





Country Profile: Switzerland - August 2022

Last Updated: 22 August 2022 **Region:** Western 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

 \checkmark Health Regulation / Clinical Guidelines

EML / Registered List

Medical Ethics Code

✓ Document Relating to Funding

Abortion Specific Law

Law on Medical Practicioners Law on Health Care Services

Other

Related Documents

From Health Regulation / Clinical Guidelines:

- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011
- Switzerland Thurgau Guide to abortion Office for Health, 2017

From Document Relating to Funding:

• Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015



Concluding Observations:

None



Persons who can be sanctioned:

- A woman or girl can be sanctioned
- ✓ Providers can be sanctioned
- \checkmark A person who assists can be sanctioned

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:OPAC CRC:OPIC
- CMW
- ✓ CRPD *
- CRPD-OP
- CED ** Maputo Protocol

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Abortion at the woman's request

Switzerland - August 2022	× No
Aargau (Switzerland - August 2022)	× No
Appenzell Ausserrhoden (Switzerland - August 2022)	× No
Appenzell Innerrhoden (Switzerland - August 2022)	× No
Basel-Landschaft (Switzerland - August 2022)	× No
Basel-Stadt (Switzerland - August 2022)	× No
Bern (Switzerland - August 2022)	× No
Fribourg (Switzerland - August 2022)	× No
Genève (Switzerland - August 2022)	× No
Graubünden (Switzerland - August 2022)	× No
Jura (Switzerland - August 2022)	× No
Luzern (Switzerland - August 2022)	× No
Neuchâtel (Switzerland - August 2022)	× No

Nidwalden (Switzerland - August 2022)	× No
Obwalden (Switzerland - August 2022)	× No
Schaffhausen (Switzerland - August 2022)	× No
Schwyz (Switzerland - August 2022)	× No
Solothurn (Switzerland - August 2022)	× No
St Gallen (Switzerland - August 2022)	× No
Thurgau (Switzerland - August 2022)	× No
Ticino (Switzerland - August 2022)	× No
Uri (Switzerland - August 2022)	× No
Valais (Switzerland - August 2022)	× No
Vaud (Switzerland - August 2022)	× No
Zug (Switzerland - August 2022)	× No
Zurich (Switzerland - August 2022)	× No

Legal Ground and Gestational Limit

Switzerland - August 2022 No **Economic or social** reasons **Related documents:** • Penal Code (page 54) **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) No **Foetal impairment Related documents:** • Penal Code (page 54) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4. **✓ Source document**: WHO Safe Abortion Guidance (page 103) No Rape **Related documents:** • Penal Code (page 54) **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.

No Incest **Related documents:** • Penal Code (page 54) **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) No Intellectual or cognitive disability of **Related documents:** the woman • Penal Code (page 54) No Mental health **Related documents:** • Penal Code (page 55) **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) No **Physical health Related documents:** • Penal Code (page 55) **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) No Health **Related documents:** • Penal Code (page 55) **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) No Life **Related documents:** • Penal Code (page 54) **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. When the woman provides a written request **Other** alleging she is in distress or to avert the danger of serious harm to physical integrity. **Related documents:**

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period. No gestational limit is specified in case of abortion to avoid

• Penal Code (page 55)

Additional notes

the danger of a state of deep distress of the pregnant woman.

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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Foetal impairment

No

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

Rape

No

Related documents:

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Incest

No

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

Intellectual or cognitive disability of the woman

No

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• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

Mental health

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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Other

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

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Additional notes

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Basel-Landschaft (Switzerland - August 2022)

Economic or social reasons

No

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No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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. No Health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Life **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. Other When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity. **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Additional notes

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

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

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

Foetal impairment

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

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

Rape

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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Incest

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Intellectual or cognitive disability of the woman

No

Related documents:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$

Mental health

No

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$



WHO Guidance

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No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Life **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. Other When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity. **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55 • Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1) **Additional notes** Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period. Fribourg (Switzerland - August 2022) **Economic or social** reasons **Related documents:** $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$ **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) No **Foetal impairment Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

WHO Guidance

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No Rape **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Intellectual or cognitive disability of **Related documents:** the woman • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No **Mental health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

WHO Guidance

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

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physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

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

Life Other **Economic or social** reasons **Foetal impairment** Rape

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

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

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Fribourg Information Voluntary interruption of pregnancy Bureau Equality Family, 2009 (page 1)



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Genève (Switzerland - August 2022)

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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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.

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No

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

Incest

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) Life No **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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

Other

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

- $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=55$
- Switzerland Geneve Information Unwanted Pregnancy Department of Work and Health, 2019 (page 2)
- Switzerland Geneve Laws legal deadlines for abortions HUG, 2019 (page 2)



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Graubünden (Switzerland - August 2022)

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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No **Foetal impairment Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4. **↓ Source document**: WHO Safe Abortion Guidance (page 103) No Rape **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No **Mental health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:**

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WHO Guidance

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When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity

Related documents:

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Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Foetal impairment

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Rape

No

Related documents:

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

Incest

No

Related documents:

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WHO Guidance

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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)

Intellectual or cognitive disability of the woman

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

Mental health

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Life **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. Other When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity. **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55 • Switzerland Luzern Abortion information Health Social Department, 2015 (page 3) **Additional notes** Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period. Neuchâtel (Switzerland - August 2022) **Economic or social** reasons **Related documents:** $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$ **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) No **Foetal impairment Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

WHO Guidance

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

No Rape **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

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Life Other reasons Rape

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Related documents:

• Switzerland Neuchâtel Information on abortion (page 1)

Nidwalden (Switzerland - August 2022)

Economic or social

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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

Foetal impairment

No

Related documents:

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Incest

No

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

Other

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

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Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Obwalden (Switzerland - August 2022)

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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Foetal impairment Rape

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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Incest

No

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Intellectual or cognitive disability of the woman

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

Mental health

No

Related documents:

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Physical health

No

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Health Life Other **Economic or social** reasons **Foetal impairment**

Related documents:

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Related documents:

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Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Schaffhausen (Switzerland - August 2022)

No

Related documents:

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

Rape

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** No Life **Related documents:**

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Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Economic or social reasons

No

Related documents:

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Foetal impairment

No

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Rape

No

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Incest

No

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Intellectual or cognitive disability of the woman

No

Related documents:

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Mental health

No

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No Rape **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health Related documents: https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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.

Life Other reasons Rape

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

St Gallen (Switzerland - August 2022)

Economic or social

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Foetal impairment

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Incest

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. 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) Life No **Related documents:**

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

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Other

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland St Gallen Guidance non punishable abortion Department of Health, 2018 (page 1)



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Thurgau (Switzerland - August 2022)

Economic or social reasons

No

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

No **Foetal impairment Related documents: WHO Guidance** Abortion Guidelines, § 4.2.1.4. No Rape **Related documents: WHO Guidance** Guidelines, § 4.2.1.3. No Incest **Related documents: WHO Guidance** Guidelines, § 4.2.1.3. No Intellectual or cognitive disability of **Related documents:** the woman No Mental health **Related documents: WHO Guidance** Guidelines, § 4.2.1.2.

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

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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

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

Physical health

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

Health Life Other reasons

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



No

WHO Guidance

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

No

Related documents:

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WHO Guidance

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When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

14-Switzerland-Thurgau-Abortion-Guidelines-Canton-Thurgau-Department-Finances-Social-Issues-2015#page=1

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Ticino (Switzerland - August 2022)

Economic or social

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Foetal impairment

Related documents:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Rape

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Life **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. **Other** When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

• Switzerland Ticino Cantonal website abortion (page 1)

Additional notes

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

Foetal impairment

No

Related documents:

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WHO Guidance

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

Rape

No

Related documents:

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

Incest

No

Related documents:

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

Intellectual or cognitive disability of the woman

No

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf \#page=54$

Mental health

No

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$



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No **Physical health Related documents:** No Health **Related documents:** No Life **Related documents:** Other **Related documents:** Valais (Switzerland - August 2022) No **Economic or social** reasons **Related documents:**

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

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• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

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Foetal impairment

No

Related documents:

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Life

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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

Other

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Vaud (Switzerland - August 2022)

Economic or social reasons

No

Related documents:

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

Foetal impairment

No

Related documents:

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

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

Rape

Nο

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

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

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

Incest

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) Life No **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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)

Other

When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman.

When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

- $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=55$
- Switzerland Vaud Abortion Guidelines Canton Vaud Department Health Social Action, 2008 (page 1)



Additional notes

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

Zug (Switzerland - August 2022)

Economic or social reasons

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

Foetal impairment

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

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

Rape

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

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

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

Incest

No

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$



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)

Intellectual or cognitive disability of the woman

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54

Mental health

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



WHO Guidance

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

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

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

Physical health

No

Related documents:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=54$



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.

No Health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Life **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. Other When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity. **Related documents:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55 **Additional notes** Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period. **Zurich (Switzerland - August 2022)** No **Economic or social** reasons **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Foetal impairment Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4. **↓ Source document**: WHO Safe Abortion Guidance (page 103) No Rape **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

No Incest **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Intellectual or cognitive disability of **Related documents:** the woman https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 No Mental health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No **Physical health Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Health **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) No Life **Related documents:** https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54 **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) When abortion is necessary to eliminate the danger of a serious injury to the physical integrity or a state of deep distress of the pregnant woman. **Other** When the woman provides a written request alleging she is in distress or to avert the danger of serious harm to physical integrity.

Related documents:

Additional notes

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Abortion in cases where the woman alleges she is in distress may be provided in the twelve weeks since the start of the last period.

• Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)

Switzerland - August 2022

Authorization of health professional(s)

Yes

Related documents:

• Penal Code (page 55)

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• Penal Code (page 55)



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• Penal Code (page 55)



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:

• Penal Code



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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



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:

Penal Code



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



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:

• Penal Code



WHO Guidance

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

Third-party authorization should not be required for women to obtain abortion services. 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



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:

• Penal Code



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.

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

Compulsory counselling

No

Related documents:

- Penal Code (page 55)
- https://abortion-policies.srhr.org/documents/countries/



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

• Penal Code



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.

Mandatory HIV Not specified screening test 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:** Penal Code **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **↓ Source document**: WHO Safe Abortion Guidance (page 88) **Other mandatory STI** Not specified screening tests 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:** Penal Code **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **↓ Source document**: WHO Safe Abortion Guidance (page 88) **Prohibition of sex-**Not specified selective abortion 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:** • Penal Code **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. **↓ Source document**: Preventing Gender-Biased Sex Selection (page 17) No data found **Restrictions on** information provided to the public



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

Aargau (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Aargau Guide Unwanted Pregnancy (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

Mandatory HIV screening test

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:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

→ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Appenzell Ausserrhoden (Switzerland - August 2022)

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Appenzell Ausserrhoden Guideline Legal abortion information Department of Health (page 1)

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Appenzell Ausserrhoden Guideline Legal abortion information Department of Health (page 1)



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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✓ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Appenzell Ausserrhoden Guideline Legal abortion information Department of Health (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

Mandatory HIV screening test

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:

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

→ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Appenzell Innerrhoden (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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

7

Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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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



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Appenzell Innerrhoden Unwanted pregnancy guide Department of Health, 2006 (page 1)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Related documents:

• Switzerland Appenzell Innerrhoden Unwanted pregnancy guide Department of Health, 2006 (page 2)

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

Mandatory HIV screening test



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Basel-Landschaft (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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

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Related documents:

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WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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j

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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→ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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Related documents:

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WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Basel Landschaft Unwanted pregnancy guide Health Directorate, 2006 (page 2)



WHO Guidance

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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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.

Mandatory HIV screening test



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

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

Other mandatory STI screening tests



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:

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WHO Guidance

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

Prohibition of sexselective abortion



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public

No data found



WHO Guidance

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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

Basel-Stadt (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- https://abortion-policies.srhr.org/documents/countries/14-Switzerland-Bern-Abortion-Guidelines-Cantonal-Medical-Office-2017.pdf#page=1



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

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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↓ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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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



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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↓ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Basel Stadt Guide Unwanted Pregnancy Departments of Education Health, 2015 (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

Mandatory HIV Not specified screening test 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:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **↓ Source document**: WHO Safe Abortion Guidance (page 88) **Other mandatory STI** Not specified screening tests 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:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **↓ Source document**: WHO Safe Abortion Guidance (page 88) **Prohibition of sex-Not specified** selective abortion 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:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. **→ Source document**: Preventing Gender-Biased Sex Selection (page 17)

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.

↓ 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

Bern (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (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 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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1)



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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



Not specified

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Related documents:

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WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- ullet Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1)
- Switzerland Bern Guide to abortion Health Directorate, 2018 (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

Mandatory HIV screening test

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

→ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Fribourg (Switzerland - August 2022)

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Fribourg Order non punishable abortion State Council, 2002 (page 3)

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Fribourg Information Voluntary interruption of pregnancy Bureau Equality Family, 2009 (page 1)



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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Fribourg Order non punishable abortion State Council, 2002 (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:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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i

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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✓ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Fribourg Information Voluntary interruption of pregnancy Bureau Equality Family, 2009 (page 1)
- Switzerland Fribourg Order non punishable abortion State Council, 2002 (page 2)



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



Additional notes

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Related documents:

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- Switzerland Fribourg Order non punishable abortion State Council, 2002 (page 3)

Compulsory waiting period



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

Mandatory HIV screening test



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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Other mandatory STI screening tests



Not specified

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

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Genève (Switzerland - August 2022)

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Geneve Information Unwanted Pregnancy Department of Work and Health, 2019 (page 2)

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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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

N

Not specified

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↓ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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✓ Source document: WHO Safe Abortion Guidance (page 105)

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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Geneve Information Unwanted Pregnancy Department of Work and Health, 2019 (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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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.

Mandatory HIV screening test



Not specified

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Related documents:

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WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



Not specified

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

Prohibition of sex- selective abortion



Not specified

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Related documents:

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WHO Guidance

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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Graubünden (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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→ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Ultrasound images or listen to foetal heartbeat required



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

Compulsory counselling

No

16-Switzerland-Graubunden-Guide-Unwanted-Pregnancy-Canton-Physician-2018.dfp#page=1

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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



Additional notes

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Compulsory waiting period



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WHO Guidance

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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.

Mandatory HIV screening test

Not specified

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

Other mandatory STI screening tests



Not specified

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Prohibition of sexselective abortion



Not specified

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Related documents:

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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.

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No data found



WHO Guidance

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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

Jura (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



WHO Guidance

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

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Authorization in specially licensed facilities only

Yes

Related documents:

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WHO Guidance

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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

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Judicial authorization in cases of rape

Not applicable



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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→ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

7

Not specified

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Spousal consent



Not specified

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Ultrasound images or listen to foetal heartbeat required



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

Compulsory counselling

No

Related documents:

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Additional notes

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Compulsory waiting period



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

Mandatory HIV screening test



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Other mandatory STI screening tests



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Not specified

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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public

No data found



WHO Guidance

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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

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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

Luzern (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



WHO Guidance

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Authorization in specially licensed facilities only

Yes

Related documents:

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WHO Guidance

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Judicial authorization for minors



Not specified

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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Parental consent required for minors



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Spousal consent



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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Luzern Abortion information Health Social Department, 2015 (page 2)
- Switzerland Luzern Manual Unwanted Pregnancy (page 1)



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Mandatory HIV screening test



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Other mandatory STI screening tests



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

Prohibition of sexselective abortion



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Neuchâtel (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only



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

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Related documents:

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WHO Guidance

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

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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Parental consent required for minors



Not specified

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Spousal consent



Not specified

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Neuchâtel Information on abortion (page 1)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



Not specified

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Related documents:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests

i

Not specified

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Prohibition of sex- selective abortion



Not specified

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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Nidwalden (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=55$



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)

Authorization in specially licensed facilities only Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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→ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



Not specified

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Spousal consent



Not specified

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Ultrasound images or listen to foetal heartbeat required



Not specified

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

Compulsory counselling

No

Related documents:

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WHO Guidance

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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.

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



Additional notes

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Compulsory waiting period



Not specified

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WHO Guidance

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Mandatory HIV screening test



Not specified

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Other mandatory STI screening tests



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Prohibition of sexselective abortion

i

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→ Source document: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public

No data found



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

Restrictions on methods to detect sex of the foetus

No data found



WHO Guidance

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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

Obwalden (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Authorization in specially licensed facilities only

Yes

Related documents:

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WHO Guidance

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

Judicial authorization for minors

Not specified

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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Parental consent required for minors



Not specified

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Spousal consent



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Ultrasound images or listen to foetal heartbeat required



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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Obwalden Guide Unwanted Pregnancy, 2017 (page 2)



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.

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Compulsory waiting period



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Mandatory HIV screening test



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Other mandatory STI screening tests



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Prohibition of sexselective abortion



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→ Source document: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public

No data found



WHO Guidance

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Restrictions on methods to detect sex of the foetus

No data found



WHO Guidance

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

Other

Schaffhausen (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

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WHO Guidance

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Authorization in specially licensed facilities only

Yes

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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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Schaffhausen Guide Unwanted pregnancy Department Internal Affairs, 2015 (page 1)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

No

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

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→ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Schwyz Guide Unwanted Pregnancy Department Health Social Issues, 2011 (page 1)



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.

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

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 Not specified screening test 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:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **↓ Source document**: WHO Safe Abortion Guidance (page 88) Other mandatory STI Not specified screening tests 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:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88. **↓ Source document**: WHO Safe Abortion Guidance (page 88) **Prohibition of sex-**Not specified selective abortion 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:** • https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf **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. **↓ Source document**: Preventing Gender-Biased Sex Selection (page 17) No data found **Restrictions on** information provided to the public



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

Solothurn (Switzerland - August 2022)

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Solothurn Information Abortion Health Office, 2013 (page 2)

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Solothurn Information Abortion Health Office, 2013 (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 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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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↓ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- ullet Switzerland Solothurn Information Abortion Health Office, 2013 (page 1)
- Switzerland Solothurn Guide Unwanted Pregnancy Health Office, 2014 (page 1)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Related documents:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

St Gallen (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland St Gallen Authorisation Application Non punishable Abortion Health Department (page 1)



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

i N

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 105)

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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



Not specified

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Related documents:

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland St Gallen Guidance non punishable abortion Department of Health, 2018 (page 1)
- Switzerland St Gallen Guideline Unwanted Pregnancy Health Department (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Related documents:

• Switzerland St Gallen Authorisation Application Non punishable Abortion Health Department (page 1)

Compulsory waiting period



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

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Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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.

→ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

In the case of a pregnancy after 12 weeks of gestation, the doctor must consult with the clinic in which the abortion is intended to be carry out. The clinic concerned may refuse to authorize the abortion when the pregnancy is at an advanced stage.

Related documents:

• Switzerland St Gallen Guidance non punishable abortion Department of Health, 2018 (page 2)

Thurgau (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (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 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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)
- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011 (page 1)



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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

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Not specified

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Related documents:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Related documents:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Related documents:

- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)
- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011 (page 1)
- Switzerland Thurgau Guide to abortion Office for Health, 2017 (page 2)

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

Source document: WHO Safe Abortion Guidance (page 88)

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

→ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Ticino (Switzerland - August 2022)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

No

Related documents:

• Switzerland Ticino Cantonal website abortion (page 1)



WHO Guidance

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

↓ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Related documents:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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

Compulsory counselling

No

Related documents:

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- Switzerland Ticino Cantonal website abortion (page 1)



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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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Related documents:

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Mandatory HIV screening test



Not specified

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Other mandatory STI screening tests

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Prohibition of sexselective abortion



Not specified

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Related documents:

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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public

No data found



WHO Guidance

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Restrictions on methods to detect sex of the foetus

No data found



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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

Uri (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



WHO Guidance

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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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Uri Regulation non punishable abortion, 2002 (page 1)



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

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Related documents:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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◆ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



Not specified

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↓ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

Compulsory counselling

No

16-Switzerland-Uri-Guide-Unwanted-pregnancy-Health-Directorate-2016#page=1

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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.

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

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Valais (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf\#page=55$



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)

Authorization in specially licensed facilities only

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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→ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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Related documents:

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WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Valais Guide Unplanned Pregnancy (page 2)



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Related documents:

• Switzerland Valais Guide Unplanned Pregnancy (page 2)

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



Not specified

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Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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.

→ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Vaud (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Vaud Abortion Guidelines Canton Vaud Department Health Social Action, 2008 (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 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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Vaud Abortion Guidelines Canton Vaud Department Health Social Action, 2008 (page 1)



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

No

Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



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↓ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



Not specified

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Related documents:

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Spousal consent



Not specified

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Ultrasound images or listen to foetal heartbeat required



Not specified

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

Compulsory counselling

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



WHO Guidance

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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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Related documents:

• Switzerland Vaud Abortion Request, 2019 (page 1)

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



Not specified

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Related documents:

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WHO Guidance

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Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



Not specified

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

Prohibition of sexselective abortion



Not specified

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Related documents:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Zug (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55



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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Zug Implementation Ordinance Non punishable abortion, 2002 (page 1)



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

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Related documents:

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→ Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



Not specified

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→ Source document: WHO Safe Abortion Guidance (page 105)

Spousal consent



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→ Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required



Not specified

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WHO Guidance

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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.

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

Compulsory counselling

No

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Zug Guide Unwanted Pregnancy, 2017 (page 1)



WHO Guidance

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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.

Source document: WHO Safe Abortion Guidance (page 46)



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Compulsory waiting period



Not specified

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

Mandatory HIV screening test



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.

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Other mandatory STI screening tests



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Prohibition of sexselective abortion



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• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Zurich (Switzerland - August 2022)

Authorization of health professional(s)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Zurich Licence Application Abortion Service Provision, 2013 (page 1)



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)

Authorization in specially licensed facilities only

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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 applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Police report required in case of rape

Not applicable



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors



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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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)

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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

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

Compulsory counselling

No

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=54



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.

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



Additional notes

Women under the age of 16 years must be counselled by a specialist counselling centre for adolescents.

Related documents:

- Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)
- Switzerland Zurich Guide pregnancy abortion adoption Health Directorate, 2017 (page 2)

Compulsory waiting period



Not specified

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

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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



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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Other mandatory STI screening tests



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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

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

Prohibition of sexselective 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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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.

↓ Source document: Preventing Gender-Biased Sex Selection (page 17)

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

Clinical and Service-delivery Aspects of Abortion Care

Switzerland - August 2022

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data FOUND

Dilatation and evacuation

No data FOUND

Combination mifepristone-misoprostol

DAYS WEEKS

No data FOUND

Misoprostol only

No data FOUND

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 / mifemisoprostol)

Yes

Related documents:

• Professional information Mifepristone (page 1)

Pharmacy selling or distribution

No

• Professional information Mifepristone (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:

- Professional information Misoprostol (page 1)
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- Professional information Misoprostol (page 1)
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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

Varies by Jurisdiction

Primary health-care centres

Varies by jurisdiction

Varies by Jurisdiction

According to the Penal Code, the Cantons designate offices and hospitals that fulfill the conditions for the practice of abortion. Exercising this prerogative, the Canton de Vaud, for instance, permits legal abortions to be performed in hospitals and medical offices fulfilling the conditions necessary to perform abortions as stipulated in the Penal Code. It stipulates that abortions are to be provided by specialists in gynaecology and obstetrics. It also sets out specific conditions for abortion service provision including, for example, the possibility of transport within less than 30 minutes to a hospital in case of complications and the presence of an anesthetist in cases of abortions by surgical means. The Canton de Vaud directive can be accessed at: http://www.vd.ch/fileadmin/user_upload/organisation/dsas/ssp/fichiers_pdf/Directives_cantonales_Interruption_de_grossesse.pdf

• Penal Code (page 55)

Secondary (district-level) health-care facilities

Varies by jurisdiction

Varies by Jurisdiction

According to the Penal Code, the Cantons designate offices and hospitals that fulfill the conditions for the practice of abortion. Exercising this prerogative, the Canton de Vaud, for instance, permits legal abortions to be performed in hospitals and medical offices fulfilling the conditions necessary to perform abortions as stipulated in the Penal Code. It stipulates that abortions are to be provided by specialists in gynaecology and obstetrics. It also sets out specific conditions for abortion service provision including, for example, the possibility of transport within less than 30 minutes to a hospital in case of complications and the presence of an anesthetist in cases of abortions by surgical means. The Canton de Vaud directive can be accessed at: http://www.vd.ch/fileadmin/user_upload/organisation/dsas/ssp/fichiers_pdf/Directives_cantonales_Interruption_de_grossesse.pdf

• Penal Code (page 55)

Specialized abortion care public facilities

Varies by jurisdiction

Varies by Jurisdiction

Private health-care centres or clinics

Varies by jurisdiction

Varies by Jurisdiction

NGO health-care centres or clinics

Varies by jurisdiction

Varies by Jurisdiction



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)



Additional notes

According to the Penal Code, the Cantons designate offices and hospitals that fulfill the conditions for the practice of abortion. Exercising this prerogative, the Canton de Vaud, for instance, permits legal abortions to be performed in hospitals and medical offices fulfilling the conditions necessary to perform abortions as stipulated in the Penal Code. It stipulates that abortions are to be provided by specialists in gynaecology and obstetrics. It also sets out specific conditions for abortion service provision including, for example, the possibility of transport within less than 30 minutes to a hospital in case of complications and the presence of an anesthetist in cases of abortions by surgical means. The Canton de Vaud directive can be accessed at: http://www.vd.ch/fileadmin/user upload/organisation/dsas/ssp/fichiers pdf/Directives cantonales Interruption de grossesse.pdf

Related documents:

• Penal Code (page 55)

National guidelines for post-abortion care

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• Federal Law on Health Insurance (page 16)

Induced abortion for all women

Yes

• Federal Law on Health Insurance (page 16)

Induced abortion for poor women only

No

• Federal Law on Health Insurance (page 16)

Abortion complications

Not specified

Federal Law on Health Insurance

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)

Who can provide abortion services

Varies by Jurisdiction

Nurse

Varies by jurisdiction

Varies by Jurisdiction

Midwife/nurse-midwife

Varies by jurisdiction

Varies by Jurisdiction

Doctor (specialty not specified)

Varies by jurisdiction

Varies by Jurisdiction

Specialist doctor, including OB/GYN

Varies by jurisdiction

Varies by Jurisdiction

According to the Penal Code, the Cantons designate offices and hospitals that fulfill the conditions for the practice of abortion. Exercising this prerogative, the Canton de Vaud, for instance, permits legal abortions to be performed in hospitals and medical offices fulfilling the conditions necessary to perform abortions as stipulated in the Penal Code. It stipulates that abortions are to be provided by specialists in gynaecology and obstetrics. It also sets out specific conditions for abortion service provision including, for example, the possibility of transport within less than 30 minutes to a hospital in case of complications and the presence of an anesthetist in cases of abortions by surgical means. The Canton de Vaud directive can be accessed at: http://www.vd.ch/fileadmin/user_upload/organisation/dsas/ssp/fichiers_pdf/Directives_cantonales_Interruption_de_grossesse.pdf

• Penal Code (page 55)



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)



Additional notes

According to the Penal Code, the Cantons designate offices and hospitals that fulfill the conditions for the practice of abortion. Exercising this prerogative, the Canton de Vaud, for instance, permits legal abortions to be performed in hospitals and medical offices fulfilling the conditions necessary to perform abortions as stipulated in the Penal Code. It stipulates that abortions are to be provided by specialists in gynaecology and obstetrics. It also sets out specific conditions for abortion service provision including, for example, the possibility of transport within less than 30 minutes to a hospital in case of complications and the presence of an anesthetist in cases of abortions by surgical means. The Canton de Vaud directive can be accessed at: http://www.vd.ch/fileadmin/user_upload/organisation/dsas/ssp/fichiers_pdf/Directives_cantonales_Interruption_de_grossesse.pdf

Related documents:

• Penal Code (page 55)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

Varies by jurisdiction

Varies by Jurisdiction

According to the Penal Code, the Cantons designate offices and hospitals that fulfill the conditions for the practice of abortion. Exercising this prerogative, the Canton de Vaud, for instance, permits legal abortions to be performed in hospitals and medical offices fulfilling the conditions necessary to perform abortions as stipulated in the Penal Code. It stipulates that abortions are to be provided by specialists in gynaecology and obstetrics. It also sets out specific conditions for abortion service provision including, for example, the possibility of transport within less than 30 minutes to a hospital in case of complications and the presence of an anesthetist in cases of abortions by surgical means. The Canton de Vaud directive can be accessed at: http://www.vd.ch/fileadmin/user_upload/organisation/dsas/ssp/fichiers_pdf/Directives_cantonales_Interruption_de_grossesse.pdf

• Penal Code (page 55)

Minimum number of beds

Varies by jurisdiction

Varies by Jurisdiction

Other (if applicable)



WHO Guidance

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

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

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

Aargau (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mifemisoprostol)

Yes

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 18)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Appenzell Ausserrhoden (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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)

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

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

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 54)

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1

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

No

- $\bullet\ https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf\#page{=}1$
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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

No data found



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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



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Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care

No data found



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

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Abortion complications

Not specified

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Private health coverage

No data found



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Who can provide abortion services

Related documents:

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Nurse

Not specified

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Midwife/nurse-midwife

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Doctor (specialty not specified)

Not specified

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Specialist doctor, including OB/GYN

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

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



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Appenzell Innerrhoden (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

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)



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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

No data found

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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National guidelines for post-abortion care

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



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Contraception included in postabortion care No data found



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→ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16$

Abortion complications

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf$

Private health coverage

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf



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Who can provide abortion services

No data found

Nurse

Not specified

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Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

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Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

Basel-Landschaft (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

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)



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

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

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



WHO Guidance

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1

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

No

- $\bullet\ https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf\#page=1$
- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1



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Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

- a. Primary health-care centres 0
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

- a. Primary health-care centres 0
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

- a. Primary health-care centres 0
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

- a. Primary health-care centres 0
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

- a. Primary health-care centres 0
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National guidelines for post-abortion care

No data found



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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

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No data found

NGO health-care centres or clinics

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WHO Guidance

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

↓ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

Nο

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf



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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

- a. Primary health-care centres 0
- $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

Midwife/nurse-midwife

Not specified

- a. Primary health-care centres ${\bf 0}$
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

- a. Primary health-care centres 0
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

- a. Primary health-care centres 0
- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Basel-Stadt (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

Nο

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

NGO health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 18)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Bern (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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.

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



WHO Guidance

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Acute hospitals with a performance mandate "gynecology" in accordance with the current list of hospitals in the canton of Bern

- https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf#page=55
- Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1)



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

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in post-abortion care

No data found



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Bern Guide to abortion Health Directorate, 2018 (page 1)

Induced abortion for all women

Yes

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Bern Guide to abortion Health Directorate, 2018 (page 1)

Induced abortion for poor women only

No

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Bern Guide to abortion Health Directorate, 2018 (page 1)

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 18)

Who can provide abortion services

Related documents:

• Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Yes

#page=1

• Switzerland Bern Abortion Guidelines Cantonal Medical Office, 2017 (page 1)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Fribourg (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

Voc

• Switzerland Fribourg Information protocol Mifegyne (page 1)

Misoprostol only

No data found

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.

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↓ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

- Switzerland Fribourg Order non punishable abortion State Council, 2002 (page 2)
- Switzerland Fribourg Information protocol Mifegyne (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

Other (if applicable)

Establishments on the list of hospitals of the Canton of Fribourg which offer gynaecological and surgical services

• Switzerland Fribourg Order non punishable abortion State Council, 2002 (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

No data found



WHO Guidance

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Fribourg Information Voluntary interruption of pregnancy Bureau Equality Family, 2009 (page 1)
- Switzerland Fribourg Information protocol Mifegyne (page 1)

Induced abortion for all women

Yes

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Fribourg Information Voluntary interruption of pregnancy Bureau Equality Family, 2009 (page 1)
- Switzerland Fribourg Information protocol Mifegyne (page 1)

Induced abortion for poor women only

No

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- Switzerland Fribourg Information Voluntary interruption of pregnancy Bureau Equality Family, 2009 (page 1)
- Switzerland Fribourg Information protocol Mifegyne (page 1)

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

No data found



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 18)

Who can provide abortion services

Related documents:

• Switzerland Fribourg Order non punishable abortion State Council, 2002 (page 2)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Yes

Those providing abortion services must be registered to practice in Canton Fribourg.

• Switzerland Fribourg Order non punishable abortion State Council, 2002 (page 2)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Genève (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

Vacuum aspiration

Not specified

Dilatation and evacuation

Not specified

Combination mifepristone-misoprostol

Not specified

Misoprostol only

Not specified

Other (where provided)

Surgical abortion (12 weeks) Medical abortion (9 weeks) Medical abortion at home (6 weeks)

• Switzerland Geneve Laws legal deadlines for abortions HUG, 2019 (page 2)



WHO Guidance

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

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

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

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→ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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→ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Young girls under 16 must be cared for in a specialized center for minors in order to benefit from support adapted to their context and age.

• Switzerland Geneve Laws legal deadlines for abortions HUG, 2019 (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

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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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 postabortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

Nο

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

No data found



WHO Guidance

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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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

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WHO Guidance

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

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



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Graubünden (Switzerland - August 2022)

National guidelines for induced abortion

No data found



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

Methods allowed

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)



WHO Guidance

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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.

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

Nο

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1



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Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

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- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

NGO health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$



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→ Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

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No data found

NGO health-care centres or clinics

No data found



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Contraception included in postabortion care No data found



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

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Abortion complications

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf$

Private health coverage

No data found



WHO Guidance

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Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

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Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

Jura (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

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)



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.

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



WHO Guidance

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Luzern (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mifemisoprostol)

Yes

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



WHO Guidance

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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:

• Switzerland Luzern Abortion information Health Social Department, 2015 (page 3)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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

No data found



WHO Guidance

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

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

Where can post abortion care services be provided

Primary health-care centres

Not specified

Secondary (district-level) health-care facilities

Not specified

Specialized abortion care public facilities

Not specified

Private health-care centres or clinics

Not specified

NGO health-care centres or clinics

Not specified

Other (if applicable)

Luzern cantonal hospital (locations: Luzern, Sursee, Wolhusen)

• Switzerland Luzern Abortion information Health Social Department, 2015 (page 3)



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16$

Induced abortion for poor women only

No

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16.pdf$

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Physicians with a practice license by Canton Luzern who are also licensed by the Canton to provide abortion services.

• Switzerland Luzern Abortion information Health Social Department, 2015 (page 3)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Neuchâtel (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

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)



WHO Guidance

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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)

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

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↓ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1



WHO Guidance

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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

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in post-abortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

No data found

Other (if applicable)

Not applicable



WHO Guidance

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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.

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Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

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WHO Guidance

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

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

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

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

Other (where provided)



WHO Guidance

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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)

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↓ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16$

Induced abortion for poor women only

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16$

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

No data found



WHO Guidance

 $\label{thm:commendations} The following descriptions and recommendations were extracted from WHO guidance on safe abortion.$

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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Obwalden (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

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)



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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



WHO Guidance

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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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/00-3witzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1
 https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- $\bullet\ https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf\#page{=}1$
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in post-abortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

Private health coverage

No data found



WHO Guidance

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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.

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Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

Schaffhausen (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

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)



WHO Guidance

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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.

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1



WHO Guidance

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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→ Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

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No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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Contraception included in post-abortion care

No data found



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16$

Induced abortion for poor women only

No

 $04\hbox{-}Switzerland\hbox{-}Federal\hbox{-}Health\hbox{-}Insurance\hbox{-}Act\hbox{-}2015.pdf\#page\hbox{=}16$

Abortion complications

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf$

Private health coverage

No data found



WHO Guidance

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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.

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• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

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

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

Schwyz (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

Methods allowed

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)



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 54)

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

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Solothurn (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Methods allowed

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)



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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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:

• Switzerland Solothurn Information Abortion Health Office, 2013 (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Public and private hospitals with a clinic / department for "gynecology and obstetrics" in the canton of Solothurn

• Switzerland Solothurn Information Abortion Health Office, 2013 (page 1)



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

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16$

Induced abortion for poor women only

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16$

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• Switzerland Solothurn Information Abortion Health Office, 2013 (page 1)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

All physicians with the advanced training title "gynecology and obstetrics" and with a license to practice in the canton of Solothurn

• Switzerland Solothurn Information Abortion Health Office, 2013 (page 1)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

St Gallen (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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)

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

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↓ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

Nο



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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in post-abortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• Switzerland St Gallen Authorisation Application Non punishable Abortion Health Department (page 2)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Yes

To provide abortion service an obstetrician gynaecologist must have a license to practice in Canton St Gallen and must continuously access further education on the subject of abortion service provision.

- Switzerland St Gallen Authorisation Application Non punishable Abortion Health Department (page 1)
- Switzerland St Gallen Authorisation Application Non punishable Abortion Health Department (page 2)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Methods allowed

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)



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 / mifemisoprostol)

Yes

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$

Pharmacy selling or distribution

No

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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:

- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)
- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011 (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

Other (if applicable)

Designated hospitals with a gynaecological clinic and doctors' offices designated by the Canton Thurgau Office for Health

The Canton Thurgau Guidelines on abortion specify that the cantonal hospitals Münsterlingen and Frauenfeld meet the conditions for the professional execution of abortion and counselling of women.

- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)
- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011 (page 1)



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16$

Induced abortion for poor women only

No

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16.pdf$

Abortion complications

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf$

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)

Who can provide abortion services

Related documents:

- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)
- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011 (page 1)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Yes

To provide abortion service an obstetrician gynaecologist must be licensed to practise in Canton Thurgau. The heads of the obstetrics and gynaecology departments of the hospitals listed on the Thurgau hospital list are permitted to perform abortions without requiring a license.

- Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)
- Switzerland Thurgau Licence Application Abortion Service Provision Office for Health, 2011 (page 1)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)

Obstetrician gynaecologists wishing to perform surgical or medical abortions must provide evidence to the effect that they are able to do so in circumstances suitable to "professional implementation" including with regard to counselling the woman.

• Switzerland Thurgau Abortion Guidelines Canton Thurgau Department Finances Social Issues, 2015 (page 1)



WHO Guidance

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

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

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

Ticino (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

Yes

• Switzerland Ticino Cantonal website abortion (page 1)

Dilatation and evacuation

Not specified

Combination mifepristone-misoprostol

VΔc

The Ticino cantonal government website on abortion states: "The pharmacological method is effective especially at the beginning of pregnancy; it is therefore recommended until the seventh, in certain cantons until the 9th, week of pregnancy.

• Switzerland Ticino Cantonal website abortion (page 1)

Misoprostol only

Not specified

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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- $\bullet \ https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf\#page{=}1$
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



WHO Guidance

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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

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Ticino Cantonal website abortion (page 1)

Induced abortion for all women

Yes

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Ticino Cantonal website abortion (page 1)

Induced abortion for poor women only

- https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16
- Switzerland Ticino Cantonal website abortion (page 1)

Abortion complications

Not specified

https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

National guidelines for induced abortion

No data found



WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

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)



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.

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→ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



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

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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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• Switzerland Uri Regulation non punishable abortion, 2002 (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Cantonal hospital Uri, Department of Obstetrics and Gynaecology

• Switzerland Uri Regulation non punishable abortion, 2002 (page 1)



WHO Guidance

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↓ Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

No data found



WHO Guidance

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16$

Induced abortion for poor women only

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16.pdf #page=16$

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• Switzerland Uri Regulation non punishable abortion, 2002 (page 1)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Yes

Doctors who are admitted to practice in the canton of Uri and who hold the federal advanced training title "Gynecology and Obstetrics" are permitted to perform abortions in Canton Uri.

• Switzerland Uri Regulation non punishable abortion, 2002 (page 1)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Valais (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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.

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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)

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↓ 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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

↓ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care

No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Vaud (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mifemisoprostol)

Yes

Related documents:

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#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:

• Switzerland Vaud Abortion Guidelines Canton Vaud Department Health Social Action, 2008 (page 2)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Hospitals with acute care facilities and obstetric and gynaecological specialization Medical offices fulfilling a number of requirements such as having cardio-respiratory reanimation equipment.

14-Switzerland-Vaud-Abortion-Guidelines-Canton-Vaud-Department-Health-Social-Action-2008#page=1



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

Not specified

Secondary (district-level) health-care facilities

Not specified

Specialized abortion care public facilities

Not specified

Private health-care centres or clinics

Not specified

NGO health-care centres or clinics

Not specified



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16$

Induced abortion for poor women only

No

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16.pdf$

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• Switzerland Vaud Abortion Guidelines Canton Vaud Department Health Social Action, 2008 (page 2)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Yes

14-Switzerland-Vaud-Abortion-Guidelines-Canton-Vaud-Department-Health-Social-Action-2008#page=1

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Yes

14-Switzerland-Vaud-Abortion-Guidelines-Canton-Vaud-Department-Health-Social-Action-2008#page=1

This condition is specified for medical offices seeking to provide abortion services.

Availability of a specialist doctor, including OB/GYN

Yes

This condition is specified for medical offices seeking to provide abortion services.

Minimum number of beds

Not specified

Other (if applicable)

Cardio-respiratory equipment Medical practice and patient monitoring according to good standards and in line with due diligence.

This condition is specified for medical offices seeking to provide abortion services.



WHO Guidance

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

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

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

Zug (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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.

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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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

No

 $\bullet \ https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf\#page=1$



WHO Guidance

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→ 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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1

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

No

- $\bullet\ https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf\#page{=}1$
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



WHO Guidance

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→ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• Switzerland Zug Implementation Ordinance Non punishable abortion, 2002 (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Hospitals having requested and obtained a permission to perform abortions by the Cantonal Physician

• Switzerland Zug Implementation Ordinance Non punishable abortion, 2002 (page 1)



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

No data found

Secondary (district-level) health-care facilities

No data found

Specialized abortion care public facilities

No data found

Private health-care centres or clinics

No data found

NGO health-care centres or clinics

No data found



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for poor women only

No

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• Switzerland Zug Implementation Ordinance Non punishable abortion, 2002 (page 1)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Other (if applicable)

Physicians registered to practice in Canton Zug who have requested and obtained a permission to perform abortions by the Cantonal Physician.

To obtain a permission to perform abortions physicians must provide evidence that "the prerequisites for a professional execution of abortions and for a detailed consultation of the pregnant women are met." The Implementation Ordinance does not specify what these prerequisites are.

• Switzerland Zug Implementation Ordinance Non punishable abortion, 2002 (page 1)



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

No data found

Availability of a specialist doctor, including OB/GYN

No data found

Minimum number of beds

No data found

Other (if applicable)



WHO Guidance

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

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

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

Zurich (Switzerland - August 2022)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

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

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 / mifemisoprostol)

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#page=1

Pharmacy selling or distribution

Nο

• https://abortion-policies.srhr.org/documents/countries/05-Switzerland-Mifegyne-2015.pdf#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:

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1

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

No

- https://abortion-policies.srhr.org/documents/countries/06-Switzerland-Misoprostol-2015.pdf#page=1
- https://abortion-policies.srhr.org/documents/countries/13-Switzerland-Swissmedic-search-on-misoprostol-2016.pdf#page=1



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↓ Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:

• Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)

Primary health-care centres

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Secondary (district-level) health-care facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Specialized abortion care public facilities

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Private health-care centres or clinics

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

NGO health-care centres or clinics

Not specified

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf$

Other (if applicable)

Designated hospitals with a gynaecological clinic.

• Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)



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

No data found



WHO Guidance

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

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

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

Where can post abortion care services be provided

Primary health-care centres

Not specified

Secondary (district-level) health-care facilities

Not specified

Specialized abortion care public facilities

Not specified

Private health-care centres or clinics

Not specified

NGO health-care centres or clinics

Not specified



WHO Guidance

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

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

→ Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in postabortion care No data found



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 (page 62)

Insurance to offset end user costs

Yes

Related documents:

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf#page=16

Induced abortion for all women

Yes

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf \#page=16$

Induced abortion for poor women only

No

 $\bullet\ https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf\#page=16.pdf$

Abortion complications

Not specified

• https://abortion-policies.srhr.org/documents/countries/04-Switzerland-Federal-Health-Insurance-Act-2015.pdf

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)

Who can provide abortion services

Related documents:

• Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)

Nurse

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Midwife/nurse-midwife

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf

Doctor (specialty not specified)

Yes

To provide abortion service a physician must have an abortion service provision license issued by Canton Zurich Health Directorate and continuously access further education on the subject of abortion service provision.

- Switzerland Zurich Abortion Guidelines Canton Zurich Health Directorate, 2003 (page 1)
- Switzerland Zurich Licence Application Abortion Service Provision, 2013 (page 1)

Specialist doctor, including OB/GYN

Not specified

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

Availability of a specialist doctor, including OB/GYN

Not specified

Minimum number of beds

Not specified

Other (if applicable)

Doctors are obliged to carry out abortions only in "suitable premises".

• Switzerland Zurich Licence Application Abortion Service Provision, 2013 (page 15)



WHO Guidance

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

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

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

Conscientious Objection

Switzerland - August 2022

Public sector providers

no data found



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)

Private sector providers

no data found



WHO Guidance

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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.

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Aargau (Switzerland - August 2022)

Public sector providers

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Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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Private sector providers



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Provider type not specified



Not specified

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Neither Type of Provider Permitted



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

Public facilities

No data found



WHO Guidance

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Private facilities

No data found



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Facility type not specified

No data found



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Appenzell Ausserrhoden (Switzerland - August 2022)

Public sector providers



Not specified

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Private sector providers



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Provider type not specified



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Public facilities

No data found



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Private facilities

No data found



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Appenzell Innerrhoden (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Provider type not specified



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Public facilities

No data found



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Private facilities

No data found



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Facility type not specified

No data found



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Neither Type of Facility Permitted

No data found



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

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

Basel-Landschaft (Switzerland - August 2022)

Public sector providers



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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Private sector providers



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Provider type not specified



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Public facilities specified

No data found

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Private facilities

No data found



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Facility type not

No data found



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

Basel-Stadt (Switzerland - August 2022)

Public sector providers



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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Private sector providers



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Provider type not specified

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Public facilities

No data found



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Private facilities

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Facility type not specified

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Bern (Switzerland - August 2022)

Public sector providers

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Private sector providers



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Public facilities

No data found



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Fribourg (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities

No data found



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Private facilities

No data found



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Genève (Switzerland - August 2022)

Public sector providers



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Public facilities

No data found



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Private facilities

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Graubünden (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities Private facilities specified

No data found



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Facility type not

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Jura (Switzerland - August 2022)

Public sector providers



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Luzern (Switzerland - August 2022)

Public sector providers

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

Public facilities

No data found



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Private facilities

No data found



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Facility type not specified

No data found



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Neuchâtel (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Provider type not specified



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Nidwalden (Switzerland - August 2022)

Public sector providers



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Public facilities

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Obwalden (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities Private facilities specified

No data found



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Facility type not

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Schaffhausen (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities

No data found



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Private facilities

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Schwyz (Switzerland - August 2022)

Public sector providers



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Solothurn (Switzerland - August 2022)

Public sector providers



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St Gallen (Switzerland - August 2022)

Public sector providers



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

Provider type not specified



Not specified

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Neither Type of Provider Permitted



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Public facilities

No data found



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Private facilities

No data found



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Facility type not specified

No data found



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No data found



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Thurgau (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities Private facilities

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Ticino (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities

No data found



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Private facilities

No data found



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Uri (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Public facilities

No data found



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Private facilities

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Facility type not specified

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Valais (Switzerland - August 2022)

Public sector providers



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Private sector providers



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Provider type not specified



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Public facilities

No data found



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Private facilities

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Vaud (Switzerland - August 2022)

Public sector providers



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Public facilities

No data found



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Private facilities

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Zug (Switzerland - August 2022)

Public sector providers



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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)

Neither Type of Facility Permitted

No data found



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Zurich (Switzerland - August 2022)

Public sector providers



Not specified

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Related documents:

• https://abortion-policies.srhr.org/documents/countries/01-Switzerland-Penal-Code-2015.pdf



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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.

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Public facilities

No data found



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Private facilities

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Facility type not specified

No data found



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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, No data persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable 1.a.2 Proportion of total government spending on essential services (education, health and social protection) No data Goal 3. Ensure healthy lives and promote well-being for all at all ages 3.1.1 Maternal mortality ratio **5** (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 **3** (2015-2020) 3.8.2 Number of people covered by health insurance or a public health system per 1,000 population No data 3.c.1 Health worker density and distribution No data Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all 4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at No data 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 No data 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a No data 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 No data 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 No data 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age No data 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and No data 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, No data 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 No data 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 No data Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

No data

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	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, accour institutions at all levels	ntable and inclusive
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 1829 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	
Percentage of married women with unmet need for family planning	No data
Percentage of births attended by trained health professional	100 (2006)
Percentage of women aged 20-24 who gave birth before age 18	No data
Total fertility rate	1.52 (2018)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	18 (2009-2017)

Gender Inequalities Index (Value)	0.04 (2017)
Gender Inequalities Index (Rank)	1 (2017)
Mandatory paid maternity leave	yes (2020)
Median age	43.1 (2020)
Population, urban (%)	73.797 (2018)
Percentage of secondary school completion rate for girls	0.98 (2013)
Gender parity in secondary education	0.962 (2016)
Percentage of women in non-agricultural employment	47.5 (2013)
Proportion of seats in parliament held by women	29.3 (2017)
Sex ratio at birth (male to female births)	1.05 (2018)