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 General Medical Health Act:
- Public Health Code Updated, 2017
- National Standards for Fertility Regulation

From Criminal / Penal Code:
- Penal Code

From Case Law:
- Constitutional Tribunal judgment on conscientious objection by private institutions, 2019

From Health Regulation / Clinical Guidelines:
- Technical Guidelines for Comprehensive Abortion Care
- Perinatal Clinic Guide 2015
- Technical General Standard for Comprehensive Care in the puerperium, 2015
- National Standards for Fertility Regulation
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018
- Regulation on Conscientious Objection

From EML / Registered List:
- Misoprostol Information Update, 2020
- MisoAprofa Approval, 2019
- Mifepristone Approval, 2019

From Abortion Specific Law:
- Law on depenalization of abortion in three cases 2017

Concluding Observations:
- CAT
- CEDAW
- CERD
- CRC
- CRC-OPAC
- CRC-OPIC
- HRC
- CRPD
- Maputo Protocol

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

No
<table>
<thead>
<tr>
<th>Legal Ground and Gestational Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economic or social reasons</strong></td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>- Penal Code (page 71)</td>
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<tr>
<td>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.</td>
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<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 16)</td>
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<table>
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<tr>
<th><strong>Foetal impairment</strong></th>
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<tbody>
<tr>
<td>No</td>
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<td>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.</td>
</tr>
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<td>Source document: WHO Safe Abortion Guidance (page 64)</td>
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<thead>
<tr>
<th><strong>Rape</strong></th>
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<tr>
<td>Yes</td>
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<tr>
<td><strong>Related documents:</strong></td>
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<tr>
<td>- Law on depenalization of abortion in three cases 2017 (page 1)</td>
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<tr>
<td>- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 88)</td>
</tr>
<tr>
<td>- Public Health Code Updated, 2017 (page 37)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Gestational limit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weeks:</strong> 12</td>
</tr>
<tr>
<td>In the case of a girl under the age of 14, the gestational limit is fourteen weeks.</td>
</tr>
<tr>
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<td>- Law on depenalization of abortion in three cases 2017 (page 1)</td>
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<tr>
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<td>The rape ground extends to any pregnancy where the woman or girl became pregnant without her consent. The main characteristic in such cases of a sexual act without consent is coercion, and cases may relate to the use of varying degrees of force, psychological intimidation, extortion, threats, deception, or conditions in which a woman cannot transmit or express her will.</td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO-Safe-Abortion-Guidance-2012.pdf#page=103</td>
</tr>
<tr>
<td>Incest</td>
</tr>
<tr>
<td>--------</td>
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<thead>
<tr>
<th>Intellectual or cognitive disability of the woman</th>
<th>No</th>
</tr>
</thead>
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<tr>
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<tr>
<td>• Public Health Code Updated, 2017 (page 37)</td>
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</tr>
</tbody>
</table>
### Additional Requirements to Access Safe Abortion

#### Authorization of health professional(s)

- **Yes**

  **Related documents:**
  - Penal Code (page 71)
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 42)
  - Law on depenalization of abortion in three cases 2017 (page 1)
  - Public Health Code Updated, 2017 (page 37)

#### Gestational limit

- **Weeks:** No limit specified

  **Related documents:**
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 60)

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**WHO Guidance**

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

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

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

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 64)


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#### Other

The embryo or fetus has an acquired or genetic congenital pathology, incompatible with independent extrauterine life, in any case of a lethal nature. No gestational limit is specified.

**Related documents:**
- Law on depenalization of abortion in three cases 2017 (page 1)

**Additional notes**

No gestational limit is specified.

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### Additional Requirements to Access Safe Abortion

#### Authorization of health professional(s)

- **Yes**

  **Related documents:**
  - Law on depenalization of abortion in three cases 2017 (page 2)
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 59)

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

- **2**
  - Specialist Doctor, Including OB/GYN

  Authorizations are required in cases where the embryo or fetus has an acquired or genetic congenital pathology, incompatible with independent extrauterine life, in any case of a lethal nature. Non-obstetric pathologies that gave rise to the cause should be diagnosed in conjunction with the corresponding specialist (internist, cardiologist, oncologist, etc.) and evaluated together with the obstetrician-gynecologist. In the case of pregnancy arising from rape, a health team is convened, specially constituted for these purposes, which must confirm the concurrence of the facts. This is not necessary in the case of minors under the age of 14 years because rape can be assumed by legal definition.

  **Related documents:**
  - Law on depenalization of abortion in three cases 2017 (page 2)
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 59)

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**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.

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

Source document: WHO Safe Abortion Guidance (page 81)
### Authorization in specially licensed facilities only

**Not specified**

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

**Related documents:**
- Law on depenalization of abortion in three cases 2017
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018
- Public Health Code Updated, 2017

### Judicial authorization for minors

**Not specified**

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

**Related documents:**
- Law on depenalization of abortion in three cases 2017
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018
- Public Health Code Updated, 2017

### WHO Guidance

**Not specified**

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

**Related documents:**
- Law on depenalization of abortion in three cases 2017
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018
- Public Health Code Updated, 2017

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 52)

**Judicial authorization in cases of rape**

**Not specified**

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

**Related documents:**
- Law on depenalization of abortion in three cases 2017
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018
- Public Health Code Updated, 2017

### WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 81)

**Additional notes**

A health team especially formed for this purpose will confirm the concurrence of the facts that constitute this ground and the gestational age, informing in writing the woman or her legal representative, and the head of the hospital establishment or private clinic where the interruption is requested. In cases in which the applicant is a girl or adolescent under 18 years of age, the heads of hospital establishments or private clinics in which the interruption is requested will proceed in accordance with articles 369 of the Penal Code, and 175 (d), and 200 of the Code of Criminal Procedure. They must also notify the National Service for Minors. Once the crime of rape has been denounced, the heads of hospital establishments or private clinics must inform the Public Ministry of this crime, so that it can investigate ex officio the person or persons responsible.

**Related documents:**
- Public Health Code Updated, 2017 (page 39)
### Police report required in case of rape

- **Not specified**

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

### Related documents:

- Law on depenalization of abortion in three cases 2017
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018
- Public Health Code Updated, 2017

### WHO Guidance

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

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

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

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

### Additional notes

A health team especially formed for this purpose will confirm the concurrence of the facts that constitute this ground and the gestational age, informing in writing the woman or her legal representative, and the head of the hospital establishment or private clinic where the interruption is requested. In cases in which the applicant is a girl or adolescent under 18 years of age, the heads of hospital establishments or private clinics in which the interruption of pregnancy is requested will proceed in accordance with articles 369 of the Penal Code, and 175 (d), and 200 of the Code of Criminal Procedure. They must also notify the National Service for Minors. Once the crime of rape has been denounced, the heads of hospital establishments or private clinics must inform the Public Ministry of this crime, so that it can investigate ex officio the person or persons responsible.

### Related documents:

- Public Health Code Updated, 2017 (page 39)

### Parental consent required for minors

- **Yes**

### Related documents:

- Law on depenalization of abortion in three cases 2017 (page 2)
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 114)
- Public Health Code Updated, 2017 (page 38)

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

- **Yes**

Girls under the age of 14 years require the authorisation of one of their legal representatives. Where this authorisation is lacking because of the legal representative’s unwillingness or inability to provide it, the girl, with the support of a member of the health team, may request the intervention of a judge to establish the existence of one of the legal grounds. The court will resolve the request for termination of pregnancy without trial and verbally, no later than forty-eight hours after the submission of the application, with the background provided by the health team, hearing the girl and the legal representative who has denied the authorization and, if considered appropriate, the assisting member of the health team. When in the judgment of the doctor (provided in writing) there is evidence that requesting the authorization of the legal representative could put the girl at a serious risk of physical or psychological abuse, coercion, abandonment, uprooting or other actions or omissions that violate her integrity, a substitute judicial authorization will be requested. No opposition to such a request from third parties other than the legal representative who has denied the authorization is permitted. For adolescents between the ages of 14 and 18 years, the legal representative will be informed of the girl’s wish to terminate pregnancy if the adolescent has more than one, only the one she indicates will be informed. In certain circumstances this requirement does not obtain.

- Law on depenalization of abortion in three cases 2017 (page 1)
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 114)
- Public Health Code Updated, 2017 (page 38)

### Age where consent not needed

- **14**

- Law on depenalization of abortion in three cases 2017 (page 1)
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 114)
- Public Health Code Updated, 2017 (page 38)

### WHO Guidance

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

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

- **Source document:** WHO Safe Abortion Guidance (page 81)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
</tr>
</thead>
</table>
| Spousal consent                            | 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. | Law on depenalization of abortion in three cases 2017  
Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
Public Health Code Updated, 2017 |
| Ultrasound images or listen to foetal heartbeat required | 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. | Law on depenalization of abortion in three cases 2017  
Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
Public Health Code Updated, 2017 |
| Compulsory counselling                     | Yes                                                                         | Law on depenalization of abortion in three cases 2017  
Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
Public Health Code Updated, 2017 |
| Compulsory waiting period                  | 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. | Law on depenalization of abortion in three cases 2017  
Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
Public Health Code Updated, 2017 |
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<tr>
<th>Section</th>
<th>Description</th>
<th>Related documents</th>
<th>Source document</th>
</tr>
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</table>
| Mandatory HIV screening test                 | Not specified. When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. | - Law on depenalization of abortion in three cases 2017  
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
| Other mandatory STI screening tests          | Not specified. When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. | - Law on depenalization of abortion in three cases 2017  
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
| 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. | - Law on depenalization of abortion in three cases 2017  
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018  
| Restrictions on information provided to the public | Yes                                                                                                                      | - Public Health Code Updated, 2017 (page 40)                                                             | Preventing Gender-Biased Sex Selection (page 17)                                                            |
| List of restrictions                         | Advertising about the offer of centers, establishments or services, or of means, technical benefits or procedures for the practice of the interruption of pregnancy is strictly prohibited. | - Public Health Code Updated, 2017 (page 40)                                                             | WHO Safe Abortion Guidance (page 74)                                                                                       |
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

Yes, guidelines issued by the government

**Related documents:**
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 1)

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#### 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

- **Vacuum aspiration**
  - Yes (14 WEEKS)
  
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 124)

- **Dilatation and evacuation**
  - Yes (12 to 22 WEEKS)
  
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 124)

- **Combination mifepristone-misoprostol**
  - Yes (24 WEEKS)
  
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 124)

- **Misoprostol only**
  - Yes (24 WEEKS)
  
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 124)

- **Other (where provided)**
  
  - Curettage (not recommended); Induction of labour with Oxytocin or Caesarian section (in the case of risk to the woman's life or foetus' acquired or genetic congenital pathology, incompatible with independent extrauterine life, in any case of a lethal nature) (12 to 22 WEEKS)
  
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 124)

### 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.

- 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.

- 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.

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

- The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to "complete" the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

- 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.

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

- **Yes**

### Related documents:

- Mifepristone Approval, 2019 (page 1)

### Pharmacy selling or distribution

- **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.

- Mifepristone Approval, 2019

### WHO Guidance

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

- 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.
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.

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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)

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)

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>Primary health-care centres</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Law on depenalization of abortion in three cases 2017</td>
<td></td>
</tr>
<tr>
<td>• Technical Standard Care of woman with one of three grounds under Law 21.030 2018</td>
<td></td>
</tr>
<tr>
<td>• Public Health Code Updated, 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary (district-level) health-care facilities</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The “General Technical Standard” does not exclude the secondary health care level but explicitly states that clinical care is to be provided in the “Services of Obstetrics and Gynecology.”</td>
<td></td>
</tr>
<tr>
<td>• Technical Guidelines for Comprehensive Abortion Care (page 6)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Specialized abortion care public facilities</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>• Law on depenalization of abortion in three cases 2017</td>
<td></td>
</tr>
<tr>
<td>• Technical Standard Care of woman with one of three grounds under Law 21.030 2018</td>
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<tr>
<td>• Public Health Code Updated, 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private health-care centres or clinics</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Technical Guidelines for Comprehensive Abortion Care (page 6)</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NGO health-care centres or clinics</th>
<th>Not specified</th>
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</thead>
<tbody>
<tr>
<td>• Law on depenalization of abortion in three cases 2017</td>
<td></td>
</tr>
<tr>
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<tr>
<td>• Public Health Code Updated, 2017</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (if applicable)</th>
<th>Tertiary level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Programme for Women’s Health (page 121)</td>
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</tbody>
</table>

### Contraception included in post-abortion care

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Technical Guidelines for Comprehensive Abortion Care (page 52 )</td>
<td></td>
</tr>
<tr>
<td>• National Standards for Fertility Regulation (page 134 )</td>
<td></td>
</tr>
<tr>
<td>• Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 135 )</td>
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</tr>
</tbody>
</table>

### Insurance to offset end user costs

<table>
<thead>
<tr>
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<tr>
<td>Related documents:</td>
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<tr>
<td>• Law on depenalization of abortion in three cases 2017</td>
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<tr>
<td>• Technical Standard Care of woman with one of three grounds under Law 21.030 2018</td>
<td></td>
</tr>
<tr>
<td>• Public Health Code Updated, 2017</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.

**Contraception included in post-abortion care**

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.

**Insurance to offset end user costs**

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.
Conscientious Objection

Who can provide abortion services

- **Nurse**
  - Not specified
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Midwife/nurse-midwife**
  - Not specified
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Doctor (specialty not specified)**
  - Not specified
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Specialist doctor, including OB/GYN**
  - Yes
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Other (if applicable)**
  - Surgeon, health provider
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

Extra facility/provider requirements for delivery of abortion services

- **Referral linkages to a higher-level facility**
  - Not specified
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Availability of a specialist doctor, including OB/GYN**
  - Not specified
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Minimum number of beds**
  - Not specified
  - Law on depenalization of abortion in three cases 2017
  - Technical Standard Care of woman with one of three grounds under Law 21.030 2018
  - Public Health Code Updated, 2017

- **Other (if applicable)**

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

Referral linkages to a higher-level facility

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.

Other (if applicable)

- Source document: WHO Safe Abortion Guidance (page 97)
Related documents:
- Law on depenalization of abortion in three cases 2017 (page 3)
- Regulation on Conscientious Objection (page 6)
- Public Health Code Updated, 2017 (page 40)

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

Yes

Refusal is not permitted for emergency cases, or for information or counseling provision.

Additional notes

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

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

Source document: WHO Safe Abortion Guidance (page 98)

The following individuals may qualify as conscientious objectors: the surgeon required to interrupt the pregnancy and the rest of the personnel who have a role to play “inside the surgical pavilion during the intervention”. Conscientious objection does not apply to acts of information, diagnosis, taking and reporting of examinations, reassignment, referral, or other acts of preparation or care after the procedure of termination of pregnancy, whether the latter are required regularly in the procedure or required due to complications in the woman’s health condition. Anyone who has expressed his or her conscientious objection will maintain their objection in all health care centres where they perform functions, whether these are public or private. If the woman requires immediate and urgent attention in situations in which continuation of pregnancy constitutes a danger to her life or health, the person who has manifested his or her conscientious objection cannot be excused from performing the interruption of pregnancy when there is no other surgeon who can perform the procedure.
<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Law on depenalization of abortion in three cases 2017 (page 3)</td>
<td></td>
</tr>
<tr>
<td>- Regulation on Conscientious Objection (page 6)</td>
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<td>- Public Health Code Updated, 2017 (page 40)</td>
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- Regulation on Conscientious Objection (page 6)
- Public Health Code Updated, 2017 (page 40)

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<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
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</tr>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Law on depenalization of abortion in three cases 2017 (page 3)</td>
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### Public facilities

**Related documents:**
- Law on depenalization of abortion in three cases 2017 (page 3)
- Regulation on Conscientious Objection (page 3)
- Constitutional Tribunal judgment on conscientious objection by private institutions, 2019 (page 23)

**Health-care facilities who have objected are required to refer the woman to another provider**

Yes

Refusal is not permitted for emergency cases.

- Law on depenalization of abortion in three cases 2017 (page 3)
- Regulation on Conscientious Objection (page 3)
- Constitutional Tribunal judgment on conscientious objection by private institutions, 2019 (page 23)

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**Source document:** WHO Safe Abortion Guidance (page 48)

### Additional notes

In January 2019 the Constitutional Tribunal clarified that private health establishments which have signed agreements governed by the provisions of the decree with force of law No. 36, of 1980, of the Ministry of Health may invoke conscientious objection to the provision of abortion services. If a woman requires immediate and urgent attention in situations in which continuation of pregnancy constitutes a danger to her life or health, the establishment that has manifested the conscientious objection cannot be excused from carrying out abortion.

### Private facilities

Yes

**Related documents:**
- Law on depenalization of abortion in three cases 2017 (page 3)
- Regulation on Conscientious Objection (page 3)
- Constitutional Tribunal judgment on conscientious objection by private institutions, 2019 (page 23)

**Health-care facilities who have objected are required to refer the woman to another provider**

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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

13 (2017)
3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
45.6 (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

16.1.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law
No data

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

17.8.1 Proportion of individuals using the Internet
No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning
No data

Percentage of births attended by trained health professional
99.7 (2015)

Percentage of women aged 20-24 who gave birth before age 18
No data

Total fertility rate
1.649 (2018)

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

Legal marital age for women, without parental consent
18 (2009-2017)

Gender Inequalities Index (Value)
0.32 (2017)

Gender Inequalities Index (Rank)
72 (2017)

Mandatory paid maternity leave
yes (2020)

Median age
35.3 (2020)

Population, urban (%)
87.564 (2018)
<table>
<thead>
<tr>
<th>Statistic</th>
<th>Value</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.96</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.011</td>
<td>2016</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>27.68</td>
<td>2018</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>15.8</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.04</td>
<td>2018</td>
</tr>
</tbody>
</table>