Country Profile: Georgia

Region: Western Asia

Last Updated: 01 July 2022

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

Related Documents

From General Medical Health Act:
- Law on Healthcare
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014

From Criminal / Penal Code:
- Criminal code of Georgia

From Health Regulation / Clinical Guidelines:
- Rules for the implementation of abortion, Ministry of Labour, Health and Social Affairs, 2014
- Safe Termination of Pregnancy Protocol

From EML / Registered List:
- Mifepristone Registration, 2016

From Law on Medical Practitioners:
- Law on Medical activity

From Other:
- Law on Patient Rights
- Patients Guide to Abortion 2014

Concluding Observations:
- CEDAW
- CEDAW
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC
- CRC

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

Abortion at the woman’s request

- Gestational limit: 12 weeks

Legal Ground and Gestational Limit
**Economic or social reasons**

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:**
- Rules for the Implementation of Abortion, 2014
- Law on Healthcare

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 103)

**Foetal impairment**

Yes

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 17)
- Law on Healthcare (page 1)

**Gestational limit**

Weeks: 22

- Rules for the Implementation of Abortion, 2014 (page 1)

**WHO Guidance**

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

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

**Source document:** WHO Safe Abortion Guidance (page 103)

**Additional notes**

The Rules for the implementation of abortion state that abortion can be accessed between 12 and 22 weeks of gestation for medical and social indications. Appendix 3 sets out the medical conditions which fall under the medical indication. These include a range of physical disorders, mental disorders (section V) and congenital malformations, deformations and chromosomal abnormalities (section XIV).

**Rape**

Yes

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 18)
- Law on Healthcare (page 1)

**Gestational limit**

Weeks: 22

Abortion for expanded medical and social indications can be performed beyond 22 weeks of gestation if considered necessary by the Ministry of Labour, Health and Social Affairs.

- Rules for the Implementation of Abortion, 2014 (page 1)

**WHO Guidance**

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

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

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

**Source document:** WHO Safe Abortion Guidance (page 103)
### Incest

<table>
<thead>
<tr>
<th>Not specified</th>
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<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Law on Healthcare

**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)*

### Intellectual or cognitive disability of the woman

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 18)
- Law on Healthcare (page 1)

**Gestational limit**

Weeks: 22

The Rules for the implementation of abortion state that abortion can be accessed between 12 and 22 weeks of gestation for medical and social indications. Appendix 3 sets out the medical conditions which fall under the medical indication. These include a range of physical disorders, mental disorders (section V) and congenital malformations, deformations and chromosomal abnormalities (section XIV).

*Source document: Rules for the Implementation of Abortion, 2014 (page 1)*

**Additional notes**

The 2014 regulations list certain health conditions that may result in intellectual or cognitive disability of the woman.

### Mental health

<table>
<thead>
<tr>
<th>Not specified</th>
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<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Law on Healthcare

**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

<table>
<thead>
<tr>
<th>Not specified</th>
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<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Law on Healthcare

**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)*

### Health

<table>
<thead>
<tr>
<th>Not specified</th>
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<tbody>
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</tbody>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Law on Healthcare

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

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

- **Source document:** WHO Safe Abortion Guidance (page 102)

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

- **Source document:** WHO Safe Abortion Guidance (page 103)

### Additional notes

The Rules for the implementation of abortion state that abortion can be accessed between 12 and 22 weeks of gestation for medical and social indications. Appendix 3 sets out the medical conditions which fall under the medical indication. These include a range of physical disorders, mental disorders (section V) and congenital malformations, deformations and chromosomal abnormalities (section XIV).

The woman is below the age of 15 years or over the age of 49 years. Additionally, the Rules for the implementation of abortion state that abortion can be accessed between 12 and 22 weeks of gestation for medical and social indications. Appendix 3 sets out the medical conditions which fall under the medical indication. These include a range of physical disorders, mental disorders (section V) and congenital malformations, deformations and chromosomal abnormalities (section XIV).

### Related documents:

- Rules for the Implementation of Abortion, 2014 (page 17)
- Law on Healthcare (page 1)
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014 (page 1)
- Patients Guide to Abortion 2014 (page 1)
### Judicial authorization for minors

**Not specified**

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

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Criminal code
- Law on Healthcare
- Law on Medical activity
- Patients Guide to Abortion 2014
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014

### Judicial authorization in cases of rape

**Yes**

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 1)

### Police report required in case of rape

**Not specified**

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

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Criminal code
- Law on Healthcare
- Law on Medical activity
- Patients Guide to Abortion 2014
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014

### Parental consent required for minors

**Yes**

**Related documents:**
- Law on Patient Rights (page 7)

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

**Yes**

**Related documents:**
- Law on Patient Rights (page 7)

### Age where consent not needed

14

**Related documents:**
- Law on Patient Rights (page 7)

### WHO Guidance

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2

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

According to the Law on Patients’ Rights, minors aged 14 to 18 who in the opinion of the medical care provider can evaluate their health condition correctly may give informed consent for a termination. (Article 46(2))

In other cases, if the parent or guardian cannot be found or does not agree with care, medical providers shall make the decision based on the best interests of the patient. (Article 25)
### 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:**
  - Rules for the Implementation of Abortion, 2014
  - Criminal code
  - Law on Healthcare
  - Law on Medical activity
  - Patients Guide to Abortion 2014
  - Changes and Amendments to Law on Healthcare Ministry of Health, 2014

  **WHO Guidance**

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

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

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

  **Additional notes**

  Patients Guide to Abortion specifies that “after receiving oral and written information about abortion, it is your prerogative to make the final informed decision on abortion.”

  **Related documents:**
  - Patients Guide to Abortion 2014 (page 1)

### Ultrasound images or listen to foetal heartbeat required

- **Not specified**

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

  **Related documents:**
  - Rules for the Implementation of Abortion, 2014
  - Criminal code
  - Law on Healthcare
  - Law on Medical activity
  - Patients Guide to Abortion 2014
  - Changes and Amendments to Law on Healthcare Ministry of Health, 2014

  **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

- **Yes**

  **Related documents:**
  - Rules for the Implementation of Abortion, 2014 (page 1)
  - Law on Healthcare (page 25)
  - Changes and Amendments to Law on Healthcare Ministry of Health, 2014 (page 1)
  - Patients Guide to Abortion 2014 (page 1)

  **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)

  **Additional notes**

  During the interview, priority is given to protecting the life of the fetus. Deciding on an abortion is a woman's prerogative.

  **Related documents:**
  - Changes and Amendments to Law on Healthcare Ministry of Health, 2014 (page 1)
<table>
<thead>
<tr>
<th>Compulsory waiting period</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Rules for the Implementation of Abortion, 2014 (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moment of admission</strong></td>
</tr>
<tr>
<td>5 DAYS</td>
</tr>
</tbody>
</table>

**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)

**Additional notes**

A five day compulsory waiting period applies in cases of abortion on request (up to 12 weeks). If the pregnancy is in the twelfth week of gestation, the waiting period is reduced to three days.

**Related documents:**
- Law on Healthcare (page 1)

<table>
<thead>
<tr>
<th>Mandatory HIV screening test</th>
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</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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</tbody>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Criminal code
- Law on Healthcare
- Law on Medical activity
- Patients Guide to Abortion 2014
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014

**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)

<table>
<thead>
<tr>
<th>Other mandatory STI screening tests</th>
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</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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</tbody>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Criminal code
- Law on Healthcare
- Law on Medical activity
- Patients Guide to Abortion 2014
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014

**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)

<table>
<thead>
<tr>
<th>Prohibition of sex-selective abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 1)

**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**

Sex-selective abortions should be avoided except in cases of sex-linked inheritable diseases.
### Clinical and Service-delivery Aspects of Abortion Care

#### Restrictions on information provided to the public

<table>
<thead>
<tr>
<th>Restrictions</th>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**
- Law on Healthcare (page 25)
- Patients Guide to Abortion 2014 (page 1)
- Changes and Amendments to Law on Healthcare Ministry of Health, 2014 (page 1)

**List of restrictions**

Advertisement for abortion services is not allowed.

**Related documents:**
- Law on Healthcare (page 25)

**WHO Guidance**

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

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.

**Source document:** WHO Safe Abortion Guidance (page 107)

#### Restrictions on methods to detect sex of the foetus

<table>
<thead>
<tr>
<th>Restrictions</th>
<th>Not specified</th>
</tr>
</thead>
</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014
- Criminal code
- Law on Healthcare
- Law on Medical activity
- Safe Termination of Pregnancy Protocol

**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)

**Additional notes**

Sex-selective abortions should be avoided except in cases of sex-linked inheritable diseases.

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 3)

#### Other

**National guidelines for induced abortion**

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Yes, guidelines issued by the government</th>
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</table>

**Related documents:**
- Rules for the Implementation of Abortion, 2014 (page 1)
- Safe Termination of Pregnancy Protocol (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)
Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Approval</th>
<th>Source document</th>
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<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Yes (7 WEEKS)</td>
<td>- Rules for the Implementation of Abortion, 2014 (page 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Safe Termination of Pregnancy Protocol (page 1)</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Yes (greater than 12 WEEKS)</td>
<td>- Safe Termination of Pregnancy Protocol (page 1)</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Yes (22 WEEKS)</td>
<td>- Rules for the Implementation of Abortion, 2014 (page 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Safe Termination of Pregnancy Protocol (page 1)</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Not specified</td>
<td>- Rules for the Implementation of Abortion, 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Safe Termination of Pregnancy Protocol</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
<td>D&amp;C is also listed as a method, but not a preferred method (for use up to 12 weeks).</td>
</tr>
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</table>

Country recognized approval (mifepristone / mife-misoprostol)

<table>
<thead>
<tr>
<th>Method</th>
<th>Approval</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>- Rules for the Implementation of Abortion, 2014 (page 1)</td>
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<td></td>
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<td>- Safe Termination of Pregnancy Protocol (page 1)</td>
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Country recognized approval (misoprostol)

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</tr>
<tr>
<td></td>
<td></td>
<td>- Safe Termination of Pregnancy Protocol (page 1)</td>
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Pharmacy selling or distribution

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<thead>
<tr>
<th>Method</th>
<th>Approval</th>
<th>Source document</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Not specified</td>
<td>- Mifepristone Registration, 2016 (page 1)</td>
</tr>
</tbody>
</table>

WHO Guidance

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

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.
Where can abortion services be provided

<table>
<thead>
<tr>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rules for the Implementation of Abortion, 2014 (page 1)</td>
</tr>
<tr>
<td>• Law on Healthcare (page 1)</td>
</tr>
</tbody>
</table>

**Primary health-care centres**
Yes

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

**Specialized abortion care public facilities**
Not specified

**Private health-care centres or clinics**
Not specified

**NGO health-care centres or clinics**
Not specified

**Other (if applicable)**
Surgical procedures to terminate pregnancies of more than seven weeks of gestation must occur in inpatient medical facilities. Ambulatory services for pregnancy termination up to 12 weeks of gestation.

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**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 18)

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**National guidelines for post-abortion care**

Yes, guidelines issued by the government

**Related documents:**

- Safe Termination of Pregnancy Protocol (page 1)

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**WHO Guidance**

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

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable 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)
<table>
<thead>
<tr>
<th>Location</th>
<th>Contraception included in post-abortion care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
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</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
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<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
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<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
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<tr>
<td>NGO health-care centres or clinics</td>
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</tr>
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</table>

**WHO Guidance**

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

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

- **Source document**: WHO Safe Abortion Guidance (page 57)

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

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)

Related documents:
- Rules for the Implementation of Abortion, 2014 (page 1)
- Nurse
  - Not specified
  - Rules for the Implementation of Abortion, 2014
  - Criminal code
  - Law on Healthcare
  - Law on Medical activity
  - Safe Termination of Pregnancy Protocol
- Midwife/nurse-midwife
  - Not specified
  - Rules for the Implementation of Abortion, 2014
  - Criminal code
  - Law on Healthcare
  - Law on Medical activity
  - Safe Termination of Pregnancy Protocol
- Doctor (specialty not specified)
  - Not specified
  - Rules for the Implementation of Abortion, 2014
  - Criminal code
  - Law on Healthcare
  - Law on Medical activity
  - Safe Termination of Pregnancy Protocol
- Specialist doctor, including OB/GYN
  - Yes
  - Rules for the Implementation of Abortion, 2014 (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)
Conscientious Objection

### Public sector providers

#### Referral linkages to a higher-level facility

- Not specified

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

- Yes

#### Minimum number of beds

- Not specified

#### Other (if applicable)

- For pregnancy of more than 12 weeks of gestation, abortions must be carried out in an obstetric practice with the right type of in-patient medical facility.

**Rules for the Implementation of Abortion, 2014**

**Criminal code**

**Law on Healthcare**

**Law on Medical activity**

**Safe Termination of Pregnancy Protocol**

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**WHO Guidance**

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

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

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

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### Conscientious Objection

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

- Yes

**A doctor has the right to refuse an abortion if he is against abortion for religious, ethical or other reasons. In this case, he is obliged to refer to another provider of relevant medical services.**

**Patients Guide to Abortion 2014 (page 1)**

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**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)

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**Additional notes**

**A physician shall have the right to refuse to provide medical care to a patient only if:**

- a) it is possible to ensure the continuity of medical care for the patient and the patient is not in a life-threatening condition, or the patient does not require emergency medical care; or
- b) the physician’s life may be exposed to a real danger during the provision of medical care. The Law on healthcare does not specify if this also applies to pregnancy terminations and involves a right to conscientious objection.

**Related documents:**

- Law on Healthcare (page 11)
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Related documents:
- Law on Healthcare (page 11)
## Indicators

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

**Goal 1. End poverty in all its forms everywhere**

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

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons,
Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

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

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

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

3.c.1 Health worker density and distribution

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

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

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

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

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

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

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

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

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

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

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

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

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities
10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>12.3</td>
<td>2010</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.9</td>
<td>2015</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>6</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2.06</td>
<td>2018</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.35</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>78</td>
<td>2017</td>
</tr>
<tr>
<td>Category</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>----------------</td>
<td></td>
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<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>38.3 (2020)</td>
<td></td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>58.63 (2018)</td>
<td></td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.97 (2010)</td>
<td></td>
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<tr>
<td>Gender parity in secondary education</td>
<td>1.014 (2018)</td>
<td></td>
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<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>47.3 (2013)</td>
<td></td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>16 (2017)</td>
<td></td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
<td></td>
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</tbody>
</table>