

Country Profile: Pakistan

Last Updated: 14 November 2018

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 Criminal / Penal Code:

- [Penal Code, 1860](#)

From Health Regulation / Clinical Guidelines:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care](#)
- [Post-abortion Care Reference Manual, 2015](#)

From EML / Registered List:

- [National Essential List of Medicines](#)

From Document Relating to Funding:

- [Essential Package of Health Services for Primary Health Care in Punjab, 2013](#)



List of ratified human rights treaties:

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

↓ [Download data](#)



Concluding Observations:

- [CEDAW](#)
- [CEDAW](#)
- [CESCR](#)
- [CRC](#)
- [CRC](#)
- [HRC](#)







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	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Foetal impairment	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
Rape	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
Incest	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
Intellectual or cognitive disability of the woman	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none">• Penal Code, 1860 (page 80)

<p>Mental health</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
<p>Physical health</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
<p>Health</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
<p>Life</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 (page 80) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p> Additional notes</p> <p>The Penal Code envisions punishment for the person who “causes a woman with child some of whose limbs or organs have been formed to miscarry, if such miscarriage is not caused in good faith for the purpose of saving the life of the woman.”</p> <p>The Punjab Guidelines explain the legal situation in Pakistan as follows: “Abortion is legal in Pakistan for expanded indications in early pregnancy, generally accepted by Islamic legal scholars as up to 120 days of pregnancy, when the abortion is caused in good faith to save the woman’s life and to provide “necessary treatment”. After 120 days of pregnancy, abortion is legal only to save a woman’s life.”</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care (page 11)
<p>Other</p>	<p>For the purpose of providing necessary treatment to the woman</p>

Related documents:

- [Penal Code, 1860 \(page 80\)](#)



Additional notes

The Penal Code punishes the person who “causes a woman with child some of whose limbs or organs have been formed to miscarry, if such miscarriage is not caused in good faith for the purpose of saving the life of the woman.”

The Punjab Guidelines explain the legal situation in Pakistan as follows: “Abortion is legal in Pakistan for expanded indications in early pregnancy, generally accepted by Islamic legal scholars as up to 120 days of pregnancy, when the abortion is caused in good faith to save the woman’s life and to provide “necessary treatment”. After 120 days of pregnancy, abortion is legal only to save a woman’s life.”

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 11\)](#)

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)



Varies by jurisdiction

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.



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 \(page 105\)](#)



Additional notes

The Penal Code punishes the person who “causes a woman with child some of whose limbs or organs have been formed to miscarry, if such miscarriage is not caused in good faith for the purpose of saving the life of the woman.”

The Punjab Guidelines explain the legal situation in Pakistan as follows: “Abortion is legal in Pakistan for expanded indications in early pregnancy, generally accepted by Islamic legal scholars as up to 120 days of pregnancy, when the abortion is caused in good faith to save the woman’s life and to provide “necessary treatment”. After 120 days of pregnancy, abortion is legal only to save a woman’s life.”

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Authorization in specially licensed facilities only



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 Code, 1860](#)



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 \(page 106\)](#)

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:

- [Penal Code, 1860](#)




	<p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Judicial authorization in cases of rape</p>	<p>Not applicable</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Police report required in case of rape</p>	<p>Not applicable</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Parental consent required for minors</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Spousal consent</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Ultrasound images or</p>	<p></p>

<p>listen to foetal heartbeat required</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 19)</p>
<p>Compulsory counselling</p>	<p> Not specified When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 46)</p>
<p>Compulsory waiting period</p>	<p> Not specified When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Mandatory HIV screening test</p>	<p> Not specified When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p>
<p>Other mandatory STI</p>	

<p>screening tests</p>	<p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p>
<p>Prohibition of sex-selective abortion</p>	<p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> <p> Not specified</p> <p>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 1860 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women’s access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Restrictions on methods to detect sex of the foetus</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	

Clinical and Service-delivery Aspects of Abortion Care

<p>National guidelines for induced abortion</p>	<p>Varies by province see note</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p>
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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 \(page 75\)](#)



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Methods allowed

Vacuum aspiration

Varies by province

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

In Punjab province, vacuum aspiration is permitted up to 13 weeks of gestation. Abortion by use of misoprostol is permitted up to 12 weeks of gestation.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Dilatation and evacuation

Varies by province

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Combination mifepristone-misoprostol

Varies by province

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Misoprostol only

Varies by province

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

In Punjab province, vacuum aspiration is permitted up to 13 weeks of gestation. Abortion by use of misoprostol is permitted up to 12 weeks of gestation.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Other (where provided)



WHO Guidance

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

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 123\)](#)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 123\)](#)

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

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

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 14\)](#)

Country recognized approval (mifepristone / mife-misoprostol)

Varies by province see note



WHO Guidance

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

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

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

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

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



Additional notes

Neither mifepristone nor misoprostol are on the 2007 National Essential Medicines List. The Essential Package of Health Services for Primary Health Care in Punjab comprises Misoprostol but not Mifepristone in the list of Essential Medicines.

Related documents:

- [National Essential List of Medicines \(page 1 \)](#)
- [Essential Package of Health Services for Primary Health Care in Punjab, 2013 \(page 94\)](#)

Country recognized approval (misoprostol)

Varies by province see note



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 \(page 54\)](#)



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Where can abortion services be provided

Varies by province see note

Primary health-care centres

Varies by province see note

In Punjab province, abortion is provided at the community level (uterine evacuations with Misoprostol done by community midwives), primary care level and in referral hospitals.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 23\)](#)

Secondary (district-level) health-care facilities

Varies by province see note

In Punjab province, abortion is provided at the community level (uterine evacuations with Misoprostol done by community midwives), primary care level and in referral hospitals.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 23\)](#)

Specialized abortion care public facilities

Varies by province see note

In Punjab province, abortion is provided at the community level (uterine evacuations with Misoprostol done by community midwives), primary care level and in referral hospitals.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 23\)](#)

Private health-care centres or clinics

Varies by province see note

In Punjab province, abortion is provided at the community level (uterine evacuations with Misoprostol done by community midwives), primary care level and in referral hospitals.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 23\)](#)

NGO health-care centres or clinics

Varies by province see note

In Punjab province, abortion is provided at the community level (uterine evacuations with Misoprostol done by community midwives), primary care level and in referral hospitals.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 23\)](#)

Other (if applicable)



WHO Guidance

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

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

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



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

The Punjab Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care provide guidance on places where abortion can be performed and health-care personnel who can provide abortion services,

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Yes, guidelines issued by the government

Related documents:

- [Post-abortion Care Reference Manual, 2015 \(page 1 \)](#)



WHO Guidance

National guidelines for post-abortion care

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 \(page 75\)](#)



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Where can post abortion care services be provided

Primary health-care centres

Varies by province see note

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In Punjab province, post-abortion care may be provided at all the listed settings or facilities.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Secondary (district-level) health-care facilities

Varies by province see note

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In Punjab province, post-abortion care may be provided at all the listed settings or facilities.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Specialized abortion care public facilities

Varies by province see note

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In Punjab province, post-abortion care may be provided at all the listed settings or facilities.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Private health-care centres or clinics

Varies by province see note

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

In Punjab province, post-abortion care may be provided at all the listed settings or facilities.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

NGO health-care centres or clinics

Varies by province see note

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- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Other (if applicable)



WHO Guidance

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

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

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

Contraception included in post-abortion care

Yes

Related documents:

- [Post-abortion Care Reference Manual, 2015 \(page 86 See note\)](#)



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 \(page 62\)](#)



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

In Punjab province, "All women receiving uterine evacuation care, must be offered contraceptive information and counselling, and if they desire, a contraceptive method, including emergency contraception, before leaving the healthcare facility."

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Insurance to offset end user costs

No data found

Other (if applicable)



WHO Guidance

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

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

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

Who can provide

Varies by province see note

Nurse

Varies by province see note

In Punjab province, “uterine evacuation care can be safely provided by any properly trained health care provider, including a range of non-physician, midlevel providers who are trained to provide basic clinical procedures related to reproductive health.”

The following cadre are permitted to undertake uterine evacuation with Misoprostol: community midwives, midwives, lady health visitors, nurse midwives and women medical officers. The following cadre are permitted to undertake uterine evacuation with manual vacuum aspiration: midwives, lady health visitors, nurse midwives and women medical officers.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 25\)](#)

Midwife/nurse-midwife

Varies by province see note

In Punjab province, “uterine evacuation care can be safely provided by any properly trained health care provider, including a range of non-physician, midlevel providers who are trained to provide basic clinical procedures related to reproductive health.”

The following cadre are permitted to undertake uterine evacuation with Misoprostol: community midwives, midwives, lady health visitors, nurse midwives and women medical officers. The following cadre are permitted to undertake uterine evacuation with manual vacuum aspiration: midwives, lady health visitors, nurse midwives and women medical officers.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 25\)](#)

Doctor (specialty not specified)

Varies by province see note

In Punjab province, “uterine evacuation care can be safely provided by any properly trained health care provider, including a range of non-physician, midlevel providers who are trained to provide basic clinical procedures related to reproductive health.”

The following cadre are permitted to undertake uterine evacuation with Misoprostol: community midwives, midwives, lady health visitors, nurse midwives and women medical officers. The following cadre are permitted to undertake uterine evacuation with manual vacuum aspiration: midwives, lady health visitors, nurse midwives and women medical officers.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 25\)](#)

Specialist doctor, including OB/GYN

Varies by province see note

In Punjab province, “uterine evacuation care can be safely provided by any properly trained health care provider, including a range of non-physician, midlevel providers who are trained to provide basic clinical procedures related to reproductive health.”

The following cadre are permitted to undertake uterine evacuation with Misoprostol: community midwives, midwives, lady health visitors, nurse midwives and women medical officers. The following cadre are permitted to undertake uterine evacuation with manual vacuum aspiration: midwives, lady health visitors, nurse midwives and women medical officers.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 25\)](#)



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 \(page 33\)](#)



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

The Punjab Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care provide guidance on places where abortion can be performed and health-care personnel who can provide abortion services,

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Referral linkages to a higher-level facility

Varies by province see note

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far,

Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

In Punjab province, there is a requirement of a well-functioning referral system being place for the provision of safe uterine evacuation care services: "All health centers, clinics or hospital staff must be able to direct women to appropriate services if they are not available on site.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Availability of a specialist doctor, including OB/GYN

Varies by province see note

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

In Punjab province, there is a requirement of a well-functioning referral system being place for the provision of safe uterine evacuation care services: "All health centers, clinics or hospital staff must be able to direct women to appropriate services if they are not available on site.

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Minimum number of beds

Varies by province see note

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far, Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

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- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Other (if applicable)



WHO Guidance

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

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

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

Conscientious Objection

Public sector providers

Varies by province see note



WHO Guidance

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

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

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



Additional notes

In Pakistan, the provinces have the autonomy to develop their own standards and guidelines on abortion and post-abortion care. So far,

Punjab is the only province to have developed and adopted standards and guidelines on abortion and post-abortion care, in 2015: "Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care" which (among other things) outline the role and level of providers authorized, trained and supported for the provision of safe uterine evacuation and postabortion care within Pakistan's legal framework. There are also national guidelines, such as the Pakistan Woman Centered Post Abortion Care Reference Manual, from 2015.

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Private sector providers

Varies by province see note



WHO Guidance

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

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

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



Additional notes

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Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Provider type not specified

Varies by province see note



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.

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Related documents:

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- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Neither Type of Provider Permitted

Varies by province see note



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.

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Additional notes

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- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Public facilities

Varies by province see note



WHO Guidance

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

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

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



Additional notes

In Punjab province, "Healthcare providers have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk. Where a healthcare provider refuses to provide uterine evacuation they must refer the woman to a willing and trained provider in their facility, or another easily accessible healthcare facility. Where referral is not possible, the healthcare provider who objects must provide safe abortion to save the woman's life and to prevent serious injury to her health."

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- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Private facilities

Varies by province see note



WHO Guidance

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

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Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Facility type not specified

Varies by province see note



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Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

Neither Type of Facility Permitted

Varies by province see note



WHO Guidance

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

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

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In Punjab province, “Healthcare providers have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk. Where a healthcare provider refuses to provide uterine evacuation they must refer the woman to a willing and trained provider in their facility, or another easily accessible healthcare facility. Where referral is not possible, the healthcare provider who objects must provide safe abortion to save the woman’s life and to prevent serious injury to her health.”

In Punjab province, “Healthcare providers have a right to conscientious objection to providing abortion, but that right does not entitle them to impede or deny access to lawful abortion services because it delays care for women, putting their health and life at risk. Where a healthcare provider refuses to provide uterine evacuation they must refer the woman to a willing and trained provider in their facility, or another easily accessible healthcare facility. Where referral is not possible, the healthcare provider who objects must provide safe abortion to save the woman’s life and to prevent serious injury to her health.”

Related documents:

- [Service Delivery Standards and Guidelines for High Quality Safe Uterine Evacuation and Postabortion Care \(page 1 \)](#)
- [Post-abortion Care Reference Manual, 2015 \(page 1\)](#)

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)

No data

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

No data

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

No data

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

3.1.1 Maternal mortality ratio

178 (2015)

3.1.2 Proportion of births attended by skilled health personnel

No data

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

No data

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

36.9 (2015-2020)

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

No data

3.c.1 Health worker density and distribution

No data

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

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

No data

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

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

No data

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

No data

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

No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

No data

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

No data

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure	No data
5.b.1 Proportion of individuals who own a mobile telephone, by sex	No data
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
8.5.2 Unemployment rate, by sex, age and persons with disabilities	No data
Goal 10. Reduce inequality within and among countries	
10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities	No data
10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	No data
16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation	No data
16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	No data
16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	No data
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

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

17.8.1 Proportion of individuals using the Internet

No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

20.1 (2013)

Percentage of births attended by trained health professional

52.1 (2013)

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

8.2 (2012-2013)

Total fertility rate

3.481 (2016)

Legal marital age for women, with parental consent

No data

Legal marital age for women, without parental consent

18 (2009-2017)

Gender Inequalities Index (Value)

0.54 (2017)

Gender Inequalities Index (Rank)

133 (2017)

Mandatory paid maternity leave

yes (2016)

Median age

22.5 (2015)

Population, urban (%)

36.4 (2017)

Percentage of secondary school completion rate for girls

0.42 (2013)

Gender parity in secondary education

0.811 (2016)

Percentage of women in non-agricultural employment

12.6 (2008)

Proportion of seats in parliament held by women

20 (2017)

Sex ratio at birth (male to female births)

1.09 (2017)