Country Profile: Republic of Moldova

Region: Europe

Last Updated: 11 July 2022

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 Reproductive Health Act:
- Reproductive Health Law

From Criminal / Penal Code:
- Criminal Code

From Health Regulation / Clinical Guidelines:
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

From EML / Registered List:
- Marketing Authorization of Medicinal Product
- Essential Medicines List, 2011

From Other:
- Law on Patient Rights and Responsibilities

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

Concluding Observations:
- CEDAW
- CEDAW
- CESC
- CRC
- CRC
- HRC
- HRC
- HRC
- WG -
- DWLP
- Special Rapporteur on the rights of persons with disabilities
- CESC
- CEDAW

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

Abortion at the woman’s request

- Gestational limit: 12 weeks

Legal Ground and Gestational Limit
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

**Economic or social reasons**

- **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:**
  - Regulation on Voluntary Interruption of Pregnancy in Safe Conditions

**WHO Guidance**

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

**Additional notes**

Abortion is permitted in case of several social indications, which include where the age of the pregnant woman under 18 and over 40; pregnancy resulting from rape, incest or trafficking in human beings; divorce during pregnancy; death of the husband during pregnancy; deprivation of liberty or forfeiture of parental rights of one or both spouses; pregnant women in the process of migration; pregnant women with 5 or more children; pregnant women take care of a child under 2 years old; or one or more family members with severe disability, who need care, according to the conclusion of the Vitality Medical Expertise Council; or association of at least 2 circumstances: homelessness, lack of financial sources of existence, alcohol and / or drug abuse, acts of domestic violence, vagrancy. The gestational limit in these circumstances is 21 weeks.

**Related documents:**
  - Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 5)

**Foetal impairment**

- **Yes**

**Related documents:**
  - Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)

**WHO Guidance**

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.

**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.**

**Related documents:**
  - WHO Safe Abortion Guidance (page 103)

**Gestational limit**

- **Weeks: No limit specified**

**Related documents:**
  - Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)
  - Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)

**Rape**

- **Yes**

**Related documents:**
  - Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 13)

**WHO Guidance**

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.**

**Related documents:**
  - WHO Safe Abortion Guidance (page 103)
<table>
<thead>
<tr>
<th><strong>Incest</strong></th>
<th>Yes</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 13)</td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: 21

- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)

**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)

<table>
<thead>
<tr>
<th><strong>Intellectual or cognitive disability of the woman</strong></th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)</td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: 21

- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)

<table>
<thead>
<tr>
<th><strong>Mental health</strong></th>
<th>Not specified</th>
</tr>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th><strong>Physical health</strong></th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

- Source document: WHO Safe Abortion Guidance (page 102)
### Health

<table>
<thead>
<tr>
<th>Related documents:</th>
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</thead>
<tbody>
<tr>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)</td>
</tr>
</tbody>
</table>

#### Gestational limit

- Weeks: 21
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)

**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

<table>
<thead>
<tr>
<th>Related documents:</th>
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</thead>
<tbody>
<tr>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)</td>
</tr>
<tr>
<td>Law on Patient Rights and Responsibilities (page 5)</td>
</tr>
</tbody>
</table>

#### Gestational limit

- Weeks: 21
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 8)

**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

<table>
<thead>
<tr>
<th>Related documents:</th>
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</thead>
<tbody>
<tr>
<td>Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 5)</td>
</tr>
</tbody>
</table>

#### Additional notes

The gestational limit in these circumstances is 21 weeks.
### Authorization of health professional(s)

**Yes**

**Related documents:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 6)
- Criminal Code (page 66)
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)

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

**Medical Advisory Board**

Abortsions after 12 weeks have to be approved by a representative of the Medical Advisory Board. The Board is composed of the deputy medical director, the head of the obstetrics department, an obstetrician-gynecologist, an internal medicine specialist, and a lawyer from the medical institution (in case of social indications).

- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 6)
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)

**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

Abortsions after 12 weeks of gestation need to be approved by a Medical Advisory Board of a public health care facility. The Board is composed of a specialist obstetrician gynecologist, the medical director of the public medical institution, the institution's lawyer and its obstetrics chief and a specialist in internal medicine.

**Additional notes**

**Yes**

**Related documents:**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)

**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

Voluntary termination of pregnancy is carried out in medical institutions accredited for the provision of this type of service, at the choice of the pregnant woman, regardless of place of residence or residence visa.

**Additional notes**

**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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Reproductive Health Law
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**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 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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Reproductive Health Law
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Reproductive Health Law
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 4)
- Reproductive Health Law (page 4)
- Law on Patient Rights and Responsibilities (page 6)
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 5)

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

- Yes

Pregnant women under the age of 16 require the consent of their legal representative unless the pregnancy endangers the life of the pregnant woman. If it is impossible to obtain the consent of the representative and when medical services are required to preserve a minor’s life and her health, her voluntary consent is sufficient. In this situation, the decision is taken by the advisory service providers in the best interest of the minor, in accordance with the regulations of the Ministry of Health.

**Related documents:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 4)
- Reproductive Health Law (page 4)
- Law on Patient Rights and Responsibilities (page 6)

**Age where consent not needed**

16

If it is impossible to obtain the consent of the minor's legal representative and the medical services are indicated to preserve his or her life and health, his or her voluntary consent is sufficient. In this situation, the decision is taken in a consultative manner by the service providers, in the best interest of the minor. In case of an emergency medical situation, when the termination of pregnancy is necessary to save the life of the pregnant woman, when she cannot express her will and the consent of her legal representative cannot be obtained, the medical staff, authorized in the manner established by legislation, has the right to make the decision to terminate the pregnancy in the interest of the woman.

**Related documents:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 4)
- Reproductive Health Law (page 4)
- Law on Patient Rights and Responsibilities (page 6)
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 5)

**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**

Pregnant women under the age of 16 require the consent of their legal representative unless the pregnancy endangers the life of the pregnant woman. If it is impossible to obtain the consent of the representative and when medical services are required to preserve a minor’s life and her health, her voluntary consent is sufficient. In this situation, the decision is taken by the advisory service providers in the best interest of the minor, in accordance with the regulations of the Ministry of Health.

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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Reproductive Health Law
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 105)
### Ultrasound images or listen to foetal heartbeat required

<table>
<thead>
<tr>
<th>No</th>
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</thead>
</table>

**Related documents:**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 7)

**WHO Guidance**

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

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

**Additional notes**

Ultrasound examination before abortion is not necessary for all women, except where the diagnosis of pregnancy is uncertain; there is a discrepancy between the chronological and the clinical gestational age; there is a suspicion of ectopic pregnancy; there is an associated gynecological pathology (example: uterine fibromatoses, uterine malformations, etc.); there is uncertainty of the presence of an intrauterine device; post-abortion, when there is a suspicion of complete emptying of the uterine cavity.

### Compulsory counselling

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

**Related documents:**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 8)

**WHO Guidance**

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

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

**Additional notes**

Every woman who is terminating a pregnancy should be given the opportunity to be advised voluntarily (if she accepts) about the decision to terminate the pregnancy and related feelings.

### Compulsory waiting period

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
</table>

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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**WHO Guidance**

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

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

**Source document:** WHO Safe Abortion Guidance (page 107)

### Mandatory HIV screening test

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
</table>

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:**
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Reproductive Health Law
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**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 BB.

**Source document:** WHO Safe Abortion Guidance (page 88)
Other mandatory STI screening tests

No

Related documents:
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 8)

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.

Additional notes

If necessary, screening tests for sexually transmitted diseases (gonorrhea and chlamydia) or vaginal smear can be performed to diagnose vaginal infections (bacterial vaginosis, trichomoniasis), before voluntary termination of pregnancy, after explaining the patient's need and receiving informed consent.

Prohibition of sex-selective abortion

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:
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions
- Reproductive Health Law
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

WHO Guidance

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

In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women’s access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

Restrictions on information provided to the public

No data found

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.

Restrictions on methods to detect sex of the foetus

No data found

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.

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion

Yes, guidelines issued by the government

Related documents:
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 1)

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.
Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Approval</th>
<th>Source documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Yes (12 WEEKS)</td>
<td>Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 5)</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Not specified</td>
<td>Standards for Interruption of Pregnancy in Safe Conditions, 2020</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Yes (21 WEEKS)</td>
<td>Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 5)</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Yes (21 WEEKS)</td>
<td>Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 9)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 5)</td>
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Country recognized approval

<table>
<thead>
<tr>
<th>Approval</th>
<th>Source document</th>
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</thead>
<tbody>
<tr>
<td>Mifepristone / mifepristone / mifepristone / mifepristone</td>
<td>WHO Safe Abortion Guidance (page 123)</td>
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Pharmacy selling or distribution

<table>
<thead>
<tr>
<th>Approval</th>
<th>Source document</th>
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</thead>
<tbody>
<tr>
<td>Marketing Authorization of Medicinal Product</td>
<td>WHO Safe Abortion Guidance (page 1)</td>
</tr>
</tbody>
</table>

WHO Guidance

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

**Vacuum aspiration**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 9)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 5)

**Dilatation and evacuation**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020
- Standards for Interruption of Pregnancy in Safe Conditions, 2020

**Combination mifepristone-misoprostol**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 9)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 5)

**Misoprostol only**
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 9)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 5)

Dilation and curettage is prohibited. Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)

Dilation and evacuation is prohibited. Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 5)

Guidance is provided on the use of mifepristone-misoprostol for gestational ages up to 9 weeks and between 13 and 21 weeks.

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

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.
Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Essential Medicines List, 2011 (page 26)</td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>• Essential Medicines List, 2011</td>
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**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

<table>
<thead>
<tr>
<th>Related documents:</th>
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</thead>
<tbody>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)</td>
</tr>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)</td>
</tr>
</tbody>
</table>

**Primary health-care centres**

Yes

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)</td>
</tr>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)</td>
</tr>
</tbody>
</table>

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

Yes

<table>
<thead>
<tr>
<th>Related documents:</th>
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<tbody>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)</td>
</tr>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)</td>
</tr>
</tbody>
</table>

**Specialized abortion care public facilities**

Not specified

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions</td>
</tr>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020</td>
</tr>
</tbody>
</table>

**Private health-care centres or clinics**

Yes

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)</td>
</tr>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)</td>
</tr>
</tbody>
</table>

**NGO health-care centres or clinics**

Not specified

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions</td>
</tr>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020</td>
</tr>
</tbody>
</table>

**Other (if applicable)**

Women's Health Centers, consultative sections of Perinatal Care Centres and the Reproductive Health section of the National Center for Reproductive Health and Medical Genetics, through teleconsultation.

Voluntary termination of pregnancy during the first 12 weeks, without associated pathology, is performed by obstetricians-gynecologists, who have the necessary training in performing medical abortion, in Territorial Medical Associations, Women's Health Centers, Reproductive Health Offices, Youth Friendly Health Centers, Consultative Sections within the Perinatological Centers and in the Reproductive Health section of IMSP IMC, the departmental medical-sanitary institutions, if they have conditions, that correspond to the requirements of the normative acts in force. Voluntary termination of pregnancy after 12 weeks of pregnancy is performed only after counseling and receiving the woman's consent, in public, departmental or private medical institutions, which meet the requirements of regulations in force.

Remote medical abortion service, at home, guided by a service provider, through telemedicine, can be provided when pregnancy is confirmed by an ultrasound, urine or serum test; the first of last menstruation was less than 63 days ago and the woman is sure of the last menstruation date, the woman does not have any risk of ectopic pregnancy or following symptoms: vaginal bleeding or bloody stools during the last week, unilateral pelvic pain or significant bilateral pelvic pain in the last week, ectopic pregnancy in the anamnesis, tubal ligation or other tubal operations, an IUD in utero at conception or present, none of the contraindications for medical abortion, and no strong preference for ultrasound or pelvic exam or other laboratory tests.

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 6)</td>
</tr>
<tr>
<td>• Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)</td>
</tr>
</tbody>
</table>

**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

| Facility Type                        | Available
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Yes</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Yes</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
</tbody>
</table>
| Other (if applicable)               | Women's Health Centers, consultative sections of Perinatal Care Centres and the Reproductive Health section of the National Center for Reproductive Health and Medical Genetics

Contraception included in post-abortion care

- Yes

Related documents:
- Standards for Interruption of Pregnancy in Safe Conditions, 2020
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance
Insurance to offset end user costs

Yes

Related documents:
- Reproductive Health Law (page 1)

Induced abortion for all women

Yes

- Reproductive Health Law (page 1)

Induced abortion for poor women only

No

- Reproductive Health Law (page 1)

Abortion complications

Not specified

- Reproductive Health Law

Private health coverage

No data found

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:
- Reproductive Health Law (page 1)
- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)

Who can provide abortion services

Nurse

No

- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)

Midwife/nurse-midwife

No

- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)

Doctor (specialty not specified)

No

- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)

Specialist doctor, including OB/GYN

Yes

- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)
- Regulation on Voluntary Interruption of Pregnancy in Safe Conditions (page 3)

Other (if applicable)

Voluntary termination of pregnancy is performed by doctors specializing in obstetrics-gynecology, trained in the provision of this service. In localities where the gynecologist is not available, counseling and referral for termination of pregnancy is performed by the family doctor's team.

- Standards for Interruption of Pregnancy in Safe Conditions, 2020 (page 4)

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

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

Source document: WHO Safe Abortion Guidance (page 75)

Conscientious Objection

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector providers</td>
<td>No data found</td>
</tr>
</tbody>
</table>

Source document: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private sector providers</td>
<td>No data found</td>
</tr>
</tbody>
</table>

Source document: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider type not specified</td>
<td>No data found</td>
</tr>
</tbody>
</table>

Source document: WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Type of Provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>No data found</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 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 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 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>Indicator</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
<td>19 (2017)</td>
</tr>
<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1 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 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>22 (2015-2020)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
</tbody>
</table>
3.c.1 Health worker density and distribution

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

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
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>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>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>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>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>
<tr>
<td>Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development</td>
<td>No data</td>
</tr>
<tr>
<td>Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Additional Reproductive Health Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>No data</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.7 (2014)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>4 (2009-2013)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.262 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>16 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.23 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>48 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>37.6 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>42.557 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.97 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.990 (2018)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>54.6 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>22.8 (2017)</td>
</tr>
</tbody>
</table>
Sex ratio at birth (male to female births)