

Country Profile: Colombia

Last Updated: 22 April 2020

Region: South America



Identified policies and legal sources related to abortion:

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

Related Documents

From Criminal / Penal Code:

- [Penal Code, 2000](#)

From Ministerial Order / Decree:

- [Agreement 34, Commission on Health Regulation, 2012](#)
- [Agreement 29, Commission on Health Regulation, 2011](#)
- [Decree 1011, Ministry of Health, 2006](#)
- [Resolution 1441, Ministry of Health, 2003](#)
- [Resolution 5592, 2015](#)

From Case Law:

- [Constitutional Court Judgment C.355, 2006](#)
- [Constitutional Court Judgment T-209, 2008](#)
- [Constitutional Court Judgment T-841, 2011](#)
- [Constitutional Court Judgment T-585, 2010](#)
- [Constitutional Court Judgment T-388, 2009](#)
- [Constitutional Court Judgment T-946, 2008](#)
- [Constitutional Court Judgment T-009, 2009](#)
- [Constitutional Court Judgment T-636, 2011](#)
- [Constitutional Court Judgment T-627, 2012](#)

From Health Regulation / Clinical Guidelines:

- [Instructions on Voluntary Interruption of Pregnancy, Superintendent on Health](#)
- [Clinical Guidelines on Comprehensive Abortion Care at the first Level, Ministry of Health](#)
- [Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health](#)
- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health](#)
- [Health Sector Protocol on Guidance and Counselling on Voluntary Interruption of Pregnancy, Ministry of Health](#)
- [Guidelines for Training in Abortion Health Care, Ministry of Health](#)

From EML / Registered List:

- [Misoprostol Approval](#)
- [Mifepristone Approval](#)



List of ratified human rights treaties:

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

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Concluding Observations:

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







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	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Foetal impairment	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p> Additional notes</p> <p>Abortion is permitted when there is serious malformation of the fetus that makes its life unfeasible.</p>
Rape	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none">• Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p>Gestational limit applies</p> <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Instructions on Voluntary Interruption of Pregnancy (page 3)• Constitutional Court Judgment T-841, 2011 (page 1)• Constitutional Court Judgment T-946, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>









<p>Incest</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p>Gestational limit applies</p> <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-841, 2011 (page 1) • Constitutional Court Judgment T-946, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Intellectual or cognitive disability of the woman</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf)
<p>Mental health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1) • Penal Code 2000 (page 139) • Instructions on Voluntary Interruption of Pregnancy (page 1) <p>Gestational limit applies</p> <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-841, 2011 (page 1) • Constitutional Court Judgment T-946, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Physical health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p>Gestational limit applies</p> <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-841, 2011 (page 1) • Constitutional Court Judgment T-946, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>



<p>Health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p>Gestational limit applies</p> <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-841, 2011 (page 1) • Constitutional Court Judgment T-946, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Life</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p>Gestational limit applies</p> <p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-841, 2011 (page 1) • Constitutional Court Judgment T-946, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	<p>The pregnancy is the result of a criminal act of unwanted artificial insemination or unwanted implantation of a fertilized ovum. When there is serious malformation of the fetus that makes its life unfeasible.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1 02-Colombia-Penal-Code-Law-599-2000.pdf) <p> Additional notes</p> <p>The decision to perform the legal abortion, should be taken in each case with a weight of: (i) the grounds in question, (ii) medical criteria supported in particular physical and mental condition pregnant women and, in any case, (iii) the desire of it. And like all medical intervention should be preceded by an appropriate informed consent to perform the procedure and its risks and benefits. (Judicial decision, source 6). Judges lack the competence to define the gestational age, and they cannot deny access to a legal abortion based on this point (Judicial decision, source 9).</p> <p>Although it is not referenced in the source list of the questionnaire, this judgment T-532 set down by the Colombian Constitutional Court in 2014, requires that the legislature take steps to develop a legal framework that guarantees women and girls rights to access safe and legal abortion services in accordance with the decision C355 of 2006. The decision can be accessed:</p> <p>http://www.corteconstitucional.gov.co/relatoria/2014/t-532-14.htm</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment T-841, 2011 (page 1 09-Colombia-Case-T-946-Constitutional-Court-2008.pdf)

Additional Requirements to Access Safe Abortion



<p>Authorization of health professional(s)</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1) • Instructions on Voluntary Interruption of Pregnancy (page 1) • Constitutional Court Judgment T-841, 2011 (page 1) • Constitutional Court Judgment T-585, 2010 (page 1) • Constitutional Court Judgment T-009, 009 (page 1) <p>Number and cadre of health-care professional authorizations required</p> <p>1</p> <p>Doctor (Specialty Not Specified)</p> <p>The setting up of Commissions and boards to decide on access to legal and safe abortion is prohibited, as it is considered an unacceptable obstacle which could delay a woman or girl's access to safe abortion services to which they are entitled by law. Although a health professional has to "certify" the indication (e.g. health risk) the woman is the one entitled to decide whether to continue or terminate the pregnancy (Judicial decision source 10). Health institutions or any other actor or professional cannot decide for the woman about the continuation or interruption of the pregnancy (Source 3, Instruction 5).</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-585, 2010 (page 1) • Constitutional Court Judgment T-009, 009 (page 1) • Constitutional Court Judgment C.355, 2006 (page 1) • Instructions on Voluntary Interruption of Pregnancy (page 8) • Constitutional Court Judgment T-009, 009 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>Although a health professional has to "certify" the indication (e.g. health risk) the woman is the one entitled to decide whether to continue or terminate the pregnancy. ("Solamente ella es la que tiene la decisión para continuar o interrumpir un embarazo cuando represente riesgo para su vida o su salud certificado por un médico") (Judicial decision source 10)</p>
<p>Authorization in specially licensed facilities only</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 7) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Judicial authorization for minors</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 7) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Judicial authorization in cases of rape</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>



<p>Police report required in case of rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p> <p> Additional notes</p> <p>When the woman is under 14 years old, the police report is not required.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment T-209, 2008 (page 1)
<p>Parental consent required for minors</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 7) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Spousal consent</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 7) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Ultrasound images or listen to foetal heartbeat required</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 1) • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 19)</p>
<p>Compulsory counselling</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health sector protocol-on guidance and counselling -on voluntary-interruption of pregnancy, Ministry of Health 2014 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 46)</p>




<p>Compulsory waiting period</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> <p> Additional notes</p> <p>Health care institutions must respond to an abortion request and carry out the requested abortion within five days if medically possible.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment T-841, 2011 (page 53)
<p>Mandatory HIV screening test</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 31) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p>
<p>Other mandatory STI screening tests</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 31) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p>
<p>Prohibition of sex-selective abortion</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 • Penal Code 2000 • Instructions on Voluntary Interruption of Pregnancy • Constitutional Court Judgment T-388, 2009 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 1) • Constitutional Court Judgment T-627, 2012 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> <p> Additional notes</p> <p>"When a public official makes public pronouncements on sexual and reproductive health issues such as voluntary termination of pregnancy, he should not issue erroneous or unfounded information as this violates the right to reproductive information."</p>

<p>Restrictions on methods to detect sex of the fetus</p>	<p> Not specified When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	

Clinical and Service-delivery Aspects of Abortion Care

<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 7) • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health (page 1) • Health sector protocol-on guidance and counselling -on voluntary-interruption of pregnancy, Ministry of Health 2014 (page 1) • https://abortion-policies.srhr.org/documents/countries/ • Guidelines for training in abortion health care (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, 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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p> <p> Additional notes</p> <p>There is a legal obligation on all Health Service Providers, Benefit Plans Managers, public or private, of a secular or confessional nature and the Territorial Entities, to follow the rules set by the Constitutional Court. (Instruction 15)</p>
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<p>Methods allowed</p>	<p>Vacuum aspiration</p> <p>Yes (15 WEEKS)</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • Guidelines for training in abortion health care (page 1) <p>Dilatation and evacuation</p> <p>Yes (Suggested for more than 15 WEEKS)</p> <ul style="list-style-type: none"> • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health (page 1) <p>Combination mifepristone-misoprostol</p> <p>The 2014 Technical guidelines on comprehensive care for voluntary interruption of pregnancy at the first level refer to combination mifepristone and misoprostol but explain that Mifepristone is not yet available in Colombia.</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 39) <p>Misoprostol only</p> <p>Yes (10 WEEKS)</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • https://abortion-policies.srhr.org/documents/countries/ • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • Guidelines for training in abortion health care (page 1) <p>Other (where provided)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p> <p>Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 14)</p>
<p>Country recognized approval (mifepristone / mife-misoprostol)</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Mifepristone Approval (page 2) <p>Pharmacy selling or distribution</p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> • Mifepristone Approval (page 2) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p>

<p>Country recognized approval (misoprostol)</p>	<p>Yes, for gynaecological indications</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment T-627, 2012 (page 1) • Agreement 34, Commission on Health Regulation, 2012 (page 1) • Misoprostol Approval (page 1) <p>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> • Misoprostol Approval (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p>
<p>Where can abortion services be provided</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 1) • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) <p>Primary health-care centres</p> <p>Yes</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 2) • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) <p>Secondary (district-level) health-care facilities</p> <p>Yes</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 2) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) <p>Specialized abortion care public facilities</p> <p>Yes</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 2) <p>Private health-care centres or clinics</p> <p>Yes</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 2) <p>NGO health-care centres or clinics</p> <p>Yes</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 2) <p>Other (if applicable)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 18)</p>
<p>National guidelines for post-abortion care</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • https://abortion-policies.srhr.org/documents/countries/ • Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health (page 1) • Health sector protocol-on guidance and counselling -on voluntary-interruption of pregnancy, Ministry of Health 2014 (page 1) • Guidelines for training in abortion health care (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, 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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>

Where can post abortion care services be provided

Primary health-care centres

Yes

The Technical Guidelines on comprehensive abortion care outline a number of specific requirements concerning infrastructure and equipment.

- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 63 \)](#)

Secondary (district-level) health-care facilities

Yes

- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health \(page 1\)](#)

Specialized abortion care public facilities

Yes

- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health \(page 1\)](#)

Private health-care centres or clinics

Yes

- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health \(page 1\)](#)

NGO health-care centres or clinics

Yes

- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health \(page 1\)](#)

Other (if applicable)



WHO Guidance

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

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

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

Contraception included in post-abortion care

Yes

Related documents:

- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 36 \)](#)
- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health \(page 1 \)](#)
- [Health sector protocol-on guidance and counselling -on voluntary-interruption of pregnancy, Ministry of Health 2014 \(page 1\)](#)



WHO Guidance

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

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

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

Insurance to offset end user costs

Yes

Related documents:

- [Instructions on Voluntary Interruption of Pregnancy \(page 9 \)](#)
- [Agreement 29, Commission on Health Regulation, 2011 \(page 1\)](#)

Induced abortion for all women

No data found

Induced abortion for poor women only

No data found

Abortion complications

Yes

It is prohibited to deny women a legal abortion due to the type of social security or health coverage they are affiliated with.

- [Agreement 29, Commission on Health Regulation, 2011 \(page 1 \)](#)
- [Constitutional Court Judgment T-009, 009 \(page 1\)](#)

Private health coverage

Yes

It is prohibited to deny women a legal abortion due to the type of social security or health coverage they are affiliated with.

- [Instructions on Voluntary Interruption of Pregnancy \(page 9\)](#)
- <https://abortion-policies.srhr.org/documents/countries/>
- [Agreement 29, Commission on Health Regulation, 2011 \(page 1\)](#)
- [Constitutional Court Judgment T-009, 009 \(page 1\)](#)

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:

- [Constitutional Court Judgment C.355, 2006 \(page 1 \)](#)
- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 1 \)](#)
- [Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health \(page 1 \)](#)
- [Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health \(page 1 \)](#)
- [Health sector protocol-on guidance and counselling -on voluntary-interruption of pregnancy, Ministry of Health 2014 \(page 1 \)](#)
- [Guidelines for training in abortion health care \(page 1\)](#)

Nurse

No

- [Constitutional Court Judgment C.355, 2006 \(page 1 \)](#)
- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 1 \)](#)
- [Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health \(page 1 \)](#)

Midwife/nurse-midwife

No

- [Constitutional Court Judgment C.355, 2006 \(page 1 \)](#)
- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 1 \)](#)
- [Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health \(page 1 \)](#)

Doctor (specialty not specified)

Yes

Some guidelines specify that a general practitioner (médico generalista) can perform abortions up to 15 weeks of gestation when he/she is trained.

- [Constitutional Court Judgment C.355, 2006 \(page 1 \)](#)
- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 1 \)](#)
- [Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health \(page 1 \)](#)

Specialist doctor, including OB/GYN

Yes

- [Constitutional Court Judgment C.355, 2006 \(page 1 \)](#)
- [Clinical Guidelines on comprehensive abortion care at the first level, MoH \(page 1 \)](#)
- [Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health \(page 1 \)](#)




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 \(page 33\)](#)

<p>Extra facility/provider requirements for delivery of abortion services</p>	<p>Referral linkages to a higher-level facility</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 63) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health (page 1) • Resolution 1441, 2013, (page 1) <p>Availability of a specialist doctor, including OB/GYN</p> <p>Yes</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) <p>Minimum number of beds</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical Guidelines on comprehensive abortion care at the first level, MoH (page 1) • Health Sector Protocol on Prevention of Unsafe Abortion, Ministry of Health (page 1) • Health Sector Protocol on Post-Abortion Care and Complications, Ministry of Health (page 1) <p>Other (if applicable)</p> <p>Minimum requirements for health service providers and for the provision of gynaecological health services, including periodic professional clinical and human rights training.</p> <ul style="list-style-type: none"> • Decree 1011, 2006 (page 1) • Resolution 1441, 2013, (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
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Conscientious Objection

<p>Public sector providers</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p>Individual health-care providers who have objected are required to refer the woman to another provider</p> <p>Yes</p> <p>Health care institutions must respond to an abortion request and carry out the requested abortion within five days if medically possible.</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 4 04-Colombia-Case-T-279-Constitutional-Court-2008.pdf) • Constitutional Court Judgment T-388, 2009 (page 1) • Constitutional Court Judgment T-209, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Private sector providers</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p>Individual health-care providers who have objected are required to refer the woman to another provider</p> <p>Yes</p> <p>Health care institutions must respond to an abortion request and carry out the requested abortion within five days if medically possible.</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 4 04-Colombia-Case-T-279-Constitutional-Court-2008.pdf) • Constitutional Court Judgment T-388, 2009 (page 1) • Constitutional Court Judgment T-209, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>

<p>Provider type not specified</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p>Individual health-care providers who have objected are required to refer the woman to another provider</p> <p>Yes</p> <p>Health care institutions must respond to an abortion request and carry out the requested abortion within five days if medically possible.</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 4 04-Colombia-Case-T-279-Constitutional-Court-2008.pdf) • Constitutional Court Judgment T-388, 2009 (page 1) • Constitutional Court Judgment T-209, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Neither Type of Provider Permitted</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p>Individual health-care providers who have objected are required to refer the woman to another provider</p> <p>Yes</p> <p>Health care institutions must respond to an abortion request and carry out the requested abortion within five days if medically possible.</p> <ul style="list-style-type: none"> • Instructions on Voluntary Interruption of Pregnancy (page 4 04-Colombia-Case-T-279-Constitutional-Court-2008.pdf) • Constitutional Court Judgment T-388, 2009 (page 1) • Constitutional Court Judgment T-209, 2008 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Public facilities</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Private facilities</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>

<p>Facility type not specified</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Neither Type of Facility Permitted</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Constitutional Court Judgment C.355, 2006 (page 291) • Instructions on Voluntary Interruption of Pregnancy (page 3) • Constitutional Court Judgment T-209, 2008 (page 1) • Constitutional Court Judgment T-388, 2009 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>

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	83 (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	47.5 (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
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Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

No data

5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education

No data

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

No data

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

No data

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities

No data

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

No data

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

No data

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

No data

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

No data

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

No data

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

No data

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

No data

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

No data

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

No data

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age No data

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months No data

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

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

17.8.1 Proportion of individuals using the Internet No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning **6.7** (2015)

Percentage of births attended by trained health professional **99.2** (2016)

Percentage of women aged 20-24 who gave birth before age 18 **20** (2009-2013)

Total fertility rate **1.807** (2018)

Legal marital age for women, with parental consent **14** (2009-2017)

Legal marital age for women, without parental consent No data

Gender Inequalities Index (Value) **0.38** (2017)

Gender Inequalities Index (Rank) **87** (2017)

Mandatory paid maternity leave **yes** (2020)

Median age **31.3** (2020)

Population, urban (%) **80.778** (2018)

Percentage of secondary school completion rate for girls **1.02** (2013)

Gender parity in secondary education **1..53** (2018)

Percentage of women in non-agricultural employment **57.25** (2018)

Proportion of seats in parliament held by women **19.8** (2017)

Sex ratio at birth (male to female births) **1.05** (2018)