

Country Profile: China

Last Updated: 31 July 2019

Region: Eastern 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 Reproductive Health Act:

- [China - The Population and Family Planning Law](#)

From General Medical Health Act:

- [China - Law on Maternal and Infant Health Care](#)

From Criminal / Penal Code:

- [China - Criminal Law](#)
- [China - Prohibition of Identification of Fetal Sex and Termination of Pregnancy by Choice of Sex without Medical Need](#)
- [Hong Kong - Offences against the Person Ordinance](#)

From Ministerial Order / Decree:

- [Hong Kong - Ordinance on Human Reproductive Technology](#)

From Health Regulation / Clinical Guidelines:

- [China - Technical Guidance for Commonly Used Family Planning Techniques](#)
- [China - Measures for Implementation on Maternal and Infant Healthcare](#)
- [China - Regulation on the Administration of Family Planning Technical Services](#)

From EML / Registered List:

- [China - Essential drugs List, 2012](#)
- [Hong Kong - Approval of Misoprostol](#)
- [Hong Kong - Approval of Mifepristone and Misoprostol combination](#)
- [China - Reply on Sales Management of Mifepristone Tablets](#)

From Document Relating to Funding:

- [China - Measures for the Administration of Medical Advertisements](#)



List of ratified human rights treaties:

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

↓ [Download data](#)



Concluding Observations:

- [CEDAW](#)
- [CEDAW](#)

- CRC
- CRPD
- CAT
- WG - DWLP



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

✓ Yes

i Not Specified

Legal Ground and Gestational Limit

China	
Economic or social reasons	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Foetal impairment	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 (page 3) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Rape	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005



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:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)



WHO Guidance

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

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

Intellectual or cognitive disability of the woman



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:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Mental 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:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)



WHO Guidance

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

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

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

Physical health

Yes

Related documents:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1\)](#)









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 \(page 102\)](#)



	<p> Additional notes</p> <p>Abortion is permitted for women who because of a disease or because of being in the acute phase of various diseases should not continue pregnancy.</p>
<p>Health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 (page 3) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
<p>Life</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 (page 3) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
<p>Other</p>	
<p>Hong Kong (China)</p>	
<p>Economic or social reasons</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Foetal impairment</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p>Gestational limit</p> <p>Weeks: 24</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p>

	<p>A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p>Gestational limit</p> <p>Weeks: 24</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Incest</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p>Gestational limit</p> <p>Weeks: 24</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Intellectual or cognitive disability of the woman</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997
<p>Mental health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13)

Gestational limit

Weeks: 24

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)



WHO Guidance

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

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

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

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

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

Physical health

Yes

Related documents:

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)

Gestational limit

Weeks: 24

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)



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.

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

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

Health



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:

- [Offences against the Person Ordinance, 1997](#)



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:


- [Offences against the Person Ordinance, 1997 \(page 13\)](#)

Gestational limit






Weeks: No limit specified








- [Offences against the Person Ordinance, 1997 \(page 13\)](#)

















	<p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Other	<p>In the case of a woman who is with child before attaining the age of 16</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13)

Additional Requirements to Access Safe Abortion

China	
Authorization of health professional(s)	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Measures for Implementation of the People's Republic of China on Maternal and Infant Healthcare, 2010 • Regulation on the Administration of Family Planning Technical Services <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
Authorization in specially licensed facilities only	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Measures for Implementation of the People's Republic of China on Maternal and Infant Healthcare, 2010 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
Judicial authorization for minors	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p>

	<p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Judicial authorization in cases of rape</p>	<p>NOT APPLICABLE</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Police report required in case of rape</p>	<p>NOT APPLICABLE</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Parental consent required for minors</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People’s Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Spousal consent</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People’s Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Ultrasound images or listen to foetal</p>	<p> Not specified</p>

<p>heartbeat required</p>	<p> When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 19)</p>
<p>Compulsory counselling</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 46)</p>
<p>Compulsory waiting period</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Mandatory HIV screening test</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p>

<p>Other mandatory STI screening tests</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p>
<p>Prohibition of sex-selective abortion</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • The Population and Family Planning Law of the People's Republic of China, 2001 (page 6) • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 (page 5) • Prohibition on Identification of Fetal Sex and Termination of Pregnancy by Choice Without Medical Need (page 5) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Measures for the Administration of Medical Advertisements, 2007 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> <p> Additional notes</p> <p>Advertisements in general cannot involve medical technology, treatment methods, or discuss effectiveness and safety.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Measures for the Administration of Medical Advertisements, 2007 (page 1)
<p>Restrictions on methods to detect sex of the foetus</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • The Population and Family Planning Law of the People's Republic of China, 2001 (page 6) • Law of the People's Republic of China on Maternal and Infant Health Care, 2005 (page 5) • Measures for Implementation of the People's Republic of China on Maternal and Infant Healthcare, 2010 (page 1) • Prohibition on Identification of Fetal Sex and Termination of Pregnancy by Choice Without Medical Need (page 4) <p>List of restrictions</p> <p>Law on Population and Family Planning Article 35 Use of ultrasonography or other techniques to identify fetal sex for non-medical purposes is strictly prohibited. Sex-selective pregnancy termination for non-medical purposes is strictly prohibited.</p>

Law on Maternal and Infant Health Article 32 ... Sex identification of the fetus by technical means shall be strictly forbidden, except that it is positively necessitated on medical grounds.

Maternal and Child Health Law Implementation Measures Article 23 Gender identification of fetus by technical means is strictly prohibited. Where a fetus is suspected of contracting sex-linked genetic diseases therefore gender identification is needed, such gender identification shall be made by a medical and health care institution designated by the administrative department of public health of the people's government of the province, autonomous region or municipality directly under the Central Government in accordance with the provisions of the administrative department of the health of the State Council.

National Health and Family Planning Commission Prohibition of Sex Identification of the Foetus for Non-Medical Purposes Article 18 No institution or individual shall conduct fetal sex identification for non-medical reasons or artificial termination of pregnancy for sex selection.

- [The Population and Family Planning Law of the People's Republic of China, 2001 \(page 6 \)](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005 \(page 5 \)](#)
- [Measures for Implementation of the People's Republic of China on Maternal and Infant Healthcare, 2010 \(page 1 \)](#)
- [Prohibition on Identification of Fetal Sex and Termination of Pregnancy by Choice Without Medical Need \(page 4\)](#)



WHO Guidance

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

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

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

Other

Hong Kong (China)

Authorization of health professional(s)

Yes

Related documents:

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)

Number and cadre of health-care professional authorizations required

2

Registered Medical Practitioners

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)



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 \(page 105\)](#)

Authorization in specially licensed facilities only

Yes

Related documents:

- [Offences against the Person Ordinance, 1997 \(page 13 \)](#)



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 \(page 106\)](#)



Additional notes

This requirement does not apply to the termination of a pregnancy by a registered medical practitioner if 2 registered medical practitioners are of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Judicial authorization

<p>for minors</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 • Ordinance on Human Reproductive Technology, 2000 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p>
<p>Judicial authorization in cases of rape</p>	<p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 • Ordinance on Human Reproductive Technology, 2000 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Police report required in case of rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p> <p> Additional notes</p> <p>A registered medical practitioner who terminates the pregnancy of a woman who he believes has been the victim of sexual intercourse which constitutes an offence under section 47, 118, 119, 120 or 121 of the Crimes Ordinance, shall not be liable to prosecution under sections 46 and 47; and it shall be presumed until the contrary is proved that he believed the woman to have been the victim of such sexual intercourse if the woman made a report to a police officer within a period not exceeding 3 months after the date upon which she alleges any such offence was committed.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13)
<p>Parental consent required for minors</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 • Ordinance on Human Reproductive Technology, 2000



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)

Spousal consent



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:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)

Ultrasound images or listen to foetal heartbeat required



Not specified

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

Related documents:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



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:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



WHO Guidance

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

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 46\)](#)

Compulsory waiting period



Not specified

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

interpretation was made.

Related documents:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



WHO Guidance

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

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 107\)](#)

Mandatory HIV screening test



Not specified

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

Related documents:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 88\)](#)

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:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 88\)](#)

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:

- [Offences against the Person Ordinance, 1997](#)
- [Ordinance on Human Reproductive Technology, 2000](#)



WHO Guidance



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

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


↓ **Source document:** [Preventing Gender-Biased Sex Selection \(page 17\)](#)





Additional notes

	<p>No person shall, by means of a reproductive technology procedure, cause the sex of an embryo to be selected, whether directly or indirectly (including by the implantation of an embryo of a particular sex in the body of a woman), except where- (a) the purpose of such selection is to avoid a sex-linked genetic disease specified in Schedule 2 which may prejudice the health of the embryo (including any foetus, child or adult which may arise from the embryo); and (b) not less than 2 registered medical practitioners each state in writing that such selection is for that purpose and such disease would be sufficiently severe to a person suffering it to justify such selection.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ordinance on Human Reproductive Technology, 2000 (page 8)
<p>Restrictions on information provided to the public</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Restrictions on methods to detect sex of the foetus</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ordinance on Human Reproductive Technology, 2000 (page 8) <p>List of restrictions</p> <p>No person shall, by means of a reproductive technology procedure, cause the sex of an embryo to be selected, whether directly or indirectly (including by the implantation of an embryo of a particular sex in the body of a woman), except where-</p> <p>(a) the purpose of such selection is to avoid a sex-linked genetic disease specified in Schedule 2 which may prejudice the health of the embryo (including any foetus, child or adult which may arise from the embryo); and</p> <p>(b) not less than 2 registered medical practitioners each state in writing that such selection is for that purpose and such disease would be sufficiently severe to a person suffering it to justify such selection.</p> <ul style="list-style-type: none"> • Ordinance on Human Reproductive Technology, 2000 (page 8) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	

Clinical and Service-delivery Aspects of Abortion Care

<p>China</p>	
<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>

<p>Methods allowed</p>	<p>Vacuum aspiration Yes (10 WEEKS)</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) <p>Dilatation and evacuation Not specified</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 <p>Combination mifepristone-misoprostol Yes (49 DAYS 7 WEEKS)</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) <p>Misoprostol only Not specified</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 <p>Other (where provided) Rivanol for midtrimester abortion induction of Labor (27 WEEKS); Dilation and Curettage (14 WEEKS)</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p> <p>Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 14)</p>
<p>Country recognized approval (mifepristone / mife-misoprostol)</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Technical Guidance for Commonly Used Family Planning Techniques, 2003 (page 1) • National Essential drugs List, 2012 (page 57) <p>Pharmacy selling or distribution No</p> <ul style="list-style-type: none"> • Reply on Sales Management of Mifepristone Tablets (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p>
<p>Country recognized</p>	<p>Yes, for gynaecological indications</p>

approval
(misoprostol)

Related documents:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1 \)](#)
- [National Essential drugs List, 2012 \(page 58\)](#)

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

No

- [Reply on Sales Management of Mifepristone Tablets \(page 1\)](#)



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 \(page 54\)](#)

Where can abortion
services be provided

Related documents:

- [The Population and Family Planning Law of the People's Republic of China, 2001 \(page 1\)](#)

Primary health-care centres

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Secondary (district-level) health-care facilities

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Specialized abortion care public facilities

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Private health-care centres or clinics

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

NGO health-care centres or clinics

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Other (if applicable)

Abortions greater than 12 weeks gestation must be performed in hospital.

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1\)](#)



WHO Guidance

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

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

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

National guidelines for
post-abortion care

Yes, guidelines issued by the government

Related documents:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Secondary (district-level) health-care facilities

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Specialized abortion care public facilities

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Private health-care centres or clinics

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

NGO health-care centres or clinics

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)



WHO Guidance

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

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

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

Contraception included in post-abortion care

Yes

Related documents:

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1\)](#)



WHO Guidance

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

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

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

Insurance to offset end user costs

Yes

Related documents:

- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005 \(page 4\)](#)

Induced abortion for all women

Yes

- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005 \(page 4\)](#)

Induced abortion for poor women only

No

- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005 \(page 4\)](#)

Abortion complications

Not specified

- [The Population and Family Planning Law of the People's Republic of China, 2001](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Private health coverage

Not specified

- [The Population and Family Planning Law of the People's Republic of China, 2001](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Other (if applicable)

Couples of reproductive age who practise family planning shall enjoy, free of charge, the basic items of technical services specified by the State. People's governments at all levels shall take measures to ensure citizens' access to technical services for family planning in order to improve their reproductive health.

- [The Population and Family Planning Law of the People's Republic of China, 2001 \(page 4\)](#)



WHO Guidance

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

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

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

Who can provide abortion services

Related documents:

- [The Population and Family Planning Law of the People's Republic of China, 2001](#)

Nurse

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Midwife/nurse-midwife

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Doctor (specialty not specified)

Yes

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1\)](#)

Specialist doctor, including OB/GYN

Not specified

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005](#)

Other (if applicable)

Must pass the examination of the administrative department of public health under the people's government at or above the county level, and obtain a corresponding qualification certificate.

- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005 \(page 1\)](#)



WHO Guidance

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

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

↓ **Source document:** [Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception \(page 33\)](#)

Extra facility/provider requirements for delivery of abortion

Referral linkages to a higher-level facility

Yes

services

- [The Population and Family Planning Law of the People's Republic of China, 2001 \(page 1\)](#)

Availability of a specialist doctor, including OB/GYN

Yes

- [The Population and Family Planning Law of the People's Republic of China, 2001 \(page 1\)](#)

Minimum number of beds

Yes

- [The Population and Family Planning Law of the People's Republic of China, 2001 \(page 1\)](#)

Other (if applicable)

Ministry of Health source document on Commonly Used Family Planning Techniques: Places performing medical abortions must have access to emergency curettage, oxygen, infusion, transfusion (blood transfusion- if no conditions of the unit must have the nearest referral conditions) region, above the county level medical units and family planning services or institutions Law on Maternal and Infant Health Care 6: Must meet the requirements and technical standards set by the administrative department of public health under the State Council Regulations on the Administration of Family Planning Technical Services, Art 30: The family planning technical service personnel must carry out family planning technical services in accordance with the approved service scopes and items and categories of surgery, and abide by the profession-related laws, regulations, rules, general technical norms, professional ethical norms and management systems.

- [Technical Guidance for Commonly Used Family Planning Techniques, 2003 \(page 1 \)](#)
- [Law of the People's Republic of China on Maternal and Infant Health Care, 2005 \(page 1 \)](#)
- [Regulation on the Administration of Family Planning Technical Services \(page 1\)](#)



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 \(page 75\)](#)

Hong Kong (China)

National guidelines for induced abortion

No data found



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Methods allowed

Vacuum aspiration

No data found

Dilatation and evacuation

No data found

Combination mifepristone-misoprostol

No data found

Misoprostol only

No data found

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 \(page 14\)](#)

Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:

- [Approval of Mifepristone and Misoprostol combination, 2016 \(page 1\)](#)

Pharmacy selling or distribution

Yes, with prescription only

- [Approval of Mifepristone and Misoprostol combination, 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 \(page 54\)](#)

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

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

Country recognized approval (misoprostol)

Yes, indications not specified

Related documents:

- [Approval of Misoprostol, 2016 \(page 1\)](#)

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



Not specified

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



WHO Guidance

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

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

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

Where can abortion services be provided

Related documents:

- [Offences against the Person Ordinance, 1997 \(page 13 \)](#)

Primary health-care centres

Not specified

- [Offences against the Person Ordinance, 1997](#)

Secondary (district-level) health-care facilities

Yes

The Offences against the Person Act states: “(3) Except as provided by subsection (4), any treatment for the termination of pregnancy must be carried out in a hospital or clinic maintained by the Government or declared by the Director of Health by notice published in the Gazette to be an approved hospital or clinic for the purposes of this section. (4) Subsection (3) shall not apply to the termination of a pregnancy by a

registered medical practitioner if 2 registered medical practitioners are of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.”

- [Offences against the Person Ordinance, 1997 \(page 13 \)](#)

Specialized abortion care public facilities

Yes

The Offences against the Person Act states: “(3) Except as provided by subsection (4), any treatment for the termination of pregnancy must be carried out in a hospital or clinic maintained by the Government or declared by the Director of Health by notice published in the Gazette to be an approved hospital or clinic for the purposes of this section. (4) Subsection (3) shall not apply to the termination of a pregnancy by a registered medical practitioner if 2 registered medical practitioners are of the opinion, formed in good faith, that the termination is immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.”

- [Offences against the Person Ordinance, 1997 \(page 13 \)](#)

Private health-care centres or clinics

Not specified

- [Offences against the Person Ordinance, 1997](#)

NGO health-care centres or clinics

Not specified

- [Offences against the Person Ordinance, 1997](#)

Other (if applicable)



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



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

Not specified

- [Offences against the Person Ordinance, 1997](#)

Secondary (district-level) health-care facilities

Not specified

- [Offences against the Person Ordinance, 1997](#)

Specialized abortion care public facilities

Not specified

- [Offences against the Person Ordinance, 1997](#)

Private health-care centres or clinics

Not specified

- [Offences against the Person Ordinance, 1997](#)

NGO health-care centres or clinics

Not specified

- [Offences against the Person Ordinance, 1997](#)

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



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:

- [Offences against the Person Ordinance, 1997](#)



WHO Guidance

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

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

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

Insurance to offset end user costs



Not specified

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

Related documents:

- [Offences against the Person Ordinance, 1997](#)

Other (if applicable)



WHO Guidance

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

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

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

Who can provide abortion services

Related documents:

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)

Nurse

Not specified

- [Offences against the Person Ordinance, 1997](#)

Midwife/nurse-midwife

Not specified



- [Offences against the Person Ordinance, 1997](#)

Doctor (specialty not specified)


Not specified

- [Offences against the Person Ordinance, 1997](#)

Specialist doctor, including OB/GYN

	<p>Not specified</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 <p>Other (if applicable)</p> <p>Registered Medical Practitioner</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)</p>
<p>Extra facility/provider requirements for delivery of abortion services</p>	<p>Referral linkages to a higher-level facility</p> <p>Not specified</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 • Ordinance on Human Reproductive Technology, 2000 <p>Availability of a specialist doctor, including OB/GYN</p> <p>Not specified</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 • Ordinance on Human Reproductive Technology, 2000 <p>Minimum number of beds</p> <p>Not specified</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 • Ordinance on Human Reproductive Technology, 2000 <p>Other (if applicable)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>

Conscientious Objection

<p>China</p>	
<p>Public sector providers</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Private sector providers</p>	<p>No data found</p>



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 \(page 106\)](#)

Provider type not specified

No data found



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 \(page 106\)](#)

Neither Type of Provider Permitted

No data found



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 \(page 106\)](#)

Public facilities

No data found



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

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

Private facilities

No data found



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

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

Facility type not specified







No data found



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

<p>Neither Type of Facility Permitted</p>	<p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Hong Kong (China)</p>	
<p>Public sector providers</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>There is a duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.</p>
<p>Private sector providers</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>There is a duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.</p>
<p>Provider type not specified</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997 (page 13) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p>

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



Additional notes

There is a duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.

Neither Type of Provider Permitted

No

Related documents:

- [Offences against the Person Ordinance, 1997 \(page 13\)](#)



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 a duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.

Public facilities



Not specified

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

Related documents:

- [Offences against the Person Ordinance, 1997](#)



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

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

Private facilities



Not specified

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

Related documents:

- [Offences against the Person Ordinance, 1997](#)



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

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

Facility type not specified






Not specified

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

Related documents:

- [Offences against the Person Ordinance, 1997](#)

	 <p>WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Neither Type of Facility Permitted</p>	 <p>Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Offences against the Person Ordinance, 1997  <p>WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>

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

<p>1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</p>	<p>No data</p>
<p>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</p>	<p>No data</p>
<p>1.a.2 Proportion of total government spending on essential services (education, health and social protection)</p>	<p>No data</p>

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

<p>3.1.1 Maternal mortality ratio</p>	<p>27 (2015)</p>
<p>3.1.2 Proportion of births attended by skilled health personnel</p>	<p>No data</p>
<p>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</p>	<p>No data</p>
<p>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</p>	<p>8.4 (2015-2020)</p>
<p>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</p>	<p>No data</p>

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

2.3 (2001)

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	1.624 (2016)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	20 (2009-2017)
Gender Inequalities Index (Value)	0.15 (2017)
Gender Inequalities Index (Rank)	36 (2017)
Mandatory paid maternity leave	yes (2016)
Median age	37.0 (2015)
Population, urban (%)	58 (2017)
Percentage of secondary school completion rate for girls	0.82 (2013)
Gender parity in secondary education	1.018 (2014)
Percentage of women in non-agricultural employment	39.1 (1999)
Proportion of seats in parliament held by women	24.2 (2017)
Sex ratio at birth (male to female births)	1.15 (2017)