Global Abortion Policies Database

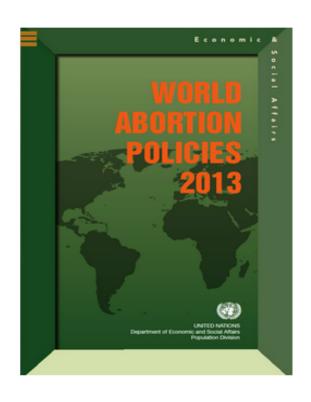
FIAPAC Friday 14 September 2018 Antonella Lavelanet, DO, JD, MPH

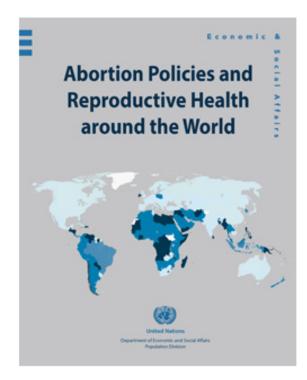






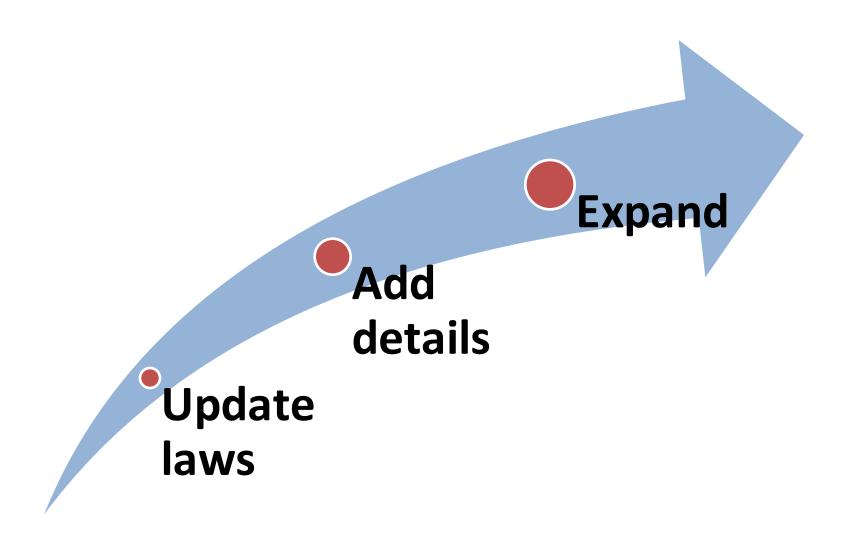
World abortion policies







Global Abortion Policies Database



Data retrieval and extraction

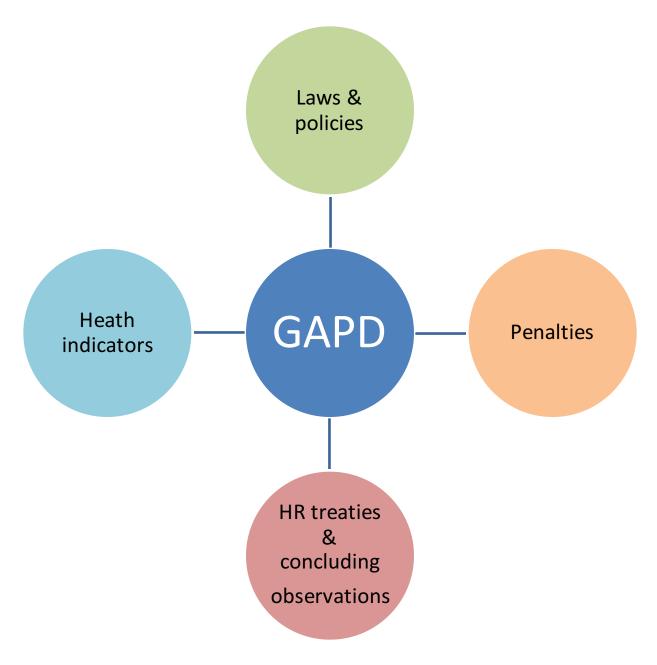
2014	2015	2016	2016-17	2017
WHO/HRP initiated collaborati on with UNPD	Source retrieval and data extraction	Cross- checking and country reviews	Further cross-checks and final revisions Creation of database and web interfaces	Data entry Quality assurance Beta testing Launch

Information sources

197
countries
213
jurisdictions

Inputs from 85 countries

~1000 source documents



http://srhr.org/abortion-policies





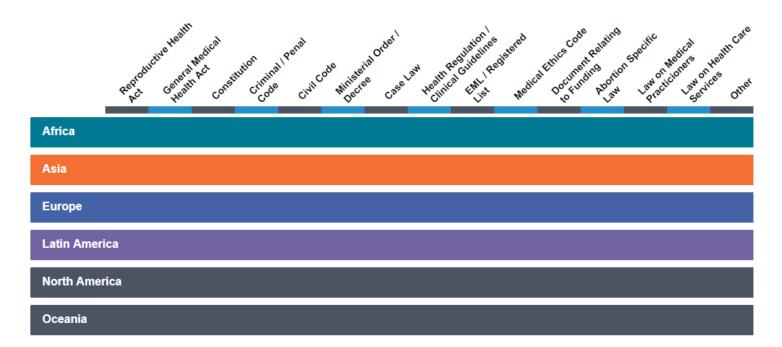


Global Abortion Policies Database

The Global Abortion Policies Database is designed to strengthen global efforts to eliminate unsafe abortion by producing an interactive openaccess database and repository of current abortion laws, policies, and national standards and guidelines. This tool builds upon the UNPD's
previous work in this area, resulting in a more comprehensive information resource on abortion policies in the 21st century. The database will
facilitate analyses of countries' abortion laws and policies when they are placed in the context of WHO guidelines and human rights norms
and standards. It is intended to help states identify and eliminate the barriers that women encounter in accessing safe abortion services. It is
also intended to increase both the transparency of abortion laws and policies and to ensure accountability for the protection of women's
health and their human rights. Please cite the GAPD as - Global Abortion Policies Database [online database]. Geneva: World Health
Organization; 2018 (https://srhr.org/abortion-policies/, access date [day/month/year]).

Methods (i) Questionnaire (i)

Identified Policy and Legal Sources Related to Abortion



Country Comparison

See country profile Select country ▼

Comparison Filters 2. Filters 1. Countries & regions Legal Ground and Gestational Limit (select all | clear selection) afr *On request | *Economic or social reasons | *Foetal impairment ×Rape ×Incest *Intellectual or cognitive disability of the woman | *Mental health × Physical health Countries × Health | × Life | × Other (where provided) Central African Republic South Africa Additional Requirements to Access Safe Abortion (select all | clear selection) *Authorization of health professional(s) | *Authorization in specially licensed facilities only Regions * Judicial authorization for minors | * Judicial authorization in cases of rape Africa * Police report required in case of rape | * Parental consent required for minors * Spousal consent | * Ultrasound images or listen to foetal heartbeat required *Compulsory counselling | *Compulsory waiting period | *Mandatory HIV screening test

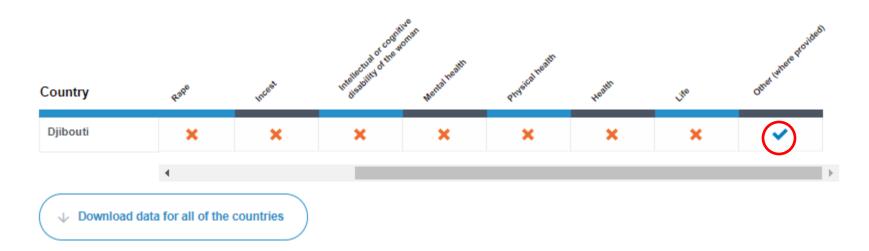
Djibouti

Legal Ground and Gestational Limit



Djibouti

Legal Ground and Gestational Limit



Other (where provided)

Abortion termination of pregnancy practiced by a physician for a therapeutic purpose in accordance with the Public Health Act

Related documents:

Penal Code (page 140)

Gestational limit applies



Not specified

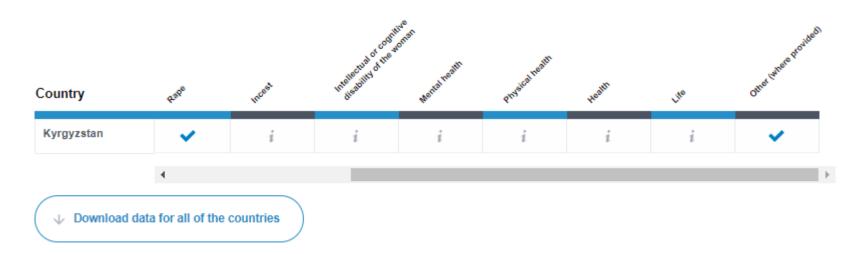
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:

Penal Code

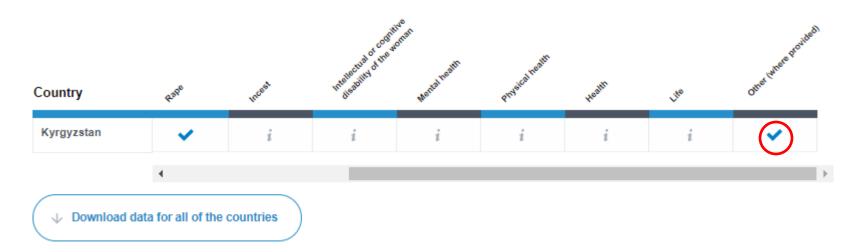
Kyrgyzstan

Legal Ground and Gestational Limit



Kyrgyzstan

Legal Ground and Gestational Limit



×

Other (where provided)

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

Related documents:

- Law on Reproductive Rights, 2007 (page 4)
- Law on Health Protection, 2005 (page 18 07-Kyrgyzstan-Clinical-protocol-Medical abortion-in-the-first-and-second-trimester-Ministryof-Health-2017.pdf)



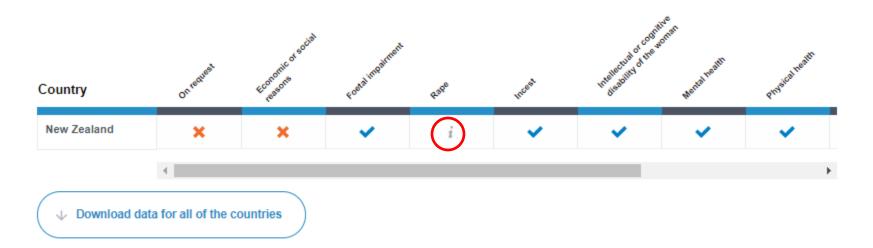
Additional notes

Listed medical Indications. Social Indications: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman's or husband's official status as unemployed; woman's official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family;

Read More

New Zealand

Legal Ground and Gestational Limit



Rape

Referring to abortion in cases where the continuance of the pregnancy would result in serious danger (not being danger normally attendant upon childbirth) to the life, or to the physical or mental health, of the woman or girl, the Penal Code states: "The following matters, while not in themselves grounds for any act specified in section 183 or section 186, may be taken into account in Setermining for the purposes of subsection (1)(a), whether the continuance of the pregnancy would result in serious danger to her life or to her

Read More



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

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

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

Related documents:

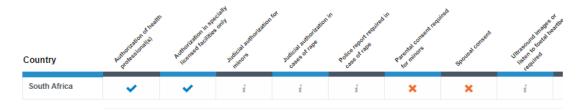
- Crimes Act 1961 (page 131)
- Standards of Care for Women Requesting Induced Abortion in New Zealand, 2009 (page 9)

South Africa

Legal Ground and Gestational Limit



Additional Requirements to Access Safe Abortion

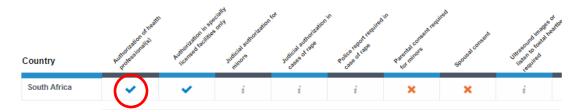


South Africa

Legal Ground and Gestational Limit



Additional Requirements to Access Safe Abortion



Authorization of health professional(s)

Υρς

Related documents:

Amended Choice of Termination of Pregnancy Act (2008) (page 4)

Number and cadre of health-care professional authorizations required

1 (from 13 to 20 weeks) 2 (After 20 weeks)
Doctor (Specialty Not Specified), Midwife/ Nurse-Midwife

Authorisation is required after 13 weeks of gestation. The law does not use the term "authorise" but states that the abortion can only be carried out if it is in the opinion of the medical practitioner that the pregnancy would result in a risk of injury to the woman's health or several other negative specified outcomes. After 20 weeks, it must be in the opinion of the medical practitioner after consultation with another medical practitioner or registered midwife.

Amended Choice of Termination of Pregnancy Act (2008) (page 4)



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

Authorisation is required after 13 weeks of gestation. The law does not use the term "authorise" but states that the abortion can only be carried out if it is in the opinion of the medical practitioner that the pregnancy would result in a risk of injury to the woman's health or several other negative specified outcomes. After 20 weeks, it must be in the opinion of the medical practitioner after consultation with another medical practitioner or registered midwife.

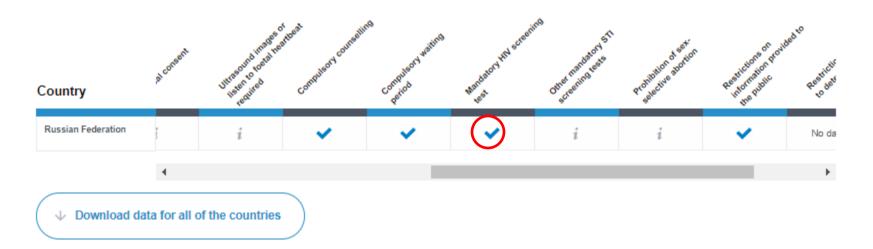
Russian Federation

Additional Requirements to Access Safe Abortion



Russian Federation

Additional Requirements to Access Safe Abortion



Mandatory HIV screening test

Yes

Related documents:

Ministerial Order on Obgyn Services and Procedures including of Pregnancy Termination (page 33)



WHO Guidance

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p. 88.

→ Source document: WHO Safe Abortion Guidance (page 88)

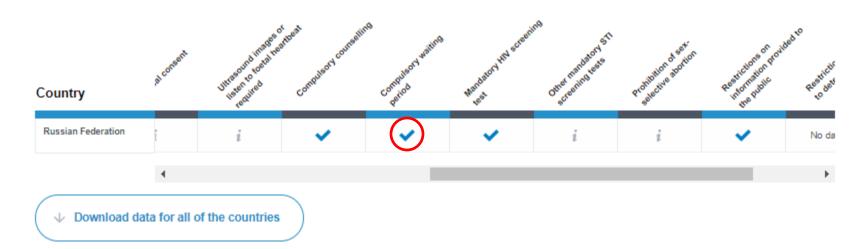


Additional notes

An HIV test is conducted as part of the examination prior to second trimester abortions.

Russian Federation

Additional Requirements to Access Safe Abortion



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Yes

Related documents:

. Law on the Basics of Health Protection of the Citizens (page 36)

Waiting period

First consultation varies



WHO Guidance

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

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

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



Additional notes

There is a waiting period of 48 hours at gestational ages between four and seven weeks and 11 to 12 weeks. For pregnancies at gestational ages between 7 and 10 weeks the waiting period is seven days.

Russian Federation

Additional Requirements to Access Safe Abortion



Restrictions on information provided to the public

Yes

Related documents:

Law on Advertising (page 15)

List of restrictions

Restrictions on the placement of advertising of medical services for abortion

Advertising of medical services for abortion should be accompanied by a warning about the possibility of infertility and other harmful effects to the health of women resulting from abortion, and no less than ten percent of advertising area (space) should be given to this warning. Advertising of medical services for abortion should not contain any statement on the safety of health care services.

Law on Advertising (page 15)



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

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

Ethiopia



Ethiopia



Who can provide abortion services

Related documents:

Technical and procedural guidelines for safe abortion services in Ethiopia 2014 (page 26)

Nurse

Yes

Nurses, midwives and health officers are authorized to perform abortion procedures fort first trimester pregnancy using medical abortion and/or MVA.

Technical and procedural guidelines for safe abortion services in Ethiopia 2014 (page 25)

Midwife/nurse-midwife

Yes

Nurses, midwives and health officers may undertake abortions by vacuum aspiration (up to 12 completed weeks of gestation) and medical abortions (up to 9 completed weeks of gestation).

Technical and procedural guidelines for safe abortion services in Ethiopia 2014 (page 25)

Doctor (specialty not specified)

Yes

Technical and procedural guidelines for safe abortion services in Ethiopia 2014 (page 25)

Specialist doctor, including OB/GYN

Yes

• Technical and procedural guidelines for safe abortion services in Ethiopia 2014 (page 25)

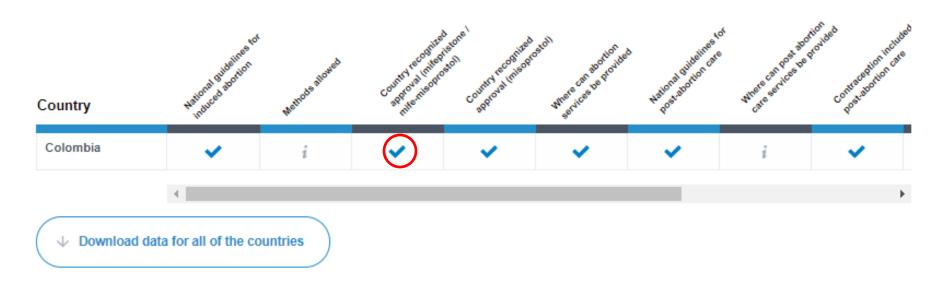
Other (if applicable)

Health officers

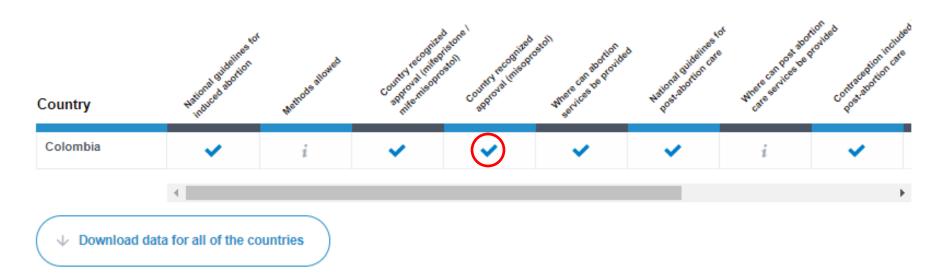
Colombia



Colombia



Colombia



Country recognized approval (mifepristone / mife-misoprostol)

Yes

Related documents:

Mifepristone Approval (page 2)

Pharmacy selling or distribution

Yes, with prescription only

Mifepristone Approval (page 2)



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)

Mexico City



Insurance to offset end user costs

Yes

Related documents:

· Manual for Legal Abortion Provision, 2008 (page 3)

Induced abortion for all women

Yes

Services are for free to women who are residents of Mexico City. If the woman is a resident of another Mexican state (fees apply based on her income)

- · Agreement to Reform the Abortion Guidelines Federal District, 2012 (page 16)
- Manual for Legal Abortion Provision, 2008 (page 3)
- Manual for Legal Abortion Provision, 2008 (page 64)

Induced abortion for poor women only

No

Services are for free to women who are residents of Mexico City. If the woman is a resident of another Mexican state (fees apply based on her income)

- · Regulation of the Federal District Health Law 2011, (page 4)
- · Agreement to Reform the Abortion Guidelines Federal District, 2012 (page 14)
- Manual for Legal Abortion Provision, 2008 (page 3)
- Manual for Legal Abortion Provision, 2008 (page 64)

Abortion complications

Yes

· Agreement to Reform the Abortion Guidelines - Federal District, 2012 (page 14)

Private health coverage

Not specified

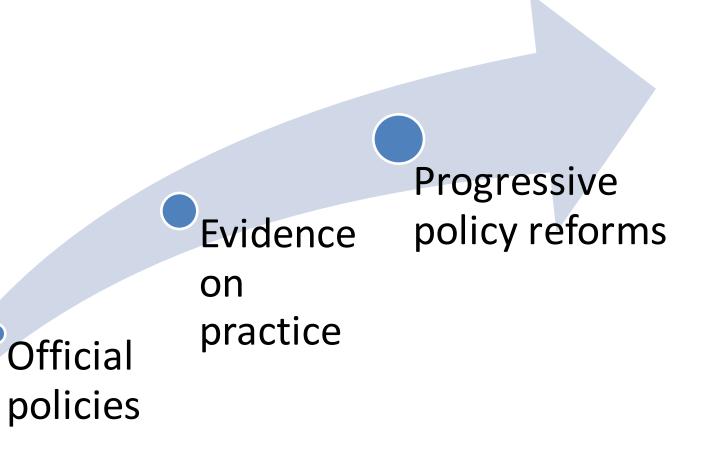
- · Agreement to Reform the Abortion Guidelines Federal District, 2012
- Manual for Legal Abortion Provision, 2008

Other (if applicable)

Policies



Evolution of policy strengthening



Acknowledgements

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