Country Profile: Azerbaijan

Region: Western Asia

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

Related Documents

From General Medical Health Act:
- Law on the protection of public health

From Criminal / Penal Code:
- Criminal Code of the Azerbaijan Republic

Concluding Observations:
- CEDAW
- CEDAW
- CEDAW
- CEDAW
- CEDAW
- CEDAW
- CEDAW-OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CRC
- CRC:OPAC
- CRC:OPIC
- CRPD *
- CRPD-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CED **
- Maputo Protocol

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

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

Abortion at the woman’s request

- Gestational limit: 12

Legal Ground and Gestational Limit

- Economic or social reasons: Not specified
Related documents:
- Law on the protection of public health

**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**

The Law on the Protection of Public Health states that an abortion may be performed for social reasons during the first 22 weeks of pregnancy and for medical reasons at any time during pregnancy. It states that the relevant authorities will determine a list of medical and social indications for abortion. A document detailing social indications for abortion is known to exist but could not be located (Cabinet Decree N5 of 12.01.1999).

Related documents:
- Law on the protection of public health (page 2)

---

**Foetal impairment**

**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:
- Law on the protection of public health

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 103)

---

**Rape**

**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:
- Law on the protection of public health

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 102)

---

**Incest**

**Not specified**

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

Related documents:
- Law on the protection of public health

**WHO Guidance**
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>Not specified</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>
<td>Who Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>Mental health</td>
<td>Not specified</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>
<td>Who Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>Physical health</td>
<td>Not specified</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>
<td>Who Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>Health</td>
<td>Not specified</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>
<td>Who Abortion Guidance (page 102)</td>
</tr>
<tr>
<td>Life</td>
<td>Not specified</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>
<td>Who Abortion Guidance (page 102)</td>
</tr>
</tbody>
</table>
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>Law on the protection of public health</td>
<td></td>
</tr>
</tbody>
</table>

#### Number and cadre of health-care professional authorizations required

The Law on the Protection of Public Health refers to "medical recommendations" as being required for an abortion "regardless of the duration of the pregnancy."

- Law on the protection of public health
- Law on the protection of public health

---

### Additional notes

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

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

**Source document:** WHO Safe Abortion Guidance (page 105)

---

### Authorization in specially licensed facilities only

<table>
<thead>
<tr>
<th>Related documents:</th>
<th>Law on the protection of public health</th>
</tr>
</thead>
</table>

---

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 102)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judicial authorization for minors</td>
<td>Not specified&lt;br&gt;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. &lt;br&gt;<strong>Related documents:</strong>&lt;br&gt;• Law on the protection of public health</td>
</tr>
<tr>
<td>Judicial authorization in cases of rape</td>
<td>Not applicable&lt;br&gt;<strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion.&lt;br&gt;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.</td>
</tr>
<tr>
<td>Police report required in case of rape</td>
<td>Not applicable&lt;br&gt;<strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion.&lt;br&gt;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</td>
</tr>
<tr>
<td>Parental consent required for minors</td>
<td>Not specified&lt;br&gt;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. &lt;br&gt;<strong>Related documents:</strong>&lt;br&gt;• Law on the protection of public health&lt;br&gt;<strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion.&lt;br&gt;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.</td>
</tr>
<tr>
<td>Spousal consent</td>
<td>Not specified&lt;br&gt;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>
</tbody>
</table>
Ultrasound images or listen to foetal heartbeat required

Related documents:
- Law on the protection of public health

**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)

Compulsory counselling

**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 waiting period

**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

**WHO Guidance**

Not specified
<table>
<thead>
<tr>
<th>Issue</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other mandatory STI screening tests</strong></td>
<td>- No specified</td>
</tr>
<tr>
<td><strong>Prohibition of sex-selective abortion</strong></td>
<td>- No specified</td>
</tr>
<tr>
<td><strong>Restrictions on information provided to the public</strong></td>
<td>- No data found</td>
</tr>
<tr>
<td><strong>Restrictions on the provision of information provided to the public</strong></td>
<td>- No data found</td>
</tr>
</tbody>
</table>

Related documents:
- Law on the protection of public health
- WHO Safe Abortion Guidance (page 107)

Additional notes:
- These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

**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.
- In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

Source document:
- Preventing Gender-Biased Sex Selection (page 17)
methods to detect sex of the foetus

WHO Guidance

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

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion

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)

Additional notes

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

Methods allowed

Vacuum aspiration

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

Dilatation and evacuation

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

Combination mifepristone-misoprostol

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

Misoprostol only

No data found

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)
<table>
<thead>
<tr>
<th><strong>Country recognized approval (mifepristone / mife-misoprostol)</strong></th>
<th>No data found</th>
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</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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</td>
</tr>
<tr>
<td><img src="https://example.com" alt="Source document" /></td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><img src="https://example.com" alt="Source document" /></td>
<td>WHO Safe Abortion Guidance (page 13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Country recognized approval (misoprostol)</strong></th>
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<tr>
<td><strong>WHO Guidance</strong></td>
<td>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</td>
</tr>
<tr>
<td><img src="https://example.com" alt="Source document" /></td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Related documents:</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary health-care centres</strong></td>
<td>Law on the protection of public health (page 2)</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law on the protection of public health</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Secondary (district-level) health-care facilities</strong></td>
<td>Law on the protection of public health (page 2)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law on the protection of public health (page 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialized abortion care public facilities</strong></td>
<td>Law on the protection of public health</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law on the protection of public health</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Private health-care centres or clinics</strong></td>
<td>Law on the protection of public health (page 2)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law on the protection of public health (page 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NGO health-care centres or clinics</strong></td>
<td>Law on the protection of public health</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law on the protection of public health</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (if applicable)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **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**

No data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

**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)

**Additional notes**

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

---

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

**Primary health-care centres**

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

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

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

**Specialized abortion care public facilities**

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

**Private health-care centres or clinics**

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

**NGO health-care centres or clinics**

No data found

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

**Other (if applicable)**

---

**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**

No data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.
Insurance to offset end user costs

No data found

Other (if applicable)

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)

Additional notes

These issues may be addressed in the Clinical Protocol on safe abortion (Ministry of Health Decree N5 of 20.02.2014) which could not be located.

Who can provide abortion services

Related documents:
- Law on the protection of public health (page 2)

Nurse
No
- Criminal Code of the Azerbaijan Republic (page 54)

Midwife/nurse-midwife
No
- Criminal Code of the Azerbaijan Republic (page 54)

Doctor (specialty not specified)
Yes
- Law on the protection of public health (page 2)

Specialist doctor, including OB/GYN
Not specified
- Law on the protection of public health

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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility
Not specified

WHO Guidance

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

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

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Data Found</th>
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</thead>
<tbody>
<tr>
<td>Public sector providers</td>
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<tr>
<td>Private sector providers</td>
<td>No data found</td>
</tr>
<tr>
<td>Provider type not specified</td>
<td>No data found</td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>No data found</td>
</tr>
</tbody>
</table>
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)
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

<table>
<thead>
<tr>
<th>Goal 3. Ensure healthy lives and promote well-being for all at all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
</tr>
<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
</tr>
<tr>
<td>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
</tr>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
</tr>
<tr>
<td>3.c.1 Health worker density and distribution</td>
</tr>
</tbody>
</table>

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

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

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

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

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

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

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

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

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

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

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

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
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  
15.4 (2006)

Percentage of births attended by trained health professional  
99.8 (2016)

Percentage of women aged 20-24 who gave birth before age 18  
4 (2009-2013)

Total fertility rate  
1.73 (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)  
0.32 (2017)

Gender Inequalities Index (Rank)  
71 (2017)

Mandatory paid maternity leave  
yes (2020)

Median age  
32.3 (2020)

Population, urban (%)  
55.68 (2018)

Percentage of secondary school completion rate for girls  
0.96 (2013)

Gender parity in secondary education  
1.001 (2018)

Percentage of women in non-agricultural employment  
42.6 (2013)
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>16.8 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.12 (2018)</td>
</tr>
</tbody>
</table>