Country Profile: Argentina

Region: South America

Last Updated: 31 August 2022

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 2021

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

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

Concluding Observations:
- CEDAW
- CEDAW
- CESC
- CRC
- CRPD
- HRC
- HRC
- CESC
- 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
### Economic or social reasons

**Yes**

**Related documents:**
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)
- Access to Voluntary Termination of Pregnancy (page 2)
- Legal Standards for the interruption of pregnancy, 2021 (page 4)

### Gestational limit

**Weeks:** No limit specified

**Related documents:**
- Access to Voluntary Termination of Pregnancy (page 2)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 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.

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

**Source document:** WHO Safe Abortion Guidance (page 16)

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

**Source document:** WHO-Safe-Abortion-Guidance-2012.pdf#page=103

#### Additional notes

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.

### Foetal impairment

**No**

**Related documents:**
- 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)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

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

Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.

**Source document:** WHO Safe Abortion Guidance (page 64)

#### Additional notes

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).

**Related documents:**
- Supreme Court Ruling F.A.L, 2012 (page 1)
- City of Buenos Aires Law, 2003 (page 1)
**Rape**

Yes

**Related documents:**
- 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)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

**Gestational limit**

Weeks: No limit specified

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.

**Related documents:**
- Access to Voluntary Termination of Pregnancy (page 2)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)
- Legal Standards for the interruption of pregnancy, 2021 (page 4)

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**Incest**

No

**Related documents:**
- 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)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

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**Intellectual or cognitive disability of the woman**

No

**Related documents:**
- 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)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

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

**Source document:** WHO Safe Abortion Guidance (page 64)

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

**Source document:** WHO-Safe-Abortion-Guidance-2012.pdf#page=103

**Related documents:**
- Legal Standards for the interruption of pregnancy, 2021 (page 4)
### Mental health

**Yes**

**Related documents:**
- Access to Voluntary Termination of Pregnancy (page 2)
- Legal Standards for the interruption of pregnancy, 2021 (page 4)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

**Gestational limit**

Weeks: No limit specified

- Access to Voluntary Termination of Pregnancy (page 2)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

### Physical health

**Yes**

**Related documents:**
- Access to Voluntary Termination of Pregnancy (page 2)
- Legal Standards for the interruption of pregnancy, 2021 (page 4)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

**Gestational limit**

Weeks: No limit specified

- Access to Voluntary Termination of Pregnancy (page 2)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

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- **Source document:** WHO-Safe-Abortion-Guidance-2012.pdf#page=103

### Additional notes

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.
Additional Requirements to Access Safe Abortion

Health

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**Gestational limit**

Weeks: No limit specified

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- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 14)

**WHO Guidance**

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- **Source document**: WHO Safe Abortion Guidance (page 16)

**Additional notes**

The legal standard defines health as 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.

Life

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

- **Source document**: WHO Safe Abortion Guidance (page 64)

**Additional notes**

The legal standard defines health as 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.

Other

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**Additional notes**

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.

- **Related documents**: Access to Voluntary Termination of Pregnancy (page 2)
- **Legal Standards for the interruption of pregnancy, 2021 (page 4)**
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<th>Authorization of health professional(s)</th>
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<td>• Access to Voluntary Termination of Pregnancy (page 2)</td>
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<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 13)</td>
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<th>Authorization in specially licensed facilities only</th>
<th>Not specified</th>
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<td>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.</td>
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<td>Source document: WHO Safe Abortion Guidance (page 52)</td>
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<tr>
<th>Judicial authorization for minors</th>
<th>No</th>
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<tr>
<td>• Access to Voluntary Termination of Pregnancy (page 4)</td>
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<td>• Comprehensive Abortion Care Guide, 2021 (page 6)</td>
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<tr>
<th>Judicial authorization in cases of rape</th>
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<tr>
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<tr>
<td>• Legal Standards for the interruption of pregnancy, 2021 (page 4)</td>
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<td>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.</td>
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<p>| The legal standards state that ‘in cases of rape, a police or judicial report is never required to access an ILE, it is only an affidavit that the pregnancy is the result of rape is necessary’. |</p>
<table>
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<tr>
<th>Requirement</th>
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<tr>
<td>Police report required in case of rape</td>
<td>No</td>
<td>Access to Voluntary Termination of Pregnancy (page 2)</td>
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<td>Parental consent required for minors</td>
<td>Yes</td>
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<td><strong>WHO Guidance</strong></td>
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<tr>
<td>Can another adult consent in place of a parent?</td>
<td>Yes</td>
<td>Access to Voluntary Termination of Pregnancy (page 4)</td>
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<td>Access to Voluntary Termination of Pregnancy (page 4)</td>
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<td>Spousal consent</td>
<td>No</td>
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<td>Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 26)</td>
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</table>
### Ultrasound images or listen to foetal heartbeat required

No

**Related documents:**
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 57)

### Compulsory counselling

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 85)

### Compulsory waiting period

**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.

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.

**Source document:** WHO Safe Abortion Guidance (page 79)

### Mandatory HIV screening test

No

**Related documents:**
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 57)

### 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.
Other mandatory STI screening tests

Other

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.

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 § 2.1.

Source document: WHO Safe Abortion Guidance (page 59)

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:
- 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, 2021

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.

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-based sex selection: an interagency statement.

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.

Related documents:
- 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, 2021

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.

Dissemination of misinformation, withholding of information and censorship should be prohibited.

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.

Source document: WHO Safe Abortion Guidance (page 74)

Restrictions on methods to detect sex of the foetus

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:
- 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, 2021

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.

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

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.

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.

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.

Related documents:
- Access to Voluntary Termination of Pregnancy (page 2 )
- Legal Standards for the interruption of pregnancy, 2021 (page 4 )
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 31 )
### National guidelines for induced abortion

- Yes, guidelines issued by the government

### Related documents:
- Comprehensive Abortion Care Guide, 2021 (page 1)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 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 Safe Abortion Guidance (page 50)

### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Yes</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Yes</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### WHO Guidance

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.

**Source document:** WHO Safe Abortion Guidance (page 101)

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.

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

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

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

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.

**Source document:** WHO Safe Abortion Guidance (page 106)
Country recognized approval (mifepristone / mife-misoprostol)

No

Related documents:
- Essential Medicines List for First Level of Care, 2021 (page 1)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 1)
- Comprehensive Abortion Care Guide, 2021 (page 8)
- Therapeutic Formulary (page 1)
- Basic Health Care Package Programme Annex III (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.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

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

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

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

Source document: WHO Safe Abortion Guidance (page 55)

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:
- Misoprostol Regulation, 1998 (page 1)
- Misoprostol Regulation, 2010 (page 1)
- Essential Medicines List for First Level of Care, 2021 (page 3)

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

No

Misoprostol can only be sold for institutional use,

- Misoprostol Regulation, 1998 (page 1)
- Misoprostol Regulation, 2010 (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.

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Source document: WHO Safe Abortion Guidance (page 55)
Where abortion services can be provided

<table>
<thead>
<tr>
<th>Primary health-care centres</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021 (page 7 )</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 74 )</td>
<td></td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021 (page 7 )</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 74 )</td>
<td></td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Outpatient basis at home.</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021 (page 7 )</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 74 )</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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 Safe Abortion Guidance (page 48)

<table>
<thead>
<tr>
<th>National guidelines for post-abortion care</th>
<th>Yes, guidelines issued by the government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Abortion Care Guide, 2021 (page 1 )</td>
<td></td>
</tr>
<tr>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 1 )</td>
<td></td>
</tr>
</tbody>
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**WHO Guidance**

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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 Safe Abortion Guidance (page 50)
### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Availability</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary health-care centres</strong></td>
<td>Yes</td>
<td>Post-Abortion Care Guidelines (page 12)</td>
</tr>
<tr>
<td><strong>Secondary (district-level) health-care facilities</strong></td>
<td>Yes</td>
<td>Post-Abortion Care Guidelines (page 12)</td>
</tr>
<tr>
<td><strong>Specialized abortion care public facilities</strong></td>
<td>Not specified</td>
<td>Post-Abortion Care Guidelines, Comprehensive Abortion Care Guide, 2021</td>
</tr>
<tr>
<td><strong>Private health-care centres or clinics</strong></td>
<td>Not specified</td>
<td>Post-Abortion Care Guidelines, Comprehensive Abortion Care Guide, 2021</td>
</tr>
<tr>
<td><strong>NGO health-care centres or clinics</strong></td>
<td>Not specified</td>
<td>Post-Abortion Care Guidelines, Comprehensive Abortion Care Guide, 2021</td>
</tr>
</tbody>
</table>

**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)

### Contraception included in post-abortion care

<table>
<thead>
<tr>
<th>Availability</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Access to Voluntary Termination of Pregnancy (page 2)</td>
</tr>
<tr>
<td></td>
<td>Comprehensive Abortion Care Guide, 2021 (page 34)</td>
</tr>
<tr>
<td></td>
<td>Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 56)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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 Safe Abortion Guidance (page 126)
Insurance to offset end user costs

Yes

Related documents:
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 42)
- Access to Voluntary Termination of Pregnancy (page 5)
- Legal Standards for the interruption of pregnancy, 2021 (page 9)

Induced abortion for all women

Yes

Related documents:
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 42)
- Access to Voluntary Termination of Pregnancy (page 5)
- Legal Standards for the interruption of pregnancy, 2021 (page 9)

Abortion complications

Yes

Related documents:
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 42)
- Access to Voluntary Termination of Pregnancy (page 5)
- Legal Standards for the interruption of pregnancy, 2021 (page 9)

Private health coverage

Not specified

Related documents:
- Access to Voluntary Termination of Pregnancy
- Legal Standards for the interruption of pregnancy, 2021
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021

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 Safe Abortion Guidance (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)

Who can provide abortion services

Nurse

Yes

Related documents:
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 38)

Midwife/nurse-midwife

Not specified

Related documents:
- Access to Voluntary Termination of Pregnancy
- Comprehensive Abortion Care Guide, 2021
- Legal Standards for the interruption of pregnancy, 2021

Doctor (specialty not specified)

Yes

Related documents:
- Access to Voluntary Termination of Pregnancy (page 2)
- Comprehensive Abortion Care Guide, 2021 (page 7)
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 38)

Specialist doctor, including OB/GYN

Not specified

Related documents:
- Access to Voluntary Termination of Pregnancy
- Comprehensive Abortion Care Guide, 2021
- Legal Standards for the interruption of pregnancy, 2021

Other (if applicable)

Health professional

Related documents:
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 38)

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 against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Safe Abortion Guidance (page 97)
<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
<th>Referral linkages to a higher-level facility</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Access to Voluntary Termination of Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Comprehensive Abortion Care Guide, 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Legal Standards for the interruption of pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Access to Voluntary Termination of Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Comprehensive Abortion Care Guide, 2021</td>
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<td></td>
<td>• Legal Standards for the interruption of pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Access to Voluntary Termination of Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Comprehensive Abortion Care Guide, 2021</td>
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<td>• Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021</td>
<td></td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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 themself, 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.

**Source document:** WHO Safe Abortion Guidance (page 132)

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**Conscientious Objection**

**Public sector providers**

**Related documents:**
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 35)
- 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)

**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.

**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 Safe Abortion Guidance (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

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

Yes

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- Legal Standards for the interruption of pregnancy, 2021 (page 9)
- Supreme Court Ruling F.A.L., 2012 (page 1)

### Related documents:

- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 35)
- 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)

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### Provider type not specified

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

Yes

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**Source document:** WHO Safe Abortion Guidance (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.

---

### Related documents:

- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 35)
- 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)

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### WHO Guidance

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**Source document:** WHO Safe Abortion Guidance (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.
### Neither Type of Provider Permitted

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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- legal standards for the interruption of pregnancy, 2021 (page 9)
- supreme court ruling F.A.L., 2012 (page 1)

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**Available related documents:**
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 35)
- 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)
- Access to Voluntary Termination of Pregnancy (page 5)
- Legal Standards for the interruption of pregnancy, 2021 (page 9)
- Supreme Court Ruling F.A.L., 2012 (page 1)

**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.

### Public facilities

<table>
<thead>
<tr>
<th>Yes</th>
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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.

**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.

**Available related documents:**
- Protocol for Comprehensive Care on the Right to Voluntary Termination of Pregnancy, 2021 (page 37)
- Legal Standards for the interruption of pregnancy, 2021 (page 6)

**Additional notes**

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### Private facilities

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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)

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)

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

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

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

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

3.c.1 Health worker density and distribution
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

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

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

16.1b.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

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

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

Percentage of women aged 20-24 who gave birth before age 18

Total fertility rate

Legal marital age for women, with parental consent

Legal marital age for women, without parental consent

Gender Inequalities Index (Value)

Gender Inequalities Index (Rank)

Mandatory paid maternity leave

Median age

Population, urban (%)

Percentage of secondary school completion rate for girls

Gender parity in secondary education

Percentage of women in non-agricultural employment

Proportion of seats in parliament held by women

Sex ratio at birth (male to female births)