

Country Profile: Ghana

Last Updated: 7 May 2017

Region: Western Africa



Identified policies and legal sources related to abortion:

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

Related Documents

From Criminal / Penal Code:

- [Criminal Code \(Act 29\), 1960.](#)

From Health Regulation / Clinical Guidelines:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition, 2012](#)

From EML / Registered List:

- [Ghana National Drugs Programme, Ghana Essential Medicines List, Sixth Edition, 2010](#)
- [Pharmacy Act](#)

From Document Relating to Funding:

- [National Health Insurance Act \(Act 852\), 2012](#)



List of ratified human rights treaties:

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

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Concluding Observations:

- [CEDAW](#)
- [CEDAW](#)
- [HRC](#)
- [CRC](#)
- [SR HEALTH](#)






Persons who can be sanctioned:

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

Abortion at the woman's request

✗ No

Legal Ground and Gestational Limit

Economic or social reasons	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Criminal Code (Act 29) (1960). (page 42) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Foetal impairment	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none">• Criminal Code (Act 29) (1960). (page 43) <p>Gestational limit</p> <p>Weeks: 28 weeks</p> <ul style="list-style-type: none">• Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 15) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Rape	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none">• Criminal Code (Act 29) (1960). (page 43) <p>Gestational limit</p> <p>Weeks: 28</p> <ul style="list-style-type: none">• Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 15) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Incest	<p>Yes</p> <p>Related documents:</p>

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)

Gestational limit

Weeks: 28

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 15 \)](#)



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 \(page 102\)](#)

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 \(page 103\)](#)

Intellectual or cognitive disability of the woman

No

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 42\)](#)

Mental health

Yes

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)

Gestational limit

Weeks: 28

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 15 \)](#)



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

Yes

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)

Gestational limit

Weeks: 28

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 15 \)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Health

No

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)



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 \(page 102\)](#)

Life

Yes

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 43 \)](#)

Gestational limit

Weeks: 28

The Comprehensive Abortion Care Standards and Protocols do not provide particular gestational limits for specific abortion access grounds. However, they state: Medical practice defines abortion as "the loss of pregnancy before the foetus is viable (in Ghana abortion before 28 weeks of gestation)". They define second trimester abortion as "any procedure from 13 through 28 complete." The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: <http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf>. ted weeks of pregnancy."

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 15 \)](#)



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 \(page 103\)](#)



Additional notes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: <http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf>.

Other

Defilement of a female idiot

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)



Additional notes

The Comprehensive Abortion Care Standards and Protocols do not provide particular gestational limits for specific abortion access grounds. However, they state: Medical practice defines abortion as "the loss of pregnancy before the foetus is viable (in Ghana abortion before 28 weeks of gestation)". They define second trimester abortion as "any procedure from 13 through 28 completed weeks of pregnancy."

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:

- [Criminal Code \(Act 29\) \(1960\).](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)



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. 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 CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: <http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf>.

Authorization in specially licensed facilities only

Yes

Related documents:

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)



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:

- [Criminal Code \(Act 29\) \(1960\).](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)



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:

- [Criminal Code \(Act 29\) \(1960\)](#).
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)



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**

No

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 16\)](#)



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:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17\)](#)



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 \(page 105\)](#)

Spousal consent

No

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17\)](#)



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:

- [Criminal Code \(Act 29\) \(1960\)](#).
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)



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:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17\)](#)



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:

- [Criminal Code \(Act 29\) \(1960\)](#).
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)



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:

- [Criminal Code \(Act 29\) \(1960\)](#).
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)












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 \(page 88\)](#)

<p>Other mandatory STI screening tests</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 54) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p>
<p>Prohibition of sex-selective abortion</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Criminal Code (Act 29) (1960). • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> <p> Additional notes</p> <p>The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 141 in Section V (practitioners' duties towards patients): "A practitioner who procures, assists, encourages, incites, solicits or attempts to perform an illegal abortion is liable to prosecution without prejudice to disciplinary sanctions." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.</p>
<p>Restrictions on methods to detect sex of the foetus</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	

<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
<p>Methods allowed</p>	<p>Vacuum aspiration</p> <p>Yes (12 (since LMP) WEEKS)</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 20) <p>Dilatation and evacuation</p> <p>Yes (28 (since LMP) WEEKS)</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 49) <p>Combination mifepristone-misoprostol</p> <p>Yes (28 (since LMP) WEEKS)</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 46) <p>Misoprostol only</p> <p>Yes (28 (since LMP) WEEKS)</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) (page 46) <p>Other (where provided)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p> <p>Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 14)</p>
<p>Country recognized approval (mifepristone / mife-misoprostol)</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ghana National Drugs Programme, Ghana Essential Medicines List, Sixth Edition (2010). (page 30) <p>Pharmacy selling or distribution</p> <p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <ul style="list-style-type: none"> • Ghana National Drugs Programme, Ghana Essential Medicines List, Sixth Edition (2010). • Pharmacy Act



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 54\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 13\)](#)

Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:

- [Ghana National Drugs Programme, Ghana Essential Medicines List, Sixth Edition \(2010\). \(page 30\)](#)

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



Not specified

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

- [Ghana National Drugs Programme, Ghana Essential Medicines List, Sixth Edition \(2010\).](#)
- [Pharmacy Act](#)



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:

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)

Primary health-care centres

Not specified

- [Criminal Code \(Act 29\) \(1960\).](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)

Secondary (district-level) health-care facilities

Yes

- [Criminal Code \(Act 29\) \(1960\). \(page 43 \)](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

Specialized abortion care public facilities

Not specified

- [Criminal Code \(Act 29\) \(1960\).](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)

Private health-care centres or clinics

Yes

- [Criminal Code \(Act 29\) \(1960\). \(page 43 \)](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

NGO health-care centres or clinics

Not specified

- [Criminal Code \(Act 29\) \(1960\).](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)

Other (if applicable)

In a place approved for the purpose by legislative instrument made by the Secretary

- [Criminal Code \(Act 29\) \(1960\). \(page 43 \)](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)



WHO Guidance

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

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 18\)](#)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 1\)](#)



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

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)

Secondary (district-level) health-care facilities

Yes

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

Specialized abortion care public facilities

Yes

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

Private health-care centres or clinics

Yes

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

NGO health-care centres or clinics

Not specified

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)

Other (if applicable)

Community level’ health institutions

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)



WHO Guidance

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

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

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

Contraception included in post-abortion care

Yes

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 28\)](#)



WHO Guidance

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

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

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

Insurance to offset end user costs



Not specified

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:

- [National Health Insurance Act \(Act 852\) \(2012\)](#)

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:

- [Criminal Code \(Act 29\) \(1960\). \(page 42 \)](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

Nurse

Not specified

- [Criminal Code \(Act 29\) \(1960\).](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)

Midwife/nurse-midwife

Yes

Midwives may provide medical abortions.

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75 \)](#)

Doctor (specialty not specified)

Yes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: <http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf>.

- [Criminal Code \(Act 29\) \(1960\). \(page 43 \)](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)

Specialist doctor, including OB/GYN

Yes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by

each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: <http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf>.

- [Criminal Code \(Act 29\) \(1960\). \(page 43 \)](#)
- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75 See note\)](#)

Other (if applicable)

Community Health Officer and Medical Assistants trained in midwifery may provide medical abortions.

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 75\)](#)



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

- [Criminal Code \(Act 29\) \(1960\).](#)

Availability of a specialist doctor, including OB/GYN

Not specified

- [Criminal Code \(Act 29\) \(1960\).](#)

Minimum number of beds

Not specified

- [Criminal Code \(Act 29\) \(1960\).](#)

Other (if applicable)

Facilities must be registered under the Private Hospitals and Maternity Homes Act, 1958 (No. 9) or approved for the purpose by legislative instrument made by the Secretary.

- [Criminal Code \(Act 29\) \(1960\). \(page 43\)](#)



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

Public sector providers

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

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

Yes

The Comprehensive Abortion Care Standards and Protocols state: "No provider has the right to refuse to perform an abortion procedure that is needed to preserve a woman's health or life. No provider may refuse if a client is below 18 years of age.... A service provider has the duty to provide compassionate and non-judgmental counselling and factually correct information to the client about her rights to the service and or refer her to an accessible provider."

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." In addition, Article 141 in Section V (practitioners' duties towards patients) states: "If the practitioner considers that his conviction does not allow him to advise or perform an abortion, he may withdraw while ensuring

the continuity of care by a qualified colleague.” The Code of Ethics is accessible at: <http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf>.

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)



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 Comprehensive Abortion Care Standards and Protocols state: “No provider has the right to refuse to perform an abortion procedure that is needed to preserve a woman’s health or life. No provider may refuse if a client is below 18 years of age.... A service provider has the duty to provide compassionate and non-judgmental counselling and factually correct information to the client about her rights to the service and or refer her to an accessible provider.”

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Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

Private sector providers

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

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Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

Provider type not specified

Yes

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

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Yes

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Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

Neither Type of Provider Permitted

Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

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

Yes

The Comprehensive Abortion Care Standards and Protocols state: "No provider has the right to refuse to perform an abortion procedure that is needed to preserve a woman's health or life. No provider may refuse if a client is below 18 years of age.... A service provider has the duty to provide compassionate and non-judgmental counselling and factually correct information to the client about her rights to the service and or refer her to an accessible provider."

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Related documents:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\) \(page 17 \)](#)

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:

- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)



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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)

Private facilities



Not specified

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

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- [Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition \(2012\)](#)







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<p>Facility type not specified</p>	<p> Not specified When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Comprehensive Abortion Care Services, Standards and Protocols, Ghana Health Service, 3rd Edition (2012) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
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Indicators

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

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

No data

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

3.1.1 Maternal mortality ratio

308 (2017)

3.1.2 Proportion of births attended by skilled health personnel

No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning

No data

satisfied with modern methods

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group

66.6 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

No data

3.c.1 Health worker density and distribution

No data

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

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

No data

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

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

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

No data

Goal 10. Reduce inequality within and among countries

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

No data

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

No data

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

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

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

17.8.1 Proportion of individuals using the Internet

No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

26.3 (2017)

Percentage of births attended by trained health professional	70.8 (2014)
Percentage of women aged 20-24 who gave birth before age 18	16 (2009-2013)
Total fertility rate	3.87 (2018)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	18 (2009-2017)
Gender Inequalities Index (Value)	0.54 (2017)
Gender Inequalities Index (Rank)	131 (2017)
Mandatory paid maternity leave	No (2020)
Median age	21.5 (2020)
Population, urban (%)	56.6 (2018)
Percentage of secondary school completion rate for girls	0.70 (2013)
Gender parity in secondary education	0.999 (2019)
Percentage of women in non-agricultural employment	31.9 (2010)
Proportion of seats in parliament held by women	12.7 (2017)
Sex ratio at birth (male to female births)	1.05 (2018)