

Country Profile: Bolivia

Last Updated: 14 November 2018

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 Constitution:

- [Constitutional decision 0206, 2014](#)

From Criminal / Penal Code:

- [Penal Code 2017](#)

From Ministerial Order / Decree:

- [Ministerial Resolution 0027 of 2015](#)

From Health Regulation / Clinical Guidelines:

- [Misoprostol Clinical Guidelines](#)
- [Guidelines on health care for women and newborns, 2003](#)
- [Guidelines for the management of haemorrhages in the first half of pregnancy](#)
- [Technical Procedure for the provision of health services within the framework of Decision 0206, 2014](#)

From EML / Registered List:

- [Medicines registration](#)

From Document Relating to Funding:

- [Regulation on maternal health care coverage](#)
- [Law on Universal Coverage of Maternal and Child Care](#)
- [Law on Integral Coverage of Health Care Services 2013](#)

From Law on Health Care Services:

- [National standard for characterization of health facilities of the first level](#)

From Other:

- [Supreme Decree 26874, 2002](#)



List of ratified human rights treaties:

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

↓ [Download data](#)



Concluding Observations:

- [CAT](#)
- [CEDAW](#)
- [CEDAW](#)
- [CESCR](#)
- [CESCR](#)

- [HRC](#)



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

Not Specified

Legal Ground and Gestational Limit

<p>Economic or social reasons</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"> • Penal Code 2017 • Constitutional decision 0206, 2014 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Foetal impairment</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"> • Penal Code 2017 • Constitutional decision 0206, 2014 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p> Additional notes</p> <p>Abortion is permitted in cases of lethal congenital malformations.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83 15-Bolivia-Technical-Procedure-2014.pdf)
<p>Rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) • Constitutional decision 0206, 2014 (page 4)

Gestational limit

Weeks: 22

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 43\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Incest

Yes

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Constitutional decision 0206, 2014 \(page 4 \)](#)

Gestational limit

Weeks: 22

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 43\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Intellectual or cognitive disability of the woman



Not specified

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

Related documents:

- [Penal Code 2017](#)
- [Constitutional decision 0206, 2014](#)

Mental health

Yes

Related documents:

- [Constitutional decision 0206, 2014 \(page 4\)](#)

Gestational limit

Weeks: 22

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 43\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Physical health

Yes

Related documents:

- [Constitutional decision 0206, 2014 \(page 4\)](#)

Gestational limit

Weeks: 22

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 43\)](#)



WHO Guidance

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

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Health

Yes

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Constitutional decision 0206, 2014 \(page 4 \)](#)

Gestational limit

Weeks: 22

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 43\)](#)



WHO Guidance

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

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Life

Yes

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Constitutional decision 0206, 2014 \(page 4 \)](#)

Gestational limit

Weeks: 22


- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 43\)](#)






WHO Guidance






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

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise

	<p>endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</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 Safe Abortion Guidance (page 103)</p>
Other	<p>Lethal congenital malformations. During the first 8 weeks of gestation if the woman is in charge of older adults, individuals with disabilities or other consanguineous minors or is a student. The pregnancy is the result of non-consensual assisted reproduction. The pregnant woman is a girl or adolescent.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) • Constitutional decision 0206, 2014 (page 4) • Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 (page 44 02-Bolivia-Judicial-Decision-2026-2014.pdf) <p> Additional notes</p> <p>For abortions in case of abduction not followed by marriage the gestational limit is 22 weeks. The gestational limit in case of lethal congenital malformations is 22 weeks.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) • Constitutional decision 0206, 2014 (page 4 15-Bolivia-Technical-Procedure-2014.pdf) • https://abortion-policies.srhr.org/documents/countries/

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
Authorization in specially licensed facilities only	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
Judicial authorization for minors	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p>

	<p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
Judicial authorization in cases of rape	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
Police report required in case of rape	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
Parental consent required for minors	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83 15-Bolivia-Technical-Procedure-2014.pdf) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
Spousal consent	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
Ultrasound images or listen to foetal heartbeat required	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) <p></p>



WHO Guidance

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

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 19\)](#)

Compulsory counselling

No

Related documents:

- [Penal Code 2017 \(page 83\)](#)



WHO Guidance

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

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 46\)](#)

Compulsory waiting period

No

Related documents:

- [Penal Code 2017 \(page 83\)](#)



WHO Guidance

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

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 107\)](#)

Mandatory HIV screening test

No

Related documents:

- [Penal Code 2017 \(page 83 04-Bolivia-Misoprostol-Clinical-Guidelines-2009.pdf\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 88\)](#)



Additional notes

These tests are to be undertaken “whenever possible.”

Other mandatory STI screening tests

No

Related documents:

- [Penal Code 2017 \(page 83 04-Bolivia-Misoprostol-Clinical-Guidelines-2009.pdf\)](#)



WHO Guidance






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

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


↓ **Source document:** [WHO Safe Abortion Guidance \(page 88\)](#)



Additional notes

	<p>These tests are to be undertaken “whenever possible.”</p>
Prohibition of sex-selective abortion	<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"> • Penal Code 2017 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</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 10 - Recommendation.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
Restrictions on information provided to the public	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
Restrictions on methods to detect sex of the foetus	<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"> • Penal Code 2017 • Constitutional decision 0206, 2014 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</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 Safe Abortion Guidance (page 103)</p>
Other	

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Misoprostol Clinical Guidelines (page 43) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service,</p>
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where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

Not specified

- [Misoprostol Clinical Guidelines](#)

Misoprostol only

Yes (20 WEEKS)

- [Misoprostol Clinical Guidelines \(page 43\)](#)

Other (where provided)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 123\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 123\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 13\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 14\)](#)

Country recognized approval (mifepristone / mife-misoprostol)

No

Related documents:

- [Medicines Registration \(page 1\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 54\)](#)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 13\)](#)

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- [Medicines Registration \(page 1\)](#)

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



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.

- [Medicines Registration](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 54\)](#)

Where can abortion services be provided

Related documents:

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 48\)](#)

Primary health-care centres

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Secondary (district-level) health-care facilities

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Specialized abortion care public facilities

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Private health-care centres or clinics

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

NGO health-care centres or clinics

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Other (if applicable)

Must be a comprehensive health center, and comply with and enforce the Regulations, Standards and Clinical protocols.

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 48\)](#)



WHO Guidance

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

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 18\)](#)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- [Misoprostol Clinical Guidelines \(page 43 \)](#)
- [Guidelines on Health Care for Women and Newborns, 2003 \(page 1 \)](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy \(page 1\)](#)



WHO Guidance



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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Secondary (district-level) health-care facilities

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Specialized abortion care public facilities

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Private health-care centres or clinics

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

NGO health-care centres or clinics

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Other (if applicable)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

Contraception included in post-abortion care

Yes

Related documents:

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 49\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 62\)](#)

Insurance to offset end user costs

Yes

Related documents:

- [Penal Code 2017 \(page 83\)](#)

Induced abortion for all women

Yes

- [Penal Code 2017 \(page 83\)](#)

Induced abortion for poor women only

No

- [Penal Code 2017 \(page 83\)](#)

Abortion complications

Not specified

- [Supreme Decree 26874, 2002](#)
- [Regulation on Maternal Health Care Coverage](#)
- [Law on Universal Coverage of Maternal and Child Care](#)
- [Law on Integral Coverage of Health Care Services, 2013](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)

Private health coverage

Not specified

- [Supreme Decree 26874, 2002](#)
- [Regulation on Maternal Health Care Coverage](#)
- [Law on Universal Coverage of Maternal and Child Care](#)
- [Law on Integral Coverage of Health Care Services, 2013](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)



WHO Guidance

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

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 18\)](#)

Who can provide abortion services

Related documents:

- [Penal Code 2017 \(page 46\)](#)

Nurse

Not specified

- [Penal Code 2017](#)
- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)

Midwife/nurse-midwife

Not specified

- [Penal Code 2017](#)
- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)

Doctor (specialty not specified)

Yes

- [Penal Code 2017 \(page 46\)](#)

Specialist doctor, including OB/GYN

Not specified

- [Penal Code 2017](#)
- [Misoprostol Clinical Guidelines](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)

Other (if applicable)



WHO Guidance

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

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Availability of a specialist doctor, including OB/GYN

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Minimum number of beds

Not specified

- [Misoprostol Clinical Guidelines](#)
- [Guidelines for the Management of Haemorrhages in the First Half of Pregnancy](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014](#)
- [National Standard for Characterization of Health Facilities of the First Level](#)

Other (if applicable)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Conscientious Objection

Public sector providers

No

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)

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

Yes

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 52\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



Additional notes

According to the 2014 Technical Procedure, the individual provider refusing to conduct a legal termination of pregnancy must notify the Head of Service and / or Director of the Health Service in a written and immediate manner, in order to ensure the termination is provided within the first 24 hours of the woman having requested the service. The 2017 Code of the Criminal System refers to conscientious objection in regard of “individual medical or health personnel directly involved in the performance of the medical act” and states that conscientious objection must be stated in advance in writing and it is not permitted “in serious or urgent cases in which intervention is indispensable”.

Private sector providers

No

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)

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

Yes

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Provider type not specified

Yes

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)

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Neither Type of Provider Permitted

No

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)

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Public facilities

No

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



Additional notes

Public health services must ensure that care is provided by non-objecting health personnel.

Private facilities

No

Related documents:

- [Penal Code 2017 \(page 83 \)](#)
- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



Additional notes

Public health services must ensure that care is provided by non-objecting health personnel.

Facility type not specified

No

Related documents:

- [Penal Code 2017 \(page 83 \)](#)

- [Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 \(page 51\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)



Additional notes

Public health services must ensure that care is provided by non-objecting health personnel.

<p>Neither Type of Facility Permitted</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code 2017 (page 83) • Technical Procedure for the Provision of Health Services within the Framework of Decision 0206, 2014 (page 51) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>Public health services must ensure that care is provided by non-objecting health personnel.</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

<p>1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</p>	<p>No data</p>
<p>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</p>	<p>No data</p>
<p>1.a.2 Proportion of total government spending on essential services (education, health and social protection)</p>	<p>No data</p>

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

<p>3.1.1 Maternal mortality ratio</p>	<p>206 (2015)</p>
<p>3.1.2 Proportion of births attended by skilled health personnel</p>	<p>No data</p>

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 **68.1** (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

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

20.1 (2008)

Percentage of births attended by trained health professional	89.8 (2016)
Percentage of women aged 20-24 who gave birth before age 18	20 (2009-2013)
Total fertility rate	2.87 (2016)
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)	0.45 (2017)
Gender Inequalities Index (Rank)	102 (2017)
Mandatory paid maternity leave	yes (2016)
Median age	24.1 (2015)
Population, urban (%)	69.1 (2017)
Percentage of secondary school completion rate for girls	0.81 (2013)
Gender parity in secondary education	0.980 (2016)
Percentage of women in non-agricultural employment	36.7 (2011)
Proportion of seats in parliament held by women	51.8 (2017)
Sex ratio at birth (male to female births)	1.05 (2017)
