Country Profile: Serbia

Region: Southern Europe

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 General Medical Health Act:
- Health Care Law, 2014

From Criminal / Penal Code:
- Criminal Code, 2009

From Health Regulation / Clinical Guidelines:
- Good Clinical Practice for Safe Abortions, 2014

From EML / Registered List:
- National Drugs and Medical Equipment Agency
- Summary of Product Characteristics – Mifepristone

From Abortion Specific Law:
- Law on Abortion in Health Institutions, 2005

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

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

Concluding Observations:
- CEDAW

Abortion at the woman's request

Gestational limit: 10
### Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-Article 6</td>
</tr>
<tr>
<td></td>
<td>4-Section 2</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Law on Abortion in Health Institutions (page 2)</td>
</tr>
<tr>
<td></td>
<td>- Criminal Code (page 1)</td>
</tr>
<tr>
<td></td>
<td>- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)</td>
</tr>
</tbody>
</table>

#### WHO Guidance

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

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

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

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Law on Abortion in Health Institutions (page 2)</td>
</tr>
<tr>
<td></td>
<td>- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)</td>
</tr>
</tbody>
</table>

#### Gestational limit

Weeks: no limit specified

<table>
<thead>
<tr>
<th><strong>WHO Guidance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Safe Abortion Guidance (page 103)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)</td>
</tr>
</tbody>
</table>

#### Gestational limit

Weeks: no limit specified

<table>
<thead>
<tr>
<th><strong>WHO Guidance</strong></th>
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<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Safe Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Safe Abortion Guidance (page 103)</td>
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</tbody>
</table>
### Incest

**Related documents:**
- Law on Abortion in Health Institutions (page 2)
- Criminal Code (page 1)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)

### Gestational limit

**Weeks:** no limit specified

**Related documents:**
- Law on Abortion in Health Institutions (page 2)

### 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.

**Related 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.

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

### Intellectual or cognitive disability of the woman

**Related documents:**
- Law on Abortion in Health Institutions (page 2)
- Criminal Code (page 1)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)

### Mental health

**Related documents:**
- Law on Abortion in Health Institutions (page 2)
- Criminal Code (page 1)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)

### 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.

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

### Physical health

**Related documents:**
- Law on Abortion in Health Institutions (page 2)
- Criminal Code (page 1)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)

### 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.

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

### Health

**Related documents:**
- Law on Abortion in Health Institutions (page 2)
Additional Requirements to Access Safe Abortion

Authorization of health professional(s)
Yes

Related documents:
- Law on Abortion in Health Institutions (page 2)

Number and cadre of health-care professional authorizations required
VARIES
Specialist Doctor, Including OB/GYN
Abortions at gestational ages of less than ten weeks need to be authorized by an obstetrician gynecologist. Between ten and twenty weeks of gestation, the authorization is done by a panel of doctors and after twenty weeks by an ethics committee.

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)
### Authorization in specially licensed facilities only

**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 Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

#### 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 Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

#### 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 Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

#### 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 Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

#### WHO Guidance

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

Judicial authorization for minors

- 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)
Parental consent required for minors

Yes

Related documents:
- Law on Abortion in Health Institutions (page 1)

Can another adult consent in place of a parent?

Yes

Related documents:
- Law on Abortion in Health Institutions (page 1)

Age where consent not needed

16

Related documents:
- Law on Abortion in Health Institutions (page 1)

Spousal consent

Not specified

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

Related documents:
- Law on Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

Ultrasound images or listen to foetal heartbeat required

Not specified

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

Related documents:
- Law on Abortion in Health Institutions
- Criminal Code
### Compulsory counselling

**Required?** Not specified

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

**Related documents:**
- Law on Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

**Source document:** WHO Safe Abortion Guidance (page 19)

### Compulsory waiting period

**Required?** No

**Related documents:**
- National Guidelines on Good Clinical Practice for Safe Abortion (page 12)

**Source document:** WHO Safe Abortion Guidance (page 46)

### Mandatory HIV screening test

**Required?** No

**Related documents:**
- National Guidelines on Good Clinical Practice for Safe Abortion (page 19)

**Source document:** WHO Safe Abortion Guidance (page 88)

### Other mandatory STI screening tests

**Required?** Yes

**Related documents:**
- National Guidelines on Good Clinical Practice for Safe Abortion (page 14)

**Source document:** WHO Safe Abortion Guidance (page 19)
Clinical and Service-delivery Aspects of Abortion Care

### 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:**
- Law on Abortion in Health Institutions
- Criminal Code
- National Guidelines on Good Clinical Practice for Safe Abortion

### 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.

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

### 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.

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

### Other

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

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**Clinical and Service-delivery Aspects of Abortion Care**

**National guidelines for induced abortion**

Yes, guidelines issued by the government

**Related documents:**
- National Guidelines on Good Clinical Practice for Safe Abortion (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
standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

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

### Methods allowed

**Vacuum aspiration**
Yes (14 WEEKS)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 21)

**Dilatation and evacuation**
Yes (greater than 14 WEEKS)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 25)

**Combination mifepristone-misoprostol**
Yes (24 WEEKS)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 25)

**Misoprostol only**
Yes (49 DAYS)
- National Guidelines on Good Clinical Practice for Safe Abortion (page 25)

**Other (where provided)**

**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:**
- Mifegyne – Summary of Product Characteristics – Medicines and Medical Devices Agency (page 1)

### Pharmacy selling or distribution

**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.

- Mifegyne – Summary of Product Characteristics – Medicines and Medical Devices Agency

**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.
<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- National Drugs and Medical Equipment Agency (page 1)</td>
</tr>
</tbody>
</table>

**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 13)

<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Law on Abortion in Health Institutions (page 3 )</td>
</tr>
<tr>
<td></td>
<td>- National Guidelines on Good Clinical Practice for Safe Abortion (page 10)</td>
</tr>
</tbody>
</table>

**Primary health-care centres**

Not specified

- Law on Abortion in Health Institutions
- National Guidelines on Good Clinical Practice for Safe Abortion

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

Not specified

- Law on Abortion in Health Institutions
- National Guidelines on Good Clinical Practice for Safe Abortion

**Specialized abortion care public facilities**

Not specified

- Law on Abortion in Health Institutions
- National Guidelines on Good Clinical Practice for Safe Abortion

**Private health-care centres or clinics**

Not specified

- Law on Abortion in Health Institutions
- National Guidelines on Good Clinical Practice for Safe Abortion

**NGO health-care centres or clinics**

Not specified

- Law on Abortion in Health Institutions
- National Guidelines on Good Clinical Practice for Safe Abortion

**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)

<table>
<thead>
<tr>
<th>National guidelines for post-abortion care</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- National Guidelines on Good Clinical Practice for Safe Abortion (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.
### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Facilities</th>
<th>Source documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
<td>Law on Abortion in Health Institutions, National Guidelines on Good Clinical Practice for Safe Abortion</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
<td>Law on Abortion in Health Institutions, National Guidelines on Good Clinical Practice for Safe Abortion</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
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</table>

**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.

### Contraception included in post-abortion care

- **Yes**

  **Related documents:**
  - Law on Abortion in Health Institutions (page 1)
  - National Guidelines on Good Clinical Practice for Safe Abortion (page 34)

**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.

### Insurance to offset end user costs

- **No data found**

### Who can provide

- **Related documents:**

**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.
## Abortion Services

- **Law on Abortion in Health Institutions** (page 3)
- **National Guidelines on Good Clinical Practice for Safe Abortion** (page 10)

### Nurse
- **No**
- **Law on Abortion in Health Institutions** (page 2)
- **https://abortion-policies.srhr.org/documents/countries/**
- **National Guidelines on Good Clinical Practice for Safe Abortion** (page 10)

### Midwife/nurse-midwife
- **No**
- **Law on Abortion in Health Institutions** (page 2)
- **https://abortion-policies.srhr.org/documents/countries/**
- **National Guidelines on Good Clinical Practice for Safe Abortion** (page 10)

### Doctor (specialty not specified)
- **No**
- **Law on Abortion in Health Institutions** (page 2)
- **https://abortion-policies.srhr.org/documents/countries/**
- **National Guidelines on Good Clinical Practice for Safe Abortion** (page 10)

### Specialist doctor, including OB/GYN
- **Yes**
- **Law on Abortion in Health Institutions** (page 2)
- **https://abortion-policies.srhr.org/documents/countries/**
- **National Guidelines on Good Clinical Practice for Safe Abortion** (page 10)

### Other (if applicable)

---

### Extra Facility/Provider Requirements for Delivery of Abortion Services

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral linkages to a higher-level facility</strong></td>
<td><strong>Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception</strong> (page 33)</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Facilities providing abortions up to ten weeks of gestation require referral linkages to emergency medical assistance.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Law on Abortion in Health Institutions</strong> (page 2)</td>
<td></td>
</tr>
<tr>
<td><strong>National Guidelines on Good Clinical Practice for Safe Abortion</strong> (page 12)</td>
<td></td>
</tr>
</tbody>
</table>

### Availability of a specialist doctor, including OB/GYN
- **Yes**
- **Law on Abortion in Health Institutions** (page 2)

### Minimum number of beds
- **Not specified**
- **Law on Abortion in Health Institutions**
- **Criminal Code**
- **Health Care Law**
- **National Guidelines on Good Clinical Practice for Safe Abortion**
- **National Drugs and Medical Equipment Agency**

### Other (if applicable)
- **Availability of anesthesiologist (if abortion is done also under general anesthesia); Abortion procedures up to twenty weeks of gestation must be carried out in a medical institution that has hospital services in gynecology and obstetrics, an emergency room and a blood transfusion service**
- **Law on Abortion in Health Institutions** (page 2)
- **National Guidelines on Good Clinical Practice for Safe Abortion** (page 10)
Conscientious Objection

<table>
<thead>
<tr>
<th>Public sector providers</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Care Law (page 1)</td>
</tr>
</tbody>
</table>

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

Healthcare workers cannot claim conscientious objection to refuse the provision of emergency medical assistance.

- Health Care Law (page 1)

**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.

- WHO Safe Abortion Guidance (page 106)

**Additional notes**

Healthcare workers cannot claim conscientious objection to refuse the provision of emergency medical assistance.

<table>
<thead>
<tr>
<th>Private sector providers</th>
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- WHO Safe Abortion Guidance (page 106)

**Additional notes**

Healthcare workers cannot claim conscientious objection to refuse the provision of emergency medical assistance.

<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Health Care Law (page 1)</td>
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**Individual health-care providers who have objected are required to refer the woman to another provider**

Yes

Healthcare workers cannot claim conscientious objection to refuse the provision of emergency medical assistance.

- Health Care Law (page 1)
<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
</tr>
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<tbody>
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<td><strong>Yes</strong></td>
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<td>Healthcare workers cannot claim conscientious objection to refuse the provision of emergency medical assistance.</td>
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<tr>
<td><a href="#">WHO Guidance</a></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><a href="#">Additional notes</a></td>
</tr>
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<tr>
<th>Public facilities</th>
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<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
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<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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<td><a href="#">WHO Guidance</a></td>
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<td>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</td>
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<td><a href="#">Health Care Law</a></td>
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</table>
Indicators

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

Goal 1. End poverty in all its forms everywhere

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

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

Goal 3. Ensure healthy lives and promote well-being for all at all ages
3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

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

No data

Goal 10. Reduce inequality within and among countries

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

No data

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

No data

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

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

No data
### 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>14.9 (2014)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>98.4 (2014)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>3 (2009-2013)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.49 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.18 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>40 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>41.6 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>56.092 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.79 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.010 (2018)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>13.9700003 (2018)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>34.4 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.07 (2018)</td>
</tr>
</tbody>
</table>