Country Profile: Pakistan

Region: South-Central Asia

Last Updated: 18 December 2023

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 Practicioners
- Law on Health Care Services
- Other

Related Documents

From Criminal / Penal Code:

- Penal Code, 1860

From Health Regulation / Clinical Guidelines:

- Post-abortion Care Reference Manual, 2015
- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018

From EML / Registered List:

- National Essential Medicines List, 2021

From Document Relating to Funding:

- Universal Health Coverage Benefit Package, 2020

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

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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	No **Related documents:** • Penal Code, 1860 (page 80)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Foetal impairment	No **Related documents:** • Penal Code, 1860 (page 80) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Rape	No **Related documents:** • Penal Code, 1860 (page 80) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Incest	No **Related documents:** • Penal Code, 1860 (page 80) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Intellectual or cognitive disability of the woman	No **Related documents:** • Penal Code, 1860 (page 80)
Mental health	No **Related documents:** • Penal Code, 1860 (page 80) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)

Physical health	No **Related documents:** • Penal Code, 1860 (page 80) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Health	No **Related documents:** • Penal Code, 1860 (page 80) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 16)
Life	Yes **Related documents:** • Penal Code, 1860 (page 80) • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 12) **Gestational limit applies** **Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64) While methods of abortion may vary by gestational age, pregnancy can safely be ended regardless of gestational age. Gestational age limits are not evidence-based; they restrict when lawful abortion may be provided by any method. The Abortion Care Guideline recommends against laws and other regulations that prohibit abortion based on gestational age limits. Abortion Care Guideline § 2.2.3. **Source document**: WHO Abortion Care Guideline (page 66) **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 national 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.
Other	For the purpose of providing necessary treatment to the woman **Related documents:** • Penal Code, 1860 (page 80) • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 12) **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 national 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.”

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)	**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 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Authorization in specially licensed facilities only	No **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) – and supported in the community – to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1. **Source document**: WHO Abortion Care Guideline (page 52)
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 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Judicial authorization in cases of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to "prove" or "establish" satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)
Police report required in case of rape	Not applicable **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to "prove" or "establish" satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2. **Source document**: WHO Abortion Care Guideline (page 64)

Parental consent required 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 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81) **Additional notes** The guidelines suggest that "healthcare workers must support minors to identify what is in their best interest, including consulting parents or other trusted adults about their pregnancy, without bias, discrimination or coercion." **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 17)
Spousal consent	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women's access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2. **Source document**: WHO Abortion Care Guideline (page 81)
Ultrasound images or listen to foetal heartbeat required	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5. **Source document**: WHO Abortion Care Guideline (page 85)
Compulsory counselling	No **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 17) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality. Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements. The content of and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2. **Source document**: WHO Abortion Care Guideline (page 77)

Compulsory waiting period	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1. **Source document**: WHO Abortion Care Guideline (page 79)
Mandatory HIV screening test	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59) **Additional notes** The guidelines indicate that laboratory testing is not required for abortion. **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 19)
Other mandatory STI screening tests	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1. **Source document**: WHO Abortion Care Guideline (page 59) **Additional notes** The guidelines indicate that laboratory testing is not required for abortion. **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 19)
Prohibition of sex-selective abortion	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. 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. **Source document**: Preventing Gender-Biased Sex Selection (page 17)

Restrictions on information provided to the public	**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 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Dissemination of misinformation, withholding of information and censorship should be prohibited. Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1. **Source document**: WHO Abortion Care Guideline (page 74)
Restrictions on methods to detect sex of the foetus	**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 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines § 4.2.1.4. **Source document**: WHO Abortion Care Guideline (page 103)
Other	

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion	Yes, guidelines issued by the government **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1) • Post-abortion Care Reference Manual, 2015 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3. **Source document**: WHO Abortion Care Guideline (page 50)

Methods allowed	**Vacuum aspiration** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 20) **Dilatation and evacuation** Not specified • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **Combination mifepristone-misoprostol** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 20) **Misoprostol only** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 20) **Other (where provided)** **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners. The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1. **Source document**: WHO Abortion Care Guideline (page 101) Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1. **Source document**: WHO Abortion Care Guideline (page 103) The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2. **Source document**: WHO Abortion Care Guideline (page 106) The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2. **Source document**: WHO Abortion Care Guideline (page 106)
Country recognized approval (mifepristone / mife-misoprostol)	Yes **Related documents:** • National Essential Medicines List, 2021 (page 53) **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. • National Essential Medicines List, 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55) Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)

Country recognized approval (misoprostol)	Yes, for gynaecological indications **Related documents:** • National Essential Medicines List, 2021 (page 53) **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. • National Essential Medicines List, 2021 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines. Inclusion in the NEML is one important component of ensuring that quality medicines are available. For induced abortion, Mifepristone (200 mg) and misoprostol (200 µg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 µg). Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4. **Source document**: WHO Abortion Care Guideline (page 55)
Where can abortion services be provided	**Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Primary health-care centres** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Secondary (district-level) health-care facilities** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Specialized abortion care public facilities** Not specified • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **Private health-care centres or clinics** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **NGO health-care centres or clinics** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Other (if applicable)** Community level, referral hospitals • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
National guidelines for post-abortion care	Yes, guidelines issued by the government **Related documents:** • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1) • Post-abortion Care Reference Manual, 2015 (page 1) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3. **Source document**: WHO Abortion Care Guideline (page 50)

Where can post abortion care services be provided	**Primary health-care centres** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Secondary (district-level) health-care facilities** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Specialized abortion care public facilities** Not specified • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **Private health-care centres or clinics** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **NGO health-care centres or clinics** Yes • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **Other (if applicable)** Community level, referral hospitals Contraception can be provided at community level, but abortion complications are managed at primary care level or referral hospitals. • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 25) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman's location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1. **Source document**: WHO Abortion Care Guideline (page 133)
Contraception included in post-abortion care	Yes **Related documents:** • Post-abortion Care Reference Manual, 2015 (page 86) • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 18) **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4. **Source document**: WHO Abortion Care Guideline (page 126)

Insurance to offset end user costs

Yes

Related documents:

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1)
- Universal Health Coverage Benefit Package, 2020 (page 1)

Induced abortion for all women

No

Management of miscarriage or incomplete abortion and post abortion care is included in the Universal Health Coverage Benefit Package.

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1)
- Universal Health Coverage Benefit Package, 2020 (page 1)
- Universal Health Coverage Benefit Package, 2020 (page 24)

Induced abortion for poor women only

No

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1)
- Universal Health Coverage Benefit Package, 2020 (page 1)

Abortion complications

Yes

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1)
- Universal Health Coverage Benefit Package, 2020 (page 1)

Private health coverage

No

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 1)
- Universal Health Coverage Benefit Package, 2020 (page 1)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

Who can provide abortion services

Related documents:

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 27)

Nurse

Not specified

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018

Midwife/nurse-midwife

Yes

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 27)

Doctor (specialty not specified)

Yes

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 27)

Specialist doctor, including OB/GYN

Not specified

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018

Other (if applicable)

Lady health worker, family welfare assistant, family welfare worker, lady health visitor

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 27)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility

Yes

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 26)

Availability of a specialist doctor, including OB/GYN

Not specified

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018

Minimum number of beds

Not specified

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018

Other (if applicable)

Basic or essential equipment and/or supplies

The guidelines provide lists of equipment and supplies for uterine evacuation with manual vacuum aspiration, minimum requirements for uterine evacuation with misoprostol, and some additional requirements for referral facilities.

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 26)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)

Conscientious Objection

Public sector providers

Related documents:

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 18)

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

Not specified

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

Healthcare providers have "a right to conscientious refusal 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 and girls, putting their health and life at risk. All women and girls who experience complications from an unsafe abortion must be treated urgently and respectfully, as any other emergency patient, without punitive, prejudiced or biased behaviors."

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018
- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 18)

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfils abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9.

Source document: WHO Abortion Care Guideline (page 98)

Additional notes

No refusal permitted where referral is not possible.

Private sector providers

Related documents:

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 18)

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

Not specified

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Source document: WHO Abortion Care Guideline (page 98)

Additional notes

No refusal permitted where referral is not possible.

Provider type not specified

Yes

Related documents:

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 18)

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

Not specified

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Source document: WHO Abortion Care Guideline (page 98)

Additional notes

No refusal permitted where referral is not possible.

Neither Type of Provider Permitted

Related documents:

- National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 (page 18)

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

Not specified

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

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Source document: WHO Abortion Care Guideline (page 98)

Additional notes

No refusal permitted where referral is not possible.

Public facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Private facilities	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Facility type not specified	**Not specified** When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. **Related documents:** • Penal Code, 1860 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)
Neither Type of Facility Permitted	**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 • National Standards and Guidelines for Uterine Evacuation and Post-abortion Care, 2018 **WHO Guidance** The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1. **Source document**: WHO Abortion Care Guideline (page 48)

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	**140** (2017)
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 1829 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	**17.3** (2018)
Percentage of births attended by trained health professional	**69.3** (2018)
Percentage of women aged 20-24 who gave birth before age 18	**8.2** (2012-2013)
Total fertility rate	**3.51** (2018)
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** (2020)

Median age	**22.8** (2020)
Population, urban (%)	**36.666** (2018)
Percentage of secondary school completion rate for girls	**0.42** (2013)
Gender parity in secondary education	**0.852** (2018)
Percentage of women in non-agricultural employment	**71.2300034** (2018)
Proportion of seats in parliament held by women	**20** (2017)
Sex ratio at birth (male to female births)	**1.09** (2018)