

Country Profile: Argentina

Last Updated: 18 December 2023

Region: South America



Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- ✓ Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- ✓ Case Law
- ✓ Health Regulation / Clinical Guidelines
- ✓ EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- ✓ Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- ✓ Other

Related Documents

From Criminal / Penal Code:

- [Penal Code](#)

From Case Law:

- [Supreme Court Ruling F.A.L, 2012](#)

From Health Regulation / Clinical Guidelines:

- [Comprehensive Abortion Care Guide, 2021](#)
- [Post-Abortion Care Guidelines](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022](#)

From EML / Registered List:

- [Misoprostol Regulation, 1998](#)
- [Misoprostol Regulation, 2010](#)
- [Basic Health Care Package Programme Annex II](#)
- [Basic Health Care Package Programme Annex III](#)
- [Therapeutic Formulary](#)
- [Essential Medicines List for for First Level of Care, 2021](#)
- [ANMAT Mifepristone Registration 2022](#)

From Abortion Specific Law:

- [Access to Voluntary Termination of Pregnancy](#)
- [Legal Standards for the interruption of pregnancy, 2021](#)

From Other:

- [City of Buenos Aires Law 1044, 2003](#)
- [Civil and Commercial Code 2014](#)



List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- ✓ Xst OP
- ✓ 2nd OP
- ✓ CDESCR
- ✓ CDESCR-OP
- ✓ CAT
- ✓ CAT-OP
- ✓ CEDAW
- ✓ CEDAW-OP
- ✓ CRC
- ✓ CRC:OPSC
- ✓ CRC:OPAC
- ✓ CRC:OPIC
- ✓ CMW
- ✓ CRPD *
- ✓ CRPD-OP
- ✓ CED **
- Maputo Protocol

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Concluding Observations:

- [CEDAW](#)
- [CEDAW](#)
- [CESCR](#)
- [CRC](#)
- [CRPD](#)
- [HRC](#)
- [HRC](#)
- [HRC](#)
- [CESCR](#)
- [CRC](#)
- [SR VAW](#)







Persons who can be sanctioned:




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





Abortion at the woman's request




✓ Gestational limit: 14

Legal Ground and Gestational Limit








Economic or social reasons	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none">• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14)• Access to Voluntary Termination of Pregnancy (page 2)• Legal Standards for the interruption of pregnancy, 2021 (page 4) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none">• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14)• Access to Voluntary Termination of Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 16)</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p> <p> Additional notes</p> <p>The legal standards define health as a 'a state of complete physical, mental and social well-being, and not only the absence of diseases or illnesses' saying that a pregnancy can be legally terminated when any of these dimensions of health are at risk.</p>
Foetal impairment	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Penal Code (page 19)• Access to Voluntary Termination of Pregnancy (page 2)• Comprehensive Abortion Care Guide, 2021 (page 2)• Legal Standards for the interruption of pregnancy, 2021 (page 4)• https://abortion-policies.srhr.org/documents/countries/15-Argentina-Protocol-for-Comprehensive-Care-on-the-Right-to-Voluntary-Termination-of-Pregnancy-2021.pdf#page=14 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 64)</p> <p> Additional notes</p> <p>The Legislative Body of the City of Buenos Aires passed the Law 1044 in June 2003 indicating that a pregnant woman with a fetus with anencephaly or a pathology incompatible with extrauterine life has to be informed and can request a preterm delivery once the pregnancy has reached 24 weeks. This law has been used in rulings of provincial courts to allow pregnancy interruptions (i.e. Buenos Aires and Neuquén).</p> <p>Related documents:</p> <ul style="list-style-type: none">• Supreme Court Ruling F.A.L, 2012 (page 1)• City of Buenos Aires Law, 2003 (page 1)







<p>Rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <p>A woman seeking abortion where the pregnancy is the result of rape and the pregnancy has exceeded 14 weeks, must make a statement to the health professional explaining that the pregnancy is due to rape. If the girl is below 13 years of age she does not have to make a declaration to the medical professional in order to access under this ground.</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 64)</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p> <p> Additional notes</p> <p>All sexual relations with penetration in which the person, for whatever reason, has not freely expressed their consent (for example, due to being asleep, unconscious or under the influence of alcohol or drugs, or being in situations such as described in the previous point) are violations. Any sexual relationship with a girl under the age of 13 is rape.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Legal Standards for the interruption of pregnancy, 2021 (page 4)
<p>Incest</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Penal Code (page 19) • Access to Voluntary Termination of Pregnancy (page 4) • Comprehensive Abortion Care Guide, 2021 (page 6) • Legal Standards for the interruption of pregnancy, 2021 (page 7) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 64)</p>
<p>Intellectual or cognitive disability of the woman</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Penal Code (page 19) • Access to Voluntary Termination of Pregnancy (page 4) • Comprehensive Abortion Care Guide, 2021 (page 6) • Legal Standards for the interruption of pregnancy, 2021 (page 7)








<p>Mental health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 16)</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p> <p> Additional notes</p> <p>The text does refer to "integral health" which may infer both physical and mental health are taken into consideration but does not specify physical health and mental health explicitly as separate grounds. However, the legal standards state that physical and mental health are specific components of health, saying that a pregnancy can be legally terminated when any of these dimensions of health are at risk. It further states that in the cases of girls and adolescents aged 15 years or less, pregnancy itself implies an increased risk for both physical and mental health.</p>
<p>Physical health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 16)</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p> <p> Additional notes</p> <p>The text does refer to "integral health" which may infer both physical and mental health are taken into consideration but does not specify physical health and mental health explicitly as separate grounds. However, the legal standards state that physical and mental health are specific components of health, saying that a pregnancy can be legally terminated when any of these dimensions of health are at risk. It further states that in the cases of girls and adolescents aged 15 years or less, pregnancy itself implies an increased risk for both physical and mental health.</p>










<p>Health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Penal Code (page 19) • Supreme Court Ruling F.A.L, 2012 (page 1) • Access to Voluntary Termination of Pregnancy (page 2) • Comprehensive Abortion Care Guide, 2021 (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 16)</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p> <p> Additional notes</p> <p>The legal standard defines health as a 'a state of complete physical, mental and social well-being, and not only the absence of diseases or illnesses' saying that a pregnancy can be legally terminated when any of these dimensions of health are at risk. It further states that in the cases of girls and adolescents aged 15 years or less, pregnancy itself implies an increased risk for both physical and mental health.</p>
<p>Life</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Penal Code (page 19) • Supreme Court Ruling F.A.L, 2012 (page 1) • Access to Voluntary Termination of Pregnancy (page 2) • Comprehensive Abortion Care Guide, 2021 (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 3) <p>Gestational limit</p> <p>Weeks: No limit specified</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 14) • Access to Voluntary Termination of Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.</p> <p>Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 64)</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p>
<p>Other</p>	

Additional Requirements to Access Safe Abortion

<p>Authorization of health professional(s)</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy (page 2) • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 13) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 81)</p>
<p>Authorization in specially licensed facilities only</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 52)</p>
<p>Judicial authorization for minors</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 29) • Access to Voluntary Termination of Pregnancy (page 4) • Comprehensive Abortion Care Guide, 2021 (page 6) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 81)</p> <p> Additional notes</p> <p>Those seeking abortion services under 16 years old must follow the procedure for informed consent set out in Law 27610. As per the 2021 Technical guide on medical aspects, girls under 13 should be able to provide their consent with the assistance of their parents or people who exercise, formal or informally, care roles, who should also sign the informed consent form. People between 13 and 16 can consent themselves, except in those situations where a technique should be used that may involve a serious risk to health or life. In those cases, the assistance of their parents or people who exercise, formally or informally, roles of care, should be sought.</p>
<p>Judicial authorization in cases of rape</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 58) • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.</p> <p>The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 64)</p> <p> Additional notes</p> <p>An affidavit that the pregnancy is the result of rape is necessary. In the case of children under 13 years of age, the affidavit is not necessary.</p>



<p>Police report required in case of rape</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 58) • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.</p> <p>The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 64)</p> <p> Additional notes</p> <p>An affidavit that the pregnancy is the result of rape is necessary. In the case of children under 13 years of age, the affidavit is not necessary.</p>
<p>Parental consent required for minors</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 30) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 81)</p> <p> Additional notes</p> <p>All people who are 16 years of age or older are considered adults, and can therefore give consent for pregnancy termination. Adolescents between 13 and 16 years of age can autonomously consent abortion, unless there is a serious risk to health or life. In these situations, the assistance of their parents, legal representatives, or relatives, affective references or people who formally or informally perform care roles is necessary. This assistance implies accompanying the adolescent through the decision-making process. All persons who are under 13 years of age can provide consent with the assistance of their parents, legal representatives, relatives, affective references, or persons who formally or informally exercise care roles.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 31)
<p>Spousal consent</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 29) • Access to Voluntary Termination of Pregnancy (page 2) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 81)</p>
<p>Ultrasound images or listen to foetal heartbeat required</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 61) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 85)</p>





<p>Compulsory counselling</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 98) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality.</p> <p>Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements.</p> <p>The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 77)</p> <p> Additional notes</p> <p>The Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy suggests that it may be beneficial to undergo counseling prior to abortion procedure. If this is not possible or appropriate, it is advisable to undergo counseling immediately after the treatment is finished.</p>
<p>Compulsory waiting period</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 79)</p> <p> Additional notes</p> <p>Every pregnant person has the right to access the interruption of her pregnancy in the services of the health system or with its assistance, within a maximum period of ten (10) calendar days from its request.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 37)
<p>Mandatory HIV screening test</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 60) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 59)</p> <p> Additional notes</p> <p>Routine laboratory tests are not a requirement to access an abortion. However, the opportunity can be taken to carry out screening tests for HIV and VDRL whenever they are available, with the consent of the person, and without implying an obstacle for abortion.</p>

<p>Other mandatory STI screening tests</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 59)</p> <p> Additional notes</p> <p>Routine laboratory tests are not a requirement to access an abortion.</p>
<p>Prohibition of sex-selective abortion</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>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> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Dissemination of misinformation, withholding of information and censorship should be prohibited.</p> <p>Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 74)</p>
<p>Restrictions on methods to detect sex of the fetus</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>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.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p>

<p>Other</p>	<p>A woman seeking abortion where the pregnancy is the result of rape and the pregnancy has exceeded 14 weeks, must make a statement to the health professional explaining that the pregnancy is due to rape. If the girl is below 13 years of age she does not have to make a declaration to the medical professional in order to access under this ground.</p> <p>The 2021 law states, however, that if a "person with restricted capacity" has been "declared judicially incapable", then they must provide their consent with the assistance of their legal representative or, in the absence or absence of this, that of a relative, in the terms of article 59 of the Civil and Commercial Code of the Nation.</p> <p>In the absence of a consenting party, the doctor can dispense with the consent if their action is urgent and is intended to prevent serious harm to the patient.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy (page 2) • Legal Standards for the interruption of pregnancy, 2021 (page 4) • https://abortion-policies.srhr.org/documents/countries/15-Argentina-Protocol-for-Comprehensive-Care-on-the-Right-to-Voluntary-Termination-of-Pregnancy-2021.pdf#page=31 • Civil and Commercial Code, 2014 (page 10)
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Clinical and Service-delivery Aspects of Abortion Care

<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 1) • Comprehensive Abortion Care Guide, 2021 (page 1) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 50)</p>
<p>Methods allowed</p>	<p>Vacuum aspiration</p> <p>Yes</p> <p>Curettage or uterine curettage is not recommended. The health services and the people responsible for the programs should make every effort to replace uterine curettage with drug treatment, aspiration, or dilation and evacuation.</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Guide, 2021 (page 8) • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 64) • https://abortion-policies.srhr.org/documents/countries/15-Argentina-Protocol-for-Comprehensive-Care-on-the-Right-to-Voluntary-Termination-of-Pregnancy-2021.pdf#page=60 <p>Dilatation and evacuation</p> <p>Yes</p> <p>Curettage or uterine curettage is not recommended. The health services and the people responsible for the programs should make every effort to replace uterine curettage with drug treatment, aspiration, or dilation and evacuation.</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Guide, 2021 (page 8) • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 64) • https://abortion-policies.srhr.org/documents/countries/15-Argentina-Protocol-for-Comprehensive-Care-on-the-Right-to-Voluntary-Termination-of-Pregnancy-2021.pdf#page=60 <p>Combination mifepristone-misoprostol</p> <p>No</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Guide, 2021 (page 8) • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 64) <p>Misoprostol only</p> <p>Yes</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Guide, 2021 (page 8) • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 64) <p>Other (where provided)</p> <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.</p> <p>The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 101)</p> <p>Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 103)</p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 106)</p> <p>The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 106)</p>

<p>Country recognized approval (mifepristone / mife-misoprostol)</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • ANMAT Mifepristone Registration 2022 (page 5) <p>Pharmacy selling or distribution</p> <p> Not specified</p> <p>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.</p> <ul style="list-style-type: none"> • ANMAT Mifepristone Registration 2022 <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.</p> <p>Inclusion in the NEML is one important component of ensuring that quality medicines are available.</p> <p>For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).</p> <p>Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 55)</p> <p>Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.</p> <p>Inclusion in the NEML is one important component of ensuring that quality medicines are available.</p> <p>For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).</p> <p>Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 55)</p> <p> Additional notes</p> <p>As of December 2022, mifepristone is available in the public health system throughout the country for free use with authorization from ANMAT for distributed batches. To date, mifepristone is not registered for commercial sale in Argentina.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 64)
<p>Country recognized approval (misoprostol)</p>	<p>Yes, for gynaecological indications</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Misoprostol Regulation, 1998 (page 1) • Misoprostol Regulation, 2010 (page 1) • Essential Medicines List for for First Level of Care, 2021 (page 3) <p>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</p> <p>No</p> <p>Misoprostol can only be sold for institutional use,</p> <ul style="list-style-type: none"> • Misoprostol Regulation, 1998 (page 1) • Misoprostol Regulation, 2010 (page 1) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.</p> <p>Inclusion in the NEML is one important component of ensuring that quality medicines are available.</p> <p>For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg).</p> <p>Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 55)</p>

Where can abortion services be provided

Related documents:

- [Comprehensive Abortion Care Guide, 2021 \(page 7 \)](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 66\)](#)

Primary health-care centres

Yes

- [Comprehensive Abortion Care Guide, 2021 \(page 7 \)](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 66\)](#)

Secondary (district-level) health-care facilities

Yes

- [Comprehensive Abortion Care Guide, 2021 \(page 7 \)](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 66\)](#)

Specialized abortion care public facilities

Not specified

- [Comprehensive Abortion Care Guide, 2021](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022](#)

Private health-care centres or clinics

Not specified

- [Comprehensive Abortion Care Guide, 2021](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022](#)

NGO health-care centres or clinics

Not specified

- [Comprehensive Abortion Care Guide, 2021](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022](#)

Other (if applicable)

Medical abortion can be carried out on an outpatient basis up to 12 weeks.

- [Comprehensive Abortion Care Guide, 2021 \(page 7 \)](#)
- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 66\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Abortion Care Guideline \(page 48\)](#)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 1 \)](#)
- [Comprehensive Abortion Care Guide, 2021 \(page 1 \)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Abortion Care Guideline \(page 50\)](#)

Where can post abortion care services be provided

Primary health-care centres

Yes

- [Post-Abortion Care Guidelines \(page 12\)](#)

Secondary (district-level) health-care facilities

Yes

- [Post-Abortion Care Guidelines \(page 12\)](#)

Specialized abortion care public facilities

Not specified

- [Post-Abortion Care Guidelines](#)
- [Comprehensive Abortion Care Guide, 2021](#)

Private health-care centres or clinics

Not specified

- [Post-Abortion Care Guidelines](#)
- [Comprehensive Abortion Care Guide, 2021](#)

NGO health-care centres or clinics

Not specified

- [Post-Abortion Care Guidelines](#)
- [Comprehensive Abortion Care Guide, 2021](#)

Other (if applicable)

If a person is going through an incomplete abortion, the medical procedure can be repeated or a vacuum aspiration can be performed. This can be done at a health center that has the possibility of carrying it out.

- [Comprehensive Abortion Care Guide, 2021 \(page 11\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Abortion Care Guideline \(page 133\)](#)

Contraception included in post-abortion care

Yes

Related documents:

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 100 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 2 \)](#)
- [Comprehensive Abortion Care Guide, 2021 \(page 14 \)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Abortion Care Guideline \(page 126\)](#)

Insurance to offset end user costs

Yes

Related documents:

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 45 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 9\)](#)

Induced abortion for all women

Yes

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 45 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 9\)](#)

Abortion complications

Yes

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 45 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 9\)](#)

Private health coverage

Yes

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 45 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 9\)](#)



WHO Guidance

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

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

↓ **Source document:** [WHO Abortion Care Guideline \(page 53\)](#)





Additional notes

The legal standards state - As established in article 12 of Law 27,610, the public sector health, social works, prepaid medicine entities and all agents and organizations that provide medical-assistance services, regardless of the legal status they have, must incorporate comprehensive and free coverage of the termination of pregnancy in all the ways that the WHO recommends, with comprehensive coverage of the practice, along with diagnostic benefits, supportive medications and therapies.

Related documents:

- [Legal Standards for the interruption of pregnancy, 2021 \(page 9\)](#)

<p>Who can provide abortion services</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 41) • Access to Voluntary Termination of Pregnancy (page 2) • Comprehensive Abortion Care Guide, 2021 (page 7) <p>Nurse</p> <p>Yes</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 41) • Access to Voluntary Termination of Pregnancy (page 2) • Comprehensive Abortion Care Guide, 2021 (page 7) <p>Midwife/nurse-midwife</p> <p>Not specified</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p>Doctor (specialty not specified)</p> <p>Yes</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 41) • Access to Voluntary Termination of Pregnancy (page 2) • Comprehensive Abortion Care Guide, 2021 (page 7) <p>Specialist doctor, including OB/GYN</p> <p>Not specified</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p>Other (if applicable)</p> <p>Health professional</p> <p>It is recommended to work with interdisciplinary teams according to the uniqueness of the situation and the complexity of the practice. However, the forming such a team should not become a requirement, as this could make it difficult to for people to access their rights. A health professional is enough to carry out an abortion.</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 41) • Access to Voluntary Termination of Pregnancy (page 2) • Comprehensive Abortion Care Guide, 2021 (page 7) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 97)</p>
<p>Extra facility/provider requirements for delivery of abortion services</p>	<p>Referral linkages to a higher-level facility</p> <p>Not specified</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p>Availability of a specialist doctor, including OB/GYN</p> <p>Not specified</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p>Minimum number of beds</p> <p>Not specified</p> <ul style="list-style-type: none"> • Access to Voluntary Termination of Pregnancy • Comprehensive Abortion Care Guide, 2021 • Legal Standards for the interruption of pregnancy, 2021 • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 <p>Other (if applicable)</p> <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themselves, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 132)</p>

Public sector providers

Related documents:

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 40 \)](#)
- [Supreme Court Ruling F.A.L, 2012 \(page 1 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 6 \)](#)

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

Yes

If an institution does not have a health professional who is willing to provide abortion services, and they only have health professionals claiming conscientious objection, the health professional attending the woman must refer the patient to a health professional who can provide abortion services. The patient's costs of travel to the provider must be covered by the referring practitioner/institution. Health personnel may not refuse to terminate the pregnancy if the pregnant person's life is at risk or the pregnant person's health is in danger and requires immediate and urgent attention. Conscientious objection may not be employed by practitioners in order to refuse to provide postabortion health care.

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 40 \)](#)
- [Supreme Court Ruling F.A.L, 2012 \(page 1 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 8 \)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Abortion Care Guideline \(page 98\)](#)



Additional notes

Health personnel may not refuse to terminate the pregnancy if the pregnant person's life is at risk or the pregnant person's health is in danger and requires immediate and urgent attention. Conscientious objection may not be employed by practitioners in order to refuse to provide postabortion health care.

Private sector providers

Related documents:

- [Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 \(page 40 \)](#)
- [Supreme Court Ruling F.A.L, 2012 \(page 1 \)](#)
- [Access to Voluntary Termination of Pregnancy \(page 5 \)](#)
- [Legal Standards for the interruption of pregnancy, 2021 \(page 6 \)](#)

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

Yes

If an institution does not have a health professional who is willing to provide abortion services, and they only have health professionals claiming conscientious objection, the health professional attending the woman must refer the patient to a health professional who can provide abortion services. The patient's costs of travel to the provider must be covered by the referring practitioner/institution. Health personnel may not refuse to terminate the pregnancy if the pregnant person's life is at risk or the pregnant person's health is in danger and requires immediate and urgent attention. Conscientious objection may not be employed by practitioners in order to refuse to provide postabortion health care.

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<p>Provider type not specified</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 40) • Supreme Court Ruling F.A.L, 2012 (page 1) • Access to Voluntary Termination of Pregnancy (page 5) • Legal Standards for the interruption of pregnancy, 2021 (page 6) <p>Individual health-care providers who have objected are required to refer the woman to another provider</p> <p>Yes</p> <p>If an institution does not have a health professional who is willing to provide abortion services, and they only have health professionals claiming conscientious objection, the health professional attending the woman must refer the patient to a health professional who can provide abortion services. The patient's costs of travel to the provider must be covered by the referring practitioner/institution. Health personnel may not refuse to terminate the pregnancy if the pregnant person's life is at risk or the pregnant person's health is in danger and requires immediate and urgent attention. Conscientious objection may not be employed by practitioners in order to refuse to provide postabortion health care.</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 40) • Supreme Court Ruling F.A.L, 2012 (page 1) • Access to Voluntary Termination of Pregnancy (page 5) • Legal Standards for the interruption of pregnancy, 2021 (page 8) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers' rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 98)</p> <p> Additional notes</p> <p>Health personnel may not refuse to terminate the pregnancy if the pregnant person's life is at risk or the pregnant person's health is in danger and requires immediate and urgent attention. Conscientious objection may not be employed by practitioners in order to refuse to provide postabortion health care.</p>
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<p>Public facilities</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy Updated 2022 (page 40) • Legal Standards for the interruption of pregnancy, 2021 (page 6) <p> WHO Guidance</p> <p>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</p> <p>Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.</p> <p>↓ Source document: WHO Abortion Care Guideline (page 48)</p> <p> Additional notes</p> <p>If an institution does not have a health professional who is willing to provide abortion services, and they only have health professionals claiming conscientious objection, the health professional attending the woman must refer the patient to a health professional who can provide abortion services. The patient's costs of travel to the provider must be covered by the referring practitioner/institution. The legal standards state - Conscientious objection is always individual.</p>

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Indicators

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

Goal 1. End poverty in all its forms everywhere

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

No data

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

No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio	39 (2017)
3.1.2 Proportion of births attended by skilled health personnel	No data
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	No data
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	63.8 (2015-2020)
3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	No data
3.c.1 Health worker density and distribution	No data
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	No data
Goal 5. Achieve gender equality and empower all women and girls	
5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex	No data
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	No data
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	No data
5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	No data
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	No data
5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	No data
5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education	No data
5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	No data
5.b.1 Proportion of individuals who own a mobile telephone, by sex	No data
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
8.5.2 Unemployment rate, by sex, age and persons with disabilities	No data
Goal 10. Reduce inequality within and among countries	
10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	No data
10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	

	No data
16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	No data
16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	No data
16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	No data
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data
16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

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

17.8.1 Proportion of individuals using the Internet	No data
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Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	No data
Percentage of births attended by trained health professional	99.6 (2014)
Percentage of women aged 20-24 who gave birth before age 18	12 (2009-2013)
Total fertility rate	2.261 (2018)
Legal marital age for women, with parental consent	16 (2009-2017)
Legal marital age for women, without parental consent	18 (2009-2017)
Gender Inequalities Index (Value)	0.36 (2017)
Gender Inequalities Index (Rank)	81 (2017)
Mandatory paid maternity leave	No (2020)
Median age	31.5 (2020)

Population, urban (%)

91.87 (2018)

Percentage of secondary school completion rate for girls

1.04 (2013)

Gender parity in secondary education

1.059 (2015)

Percentage of women in non-agricultural employment

48.13 (2018)

Proportion of seats in parliament held by women

38.9 (2017)

Sex ratio at birth (male to female births)

1.04 (2018)