Country Profile: Chile

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

From Criminal / Penal Code:
- Penal Code

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:
- Essential Medicines List 2005

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

List of ratified human rights treaties:

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

Concluding Observations:

- CAT
- CEDAW
- CEDAW
- CESCR
- CESCR
- CRC
- CRC
- CRC
- CRC
- HRC
- HRC
- WG - DWLP
- CAT
- CEDAW
Persons who can be sanctioned:

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

Abortion at the woman’s request

No

Legal Ground and Gestational Limit

### Economic or social reasons
No

**Related documents:**
- Penal Code (page 71)
- Public Health Code (page 20)

**WHO Guidance**

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

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

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

### Foetal impairment
No

**Related documents:**
- Penal Code (page 71)
- Public Health Code (page 20)

**WHO Guidance**

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

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

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

### Additional notes

Abortion is permitted when the embryo or fetus has an acquired or genetic congenital pathology, incompatible with independent extrauterine life, in any case of a lethal nature.

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

### Rape
Yes

**Related documents:**
- 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 88)

### Gestational limit

**Weeks:** 12

In the case of a girl under the age of 14, the gestational limit is fourteen weeks.

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

<table>
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<tr>
<td>- Penal Code (page 71)</td>
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<tr>
<td>- Public Health Code (page 20)</td>
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</tbody>
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### Intellectual or cognitive disability of the woman

<table>
<thead>
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<tr>
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<tr>
<td>- Penal Code (page 71)</td>
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<td>- Public Health Code (page 20)</td>
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</table>

### Mental health

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<tr>
<td><strong>Related documents:</strong></td>
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<tr>
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<td>- Public Health Code (page 20)</td>
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### Physical health

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<td><strong>Related documents:</strong></td>
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<tr>
<td>- Penal Code (page 71)</td>
</tr>
<tr>
<td>- Public Health Code (page 20)</td>
</tr>
</tbody>
</table>

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Additional notes

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.
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)

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

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

Authorisations 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. No gestational limit is specified.

Related documents:
- 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 60)

Additional notes

No gestational limit is specified.
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

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 105)

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

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 106)

Judicial authorization in cases of rape

- **Not 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

WHO Guidance

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

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes

---

Legal definition.

- 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)
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.

**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

**WHO Guidance**

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse.

- Safe Abortion Guidelines, § 4.2.2

**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.

**Related documents:**
- Law on depenalization of abortion in three cases 2017

**Parental consent required for minors**

- **Yes**

**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

**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.

**Age where consent not needed**

- **14**

**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

**WHO Guidance**

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

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

**Not specified**

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

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

**WHO Guidance**

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

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

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

### Ultrasound images or listen to foetal heartbeat required

**Not specified**

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

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

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 19)

### Compulsory counselling

**Yes**

**Related documents:**
- 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 38)

**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

**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

**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.
### 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.

**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

#### 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)

### 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.

**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

#### 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)

### Prohibition of Sex-Selective Abortion

**Not specified**

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

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

#### WHO Guidance

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

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

**Source document:** Preventing Gender-Biased Sex Selection (page 17)

### Restrictions on Information Provided to the Public

**No**

**Related documents:**
- Law on depenalization of abortion in three cases 2017 (page 4)

#### WHO Guidance

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

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

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

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 75)

### Methods allowed

**Vacuum aspiration**

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 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.
Country recognized approval (mifepristone / mifepristone followed by misoprostol)

No

Related documents:
- Essential Medicines List 2005 (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 non-gynaecological indications only

Related documents:
- Perinatal Clinic Guide 2015 (page 307)
- Technical General Standard for Comprehensive Care in the puerperium, 2015 (page 60)

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

No data found

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

WHO Guidance

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

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:
- Law on depenalization of abortion in three cases 2017
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018

Primary health-care centres

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

Secondary (district-level) health-care facilities

Yes

- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 28)

Specialized abortion care public facilities

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

Private health-care centres or clinics

Yes
**NGO health-care centres or clinics**

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

**Other (if applicable)**

### 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:**

- Technical Guidelines for Comprehensive Abortion Care (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

- Technical Guidelines for Comprehensive Abortion Care

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

Yes

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.”

- Technical Guidelines for Comprehensive Abortion Care (page 6)

**Specialized abortion care public facilities**

Not specified

- Technical Guidelines for Comprehensive Abortion Care

**Private health-care centres or clinics**

Yes

- Technical Guidelines for Comprehensive Abortion Care (page 6)

**NGO health-care centres or clinics**

Not specified

- Technical Guidelines for Comprehensive Abortion Care

**Other (if applicable)**

Tertiary level

- Programme for Women’s Health (page 121)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
### Contraception included in post-abortion care

- **Yes**

**Related documents:**
- Technical Guidelines for Comprehensive Abortion Care (page 52)
- National Standards for Fertility Regulation (page 134)
- Technical Standard Care of woman with one of three grounds under Law 21.030 2018 (page 135)

**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

- **Not specified**

**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

**Other (if applicable)**

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

**Nurse**

- Not specified

**Midwife/nurse-midwife**

- Not specified

**Doctor (specialty not specified)**

- Not specified

**Specialist doctor, including OB/GYN**

- Not specified

**Other (if applicable)**

**Surgeon**

- Law on depenalization of abortion in three cases 2017 (page 1)
### 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)

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
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<tbody>
<tr>
<td><strong>Referral linkages to a higher-level facility</strong></td>
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<td>- Technical Standard Care of woman with one of three grounds under Law 21.030 2018</td>
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<th><strong>Availability of a specialist doctor, including OB/GYN</strong></th>
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<td>- Technical Standard Care of woman with one of three grounds under Law 21.030 2018</td>
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<th><strong>Minimum number of beds</strong></th>
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<td>Technical Standard Care of woman with one of three grounds under Law 21.030 2018</td>
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### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 75)

### Conscientious Objection

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<tr>
<td>- Law on depenalization of abortion in three cases 2017 (page 3)</td>
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<table>
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<th><strong>Individual health-care providers who have objected are required to refer the woman to another provider</strong></th>
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<tbody>
<tr>
<td><strong>Yes</strong></td>
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<td>- Law on depenalization of abortion in three cases 2017 (page 3)</td>
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**WHO Guidance**

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

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

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

### Additional notes

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.

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**Related documents:**

- Law on depenalization of abortion in three cases 2017 (page 3)

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

Yes

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Neither Type of Provider Permitted

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

Yes

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**Public facilities**

**Related documents:**

- Law on depenalization of abortion in three cases 2017 (page 3)

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

Yes

- Law on depenalization of abortion in three cases 2017 (page 3)

**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.

**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 manifest the conscientious objection cannot be excused from carrying out abortion.

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**Private facilities**

**Related documents:**

- Law on depenalization of abortion in three cases 2017 (page 3)

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

Yes

- Law on depenalization of abortion in three cases 2017 (page 3)

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### Indicators

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

#### Goal 1. End poverty in all its forms everywhere
1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)  
No data

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

3.1.1 Maternal mortality ratio  
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

| Country | Data
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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

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

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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

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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

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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

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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

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

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

| Country | Data
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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

| Country | Data
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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

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

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

| Country | Data
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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

| Country | Data
<table>
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</table>

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

| Country | Data
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<td>No data</td>
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<tr>
<td>Indicator</td>
<td>Value</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Number of verified cases of killing, kidnapping, enforced disappearance,</td>
<td>No data</td>
</tr>
<tr>
<td>arbitrary detention and torture of journalists, associated media personnel,</td>
<td></td>
</tr>
<tr>
<td>trade unionists and human rights advocates in the previous 12 months</td>
<td></td>
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<tr>
<td>Proportion of population reporting having personally felt discriminated</td>
<td>No data</td>
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<tr>
<td>against or harassed in the previous 12 months on the basis of a ground of</td>
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<tr>
<td>discrimination prohibited under international human rights law</td>
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<tr>
<td>Goal 17. Strengthen the means of implementation and revitalize the Global</td>
<td></td>
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<tr>
<td>Partnership for Sustainable Development</td>
<td></td>
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<tr>
<td>Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
<tr>
<td>Additional Reproductive Health Indicators</td>
<td></td>
</tr>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>No data</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.7 (2015)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.649 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>16 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.32 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>72 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>35.3 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>87.564 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.96 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.011 (2016)</td>
</tr>
<tr>
<td>Category</td>
<td>Value (Year)</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>27.68 (2018)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>15.8 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.04 (2018)</td>
</tr>
</tbody>
</table>