Country Profile: Ecuador
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:
- Health Law, 2006

From Constitution:
- Constitution, 2008

From Criminal / Penal Code:
- Penal Code, 2014

From Health Regulation / Clinical Guidelines:
- Guidelines for Diagnosis and Treatment of Abortion, 2013
- Guidelines for Therapeutic Abortion, 2014
- Guidelines on Gender-based Violence, 2008

From EML / Registered List:
- Essential Medicine List, 2014

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- OP
- 2nd
- OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC-OPAC
- CRC-OPIC
- CMW
- CRPD *
- CRPD +
- CRPD-OP
- CED **

Concluding Observations:
- CEDAW
- CEDAW
- CAT
- CESCR
- CRC
- CRPD
- 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

Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Penal Code, 2014 (page 71)</td>
<td></td>
</tr>
<tr>
<td>- Guidelines for Therapeutic Abortion, 2014 (page 11)</td>
<td></td>
</tr>
</tbody>
</table>

Gestational limit applies

- 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:
- Guidelines for Therapeutic Abortion, 2014

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)

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)

Additional notes

The Penal Code refers to “health” without further elaboration. However, the Guidelines on Therapeutic Abortion, establishes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This is also the definition contained and reaffirmed within the Health Law. Additionally, the Guidelines refer to “integral health.”

Foetal impairment

| No |

Related documents:
- Penal Code, 2014 (page 70)

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)

Rape

| Yes |

Related documents:
- Penal Code, 2014 (page 70)

Gestational limit applies

- 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.
Incest

Related documents:
- Guidelines for Therapeutic Abortion, 2014

WHO Guidance

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)

Additional notes

The Penal Code only explicitly permits abortion in cases of rape of a mentally disabled woman.

No

Intellectual or cognitive disability of the woman

Related documents:
- Penal Code, 2014 (page 70)

WHO Guidance

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)

Mental health

Yes

Related documents:
- Penal Code, 2014 (page 71)
- Guidelines for Therapeutic Abortion, 2014

Gestational limit applies

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:
- Guidelines for Therapeutic Abortion, 2014

WHO Guidance

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

Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.
The Penal Code refers to "health" without further elaboration. However, the Guidelines on Therapeutic Abortion, establishes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This is also the definition contained and reaffirmed within the Health Law. Additionally, the Guidelines refer to "integral health."

### Physical health

#### Related documents:
- Penal Code, 2014 (page 71)
- Guidelines for Therapeutic Abortion, 2014 (page 11)

### Gestational limit applies

#### 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:
- Guidelines for Therapeutic Abortion, 2014

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

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

#### Source document: WHO Safe Abortion Guidance (page 102)

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

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

### Health

#### Related documents:
- Penal Code, 2014 (page 71)
- Guidelines for Therapeutic Abortion, 2014 (page 11)

### Gestational limit applies

#### 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:
- Guidelines for Therapeutic Abortion, 2014

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

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

#### Source document: WHO Safe Abortion Guidance (page 102)

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

#### Source document: WHO Safe Abortion Guidance (page 103)
Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Not specified</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td>Guidelines for Therapeutic Abortion, 2014</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

<table>
<thead>
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<th>Authorization in specially licensed facilities only</th>
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<td>Related documents:</td>
<td>Guidelines for Therapeutic Abortion, 2014</td>
</tr>
</tbody>
</table>

**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:
- Guidelines for Therapeutic Abortion, 2014

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)

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:
- Guidelines for Therapeutic Abortion, 2014

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

Source document: WHO Safe Abortion Guidance (page 104)

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:
- Guidelines for Therapeutic Abortion, 2014

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

Source document: WHO Safe Abortion Guidance (page 104)

Additional notes

The guidelines state that the health service should advise the legal representative of the importance of reporting rape in order to protect the woman. But a police or judicial report is not a requirement to access abortion services. The guidelines related to sexual violence state health service’s obligation to report to the competent authority for the investigation the fact of the rape in order to protect women victims of violence, but in any case this should not delay or condition in any form the provision of the health care and the abortion.

Related documents:
- Guidelines for Therapeutic Abortion, 2014 (page 11)
### Spousal consent

**No**

**Related documents:**
- Penal Code, 2014 (page 71)
- Guidelines for Therapeutic Abortion, 2014 (page 10)

**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.

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:**
- Guidelines for Therapeutic Abortion, 2014

**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

**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:**
- Guidelines for Therapeutic Abortion, 2014

**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:
- Guidelines for Therapeutic Abortion, 2014

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 107)

Mandatory HIV screening test

- 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:
- Guidelines for Therapeutic Abortion, 2014

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:
- Guidelines for Therapeutic Abortion, 2014

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:
- Guidelines for Therapeutic Abortion, 2014

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 data found
Clinical and Service-delivery Aspects of Abortion Care

### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Yes, guidelines issued by the government</th>
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**Related documents:**
- Guidelines for Diagnosis and Treatment of Abortion, 2013 (page 1)
- Guidelines for Therapeutic Abortion, 2014 (page 1)

### Methods allowed

<table>
<thead>
<tr>
<th>Vacuum aspiration</th>
<th>Yes (12-14 WEEKS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guidelines for Therapeutic Abortion, 2014 (page 13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dilatation and evacuation</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guidelines for Therapeutic Abortion, 2014 (page 13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combination mifepristone-misoprostol</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guidelines for Therapeutic Abortion, 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Misoprostol only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guidelines for Therapeutic Abortion, 2014 (page 13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (where provided)</th>
</tr>
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</table>

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**WHO Guidance**

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

**Restrictions on methods to detect sex of the foetus**

No data found

**Other**

---

**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. 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)

---

**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)

---

**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...
<table>
<thead>
<tr>
<th>Country recognized approval (mifepristone / mifepristone)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>![Essential Medicine List, 2014](page 1)</td>
</tr>
</tbody>
</table>

**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)]

<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
<th>Yes, for gynaecological indications</th>
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<tbody>
<tr>
<td>Related documents:</td>
<td>![Essential Medicine List, 2014](page 45)</td>
</tr>
</tbody>
</table>

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

**Not specified**

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

- ![Essential Medicine List, 2014](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)]

**Where can abortion services be provided**

**Related documents:**

- ![Guidelines for Therapeutic Abortion, 2014](page 13)

**Primary health-care centres**

Not specified

- ![Guidelines for Therapeutic Abortion, 2014](page 14)

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

Not specified

- ![Guidelines for Therapeutic Abortion, 2014](page 14)

**Specialized abortion care public facilities**

Not specified
National guidelines for post-abortion care

Where can post-abortion care services be provided

Primary health-care centres

Yes

Secondary (district-level) health-care facilities

Yes

Specialized abortion care public facilities

Not specified

Private health-care centres or clinics

Not specified

NGO health-care centres or clinics

Not specified

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:

- Guidelines for Diagnosis and Treatment of Abortion, 2013 (page 1)
- Guidelines for Therapeutic Abortion, 2014 (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)
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.

### Contraception included in post-abortion care

- **Source document:** WHO Safe Abortion Guidance (page 57)
- **Related documents:**
  - Guidelines for Diagnosis and Treatment of Abortion, 2013 (page 18)
  - Guidelines for Therapeutic Abortion, 2014 (page 12)

### Insurance to offset end user costs

- **Source document:** WHO Safe Abortion Guidance (page 62)

### Who can provide abortion services

- **Related documents:**
  - Guidelines for Therapeutic Abortion, 2014

- **Nurse**
  - Not specified
  - Guidelines for Therapeutic Abortion, 2014

- **Midwife/nurse-midwife**
  - Not specified
  - Guidelines for Therapeutic Abortion, 2014

- **Doctor (specialty not specified)**
  - Not specified
  - Guidelines for Therapeutic Abortion, 2014

- **Specialist doctor, including OB/GYN**
  - Not specified
  - Guidelines for Therapeutic Abortion, 2014

- **Other (if applicable)**

### Extra facility/provider

- **Referral linkages to a higher-level facility**

### WHO Guidance

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

All women should receive contraceptive information and be offered counseling 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)

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)

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)
### Conscientious Objection

<table>
<thead>
<tr>
<th>Public sector providers</th>
<th>Private sector providers</th>
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<tr>
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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:
- Guidelines for Therapeutic Abortion, 2014
- Health Law, 2006
- Constitution, 2008

#### 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 guidelines on abortion care do not mention the right or possibility to object to the provision of legal or post abortion care. Nevertheless, the National Constitution recognizes the right to conscientious objection yet it stated that this right cannot damage other rights, people or nature. The right to conscientious objection, which may not undermine other rights or cause harm to people or nature.

**Related documents:**
- Constitution, 2008 (page 29)

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### Availability of a specialist doctor, including OB/GYN

<table>
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<th>Requirements for delivery of abortion services</th>
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<tr>
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</tbody>
</table>

- Guidelines for Therapeutic Abortion, 2014

### Minimum number of beds

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- Guidelines for Therapeutic Abortion, 2014

### Other (if applicable)

<table>
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<tr>
<th>Requirements for delivery of abortion services</th>
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</thead>
<tbody>
<tr>
<td>Guidelines for Therapeutic Abortion, 2014</td>
</tr>
</tbody>
</table>

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)
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 guidelines on abortion care do not mention the right or possibility to object to the provision of legal or post abortion care. Nevertheless, the National Constitution recognizes the right to conscientious objection yet it stated that this right cannot damage other rights, people or nature. The right to conscientious objection, which may not undermine other rights or cause harm to people or nature.

Related documents:
- Constitution, 2008 (page 29)

Provider type 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:
- Guidelines for Therapeutic Abortion, 2014
- Health Law, 2006
- Constitution, 2008

Neither Type of Provider Permitted

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:
- Guidelines for Therapeutic Abortion, 2014
- Health Law, 2006
- Constitution, 2008

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 guidelines on abortion care do not mention the right or possibility to object to the provision of legal or post abortion care. Nevertheless, the National Constitution recognizes the right to conscientious objection yet it stated that this right cannot damage other rights, people or nature. The right to conscientious objection, which may not undermine other rights or cause harm to people or nature.

Related documents:
- Constitution, 2008 (page 29)
The guidelines on abortion care do not mention the right or possibility to object to the provision of legal or post-abortion care. Nevertheless, the National Constitution recognizes the right to conscientious objection yet it stated that this right cannot damage other rights, people or nature. The right to conscientious objection, which may not undermine other rights or cause harm to people or nature.

Related documents:
- Constitution, 2008 (page 29)

### Public facilities

**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:**
- Guidelines for Therapeutic Abortion, 2014
- Health Law, 2006
- Constitution, 2008

### Private facilities

**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:**
- Guidelines for Therapeutic Abortion, 2014
- Health Law, 2006
- Constitution, 2008

### Facility type not specified

**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:**
- Guidelines for Therapeutic Abortion, 2014
- Health Law, 2006
- Constitution, 2008

### Neither Type of Facility Permitted

**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:**
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  
59 (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  
73.9 (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

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

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

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

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

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

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

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

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

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

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

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

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

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

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development</td>
<td></td>
</tr>
<tr>
<td>17.8.1 Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Additional Reproductive Health Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>7.4 (2004)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>96.7 (2016)</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>2.427 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</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>0.38 (2017)</td>
</tr>
<tr>
<td>Category</td>
<td>Value</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>88</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No</td>
</tr>
<tr>
<td>Median age</td>
<td>27.9</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>63.82</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>1.02</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.028</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>65.76</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>38</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05</td>
</tr>
</tbody>
</table>