Country Profile: Angola

Region: Middle Africa

Last Updated: 22 April 2020

Identified policies and legal sources related to abortion:
- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From Constitution:
- Angola Constitution 2010

From Criminal / Penal Code:
- Penal Code

From EML / Registered List:
- National Program of Essential Medications 2008

From Medical Ethics Code:
- Medical Ethics Code

From Other:
- International Human Rights Conventions

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- 2nd
- OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPAC
- CRC:OPIC
- CRPD *
- Maputo Protocol

Concluding Observations:
- CEDAW
- HRC
- CRC
- CEDAW
- HRC

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

Gestational limit: 10
<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 58)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 58)</td>
<td></td>
</tr>
<tr>
<td>• Angola Constitution 2010 (page 7)</td>
<td></td>
</tr>
<tr>
<td>• International Human Rights Conventions (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

**Weeks:** 24

**Related documents:**

| Penal Code (page 58) |    |

**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)

<table>
<thead>
<tr>
<th>Rape</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 58)</td>
<td></td>
</tr>
<tr>
<td>• Angola Constitution 2010 (page 7)</td>
<td></td>
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<tr>
<td>• International Human Rights Conventions (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**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**

Rape and incest are not specifically mentioned in the Penal Code in the section on abortion. However, the Penal Code permits abortion in case of pregnancy as result of crime against freedom and sexual self-determination. The gestational age limit for an abortion on this ground is 16 weeks.

<table>
<thead>
<tr>
<th>Incest</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
</tbody>
</table>
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Additional notes

Rape and incest are not specifically mentioned in the Penal Code in the section on abortion. However, the Penal Code permits abortion in case of pregnancy as result of crime against freedom and sexual self-determination. The gestational age limit for an abortion on this ground is 16 weeks.

**Intellectual or cognitive disability of the woman**

- No

**Mental health**

- Yes

**Gestational limit**

- Weeks: 16

**Physical health**

- Yes

**Gestational limit**

- Weeks: 16
### Health

**Related documents:**
- Penal Code (page 58)

**WHO Guidance**

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

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

**Related documents:**
- Penal Code (page 58)
- Angola Constitution 2010 (page 7)
- International Human Rights Conventions (page 1)

**Gestational limit**

No limit specified

**WHO Guidance**

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

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

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

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

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

### Other

**Sexual assault. Pregnancy which is the result of crime against freedom and sexual self-determination. There are strong reasons to believe that the foetus is unfeasible.**

**Related documents:**
- Penal Code (page 58)
- Angola Constitution 2010 (page 7)
- International Human Rights Conventions (page 1)

**Additional notes**

Rape and incest are not specifically mentioned in the Penal Code in the section on abortion. However, the Penal Code permits abortion in case of pregnancy as result of crime against freedom and sexual self-determination. The gestational age limit for an abortion on this ground is 16 weeks.

There is no gestational limit for abortion when there is strong reason to believe that the foetus is “unfeasible”.

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### Additional Requirements to Access Safe Abortion

**Authorization of health professional(s)**

**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:**
- Penal Code
<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 58)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>Not applicable</th>
</tr>
</thead>
</table>

| Police report required in case of rape | Not applicable |

<table>
<thead>
<tr>
<th>Parental consent required for minors</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
</tbody>
</table>

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**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)

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)

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 105)

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)
Spousal consent

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Penal Code

**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:**
- Penal Code

**WHO Guidance**

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

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

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

Compulsory counselling

- **Yes**

**Related documents:**
- Penal Code (page 59)

**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.
<table>
<thead>
<tr>
<th>Compulsory waiting period</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Penal Code (page 59)</td>
</tr>
</tbody>
</table>

**Waiting period**

Day the woman requests the abortion
3 days

**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.

**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.

**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.

**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.

**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.

**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.

**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.
Restrictions on information provided to the public

**Yes**

**Related documents:**
- Penal Code (page 59)

**List of restrictions**

Article 145 (propaganda favorable to termination of pregnancy) 1. Who through advertising media or at public meetings, in order to take advantage: a) provide own or other services, for the termination of pregnancy; b) make advertising procedures, means or objects suitable for termination of pregnancy or give explanations of these procedures, means or objects. It is punished with imprisonment up to 1 year or with fine up to 120 days. 2. The prohibition of the previous paragraph does not cover activities to raise awareness and promote the procedures, objects and means therein, through informative or scientific articles or other medical or pharmaceutical publications, including a prospectus for drugs or surgical instruments nor the explanations given by those who want the market, doctors or qualified personnel, including health establishments of nurses allowed to terminate a pregnancy. Article 146 (circulation means for termination of pregnancy) who receive or transmit, any way, means for termination of pregnancy, with the intention of promoting the practice of the facts set out in articles 142 and 143 shall be punished with imprisonment up to 1 year or fine up to 120 days.

- Penal Code (page 59)

**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

No data found

**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)

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion

No data found

**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
  - No data found
- Dilatation and evacuation
  - No data found
- Combination mifepristone-misoprostol
  - No data found
- Misoprostol only
  - No data found
Country recognized approval (mifepristone / mife-misoprostol)

<table>
<thead>
<tr>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 54)

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

Source document: WHO Safe Abortion Guidance (page 13)

Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

WHO Guidance

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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 abortion services can be provided

<table>
<thead>
<tr>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>
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)

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

Source document: WHO Safe Abortion Guidance (page 75)

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

Source document: WHO Safe Abortion Guidance (page 57)
<table>
<thead>
<tr>
<th>Insurance to offset end user costs</th>
<th>No data found</th>
</tr>
</thead>
</table>

**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)

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Penal Code (page 58)</em></td>
</tr>
</tbody>
</table>

**Nurse**

Not specified

- *Penal Code*

**Midwife/nurse-midwife**

Not specified

- *Penal Code*

**Doctor (specialty not specified)**

Yes

- *Penal Code (page 58)*

**Specialist doctor, including OB/GYN**

Not specified

- *Penal Code*

**Other (if applicable)**

Provider acting under the direction/supervision of a physician.

- *Penal Code (page 58)*

**WHO Guidance**

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

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

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

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
<th>Referral linkages to a higher-level facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not specified</td>
</tr>
<tr>
<td>- <em>Penal Code</em></td>
<td></td>
</tr>
</tbody>
</table>

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

Not specified

- *Penal Code*

**Minimum number of beds**

Not specified

- *Penal Code*

**Other (if applicable)**

Abortions must be performed in an official or officially authorized health facility and in accordance with the state of medical knowledge and...
Conscientious Objection

### Public sector providers

<table>
<thead>
<tr>
<th><strong>WHO Guidance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

### Additional notes

The Medical Ethics Code states that no doctor can be required to perform medical procedures against his or her will and that a doctor has the right to refuse the act of practice of their profession, such as practice conflicts with the provisions of this code. This is not specific to abortion care, nor is abortion mentioned in the Code.

**Related documents:**
- Penal Code
- Medical Ethics Code

### Private sector providers

<table>
<thead>
<tr>
<th><strong>WHO Guidance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

### Additional notes

The Medical Ethics Code states that no doctor can be required to perform medical procedures against his or her will and that a doctor has the right to refuse the act of practice of their profession, such as practice conflicts with the provisions of this code. This is not specific to abortion care, nor is abortion mentioned in the Code.

**Related documents:**
- Medical Ethics Code (page 8)
Provider type not specified

Not specified

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

Related documents:
- Penal Code
- Medical Ethics Code

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 Medical Ethics Code states that no doctor can be required to perform medical procedures against his or her will and that a doctor has the right to refuse the act of practice of their profession, such as practice conflicts with the provisions of this code. This is not specific to abortion care, nor is abortion mentioned in the Code.

Related documents:
- Medical Ethics Code

Neither Type of Provider Permitted

Not specified

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

Related documents:
- Penal Code
- Medical Ethics Code

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 Medical Ethics Code states that no doctor can be required to perform medical procedures against his or her will and that a doctor has the right to refuse the act of practice of their profession, such as practice conflicts with the provisions of this code. This is not specific to abortion care, nor is abortion mentioned in the Code.

Related documents:
- Medical Ethics Code

Public facilities

No data found

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)
### 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  
241 (2016)

**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  
No data
### Goal 3. Achieve gender equality and empower all women and girls

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td><strong>151.6</strong> (2015-2020)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
<tr>
<td>3.1 Health worker density and distribution</td>
<td>No data</td>
</tr>
<tr>
<td><strong>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</strong></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td><strong>Goal 5. Achieve gender equality and empower all women and girls</strong></td>
<td></td>
</tr>
<tr>
<td>5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>5.a.1 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</td>
<td>No data</td>
</tr>
<tr>
<td>5.b.1 Proportion of individuals who own a mobile telephone, by sex</td>
<td>No data</td>
</tr>
<tr>
<td><strong>Goal 6. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</strong></td>
<td></td>
</tr>
<tr>
<td>6.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td><strong>Goal 10. Reduce inequality within and among countries</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</td>
<td>No data</td>
</tr>
<tr>
<td>16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development</td>
<td></td>
</tr>
<tr>
<td>17.8.1 Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

### Additional Reproductive Health Indicators

- **Percentage of married women with unmet need for family planning**: 38 (2016)
<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>46.9 (2016)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>5.519 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>15 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2008-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>No data</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>No data</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>16.7 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>65.5 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.648 (2011)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>23.5 (1996)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>30.5 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.03 (2018)</td>
</tr>
</tbody>
</table>