Country Profile: United Kingdom of Great Britain and Northern Ireland

Region: Northern 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

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

Download data
Concluding Observations:

- CEDAW
- CEDAW
- CRC
- CRC
- CESC
- SR VAW
- CESC
- CRPD
- CAT
- CEDAW

Persons who can be sanctioned:

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

Abortion at the woman's request

<table>
<thead>
<tr>
<th>Location</th>
<th>Abortion Limit</th>
</tr>
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<tbody>
<tr>
<td>United Kingdom of Great Britain and Northern Ireland</td>
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<tr>
<td>Guernsey (United Kingdom of Great Britain and Northern Ireland)</td>
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<tr>
<td>Isle of Man (United Kingdom of Great Britain and Northern Ireland)</td>
<td>Gestational limit: 14</td>
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## Legal Ground and Gestational Limit

### United Kingdom of Great Britain and Northern Ireland

<table>
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<tbody>
<tr>
<td>Related documents:</td>
<td>Abortion Act, 1967</td>
</tr>
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</table>

**WHO Guidance**

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

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

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

### Foetal impairment

| Yes |
| Related documents: |
| Abortion Act, 1967 (page 1) |

**Gestational limit**

| Weeks: no limit specified |
| Related documents: |
| Abortion Act, 1967 (page 1) |

**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)

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

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

### Rape

| Not specified |
| Related documents: |
| Abortion Act, 1967 |
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

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:
- Abortion Act, 1967

Intellectual or cognitive disability of the woman

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:
- Abortion Act, 1967

Mental health

Yes

Related documents:
- Abortion Act, 1967 (page 1)

Gestational limit

Weeks: no limit specified

- Abortion Act, 1967 (page 1)

WHO Guidance

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes

Abortion is not an offence when the pregnancy has not exceeded its twenty-fourth week and the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman. It is also not an offence when the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, with no gestational limit specified. The Abortion Act 1967 states that in determining whether the continuance of a pregnancy would involve a risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family or whether the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman, account may be taken of the pregnant woman's actual or reasonably foreseeable environment.
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.

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### Guernsey (United Kingdom of Great Britain and Northern Ireland)

#### Economic or social reasons

<table>
<thead>
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<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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**Related documents:**
- Guernsey Abortion Law 1997

#### Foetal impairment

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

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**WHO Guidance**

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

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

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

#### Rape

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**Related documents:**
- Guernsey Abortion Law 1997

**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...
| Incest | **Not specified**  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. |
<table>
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<tr>
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</table>

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

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**Related documents:**
- WHO Safe Abortion Guidance (page 102)

| Intellectual or cognitive disability of the woman | **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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<table>
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<th>Mental health</th>
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<td>- Guernsey Abortion Law 1997</td>
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</table>

**Gestational limit**

**Weeks:** No limit specified

**WHO Guidance**

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

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

**Related documents:**
- WHO Safe Abortion Guidance (page 102)

**Gestational limit**

**Weeks:** No limit specified

**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.
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<th>Health</th>
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| Related documents: |
| - Guernsey Abortion Law 1997 |
| **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) |

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<td><strong>Yes</strong></td>
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<td>- Guernsey Abortion Law 1997</td>
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</table>
| **Gestational limit**  
Weeks: No limit specified |
| - Guernsey Abortion Law 1997 |
| **WHO Guidance**  
The following descriptions and recommendations were extracted from WHO guidance on safe abortion. |
| The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1. |
| Source document: WHO Safe Abortion Guidance (page 102) |
| Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7. |
| Source document: WHO Safe Abortion Guidance (page 103) |

<table>
<thead>
<tr>
<th>Other</th>
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<tr>
<td>The continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family.</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>- Guernsey Abortion Law 1997</td>
</tr>
</tbody>
</table>
| **Additional notes**  
Abortion is permissible at gestational ages not exceeding 12 weeks when the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family. |

**Isle of Man (United Kingdom of Great Britain and Northern Ireland)**

<table>
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<th>Economic or social reasons</th>
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<tr>
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<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)</td>
</tr>
</tbody>
</table>
| **Gestational limit**  
Weeks: 23 |
| - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8) |
### Foetal impairment

Yes

**Related documents:**
- [United Kingdom Isle of Man Abortion Reform Act, 2019](#) (page 8)

**Gestational limit**

**Weeks:** No limit specified

From the start of the 24th week of the gestation period abortion services may be provided upon request by or on behalf of a woman if the registered medical practitioner attending her is of the opinion, formed in good faith, and after taking such specialist medical advice as appears to the practitioner to be appropriate, that (c) there is a substantial risk that because of its physical or mental condition the foetus would die before or during labour; (d) there is a substantial risk that, were the child born alive, — (i) the child would die shortly after birth because of severe foetal developmental impairment; or (ii) the child would suffer a serious impairment which is likely to limit both the length and quality of the child’s life.

- [United Kingdom Isle of Man Abortion Reform Act, 2019](#) (page 8)

### Rape

Yes

**Related documents:**
- [United Kingdom Isle of Man Abortion Reform Act, 2019](#) (page 8)

**Gestational limit**

**Weeks:** 23

- [United Kingdom Isle of Man Abortion Reform Act, 2019](#) (page 8)

### Incest

Yes

**Related documents:**

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)

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

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

Weeks: 23

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

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)

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

Source document: WHO Safe Abortion Guidance (page 103)

- Intellectual or cognitive disability of the woman
  - No
  - Related documents:
    - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)

- Mental health
  - No
  - Related documents:
    - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)

- Physical health
  - No
  - Related documents:
    - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 13)

- Health
  - Yes
  - Related documents:
    - United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

Gestational limit

Weeks: No limit specified

From the start of the 24th week of the gestation period abortion services may be provided upon request by or on behalf of a woman if the registered medical practitioner attending her is of the opinion, formed in good faith, and after taking such specialist medical advice as appears to the practitioner to be appropriate, that the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated.

Source document: United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)
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)

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

**Additional notes**

In determining whether the continuation of a pregnancy would involve a risk to the health of the woman account may be taken of her actual or reasonably foreseeable environment.

### Life

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

**Gestational limit**

**Weeks:** No limit specified

From the start of the 24th week of the gestation period abortion services may be provided upon request by or on behalf of a woman if the registered medical practitioner attending her is of the opinion, formed in good faith, and after taking such specialist medical advice as appears to the practitioner to be appropriate, that the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

### Other

**Other lawful intercourse (distinct from rape and incest)**

**Related documents:**
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

### Jersey (United Kingdom of Great Britain and Northern Ireland)

**Economic or social reasons**

**Not specified**

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

**Related documents:**
- Jersey Termination of Pregnancy Law, 1997

**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**

**Yes**

**Related documents:**
### Rape

Not specified

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**Related documents:**
- Jersey Termination of Pregnancy Law, 1997

### WHO Guidance

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

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

### Incest

Not specified

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**Related documents:**
- Jersey Termination of Pregnancy Law, 1997

### 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

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:**
- Jersey Termination of Pregnancy Law, 1997

### Mental health

Yes

**Related documents:**
- Jersey Termination of Pregnancy Law, 1997 (page 6)

### Gestational limit

Weeks: 24

- Jersey Termination of Pregnancy Law, 1997 (page 6)
Physical health

- **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)

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

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

Health

- **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:
  - Jersey Termination of Pregnancy Law, 1997

Life

- **Yes**

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

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>The woman’s condition causes her distress</td>
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</table>

**Related documents:**
- Jersey Termination of Pregnancy Law, 1997 (page 6)

**Additional notes**

Abortion is permitted before the end of the twelfth week of gestation in situations where the woman’s condition causes her distress.

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<thead>
<tr>
<th>Northern Ireland (United Kingdom of Great Britain and Northern Ireland)</th>
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<tbody>
<tr>
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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.

**Source document:** WHO Guidance

A registered medical professional may terminate a pregnancy where two registered medical professionals are of the opinion, formed in good faith, that—(a) the death of the fetus is likely before, during or shortly after birth; or (b) if the child were born, it would suffer from such physical or mental impairment as to be seriously disabled.

<table>
<thead>
<tr>
<th>Foetal impairment</th>
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</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
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**Related documents:**
- The Abortion Regulations 2020 (page 3)

**Gestational limit**

Weeks: No limit specified

**Additional notes**

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)

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

<table>
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### Incest

**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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### Intellectual or cognitive disability of the woman

**Not specified**

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---

### Mental health

**Yes**

**Related documents:**
- The Abortion Regulations 2020 (page 3)

**Gestational limit**

Weeks: No limit specified

**Related documents:**
- The Abortion Regulations 2020 (page 3)

### 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)

---

### Physical health

**Yes**

**Related documents:**
- The Abortion Regulations 2020 (page 3)

**Gestational limit**

Weeks: No limit specified

**Related documents:**
- The Abortion Regulations 2020 (page 3)

---

### WHO Guidance

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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)

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

### Health

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</table>

### 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 Guidance

### Life

<table>
<thead>
<tr>
<th>Yes</th>
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<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>- The Abortion Regulations 2020 (page 3)</td>
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</table>

### Gestational limit

<table>
<thead>
<tr>
<th>Weeks: no limit specified</th>
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<tbody>
<tr>
<td>The Abortion Regulations 2020 (page 3)</td>
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</tbody>
</table>

### WHO Guidance

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

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

### Authorization of health professional(s)

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<thead>
<tr>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>- Abortion Act, 1967 (page 1)</td>
</tr>
</tbody>
</table>

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

| 2 |
| Registered Medical Practitioner |

The requirement for authorization by two registered medical practitioners does not apply in an emergency.

- Abortion Act, 1967 (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)

Additional notes

The requirement for authorization by two registered medical practitioners does not apply in cases of emergency.

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:
- Abortion Act, 1967
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

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:
- Abortion Act, 1967
- R (Axon) V Secretary of State for Health, 2006
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

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

**Parental consent required for minors**

No

**Related documents:**
- R (Axon) V Secretary of State for Health, 2006 (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 parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

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

**Additional notes**

In Axon v Secretary of State for Health, the court held that it is lawful for healthcare professionals to provide an abortion to women under the age of 16 without the parental knowledge or consent provided they are satisfied that she understands all aspects of any advice and treatment, she cannot be persuaded to inform her parents or allow the health professional to do so, her health is likely to suffer unless she receives treatment and it is in her best interests to receive treatment without parental consent.

**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:**
- Abortion Act, 1967
- R (Axon) V Secretary of State for Health, 2006
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

**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:**
- Abortion Act, 1967
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

**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**

**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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<thead>
<tr>
<th>Related documents:</th>
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<tbody>
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**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)*

<table>
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<tr>
<th>Compulsory waiting period</th>
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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.

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

<table>
<thead>
<tr>
<th>Mandatory HIV screening test</th>
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<td>Related documents:</td>
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<tr>
<td>Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 26)</td>
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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)*

<table>
<thead>
<tr>
<th>Other mandatory STI screening tests</th>
<th>No</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td></td>
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*Source document: WHO Safe Abortion Guidance (page 88)*

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<thead>
<tr>
<th>Prohibition of sex-selective abortion</th>
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<tr>
<td>Offences against the Person Act, 1861</td>
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</table>
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 not also 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

| Yes |

**Related documents:**
- Advertising and Non Broadcast Codes 12 Medicines, Medical devices, Health-related and Beauty Products (page 7)

### List of restrictions

Marketing communications for services offering advice on unplanned pregnancy must make clear if the service does not refer women directly for a termination. Given that terminations are lawful only in some circumstances [...] marketers may wish to seek legal advice.

**Related documents:**
- Advertising and Non Broadcast Codes 12 Medicines, Medical devices, Health-related and Beauty Products (page 7)

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**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

**Guernsey (United Kingdom of Great Britain and Northern Ireland)**

| Yes |

**Related documents:**
- Guernsey Abortion Law 1997

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**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 of health professional(s)

| Yes |

**Related documents:**
- Guernsey Abortion Law 1997

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

2

Recognised Medical Practitioner

**Related documents:**
- Guernsey Abortion Law 1997

### 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.
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:
- Guernsey Abortion Law 1997

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 in cases of rape

Not applicable

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)

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:
- Guernsey Abortion Law 1997

WHO Guidance

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Spousal consent

Not specified

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Related documents:
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WHO Guidance

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Ultrasound images or listen to foetal heartbeat required

Not specified

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Related documents:
- Guernsey Abortion Law 1997

WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 19)

Compulsory counselling

Not specified

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Related documents:
- Guernsey Abortion Law 1997

WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 46)

Compulsory waiting period

Not specified

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Related documents:
- Guernsey Abortion Law 1997

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
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<th>Recommendation</th>
<th>Source document</th>
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<tr>
<td>Mandatory HIV screening test</td>
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<tr>
<td>Restrictions on information provided to the public</td>
<td>No data found</td>
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Source document: WHO Safe Abortion Guidance (page 107)
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Authorization of health professional(s)

Yes

Related documents:
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

Number and cadre of health-care professional authorizations required

2

Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN

From the start of the 24th week of the gestation period, the medical practitioner attending the woman must take such specialist medical advice as appears to the practitioner to be appropriate, that —

(a) the termination is necessary to prevent grave long-term injury to her health;

(b) the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated;

(c) there is a substantial risk that because of its physical or mental condition the foetus would die before or during labour;

(d) there is a substantial risk that, were the child born alive, — (i) the child would die shortly after birth because of severe foetal developmental impairment; or (ii) the child would suffer a serious impairment which is likely to limit both the length and quality of the child’s life.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

Additional notes

From the start of the 24th week of the gestation period, the medical practitioner attending the woman must take such specialist medical advice as appears to the practitioner to be appropriate, that —

(a) the termination is necessary to prevent grave long-term injury to her health;

(b) the continuance of the pregnancy would involve risk to her life, greater than if the pregnancy were terminated;

(c) there is a substantial risk that because of its physical or mental condition the foetus would die before or during labour;

(d) there is a substantial risk that, were the child born alive, — (i) the child would die shortly after birth because of severe foetal developmental impairment; or (ii) the child would suffer a serious impairment which is likely to limit both the length and quality of the child’s life.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 8)

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.

Additional notes

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:
- United Kingdom Isle of Man Abortion Reform Act, 2019
### Judicial authorization for minors

<table>
<thead>
<tr>
<th>Source document: WHO Safe Abortion Guidance (page 106)</th>
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</table>

**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:**
- United Kingdom Isle of Man Abortion Reform Act, 2019

### Judicial authorization in cases of rape

<table>
<thead>
<tr>
<th>Source document: WHO Safe Abortion Guidance (page 105)</th>
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</table>

**WHO Guidance**

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

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<table>
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### Police report required in case of rape

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### Parental consent required for minors

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**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, §
Additional notes

Parental consent is only required in cases where the woman is below 16 years of age and in the opinion of the relevant professional or pharmacist attending her, she does not have sufficient maturity and intelligence to understand the nature and implications of the proposed treatment. In such cases the medical practitioner attending the woman must obtain the consent of the parent or guardian of, or another person acting in loco parentis in relation to, the woman; and must be satisfied that the decision to consent to the termination of the pregnancy is being taken in good faith and in the best interests of the woman.

Related documents:
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 11)

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:
- United Kingdom Isle of Man Abortion Reform Act, 2019

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:
- United Kingdom Isle of Man Abortion Reform Act, 2019

Compulsory counselling

Yes

Related documents:
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

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.
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</table>

**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)

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)

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)

Additional notes

However, if, for example, the family history indicates a predisposition to a genetic disorder particularly associated with one gender rather than the other, a termination of a foetus of that gender would not be precluded.
<table>
<thead>
<tr>
<th><strong>Restrictions on methods to detect sex of the foetus</strong></th>
<th>No data found</th>
</tr>
</thead>
</table>

**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)

<table>
<thead>
<tr>
<th><strong>Other</strong></th>
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</table>

**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)

<table>
<thead>
<tr>
<th><strong>Jersey (United Kingdom of Great Britain and Northern Ireland)</strong></th>
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</thead>
</table>

**Authorization of health professional(s)**

Yes

**Related documents**:
- Jersey Termination of Pregnancy Law, 1997 (page 6)

<table>
<thead>
<tr>
<th><strong>Number and cadre of health-care professional authorizations required</strong></th>
<th></th>
</tr>
</thead>
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2

Registered Medical Practitioner who is Authorized to carry out Terminations

In cases of foetal impairment, one of the medical practitioners authorizing the abortion must be a pediatric specialist.

- Jersey Termination of Pregnancy Law, 1997 (page 6)

**WHO Guidance**

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

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

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

**Additional notes**

In cases of foetal impairment, one of the medical practitioners authorizing the abortion must be a pediatric specialist.

**Authorization in specially licensed facilities only**

Yes

**Related documents**:
- Jersey Termination of Pregnancy Law, 1997 (page 6)

**WHO Guidance**

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

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

↓ **Source document**: WHO Safe Abortion Guidance (page 106)

**Additional notes**
There is no requirement for an abortion to be performed in an approved place in cases where the termination is deemed necessary to save a woman’s life.

### 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:**
  - Jersey Termination of Pregnancy Law, 1997

### 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**

### Police report required in case of rape

- **Not applicable**

### 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:**
  - Jersey Termination of Pregnancy Law, 1997

### 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:**
  - Jersey Termination of Pregnancy Law, 1997
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:
- Jersey Termination of Pregnancy Law, 1997

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

Yes

Related documents:
- Jersey Termination of Pregnancy Law, 1997 (page 6)

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

There is a requirement of counselling in cases where a woman seeks an abortion because her condition causes her distress.

Compulsory waiting period

Yes

Related documents:
- Jersey Termination of Pregnancy Law, 1997 (page 6)

Waiting period

First consultation
7 DAYS

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)

Additional notes

The waiting period requirement applies in cases where the woman’s condition causes her distress.
<table>
<thead>
<tr>
<th>Related documents:</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jersey Termination of Pregnancy Law, 1997</td>
<td></td>
</tr>
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</table>

**Mandatory HIV screening test**

- **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.

**Other mandatory STI screening tests**

- **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.

**Prohibition of sex-selective abortion**

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

**Restrictions on information provided to the public**

- **WHO Guidance**
  - States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

**Restrictions on methods to detect sex of the foetus**

- **WHO Guidance**
  - 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.
### Other

In cases where the woman's condition causes her distress: On the day the termination is carried out, the woman is ordinarily resident in Jersey or has been resident in Jersey for the period of 90 days immediately preceding that day.

**Related documents:**
- Jersey Termination of Pregnancy Law, 1997 (page 6)

### Northern Ireland (United Kingdom of Great Britain and Northern Ireland)

<table>
<thead>
<tr>
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<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• The Abortion Regulations 2020 (page 2)</td>
<td></td>
</tr>
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</table>

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

1 or 2 (depending on the ground and gestational limit)

**Registered Medical Professional**

- The Abortion Regulations 2020 (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)

<table>
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<td>• Reference Guide to Consent for Examination, Treatment or Care, 2003</td>
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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 105)

<table>
<thead>
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**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)

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
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**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
### Police report required in case of rape

**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)

**Not applicable**

### Parental consent required for minors

**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)

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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:**
- Reference Guide to Consent for Examination, Treatment or Care, 2003

### Spousal consent

**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)

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**Related documents:**
- Reference Guide to Consent for Examination, Treatment or Care, 2003

### Ultrasound images or listen to foetal heartbeat required

**WHO Guidance**

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 -

**Not specified**

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<table>
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<th>Topic</th>
<th>Recommendation</th>
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<tr>
<td>Compulsory counselling</td>
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</tr>
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<tr>
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<td>Mandatory HIV screening test</td>
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<tr>
<td>Other mandatory STI screening tests</td>
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<td></td>
<td></td>
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<tr>
<td>Clinical and Service-delivery Aspects of Abortion Care</td>
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<tr>
<td>-----------------------------------------------------</td>
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<td></td>
</tr>
</tbody>
</table>

### 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:
- Reference Guide to Consent for Examination, Treatment or Care, 2003

#### 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
- 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.

#### 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

#### United Kingdom of Great Britain and Northern Ireland

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
</tr>
</tbody>
</table>
| Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

#### 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

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

**Dilatation and evacuation**
No data found

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

**Combination mifepristone-misoprostol**
No data found

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

**Misoprostol only**
No data found

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

**Other (where provided)**

**WHO Guidance**

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

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

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

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

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

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

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

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

- **Source document:** WHO Safe Abortion Guidance (page 14)

**Country recognized approval (mifepristone / mife-misoprostol)**

Yes

**Related documents:**
- British National Formulary, 2014 (page 4)

**Pharmacy selling or distribution**

No

Mifepristone is approved for inpatient or specialist team administration only.

- British National Formulary, 2014 (page 4)
Country recognized approval (misoprostol)

- Yes, for gynaecological indications

Related documents:
- British National Formulary, 2014 (page 4)

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

- Yes, with prescription only

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:
  - Abortion Act, 1967
  - United Kingdom Approval home use second stage early medical abortion DoH, 2018 (page 1)

Primary health-care centres

- Not specified

  - Abortion Act, 1967
  - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

Secondary (district-level) health-care facilities

- Yes

  - Abortion Act, 1967 (page 2)

Specialized abortion care public facilities

- Not specified

  - Abortion Act, 1967
  - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

Private health-care centres or clinics

- Not specified

  - Abortion Act, 1967
  - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

NGO health-care centres or clinics

- Not specified

  - Abortion Act, 1967
  - Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

Other (if applicable)

- Any treatment for the termination of pregnancy must be carried out in an NHS hospital or in a place approved by the Secretary of State for that purpose. Women with pregnancies not exceeding nine weeks and six days who have taken Mifepristone at a clinic may carry out the second stage of treatment (taking Misoprostol) at home (the place where they have their permanent address or usually reside).

  - The restriction regarding NHS hospitals and approved places does not apply where a registered practitioner is of the opinion, formed in good faith, that to save the life or prevent grave permanent harm to the health of the pregnant woman it is necessary to carry out the termination in another place.

  - Abortion Act, 1967
  - United Kingdom Approval home use second stage early medical abortion DoH, 2018 (page 1)
### National guidelines for post-abortion care

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

- Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

### Additional notes

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

### Where can post abortion care services be provided

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<td>Primary health-care centres</td>
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<td>Specialized abortion care public facilities</td>
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<tr>
<td>Private health-care centres or clinics</td>
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<td>NGO health-care centres or clinics</td>
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</tr>
<tr>
<td>Other (if applicable)</td>
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</tbody>
</table>

### Contraception included in post-abortion care

- **Yes**

**Related documents:**

- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 25)

### WHO Guidance

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

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

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

Additional notes

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

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

Insurance to offset end user costs

No data found

Other (if applicable)

Nurse

Yes

In 1981 the House of Lords considered the requirement under the 1967 Abortion Act that an abortion should be performed by a registered medical practitioner in RCN v DHSS [1981], a case involving second-trimester medical terminations. Three of the five judges found that a registered medical practitioner must “accept responsibility for all stages of the treatment for the termination of the pregnancy” and must “be available to be consulted or called on for assistance from beginning to end of the treatment.” But a “the doctor need not do everything with his own hands; the requirements of the subsection are satisfied when the treatment for termination of a pregnancy is one prescribed by a registered medical practitioner carried out in accordance with his directions and of which a registered medical practitioner remains in charge throughout.” (10)

The Department of Health accordingly advises as follows: “...in relation to medical terminations, the courts have decided that provided the RMP personally decides upon, initiates and takes responsibility throughout the process, the protection offered by the Act will apply to the RMP and to any other person participating in the termination under his or her authority. Certain actions may therefore be undertaken by registered nurses or midwives provided they are fully trained and where the provider has agreed protocols in place. For example, a nurse or midwife may administer the drugs used for medical abortion once these have been prescribed by a doctor.” (4)

No official guidance was found which supports an interpretation of the 1981 judgment to the effect that trained registered nurses and midwives may perform abortions by surgical methods under the kind of supervision the 1981 judgment sets out.

- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 13)
- Royal College of Nursing of the United Kingdom v Department of Health and Social Security (page 1)

Midwife/nurse-midwife

Yes

In 1981 the House of Lords considered the requirement under the 1967 Abortion Act that an abortion should be performed by a registered medical practitioner in RCN v DHSS [1981], a case involving second-trimester medical terminations. Three of the five judges found that a registered medical practitioner must “accept responsibility for all stages of the treatment for the termination of the pregnancy” and must “be available to be consulted or called on for assistance from beginning to end of the treatment.” But a “the doctor need not do everything with his own hands; the requirements of the subsection are satisfied when the treatment for termination of a pregnancy is one prescribed by a registered medical practitioner carried out in accordance with his directions and of which a registered medical practitioner remains in charge throughout.” (10)

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- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 13)
- Royal College of Nursing of the United Kingdom v Department of Health and Social Security (page 1)

Doctor (specialty not specified)

Not specified

- Abortion Act, 1967
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy
Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
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<tr>
<td>Referral linkages to a higher-level facility</td>
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<td>- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 24)</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
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<td>- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 11)</td>
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<td>Minimum number of beds</td>
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<td>- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy</td>
</tr>
<tr>
<td>Other (if applicable)</td>
</tr>
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<td>Approval by the Secretary of State for Health which depends on compliance with the Abortion Act 1967 (1) and regulations made under that Act; the requirements set out in regulations made under the Health and Social Care Act 20083; and the Required Standard Operating Procedures set out in the Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion) (4) Independent healthcare providers must register with the Care Quality Commission and have received written approval from the Secretary of State for Health.</td>
</tr>
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<td>- Abortion Act, 1967 (page 2 )</td>
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<td>- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (page 1)</td>
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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)
The Guernsey Abortion Act does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

**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

The Guernsey Abortion Act does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

#### Dilatation and evacuation

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#### Combination mifepristone-misoprostol

The Guernsey Abortion Act does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

#### Misoprostol only

The Guernsey Abortion Act does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

#### Other (where provided)

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

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

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

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

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

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

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

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

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

### Country recognized approval (mifepristone / mife-misoprostol)

No data found

**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.
### Country recognized approval (misoprostol)

No data found

#### WHO Guidance

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

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

### Where abortion services can be provided

#### Related documents:
- Guernsey Abortion Law 1997

#### Primary health-care centres

Not specified
- Guernsey Abortion Law 1997

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

Not specified
- Guernsey Abortion Law 1997

#### Specialized abortion care public facilities

Not specified
- Guernsey Abortion Law 1997

#### Private health-care centres or clinics

Not specified
- Guernsey Abortion Law 1997

#### NGO health-care centres or clinics

Not specified
- Guernsey Abortion Law 1997

#### Other (if applicable)

Princess Elizabeth Hospital (or such other place as the States may by Ordinance specify) or a place approved by the Board.
- Guernsey Abortion Law 1997

#### 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

The Guernsey Abortion Act does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

#### 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 post abortion care services can be provided

#### Primary health-care centres

No data found
### Contraception included in post-abortion care

| 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)

### Insurance to offset end user costs

| 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)

### Who can provide abortion services

**Related documents:**
- Guernsey Abortion Law 1997

**Nurse**

Not specified
- Guernsey Abortion Law 1997

**Midwife/nurse-midwife**

Not specified
- Guernsey Abortion Law 1997

**Doctor (specialty not specified)**

Not specified
- Guernsey Abortion Law 1997

**Specialist doctor, including OB/GYN**

Not specified
- Guernsey Abortion Law 1997

**Other (if applicable)**

Approved Registered Medical Practitioners
- Guernsey Abortion Law 1997
Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility
Not specified
- Guernsey Abortion Law 1997

Availability of a specialist doctor, including OB/GYN
Not specified
- Guernsey Abortion Law 1997

Minimum number of beds
Not specified
- Guernsey Abortion Law 1997

Other (if applicable)


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)

Isle of Man (United Kingdom of Great Britain and Northern Ireland)

National guidelines for induced abortion

There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration
There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

Dilatation and evacuation
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Combination mifepristone-misoprostol
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Misoprostol only
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various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion.

Other (where provided)

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**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)

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<tr>
<td></td>
<td>United Kingdom Isle of Man Abortion Reform Act, 2019 (page 7)</td>
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</table>

**Primary health-care centres**

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

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

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

**Specialized abortion care public facilities**

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

**Private health-care centres or clinics**

...
National guidelines for post-abortion care

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

Contraception included in post-abortion care

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)

United Kingdom Isle of Man Abortion Reform Act, 2019

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WHO Guidance

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

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

No data found

WHO 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 62)

Who can provide abortion services

Related documents:
- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

Nurse

Yes

A person may participate in the provision of abortion services if, but only if, that person is authorised by the Department, possesses the appropriate skill in relation to the gestation period.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

Midwife/nurse-midwife

Yes

A person may participate in the provision of abortion services if, but only if, that person is authorised by the Department, possesses the appropriate skill in relation to the gestation period.

- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 9)

Doctor (specialty not specified)

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

Specialist doctor, including OB/GYN

Not specified

- United Kingdom Isle of Man Abortion Reform Act, 2019

Other (if applicable)

Medical practitioner

A person may participate in the provision of abortion services if, but only if, that person is authorised by the Department, possesses the appropriate skill in relation to the gestation period.

- United Kingdom Isle of Man Abortion Reform Act, 2019

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

- United Kingdom Isle of Man Abortion Reform Act, 2019

Availability of a specialist doctor, including OB/GYN

No data found
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**Source document:** [WHO Safe Abortion Guidance (page 75)](http://www.who.int/reproductivehealth/publications/unsafe-abortion/guidelines/en/)

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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 123)](http://www.who.int/reproductivehealth/publications/unsafe-abortion/guidelines/en/)

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**Source document:** [WHO Safe Abortion Guidance (page 123)](http://www.who.int/reproductivehealth/publications/unsafe-abortion/guidelines/en/)

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### WHO Guidance

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

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 4 - Recommendation.

**Source document:** [WHO Safe Abortion Guidance (page 123)](http://www.who.int/reproductivehealth/publications/unsafe-abortion/guidelines/en/)

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### WHO Guidance

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

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)](http://www.who.int/reproductivehealth/publications/unsafe-abortion/guidelines/en/)
Country recognized approval (mifepristone / misoprostol)

No data found

**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)

No data found

**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:**
- Jersey Termination of Pregnancy Law, 1997 (page 8)

**Primary health-care centres**
Not specified

- Jersey Termination of Pregnancy Law, 1997

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

- Jersey Termination of Pregnancy Law, 1997 (page 8)

**Specialized abortion care public facilities**
Not specified

- Jersey Termination of Pregnancy Law, 1997

**Private health-care centres or clinics**
Not specified

- Jersey Termination of Pregnancy Law, 1997

**NGO health-care centres or clinics**
Not specified

- Jersey Termination of Pregnancy Law, 1997

**Other (if applicable)**

“Approved place” means – (a) any hospital maintained or controlled by the States or any administration thereof; and (b) any institution for the time being registered under the Nursing and Residential Homes (Jersey) Law 1994 as a nursing home where terminations may be carried out.

- Jersey Termination of Pregnancy Law, 1997 (page 8)

**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
### National guidelines for post-abortion care

The Termination of Pregnancy (Jersey) Law does not provide guidance on the provision of services. There are Clinical professional guidelines on the provision of abortion by the Royal College of Obstetricians and Gynaecologists outlining various methods, which may be of relevance. The guidelines are accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

#### 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.

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### Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Data Availability</th>
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</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No data found</td>
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<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
</tbody>
</table>

#### 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.

---

### 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.

---

### Insurance to offset end user costs

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.
### Who can provide abortion services

<table>
<thead>
<tr>
<th>Role</th>
<th>Source Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Jersey Termination of Pregnancy Law, 1997</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Jersey Termination of Pregnancy Law, 1997</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Jersey Termination of Pregnancy Law, 1997</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Jersey Termination of Pregnancy Law, 1997</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Approved Registered Medical Practitioners</td>
</tr>
</tbody>
</table>

**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.

**Referral linkages to a higher-level facility**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Source Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Jersey Termination of Pregnancy Law, 1997</td>
</tr>
</tbody>
</table>

**Availability of a specialist doctor, including OB/GYN**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Source Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
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</table>

**Minimum number of beds**

<table>
<thead>
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<th>Requirement</th>
<th>Source Document</th>
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<tbody>
<tr>
<td>Minimum number of beds</td>
<td>Jersey Termination of Pregnancy Law, 1997</td>
</tr>
</tbody>
</table>

**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.

**Northern Ireland (United Kingdom of Great Britain and Northern Ireland)**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Source Document</th>
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</thead>
<tbody>
<tr>
<td>National guidelines for induced abortion</td>
<td>Yes, guidelines issued by the government</td>
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</table>

**Related documents:**

- The Abortion Regulations 2020 (page 2)
# Methods allowed

<table>
<thead>
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<th>Method</th>
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<tr>
<td>Vacuum aspiration</td>
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</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Not specified</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Yes</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>No data found</td>
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</tbody>
</table>

### 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.

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.

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

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.

### Country recognized approval (mifepristone / mife-misoprostol)

No data found

### Country recognized approval (misoprostol)

No data found

### WHO Guidance

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.
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:
- The Abortion Regulations 2020 (page 3)

#### Primary health-care centres
- Yes
- The Abortion Regulations 2020 (page 3)

#### Secondary (district-level) health-care facilities
- Yes
- The Abortion Regulations 2020 (page 3)

#### 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)
- The woman’s home provided certain criteria are met.

If the woman having a termination a) has a pregnancy not exceeding 10 weeks of gestation and if she has b) been prescribed Mifepristone and Misoprostol to be taken for the purposes of terminating the pregnancy and c) taken the first part of the medication at the authorised healthcare centre/location, she may take the second part of the treatment at home.

- The Abortion Regulations 2020 (page 4)

#### 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

**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.

#### 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
Contraception included in post-abortion care

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)

Insurance to offset end user costs

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.

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)

Who can provide abortion services

Related documents:
- The Abortion Regulations 2020 (page 3)

Nurse
Yes
- The Abortion Regulations 2020 (page 3)

Midwife/nurse-midwife
Yes
- The Abortion Regulations 2020 (page 3)

Doctor (specialty not specified)
Not specified

Specialist doctor, including OB/GYN
Not specified

Other (if applicable)
Registered medical practitioner

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.
Conscientious Objection

United Kingdom of Great Britain and Northern Ireland

Public sector providers

### Related documents:
- Abortion Act, 1967 (page 5)
- Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (page 1)

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

**Not specified**

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

The Royal College of Obstetricians and Gynaecologists has produced a Clinical Guideline on the care of women requesting induced abortion which addresses these issues. This is accessible at: http://www.rcog.org.uk/womens-health/clinical-guidance/care-women-requesting-induced-abortion

- Abortion Act, 1967

### 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.

**Additional notes**

This does not apply where it is necessary to save life or prevent grave permanent injury to the woman’s physical or mental health.

In a 2014 judgment the Supreme Court considered whether the right to conscientious objection amounted to a right to object to any involvement with patients in connection with the termination of pregnancy to which a person has a conscientious objection. The Supreme Court found that the section of the Abortion Act 1967 on conscientious pertains to “the acts made lawful by section 1” of the Act, not “the host of ancillary, administrative and managerial tasks that might be associated with those acts.”

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Private sector providers

### Related documents:
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Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

This does not apply where it is necessary to save life or prevent grave permanent injury to the woman's physical or mental health.

In a 2014 judgment the Supreme Court considered whether the right to conscientious objection amounted to a right to object to any involvement with patients in connection with the termination of pregnancy to which a person has a conscientious objection. The Supreme Court found that the section of the Abortion Act 1967 on conscientious pertains to “the acts made lawful by section 1” of the Act, not “the host of ancillary, administrative and managerial tasks that might be associated with those acts.”

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Neither Type of Provider Permitted

Related documents:
- Abortion Act, 1967 (page 5)
- Greater Glasgow Health Board (Appellant) v Doogan and another (Respondents) (page 1)

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

Not specified
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WHO Guidance

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Source document: WHO Safe Abortion Guidance (page 106)

Additional notes
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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:
- Abortion Act, 1967
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 106)

Private facilities

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

Related documents:
- Abortion Act, 1967
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy
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:
- Abortion Act, 1967
- Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy

Guernsey (United Kingdom of Great Britain and Northern Ireland)

Public sector providers

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

Not specified

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

- Guernsey Abortion Law 1997

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)
Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

### Related documents:
- Guernsey Abortion Law 1997

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

**Not specified**

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

- Guernsey Abortion Law 1997

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### 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)

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### Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

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### Related documents:
- Guernsey Abortion Law 1997

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

**Not specified**

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

- Guernsey Abortion Law 1997

---

### 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 106)

---

### Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.
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.

- Guernsey Abortion Law 1997

### WHO Guidance

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

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

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

### Additional notes

Medical practitioners have a duty to participate in treatment which is necessary to save the life of a pregnant woman regardless of conscientious objection.

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<thead>
<tr>
<th>Public facilities</th>
<th>WHO Guidance</th>
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<table>
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### Neither Type of Facility Permitted

<table>
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<tr>
<th>Public sector providers</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
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<tr>
<td>- Guernsey Abortion Law 1997</td>
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**WHO Guidance**

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

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

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

### Isle of Man (United Kingdom of Great Britain and Northern Ireland)

#### Public sector providers

<table>
<thead>
<tr>
<th><strong>Related documents:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 10)</td>
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</tbody>
</table>

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

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</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

| United Kingdom Isle of Man Abortion Reform Act, 2019 |

**WHO Guidance**

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

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

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

#### Additional notes

No relevant professional or pharmacist shall be under any legal duty, whether arising by contract or any statutory or other legal requirement, to participate in any treatment or counselling authorised by this Act if that person has a conscientious objection to participating in such treatment or counselling except when the treatment is necessary to save the life of a woman or to prevent grave permanent injury to the health of a woman. A relevant professional or pharmacist who has a conscientious objection must (a) without delay inform the woman who requests abortion services that she has a right to see another relevant professional or pharmacist (as the case requires); and (b) ensure she has sufficient information to enable her to exercise the right mentioned in paragraph (a). (6) Any relevant professional or pharmacist whose failure to act in this manner results in the woman suffering injury or the loss of her life (or both) commits an offence. Maximum penalty — (a) (on information): a fine or 2 years’ custody; or (b) (summary) 12 months’ custody or a level 5 fine.

### Private sector providers

<table>
<thead>
<tr>
<th><strong>Related documents:</strong></th>
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</thead>
<tbody>
<tr>
<td>- United Kingdom Isle of Man Abortion Reform Act, 2019 (page 10)</td>
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| United Kingdom Isle of Man Abortion Reform Act, 2019 |

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**Additional notes**

No relevant professional or pharmacist shall be under any legal duty, whether arising by contract or any statutory or other legal requirement, to participate in any treatment or counselling authorised by this Act if that person has a conscientious objection to participating in such treatment or counselling except when the treatment is necessary to save the life of a woman or to prevent grave permanent injury to the health of a woman. A relevant professional or pharmacist who has a conscientious objection must (a) without delay inform the woman who requests abortion services that she has a right to see another relevant professional or pharmacist (as the case requires); and (b) ensure she has sufficient information to enable her to exercise the right mentioned in paragraph (a). (6) Any relevant professional or pharmacist whose failure to act in this manner results in the woman suffering injury or the loss of her life (or both) commits an offence. Maximum penalty — (a) (on information): a fine or 2 years’ custody; or (b) (summary) 12 months’ custody or a level 5 fine.
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**Public facilities**

- **Not specified**
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- Source document: WHO Safe Abortion Guidance (page 106)

**Additional notes**

Medical practitioners have a duty to participate in treatment which is necessary to save the life of or prevent grave permanent injury to the physical or mental health of a pregnant woman, regardless of conscientious objection.

### Public facilities

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### Public sector providers

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- The Abortion Regulations 2020 (page 9)

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

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children.
unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

| 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**

<table>
<thead>
<tr>
<th>3.1.1 Maternal mortality ratio</th>
<th>7 (2017)</th>
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<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>12.5 (2015-2020)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
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<tr>
<td>3.c.1 Health worker density and distribution</td>
<td>No data</td>
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**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

5.b.1 Proportion of individuals who own a mobile telephone, by sex

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

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

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

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

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

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

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

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

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

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
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
  - 99 (1998)

- Percentage of women aged 20-24 who gave birth before age 18
  - 2 (2009-2013)

- Total fertility rate
  - 1.68 (2018)

- Legal marital age for women, with parental consent
  - 16 (2009-2017)

- Legal marital age for women, without parental consent

- Gender Inequalities Index (Value)
  - 0.12 (2017)

- Gender Inequalities Index (Rank)
  - 25 (2017)

- Mandatory paid maternity leave
  - yes (2020)

- Median age
  - 40.5 (2020)

- Population, urban (%)
  - 83.398 (2018)

- Percentage of secondary school completion rate for girls
  - 1 (2013)

- Gender parity in secondary education
  - 1.032 (2015)

- Percentage of women in non-agricultural employment
  - 49.2 (2013)

- Proportion of seats in parliament held by women
  - 28.5 (2017)
Sex ratio at birth (male to female births)

1.05 (2018)