Country Profile: Kyrgyzstan

Region: South-Central 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:
- Law on Reproductive Rights, 2007

From General Medical Health Act:
- Law on Health Protection, 2005

From Criminal / Penal Code:
- Criminal Code

From Ministerial Order / Decree:
- Abortion procedure, 2009
- Position on abortion for medical indications, 2009
- Position on abortion for social indications, 2009

From Health Regulation / Clinical Guidelines:
- Clinical protocol on medical abortion in the first and second trimester, 2017

From EML / Registered List:
- Medabon registration, 2018

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

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

Abortion at the woman’s request
- Gestational limit: 12

Legal Ground and Gestational Limit
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.

Economic or social reasons

- Not specified

Related documents:
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

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.

Additional notes

The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” contains a list of social indications. These are: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman’s or husband’s official status as unemployed; woman’s official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family; material insecurity (income per family member is less than the official living wage); the pregnant woman’s age is below 18 years. The Protocol states that if a woman has grounds for abortion of a non-medical nature which are not listed, a decision on whether she may terminate the pregnancy will be taken on an individual basis by a commission at the primary health care centre level or by a consultation at the hospital level.

Related documents:
- Law on Reproductive Rights, 2007 (page 4)
- Law on Health Protection, 2005 (page 18)
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)

Foetal impairment

- Yes

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 24)

Gestational limit

- Weeks: 22

- Law on Reproductive Rights, 2007 (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; 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.

Additional notes

Congenital anomalies and hereditary diseases in the foetus are included in the list of medical indications for termination of pregnancy.

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)

Rape

- Yes

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)

Gestational limit

- Weeks: up to 22

- Law on Reproductive Rights, 2007 (page 4)

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.

Additional notes

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.
Incest

Not specified

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

Related documents:
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

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

Not specified

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

Related documents:
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

Additional notes

The woman’s group I or II disability is included in the list of social indications for termination of pregnancy

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)

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:
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

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)

Additional notes

Abortion for medical reasons may be performed regardless of gestational age. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” contains a list of medical indications.

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 20)

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:
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

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)

Additional notes

Abortion for medical reasons may be performed regardless of gestational age. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” contains a list of medical indications.

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 20)
**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:**
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

**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)

**Additional notes**

The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states: “Medical indications for abortion are all clinical situations in which prolonged pregnancies pose a serious threat to the life and health of women.” It contains a list of medical indications. It is unclear whether access to abortion in case of a serious threat to the life and health of the woman is limited to the listed medical indications.

**Life**

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

**Related documents:**
- Law on Reproductive Rights, 2007
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

**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)

**Additional notes**

The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states: “Medical indications for abortion are all clinical situations in which prolonged pregnancies pose a serious threat to the life and health of women.” It contains a list of medical indications. It is unclear whether access to abortion in case of a serious threat to the life and health of the woman is limited to the listed medical indications.

**Other**

- Medical Indications
  - Social Indications: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman’s or husband’s official status as unemployed; woman’s official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family; material insecurity (income per family member is less than the official living wage); the pregnant woman’s age is below 18 years.

**Related documents:**
- Law on Reproductive Rights, 2007 (page 4)

**Additional notes**

Listed medical indications. Social Indications: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman’s or husband’s official status as unemployed; woman’s official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family; material insecurity (income per family member is less than the official living wage); the pregnant woman’s age is below 18 years.
in cases of rape

Judicial authorization for minors

Authorization of health professional(s)

- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)
- Abortion procedure, 2009 (page 1)
- Position on abortion for medical indications, 2009 (page 1)
- Position on abortion for social indications, 2009 (page 1)

Number and cadre of health-care professional authorizations required

1 Commission

For abortions for medical or social reasons after 12 weeks of gestation, a permit issued by a “Commission” is required. The “Commission” decides on the basis of a diagnosis of a disease or finding of a social factor by the doctor from whom the woman seeks a referral for abortion. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states that if a woman has grounds for abortion of a non-medical nature which are not listed, a decision on whether she may terminate the pregnancy will be taken on an individual basis by a commission at the primary health care centre level or by a consultation at the hospital level. No further information was found on how the “Commission” is constituted or works. In the case of women receiving inpatient treatment and needing an abortion for medical reasons, the abortion permit is issued by a consilium of doctors treating facility. In the case of women being treated in a midwifery-gynecological hospital, an appropriate record is entered in the medical history, certified by the doctor’s signatures according to the profile of the condition of the pregnant woman, the treating doctor and the head of the health organization (department).

- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)
- Abortion procedure, 2009 (page 1)
- Position on abortion for medical indications, 2009 (page 1)
- Position on abortion for social indications, 2009 (page 1)

Additional notes

For abortions for medical or social reasons after 12 weeks of gestation, a permit issued by a “Commission” is required. The “Commission” decides on the basis of a diagnosis of a disease or finding of a social factor by the doctor from whom the woman seeks a referral for abortion. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states that if a woman has grounds for abortion of a non-medical nature which are not listed, a decision on whether she may terminate the pregnancy will be taken on an individual basis by a commission at the primary health care centre level or by a consultation at the hospital level. No further information was found on how the “Commission” is constituted or works. In the case of women receiving inpatient treatment and needing an abortion for medical reasons, the abortion permit is issued by a consilium of doctors treating facility. In the case of women being treated in a midwifery-gynecological hospital, an appropriate record is entered in the medical history, certified by the doctor’s signatures according to the profile of the condition of the pregnant woman, the treating doctor and the head of the health organization (department).

Related documents:

- Law on Reproductive Rights, 2007 (page 4)

WHO Safe Abortion 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.

Additional notes

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.

Related documents:

- Law on Reproductive Rights, 2007
- Law on Health Protection, 2005
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

WHO Safe Abortion 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.

Related documents:

- Law on Reproductive Rights, 2007
- Law on Health Protection, 2005
- Clinical protocol on medical abortion in the first and second trimester, 2017
- Abortion procedure, 2009

WHO Safe Abortion 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
### Police report required in case of rape

- **WHO Guidance**
  - The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
  - Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2
  - Source document: WHO Safe Abortion Guidance (page 104)

### Parental consent required for minors

- **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

- **WHO Guidance**
  - 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.

### Compulsory counselling

- **Yes**
  - Related documents:
    - Law on Reproductive Rights, 2007
    - Law on Health Protection, 2005
  - **WHO Guidance**
    - The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
    - Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.
    - Source document: WHO Safe Abortion Guidance (page 46)
<table>
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<tr>
<th>Compulsory waiting period</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="https://example.com" alt="Clinical protocol on medical abortion in the first and second trimester, 2017 (page 15)" /></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)*

<table>
<thead>
<tr>
<th>Mandatory HIV screening test</th>
<th><img src="https://example.com" alt="Not specified" /></th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="https://example.com" alt="Law on Reproductive Rights, 2007" /> <img src="https://example.com" alt="Law on Health Protection, 2005" /> <img src="https://example.com" alt="Clinical protocol on medical abortion in the first and second trimester, 2017" /> <img src="https://example.com" alt="Abortion procedure, 2009" /></td>
</tr>
</tbody>
</table>

**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)*

**Additional notes**

Blood tests for RW, HIV, coagulogram (platelets, blood clotting), blood type and Rh factor are not necessary before a medical abortion, but the Clinical Protocol on Medical Abortion specifies that due these tests are necessary in the case of surgical abortion. In health organizations, where all women conduct laboratory tests to exclude STIs, in the absence of clinical signs of infection, induced abortion should not be postponed until the results of these tests are obtained.

**Related documents:** ![Clinical protocol on medical abortion in the first and second trimester, 2017 (page 7)](https://example.com)

<table>
<thead>
<tr>
<th>Other mandatory STI screening tests</th>
<th><img src="https://example.com" alt="Not specified" /></th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="https://example.com" alt="Law on Reproductive Rights, 2007" /> <img src="https://example.com" alt="Law on Health Protection, 2005" /> <img src="https://example.com" alt="Clinical protocol on medical abortion in the first and second trimester, 2017" /> <img src="https://example.com" alt="Abortion procedure, 2009" /></td>
</tr>
</tbody>
</table>

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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)*

**Additional notes**

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**Related documents:** ![Clinical protocol on medical abortion in the first and second trimester, 2017 (page 7)](https://example.com)

<table>
<thead>
<tr>
<th>Prohibition of sex-selective abortion</th>
<th><img src="https://example.com" alt="Not specified" /></th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="https://example.com" alt="Law on Reproductive Rights, 2007" /> <img src="https://example.com" alt="Law on Health Protection, 2005" /> <img src="https://example.com" alt="Clinical protocol on medical abortion in the first and second trimester, 2017" /> <img src="https://example.com" alt="Abortion procedure, 2009" /></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Restrictions on information provided to the public</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 107)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restrictions on methods to detect sex of the foetus</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 103)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
<th>Yes, guidelines issued by the government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Clinical protocol on medical abortion in the first and second trimester, 2017 (page 1)</td>
</tr>
</tbody>
</table>

| **WHO Guidance** | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63. |
| **Source document:** WHO Safe Abortion Guidance (page 75) |
Methods allowed

<table>
<thead>
<tr>
<th>Vacuum aspiration</th>
<th>Not specified</th>
</tr>
</thead>
</table>
| Abortion by means of a surgical technique is used as an alternative in case of failure of medical abortion.
| Location: Clinical protocol on medical abortion in the first and second trimester, 2017
| Location: Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11) |
| Dilatation and evacuation | Not specified |
| Abortion by means of a surgical technique is used as an alternative in case of failure of medical abortion.
| Location: Clinical protocol on medical abortion in the first and second trimester, 2017
| Location: Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11) |
| Combination mifepristone-misoprostol | Yes (22 WEEKS) |
| Medical abortions up to 71 days from the first day of the menstrual period can be performed in primary health care facilities and hospitals. After 71 days they may be performed only in hospitals.
| Location: Clinical protocol on medical abortion in the first and second trimester, 2017 (page 10) |
| Misoprostol only | Not specified |
| Other (where provided) | |

Related documents:
- Medabon registration 2018 (page 1)

Pharmacy selling or distribution

| 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.
| Medabon registration 2018 |

Related documents:
- WHO Guidance (page 13)

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

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.
Country recognized approval (misoprostol)

Yes, indications not specified

Related documents:
- Law Approving List of Essential Medicines, 2012 (page 10)

**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:
- Law on Reproductive Rights, 2007 (page 5)

**Primary health-care centres**

Not specified

- Law on Reproductive Rights, 2007
- Law on Health Protection, 2005

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

Yes

- Abortion procedure, 2009 (page 1)

**Specialized abortion care public facilities**

Yes

- Law on Reproductive Rights, 2007 (page 4)

**Private health-care centres or clinics**

Not specified

- Law on Reproductive Rights, 2007
- Law on Health Protection, 2005

**NGO health-care centres or clinics**

Not specified

- Law on Reproductive Rights, 2007
- Law on Health Protection, 2005

**Other (if applicable)**

Artificial termination of pregnancy is conducted in health organizations which have a license for this type of medical activity. When the pregnancy is up to 12 weeks, in day hospitals, organized on the basis of specialized research institutes, clinical, multi-profile hospitals, regional hospitals, urban maternity hospitals. In rural areas, the operation of artificial termination of pregnancy is performed in the hospitals of medical organizations that have the appropriate conditions for the manufacture of surgery and who have an obstetrician-gynecologist in the staff. Artificial abortion of pregnancy up to 12 weeks in women with a history of obstetrical anamnesis (scar on the uterus, ectopic pregnancy), uterine myoma, chronic inflammatory processes with frequent exacerbations, abnormalities of development of genital organs and other gynecological pathology, with extragenital diseases, allergic diseases (conditions), and also in later terms, is made only in a hospital. Artificial termination of pregnancy in the II trimester (13-22 weeks) is advisable to produce in a multi-profile, equipped with the appropriate equipment, a territorial hospital or a clinical maternity hospital.

- Abortion procedure, 2009 (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)

**Additional notes**

Artificial termination of pregnancy is conducted in health organizations which have a license for this type of medical activity.

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:
- Clinical protocol on medical abortion in the first and second trimester, 2017 (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)
<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
<th>Primary health-care centres</th>
<th>No data found</th>
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</thead>
<tbody>
<tr>
<td>Secondary (district-level) health-care facilities</td>
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</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>A Kyrgyz Republic Ministry of Health Decree of 21 October 2008 № 539 On approval of clinical protocols in obstetrics-gynecology exists but could not be accessed.</td>
<td></td>
</tr>
</tbody>
</table>

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

**Contraception included in post-abortion care**

Yes

**Related documents:**

- Clinical protocol on medical abortion in the first and second trimester, 2017 (page 8)

**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.

**Other (if applicable)**

**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:**

- Law on Reproductive Rights, 2007
- Law on Health Protection, 2005

**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 57)
Conscientious Objection

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

Conscientious Objection

Public sector providers
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)
<table>
<thead>
<tr>
<th>Private sector providers</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td>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)</td>
</tr>
<tr>
<td>Provider type not specified</td>
<td>No data found</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>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)</td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>No data found</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>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)</td>
</tr>
<tr>
<td>Public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>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)</td>
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<td>Private facilities</td>
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</tr>
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</tr>
<tr>
<td>Facility type not specified</td>
<td>No data found</td>
</tr>
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<td>WHO Guidance</td>
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</tr>
</tbody>
</table>
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**

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
<td>60 (2017)</td>
</tr>
<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>38.1 (2015-2020)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
<tr>
<td>3.c.1 Health worker density and distribution</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Goal 5. Achieve gender equality and empower all women and girls**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>5.b.1 Proportion of individuals who own a mobile telephone, by sex</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
</table>

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

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

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

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

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

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

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

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

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

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

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

Total fertility rate

Legal marital age for women, with parental consent
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<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>0.39</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>91</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>26</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>36.35</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.98</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>68.69</td>
<td>2018</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>19.2</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06</td>
<td>2018</td>
</tr>
</tbody>
</table>