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 Related to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From Criminal / Penal Code:
- Penal Law

From Ministerial Order / Decree:
- Ministry of Health Circular no 2 14 expanding the range of health services, 2014
- Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007

From EML / Registered List:
- Drug Registry Misoprostol
- Drug Registry Mifepristone

From Document Relating to Funding:
- Services Basket HMOs, Ministry of Health

From Abortion Specific Law:
- Planned Termination of Pregnancy, Ministry of Health

Concluding Observations:
- CEDAW

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

Abortion at the woman’s request
- No

Legal Ground and Gestational Limit

Economic or social reasons
- No

Related documents:
- Penal Law (page 94)

WHO Guidance

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

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foetal impairment</td>
<td>Yes</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law (page 94)</td>
<td></td>
</tr>
<tr>
<td>Gestational limit applies</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law</td>
<td></td>
</tr>
<tr>
<td>• Planned Termination of Pregnancy, Ministry of Health</td>
<td></td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 103)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 103)</td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>Yes</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law (page 94)</td>
<td></td>
</tr>
<tr>
<td>Gestational limit applies</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law</td>
<td></td>
</tr>
<tr>
<td>• Planned Termination of Pregnancy, Ministry of Health</td>
<td></td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 102)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 103)</td>
<td></td>
</tr>
<tr>
<td>Incest</td>
<td>Yes</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law (page 94)</td>
<td></td>
</tr>
<tr>
<td>Gestational limit applies</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law</td>
<td></td>
</tr>
<tr>
<td>• Planned Termination of Pregnancy, Ministry of Health</td>
<td></td>
</tr>
<tr>
<td>WHO Guidance</td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 102)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 103)</td>
<td></td>
</tr>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law (page 94)</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Yes</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical health</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Law</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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)

**Gestational limit applies**

Not specified

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

Related documents:
- Penal Law
- Planned Termination of Pregnancy, Ministry of Health

---

**Physical 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:
- Penal Law
- Planned Termination of Pregnancy, Ministry of Health

---

**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:
- Penal Law

---

**WHO Guidance**

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)
Additional Requirements to Access Safe Abortion

### Life

**Yes**

**Related documents:**
- Penal Law (page 94)

**Gestational limit applies**

- Not specified

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

**Related documents:**
- Penal Law
- Planned Termination of Pregnancy, Ministry of Health

### WHO Guidance

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

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

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

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)

### Other

- The woman is under the age of marriage (17 years old) or older than 40 years.
- The pregnancy is the result of extramarital relations.
- To prevent grave irreparable injury to the woman.
- The pregnancy was interrupted in the course of other medical treatment of the woman's body and the pregnancy was not previously known to the physician and its interruption was necessary for that medical treatment.

**Related documents:**
- Penal Law (page 94)

### Additional notes

No gestational limit

---

**Authorization of health professional(s)**

**Yes**

**Related documents:**
- Penal Law (page 95)

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

3 - 5

- Specialist Doctor, Including OB/GYN
- A social worker

Approval for purposes of section 314 shall be by a committee of three; in a recognized medical institution which is a hospital registered under section 25 of the Public Health Ordinance 1940 its members shall be designated by the director of that institution, and in any other recognized medical institution by the Minister of Health or a by person authorized by him therefor; the committee shall be composed of: (1) a qualified physician who under the Ordinance holds the title of specialist in obstetrics and gynecology; (2) an additional qualified physician who practices one of the following specializations: obstetrics and gynecology, internal medicine, psychiatry, family medicine, public health; (3) a person registered as a social worker under the Welfare Services Law 5718-1958. At least one of the committee's members shall be a woman. (1Penal Law)

When gestational age is greater than 24 weeks, the decision will be made by a separate late-term Abortion Committee. (Ministry of Health on Planned Termination of Pregnancy). According to the Circular 23/7 of the Ministry of health regarding the committees for late termination of pregnancy of 2007, the committee should consist of five members including the director of the medical center, the director of the Department of Obstetrics and Gynecology, a senior social worker, and two permanent advisers to the committee. At least one of the members of the committee among the director of the medical center, the director of the Department of Obstetrics and Gynecology, a senior social worker, must be a woman."

**Related documents:**
- Penal Law (page 95)
- Planned Termination of Pregnancy, Ministry of Health (page 1)
- Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007 (page 1)

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 105)
<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
</table>
| Related documents: | • Penal Law (page 95)  
• Planned Termination of Pregnancy, Ministry of Health (page 1) |
| WHO Guidance | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.  
Source document: WHO Safe Abortion Guidance (page 106) |

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
</table>
| Related documents: | • Penal Law  
• Planned Termination of Pregnancy, Ministry of Health |
| WHO Guidance | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.  
Source document: WHO Safe Abortion Guidance (page 105) |

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>Not specified</th>
</tr>
</thead>
</table>
| Related documents: | • Penal Law  
• Planned Termination of Pregnancy, Ministry of Health |
| WHO Guidance | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2.  
Source document: WHO Safe Abortion Guidance (page 104) |

<table>
<thead>
<tr>
<th>Police report required in case of rape</th>
<th>Not specified</th>
</tr>
</thead>
</table>
| Related documents: | • Penal Law  
• Planned Termination of Pregnancy, Ministry of Health |
| WHO Guidance | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2.  
Source document: WHO Safe Abortion Guidance (page 104) |

<table>
<thead>
<tr>
<th>Parental consent required for minors</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>• Penal Law (page 94)</td>
</tr>
</tbody>
</table>
| WHO Guidance | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by 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) |
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

### Spousal consent

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 19)

### Ultrasound images or listen to foetal heartbeat required

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

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

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

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)
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

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

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

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

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.

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

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.

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.

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

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.

Drug Registry Misoprostol (page 1)
### Where can abortion services be provided

**Primary health-care centres**
- Not specified

**Secondary (district-level) health-care facilities**
- Not specified

**Specialized abortion care public facilities**
- Not specified

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

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

**Other (if applicable)**

- Interruption of pregnancy does not incur criminal punishment if performed by a gynaecologist "at a recognized medical institution." "Recognized medical institution" is defined as "an institution or clinic, which the Minister of Health recognized as a medical institution for purposes of this Article, notice of the recognition having been published in Reshumot." Authorized hospitals and clinics

- Penal Law (page 94)
- Planned Termination of Pregnancy, Ministry of Health (page 1)

### National guidelines for post-abortion care

No data found

### Where can post abortion care services be provided

**Primary health-care centres**
- No data found

**Secondary (district-level) health-care facilities**
- No data found

**Specialized abortion care public facilities**
- No data found

**Private health-care centres or clinics**
- No data found

**NGO health-care centres or clinics**
- No data found

**Other (if applicable)**

- 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)
<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Planned Termination of Pregnancy, Ministry of Health (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

### WHO Guidance

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

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)

<table>
<thead>
<tr>
<th>Insurance to offset end user costs</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Ministry of Health Circular no 2 14 expanding the range of health services, 2014 (page 8)</td>
<td></td>
</tr>
<tr>
<td>• Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007 (page 8)</td>
<td></td>
</tr>
<tr>
<td>• Services Basket HMOs, Ministry of Health (page 2)</td>
<td></td>
</tr>
<tr>
<td>• Planned Termination of Pregnancy, Ministry of Health (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

### Induced abortion for all women

No

- Ministry of Health Circular no 2 14 expanding the range of health services, 2014 (page 8)
- Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007 (page 8)
- Services Basket HMOs, Ministry of Health (page 2)
- Planned Termination of Pregnancy, Ministry of Health (page 1)

### Induced abortion for poor women only

No

- Ministry of Health Circular no 2 14 expanding the range of health services, 2014 (page 8)
- Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007 (page 8)
- Services Basket HMOs, Ministry of Health (page 2)
- Planned Termination of Pregnancy, Ministry of Health (page 1)

### Abortion complications

Not specified

- Planned Termination of Pregnancy, Ministry of Health
- Ministry of Health Circular no 2 14 expanding the range of health services, 2014
- Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007

### Private health coverage

Not specified

- Planned Termination of Pregnancy, Ministry of Health
- Services Basket HMOs, Ministry of Health
- Ministry of Health Circular no 2 14 expanding the range of health services, 2014
- Ministry of Health Director Circular 23 07 regarding committees for late termination of pregnancy, 2007

### Other (if applicable)

"A termination of pregnancy that is performed in accordance with the law and with the approval of the Pregnancy Termination Committee is included in the Health Basket and is funded by the HMOs (kupot chalim) for all women up to the age of 33 or in the following cases: - A pregnancy that arises from relations that are forbidden by criminal law as the result of rape or incest. - A situation in which the fetus is liable to have a physical or mental abnormality. - A situation in which continuation of the pregnancy is liable to endanger the woman’s life or cause her physical or emotional damage." The Service Basket includes coverage for abortion on medical grounds and abortion for non-medical reasons for teenage pregnancies under age 18.

- Planned Termination of Pregnancy, Ministry of Health (page 1)
- Services Basket HMOs, Ministry of Health (page 2)

Source document: WHO Safe Abortion Guidance (page 18)
Conscientious Objection

**Who can provide abortion services**

- Nurse
  - No
- Midwife/nurse-midwife
  - No
- Doctor (specialty not specified)
  - No
- Specialist doctor, including OB/GYN
  - Yes
- Other (if applicable)
  - Yes

**Related documents:** Penal Law (page 94)

**Extra facility/provider requirements for delivery of abortion services**

- Referral linkages to a higher-level facility
  - No data found
- Availability of a specialist doctor, including OB/GYN
  - No data found
- Minimum number of beds
  - No data found
- Other (if applicable)
  - No data found

**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)

**Public sector providers**

- Related documents:
  - Penal Law (page 95)

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

- 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.

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)
<table>
<thead>
<tr>
<th>Private sector providers</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penal Law (page 95)</td>
</tr>
</tbody>
</table>

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

- **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.
  - Penal Law

**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)

<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penal Law (page 95)</td>
</tr>
</tbody>
</table>

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

- **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.
  - Penal Law

**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)

<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penal Law (page 95)</td>
</tr>
</tbody>
</table>

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

- **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.
  - Penal Law

**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)

<table>
<thead>
<tr>
<th>Public facilities</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penal Law</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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)
### Indicators

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

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

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

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  

1.4.2 Proportion of total government spending on essential services (education, health and social protection)

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

3.1.1 Maternal mortality ratio  

3.1.2 Proportion of births attended by skilled health personnel  

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

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
| Goal 3.8.2 Number of people covered by health insurance or a public health system per 1,000 population | No data |
| 3.8.2 Number of people covered by health insurance or a public health system per 1,000 population | No data |
| 3.c.1 Health worker density and distribution | No data |
| 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 |
| 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 |
| 5.1.1 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 |
| 5.2.1 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 |
| 5.2.2 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 |
| 5.3.1 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 |
| 5.3.2 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 |
| 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care | No data |

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

| No data |
| 5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education | No data |

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

| No data |
| 5.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 |
| 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 |
| 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 |
| 10.2.1 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 |
| 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 |
| 16.1.3 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 |
| 16.2.2 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 |
| 16.2.3 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 |
| 16.3.1 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

<table>
<thead>
<tr>
<th>Goal 16.1</th>
<th>Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 16.2</td>
<td>Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 16.3</td>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 16.4</td>
<td>Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 16.5</td>
<td>Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 16.6</td>
<td>Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

| Goal 17.8.1 | Proportion of individuals using the Internet | No data |

### Additional Reproductive Health Indicators

- **Percentage of married women with unmet need for family planning**
  - No data
- **Percentage of births attended by trained health professional**
  - 99 (1987)
- **Percentage of women aged 20-24 who gave birth before age 18**
  - No data
- **Total fertility rate**
  - 3.09 (2018)
- **Legal marital age for women, with parental consent**
  - No data
- **Legal marital age for women, without parental consent**
- **Gender Inequalities Index (Value)**
  - 0.1. (2017)
- **Gender Inequalities Index (Rank)**
  - 21 (2017)
- **Mandatory paid maternity leave**
  - yes (2020)
- **Median age**
  - 30.5 (2020)
- **Population, urban (%)**
  - 92.418 (2018)
- **Percentage of secondary school completion rate for girls**
  - 0.97 (2013)
- **Gender parity in secondary education**
  - 1.017 (2016)
- **Percentage of women in non-agricultural employment**
  - 51.3 (2013)
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>27.5</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05</td>
<td>2018</td>
</tr>
</tbody>
</table>