Country Profile: Canada

Region: Northern America

Last Updated: 29 March 2019

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 Practicioners
- Law on Health Care Services
- ✓ Other

Related Documents

From Reproductive Health Act:

- Human Assisted Reproduction Act, 2006

From General Medical Health Act:

- Canada Health Act as Amended, 2012

From Case Law:

- R. v. Morgentaler, 1988
- Tremblay v. Daigle, 1989

From EML / Registered List:

- Regulatory Decision - Mifegymiso Summary
- Mifegymiso prescribing and dispensing information, 2017

From Other:

- Health Act Annual Report, 2014-2015

List of ratified human rights treaties:

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

Download data

Concluding Observations:

None

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

✓	**Yes**
✓	**Gestational limit: 20 weeks**

Legal Ground and Gestational Limit

Canada

Economic or social reasons

Not applicable

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)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Foetal impairment

Not applicable

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Rape

Not applicable

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Incest

Not applicable

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Intellectual or cognitive disability of the woman

Not applicable

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Mental health

Not applicable

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Physical health

Not applicable

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)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Health

Not applicable

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)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Life

Not applicable

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)

Additional notes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

Related documents:

- R. v. Morgentaler, 1988 (page 1)
- Health Act Annual Report for 2014-2015 (page 15)

Other

Alberta (Canada)

Economic or social reasons

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.

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

Yes

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 3)

Gestational limit

Weeks: 24

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)

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)

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 Alberta Termination of Pregnancy Policy specifies a “Fetal Anomaly Criterion” for pregnancies “where there is reliable evidence of a serious congenital or genetic disorder that is expected to interfere in a substantive way with the quality of life of the born individual, or there is a significant risk of having a serious disorder for which precise prenatal diagnosis is not available.”

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.

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Incest

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.

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Intellectual or cognitive disability of the woman

Not specified

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

Mental health

Yes

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 3)

Gestational limit

Weeks: No limit specified

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Physical health

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.

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)

Health

Yes

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 3)

Gestational limit

Weeks: No limit specified

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

Life

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.

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)

Other

Profound foetal abnormality criterion: Where there is reliable evidence of a foetal anomaly or abnormalities, or there is a maternal condition or pregnancy complication such as severe pre-term intrauterine growth restriction, or pre-term premature rupture of membranes at pre-

viable gestation, that severely impacts the foetus such that the foetus has a low probability of intact foetal survival, or is expected to progress to foetal or infant death; and/or long-term major pain and suffering; and/or severe permanent cognitive and/or physical disability.

Foetal reduction criterion: Where multiple pregnancies have been diagnosed and it has been determined that foetal reduction will significantly decrease the likelihood of maternal perinatal mortality/morbidity or in circumstances of multiple pregnancy, where one or more of the criteria listed in the Alberta Termination of Pregnancy Policy are met for one or more but not all the foetuses.

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 4)

Additional notes

There is no gestational limit in case of the “profound fetal abnormality” criterion and the “fetal reduction” criterion.

Additional Requirements to Access Safe Abortion

Canada

Authorization of health professional(s)

No

Related documents:

- R. v. Morgentaler, 1988 (page 1)

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)

Authorization in specially licensed facilities only

Not specified

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

Related documents:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 106)

Judicial authorization 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:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

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 applicable **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 applicable **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)
Parental consent required for minors	**Varies by jurisdiction** Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made. **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) **Additional notes** The Induced Abortion Guidelines (2006) of the Society of Obstetricians and Gynaecologists of Canada state: “If a minor presents for abortion accompanied by a parent, it is important to ensure the youth was not coerced and the decision is voluntary. In Canadian common law and in some provinces “age of consent” follows the “mature minor” rule: the legal right to make health care decisions depends on decision-making ability rather than age; in other provinces the age of consent is consistent with the age of majority.6 The key element is the minor’s competence and capacity to understand the consequences of the procedure and the potential for complications, not her chronological age. In provinces that have not adopted the mature minor rule, health care providers can treat minors when appropriate without parental involvement, as common law invariably overrides local legislation. However, there should be documentation that the health care provider discussed the importance of involving parents in health decisions, and there must also be a reasonable impression that the intervention is in the best interests of the minor. It is imperative that health care providers be aware of the laws of the province in which they work.” The Guidelines can be accessed at http://sogc.org/guidelines/induced-abortion-guidelines/ In British Columbia, for instance, there is no minimum age of consent to medical treatment. If specific conditions are met, it is not necessary to obtain consent from the infant’s parent or guardian. The conditions are that the health care provider providing the health care: a) Has explained to the infant and has been satisfied that the infant understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care; and, b) Has made reasonable efforts to determine and has concluded that the health care is in the infant’s best interests.
Spousal consent	No **Related documents:** - Tremblay v. Daigle, 1989 (page 1) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, §

	4.2.2.2. **Source document**: WHO Safe Abortion Guidance (page 105)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Human Assisted Reproduction Act, 2006 • Canada Health Act amended, 2012 **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 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7. **Source document**: WHO Safe Abortion Guidance (page 107)
Restrictions on methods to detect sex of the foetus	No data found **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)
Other	
Alberta (Canada)	

Authorization of health professional(s)	No **Related documents:** • Canada Alberta Termination of Pregnancy Policy, 2017 (page 4) **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) **Additional notes** The documented opinion of a second physician is required to confirm only for abortions falling under one of the criteria for abortion after 20 completed weeks is present. The second physician must be from a site designated by Alberta Health Services to provide termination of pregnancy services at greater than 20 completed weeks gestation. If feasible, the consultation should be with a maternal foetal medicine specialist, neonatologist, or other specialist with expertise relevant to the health risk in question. The specialist could be a general obstetrician with expertise managing the type of pregnancy complications at issue.
Authorization in specially licensed facilities only	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4. **Source document**: WHO Safe Abortion Guidance (page 106)
Judicial authorization 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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

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)

Parental consent required for minors

No

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)
- https://abortion-policies.srhr.org/documents/countries/12-Canada-Alberta-Consent-to-Treatment-Procedure-Policy-2010.pdf#page=4

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)

Additional notes

Health practitioners shall conduct an assessment of the minor’s capacity to consent without the input of his or her legal representative(s). A patient under the age of 18 is presumed to be a minor patient without the capacity to consent unless assessed and determined to be a mature minor with the capacity to consent. In the case of a minor without capacity to consent, the decision is taken by the legal representative who is a guardian or a nearest relative.

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)
- https://abortion-policies.srhr.org/documents/countries/12-Canada-Alberta-Consent-to-Treatment-Procedure-Policy-2010.pdf#page=4

Spousal consent

No

Related documents:

- Tremblay v. Daigle, 1989 (page 1)
- Canada Alberta Termination of Pregnancy Policy, 2017 (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 105)

Ultrasound images or listen to foetal heartbeat required

Not specified

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

interpretation was made.

Related documents:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 19)

Compulsory counselling

No

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)

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:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

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:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

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:

	• R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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:** • R. v. Morgentaler, 1988 • Human Assisted Reproduction Act, 2006 • Canada Health Act amended, 2012 **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	**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. **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7. **Source document**: WHO Safe Abortion Guidance (page 107)
Restrictions on methods to detect sex of the foetus	No data found **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)
Other	

Clinical and Service-delivery Aspects of Abortion Care

Canada	
National guidelines for induced abortion	Varies by province

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration

Varies by province

Dilatation and evacuation

Varies by province

Combination mifepristone-misoprostol

Yes (63 DAYS)

- Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1)

Misoprostol only

Varies by province

Other (where provided)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 13)

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

Source document: WHO Safe Abortion Guidance (page 14)

Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:

- Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)

Pharmacy selling or distribution

Yes, with prescription only

- Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 54)

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

Source document: WHO Safe Abortion Guidance (page 13)

Country recognized approval (misoprostol)	No data found **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:** • R. v. Morgentaler, 1988 • Human Assisted Reproduction Act, 2006 • Canada Health Act amended, 2012 • Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 • Health Act Annual Report for 2014-2015 **Primary health-care centres** Varies by province **Secondary (district-level) health-care facilities** Varies by province **Specialized abortion care public facilities** Varies by province **Private health-care centres or clinics** Varies by province **NGO health-care centres or clinics** Varies by province **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	Varies by province **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63. **Source document**: WHO Safe Abortion Guidance (page 75)
Where can post abortion care services be provided	**Primary health-care centres** Varies by province **Secondary (district-level) health-care facilities** Varies by province **Specialized abortion care public facilities** Varies by province **Private health-care centres or clinics** Varies by province **NGO health-care centres or clinics** Varies by province

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

Varies by province

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:

- Health Act Annual Report for 2014-2015 (page 15)

Induced abortion for all women

Yes

There are no legal restrictions on abortion, including no gestational limit. Abortion services form part of medically required health services provision and are regulated as such. The Canada Health Act outlines coverage for abortion services. Access however in practice varies depending on the availability of public facilities, and gestational limits vary at province level. As the Ministry of Health states in its Annual Report on the Health Act for2014-2015 (Source 7, see Chapter 2, page 13): “During 2014–2015, Health Canada continued to monitor the following ongoing compliance and interpretation issues: Abortion services are insured in all provinces and territories; however, access to these insured services varies within and between jurisdictions across the country. In Prince Edward Island and New Brunswick, the services are only covered if performed in a hospital (for example, private clinic procedures are not covered). In addition, Prince Edward Island lacks abortion services on the island and residents must travel off the island to access them. In New Brunswick, access has improved because certification of medical necessity by two physicians, and performance of the service by a specialist in gynecology or obstetrics in a hospital are no longer required. Prince Edward Island service has improved because the province has eliminated the need for a referral from an Island doctor and now allows women to self-refer to a Moncton, New Brunswick, hospital. However, accessibility and comprehensiveness concerns remain because neither province covers private clinic abortions under their respective provincial health insurance plans.”

- Health Act Annual Report for 2014-2015 (page 15)
- R. v. Morgentaler, 1988 (page 1)

Induced abortion for poor women only

No

- Health Act Annual Report for 2014-2015 (page 15)

Abortion complications

Not specified

- R. v. Morgentaler, 1988
- Human Assisted Reproduction Act, 2006
- Canada Health Act amended, 2012
- Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015
- Health Act Annual Report for 2014-2015

Private health coverage

Yes

- R. v. Morgentaler, 1988
- Human Assisted Reproduction Act, 2006
- Canada Health Act amended, 2012
- Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015
- Health Act Annual Report for 2014-2015

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:** • R. v. Morgentaler, 1988 • Human Assisted Reproduction Act, 2006 • Canada Health Act amended, 2012 • Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 • Health Act Annual Report for 2014-2015 **Nurse** Varies by province **Midwife/nurse-midwife** Varies by province **Doctor (specialty not specified)** Varies by province **Specialist doctor, including OB/GYN** Varies by province **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation. **Source document**: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)
Extra facility/provider requirements for delivery of abortion services	**Referral linkages to a higher-level facility** Varies by province **Availability of a specialist doctor, including OB/GYN** Varies by province **Minimum number of beds** Varies by province **Other (if applicable)** **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1. **Source document**: WHO Safe Abortion Guidance (page 75)
Alberta (Canada)	
National guidelines for induced abortion	Yes, guidelines issued by the government **Related documents:** • Canada Alberta Termination of Pregnancy Policy, 2017 (page 1) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

	Source document: WHO Safe Abortion Guidance (page 75)
Methods allowed	### Vacuum aspiration Yes According to the Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta dilation and suction evacuation can be provided up to 15 completed. They can be accessed at: http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf • https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240 ### Dilatation and evacuation Yes According to the Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta dilation and evacuation can be provided up to 20 weeks, zero days. They can be accessed at: http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf • Canada Alberta Termination of Pregnancy Policy, 2017 (page 6) • https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240 ### Combination mifepristone-misoprostol Yes The Alberta Termination of Pregnancy Policy refers to “medical termination of pregnancy” as termination of pregnancy “achieved through the use of oral, vaginal, or intravenous medications to initiate uterine activity/labour and vaginal delivery, under the guidance or direction of a physician” without specifying the medications to be used. • Canada-Mifegymiso-prescribing and dispensing information, 2017 (page 1) ### Misoprostol only Not specified The Alberta Termination of Pregnancy Policy refers to “medical termination of pregnancy” as termination of pregnancy “achieved through the use of oral, vaginal, or intravenous medications to initiate uterine activity/labour and vaginal delivery, under the guidance or direction of a physician” without specifying the medications to be used. ### Other (where provided) Dilation and curettage • https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240 ## WHO Guidance The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 123) Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 123) The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 13) Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 14)
Country recognized approval (mifepristone / mife-misoprostol)	Yes ### Related documents: • Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1) ## Pharmacy selling or distribution Yes, with prescription only • Regulatory Decision Mifegymiso Summary, Ministry of Health Canada, 2015 (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 54)

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

Source document: WHO Safe Abortion Guidance (page 13)

Country recognized approval (misoprostol)

No data found

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

11-Canada-Alberta-Termination-of-Pregnancy-Policy-2017-pdf#page=3

Primary health-care centres

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

Secondary (district-level) health-care facilities

Yes

11-Canada-Alberta-Termination-of-Pregnancy-Policy-2017-pdf#page=3

Specialized abortion care public facilities

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

Private health-care centres or clinics

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

NGO health-care centres or clinics

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

Other (if applicable)

Termination of pregnancy planned after potential viability must take place in tertiary care hospitals.

11-Canada-Alberta-Termination-of-Pregnancy-Policy-2017-pdf#page=4

The Alberta Termination of Pregnancy Policy defines “potential viability” as pertaining to “a fetus of gestational age greater than or equal to 22 weeks and zero (0) days and which is likely to proceed to a live birth.”

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

Yes, guidelines issued by the government

post-abortion care	**Related documents:** • Canada Alberta Termination of Pregnancy Policy, 2017 (page 1) **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63. **Source document**: WHO Safe Abortion Guidance (page 75)
Where can post abortion care services be provided	**Primary health-care centres** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Secondary (district-level) health-care facilities** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Specialized abortion care public facilities** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Private health-care centres or clinics** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **NGO health-care centres or clinics** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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	**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:** • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **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	Yes

end user costs	**Related documents:** • https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240 **Induced abortion for all women** Yes Abortion by suction curettage, dilation and curettage or dilatation and evacuation where imaging report confirms the foetus is 12 weeks size may only be claimed when performed in an active treatment hospital or by a physician approved to perform the procedure by the College of Physicians and Surgeons of Alberta when performed in an accredited non-hospital surgical facility. • https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240 **Induced abortion for poor women only** No • https://abortion-policies.srhr.org/documents/countries/13-Canada-Alberta-Health-Care-Insurance-Plan-Schedule-of-medical-benefits-2018.pdf#page=240 **Abortion complications** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Private health coverage** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Other (if applicable)** Terminations of pregnancy at gestational ages of 20 completed weeks must only be performed in an acute care hospital and by a physician who has the appropriate privileges to terminate the pregnancy. 11-Canada-Alberta-Termination-of-Pregnancy-Policy-2017-pdf#page=4 **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	11-Canada-Alberta-Termination-of-Pregnancy-Policy-2017-pdf#page=3 **Nurse** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Midwife/nurse-midwife** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Doctor (specialty not specified)** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012 **Specialist doctor, including OB/GYN** Not specified • R. v. Morgentaler, 1988 • Canada Health Act amended, 2012

WHO Guidance

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

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

Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

Availability of a specialist doctor, including OB/GYN

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

Minimum number of beds

Not specified

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

Other (if applicable)

For hospitals and accredited non-hospital surgical facilities under the jurisdiction of Alberta Health Services, only physicians who have appropriate privileges shall perform termination of pregnancy. Facilities providing terminations of pregnancy must have appropriate resources and supports to address potential complications.

11-Canada-Alberta-Termination-of-Pregnancy-Policy-2017-pdf#page=3

The Termination of Pregnancy Standards and Guidelines of the College of Physicians and Surgeons of Alberta state: « Abortion procedure privileges shall be limited to gestational ages for which a qualified preceptor attests that the applicant is competent to perform.” They can be accessed at: http://cpsa.ca/wp-content/uploads/2015/03/NHSF_-_Termination_of_Pregnancy.pdf

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Conscientious Objection

Canada

Public sector providers

Varies by province

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)

Private sector providers

Varies by province

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)
Provider type not specified	Varies by province **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)
Neither Type of Provider Permitted	Varies by province **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)
Public facilities	Varies by province **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106)
Private facilities	Varies by province **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106)
Facility type not specified	Varies by province **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5. **Source document**: WHO Safe Abortion Guidance (page 106)
Neither Type of Facility Permitted	Varies by province

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 106)

Alberta (Canada)

Public sector providers

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)

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

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.

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 Alberta Termination of Pregnancy Policy states: “Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process.” No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications.

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)

Private sector providers

Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)

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Related documents:

- Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)

Provider type not specified	Yes **Related documents:** - Canada Alberta Termination of Pregnancy Policy, 2017 (page 2) **Individual health-care providers who have objected are required to refer the woman to another provider** **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. **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 Alberta Termination of Pregnancy Policy states: "Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process." No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications. **Related documents:** - Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)
Neither Type of Provider Permitted	**Related documents:** - Canada Alberta Termination of Pregnancy Policy, 2017 (page 2) **Individual health-care providers who have objected are required to refer the woman to another provider** **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. **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 Alberta Termination of Pregnancy Policy states: "Alberta Health Services acknowledges that its health care providers may conscientiously object to pregnancy termination and therefore may wish not to participate in the direct performance of the termination process." No health professional who provides direct patient care is compelled to participate in pregnancy termination procedures if he or she has a conscientious objection to doing so. This exclusion does not apply to necessary participation in the care of patients suffering emergent post-procedure maternal complications. **Related documents:** - Canada Alberta Termination of Pregnancy Policy, 2017 (page 2)
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:

- R. v. Morgentaler, 1988
- Canada Health Act amended, 2012

WHO Guidance

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

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

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Private facilities

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Source document: WHO Safe Abortion Guidance (page 106)

Facility type not specified

Not specified

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Source document: WHO Safe Abortion Guidance (page 106)

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	**7** (2015)
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	**9.4** (2015-2020)
3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	No data
3.c.1 Health worker density and distribution	No data

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	No data

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex	No data
5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	No data
5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	No data
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	No data
5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	No data
5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education	No data
5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	No data
5.b.1 Proportion of individuals who own a mobile telephone, by sex	No data

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

8.5.2 Unemployment rate, by sex, age and persons with disabilities	No data

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	No data
10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

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

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	No data
16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	No data
16.2.3 Proportion of young women and men aged 1829 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	No data
Percentage of births attended by trained health professional	**97.9** (2014)
Percentage of women aged 20-24 who gave birth before age 18	No data
Total fertility rate	**4.708** (2016)
Legal marital age for women, with parental consent	**16** (2009-2017)
Legal marital age for women, without parental consent	**18** (2009-2017)
Gender Inequalities Index (Value)	**0.09** (2017)
Gender Inequalities Index (Rank)	**20** (2017)
Mandatory paid maternity leave	**yes** (2016)
Median age	**40.6** (2015)
Population, urban (%)	**81.4** (2017)

Percentage of secondary school completion rate for girls	**1** (2013)
Gender parity in secondary education	**1.15** (2016)
Percentage of women in non-agricultural employment	**49.7** (2013)
Proportion of seats in parliament held by women	**30.1** (2017)
Sex ratio at birth (male to female births)	**1.06** (2017)