law on Termination of Pregnancy, 1975</td>
</tr>
<tr>
<td></td>
<td>Regulation on Abortion, 2001</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prohibition of sex-selective abortion</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Law on Termination of Pregnancy, 1975</td>
</tr>
<tr>
<td></td>
<td>Regulation on Abortion, 2001</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
</tr>
</tbody>
</table>

| Restrictions on information provided to the public | No data found |
| WHO Guidance                                      | Source document: Preventing Gender-Biased Sex Selection (page 17) |

| Restrictions on methods to detect sex of the foetus | Yes |
| Related documents: | Law on Human Medical use of Biotechnology, 2004 (page 11) |
| WHO Guidance                                             | Source document: WHO Safe Abortion Guidance (page 107) |

<table>
<thead>
<tr>
<th>List of restrictions</th>
<th>Information on fetal sex before 12 weeks gestation arising from prenatal diagnosis or another investigation of the foetus shall be provided only if the woman is a carrier of a serious sex-linked disease.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Law on Human Medical use of Biotechnology, 2004 (page 11)</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>Source document: WHO Safe Abortion Guidance (page 103)</td>
</tr>
</tbody>
</table>

---

**Related documents:**
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001
- Preventing Gender-Biased Sex Selection
- Safe Abortion Guidelines
- Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy.
### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No data found</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>Foetal reduction</td>
</tr>
<tr>
<td></td>
<td>Foetal reduction may only be granted by a tribunal where the woman's health status make it necessary to reduce the risk of miscarriage and premature birth. Foetal reduction may not be granted if there is a reason to assume that the fetuses are viable.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abortion law interpretation Foetal reduction MoH, 2016 (page 8)</td>
</tr>
<tr>
<td></td>
<td>Abortion Law Amendment Concerning Foetal Reduction, 2019 (page 1)</td>
</tr>
</tbody>
</table>

### 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)

**Additional notes**

Relevant information can be found in recommendations on induced abortion provided on the website of the Norwegian Medical Association. No evidence was found that these are endorsed by the government. The guidelines are accessible at: http://legeforeningen.no/Fagmed/Norsk-gynekologisk-forening/Veiledere/veileder-i-generell-gynekologi-2009/provosert-abort/

- **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)**
  - Foetal reduction
    - Foetal reduction may only be granted by a tribunal where the woman's health status make it necessary to reduce the risk of miscarriage and premature birth. Foetal reduction may not be granted if there is a reason to assume that the fetuses are viable.
      - Abortion law interpretation Foetal reduction MoH, 2016 (page 8)
      - Abortion Law Amendment Concerning Foetal Reduction, 2019 (page 1)

**WHO Guidance**

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

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 123)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 13)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 14)
Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:
- Registration Mifeyleane (page 1)
- Registration Sunmedabon (page 1)

Pharmacy selling or distribution

No

Related documents:
- Registration Mifeyleane (page 1)
- Registration Sunmedabon (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

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)

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:
- Registration Misodel (page 1)

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

No

Related documents:
- Registration 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

Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:
- Law on Termination of Pregnancy, 1975 (page 1)

Primary health-care centres

Not specified

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

Secondary (district-level) health-care facilities

Yes

Related documents:
- Law on Termination of Pregnancy, 1975 (page 1)

Specialized abortion care public facilities

Not specified

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

Private health-care centres or clinics

Not specified

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

NGO health-care centres or clinics

Not specified

Related documents:
- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

Other (if applicable)

Abortion at more than 12 weeks of gestation can only be performed in hospitals. Procedures performed at less than 12 weeks can be performed in another institution so long as it has been approved by the county medical officer (in Oslo - the city medical officer).

Related documents:
- Law on Termination of Pregnancy, 1975 (page 1)
- Regulation on Abortion, 2001 (page 2)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 18)
National guidelines for post-abortion care

**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)

**Additional notes**

Relevant information can be found in recommendations on induced abortion provided on the website of the Norwegian Medical Association. No evidence was found that these are endorsed by the government. The guidelines are accessible at: http://legeforeningen.no/Fagmed/Norsk-gynekologisk-forening/Veilederi-generell-gynekologi-2009/provosert-abort/

---

<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
</tr>
<tr>
<td>Other (if applicable)</td>
</tr>
</tbody>
</table>

No data found

**WHO Guidance**

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

Source document: WHO Safe Abortion Guidance (page 57)

---

Contraception included in post-abortion care

Yes

**Related documents:**
- Law on Termination of Pregnancy, 1975 (page 4)

**WHO Guidance**

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

Related documents:
- Payment in Inpatient and Outpatient Settings (page 1)

Induced abortion for all women
Yes
The public health insurance covers examination and treatment in connection with pregnancy.
- Payment in Inpatient and Outpatient Settings (page 1)

Induced abortion for poor women only
No
- Payment in Inpatient and Outpatient Settings (page 1)

Abortion complications
Not specified
- Payment in Inpatient and Outpatient Settings

Private health coverage
Not specified
- Payment in Inpatient and Outpatient Settings

Other (if applicable)

---

WHO Guidance

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

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

Source document: WHO Safe Abortion Guidance (page 18)

---

Related documents:
- Law on Termination of Pregnancy, 1975 (page 4)

Nurse
Not specified
- Law on Termination of Pregnancy, 1975

Midwife/nurse-midwife
Not specified
- Law on Termination of Pregnancy, 1975

Doctor (specialty not specified)
Yes
- Law on Termination of Pregnancy, 1975 (page 1)

Specialist doctor, including OB/GYN
Not specified
- Law on Termination of Pregnancy, 1975

Other (if applicable)

---

WHO Guidance

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

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)
Conscientious Objection

<table>
<thead>
<tr>
<th>Public sector providers</th>
<th>Private sector providers</th>
</tr>
</thead>
</table>

**Related documents:**
- Regulation on Abortion, 2001 (page 5)

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

**Not specified**

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

The clinic has to ensure that abortion services are available for women requesting abortion, regardless of any individual conscientious objector working for them.

- Regulation on Abortion, 2001
- Regulation on Abortion, 2001 (page 5)

**WHO Guidance**

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

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

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

**Additional notes**

The Regulation states: “The right to exemption does not apply to personnel providing the woman nursing before, during and after the pregnancy termination.”

**Related documents:**
- Regulation on Abortion, 2001 (page 5)

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

**Not specified**

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

The clinic has to ensure that abortion services are available for women requesting abortion, regardless of any individual conscientious objector working for them.

- Regulation on Abortion, 2001
- Regulation on Abortion, 2001 (page 5)

**WHO Guidance**

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

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

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

**Additional notes**

The Regulation states: “The right to exemption does not apply to personnel providing the woman nursing before, during and after the pregnancy termination.”
## Related documents:

- Regulation on Abortion, 2001 (page 5)

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

#### Not specified

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

The clinic has to ensure that abortion services are available for women requesting abortion, regardless of any individual conscientious objector working for them.

- Regulation on Abortion, 2001
- Regulation on Abortion, 2001 (page 5)

#### WHO Guidance

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

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

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

#### Additional notes

The Regulation states: “The right to exemption does not apply to personnel providing the woman nursing before, during and after the pregnancy termination.”

---

### Neither Type of Provider Permitted

#### Related documents:

- Regulation on Abortion, 2001 (page 5)

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

#### Not specified

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

The clinic has to ensure that abortion services are available for women requesting abortion, regardless of any individual conscientious objector working for them.

- Regulation on Abortion, 2001
- Regulation on Abortion, 2001 (page 5)

#### WHO Guidance

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

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

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

#### Additional notes

The Regulation states: “The right to exemption does not apply to personnel providing the woman nursing before, during and after the pregnancy termination.”

---

### Public facilities

#### Not specified

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

#### Related documents:

- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

#### WHO Guidance

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

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

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

---

### Private facilities

#### Not specified

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

#### Related documents:

- Law on Termination of Pregnancy, 1975
- Regulation on Abortion, 2001

#### WHO Guidance

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

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

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

1.4.2 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  
2 (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  
5.6 (2015-2020)

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

3.1.1 Health worker density and distribution  
No data

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

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex  
No data
Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></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

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data</td>
</tr>
</tbody>
</table>

### Additional Reproductive Health Indicators

- **Percentage of married women with unmet need for family planning**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data</td>
</tr>
</tbody>
</table>

- **Percentage of births attended by trained health professional**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>99.1</td>
</tr>
</tbody>
</table>

- **Percentage of women aged 20-24 who gave birth before age 18**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data</td>
</tr>
</tbody>
</table>

- **Total fertility rate**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1.56</td>
</tr>
</tbody>
</table>

- **Legal marital age for women, with parental consent**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data</td>
</tr>
</tbody>
</table>

- **Legal marital age for women, without parental consent**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2017</td>
<td>18</td>
</tr>
</tbody>
</table>

- **Gender Inequalities Index (Value)**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>0.05</td>
</tr>
</tbody>
</table>

- **Gender Inequalities Index (Rank)**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>5</td>
</tr>
</tbody>
</table>

- **Mandatory paid maternity leave**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>yes</td>
</tr>
</tbody>
</table>

- **Median age**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>39.8</td>
</tr>
</tbody>
</table>

- **Population, urban (%)**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>82.248</td>
</tr>
</tbody>
</table>

- **Percentage of secondary school completion rate for girls**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1.01</td>
</tr>
</tbody>
</table>

- **Gender parity in secondary education**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>0.970</td>
</tr>
</tbody>
</table>

- **Percentage of women in non-agricultural employment**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>48.9</td>
</tr>
</tbody>
</table>

- **Proportion of seats in parliament held by women**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>41.4</td>
</tr>
</tbody>
</table>

- **Sex ratio at birth (male to female births)**
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1.06</td>
</tr>
</tbody>
</table>