Country Profile: North Macedonia

Region: Southern Europe

Identified policies and legal sources related to abortion:
- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From EML / Registered List:
- List of Essential Drugs
- Macedonia Medabon Registration, 2018

From Document Relating to Funding:
- Law on Healthcare Insurance

From Abortion Specific Law:
- Law on Termination of Pregnancy 2019

Concluding Observations:
- CEDAW
- CEDAW
- CESCR
- CEDAW
- CRC
- CRC
- CEDAW
- CRPD

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

Abortion at the woman’s request

- Gestational limit: 12 weeks

Legal Ground and Gestational Limit
Economic or social reasons

Related documents:
- Law on Termination of Pregnancy, 2019 (page 2)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

- Source document: WHO Abortion Care Guideline (page 16)

Additional notes

The 2019 Law on Termination of Pregnancy states that after the twelfth week of pregnancy a termination can be performed, at the request of the pregnant woman if it is a) based on medical indications the pregnancy is life-threatening or will severely affect the woman's health during pregnancy, childbirth or postpartum, or b) based on scientific knowledge, the child will have severe physical or mental disabilities, c) the pregnancy is the result of a crime, including sexual violence and d) also if it is found that the woman's health and circumstances will be severely affected by the pregnancy, including marital and family relations, material insecurity and living conditions, other family members with health problems or the number of children already in the family.

Related documents:

Foetal impairment

Yes

Related documents:
- Law on Termination of Pregnancy, 2019 (page 2)

Gestational limit

Weeks: 22

- Law on Termination of Pregnancy, 2019 (page 2)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.

- Source document: WHO Abortion Care Guideline (page 64)

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

- Source document: WHO Abortion Care Guideline (page 103)

Rape

Yes

Related documents:
- Law on Termination of Pregnancy, 2019 (page 2)

Gestational limit

Weeks: 22

- Law on Termination of Pregnancy, 2019 (page 2)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.

- Source document: WHO Abortion Care Guideline (page 64)

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

- Source document: WHO Abortion Care Guideline (page 103)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
<th>Related documents:</th>
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<tbody>
<tr>
<td>Incest</td>
<td>Yes</td>
<td>Law on Termination of Pregnancy, 2019 (page 2)</td>
</tr>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>No</td>
<td>Law on Termination of Pregnancy, 2019 (page 2)</td>
</tr>
<tr>
<td>Mental health</td>
<td>No</td>
<td>Law on Termination of Pregnancy, 2019 (page 2)</td>
</tr>
<tr>
<td>Physical health</td>
<td>No</td>
<td>Law on Termination of Pregnancy, 2019 (page 2)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

Source document: WHO Abortion Care Guideline (page 64)

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorizations of health professional(s)</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Law on Termination of Pregnancy, 2019 (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

#### Health

**Gestational limit**

Weeks: No limit specified

- Law on Termination of Pregnancy, 2019 (page 5)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

- **Source document:** WHO Abortion Care Guideline (page 16)

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

- **Source document:** WHO Abortion Care Guideline (page 103)

**Additional notes**

The 2019 Law on Termination of Pregnancy states that after the twelfth week of pregnancy a termination can be performed, at the request of the pregnant woman if it is a) based on medical indications the pregnancy is life-threatening or will severely affect the woman’s health during pregnancy, childbirth or postpartum, or b) based on scientific knowledge, the child will have severe physical or mental disabilities, c) the pregnancy is the result of a crime, including sexual violence and d) also if it is found that the woman’s health and circumstances will be severely affected by the pregnancy, including marital and family relations, material insecurity and living conditions, other family members with health problems or the number of children already in the family.

<table>
<thead>
<tr>
<th>Life</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Law on Termination of Pregnancy, 2019 (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: No limit specified

- Law on Termination of Pregnancy, 2019 (page 5)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

- **Source document:** WHO Abortion Care Guideline (page 64)

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2.

- **Source document:** WHO Abortion Care Guideline (page 103)

**Additional notes**

Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Additional notes**

After twelve weeks gestational limit up to 22 weeks, a doctor must authorise the termination, and that doctor can consult with another specialist if necessary to make a determination. After 22 weeks it must be authorised by a Commission established by the hospital in which the termination would take place.
Authorization in specially licensed facilities only

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 2019

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.

Source document: WHO Abortion Care Guideline (page 52)

Judicial authorization for minors

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 2019

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Judicial authorization in cases of rape

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 2019

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Police report required in case of rape

Not specified

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

Related documents:
- Law on Termination of Pregnancy, 2019

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)
<table>
<thead>
<tr>
<th><strong>Parental consent required for minors</strong></th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Law on Termination of Pregnancy, 2019 (page 1)</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
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</table>

**Age where consent not needed**

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

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 81)

**Spousal consent**

<table>
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<tr>
<th>Not specified</th>
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<tbody>
<tr>
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**WHO Guidance**

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**Source document:** WHO Abortion Care Guideline (page 81)

**Ultrasound images or listen to foetal heartbeat required**

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

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.

**Source document:** WHO Abortion Care Guideline (page 81)

**Compulsory counselling**

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

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality.

Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements.

The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2.

**Source document:** WHO Abortion Care Guideline (page 77)
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:
- Law on Termination of Pregnancy, 2019

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:
- Law on Termination of Pregnancy, 2019

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:
- Law on Termination of Pregnancy, 2019

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

Related documents:
- Law on Termination of Pregnancy, 2019

Restrictions on information provided to the public
- No data found

Source document: Preventing Gender-Biased Sex Selection (page 17)
Clinical and Service-delivery Aspects of Abortion Care

### National guidelines for induced abortion

#### Methods allowed

- **Vacuum aspiration**
  - Not specified
  - [Law on Termination of Pregnancy, 2019](#)

- **Dilatation and evacuation**
  - Not specified
  - [Law on Termination of Pregnancy, 2019](#)

- **Combination mifepristone-misoprostol**
  - Not specified
  - [Law on Termination of Pregnancy, 2019](#)

- **Misoprostol only**
  - Not specified
  - [Law on Termination of Pregnancy, 2019](#)

- **Other (where provided)**
  - Medical abortion (9 WEEKS)
  - [Law on Termination of Pregnancy, 2019](#)

### WHO Guidance

- **Vacuum aspiration**
  - Recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

- **Dilation and evacuation (D&E)**
  - Recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E.

- **Medical abortion**
  - Recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age).

- **Combination mifepristone-misoprostol**
  - The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age).

- **Misoprostol only**
  - The recommended method for medical abortion is misoprostol alone, with a regimen that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone.

---

Restricted on methods to detect sex of the foetus

- No data found

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<table>
<thead>
<tr>
<th>Restrictions on methods to detect sex of the foetus</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td></td>
</tr>
</tbody>
</table>

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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 Abortion Care Guideline (page 103)

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

**Source document**: WHO Abortion Care Guideline (page 50)
Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 μg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 μg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

Source document: WHO Abortion Care Guideline (page 55)
Where can abortion services be provided

Related documents:
- Law on Termination of Pregnancy, 2019 (page 5)

Primary health-care centres
No
- Law on Termination of Pregnancy, 2019 (page 5)

Secondary (district-level) health-care facilities
Yes
- Law on Termination of Pregnancy, 2019 (page 5)

Specialized abortion care public facilities
Not specified
- Law on Termination of Pregnancy, 2019

Private health-care centres or clinics
Not specified
- Law on Termination of Pregnancy, 2019

NGO health-care centres or clinics
Not specified
- Law on Termination of Pregnancy, 2019

Other (if applicable)
Medical abortion can be partially conducted at home once started at a primary health care clinic by the relevant trained health care staff, up to 9 weeks gestational limit.
- Law on Termination of Pregnancy, 2019 (page 5)

<table>
<thead>
<tr>
<th>National guidelines for post-abortion care</th>
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</thead>
<tbody>
<tr>
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<table>
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<th>WHO Guidance</th>
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</table>

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. |

Source document: WHO Abortion Care Guideline (page 48)

<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
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<tbody>
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<table>
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</table>

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1. |

Source document: WHO Abortion Care Guideline (page 133)
The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

Source document: WHO Abortion Care Guideline (page 126)
### Conscientious Objection

#### Public sector providers

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
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<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019</td>
</tr>
<tr>
<td>Minimum number of beds</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019</td>
</tr>
<tr>
<td>Other (if applicable)</td>
</tr>
<tr>
<td>Termination of pregnancy may be performed in a hospital health facility which has in its composition a gynecological obstetric department that meets the requirements in terms of space, equipment and staff and has a work permit in accordance with the regulations in the field of health care.</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019 (page 5)</td>
</tr>
</tbody>
</table>

- **WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

- **Source document**: WHO Abortion Care Guideline (page 132)

#### Private sector providers

<table>
<thead>
<tr>
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<tr>
<td>Not specified</td>
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<td>Not specified</td>
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<td>Other (if applicable)</td>
</tr>
<tr>
<td>Termination of pregnancy may be performed in a hospital health facility which has in its composition a gynecological obstetric department that meets the requirements in terms of space, equipment and staff and has a work permit in accordance with the regulations in the field of health care.</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019 (page 5)</td>
</tr>
</tbody>
</table>

- **WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

- **Source document**: WHO Abortion Care Guideline (page 132)

#### Provider type not specified

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019</td>
</tr>
<tr>
<td>Minimum number of beds</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- Law on Termination of Pregnancy, 2019</td>
</tr>
<tr>
<td>Other (if applicable)</td>
</tr>
<tr>
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- **Source document**: WHO Abortion Care Guideline (page 132)
Indicators

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

Neither Type of Provider Permitted

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

  Related documents:
  - Law on Termination of Pregnancy, 2019

  **WHO Guidance**
  
  The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.
  
  The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfills abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.
  
  Source document: WHO Abortion Care Guideline (page 98)

Public facilities

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

  Related documents:
  - Law on Termination of Pregnancy, 2019

  **WHO Guidance**
  
  The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.
  
  Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.
  
  Source document: WHO Abortion Care Guideline (page 48)

Private facilities

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

  Related documents:
  - Law on Termination of Pregnancy, 2019

  **WHO Guidance**
  
  The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.
  
  Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.
  
  Source document: WHO Abortion Care Guideline (page 48)

Facility type not specified

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

  Related documents:
  - Law on Termination of Pregnancy, 2019

  **WHO Guidance**
  
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  Source document: WHO Abortion Care Guideline (page 48)

Neither Type of Facility Permitted

- **Not specified**
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  Related documents:
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  **WHO Guidance**
  
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  Source document: WHO Abortion Care Guideline (page 48)
Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  
No data

1.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  
7 (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  
16.2 (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 least a minimum proficiency level in (i) reading and (ii) mathematics, by sex  
No data

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

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex  
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 current or former intimate partner in the previous 12 months, by form of violence and by age  
No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence  
No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18  
No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age  
No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care  
No data

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education  
No data

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure  
No data

5.b.1 Proportion of individuals who own a mobile telephone, by sex  
No data

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities  
No data
### Goal 10. Reduce inequality within and among countries

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

| No data |

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

| No data |

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

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

| No data |

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

| No data |

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

| No data |

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

| No data |

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

| No data |

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

| No data |

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

| 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 |

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#### Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>17.2 (2011)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.9 (2016)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.496 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Metric</td>
<td>Value</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.15 [2017]</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>35 [2017]</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes [2020]</td>
</tr>
<tr>
<td>Median age</td>
<td>39.1 [2020]</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>57.963 [2018]</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.72 [2013]</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.983 [2015]</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>41.6 [2013]</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>37.5 [2017]</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 [2018]</td>
</tr>
</tbody>
</table>