Country Profile: Zambia

Region: Eastern Africa

Last Updated: 9 November 2018

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

Related Documents

From Criminal / Penal Code:
- Penal Code, amended 2005

From Health Regulation / Clinical Guidelines:
- Standard Treatment Guidelines, Essential Medicines List and Essential Laboratory Supplies
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

From EML / Registered List:
- Register of Marketing Authorisations, 2015
- Essential Medicines List, 2013

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

Concluding Observations:
- CEDAW
- CRC
- 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

Not Specified
<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Act, 1972</td>
<td></td>
</tr>
<tr>
<td>- Penal Code, amended 2005</td>
<td></td>
</tr>
<tr>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</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)

**Additional notes**

In determining whether the continuance of a pregnancy would involve a risk to the life of the pregnant woman, a risk of injury to the physical or mental health of the pregnant woman or a risk of injury to the physical or mental health of any existing children of the pregnant woman, account may be taken of the pregnant woman's actual or reasonably foreseeable environment or of her age.

Related documents:

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)

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<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Act, 1972 (page 2)</td>
<td></td>
</tr>
<tr>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 21)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: viability

The Standards and Guidelines for Comprehensive Abortion Care define abortion as "termination of pregnancy before the embryo/foetus is viable".

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 7)

**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)

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<table>
<thead>
<tr>
<th>Rape</th>
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<td>Related documents:</td>
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<tr>
<td>- Termination of Pregnancy Act, 1972</td>
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<td>- Penal Code, amended 2005</td>
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<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
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**WHO Guidance**

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

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

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

### Incest

**Intellectual or cognitive disability of the woman**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
<th>Related documents:</th>
</tr>
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<tbody>
<tr>
<td>Incest</td>
<td>Not specified</td>
<td>- Termination of Pregnancy Act, 1972</td>
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<tr>
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<tr>
<td></td>
<td></td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
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</table>

**Mental health**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
<th>Related documents:</th>
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<tr>
<td>Mental health</td>
<td>Yes</td>
<td>- Termination of Pregnancy Act, 1972 (page 2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 21)</td>
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</table>

**Gestational limit**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Status</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational limit</td>
<td></td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 7)</td>
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</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)

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**

Account may be taken of the pregnant woman's actual or reasonably foreseeable environment or of her age. No gestational limit is specified.
Physical health

Yes

Related documents:
- Termination of Pregnancy Act, 1972 (page 2)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 21)

Gestational limit

Weeks: viability

The Standards and Guidelines for Comprehensive Abortion Care define abortion as "termination of pregnancy before the embryo/foetus is viable".

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 7)

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)

Additional notes

Account may be taken of the pregnant woman's actual or reasonably foreseeable environment or of her age. No gestational limit is specified for abortions on these grounds.

Health

Not specified

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

Related documents:
- Termination of Pregnancy Act, 1972
- Penal Code, amended 2005
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

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:
- Termination of Pregnancy Act, 1972 (page 2)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 21)

Gestational limit

Weeks: viability

The Standards and Guidelines for Comprehensive Abortion Care define abortion as "termination of pregnancy before the embryo/foetus is viable".

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 7)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
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</table>

**Related documents:**
- Termination of Pregnancy Act, 1972 (page 2 )
- Penal Code, amended 2005 (page 67 )
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 22)

**Number and cadre of health-care professional authorizations required**
3
Doctor (Specialty Not Specified)
A medical practitioner registered as such under the provisions of the Medical and Allied Professions Act.

The Termination of Pregnancy Act stipulates: “(3) Except as provided by subsection (4), any treatment for the termination of pregnancy must be carried out in a hospital. (4) Subsection (3) and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination of pregnancy is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.” The Standards and Guidelines for Comprehensive Abortion Care stipulate that the lack of other available doctors counts as the equivalent of an emergency situation in which the authorisation of only one doctor is sufficient.

- Termination of Pregnancy Act, 1972 (page 2)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 7)

**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.

**Additional notes**
The Termination of Pregnancy Act stipulates: “(3) Except as provided by subsection (4), any treatment for the termination of pregnancy must be carried out in a hospital. (4) Subsection (3) and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination of pregnancy is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.” The Standards and Guidelines for Comprehensive Abortion Care stipulate that the lack of other available doctors counts as the equivalent of an emergency situation in which the authorisation of only one doctor is sufficient.
### Judicial authorization for minors

- **Related documents:**
  - Termination of Pregnancy Act, 1972
  - Penal Code, amended 2005
  - Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

#### 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)*

- **Not specified**

### Judicial authorization in cases of rape

- **Related documents:**
  - Termination of Pregnancy Act, 1972
  - Penal Code, amended 2005
  - Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

#### 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)*

- **Not applicable**

### Police report required in case of rape

- **Related documents:**
  - Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 24)

#### Additional notes

Abortion is permissible in the case of rape of a child below 16 years of age. The Standards and Guidelines for Comprehensive Abortion Care does not require a judicial authorisation.

*Source document: WHO Safe Abortion Guidance (page 104)*

- **Not applicable**
Abortion is permissible in the case of rape of a child below 16 years of age. The Standards and Guidelines for Comprehensive Abortion Care does not require a police report.

**Parental consent required for minors**

Yes

**Related documents:**
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 24)

**Can another adult consent in place of a parent?**

Yes

The Standards and Guidelines for Comprehensive Abortion Care, however, also state: "The best interest of the minor will take precedent over that of the parents or guardian."

**Age where consent not needed**

18

The Standards and Guidelines for Comprehensive Abortion Care, however, also state: "The best interest of the minor will take precedent over that of the parents or guardian."

**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.

**Additional notes**

The Standards and Guidelines for Comprehensive Abortion Care, however, also state: "The best interest of the minor will take precedent over that of the parents or guardian."

**Spousal consent**

No

**Related documents:**
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 28)

**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.

**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:**
- Termination of Pregnancy Act, 1972
- Penal Code, amended 2005
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Source Statement</th>
<th>Related documents</th>
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</thead>
<tbody>
<tr>
<td>Compulsory counselling</td>
<td>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.</td>
<td>Termination of Pregnancy Act, 1972, Penal Code, amended 2005, Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>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.</td>
<td>Termination of Pregnancy Act, 1972, Penal Code, amended 2005, Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>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.</td>
<td>Termination of Pregnancy Act, 1972, Penal Code, amended 2005, Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>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.</td>
<td>Termination of Pregnancy Act, 1972, Penal Code, amended 2005, Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
</tr>
</tbody>
</table>
Clinical and Service-delivery Aspects of Abortion Care

### National guidelines for induced abortion

Yes, guidelines issued by the government

- **Related documents:**
  - Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 38)

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**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...
Methods allowed

Vacuum aspiration
Yes (14 WEEKS)

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 29)

Dilatation and evacuation
Yes

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 29)

Combination mifepristone-misoprostol
Yes

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 29)

Misoprostol only
Yes

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 29)

Other (where provided)

WHO Guidance

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

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

- Source document: WHO Safe Abortion Guidance (page 123)

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

- Source document: WHO Safe Abortion Guidance (page 123)

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

- Source document: WHO Safe Abortion Guidance (page 13)

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

- Source document: WHO Safe Abortion Guidance (page 14)

Related documents:

- Register of Marketing Authorisations, 2015 (page 2)

Pharmacy selling or distribution
Yes, with prescription only

- Register of Marketing Authorisations, 2015 (page 2)

WHO Guidance

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

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

- Source document: WHO Safe Abortion Guidance (page 54)

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

- Source document: WHO Safe Abortion Guidance (page 13)
<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
<th>Yes, indications not specified</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Register of Marketing Authorisations, 2015 (page 35)</td>
<td></td>
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<tr>
<td>- Essential Medicines List, 2013 (page 16)</td>
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</table>

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

Yes, with prescription only

- Register of Marketing Authorisations, 2015 (page 35)

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<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Act, 1972 (page 2)</td>
<td></td>
</tr>
<tr>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 63)</td>
<td></td>
</tr>
</tbody>
</table>

**Primary health-care centres**

Yes

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 63)

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

Yes

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 63)

**Specialized abortion care public facilities**

Not specified

- Termination of Pregnancy Act, 1972
- Standard Treatment Guidelines, Essential Medicines List and Essential Laboratory Supplies
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

**Private health-care centres or clinics**

Yes

Private health facilities registered with the Health Professionals Council of Zambia and offering other RH services may offer abortion-related services.

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 63)

**NGO health-care centres or clinics**

Not specified

- Termination of Pregnancy Act, 1972
- Standard Treatment Guidelines, Essential Medicines List and Essential Laboratory Supplies
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

**Other (if applicable)**

Hospital

The Termination of Pregnancy Act stipulates: “(3) Except as provided by subsection (4), any treatment for the termination of pregnancy must be carried out in a hospital. (4) Subsection (3) and so much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination of pregnancy is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.”

- Termination of Pregnancy Act, 1972 (page 2)

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**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.
**National guidelines for post-abortion care**

Yes, guidelines issued by the government

**Related documents:**
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 38)

**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.

**Where can post-abortion care services be provided**

<table>
<thead>
<tr>
<th>Type of Health-Care Facility</th>
<th>Availability</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Yes</td>
<td>Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 38)</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
<td>Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 38)</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
<td>Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Yes</td>
<td>Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 38)</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
<td>Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
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</tbody>
</table>

**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.

**Contraception included in post-abortion care**

Yes

**Related documents:**
- Standard Treatment Guidelines, Essential Medicines List and Essential Laboratory Supplies (page 139)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 44)

**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.
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:
- Termination of Pregnancy Act, 1972

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

Who can provide abortion services

Not specified

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

Not specified

A medical practitioner registered as such under the provisions of the Medical and Allied Professions Act. Midlevel providers like Medical Licentiates, midwives as certified by or under supervision of a registered medical practitioner.

Source document: Zambia Standards and Guidelines for Comprehensive Abortion Care 2017
<table>
<thead>
<tr>
<th>requirements for delivery of abortion services</th>
<th>Referral linkages to a higher-level facility</th>
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<td></td>
<td>• Termination of Pregnancy Act, 1972</td>
</tr>
<tr>
<td></td>
<td>• Zambia Standards and Guidelines for Comprehensive Abortion Care 2017</td>
</tr>
</tbody>
</table>

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

Not specified

- Termination of Pregnancy Act, 1972
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

### Minimum number of beds

Not specified

- Termination of Pregnancy Act, 1972
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017

### Other (if applicable)

Procedure room with emergency equipment and supplies

- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 26)

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**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)

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## Conscientious Objection

### Related documents:

- Termination of Pregnancy Act, 1972 (page 3)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)

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

Yes

- Termination of Pregnancy Act, 1972 (page 3)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)

**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**

There is an obligation to participate in any treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman. Conscientious objection only applies to the procedure and not broader services and only applies to the abortion provider and not to support personnel.

### Related documents:

- Termination of Pregnancy Act, 1972 (page 3)
- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)

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

Yes
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

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<table>
<thead>
<tr>
<th>Facility type</th>
<th>Related documents</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public facilities</td>
<td>No</td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)</td>
</tr>
<tr>
<td>Private facilities</td>
<td>No</td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)</td>
</tr>
<tr>
<td>Facility type not specified</td>
<td>No</td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)</td>
</tr>
<tr>
<td>Neither Type of Facility Permitted</td>
<td>Yes</td>
<td>- Zambia Standards and Guidelines for Comprehensive Abortion Care 2017 (page 23)</td>
</tr>
</tbody>
</table>

Additional notes

There is an obligation to participate in any treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman. Conscientious objection only applies to the procedure and not broader services and only applies to the abortion provider and not to support personnel.

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.

Source document: WHO Safe Abortion Guidance (page 106)
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  
213 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
82.8 (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,  
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

5.6.2 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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<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>
<td></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>
<td></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>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.8.1 Proportion of individuals using the Internet</td>
<td>No data</td>
<td></td>
</tr>
</tbody>
</table>

Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>19.7</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>80.4</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>34</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>4.633</td>
<td>2018</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>16</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>21</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.52</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>126</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>17.6</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>43.521</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.58</td>
<td>2014</td>
</tr>
<tr>
<td>Category</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.592 (1988)</td>
<td></td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>65.3799973 (2017)</td>
<td></td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>18 (2017)</td>
<td></td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.03 (2018)</td>
<td></td>
</tr>
</tbody>
</table>