Country Profile: Bahrain

Region: Western Asia

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 General Medical Health Act:
- Legislative Decree No (7) for 1989 on the Practice of Human Medicine and Dentistry

From Criminal / Penal Code:
- Penal Code, 1976

From Health Regulation / Clinical Guidelines:
- Departmental Policy and Processes, Ministry of Health
- Guidelines for Postnatal and Postabortal care in Primary Healthcare Settings and Outpatient Clinics in the Kingdom of Bahrain, Ministry of Health

From EML / Registered List:
- Drug Formulary, 2009

From Document Relating to Funding:
- Drug Price and rule list for Bahrain, 2016

Concluding Observations:
- CEDAW
- HRC
- CRC

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

**Related documents:**
- Penal Code, 1976 (page 57- Arabic )
- Penal Code, 1976 (page 93- English )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
- Departmental Policy and Processes, Ministry of Health (page 2)

---

### Foetal impairment

**Related documents:**
- Penal Code, 1976 (page 57- Arabic )
- Penal Code, 1976 (page 93- English )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
- Departmental Policy and Processes, Ministry of Health (page 2)

---

### Rape

**Related documents:**
- Penal Code, 1976 (page 57- Arabic )
- Penal Code, 1976 (page 93- English )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
- Departmental Policy and Processes, Ministry of Health (page 2)

---

### Incest

**Related documents:**
- Penal Code, 1976 (page 57- Arabic )
- Penal Code, 1976 (page 93- English )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
- Departmental Policy and Processes, Ministry of Health (page 2)

---

### Intellectual or cognitive disability of the woman

**Related documents:**
- Penal Code, 1976 (page 57- Arabic )
- Penal Code, 1976 (page 93- English )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
- Departmental Policy and Processes, Ministry of Health (page 2)
## Mental Health

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penal Code, 1976 (page 57: Arabic)</td>
</tr>
<tr>
<td>Penal Code, 1976 (page 93: English)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5: Arabic)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6: English)</td>
</tr>
<tr>
<td>Departmental Policy and Processes, Ministry of Health (page 2)</td>
</tr>
</tbody>
</table>

### 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.

---

## Physical Health

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penal Code, 1976 (page 57: Arabic)</td>
</tr>
<tr>
<td>Penal Code, 1976 (page 93: English)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5: Arabic)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6: English)</td>
</tr>
<tr>
<td>Departmental Policy and Processes, Ministry of Health (page 2)</td>
</tr>
</tbody>
</table>

### 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.

---

## Health

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penal Code, 1976 (page 57: Arabic)</td>
</tr>
<tr>
<td>Penal Code, 1976 (page 93: English)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5: Arabic)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6: English)</td>
</tr>
<tr>
<td>Departmental Policy and Processes, Ministry of Health (page 2)</td>
</tr>
</tbody>
</table>

### 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.

---

## Life

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5: Arabic)</td>
</tr>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6: English)</td>
</tr>
<tr>
<td>Departmental Policy and Processes, Ministry of Health (page 2)</td>
</tr>
</tbody>
</table>

### Gestational limit applies

**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.

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989</td>
</tr>
<tr>
<td>Departmental Policy and Processes, Ministry of Health</td>
</tr>
</tbody>
</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.

---

## Other

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Decree on the Practice of Human Medicine and Dentistry, 1989</td>
</tr>
<tr>
<td>Departmental Policy and Processes, Ministry of Health</td>
</tr>
</tbody>
</table>

### WHO Guidance

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

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

---

### Additional Requirements to Access Safe Abortion

- Mental health
- Physical health
- Health
- Life
- Other

---

**Related documents:**

- Penal Code, 1976 (page 57: Arabic)
- Penal Code, 1976 (page 93: English)
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5: Arabic)
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6: English)
- Departmental Policy and Processes, Ministry of Health (page 2)
<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>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )</td>
<td></td>
</tr>
<tr>
<td>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )</td>
<td></td>
</tr>
<tr>
<td>• Departmental Policy and Processes, Ministry of Health (page 1)</td>
<td></td>
</tr>
<tr>
<td>Number and cadre of health-care professional authorizations required</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN</td>
<td></td>
</tr>
<tr>
<td>In the case that a pregnant woman suffers complications due to a medical or surgical problem that jeopardizes her health, a specialist doctor must be consulted.</td>
<td></td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )</td>
<td></td>
</tr>
<tr>
<td>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )</td>
<td></td>
</tr>
<tr>
<td>• Departmental Policy and Processes, Ministry of Health (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )</td>
<td></td>
</tr>
<tr>
<td>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )</td>
<td></td>
</tr>
<tr>
<td>• Departmental Policy and Processes, Ministry of Health (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<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></td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989</td>
<td></td>
</tr>
<tr>
<td>• Departmental Policy and Processes, Ministry of Health</td>
<td></td>
</tr>
</tbody>
</table>

**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)

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

<table>
<thead>
<tr>
<th>Police report required in case of rape</th>
<th>Not applicable</th>
</tr>
</thead>
</table>
| **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

- 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:**
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989
  - Departmental Policy and Processes, Ministry of 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 parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

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

  **Additional notes**

  The person in charge of the woman must provide consent.

  **Related documents:**
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
  - Departmental Policy and Processes, Ministry of Health (page 1)

Spousal consent

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

  **Related documents:**
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989
  - Departmental Policy and Processes, Ministry of 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)

  **Additional notes**

  The person in charge of the woman must provide consent.

  **Related documents:**
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic )
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English )
  - Departmental Policy and Processes, Ministry of Health (page 1)

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:**
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989
  - Departmental Policy and Processes, Ministry of Health

- WHO Guidance

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

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

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

Compulsory counselling

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

  **Related documents:**
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989
  - Departmental Policy and Processes, Ministry of Health

- 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)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Information</th>
<th>Source document</th>
</tr>
</thead>
</table>
| 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:  
• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989  
• Departmental Policy and Processes, Ministry of Health | 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:  
• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989  
• Departmental Policy and Processes, Ministry of Health | WHO Safe Abortion Guidance (page 88)                                                                 |
| Other mandatory STI screening tests         | - Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents:  
• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989  
• Departmental Policy and Processes, Ministry of Health | WHO Safe Abortion Guidance (page 88)                                                                 |
| Prohibition of sex-selective abortion       | - Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents:  
• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989  
• Departmental Policy and Processes, Ministry of Health | Preventing Gender-Biased Sex Selection (page 17)                                                     |
| Restrictions on information provided to the public | - No data found.  
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:  
• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989  
• Departmental Policy and Processes, Ministry of Health | WHO Safe Abortion Guidance (page 107)                                                                 |
| Restrictions on methods to detect sex of the foetus | - No data found.  
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:  
• Legislative Decree on the Practice of Human Medicine and Dentistry, 1989  
• Departmental Policy and Processes, Ministry of Health | WHO Safe Abortion Guidance (page 103)                                                                 |
## Clinical and Service-delivery Aspects of Abortion Care

### National guidelines for induced abortion
Yes, guidelines issued by the government

**Related documents:**
- Departmental Policy and Processes, Ministry of Health (page 1)

### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Approval</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Not specified</td>
<td>Departmental Policy and Processes, Ministry of Health</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Not specified</td>
<td>Departmental Policy and Processes, Ministry of Health</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Not specified</td>
<td>Departmental Policy and Processes, Ministry of Health</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Not specified</td>
<td>Departmental Policy and Processes, Ministry of Health</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)

### Country recognized approval (mifepristone / mife-misoprostol)
No

**Related documents:**
- Drug Formulary, 2009 (page 1)
- Drug Price and rule list for Bahrain, 2016 (page 1)

### WHO Guidance

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

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

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

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

**Source document:** WHO Safe Abortion Guidance (page 13)
### Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Service Available</th>
<th>Approval Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</td>
<td>Yes, with prescription only</td>
</tr>
</tbody>
</table>

**Related documents:**
- Drug Formulary, 2009 (page 310)
- Drug Price and rule list for Bahrain, 2016 (page 68)

**WHO Guidance**

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

<table>
<thead>
<tr>
<th>Health-care Facility Type</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Yes</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5- Arabic)
- Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6- English)

**WHO Guidance**

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

<table>
<thead>
<tr>
<th>Service Available</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, guidelines issued by the government</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Guidelines for Postnatal and Postabortal care in Primary Healthcare Settings and Outpatient Clinics in the Kingdom of Bahrain, 2009 (page 1)

**WHO Guidance**

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
- Secondary (district-level) health-care facilities
  - Not specified
- Specialized abortion care public facilities
  - Not specified
- Private health-care centres or clinics
  - Not specified
- NGO health-care centres or clinics
  - Not specified
- Other (if applicable)

Contraception included in post-abortion care

- Not specified

Insurance to offset end user costs

- No data found

Other (if applicable)

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

Contraception included in post-abortion care

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)

Insurance to offset end user costs

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)
Conscientious Objection

Who can provide abortion services

- Nurse
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5, Arabic)
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6, English)

- Midwife/nurse-midwife
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5, Arabic)
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6, English)

- Doctor (specialty not specified)
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5, Arabic)
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6, English)

- Specialist doctor, including OB/GYN
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 5, Arabic)
  - Legislative Decree on the Practice of Human Medicine and Dentistry, 1989 (page 6, English)

Other (if applicable)

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: WHO Guidance 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

- Availability of a specialist doctor, including OB/GYN
  - Yes

- Minimum number of beds
  - Not specified

Other (if applicable)

WHO Guidance

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

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

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

Country-specific information related to sexual and reproductive health. 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

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

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

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

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

No data

Percentage of births attended by trained health professional

99.9 (2015)

Percentage of women aged 20-24 who gave birth before age 18

No data

Total fertility rate

1.987 (2018)

Legal marital age for women, with parental consent

16 (2009-2017)

Legal marital age for women, without parental consent

No data

Gender Inequalities Index (Value)

0.22 (2017)

Gender Inequalities Index (Rank)

74 (2017)

Mandatory paid maternity leave

No (2020)

Median age

32.5 (2020)

Population, urban (%)

89.287 (2018)

Percentage of secondary school completion rate for girls

0.93 (2013)

Gender parity in secondary education

1.061 (2018)

Percentage of women in non-agricultural employment

20.9 (2011)
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>15 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.04 (2018)</td>
</tr>
</tbody>
</table>