

# Self-Managed Abortion: Legal Analysis by Country

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## Complementary Resources

This document complements the 2024 report, [Legal and Policy Barriers to Self-Managed Abortion: A Comparative Analysis of 39 Jurisdictions](#), which summarizes the findings described here and provides additional analysis of global trends.

In addition, interactive visualizations of the findings presented in this report are [available here](#).

# Introduction

Self-managed abortions are a safe, private, and self-directed way to end a pregnancy outside the formal healthcare sector. They are performed without clinical supervision, such as in the privacy of one's home,

commonly with medication, such as misoprostol and mifepristone. The World Health Organization (WHO) recommends that individuals have the option to self-manage abortion using medication during at least their first 12 weeks of pregnancy.<sup>1</sup> The WHO recognizes that individuals can safely and effectively self-assess their eligibility for abortion and self-administer abortion medication, making self-managed abortion a critical tool for enabling individuals to safely exercise reproductive freedom.

Despite this, legal and policy barriers to self-managed abortion remain pervasive across the globe. Even in countries with liberal abortion laws, regulations on medication abortion, location-based requirements, and limitations on the use of telemedicine, among other barriers, limit the ability of those who want to self-manage an abortion from legally doing so. Mapping the legal and policy frameworks on self-managed abortion is an essential step towards understanding the prevalence of these barriers and creating a roadmap of essential reforms.

In *Legal and Policy Barriers to Self-Managed Abortion: A Comparative Analysis of 39 Jurisdictions*, the Center for Reproductive Rights (“the Center”) presents the findings from our effort to map the legal and policy barriers that exist in 40 countries. This complementary *Legal Analysis by Country* provides detailed information about and citations for the specific laws and policies of each country related to each metric assessed.

## Methodology

Building on a preliminary mapping published in 2022, we undertook an extensive analysis of national-level laws and policies on self-managed abortion across 39 countries, states, and jurisdictions. The term “countries” is used throughout this report to encompass all of these jurisdictions, while we acknowledge that they have distinct legal status. We selected these jurisdictions to ensure a geographically distributed sample that encompasses both liberal and restrictive abortion laws and prioritizes contexts where the Center for Reproductive Rights is actively working.

Pro bono attorneys conducted initial research, with an emphasis on research being conducted by attorneys licensed in the respective countries they were researching. This research was reviewed by staff at the Center who also conducted complementary research. For most countries surveyed, these findings were then validated by experts on abortion rights in those respective countries.

While analyzing the findings, the study's authors recalibrated the indicators utilized in the 2022 publication to make them more universally applicable and responsive to nuances in countries' legal and policy frameworks. Ultimately, seven indicators were adopted to assess the legal and policy environments on self-managed abortion: 1) legality of abortion on request until 12 weeks gestation; 2) provider involvement; 3) registration of abortion medications; 4) availability of medication abortion without prescription; 5) the timeframe in which medication abortion is permitted; 6) explicit location-based requirements for medication abortion; and 7) telemedicine. The status of each indicator across each of the surveyed countries and states were then mapped.

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<sup>1</sup> World Health Organization (WHO), *Abortion Care Guideline*, pp. 70, 98 (2022), <https://www.who.int/publications/i/item/9789240039483>.

## Metric 1:

# Legality of Abortion

Ensuring that abortion is legal on request is an essential prerequisite for enabling individuals to exercise reproductive autonomy. For a more extensive understanding of abortion legality globally, please refer to the [Center's World Abortion Laws Map \(WALM\)](#). For the purposes of this report, this indicator is limited to whether abortion is legal on request until 12 weeks gestation, in order to understand the law's position as it relates to WHO's recommendation that people can safely self-manage abortion using medication abortion during that timeframe.

### Indicators:



**SUPPORTIVE:** The country allows abortions on request until at least 12 weeks of gestation.



**NOT SUPPORTIVE:** Abortion is only permitted on certain grounds or there is a gestational limit for abortion on request before 12 weeks.



**RESTRICTIVE:** Abortion is prohibited altogether.

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## Country-by-Country analysis

### Africa

- **Ethiopia:** **NOT SUPPORTIVE**

Ethiopia only permits abortion on certain grounds, including in cases of rape and incest; where the pregnancy endangers the life or health of the pregnant person; certain fetal diagnoses; where the pregnant person, “owing to a physical or mental deficiency she suffers from or her minority, is physically as well as mentally unfit to bring up the child”; or where the termination averts ‘grave and imminent danger.’<sup>2</sup> Exceptions can also be made in cases of extreme poverty.<sup>3</sup>

- **Kenya:** **NOT SUPPORTIVE**

Abortion is only permitted if, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the pregnant person is in danger or if permitted by any other written law.<sup>4</sup>

- **Mozambique:** **SUPPORTIVE**

Abortion is permitted within the first 12 weeks of pregnancy.<sup>5</sup>

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<sup>2</sup> Penal Code of the Federal Democratic Republic of Ethiopia, Art. 551 (2004).

<sup>3</sup> Penal Code of the Federal Democratic Republic of Ethiopia, Art. 550 (2004).

<sup>4</sup> Constitution of Kenya, Art. 26(4) (2010).

<sup>5</sup> Ministerial Decree No. 60/2017 (Mozambique), Art. 3 (2017). *See also* Law No. 35/2014 (Mozambique), Penal Code Revision Act, Art. 168(5) (2014).

- **Nigeria: NOT SUPPORTIVE**  
Abortion is permitted in Nigeria only to save the life of the pregnant person.<sup>6</sup>
- **Rwanda: NOT SUPPORTIVE**  
Abortion is legal in Rwanda on a number of grounds including where pregnancy poses a risk to the person's health, where the pregnancy results from rape, incest or forced marriage, and in cases of fetal diagnoses.<sup>7</sup>
- **South Africa: SUPPORTIVE**  
South Africa permits abortion on request up to 12 weeks of gestation.<sup>8</sup>
- **Tanzania: NOT SUPPORTIVE**  
Abortion is only legal in Tanzania to save the life of the pregnant person.<sup>9</sup>
- **Uganda: NOT SUPPORTIVE**  
Uganda's penal code only permits abortion to save the life of the pregnant person.<sup>10</sup>

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## Asia

- **India: NOT SUPPORTIVE**  
India permits abortion up to 20 weeks gestation on socioeconomic grounds,<sup>11</sup> and on narrower grounds thereafter.<sup>12</sup>
- **Indonesia: NOT SUPPORTIVE**  
Abortion is only legal in Indonesia on limited grounds, such as in medical emergencies, fetal diagnoses, and in cases of rape.<sup>13</sup>
- **Nepal: SUPPORTIVE**  
In Nepal, abortions are allowed on request up to 12 weeks of gestation.<sup>14</sup>

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<sup>6</sup> Nigeria Penal Code Act (Northern States), Section 232 (1990); Nigeria Criminal Code Act (Southern States), Section 297 (1990).

<sup>7</sup> Ministerial Order N°002/MoH/2019 of 08/04/2019 Determining conditions to be satisfied for a medical doctor to perform an abortion (Rwanda), Art. 3 (2019).

<sup>8</sup> Choice on Termination of Pregnancy Amendment Act (South Africa), Act No. 92, Art. 2(1)(a) (1996), [https://www.gov.za/sites/default/files/gcis\\_document/201409/act92of1996.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/act92of1996.pdf).

<sup>9</sup> Penal Code of the United Republic of Tanzania, Art. 230 (2022).

<sup>10</sup> Penal Code Act (Uganda), Sections 141-143; 224 (2014).

<sup>11</sup> The Medical Termination of Pregnancy (Amendment) Act (India), Act No. 8 (2021), which amends the Medical Termination of Pregnancy Act, Section 3(2)(a)(i) (1971) (*see* Explanation 1), <https://nhm.hp.gov.in/storage/app/media/uploaded-files/mtp-amendment-act2021.pdf>.

<sup>12</sup> The Medical Termination of Pregnancy (Amendment) Act (India), Act No. 8 (2021), which amends the Medical Termination of Pregnancy Act, Section 3(2)(b)(i) (1971), <https://nhm.hp.gov.in/storage/app/media/uploaded-files/mtp-amendment-act2021.pdf>.

<sup>13</sup> Criminal Code of Indonesia, Law No. 1, Art. 465(2) (2023), <https://peraturan.bpk.go.id/Details/234935/uu-no-1-tahun-2023>, accessed and translated on Google Translate on 13 September 2023.

<sup>14</sup> Safe Motherhood and Reproductive Health Rights Act (Nepal), Art. 15(a) (2018), <https://lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Right-to-Safe-Motherhood-and-Reproductive-Health-Act-2075-2018.pdf>.

- **Pakistan:** **NOT SUPPORTIVE**  
Pakistan only allows abortions to protect the life or health of the pregnant person.<sup>15</sup>
- **Philippines:** **RESTRICTIVE**  
Abortion is prohibited altogether in the Philippines.<sup>16</sup>
- **Sri Lanka:** **NOT SUPPORTIVE**  
Abortion is permitted in Sri Lanka only when performed in “good faith for the purpose of saving the life of the woman.”<sup>17</sup>
- **Thailand:** **SUPPORTIVE**  
Abortion is permissible on request in the first 20 weeks of pregnancy.<sup>18</sup>

## Europe

- **Belgium:** **SUPPORTIVE**  
In Belgium, abortions are allowed on request up to 14 weeks of gestation.<sup>19</sup>
- **France:** **SUPPORTIVE**  
In France, abortions are allowed on request up to 16 weeks of pregnancy.<sup>20</sup>
- **Germany:** **SUPPORTIVE**  
In Germany, abortions are allowed on request up to 14 weeks of gestation.<sup>21</sup>
- **Great Britain (England and Wales, Scotland)**<sup>22</sup>: **NOT SUPPORTIVE**  
Abortion is legal on broad socioeconomic grounds in the first 24 weeks of gestation,<sup>23</sup> and on narrower grounds thereafter.<sup>24</sup>
- **Ireland:** **SUPPORTIVE**  
Ireland permits abortion on request through the first 12 weeks of pregnancy.<sup>25</sup>

<sup>15</sup> Pakistan Penal Code, Section 338 (A)-(C) (1860).

<sup>16</sup> Revised Penal Code of the Philippines, Act No. 3815, Arts. 256-259 (1930).

<sup>17</sup> Penal Code of Sri Lanka, Art. 303 (1883).

<sup>18</sup> Thailand Penal Code, Section 305(1)-(5) (1908).

<sup>19</sup> Belgian Act on the Voluntary Termination of Pregnancy, Art. 2(1)(a) (2018).

<sup>20</sup> Code de la Santé Publique (France), Art. L2212-1 (*revised* 2022). French law states 14 weeks of pregnancy, but the Ministry of Health’s website clarifies that this is measured by conception, translating to 16 weeks when measured by LMP. *See* Gouvernement, Le Site Officiel Sur L’IVG, <https://ivg.gouv.fr/generalites-sur-livg>.

<sup>21</sup> German Criminal Code, Section 218(a)(1) (*revised* 1998).

<sup>22</sup> **The analysis covers England, Scotland, and Wales and does not include Northern Ireland.**

<sup>23</sup> Abortion Act 1967, as amended by the Health and Care Act 2022 (Great Britain), Sections 1(1)(a)-(2) (2022), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

<sup>24</sup> Abortion Act 1967, as amended by the Health and Care Act 2022 (Great Britain), Section 1(1)(b)-(d) (2022), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

<sup>25</sup> Health (Regulation of Termination of Pregnancy) Act (Ireland), Section 12(1) (2018), <https://www.irishstatutebook.ie/eli/2018/act/31>.

- **Italy:** **SUPPORTIVE**  
In Italy, abortions are allowed on request up to 12 weeks of gestation.<sup>26</sup>
- **The Netherlands:** **SUPPORTIVE**  
Abortions on request are permitted up to viability.<sup>27</sup>
- **Norway:** **SUPPORTIVE**  
Norway permits abortion on request up to 12 weeks of pregnancy.<sup>28</sup>
- **Sweden:** **SUPPORTIVE**  
Abortion is available on request in Sweden until 18 weeks of pregnancy.<sup>29</sup>

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## **Latin America & the Caribbean**

- **Argentina:** **SUPPORTIVE**  
In Argentina, abortions are allowed on request up to 14 weeks of pregnancy.<sup>30</sup>
- **Brazil:** **NOT SUPPORTIVE**  
In Brazil, abortion is only permissible when the pregnant person's life is endangered,<sup>31</sup> in cases of sexual violence,<sup>32</sup> and in cases of fetal anencephaly.<sup>33</sup>
- **Chile:** **NOT SUPPORTIVE**  
Abortion is permitted when there is a risk to the life of the pregnant person, in cases of fatal fetal diagnosis, and when the pregnancy results from rape.<sup>34</sup>
- **Colombia:** **SUPPORTIVE**  
Abortion on request is permitted up to 24 weeks of gestation.<sup>35</sup>
- **Costa Rica:** **NOT SUPPORTIVE**  
Abortion in Costa Rica is only permitted to save the life or health of the pregnant person.<sup>36</sup>

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<sup>26</sup> Law 194/1978 (Italy), Arts. 4, 5 (1978).

<sup>27</sup> Criminal Code (The Netherlands), Art. 296(5) (1881), <https://wetten.overheid.nl/BWBR0001854/2024-01-01>; Termination of Pregnancy Act (The Netherlands) (1984), <https://wetten.overheid.nl/BWBR0003396/2023-01-01>.

<sup>28</sup> Termination of Pregnancy Act [Abortion Act] (Norway), Section 2 (1975), <https://lovdata.no/dokument/NL/lov/1975-06-13-50>.

<sup>29</sup> Swedish Abortion Act, Section 1 (1974, revised 2013).

<sup>30</sup> Law No. 27.610 Access to Voluntary Termination of Pregnancy (Argentina), Arts. 2, 4 (2021), <https://www.boletinoficial.gob.ar/detalleAviso/primera/239807/20210115>.

<sup>31</sup> Código Penal (Brazil), Decreto-lei N° 2.848, Art. 128(1) (1940).

<sup>32</sup> Código Penal (Brazil), Decreto-lei N° 2.848, Art. 128(2) (1940).

<sup>33</sup> Federal Council of Medicine (Brazil), Resolution No. 1989/2012 (2012), <https://sistemas.cfm.org.br/normas/visualizar/resolucoes/BR/2012/1989>.

<sup>34</sup> Ministry of Health (Chile), Law 21030, Art. 1 (2017), <https://www.bcn.cl/leychile/navegar?idNorma=1108237>.

<sup>35</sup> Constitutional Court of Colombia, Case C-055-22 (2022), <https://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=124944>.

<sup>36</sup> Costa Rica Criminal Code, Art. 121 (1996). *See also* Technical Norm for Therapeutic Abortion (Costa Rica), Exec. Decree No. 42113-S (Dec. 17, 2019).

- **Ecuador:** **NOT SUPPORTIVE**  
Abortion is legal under limited grounds, including where the pregnancy poses a risk to the life or health of the pregnant person, and in cases of rape.<sup>37</sup>
- **Mexico City:**<sup>38</sup> **SUPPORTIVE**  
Abortion on request is available up to the 12<sup>th</sup> week of pregnancy.<sup>39</sup>
- **Peru:** **NOT SUPPORTIVE**  
Abortion is only permitted to save the life or health of the pregnant person.<sup>40</sup>
- **Uruguay:** **SUPPORTIVE**  
Abortion on request is permitted within the first 12 weeks of pregnancy.<sup>41</sup>

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## **Northern America**

- **Canada:** **SUPPORTIVE**  
Canada permits abortions on request without a legally specified gestational limit.<sup>42</sup>
- **United States (California):** **SUPPORTIVE**  
Abortion in California is legal upon request before viability.<sup>43</sup>
- **United States (Colorado):** **SUPPORTIVE**  
Colorado law recognizes a pregnant person's right to have an abortion and broadly prohibits the State from burdening access to abortion.<sup>44</sup> There are no laws in place that currently limit when and how a pregnant person may obtain an abortion.

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<sup>37</sup> Ecuador Criminal Code, Art. 150 (2014).

<sup>38</sup> **Mexico's federal system affords each state considerable leeway in regulating abortion. The Supreme Court of Justice of the Nation recently held that abortion needs to be broadly permitted early in pregnancy. Thus, in this mapping we have predominately focused on Mexico City's legislation and policies on abortion, except where federal law or policy is directly applicable, such as registration of drugs for medical abortion.**

<sup>39</sup> Penal Code for México City, Art. 144 (2002),

[https://data.consejeria.cdmx.gob.mx/images/leyes/codigos/CODIGO\\_PENAL\\_PARA\\_EL\\_DF\\_7.3.pdf](https://data.consejeria.cdmx.gob.mx/images/leyes/codigos/CODIGO_PENAL_PARA_EL_DF_7.3.pdf).

<sup>40</sup> Peru Criminal Code, Art. 119 (1991).

<sup>41</sup> Law No. 18.987 (Uruguay), Art. 2 (2012).

<sup>42</sup> Regarding the Canadian constitutional protection for abortion access, *see R. v. Morgentaler*, [1988] 1 S.C.R. 30.

<sup>43</sup> *See* California Health & Safety Code, Sections 123462, 123466-123467 (2002, codified as amended by stat. 2022, ch. 629 §§ 5, 6.5, 7 (2022)). *See also* California Health & Safety Code, Section 123464 (2002, codified as amended by stat. 2022, ch. 629 §§ 5, 6.5, 7 (2022) (defining viability as “the point in pregnancy when, in the good faith medical judgment of a physician, on the particular facts of the case before that physician, there is a reasonable likelihood of the fetus’ sustained survival outside the uterus without the application of extraordinary medical measures”).

<sup>44</sup> *See* Colorado Revised Statutes, Section 25-6-403(2) (2023) (“a pregnant individual has a fundamental right to continue a pregnancy and give birth or to have an abortion and to make decisions about how to exercise that right”); Colorado Revised Statutes, Section 25-6-404 (2023) (establishing a public entity cannot deny, restrict, interfere with, or discriminate against an individual's fundamental right to have an abortion, nor may it prosecute, punish, or use any other means to criminalize an individual's right to an abortion).



- **United States (New York): SUPPORTIVE**  
Abortion is legal in New York on request until viability, generally considered to be at 24 weeks gestation.<sup>45</sup>
  - **United States (Washington): SUPPORTIVE**  
Abortion is available upon request before viability.<sup>46</sup>
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## **Oceania**

- **New Zealand: SUPPORTIVE**  
New Zealand permits abortion on request up to 20 weeks gestation.<sup>47</sup>

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<sup>45</sup> N.Y. Pub. Health Law, Section 2599-bb (2019).

<sup>46</sup> See Washington Revised Code, Section 9.02.110 (1992, codified as amended by H.B. 1851, ch. 629 sect. 2 (2022)).

<sup>47</sup> Abortion Legislation Act (New Zealand), Section 10 (2020), <https://www.legislation.govt.nz/act/public/2020/0006/latest/LMS237600.html>.

## Metric 2:

# Required Level of Provider Involvement

The WHO recognizes that individuals who prefer to self-manage their abortion using medication abortion should be able to do so without the direct supervision of a healthcare professional. Yet, instead of centering individuals' preferences about whether and how to engage with health care providers in accessing abortion care, many law and policy frameworks mandate provider involvement in various facets of abortion, such as provider authorizations or certifications, mandatory and biased counseling, and unnecessary medical examinations. This metric evaluates the extent to which countries' legal and policy frameworks require provider involvement in abortion care. Note that this metric, like others in this publication, is evaluated in isolation from other metrics, such as prescription requirements and in-person or location-based requirements (which are addressed in metrics five and six, respectively).

### Indicators:



**SUPPORTIVE:** The country's legal and policy framework does not explicitly require provider involvement during the first twelve weeks of pregnancy.



**NOT SUPPORTIVE:** The country's legal and policy framework only requires a minimal amount of provider involvement, such as specifying that abortion must be administered by a qualified provider, requiring a medical consultation to ensure informed consent or rule out contraindications, and confirmation of the gestational age. (*Note: After a certain gestational limit has expired, these countries may require a higher level of provider involvement.*)



**RESTRICTIVE:** The country's legal and policy framework requires significant provider involvement, such as psychosocial counseling that goes beyond informed consent, certification that the patient has complied with a mandatory waiting period, and/or formal authorization that the patient is legally eligible for an abortion.



**NOT APPLICABLE (N/A):** Abortion is prohibited altogether.

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## Country-by-Country analysis

### Africa

- **Ethiopia:** **RESTRICTIVE**

The provider must diagnose one of the grounds for legal abortion in cases of danger to health or life, fetal abnormality, or mental or physical disability of the pregnant person.<sup>48</sup> In cases of rape or incest, the

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<sup>48</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, pp. 18 f., (2023), <https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia%2023.pdf>.

statement of the pregnant person (without further proof) is sufficient.<sup>49</sup> Further, the provider must obtain a signed informed consent form from the pregnant person, examine the state of the pregnancy, and provide counseling, including risks of the procedures and alternatives to abortion.<sup>50</sup>

- **Kenya:** **RESTRICTIVE**  
A healthcare professional generally must recognize that a person qualifies for a legal abortion in Kenya.<sup>51</sup>
- **Mozambique:** **NOT SUPPORTIVE**  
Mozambique’s Penal Code indicates that abortion must be performed by a doctor or other healthcare professional at a healthcare facility,<sup>52</sup> and the Ministerial Decree regulating abortion also recognizes that, for a pregnancy within the first 12 weeks, the provider should confirm gestational age, obtain informed consent, and discuss possible complications and safe sexual practices post-abortion.<sup>53</sup>
- **Nigeria:** **RESTRICTIVE**  
Nigeria’s abortion guidelines require that the medical provider conduct a “general and systemic physical examination” to “confirm the life-threatening condition(s) of the woman.”<sup>54</sup> Upon determining that there is a threat to the pregnant person’s life, the clinician then seeks a second opinion to confirm this indication, which the guidelines recommend may involve “referring the patient in circumstances where a second opinion is not locally feasible.”<sup>55</sup>
- **Rwanda:** **RESTRICTIVE**  
The law stipulates that only a recognized medical doctor may perform an abortion<sup>56</sup> and before this can take place, comprehensive pre-abortion counselling and a thorough clinical assessment are required.<sup>57</sup> For those

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<sup>49</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, pp. 18 f., (2023), [https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia\\_2023.pdf](https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia_2023.pdf). If any information provided by the pregnant person is later found to be incorrect, the provider will not be prosecuted, Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, p. 19, (2023), [https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia\\_2023.pdf](https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia_2023.pdf).

<sup>50</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, pp. 22 ff., (2023), [https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia\\_2023.pdf](https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia_2023.pdf).

<sup>51</sup> Constitution of Kenya, Art. 26(4) (2010).

<sup>52</sup> See Law No. 35/2014 (Mozambique), Arts. 168(1), (5) (2014).

<sup>53</sup> See Ministerial Decree No. 60/2017 (Mozambique), pp. 1117-1122 (outlining the provider’s involvement before abortion).

<sup>54</sup> Federal Ministry of Health (Nigeria), *National Guidelines on Safe Termination of Pregnancy for Legal Indications*, p.14 (2018).

<sup>55</sup> Federal Ministry of Health (Nigeria), *National Guidelines on Safe Termination of Pregnancy for Legal Indications*, p.14 (2018).

<sup>56</sup> Law No. 68/2018 of 30/08/2018 Determining offences and penalties in general (Rwanda), Section 6, art. 125 (2018).

<sup>57</sup> Ministerial Order N°002/MoH/2019 of 08/04/2019 Determining conditions to be satisfied for a medical doctor to perform an abortion (Rwanda), Art. 7 (2019).

seeking an abortion on health grounds, at least two medical doctors, one a specialist in obstetrics and gynecology, need to confirm the risk to the health of the pregnant person or fetus.<sup>58</sup>

- **South Africa: NOT SUPPORTIVE**

Termination of pregnancy, including the administration of abortion medication, may only be carried out by a registered and trained medical practitioner or, if under 12 weeks' gestation, a registered and trained midwife or nurse.<sup>59</sup> The provider will conduct a clinical assessment to confirm pregnancy and gestation, including a physical examination and a health assessment;<sup>60</sup> however, this does not serve as formal authorization of eligibility for abortion.

- **Tanzania: RESTRICTIVE**

According to the Penal Code, a skilled person who is convinced that an abortion is necessary to save the mother's life must certify it.<sup>61</sup> The Ministry of Health's Comprehensive Post-Abortion Care Guidelines specify that healthcare providers "are advised to seek a second opinion from another health care provider whenever it is necessary," provide counseling to the client or couple, and obtain signed informed consent before proceeding with the procedure.<sup>62</sup> Counseling should cover contraceptive options, the pros and cons of potential procedures, and possible side effects.<sup>63</sup>

- **Uganda: UNCLEAR**

There is limited guidance available on the procedural requirements for legal abortion in Uganda. The only explicit exception to Uganda's criminalization of abortion is when a person performs "in good faith and with reasonable care and skill a surgical operation upon any person for his or her benefit, or upon an unborn child for the preservation of the mother's life."<sup>64</sup> Furthermore, the registration of mifepristone and misoprostol classifies them as specialist medicines, only available at health centers with a medical officer providing services.<sup>65</sup>

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<sup>58</sup> Ministerial Order N°002/MoH/2019 of 08/04/2019 Determining conditions to be satisfied for a medical doctor to perform an abortion (Rwanda), Art. 11 (2019).

<sup>59</sup> Choice on Termination of Pregnancy Amendment Act (South Africa), Act No. 1 of 2008, Art. 6(1)(a) (2008).

<sup>60</sup> National Department of Health, Republic of South Africa, *National Clinical Guidelines for Implementation of the Choice on Termination of Pregnancy Act*, Ed. 1, p. 13 (2019), [https://www.health.gov.za/wp-content/uploads/2023/04/Termination-Pregnancy-Guideline\\_Final\\_2021.pdf](https://www.health.gov.za/wp-content/uploads/2023/04/Termination-Pregnancy-Guideline_Final_2021.pdf).

<sup>61</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guidelines*, p. 21 (Aug. 2020). *See also* Penal Code of the United Republic of Tanzania, Art. 230 (2022).

<sup>62</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guidelines*, p. 21 (Aug. 2020).

<sup>63</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guidelines*, pp. 4-19, 21 (Aug. 2020).

<sup>64</sup> Penal Code Act (Uganda), Section 224 (2014).

<sup>65</sup> The Republic of Uganda Ministry of Health, *Essential Medicines and Health Supplies List For Uganda*, pp. 23, 43 (2023), <https://www.health.go.ug/wp-content/uploads/2023/11/Uganda-EMHSLU-2023-Publication-Final-Interactive-Version.pdf> (restricting mifepristone and the combination pack of mifepristone and misoprostol to HC4 health centers, while misoprostol alone is also available at HC2 health centers, i.e. with an enrolled comprehensive nurse). *See* The Republic of Uganda Ministry of Health, *Comprehensive Health Service Standards Manual*, p. 9 (2021), <http://library.health.go.ug/sites/default/files/resources/Final%20MoH%20Comprehensive%20Service%20Standard%20Annual%20July%202021.pdf> (identifying that comprehensive post-abortion care is available at HC4 health centers and above). *See also* The Republic of Uganda Ministry of Health, *Service Standards and Service*

## Asia

- **India: RESTRICTIVE**  
Indian law stipulates that abortions must be performed by a registered medical practitioner who must be of the opinion that “the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health,” or that there is a “substantial risk” of “physical or mental abnormality” of the fetus.<sup>66</sup> Abortion guidelines by the government also require clinical assessment for “suitability to undergo termination of pregnancy,” including documentation of medical history, a physical examination and laboratory investigation.<sup>67</sup>
- **Indonesia: RESTRICTIVE**  
Indonesia’s health law specifies that where abortion meets the acceptable criteria, it can only be performed by medical personnel with “competence and authority” and must be performed in a Health Services Facility that meets Ministerial requirements.<sup>68</sup> Moreover, an abortion eligibility team must determine whether the person is eligible to receive an abortion.<sup>69</sup> When the grounds for abortion is rape, information from investigators, psychologists, and/or other experts can also be required to find that the pregnancy was caused by rape.<sup>70</sup> Pre- and post- abortion counseling are required for abortion based on medical emergency and rape.<sup>71</sup>
- **Nepal: NOT SUPPORTIVE**  
For abortions on request, the law stipulates that a licensed health worker must provide the abortion.<sup>72</sup> Further, government guidelines set out that counseling must be provided to the pregnant person and a service provider has to confirm the gestational age.<sup>73</sup> In cases of life or health risks or fetal abnormalities beyond the 12-week limit, a licensed physician is required to diagnose such risks.<sup>74</sup>
- **Pakistan: NOT SUPPORTIVE**  
Although abortion is only legal on limited grounds, formal provider approval of these circumstances is not explicitly mandated by law. Guidelines by the Pakistan Government state that abortion care can be offered

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*Delivery Standards for the Health Sector*, p. 22 (2016), [http://library.health.go.ug/sites/default/files/resources/Health%20Sector%20Service%20Standards%20%26%20Service%20Delivery%20Standards\\_2016.pdf](http://library.health.go.ug/sites/default/files/resources/Health%20Sector%20Service%20Standards%20%26%20Service%20Delivery%20Standards_2016.pdf) (identifying that facilities that perform basic and emergency obstetric care services are expected to provide basic post-abortion care).

<sup>66</sup> The Medical Termination of Pregnancy Act (India), Section 3(2) (1971), as amended by The Medical Termination of Pregnancy (Amendment) Act, Section 3 (2021).

<sup>67</sup> Government of India, Ministry of Health and Family Welfare, *Comprehensive Abortion Care: Training and Service Delivery Guidelines*, p. 29 (2023), [https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/CAC\\_Training\\_&\\_Service\\_Guidelines\\_2023.pdf](https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/CAC_Training_&_Service_Guidelines_2023.pdf).

<sup>68</sup> Laws of the Republic of Indonesia No.17 of 2023 on Health, Art. 60(2) (2023), <https://peraturan.bpk.go.id/Details/258028/uu-no-17-tahun-2023>, accessed and translated on Google Translate on 8 August 2023.

<sup>69</sup> Government Regulations of the Republic of Indonesia, No. 61, Art. 33 (2014).

<sup>70</sup> Government Regulations of the Republic of Indonesia, No. 61, Art. 34 (2014).

<sup>71</sup> Government Regulations of the Republic of Indonesia, No. 61, Art. 37 (2014).

<sup>72</sup> Safe Motherhood and Reproductive Health Rights Act (Nepal), Art. 18 (2018).

<sup>73</sup> Safe Motherhood And Reproductive Health Rights Regulation (Nepal), Annex 6 (2020); Safe Abortion Service Program Management Guideline (Nepal), Annex 7 (2021).

<sup>74</sup> Safe Motherhood and Reproductive Health Rights Act (Nepal), Art. 15(b) (2018).

by healthcare providers at all levels.<sup>75</sup> Prior to administering abortion care, providers are required to conduct a thorough clinical assessment, which includes evaluating gestational age, identifying any contraindications, and performing a general physical examination including pelvic and bimanual exams.<sup>76</sup>

- **Philippines:** **N/A**  
Abortion is prohibited altogether in the Philippines.<sup>77</sup> As such, there are no regulations around required provider involvement.
- **Sri Lanka:** **UNCLEAR**  
Sri Lanka has no guidance on the procedural requirements for legal abortion. The Penal Code notes only that “[w]hoever voluntarily causes a woman with child to miscarry shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment.”<sup>78</sup>
- **Thailand:** **NOT SUPPORTIVE**  
Abortions in Thailand must be conducted by a medical practitioner.<sup>79</sup> Pregnant people seeking an abortion, regardless of reason, must notify an Options Counseling Service Unit, which can be done in person, writing, by telephone, or electronically. Healthcare providers must then confirm the gestational age of the pregnancy.<sup>80</sup> Counseling must be offered but is only mandatory after 12 weeks.<sup>81</sup>

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## **Europe**

- **Belgium:** **RESTRICTIVE**  
A mandatory counseling session with a multidisciplinary team, including a physician and social workers,<sup>82</sup> must take place at least six days prior to the abortion (except in urgent medical cases).<sup>83</sup> This session will

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<sup>75</sup> Government of Pakistan, Ministry of National Health Services, Regulations and Coordination, *National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-Abortion Care*, p. 5, Standard 2 (Mar. 2018), [https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs\\_Final-copy-March-30-2018.pdf](https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs_Final-copy-March-30-2018.pdf).

<sup>76</sup> Government of Pakistan, Ministry of National Health Services, Regulations and Coordination, *National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-Abortion Care*, p. 10, Standards 33-35; p. 11, Standards 41-43 (Mar. 2018).

<sup>77</sup> Revised Penal Code of the Philippines, Act. No. 3815, Arts. 256-259 (1930).

<sup>78</sup> Penal Code of Sri Lanka, Art. 303 (1883).

<sup>79</sup> Thai Medical Council, *Thai Medical Council's Regulation on Criteria for Performing Therapeutic Termination of Pregnancy in accordance with Section 305 of the Criminal Code of Thailand* (2005), <https://reproductiverights.org/sites/crr.civicaactions.net/files/documents/Thailand%20Medical%20Council%20Regulations%20in%20English.pdf>.

<sup>80</sup> Ministry of Public Health (Thailand), *Inspection and Receipt of Information Counseling on Options for Termination of Pregnancy According to Section 305(5) of the Criminal Code* (2022).

<sup>81</sup> Ministry of Public Health (Thailand), *Decree on Examination and Consultation on Alternatives to Pregnancy* (2022), <https://abortion-policies.srhr.org/documents/countries/13-Thailand-Decree-on-Examination-and-Consultation-on-Alternatives-to-Pregnancy-2022.pdf#page=3>.

<sup>82</sup> Nationale Commissie Voor de Evaluatie van de wet van 15 Oktober 2018 Betreffende de Zwangerschapsafbreking (Belgium), *Verslag ten Behoeve van het Parlement, 1 Januari 2020–31 December 2021*, p. 114 (2023), [https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/definitief\\_verslag\\_feb\\_2023\\_nl\\_-\\_jaren\\_2020-2021.pdf](https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/definitief_verslag_feb_2023_nl_-_jaren_2020-2021.pdf).

<sup>83</sup> Belgian Act on the Voluntary Termination of Pregnancy, Arts. 2(2), 2(3), 2(5) (2018).



cover both medical and psychosocial issues, such as adoption and care options.<sup>84</sup> In cases involving health risks or fetal diagnosis, the attending physician is obligated to seek the opinion of a second physician.<sup>85</sup>

- **France: NOT SUPPORTIVE**

To obtain an abortion, the pregnant person must have an appointment with a physician or midwife where they will receive information about available methods, procedure locations, and associated risks,<sup>86</sup> and must confirm in writing their intention to proceed with the abortion.<sup>87</sup> While additional psychological and family counseling are offered, they are not obligatory for adults<sup>88</sup> and there is no mandated waiting period. Beyond 16 weeks of pregnancy, where abortion is only on certain grounds,<sup>89</sup> there are additional provider authorization requirements.<sup>90</sup>

- **Germany: RESTRICTIVE**

For abortions on request, the pregnant individual must provide the performing physician with written confirmation that they have undergone counseling at a state-approved counseling center at least three days prior to the procedure.<sup>91</sup> The counseling serves to protect the "unborn life"<sup>92</sup> and must cover the pregnant persons' reasons for seeking an abortion and possible solutions including state support,<sup>93</sup> although it must be conducted in an open ended manner.<sup>94</sup> The counseling cannot be provided by the same physician performing the abortion.<sup>95</sup> Further, the attending physician must conduct a medical examination to verify that the gestational age does not exceed 14 weeks.<sup>96</sup> For abortions beyond 14 weeks of gestation, a different physician not involved in the abortion procedure must provide written confirmation that stipulated requirements are met.<sup>97</sup>

- **Great Britain (England and Wales, Scotland): RESTRICTIVE**

In England and Wales, for medication abortions up to 10 weeks, only one medical practitioner is required to certify in good faith that the gestational limit is not exceeded and that a statutory exception applies.<sup>98</sup> After 10 weeks, two medical practitioners must certify that a statutory exception is met.<sup>99</sup> In Scotland, two

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<sup>84</sup> Belgian Act on the Voluntary Termination of Pregnancy, Arts. 2(2), 2(3), 2(5) (2018).

<sup>85</sup> Belgian Act on the Voluntary Termination of Pregnancy, Art. 2(5) (2018).

<sup>86</sup> Code de la Santé Publique (France), Arts. L2212-3 (*revised 2022*).

<sup>87</sup> Code de la Santé Publique (France), Arts. L2212-5 (*revised 2022*).

<sup>88</sup> Code de la Santé Publique (France), Arts. L2212-4 (*revised 2022*).

<sup>89</sup> Code de la Santé Publique (France), Arts. L2213-1(I) (*revised 2022*).

<sup>90</sup> Code de la Santé Publique (France), Arts. L2213-1(I) (*revised 2022*). These conditions must be attested by two doctors from a multidisciplinary team, with one specializing in obstetrics-gynecology, a member of a multidisciplinary prenatal diagnosis center, a practitioner specializing in the condition from which the woman suffers for cases of threats to the pregnant person's health; and a multidisciplinary prenatal diagnosis center team for cases of fetal impairment.

<sup>91</sup> German Criminal Code, Section 218(a)(1) (*revised 1998*).

<sup>92</sup> German Criminal Code, Section 218(a)(1) (*revised 1998*); Pregnancy Conflict Act (Germany), Section 5(1) (1992), <https://www.gesetze-im-internet.de/beratungsg/BJNR113980992.html>.

<sup>93</sup> Pregnancy Conflict Act (Germany), Section 5(2) (1992).

<sup>94</sup> Pregnancy Conflict Act (Germany), Section 5(1) (1992).

<sup>95</sup> German Criminal Code, Sections 218a(1), 219(2), 218c(1) No. 4 (*revised 1998*).

<sup>96</sup> German Criminal Code, Section 218c(1) No. 3 (*revised 1998*).

<sup>97</sup> German Criminal Code, Section 218b(1) (*revised 1998*).

<sup>98</sup> Abortion Act 1967 (Great Britain), Section 1(1), 3(B), 3(C) (1967), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

<sup>99</sup> Abortion Act 1967 (Great Britain), Section 1(1) (1967), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

medical practitioners are always required to certify in good faith, regardless of gestational age.<sup>100</sup> Across Great Britain (England and Wales, Scotland), in urgent cases where a doctor believes in good faith that an abortion is immediately necessary to save the pregnant person's life or prevent serious permanent injury to their physical or mental health, a second opinion is not required.<sup>101</sup>

- **Ireland: RESTRICTIVE**

To obtain an abortion, the pregnant person must first have a consultation with a medical practitioner who will certify that the gestational age is under 12 weeks.<sup>102</sup> During this consultation, the medical practitioner will also provide advice on contraception, assess the risk of STIs, and refer the patient for an ultrasound if clinically indicated.<sup>103</sup> Following a mandatory three-day waiting period, the procedure can be performed after a second consultation.<sup>104</sup> During this appointment, informed consent is ensured, and if it is with a different doctor, they will re-certify that the gestational age is below 12 weeks.<sup>105</sup> Beyond 12 weeks, there are additional requirements of authorization by medical practitioners for the exceptional cases.<sup>106</sup>

- **Italy: RESTRICTIVE**

To obtain an abortion, the person seeking it must undergo a medical examination and attend a counseling session with a physician at a counseling center, a licensed medio-social agency, or a physician of their choice.<sup>107</sup> The counseling addresses the reasons for the abortion and explores potential solutions, especially if related to economic, social, or family factors.<sup>108</sup> Following the counseling session, the pregnant person receives a document confirming the pregnancy status and the abortion request.<sup>109</sup> Seven days later, the abortion can be obtained, except in urgent cases where the physician must certify the urgency, allowing for an immediate abortion.<sup>110</sup> After 90 days of gestation, a certificate must be issued by a specialist in obstetrics and gynecology recognizing the person qualifies for abortion on the limited grounds recognized in law.<sup>111</sup>

- **The Netherlands: RESTRICTIVE**

In the Netherlands, only doctors are permitted to perform abortions.<sup>112</sup> Prior to the procedure, they must provide the pregnant individual information about alternatives to terminating the pregnancy.<sup>113</sup> Although the pregnant person must be in an "emergency situation,"<sup>114</sup> it remains their choice whether an abortion is

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<sup>100</sup> Abortion Act 1967 (Great Britain), Section 1(1) (1967), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

<sup>101</sup> Abortion Act 1967 (Great Britain), Section 1(4) (1967).

<sup>102</sup> Health (Regulation of Termination of Pregnancy) Act (Ireland), Section 12(1), (2) (2018), <https://www.irishstatutebook.ie/eli/2018/act/31>. See also Health Services Executive (Ireland), *Model of Care: Termination of Pregnancy Services*, p. 8 (2023), <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/model-of-care-termination-of-pregnancy-services-2023-.pdf>.

<sup>103</sup> Health Services Executive (Ireland), *Model of Care: Termination of Pregnancy Services*, pp. 10, 17, 23 (2023).

<sup>104</sup> Health (Regulation of Termination of Pregnancy) Act (Ireland), Section 12(3) (2018); Health Services Executive (Ireland), *Model of Care: Termination of Pregnancy Services*, p. 8 (2023).

<sup>105</sup> Health Services Executive (Ireland), *Model of Care: Termination of Pregnancy Services*, pp. 10, 17, 23 (2023).

<sup>106</sup> Health (Regulation of Termination of Pregnancy) Act (Ireland), Sections 9-11 (2018).

<sup>107</sup> Law 194/1978 (Italy), Art. 5(1),(2),(4) (1978).

<sup>108</sup> Law 194/1978 (Italy), Art. 5(1) (1978).

<sup>109</sup> Law 194/1978 (Italy), Art. 5(4) (1978).

<sup>110</sup> Law 194/1978 (Italy), Art. 5(3) (1978).

<sup>111</sup> Law 194/1978 (Italy), Arts. 6, 7(1) (1978).

<sup>112</sup> Criminal Code (The Netherlands), Art. 296(5) (1881), <https://wetten.overheid.nl/BWBR0001854/2024-01-01>; Termination of Pregnancy Act (The Netherlands), Art. 2 (1984), <https://wetten.overheid.nl/BWBR0003396/2023-01-01>.

<sup>113</sup> Termination of Pregnancy Act (The Netherlands), Art. 5(2)(a) (1981).

<sup>114</sup> Termination of Pregnancy Act (The Netherlands), Art. 5(1) (1981).



necessary to resolve this situation.<sup>115</sup> The doctor needs to ensure that the pregnant individual has voluntarily reached this decision, taking into account their "responsibility to the unborn life."<sup>116</sup> According to the law, the doctor shall proceed with the treatment only if it is justified based on their findings.<sup>117</sup>

- **Norway: NOT SUPPORTIVE**

Norway requires abortions to be carried out by a qualified medical practitioner.<sup>118</sup>

- **Sweden: NOT SUPPORTIVE**

Abortions must be carried out by a qualified medical doctor in a general hospital or private clinic approved by National Board of Health and Welfare.<sup>119</sup> Counselling must be offered to the pregnant person but is not mandatory.<sup>120</sup> After 18 weeks of pregnancy, a termination of pregnancy is subject to approval of the National Board of Health and Welfare.<sup>121</sup>

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## **Latin America and the Caribbean**

- **Argentina: NOT SUPPORTIVE**

Prior to obtaining an abortion, a healthcare provider must confirm the gestational age<sup>122</sup> and individuals seeking an abortion need to receive counseling from a healthcare professional (not necessarily a physician).<sup>123</sup> The counseling should be unbiased, focused on understanding the pregnant person's situation, determining the best treatment for them, and ensuring informed consent.<sup>124</sup> Beyond the 14 weeks where abortion is available on request, there are additional requirements for provider involvement and authorization.<sup>125</sup>

- **Brazil: RESTRICTIVE**

The performance of abortions is restricted to doctors,<sup>126</sup> and for all three cases in which abortion is legal, authorization from at least one doctor is required. Where the pregnant person's life is at risk, a report must be issued with the opinion of at least two doctors (an obstetrician and a clinician) and ideally a third doctor,

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<sup>115</sup> Termination of Pregnancy Act (The Netherlands), Art. 5(2)(b) (1981).

<sup>116</sup> Termination of Pregnancy Act (The Netherlands), Art. 5(2)(b) (1981).

<sup>117</sup> Termination of Pregnancy Act (The Netherlands), Art. 5(2)(c) (1981).

<sup>118</sup> Termination of Pregnancy Act [Abortion Act] (Norway), Section 3 (1975), <https://lovdata.no/dokument/NL/lov/1975-06-13-50>.

<sup>119</sup> Swedish Abortion Act, Section 5 (1974, revised 2013), [https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/abortlag-1974595\\_sfs-1974-595/](https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/abortlag-1974595_sfs-1974-595/).

<sup>120</sup> Swedish Abortion Act, Section 2 (1974, revised 2013).

<sup>121</sup> Swedish Abortion Act, Section 3 (1974, revised 2013).

<sup>122</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, pp. 21, 58 (2022), [https://redsaluddecidir.org/wp-content/uploads/2023/05/Protocolo\\_IVE\\_ILE-2022\\_1242023.pdf](https://redsaluddecidir.org/wp-content/uploads/2023/05/Protocolo_IVE_ILE-2022_1242023.pdf). The guidelines emphasize that an ultrasound is not a requirement to access abortion.

<sup>123</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, p. 50 (2022).

<sup>124</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, p. 50 (2022).

<sup>125</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, p. 27 (2022); Law No. 27.610 Access to Voluntary Termination of Pregnancy (Argentina), Art. 4(a) (2021).

<sup>126</sup> Código Penal (Brazil), Decreto-lei N° 2.848, Art. 128 (1940).

specializing in the condition that puts the pregnant person's life at risk.<sup>127</sup> In cases of sexual violence, a doctor must provide a technical opinion, based on thorough examinations, attesting that the gestational age is compatible with the reported date of the sexual violence.<sup>128</sup> This technical opinion has to be confirmed by a multidisciplinary team, composed of an obstetrician, anesthesiologist, nurse, social worker and/or psychologist.<sup>129</sup> In cases of fetal anencephaly, at least one doctor must approve that the fetus is diagnosed with anencephaly.<sup>130</sup>

- **Chile: RESTRICTIVE**

Current legislation requires a licensed medical professional perform abortion services.<sup>131</sup> For therapeutic abortions when there is a risk to the life of the pregnant person, there must be a recorded medical diagnosis.<sup>132</sup> For cases where there is a fatal fetal diagnosis, two written medical diagnoses are required. In cases of a rape, a team of medical practitioners must authorize the procedure and confirm the gestational age.<sup>133</sup> Additionally, the National Technical Guidelines indicate the dose of Misoprostol must be administered under observation of a healthcare professional.<sup>134</sup>

- **Colombia: NOT SUPPORTIVE**

During the initial 24 weeks of pregnancy, healthcare providers in Colombia are only required to confirm the gestational age and ensure informed consent before performing an abortion.<sup>135</sup> Beyond this timeframe, there are specific requirements for healthcare providers to confirm the person qualifies for an abortion under the grounds in which it is legal.<sup>136</sup>

- **Costa Rica: RESTRICTIVE**

Abortion must first be approved by a designated medical board, comprised of three registered medical experts.<sup>137</sup> Additionally, the abortion must be performed by a registered medical practitioner or by a registered obstetrician.<sup>138</sup>

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<sup>127</sup> Portal de Boas Práticas em Saúde da Mulher, da Criança e do Adolescente (Iniciativa do Instituto Nacional de Saúde da Mulher, da Criança e Adolescente Fernandes Figueira, da Fundação Oswaldo Cruz, do Ministério da Saúde), *Postagens – Principais Questões sobre Aborto Legal* (Nov. 22, 2019), <https://portaldeboaspraticas.iff.fiocruz.br/atencao-mulher/principais-questoes-sobre-aborto-legal/>.

<sup>128</sup> Ministry of Health (Brazil), Ordinance No. 2.561, Arts. 3, 4 (Sept. 23, 2020), <https://www.in.gov.br/en/web/dou/-/portaria-n-2.561-de-23-de-setembro-de-2020-279185796>.

<sup>129</sup> Ministry of Health (Brazil), Ordinance No. 2.282, Arts. 3, 4 (Aug. 27, 2020), [https://bvsmis.saude.gov.br/bvsmis/saudelegis/gm/2020/prt2282\\_28\\_08\\_2020.html](https://bvsmis.saude.gov.br/bvsmis/saudelegis/gm/2020/prt2282_28_08_2020.html).

<sup>130</sup> Federal Council of Medicine (Brazil), Resolution No. 1989/2012 (2012), <https://sistemas.cfm.org.br/normas/visualizar/resolucoes/BR/2012/1989> (regulating the provision of abortion services in cases of fetal anencephaly, noting a doctor must diagnose the fetus with anencephaly).

<sup>131</sup> Ministry of Health (Chile), Law 21030, Art. 1 (2017) (“...it is authorized for the interruption of pregnancy by a doctor, in the following circumstances...”).

<sup>132</sup> Ministry of Health (Chile), Law 21030, Art. 2 (2017).

<sup>133</sup> Ministry of Health (Chile), Law 21030, Art. 2 (2017).

<sup>134</sup> Ministry of Health (Chile), *National Technical Guideline: Support and Comprehensive Care for the Woman who is in any of the Three Causes Regulated by Law 21,030*, p. 112 (2018), [https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO\\_02.pdf](https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO_02.pdf) (Indicating the pregnant person may return home after receiving mifepristone, but must return within 24 to 36 hours to take misoprostol).

<sup>135</sup> Ministry of Health (Colombia), Resolution No. 00006051, paras. 4.2.5.1, 4.2.5.4, 4.2.5.8.1 (Jan. 12, 2023), <https://www.minsalud.gov.co/Normatividad%20Nueva/Resolución%20No.%200051%20de%202023.pdf>.

<sup>136</sup> Ministry of Health (Colombia), Resolution No. 00006051, para. 4.2.5.4 (Jan. 12, 2023).

<sup>137</sup> Technical Norm for Therapeutic Abortion (Costa Rica), Exec. Decree No. 42113-S, Art. 7.4 (2019).

<sup>138</sup> Therapeutic Abortion Protocol of Dec. 2020 (Costa Rica), Protocol No. GM.DDS-AAIP-210520, pg. 15 (2020). See also Technical Norm for Therapeutic Abortion (Costa Rica), Exec. Decree No. 42113-S, Art. 7.10 (2019).

- **Ecuador: RESTRICTIVE**

Ecuador's criminal code specifically indicates that an abortion to save the life or health of the pregnant person, or for a pregnancy resulting from rape, is not illegal *if it is practiced by a doctor or other trained health professional*.<sup>139</sup> Under Ecuador's Clinical Practical Guide on Therapeutic Abortion, a healthcare professional must determine whether there is a threat to the person's health.<sup>140</sup> If the requirements are met, the procedure must be performed within six days after the first appointment.<sup>141</sup>

- **Mexico City: NOT SUPPORTIVE**

Before performing an abortion, the healthcare provider has to offer free, objective, and voluntary counseling, and ensure the informed consent of the pregnant person.<sup>142</sup> After the 12-week timeframe, cases of fetal diagnosis must be certified by two doctors.<sup>143</sup>

- **Peru: RESTRICTIVE**

Article 119 of Peru's Penal Code specifically indicates abortion will not be punished if it is performed by a doctor to preserve the pregnant person's life or health.<sup>144</sup> The doctor must diagnose the risk to the pregnant person and ask in writing to the department head and inform the General Management.<sup>145</sup> Afterwards, a

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<sup>139</sup> Ecuador Criminal Code, Art. 150 (2014).

<sup>140</sup> See Ministerio de Salud Pública (Ecuador), *Guía de Práctica Clínica: Atención del Aborto Terapéutico*, p. 16 (2015), <https://www.salud.gob.ec/wp-content/uploads/2016/09/Aborto-terap%C3%A9utico.pdf> (stating a healthcare professional must assess the patient if a risk to the health of the pregnant person is detected, and instructing healthcare professionals evaluate each individual case to determine if a risk is present); and Ministry of Public Health (Ecuador), *National Table of Basic Medicines*, p. 95 (2022), <https://www.salud.gob.ec/cuadro-nacional-de-medicamentos-basico-cnmb/> (noting misoprostol requires a prescription following a specific protocol); and Ecuador Criminal Code, Art. 150 (2014).

<sup>141</sup> Ministerio de Salud Pública (Ecuador), *Guía de Práctica Clínica: Atención del Aborto Terapéutico*, p. 16 (2015).

<sup>142</sup> Gaceta Oficial de la Ciudad de México, *Lineamientos Generales de Organización y Operación de los Servicios de Salud Para la Interrupción del Embarazo en la Ciudad de México*, No. 308, Sections 6(2), (4), [https://data.consejeria.cdmx.gob.mx/portal\\_old/uploads/gacetas/fe07c7dcc26cb21d214b463a9497203f.pdf](https://data.consejeria.cdmx.gob.mx/portal_old/uploads/gacetas/fe07c7dcc26cb21d214b463a9497203f.pdf). See also Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México* [Federal Abortion Guidelines], pp. 49-53 (2022), <https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL-Interactivo-22NOV-22-Lineamiento-tecnico-aborto.pdf>. Mexico City's guidelines from 2018 originally mandated a healthcare provider's certificate confirming the pregnant person's health and gestational age. However, following the Constitutional Court of Mexico's rulings, these requirements are no longer enforced and are absent from the updated official website of the Secretary of Health of Mexico City. See Secretaría de Salud (Mexico City), *Legal Termination of Pregnancy (LTP)* (2024), <http://lpt.salud.cdmx.gob.mx/requirements/>.

<sup>143</sup> Gaceta Oficial de la Ciudad de México, *Lineamientos Generales de Organización y Operación de los Servicios de Salud Para la Interrupción del Embarazo en la Ciudad de México*, No. 308, Section 20. **Additionally, Section 19 of the Penal Code of Mexico City stipulates that in cases of risk to life or health of the pregnant person, the attending physician is required to seek a second opinion. However, this provision is no longer enforced following a ruling by the Constitutional Court of Mexico, which declared the same requirement in the Federal Penal Code unconstitutional.** See Suprema Corte de Justicia de la Nación (Mexico), *Controversias Constitucionales AR 267/2023* (2024), [https://www.scjn.gob.mx/acuerdos\\_controversias\\_constit/2672023-22-de-enero-de-2024-controversias-constitucionales](https://www.scjn.gob.mx/acuerdos_controversias_constit/2672023-22-de-enero-de-2024-controversias-constitucionales).

<sup>144</sup> Peru Criminal Code, Art. 119 (1991).

<sup>145</sup> See Ministry of Health (Peru), *National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at 22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code*, Section 6.2 (2016), <https://www.gob.pe/institucion/minsa/informes-publicaciones/285890-guia-tecnica-nacional-para-la-estandarizacion-del-procedimiento-de-la-atencion-integral-de-la-gestante-de-acuerdo-al-articulo-119-del-codigo-penal>.

medical board comprised of three doctors must authorize the abortion.<sup>146</sup> Furthermore, the Technical Guidance on Therapeutic Abortion details the involvement of the doctor throughout the procedure, including the administration of misoprostol.<sup>147</sup>

- **Uruguay:** **RESTRICTIVE**

In Uruguay, individuals seeking an abortion are required to undergo consultation with a doctor and an interdisciplinary team.<sup>148</sup> During this process, they must articulate their reasons for terminating the pregnancy and receive information about alternatives to abortion, as well as the risks associated with the procedure.<sup>149</sup> After the psychosocial counseling, there is a mandatory waiting period of five days before an abortion can be performed.<sup>150</sup>

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## **Northern America**

- **Canada:** **SUPPORTIVE**

In Canada, there is no legislation that generally outlines requirements for obtaining an abortion, including the involvement of healthcare providers.

- **California (United States):** **SUPPORTIVE**

California law recognizes that a pregnant person may self-administer an abortion prior to viability<sup>151</sup> and protects the pregnant person, and anyone who assists a pregnant person, from criminal liability for obtaining an abortion.<sup>152</sup> Provider involvement is explicitly required once a pregnancy has reached viability; in such cases a healthcare professional must evaluate the threat to the pregnant person's life or health to be able to lawfully obtain an abortion.<sup>153</sup> Notably though, legally obtaining medication abortion does require a prescription (see metric five).

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<sup>146</sup> Ministry of Health (Peru), National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at 22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code, Section 6.3 (2016).

<sup>147</sup> Ministry of Health (Peru), National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at 22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code, Section 6.7 (2016).

<sup>148</sup> Law No. 18.987 (Uruguay), Art. 3 (2012).

<sup>149</sup> Law No. 18.987 (Uruguay), Art. 3 (2012).

<sup>150</sup> Law No. 18.987 (Uruguay), Art. 3 (2012).

<sup>151</sup> California Health and Safety Code, Reproductive Privacy Act, Division 106, Article 2.5, Section 123468 (2022).

<sup>152</sup> California Health and Safety Code, Section 123467 (a)-(b) (2022) (“Notwithstanding any other law, a person shall not be subject to civil or criminal liability or penalty, or otherwise deprived of their rights under this article, based on their actions or omissions with respect to their pregnancy or actual, potential, or alleged pregnancy outcome, including miscarriage, stillbirth, or abortion, or perinatal death due to causes that occurred in utero... A person who aids or assists a pregnant person in exercising their rights under this article shall not be subject to civil or criminal liability or penalty, or otherwise be deprived of their rights, based solely on their actions to aid or assist a pregnant person in exercising their rights under this article with the pregnant person’s voluntary consent”).

<sup>153</sup> California Health and Safety Code, Section 123468 (2002, codified as amended by stat. 2022, ch. 629, section 8 (2022)).

- **Colorado (United States): SUPPORTIVE**

There are currently no laws or policies in Colorado that explicitly require provider involvement for individuals seeking abortion services.<sup>154</sup> Notably though, legally obtaining medication abortion does require a prescription (see metric five).

- **New York (United States): NOT SUPPORTIVE**

A health care practitioner must, under reasonable and good faith professional judgment, confirm the patient is within the 24-week gestational limit, or there is a risk to the patient's life or health or the fetus is not viable.<sup>155</sup> Nonetheless, New York has laws protecting the pregnant person, and anyone who assists the pregnant person, from criminal liability for obtaining an abortion.<sup>156</sup> However, at all stages of pregnancy, misoprostol and mifepristone require a prescription.<sup>157</sup>

- **United States (Washington): SUPPORTIVE**

Washington recognizes that "the state may not deny or interfere with a pregnant individual's right to choose to have an abortion prior to viability of the fetus"<sup>158</sup> While Washington explicitly authorizes a broad range of health care practitioners to administer abortion care,<sup>159</sup> it also exempts pregnant people and anyone assisting someone who is voluntarily having an abortion from criminal liability.<sup>160</sup> Notably though, legally obtaining medication abortion does require a prescription (see metric five).

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## Oceania

- **New Zealand: NOT SUPPORTIVE**

For the termination of pregnancy under 20 weeks gestation, New Zealand requires abortion services to be provided by a qualified medical practitioner.<sup>161</sup> Recommendations for pre-abortion clinical assessment

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<sup>154</sup> Colorado Revised Statutes, Section 25-6-404 (2023) (establishing a public entity cannot deny, restrict, interfere with, or discriminate against an individual's fundamental right to have an abortion, nor may it prosecute, punish, or use any other means to criminalize an individual's right to an abortion).

<sup>155</sup> N.Y. Pub. Health Law, Section 2599-bb (2019). *See also* N.Y. Comp. Codes R. & Regs., Title 10, Section 756.3 (2013).

<sup>156</sup> *See* N.Y. Criminal Procedure Law, Section 140.12(3)(a) (2023) ("A police officer may not arrest any person for performing or aiding in the performance of an abortion within this state, or in procuring an abortion in this state, if the abortion is performed in accordance with the provisions of article 25(a) of the public health law or any other applicable law of this state").

<sup>157</sup> U.S. Food & Drug Administration, *Drugs@FDA: FDA-Approved Drugs – New Drug Application (NDA): 020687* (last accessed 24 July 2024); U.S. Food & Drug Administration, *Drugs@FDA: FDA-Approved Drugs – NDA: 019268* (last accessed 24 July 2024).

<sup>158</sup> Washington Revised Code, Section 9.02.110 (1992, codified as amended by H.B. 1851, ch. 629 sect. 2 (2022)).

<sup>159</sup> *See* Washington Revised Code, Section 9.02.110 (1992, codified as amended by H.B. 1851, ch. 629 sect. 2 (2022)) ("A physician, physician assistant, advanced registered nurse practitioner, or other health care provider acting within the provider's scope of practice may terminate and a health care provider may assist a physician, physician assistant, advanced registered nurse practitioner, or other health care provider acting within the provider's scope of practice in terminating a pregnancy as permitted by this section.")

<sup>160</sup> Washington Revised Code, Section 9.02.120 (2020).

<sup>161</sup> Abortion Legislation Act (New Zealand), Section 10 (2020).

include confirming pregnancy; confirming gestational age; obtaining medical history; and running various medical tests.<sup>162</sup>

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<sup>162</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline*, p.12 (2021), [https://www.health.govt.nz/system/files/documents/publications/new\\_zealand\\_aotearoa\\_abortion\\_clinical\\_guideline.pdf](https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf).



### Metric 3:

## Registration of Abortion Medications

The WHO recommends the use of mifepristone and misoprostol for medication abortion. If mifepristone is not available, misoprostol alone can be administered to procure a safe and effective abortion.<sup>163</sup> Mifepristone and misoprostol have been included on the WHO List of Essential Medicines since 2005.<sup>164</sup> An enabling environment for medication abortion requires that both mifepristone and misoprostol are registered by the country's pharmaceutical regulatory body and officially approved for abortion purposes.

Where countries' drug registration systems do not specify the purposes for use, we have relied on ministerial guidelines, the country's official essential medicines list, or self-regulatory professional bodies' official guidelines to determine approved usages. Please note that this metric does not take into account whether off-label use (deviating from the registration and official guidelines) of mifepristone and/or misoprostol is common in practice.

#### Indicators:



**SUPPORTIVE:** Misoprostol and mifepristone are both officially registered by the country's pharmaceutical regulatory body and approved for abortion purposes.



**NOT SUPPORTIVE:** Both misoprostol and mifepristone are registered but at least one is not explicitly approved for abortion use.



**RESTRICTIVE:** Only one of the two pills has been registered by the country's pharmaceutical regulatory body or neither pill is registered.

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## Country-by-Country analysis

### Africa

- **Ethiopia:** **SUPPORTIVE**

Both misoprostol and mifepristone are registered for use for abortion by the Ethiopian Food and Drug Authority<sup>165</sup> and are included as part of the abortion protocol recommended by the Ministry of Health's official abortion guidelines.<sup>166</sup>

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<sup>163</sup> World Health Organization [WHO], *Abortion Care Guideline*, p. 68 (2022), <https://www.who.int/publications/i/item/9789240039483>.

<sup>164</sup> WHO, *Safe Abortion: Technical and Policy Guidance for Health Systems*, p. 95 (2012).

<sup>165</sup> Ministry of Health and Ethiopian Food and Drug Authority, *Ethiopian Essential Medicines List, Sixth Edition* (2020), <http://www.fmhaca.gov.et/wp-content/uploads/2020/12/EML-sixth-edition.pdf>.

<sup>166</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, p. 27, (2023), <https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia%2023.pdf>.

- **Kenya: SUPPORTIVE**  
Both misoprostol and mifepristone have been approved and are included in the Kenya Essential Medicines List for abortion use,<sup>167</sup> as well as registered with the Pharmacy and Poisons Board.<sup>168</sup>
- **Mozambique: SUPPORTIVE**  
The recently created National Regulatory Authority on Medication (ANARME, for its name in Portuguese), shows misoprostol and mifepristone are registered.<sup>169</sup> Although ANARME’s website does not specify the permitted purposes for each drug, the Ministerial Decree on Clinical Standards on Safe Abortion recognizes that a combination of mifepristone and misoprostol.
- **Nigeria: SUPPORTIVE**  
Misoprostol and mifepristone are both registered on Nigeria’s National Agency for Food & Drug Administration<sup>170</sup> and both are cited by the Ministry of Health as part of the recommended abortion protocol.<sup>171</sup>
- **Rwanda: RESTRICTIVE**  
Mifepristone is not registered in Rwanda. Misoprostol is registered, though its use is unspecified.<sup>172</sup> However, misoprostol is included as part of the protocol for abortion in the Ministry of Health’s Gynecology and Obstetrics Clinical Protocols and Treatment Guidelines.<sup>173</sup>
- **South Africa: SUPPORTIVE**  
Misoprostol and mifepristone are both registered with South Africa’s pharmaceutical regulatory authority.<sup>174</sup> They are both recommended for use in South Africa’s clinical guidelines on abortion.<sup>175</sup>

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<sup>167</sup> Ministry of Health, *Kenya Essential Medicines List*, p. 73, note 469 (2023) (“Use only for medical termination of pregnancy”); Ministry of Health (Kenya), *National Guideline on Mifepristone and Misoprostol Combination (Combi-pack)*, p. 9 (2023).

<sup>168</sup> Kenya Pharmacy and Poisons Board, *Medicines Retained for the Current Year* (2024),

[https://products.pharmacyboardkenya.org/ppb\\_admin/pages/public\\_view\\_retention\\_products.php](https://products.pharmacyboardkenya.org/ppb_admin/pages/public_view_retention_products.php).

<sup>169</sup> See National Medicine Regulatory Authority of Mozambique [ANARME], *Medicamentos* (2024),

<https://anarme.gov.mz/index.php/medicamentos/>.

<sup>170</sup> National Agency for Food & Drug Administration (Nigeria), *NAFDAC Greenbook* (2024),

<https://Greenbook.nafdac.gov.ng/>.

<sup>171</sup> Federal Ministry of Health (Nigeria), *National Guidelines on Safe Termination of Pregnancy for Legal Indications*, p.16 (2018).

<sup>172</sup> Rwanda Food and Drugs Authority, Department of Drug and Food Assessment and Registration, *Human Medicinal Products Register* (2022), [https://rwandafda.gov.rw/wp-content/uploads/2024/01/eRWANDA%20FDA%20HUMAN%20MEDICINAL%20PRODUCTS%20REGISTER\\_JANUARY%202024.pdf](https://rwandafda.gov.rw/wp-content/uploads/2024/01/eRWANDA%20FDA%20HUMAN%20MEDICINAL%20PRODUCTS%20REGISTER_JANUARY%202024.pdf).

<sup>173</sup> Ministry of Health (Rwanda), *Gynecology and Obstetrics: Clinical Protocols & Treatment Guidelines*, pp. 7-11 (2012),

<https://www.moh.gov.rw/index.php?eID=dumpFile&t=f&f=11850&token=eefa28ca214b8653d21a143820a85c3124244832>.

<sup>174</sup> South African Health Products Regulatory Authority, *Registered Health Products* (2024).

<sup>175</sup> National Department of Health, Republic of South Africa, *National Clinical Guidelines for Implementation of the Choice on Termination of Pregnancy Act, Ed.1* (2019), [https://www.health.gov.za/wp-content/uploads/2023/04/Termination-Pregnancy-Guideline\\_Final\\_2021.pdf](https://www.health.gov.za/wp-content/uploads/2023/04/Termination-Pregnancy-Guideline_Final_2021.pdf).



- **Tanzania: SUPPORTIVE**  
Misoprostol has been approved by, and included in, the Tanzania Medicines and Medical Devices Authority's registry for use for abortion.<sup>176</sup> In early April 2024, the Tanzania Medicines and Medical Devices Registration has registered mifepristone and authorized it for emergency contraception, uterine fibroids, post-abortion care, and the termination of pregnancy in line with local law.<sup>177</sup>
- **Uganda: NOT SUPPORTIVE**  
Both misoprostol and mifepristone have been registered by Uganda's pharmaceutical regulatory authority.<sup>178</sup> However, neither have been explicitly approved for abortion use.<sup>179</sup>

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## Asia

- **India: SUPPORTIVE**  
Both misoprostol and mifepristone are approved by India's pharmaceutical regulatory authority for abortion use.<sup>180</sup>
- **Indonesia: RESTRICTIVE**  
Misoprostol is registered only for the treatment of gastric ulcers and mifepristone is not registered in Indonesia.<sup>181</sup>
- **Nepal: SUPPORTIVE**  
Both misoprostol and mifepristone are registered and officially approved for abortion services in Nepal by the Department of Drug Administration.<sup>182</sup>

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<sup>176</sup> Tanzania Medicines and Medical Devices Authority, *Summary of Product Characteristics*, <https://www.tmda.go.tz/uploads/1678182924-T22H0477SmPCv1.pdf>.

<sup>177</sup> See MSI Reproductive Choices, *Advocacy Win: Mifepristone Registered in Tanzania* (19 April 2024), <https://www.msichoices.org/latest/advocacy-win-mifepristone-registered-in-tanzania/>. **Although the Tanzania Medicines and Medical Devices Regulation Authority has officially registered Mifepristone, the certificate of registration is currently delayed due to some errors that need to be rectified, according to information provided by a local expert.**

<sup>178</sup> National Drug Authority (Uganda), *Drug Register, Human* (2024), <https://www.nda.or.ug/drug-register/#1539148991734-31a96a97-315e>.

<sup>179</sup> The Republic of Uganda Ministry of Health, *Essential Medicines and Health Supplies List For Uganda* (2023), <https://www.health.go.ug/wp-content/uploads/2023/11/Uganda-EMHSLU-2023-Publication-Final-Interactive-Version.pdf>.

<sup>180</sup> Central Drugs Standard Control Organisation (India), *Drugs@CDSCO*, <https://cdscoonline.gov.in/CDSCO/Drugs>.

<sup>181</sup> Ann M. Moore et al., *Online Abortion Drug Sales in Indonesia: A Quality of Care Assessment*, 51 *STUDIES IN FAMILY PLANNING* 4, at 295-296 (2020), [https://www.researchgate.net/publication/346283681\\_Online\\_Abortion\\_Drug\\_Sales\\_in\\_Indonesia\\_A\\_Quality\\_of\\_Care\\_Assessment](https://www.researchgate.net/publication/346283681_Online_Abortion_Drug_Sales_in_Indonesia_A_Quality_of_Care_Assessment).

<sup>182</sup> Government of Nepal, Ministry of Health and Population, Department of Drug Administration, *National List of Essential Medicines Nepal, Sixth Revision*, p. 37 (2021), <https://www.dda.gov.np/content/essential-drug-list>; Government of Nepal, Ministry of Health and Population, Department of Drug Administration, *Nepalese National Formulary 3<sup>rd</sup> Edition*, p. 316 (2018), <https://www.dda.gov.np/content/nepalese-national-formulary-nnf>.

- **Pakistan: RESTRICTIVE**  
Mifepristone is not registered in Pakistan. While Misoprostol is registered, it is not officially approved for abortion purposes,<sup>183</sup> despite being recommended for such use in the Abortion Guidelines by the Pakistan Government.<sup>184</sup>
- **Philippines: RESTRICTIVE**  
Neither mifepristone nor misoprostol are registered in the Philippines.<sup>185</sup>
- **Sri Lanka: RESTRICTIVE**  
Misoprostol appears in the registry of Sri Lanka's National Medicines Regulatory Authority,<sup>186</sup> but it has not been approved for abortion use.<sup>187</sup> Mifepristone is not registered.<sup>188</sup>
- **Thailand: SUPPORTIVE**  
Both mifepristone and misoprostol are registered for abortion use with the Food and Drug Administration, Thailand,<sup>189</sup> and are included in the National Essential List of Medicine (NLEM) in Thailand since 2016.<sup>190</sup>

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## Europe

- **Belgium: SUPPORTIVE**  
Mifepristone and misoprostol are both registered by the Belgium's pharmaceutical regulatory body and approved for abortion purposes.<sup>191</sup>

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<sup>183</sup> Drug Regulatory Authority of Pakistan, *Registered Drugs Index*, <https://eapp.dra.gov.pk/WebProductIndex.php>; see, e.g. Genix Pharma, *Mite 200mcg (Misoprostol) Tablets*, [https://www.genixpharma.com/img/20231124-072347-Mite%20-e-Leaflet\\_Mite.pdf](https://www.genixpharma.com/img/20231124-072347-Mite%20-e-Leaflet_Mite.pdf); AtcoLab, *Prosotec*, <https://www.atcolab.com/product/prosotec/>.

<sup>184</sup> Government of Pakistan, Ministry of National Health Services, *Regulations and Coordination, National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation/Post-abortion Care*, pp. 11-12, standards 41-45 (2018), [https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs\\_Final-copy-March-30-2018.pdf](https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs_Final-copy-March-30-2018.pdf).

<sup>185</sup> Department of Health (Philippines), *Philippine National Formulary* (2019), [https://www.philhealth.gov.ph/partners/providers/pdf/PNF-EML\\_11022022.pdf](https://www.philhealth.gov.ph/partners/providers/pdf/PNF-EML_11022022.pdf).

<sup>186</sup> National Medicines Regulatory Authority (Sri Lanka), *Registered Medicines* (2024).

<sup>187</sup> Family Health Bureau, Ministry of Health, Nutrition and Indigenous Medicine (Sri Lanka), *Reminder of Guidelines for Use of Misoprostol in Gynecology and Obstetrics* (2016), <https://abortion-policies.srhr.org/documents/countries/06-Sri-Lanka-Reminder-of-Guidelines-for-use-of-Misoprostol-in-Gynaecology-and-Obstetrics-2016.pdf>.

<sup>188</sup> National Medicines Regulatory Authority (Sri Lanka), *Registered Medicines* (2024).

<sup>189</sup> Thailand Ministry of Health, Food and Drug Administration, *Product Inspection: MISOMIFE-FEM Combo* (2023), [https://pertento.fda.moph.go.th/FDA\\_SEARCH\\_DRUG/SEARCH\\_DRUG/pop-up\\_drug.aspx?Newcode\\_U=U1DR2C1052661502211C](https://pertento.fda.moph.go.th/FDA_SEARCH_DRUG/SEARCH_DRUG/pop-up_drug.aspx?Newcode_U=U1DR2C1052661502211C).

<sup>190</sup> See Ministry of Public Health (Thailand), *National Essential List of Medicine* (2022), [https://ndi.fda.moph.go.th/uploads/file\\_news/20220808893215585.PDF](https://ndi.fda.moph.go.th/uploads/file_news/20220808893215585.PDF).

<sup>191</sup> Federal Agency for Medicines and Health Products (Belgium), *Mifegyne 200mg tabl.* (2019), <https://medicinesdatabase.be/human-use/medicines/62bc30f18ab5583c18abe17c?search=%7B%22term%22:%22mifepristone%22%7D>; Federal Agency for Medicines and Health Products (Belgium), *Topogyne 400 µg tabl.* (2019), <https://medicinesdatabase.be/human-use/medicines/62bc26cb8ab5583c1896f917?search=%7B%22term%22:%22misoprostol%22%7D>.

- **France: SUPPORTIVE**  
Both misoprostol and mifepristone are registered by France’s pharmaceutical regulatory body and approved for abortion purposes.<sup>192</sup>
- **Germany: SUPPORTIVE**  
Mifepristone and misoprostol are both officially registered by Germany’s pharmaceutical regulatory body and approved for abortion purposes.<sup>193</sup>
- **Great Britain (England and Wales, Scotland): SUPPORTIVE**  
Mifepristone and misoprostol are both officially registered<sup>194</sup> and approved for abortion purposes.<sup>195</sup>
- **Ireland: SUPPORTIVE**  
Misoprostol and mifepristone are both on the Irish national drug registry and approved for abortion use.<sup>196</sup>

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<sup>192</sup> Agence Nationale de Sécurité du Médicament et des Produits de la Santé (France), *Répertoire des Spécialités Pharmaceutique: Mifegyne* (2012), <http://agence-prd.ansm.sante.fr/php/ecodex/frames.php?specid=66422290&typedoc=N&ref=N0215296.htm>; Agence Nationale de Sécurité du Médicament et des Produits de la Santé (France), *Répertoire des Spécialités Pharmaceutiques: MisoOne* (2022), <http://agence-prd.ansm.sante.fr/php/ecodex/frames.php?specid=61240145&typedoc=R&ref=R0385589.htm>.

<sup>193</sup> German Federal Institute for Drugs and Medical Devices (BfArM), *Mifegyne 200mg Tabletten*, Annex III (2008), p. 10, [https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne\\_anhaenge.pdf?\\_\\_blob=publicationFile](https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne_anhaenge.pdf?__blob=publicationFile); BfARM, *MisoOne 400 Mikrogramm Tabletten* (2022), [https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/EducationMaterial/Anlagen/m-r/misoprostol-misoone-aerzte.pdf?\\_\\_blob=publicationFile](https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/EducationMaterial/Anlagen/m-r/misoprostol-misoone-aerzte.pdf?__blob=publicationFile).

<sup>194</sup> The Prescription Only Medicines (Human Use) Order (Great Britain), Statute No. 1830 (1997), <https://www.legislation.gov.uk/uksi/1997/1830/schedule/1/made>.

<sup>195</sup> Medicines and Healthcare Products Regulatory Agency (Great Britain), *Mifepristone Linepharma Leaflet* (2023), <https://mhraproducts4853.blob.core.windows.net/docs/92b94907619469a7fc3de99903640806ffa2f88a>; Medicines and Healthcare Products Regulatory Agency (Great Britain), *Topogyne Misoprostol Leaflet* (2020), <https://mhraproducts4853.blob.core.windows.net/docs/83744399612c494a2781855b5d20490ee6d97ccf>. There are several active licenses of medications containing mifepristone and misoprostol that are approved for abortion purposes, see Medicines and Healthcare Products Regulatory Agency (Great Britain), *Products (Database)*, <https://products.mhra.gov.uk/>.

<sup>196</sup> See Health Products Regulatory Authority (Ireland), *Mifegyne 200 mg tablets* (2018), <https://www.hpra.ie/homepage/medicines/medicines-information/find-a-medicine/results/item?pano=PA22946/001/001&t=Mifegyne%20200%20mg%20tablets>; Health Products Regulatory Authority (Ireland), *Mifegyne 600 mg tablets* (2018), <https://www.hpra.ie/homepage/medicines/medicines-information/find-a-medicine/results/item?pano=PA22946/001/002&t=Mifegyne%20600%20mg%20tablets>; Health Products Regulatory Authority (Ireland), *Cytotec 200 microgram tablets* (2024), <https://www.hpra.ie/homepage/medicines/medicines-information/find-a-medicine/results/item?pano=PA0822/118/001&t=Cytotec%20200%20microgram%20Tablets>.

- **Italy:** **SUPPORTIVE**  
Both misoprostol and mifepristone are registered by Italy's pharmaceutical regulatory body<sup>197</sup> and approved for abortion purposes.<sup>198</sup>
- **The Netherlands:** **SUPPORTIVE**  
Mifepristone<sup>199</sup> and misoprostol<sup>200</sup> are both officially registered and approved for abortion purposes.
- **Norway:** **SUPPORTIVE**  
Both misoprostol and mifepristone are listed in the Norwegian National Drug Register and have been approved for abortion use by the Norwegian Medicines Agency.<sup>201</sup>
- **Sweden:** **SUPPORTIVE**  
Both misoprostol and mifepristone are registered with the Swedish Medical Products Agency and approved for abortion use.<sup>202</sup>

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<sup>197</sup> Agenzia Italiana del Farmaco (Italy), *La Banca Dati Farmaci, Misoprostolo* (last accessed 25 July 2024), <https://medicinali.aifa.gov.it/#/it/risultati?query=misoprostolo&spellingCorrection=true>; Agenzia Italiana del Farmaco (Italy), *La Banca Dati Farmaci, Mifegyne* (last accessed 25 July 2024), <https://medicinali.aifa.gov.it/#/it/risultati?query=mifegyne&spellingCorrection=true>.

<sup>198</sup> Agenzia Italiana del Farmaco (Italy), *La Banca Dati Farmaci, Misoone 400 mcg Compressa* (last accessed 25 July 2024), <https://medicinali.aifa.gov.it/#/it/dettaglio/0000047849>; Agenzia Italiana del Farmaco (Italy), *La Banca Dati Farmaci, Mifegyne 600 mg Compressa* (last accessed 25 July 2024), <https://medicinali.aifa.gov.it/#/it/dettaglio/0000041663>.

<sup>199</sup> College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, Mifegyne 200 mg, tabletten* (2024), [https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0\\_DOMAIN,P0\\_LANG,P3\\_RVG1:H,EN,128040](https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0_DOMAIN,P0_LANG,P3_RVG1:H,EN,128040). The combination package of mifepristone and misoprostol is also registered and approved for abortion use, *see* College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, Sunmedabon, Combinatieverpakking mifepriston 200 mg tablet en misoprostol 4 x 0,2 mg vaginale tabletten* (2022), [https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0\\_DOMAIN,P0\\_LANG,P3\\_RVG1:H,EN,106099](https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0_DOMAIN,P0_LANG,P3_RVG1:H,EN,106099).

<sup>200</sup> College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, MisoOne 400 microgram, tablet* (2024), [https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0\\_DOMAIN,P0\\_LANG,P3\\_RVG1:H,EN,110664](https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0_DOMAIN,P0_LANG,P3_RVG1:H,EN,110664); College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, Misoprostol Exelgyn 200 micrograms, tablets* (2024), [https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0\\_DOMAIN,P0\\_LANG,P3\\_RVG1:H,EN,113032](https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH::P0_DOMAIN,P0_LANG,P3_RVG1:H,EN,113032).

<sup>201</sup> The Norwegian Pharmaceutical Product Compendium, *Topogyne (Misoprostol)* (2024), <https://www.felleskatalogen.no/medisin/pasienter/pil-topogyne-exelgyn-721836>; The Norwegian Pharmaceutical Product Compendium, *Mifegyne (Mifepristone)* (2021), <https://www.felleskatalogen.no/medisin/pasienter/pil-mifegyne-exelgyn-561524>.

<sup>202</sup> Swedish Medical Products Agency, *Mifegyne 200 mg tablet* (last accessed 25 July 2024), <https://www.lakemedelsverket.se/sv/sok-lakemedelsfakta/lakemedel/19920904000068/mifegyne-200-mg-tablett>; Swedish Medical Products Agency, *Topogyne 400 mikrogram tablet* (last accessed 25 July 2024), <https://www.lakemedelsverket.se/sv/sok-lakemedelsfakta/lakemedel/20110923000019/topogyne-400-mikrogram-tablett>.

## LATIN AMERICA & THE CARIBBEAN

- **Argentina: NOT SUPPORTIVE**

Misoprostol and mifepristone are both listed in the national drug registry, although misoprostol is not specifically approved for medication abortion by the pharmaceutical regulatory body.<sup>203</sup> Despite this, the Ministry of Health's abortion protocol recommends the use of misoprostol and mifepristone for abortion purposes.<sup>204</sup>

- **Brazil: RESTRICTIVE**

In Brazil, misoprostol is registered and approved for abortion use, but mifepristone is not registered.<sup>205</sup>

- **Chile: SUPPORTIVE**

Both misoprostol<sup>206</sup> and mifepristone<sup>207</sup> are registered with the Ministry of Health for the use of abortion.

- **Colombia: SUPPORTIVE**

Mifepristone<sup>208</sup> and misoprostol<sup>209</sup> are both officially registered and approved for abortion purposes.

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<sup>203</sup> Ministry of Health, National Administration of Drugs, Food and Medical Devices (Argentina), *About the Authorization of Products with Active Pharmaceutical Ingredient Misoprostol* (2018), <https://www.argentina.gob.ar/noticias/sobre-la-autorizacion-de-los-productos-con-ingrediente-farmaceutico-activo-misoprostol>; Ministry of Health, National Administration of Drugs, Food and Medical Devices (Argentina), Disposición No. DI-2023-1470-APN-ANMAT#MS (2023). See also Ministry of Health, ANMAT, Disposición 1470/2023, (Feb 23, 2023), [https://boletin.anmat.gob.ar/febrero\\_2023/Dispo\\_1470-23.pdf](https://boletin.anmat.gob.ar/febrero_2023/Dispo_1470-23.pdf).

<sup>204</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)* (2022), pp. 64-67, [https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo\\_IVE\\_ILE%202022\\_1242023.pdf](https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo_IVE_ILE%202022_1242023.pdf); Ministry of Health (Argentina), *Comunicación No 12 – Mifepristona y Misoprostol: Tratamiento Combinado Para el Aborto (IVE-ILE)* (Oct 2023), <https://bancos.salud.gob.ar/recurso/comunicacion-no-12-mifepristona-y-misoprostol-tratamiento-combinado-para-interrupcion-del>.

<sup>205</sup> Ministry of Health (Brazil), RDC No. 607 (2022), [https://www.gov.br/anvisa/pt-br/assuntos/medicamentos/controlados/copy2\\_of\\_RESOLUORDCN607DE23DEFEVEREIRODE2022RESOLUORDCN607DE23DEFEVEREIRODE2022DOUImprensaNacional.pdf/view](https://www.gov.br/anvisa/pt-br/assuntos/medicamentos/controlados/copy2_of_RESOLUORDCN607DE23DEFEVEREIRODE2022RESOLUORDCN607DE23DEFEVEREIRODE2022DOUImprensaNacional.pdf/view); Ministry of Health (Brazil), Ordinance MS/SVS No. 344 (1998), [https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344\\_12\\_05\\_1998\\_rep.html](https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344_12_05_1998_rep.html); Ministry of Health (Brazil), Resolution-RDC No. 13 (2010), [https://bvsmms.saude.gov.br/bvs/saudelegis/anvisa/2010/rdc0013\\_26\\_03\\_2010.html](https://bvsmms.saude.gov.br/bvs/saudelegis/anvisa/2010/rdc0013_26_03_2010.html). See also Ministry of Health (Brazil), *Technical Guidelines on Abortion*, p. 34 (2011), [https://bvsmms.saude.gov.br/bvs/publicacoes/atencao\\_humanizada\\_abortamento\\_norma\\_tecnica\\_2ed.pdf](https://bvsmms.saude.gov.br/bvs/publicacoes/atencao_humanizada_abortamento_norma_tecnica_2ed.pdf).

<sup>206</sup> Ministry of Health (Chile), *Sistema de Consulta de Productos Registrados: Misoprostol* (last visited 25 July 2024), <https://registrosanitario.ispch.gob.cl/Ficha.aspx?RegistroISP=F-25074/19> (showing Misoapropa is used for the interruption of pregnancy (abortion)).

<sup>207</sup> Ministry of Health (Chile), *Sistema de Consulta de Productos Registrados: Mifepristona* (last visited 25 July 2024), <https://registrosanitario.ispch.gob.cl/Ficha.aspx?RegistroISP=F-25785/20> (showing mifepristone, combined with misoprostol, is used for abortion).

<sup>208</sup> National Institute of Drug and Food Surveillance (INVIMA) (Colombia), *Registration No. 20141902, Mifepristona*; INVIMA (Colombia), *Registration No. 20104433, Mifepristona*.

<sup>209</sup> INVIMA, *Registration No. 20012578, Misoprostol (Cytal 50 MCG)*; INVIMA, *Registration No. 20010043, Misoprostol (Cytal v 200 MCG)*.



- **Costa Rica:** **RESTRICTIVE**  
Although the Therapeutic Abortion Protocol outlines misoprostol as the suggested method for abortion in the first 12 weeks of pregnancy,<sup>210</sup> neither misoprostol nor mifepristone have been registered or approved by Costa Rica's pharmaceutical regulatory body.<sup>211</sup>
- **Ecuador:** **SUPPORTIVE**  
Misoprostol and mifepristone are both approved for abortion-related use in Ecuador.<sup>212</sup>
- **Mexico City:**<sup>213</sup> **NOT SUPPORTIVE**  
*\*Note: As pharmaceuticals are regulated by the federal (not state) government in Mexico, the response to this metric reflects Mexican federal law.*  
While both mifepristone<sup>214</sup> and misoprostol<sup>215</sup> are officially registered and listed in the Mexican Essential Medicine List,<sup>216</sup> misoprostol is not officially approved for abortion purposes.<sup>217</sup> Nonetheless, the abortion guidelines released by the Mexican Health Ministry recommend the use of misoprostol for abortion purposes, either in conjunction with mifepristone or as a standalone medication.<sup>218</sup>
- **Peru:** **RESTRICTIVE**  
Only misoprostol has been approved by the national drug registry for abortion use.<sup>219</sup> Mifepristone has not been approved by or registered with the national drug registry.

<sup>210</sup> Ministry of Health (Costa Rica), Therapeutic Abortion Protocol No. GM.DDS-AAIP-210520, p. 18 (2020) (listing misoprostol is the preferred method for abortions in the first 12 weeks of pregnancy, subject to approval by the Ministry of Health and implementation to the Official Drug List).

<sup>211</sup> See generally Costa Rican Social Security Administration, *Official List of Medicines and Regulations 2024*, <https://www.ccss.sa.cr/flip/lom/pdf/lom-07-02-2024.pdf>.

<sup>212</sup> Ministry of Public Health (Ecuador), *National Table of Basic Medicines*, pp. 10-11 (2023), <https://www.conasa.gob.ec/biblioteca-conasa/CNMB-XI/Libro-Cuadro-Medicamentos-Basicos-11a-revision-2022.pdf>. According to information from a local expert, the registration for mifepristone is currently being processed.

<sup>213</sup> **While we focus on Mexico City in this publication for the reasons outlined above (see note 38), drug registrations as well as guidelines published by the Mexican Health Ministry are at the federal level.**

<sup>214</sup> Gobierno de México, Consulta de Registros Sanitarios, *Mifepriston, Registration Number 040M2022 SSA* (last accessed 25 July 2024), <http://tramiteselectronicos02.cofepris.gob.mx/BuscadorPublicoRegistrosSanitarios/BusquedaRegistroSanitario.aspx>. Mifepristone is listed as an “antiprogestin”, which are medications administered to terminate intrauterine pregnancy in its early phase.

<sup>215</sup> Gobierno de México, Consulta de Registros Sanitarios, *Misoprostol, Registration No. 067M2022 SSA* (last accessed 25 July 2024); Gobierno de México, Consulta de Registros Sanitarios, *Misoprostol, Registration No. 108M2022 SSA* (last accessed 25 July 2024).

<sup>216</sup> Secretaría de Salud, Comisión Federal para la Protección Contra Riesgos Sanitarios (Mexico), *Listado Actualizado De Medicamentos De Referencia*, 58 (2023), [https://www.gob.mx/cms/uploads/attachment/file/917171/LMR\\_2024-01\\_actualizaci\\_n\\_16\\_mayo\\_2024.pdf](https://www.gob.mx/cms/uploads/attachment/file/917171/LMR_2024-01_actualizaci_n_16_mayo_2024.pdf).

<sup>217</sup> See Gobierno de México, Consulta de Registros Sanitarios, *Misoprostol, Registration No. 067M2022 SSA* last accessed 25 July 2024); Gobierno de México, Consulta de Registros Sanitarios, *Misoprostol, Registration No. 108M2022 SSA* (last accessed 25 July 2024).

<sup>218</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, p. 58 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactivo\\_22NOV\\_22-Lineamiento\\_tecnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactivo_22NOV_22-Lineamiento_tecnico_aborto.pdf).

<sup>219</sup> Ministry of Health (Peru), National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at

- **Uruguay: SUPPORTIVE**  
Both misoprostol and mifepristone are officially registered by Uruguay’s pharmaceutical regulatory body and approved for abortion use.<sup>220</sup>

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## Northern America

- **Canada: SUPPORTIVE**  
Mifepristone and misoprostol are officially registered as a combined medication for inducing abortion.<sup>221</sup>
- **United States – California, Colorado, New York and Washington: NOT SUPPORTIVE**  
*\*Note: As pharmaceuticals are primarily regulated by the federal (not state) government in the U.S., the response to this metric reflects U.S. federal law.*  
Both misoprostol and mifepristone are registered with the U.S. Food and Drug Authority (FDA). The FDA has approved mifepristone for the purpose of abortion<sup>222</sup> and misoprostol for preventing and treating NSAID-induced gastric ulcers.<sup>223</sup> Notably though, the FDA’s medication guide for mifepristone includes misoprostol as part of a medical abortion regimen.<sup>224</sup>

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22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code, Section 6.7 (2016), <https://www.gob.pe/institucion/minsa/informes-publicaciones/285890-guia-tecnica-nacional-para-la-estandarizacion-del-procedimiento-de-la-atencion-integral-de-la-gestante-de-acuerdo-al-articulo-119-del-codigo-penal>. See also DIGEMID (Peru), *Search of the Health Registry of Pharmaceutical Products*, “Misoprostol”, <https://www.digemid.minsa.gob.pe/rsProductosFarmaceuticos/> (last accessed 25 July 2024; showing two valid registrations for misoprostol, available only with a medical prescription).

<sup>220</sup> See Ministry of Public Health (Uruguay), Ordinance N. 73/2013 Actualization of the Therapeutic Medication Form (2013), <https://www.gub.uy/ministerio-salud-publica/institucional/normativa/ordenanza-73013-actualizacion-del-ftm-2013> (updating the list of gynecological drugs to include both misoprostol and mifepristone for abortion use with a prescription).

<sup>221</sup> Government of Canada, Linepharma International Limited, *Product Monograph: Mifegymiso*, p. 4 (2015), [https://pdf.hres.ca/dpd\\_pm/00070528.PDF](https://pdf.hres.ca/dpd_pm/00070528.PDF).

<sup>222</sup> U.S. Food & Drug Administration, *Drugs@FDA: FDA-Approved Drugs – New Drug Application (NDA): 020687* (last accessed 24 July 2024).

<sup>223</sup> U.S. Food & Drug Administration, *Drugs@FDA: FDA-Approved Drugs – NDA: 019268* (last accessed 24 July 2024).

<sup>224</sup> See Danco Laboratories, LLC, *Medication Guide: Mifeprex* (last accessed 25 July 2024), [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2011/020687s014lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020687s014lbl.pdf). **Additionally, the FDA Q&A regarding use of mifepristone for abortion advises that mifepristone can be used with misoprostol for abortion purposes.** See U.S. Food & Drug Administration, *Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation* (current as of Sept. 1, 2023), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation> (last accessed 25 July 2024).

## Oceania

- **New Zealand: NOT SUPPORTIVE**

Both misoprostol and mifepristone are included in New Zealand's Schedule of Prescription, Restricted and Pharmacy Only Medicines.<sup>225</sup> While mifepristone has been approved for use in abortion care,<sup>226</sup> misoprostol has only been approved for use in treating gastrointestinal issues.<sup>227</sup> However, New Zealand's abortion guidelines include off-label use of misoprostol as part of the recommended medication abortion regimen.<sup>228</sup>

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<sup>225</sup> Parliamentary Counsel Office (New Zealand), *Medicines Regulations 1984: Schedule 1, Prescription, restricted, and pharmacy-only medicines*, pp. 1368, 1358 (1984), [https://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96863.html?search=sw\\_096be8ed81e6cea4\\_misoprostol\\_25\\_se&p=1&sr=0](https://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96863.html?search=sw_096be8ed81e6cea4_misoprostol_25_se&p=1&sr=0).

<sup>226</sup> New Zealand Medicines and Medical Devices Safety Authority, *Medsafe Product Detail: Mifegyne* (2019), <https://www.medsafe.govt.nz/regulatory/ProductDetail.asp?ID=9791>.

<sup>227</sup> **Misoprostol has been approved for gastrointestinal use only.** See New Zealand Medicines and Medical Devices Safety Authority, *Medsafe Product Detail: Cytotec* (2019), <https://www.medsafe.govt.nz/regulatory/ProductDetail.asp?ID=4446>.

<sup>228</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline*, p.18 (2021), [https://www.health.govt.nz/system/files/documents/publications/new\\_zealand\\_aotearoa\\_abortion\\_clinical\\_guideline.pdf](https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf).



## Metric 4:

# Availability without a Prescription

An enabling environment permits medication abortion pills to be available over the counter, without a prescription. The combination regimen of mifepristone and misoprostol has in fact been found to be safer than many non-prescription drugs.<sup>229</sup> Availability of medication abortion pills without a prescription empowers individuals to exercise their rights to autonomy, while also increasing privacy by giving people the means to effectively terminate a pregnancy without interference.

### Indicators:



**SUPPORTIVE:** Both mifepristone and misoprostol are registered and do not require a prescription.



**NOT SUPPORTIVE:** One pill does not require a prescription and the other either requires a prescription or is not registered/legally available.



**RESTRICTIVE:** Both pills require a prescription OR one pill requires a prescription, and the other is not registered/legally available.



**NOT APPLICABLE (N/A):** Neither mifepristone nor misoprostol are registered/legally available.

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## Country-by-Country analysis

### Africa

- **Ethiopia:** **RESTRICTIVE**

Misoprostol and mifepristone can only be obtained from qualified providers,<sup>230</sup> which implies a prescription requirement.

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<sup>229</sup> Annette Choi & Way Mullery, *How Safe is the Abortion Pill Compared with Other Common Drugs?*, CNN (13 Jun. 2024), <https://www.cnn.com/health/abortion-pill-safety-dg>. See also Ferid Abubeker et al., *Medical Termination for Pregnancy in Early First Trimester (≤ 63 Days) Using Combination of Mifepristone and Misoprostol or Misoprostol Alone: A Systematic Review*, 20 BMC WOMEN'S HEALTH 142 (2020). <https://doi.org/10.1186/s12905-020-01003-8>.

<sup>230</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, pp. 27 f., 37 (2023), [https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia\\_2023.pdf](https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia_2023.pdf)

- **Kenya: RESTRICTIVE**  
Under the Essential Medicines List, the mifepristone and misoprostol combination used for medication abortions is categorized as available at a level 2 facility<sup>231</sup>, indicating that it can be obtained at a dispensary/clinic run by a nurse or clinical officer.<sup>232</sup>
- **Mozambique: RESTRICTIVE**  
Misoprostol must be prescribed by a healthcare professional.<sup>233</sup> The Ministerial Decree indicates that when mifepristone is used for medication abortion, it must be taken at a healthcare unit or hospital.<sup>234</sup>
- **Nigeria: RESTRICTIVE**  
Both misoprostol and mifepristone require a prescription.<sup>235</sup>
- **Rwanda: RESTRICTIVE**  
Misoprostol must be administered by a registered medical practitioner or a hospital,<sup>236</sup> thus a prescription is required.
- **South Africa: RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>237</sup>
- **Tanzania: RESTRICTIVE**  
Medication abortion can only be prescribed and administered by a registered healthcare provider in accordance with national laws and regulations.<sup>238</sup>
- **Uganda: RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>239</sup>

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<sup>231</sup> Ministry of Health, *Kenya Essential Medicines List*, p. 73 (2023), [http://guidelines.health.go.ke:8000/media/Kenya\\_Essential\\_Medicines\\_List\\_2023\\_qbkhTIV.pdf](http://guidelines.health.go.ke:8000/media/Kenya_Essential_Medicines_List_2023_qbkhTIV.pdf).

<sup>232</sup> Republic of Kenya, *Kenya Gazette Supplement: The Health Act*, Section 25, p. 477 (2017), <https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf>.

<sup>233</sup> Ministry of Health (Mozambique), *National List of Essential Medicines*, pp. 55, 78 (2017) (**the List establishes five levels of necessary prescription, with “0” being prescribed for a variety of functions, and “4” being prescribed by a medical specialist. In the basic medicines, misoprostol is listed as “0”, while it is listed as level 4 in hormones and other endocrine and contraceptive medicines, indicating a prescription is needed**).

<sup>234</sup> Ministerial Decree No. 60/2017 (Mozambique), p. 1122 (2017).

<sup>235</sup> National Agency for Food & Drug Administration (Nigeria), NAFDAC Greenbook (2024), <https://Greenbook.nafdac.gov.ng/>.

<sup>236</sup> Rwanda Food and Drugs Authority, *Ovoid Misoprostol Tablets 200 mcg* (2024), <https://rwandafda.gov.rw/wp-content/uploads/2024/02/Ovoid%20-%20Misoprostol%20200mcg%20Tablets%20-%20PIL.pdf>. Rwanda Food and Drugs Authority, Department of Drug and Food Assessment and Registration, Human Medicinal Products Register (2022), [https://rwandafda.gov.rw/wp-content/uploads/2024/01/eRWANDA%20FDA%20HUMAN%20MEDICINAL%20PRODUCTS%20REGISTER\\_JANUARY%202024.pdf](https://rwandafda.gov.rw/wp-content/uploads/2024/01/eRWANDA%20FDA%20HUMAN%20MEDICINAL%20PRODUCTS%20REGISTER_JANUARY%202024.pdf).

<sup>237</sup> Department of Health (South Africa), *Medicines and Related Substances Act, 1965 (Act 101 of 1965): Consolidated Schedules 24 March 2023*, p.130 (2023), [https://www.sahpra.org.za/wp-content/uploads/2023/04/Consolidated-Schedules\\_24-March-2023.pdf](https://www.sahpra.org.za/wp-content/uploads/2023/04/Consolidated-Schedules_24-March-2023.pdf).

<sup>238</sup> Tanzania Medicines and Medical Devices Authority, *Summary of Product Characteristics (Misoprostol)* (last accessed 25 July 2024), <https://www.tmda.go.tz/uploads/1678182924-T22H0477SmPCv1.pdf>.

<sup>239</sup> The Republic of Uganda Ministry of Health, *Essential Medicines and Health Supplies List For Uganda*, pp. 23, 43, 46 (2023), <https://www.health.go.ug/wp-content/uploads/2023/11/Uganda-EMHSLU-2023-Publication-Final->

## Asia

- **India:** **RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>240</sup>
- **Indonesia:** **RESTRICTIVE**  
Misoprostol requires a prescription and mifepristone is not registered in Indonesia.<sup>241</sup>
- **Nepal:** **RESTRICTIVE**  
Mifepristone and misoprostol can only be obtained through authorized service providers and authorized health facilities,<sup>242</sup> which implies a prescription requirement.
- **Pakistan:** **RESTRICTIVE**  
Misoprostol requires a prescription and mifepristone is not registered in Pakistan.<sup>243</sup>
- **Philippines:** **N/A**  
Neither mifepristone nor misoprostol are registered in the Philippines.<sup>244</sup>
- **Sri Lanka:** **RESTRICTIVE**  
Misoprostol can only be prescribed and administered by Gynecology and Obstetrics specialists within hospital settings.<sup>245</sup>

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[Interactive-Version.pdf](#) (restricting mifepristone and the combination pack of mifepristone and misoprostol to HC4 health centers, while misoprostol alone is also available at HC2 health centers, i.e. with an enrolled comprehensive nurse).

<sup>240</sup> Ministry of Health and Family Welfare (India), *The Drugs and Cosmetics Rules*, Schedule H (1945, as amended in 2016), [https://cdsco.gov.in/opencms/export/sites/CDSCO\\_WEB/Pdf-documents/acts\\_rules/2016DrugsandCosmeticsAct1940Rules1945.pdf](https://cdsco.gov.in/opencms/export/sites/CDSCO_WEB/Pdf-documents/acts_rules/2016DrugsandCosmeticsAct1940Rules1945.pdf).

<sup>241</sup> Ann M. Moore et al., *Online Abortion Drug Sales in Indonesia: A Quality of Care Assessment*, 51 *STUDIES IN FAMILY PLANNING* 4, at 295-296 (2020), [https://www.researchgate.net/publication/346283681\\_Online\\_Abortion\\_Drug\\_Sales\\_in\\_Indonesia\\_A\\_Quality\\_of\\_Care\\_Assessment](https://www.researchgate.net/publication/346283681_Online_Abortion_Drug_Sales_in_Indonesia_A_Quality_of_Care_Assessment).

<sup>242</sup> Safe Motherhood and Reproductive Health Rights Act (Nepal), Art. 18 (2018), <https://lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Right-to-Safe-Motherhood-and-Reproductive-Health-Act-2075-2018.pdf>; Government of Nepal, Ministry of Health and Population, *Safe Abortion Service Program Management Guideline*, Section 5, Annex 1 (2021), [https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P\\_v4A?e=yT2XkX](https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P_v4A?e=yT2XkX).

<sup>243</sup> Government of Pakistan, Ministry of National Health Services, Regulations and Coordination, *National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-Abortion Care*, p. 5, Standard 42 (Mar. 2018), [https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs\\_Final-copy-March-30-2018.pdf](https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs_Final-copy-March-30-2018.pdf); see also DVAGO, *Mite Tablets 200Mcg* (last accessed 25 July 2024), <https://www.dvago.pk/p/mite-200mcg-tablets>; DVAGO, *Prosotec Tablets 200Mcg* (last accessed 25 July 2024), <https://www.dvago.pk/p/prosotec-tablets-200-mcg-10s>.

<sup>244</sup> Department of Health (Philippines), *Philippine National Formulary* (2019), [https://www.philhealth.gov.ph/partners/providers/pdf/PNF-EML\\_11022022.pdf](https://www.philhealth.gov.ph/partners/providers/pdf/PNF-EML_11022022.pdf).

<sup>245</sup> Family Health Bureau, Ministry of Health, Nutrition and Indigenous Medicine (Sri Lanka), *Reminder of Guidelines for Use of Misoprostol in Gynecology and Obstetrics* (2016), <https://abortion-policies.srhr.org/documents/countries/06-Sri-Lanka-Reminder-of-Guidelines-for-use-of-Misoprostol-in-Gynaecology-and-Obstetrics-2016.pdf>.

- **Thailand:** **RESTRICTIVE**  
A prescription is required for both mifepristone and misoprostol.<sup>246</sup>

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## **Europe**

- **Belgium:** **RESTRICTIVE**  
Mifepristone and misoprostol both require a prescription.<sup>247</sup>
- **France:** **RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>248</sup>
- **Germany:** **RESTRICTIVE**  
A prescription is needed for both mifepristone and misoprostol.<sup>249</sup> Further, there is a specific legal provision stipulating that medication for abortion purposes may not be dispensed at regular pharmacies but only physicians' surgeries or clinics that are authorized to perform abortions.<sup>250</sup>
- **Great Britain (England and Wales, Scotland):** **RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>251</sup>

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<sup>246</sup> Ministry of Public Health (Thailand), *Details of Medicinal Product: Misomife-fem combo* (last accessed 25 July 2024), [https://pertento.fda.moph.go.th/FDA\\_SEARCH\\_DRUG/SEARCH\\_DRUG/pop-up\\_drug.aspx?Newcode\\_U=U1DR2C1052661502211C](https://pertento.fda.moph.go.th/FDA_SEARCH_DRUG/SEARCH_DRUG/pop-up_drug.aspx?Newcode_U=U1DR2C1052661502211C); Royal Gazette (Thailand), *Amendments to the Penal Code Sections 305 and 302* (2021), <https://abortion-policies.srhr.org/documents/countries/11-Thailand-Penal-Code-Amendment-2021.pdf#page=2%20%0A> (stating that abortion must be an act of medical practitioners).

<sup>247</sup> Federal Public Service Justice (Belgium), *Royal Decree Determining the Conditions for the Delivery of the Pharmaceutical Specialty Mifegyne* (7 May 2000), [https://www.ejustice.just.fgov.be/cgi/article\\_body.pl?language=nl&caller=summary&pub\\_date=00-05-16&numac=2000022383](https://www.ejustice.just.fgov.be/cgi/article_body.pl?language=nl&caller=summary&pub_date=00-05-16&numac=2000022383).

<sup>248</sup> Agence Nationale de Sécurité du Médicament et des Produits de la Santé (France), *Répertoire des Spécialités Pharmaceutique: Mifegyne* (2012), <http://agence-prd.ansm.sante.fr/php/ecodex/frames.php?specid=66422290&typedoc=N&ref=N0215296.htm>; Agence Nationale de Sécurité du Médicament et des Produits de la Santé (France), *Répertoire des Spécialités Pharmaceutiques: MisoOne* (2022), <http://agence-prd.ansm.sante.fr/php/ecodex/frames.php?specid=61240145&typedoc=R&ref=R0385589.htm>.

<sup>249</sup> German Federal Institute for Drugs and Medical Devices (BfArM), *Mifegyne 200mg Tabletten*, Annex III (2008), pp. 10, 23, [https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne\\_anhaenge.pdf?\\_\\_blob=publicationFile](https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne_anhaenge.pdf?__blob=publicationFile); BfARM, *MisoOne 400 Mikrogramm Tabletten* (2022), p. 1, [https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/Education/Material/Anlagen/m-r/misoprostol-misoone-aerzte.pdf?\\_\\_blob=publicationFile](https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/Education/Material/Anlagen/m-r/misoprostol-misoone-aerzte.pdf?__blob=publicationFile).

<sup>250</sup> German Medicinal Products Act, Section 47(a)(1) (1976, revised 2005).

<sup>251</sup> The Prescription Only Medicines (Human Use) Order (Great Britain), Statute No. 1830 (1997), <https://www.legislation.gov.uk/uksi/1997/1830/schedule/1/made>; Abortion Act 1967, Sections 1(3), (3B)(a) (1967, amended as of 2022), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

- **Ireland: RESTRICTIVE**  
Medication abortion requires a prescription.<sup>252</sup>
- **Italy: RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>253</sup>
- **The Netherlands: RESTRICTIVE**  
Mifepristone and misoprostol both require a prescription.<sup>254</sup>
- **Norway: RESTRICTIVE**  
Both misoprostol and mifepristone require a prescription,<sup>255</sup> and mifepristone cannot be obtained at pharmacies, only by hospitals.<sup>256</sup>
- **Sweden: RESTRICTIVE**  
Both pills require a prescription.<sup>257</sup>

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## Latin America & The Caribbean

- **Argentina: RESTRICTIVE**  
Both misoprostol and mifepristone require a prescription.<sup>258</sup>

<sup>252</sup> Both misoprostol and mifepristone are prescription pharmaceuticals. See Health Products Regulatory Authority (Ireland), *Mifegyne 200 mg tablets* (2018); Health Products Regulatory Authority (Ireland), *Mifegyne 600 mg tablets* (2018); Health Products Regulatory Authority (Ireland), *Cytotec 200 microgram tablets* (2024).

<sup>253</sup> Agenzia Italiana del Farmaco (Italy), *La Banca Dati Farmaci, Misoprostolo* (last accessed 25 July 2024), <https://medicinali.aifa.gov.it/it/#/it/risultati?query=misoprostolo&spellingCorrection=true>; Agenzia Italiana del F armaco (Italy), *La Banca Dati Farmaci, Mifegyne* (last accessed 25 July 2024), <https://medicinali.aifa.gov.it/it/#/it/risultati?query=mifegyne&spellingCorrection=true>. See also Law 194/1978 (Italy), Art. 8(1) (1978).

<sup>254</sup> College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, MisoOne 400 microgram, tablet* (2024), <https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH:::P0 DOMAIN,P0 LANG,P3 RVG1:H,EN,110664>; College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, Misoprostol Exelgyn 200 micrograms, tablets* (2024), <https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH:::P0 DOMAIN,P0 LANG,P3 RVG1:H,EN,113032>.

<sup>255</sup> The Norwegian Pharmaceutical Product Compendium, *Topogyne (Misoprostol)* (2024), <https://www.felleskatalogen.no/medisin/pasienter/pil-topogyne-exelgyn-721836>; The Norwegian Pharmaceutical Product Compendium, *Mifegyne (Mifepristone)* (2021), <https://www.felleskatalogen.no/medisin/pasienter/pil-mifegyne-exelgyn-561524>.

<sup>256</sup> The Norwegian Pharmaceutical Product Compendium, *Mifegyne (Mifepristone)* (2021).

<sup>257</sup> Swedish Medical Products Agency, *Mifegyne 200 mg tablet* (last accessed 25 July 2024), <https://www.lakemedelsverket.se/sv/sok-lakemedelsfakta/lakemedel/19920904000068/mifegyne-200-mg-tablett>; Swedish Medical Products Agency, *Topogyne 400 mikrogram tablet* (last accessed 25 July 2024), <https://www.lakemedelsverket.se/sv/sok-lakemedelsfakta/lakemedel/20110923000019/topogyne-400-mikrogram-tablett>.

<sup>258</sup> Ministry of Health, National Administration of Drugs, Food and Medical Devices (ANMAT) (Argentina), *About the Authorization of Products with Active Pharmaceutical Ingredient Misoprostol* (2018), <https://www.argentina.gob.ar/noticias/sobre-la-autorizacion-de-los-productos-con-ingrediente-farmaceutico-activo-misoprostol>; ANMAT (Argentina), *Prospectos Comercializados: Mifepristona* (last accessed 25 July 2024), <https://servicios.pami.org.ar/vademecum/views/consultaPublica/presentacion.zul>.

- **Brazil:** **RESTRICTIVE**  
Misoprostol is only available with a prescription<sup>259</sup> and in hospitals licensed by the Brazilian Health Authority to perform abortions.<sup>260</sup> Mifepristone is not registered.
- **Chile:** **RESTRICTIVE**  
Both misoprostol and mifepristone require a prescription.<sup>261</sup>
- **Colombia:** **RESTRICTIVE**  
Mifepristone and misoprostol both require a prescription.<sup>262</sup>
- **Costa Rica:** **N/A**  
Misoprostol and mifepristone are not registered or approved in Costa Rica.<sup>263</sup>
- **Ecuador:** **RESTRICTIVE**  
Under the National Table of Basic Medicines, both misoprostol and mifepristone are marked as requiring a prescription.<sup>264</sup>
- **Mexico City:** **RESTRICTIVE**  
Mifepristone and misoprostol both require a prescription in Mexico.<sup>265</sup>

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<sup>259</sup> Ministry of Health (Brazil), Ordinance MS/SVS No. 344, of May 12, 1998, Annex I, List C1 (1998), [https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344\\_12\\_05\\_1998\\_rep.html](https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344_12_05_1998_rep.html).

<sup>260</sup> Ministry of Health (Brazil), Ordinance MS/SVS No. 344, of May 12, 1998, Annex I, List C1 (1998), [https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344\\_12\\_05\\_1998\\_rep.html](https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344_12_05_1998_rep.html); Resolution-RDC No. 344, of May 12, 1998, Annex I, List C1 (1998), [https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344\\_12\\_05\\_1998\\_rep.html](https://bvsmms.saude.gov.br/bvs/saudelegis/svs/1998/prt0344_12_05_1998_rep.html); Ministry of Health (Brazil) Resolution-RDC No. 13, of March 26, 2010 (2010), [https://bvsmms.saude.gov.br/bvs/saudelegis/anvisa/2010/rdc0013\\_26\\_03\\_2010.html](https://bvsmms.saude.gov.br/bvs/saudelegis/anvisa/2010/rdc0013_26_03_2010.html).

<sup>261</sup> Ministry of Health (Chile), *Sistema de Consulta de Productos Registrados: Mifepristona* (last visited 25 July 2024), <https://registrosanitario.ispch.gob.cl/Ficha.aspx?RegistroISP=F-25785/20> (accessed Misoaprofa may be purchased once a prescription has been retained); Ministry of Health (Chile), *Sistema de Consulta de Productos Registrados: Misoprostol* (last accessed 25 July 2024), <https://registrosanitario.ispch.gob.cl/Ficha.aspx?RegistroISP=F-25074/19> (showing misoprostol requires a prescription for purchase).

<sup>262</sup> National Institute of Drug and Food Surveillance (INVIMA) (Colombia), *Registration No. 20141902, Mifepristona*; INVIMA (Colombia), *Registration No. 20104433, Mifepristona*; INVIMA, *Registration No. 20012578, Misoprostol (Cytal 50 MCG)*; INVIMA, *Registration No. 20010043, Misoprostol (Cytal v 200 MCG)*.

<sup>263</sup> See Costa Rican Social Security Administration, *Official List of Medicines and Regulations 2023*, <https://www.ccss.sa.cr/flip/lom/pdf/lom-04-09-23.pdf> (excluding both mifepristone and misoprostol as registered medications).

<sup>264</sup> Ministry of Public Health (Ecuador), *National Table of Basic Medicines*, pp. 10, 11 (2023), <https://www.conasa.gob.ec/biblioteca-conasa/CNMB-XI/Libro-Cuadro-Medicamentos-Basicos-11a-revision-2022.pdf>.

<sup>265</sup> Gobierno de México, *Consulta de Registros Sanitarios, Mifepriston, Registration Number 040M2022 SSA* (last accessed 25 July 2024), <http://tramiteselectronicos02.cofepris.gob.mx/BuscadorPublicoRegistrosSanitarios/BusquedaRegistroSanitario.aspx>; Gobierno de México, *Consulta de Registros Sanitarios, Misoprostol, Registration No. 067M2022 SSA* last accessed 25 July 2024); Gobierno de México, *Consulta de Registros Sanitarios, Misoprostol, Registration No. 108M2022 SSA* (last accessed 25 July 2024); Ley General de Salud (Mexico), Art. 226 (1984), <https://www.diputados.gob.mx/LeyesBiblio/pdf/LGS.pdf>.



- **Peru: RESTRICTIVE**  
Mifepristone is not registered, and misoprostol requires a prescription.<sup>266</sup>
- **Uruguay: RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>267</sup> Additionally, the prescription must have an indication by the healthcare professional of the latest date possible for the pregnant person to administer the medication.<sup>268</sup>

## **Northern America**

- **Canada: RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription.<sup>269</sup>
- **United States – California, Colorado, New York and Washington: RESTRICTIVE**  
*\*Note: As pharmaceuticals are primarily regulated by the federal (not state) government in the U.S., the response to this metric reflects U.S. federal law*  
Mifepristone and misoprostol both require prescriptions in the United States.<sup>270</sup>

## **Oceania**

- **New Zealand: RESTRICTIVE**  
Misoprostol and mifepristone both require a prescription in New Zealand.<sup>271</sup>

<sup>266</sup> DIGEMID (Peru), *Search of the Health Registry of Pharmaceutical Products*, “Misoprostol”, <https://www.digemid.minsa.gob.pe/rsProductosFarmaceuticos/> (last accessed 25 July 2024; showing two valid registrations for misoprostol with a medical prescription).

<sup>267</sup> See Ministry of Public Health (Uruguay), Ordinance N. 73/2013 Actualization of the Therapeutic Medication Form (2013), <https://www.gub.uy/ministerio-salud-publica/institucional/normativa/ordenanza-73013-actualizacion-del-ftm-2013> (updating the list of gynecological drugs to include both misoprostol and mifepristone for abortion use as a category b, needing a prescription by a healthcare professional).

<sup>268</sup> See Ministry of Public Health (Uruguay), *Manual Procedure for the Sanitary Management of Voluntary Interruption of Pregnancy, Second edition*, p. 18 (2016), <https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/2018-08/Resoluci%C3%B3n%20N%C2%BA%20469.pdf> (instructing the medication must be prescribed as a regular prescription but must indicate the letters “IVE” (for voluntary interruption of pregnancy) and the maximum date of validity, which must be one day before the pregnancy is 13 weeks gestation).

<sup>269</sup> Government of Canada, Linepharma International Limited, *Product Monograph: Mifegymiso*, p. 5 (2015), [https://pdf.hres.ca/dpd\\_pm/00070528.PDF](https://pdf.hres.ca/dpd_pm/00070528.PDF) (The prescription will be for Mifegymiso, which is the trade name in Canada for the combination of mifepristone and misoprostol).

<sup>270</sup> U.S. Food & Drug Administration, *Drugs@FDA: FDA-Approved Drugs – New Drug Application (NDA): 020687* (last accessed 24 July 2024); U.S. Food & Drug Administration, *Drugs@FDA: FDA-Approved Drugs – NDA: 019268* (last accessed 24 July 2024).

<sup>271</sup> Parliamentary Counsel Office (New Zealand), *Medicines Regulations 1984: Schedule 1, Prescription, restricted, and pharmacy-only medicines*, pp. 1358, 1368 (1984), [https://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96863.html?search=sw\\_096be8ed81e6cea4\\_misoprostol\\_25\\_se&p=1&sr=0](https://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96863.html?search=sw_096be8ed81e6cea4_misoprostol_25_se&p=1&sr=0).

## Metric 5:

# Permitted Timeframe for Medication Abortion

An enabling legal environment recognizes that medication abortion can take place, at least, within the first 12 weeks of pregnancy, as within this period the WHO recognizes that pregnant people can safely self-managed their abortion without being under the supervision of a healthcare professional. Where medication abortion is limited to before 12 weeks, people are unnecessarily compelled to have procedural abortions (also known as surgical abortions) or, for those unwilling or unable to utilize the formal healthcare sector, they may seek out potentially unsafe abortion methods.

Please note that this metric does not account for off-label use of medication abortion beyond the officially approved or recommended timeframe. In some countries, shorter time limits in pharmaceutical regulatory body's registration of mifepristone/misoprostol have been supplanted by longer recommended timeframes in ministerial or self-governing professional body guidelines. In those cases, our categorization relies on the guidelines, with any deviations from the registration noted in the footnotes or description.

### Indicators:



**SUPPORTIVE:** The country's legal and policy framework does not have an explicit time limitation on medication abortion before 12 weeks of gestation.



**RESTRICTIVE:** The country's legal and policy framework explicitly restricts use of medication abortion before 12 weeks of gestation.



**NOT APPLICABLE (N/A):** The country does not allow medication abortion or prohibits abortion altogether.

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## Country-by-Country analysis

### Africa

- **Ethiopia:** **SUPPORTIVE**  
Medication abortion is available up to and beyond 12 weeks pf pregnancy.<sup>272</sup>
- **Kenya:** **SUPPORTIVE**  
For the limited grounds where abortion is permitted in Kenya, there does not appear to be a specific timeframe restriction for medication abortion.

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<sup>272</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, p. 27, (2023), [https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia\\_2023.pdf](https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia_2023.pdf).



- **Mozambique: SUPPORTIVE**  
Medication abortion is permitted in the first 12 weeks of pregnancy.<sup>273</sup>
- **Nigeria: SUPPORTIVE**  
Nigeria’s abortion guidelines do not have a time limitation on medication abortion before 12 weeks of pregnancy.<sup>274</sup>
- **Rwanda: SUPPORTIVE**  
There are no regulations limiting the use of misoprostol to a specified gestational age.
- **South Africa: SUPPORTIVE**  
South Africa’s abortion guidelines permit the use of medication abortion up to twelve weeks and one day’s gestation.<sup>275</sup>
- **Tanzania: RESTRICTIVE**  
The Tanzania Medicines and Medical Devices Authority permits medication abortion up to seven weeks (49 days) of pregnancy.<sup>276</sup> By contrast, the Ministry of Health’s Post-Abortion Care Guidelines recognize a range of circumstances where medication abortion can be used to end a pregnancy up to and beyond 12 weeks, such as incomplete abortion and post-abortion care, but does not include instances where a person needs a legal abortion.<sup>277</sup>
- **Uganda: N/A**  
Neither mifepristone nor misoprostol are approved for abortion, and Uganda criminalizes providing or taking medication for abortion purposes.<sup>278</sup>

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## Asia

- **India: RESTRICTIVE**  
Medication abortion is permitted in India up to nine weeks of pregnancy.<sup>279</sup>

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<sup>273</sup> Ministerial Decree No. 60/2017 (Mozambique), pp. 1122-1123 (2017).

<sup>274</sup> Federal Ministry of Health (Nigeria), *National Guidelines on Safe Termination of Pregnancy for Legal Indications*, p.18 (2018).

<sup>275</sup> National Department of Health, Republic of South Africa, *National Clinical Guidelines for Implementation of the Choice on Termination of Pregnancy Act, Ed. 1*, p. 18 (2019).

<sup>276</sup> Tanzania Medicines and Medical Devices Authority, *Summary of Product Characteristics (Misoprostol)* (last accessed 25 July 2024), <https://www.tmda.go.tz/uploads/1678182924-T22H0477SmPCv1.pdf>.

<sup>277</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guidelines* (Aug. 2020).

<sup>278</sup> Penal Code Act (Uganda), Sections 141-142 (2014).

<sup>279</sup> Government of India, Ministry of Health and Family Welfare, *Comprehensive Abortion Care: Training and Service Delivery Guidelines*, p. 53 (2023), [https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/CAC\\_Training\\_&\\_Service\\_Guidelines\\_2023.pdf](https://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/CAC_Training_&_Service_Guidelines_2023.pdf); The Medical Termination of Pregnancy (Amendment) Act (India), Rule 4(a) (2021), <https://nhm.hp.gov.in/storage/app/media/uploaded-files/mtp-amendment-act2021.pdf>; Government of India, Central Drugs Standard Control Organisation, *New Drugs Approved by CDSCO* (see “Mifepristone + Misoprostol”, “Mifepristone”) (last accessed 29 July 2024), <https://cdscoonline.gov.in/CDSCO/Drugs>.

- **Indonesia:** **N/A**  
As misoprostol is not registered for abortion purposes and mifepristone is not registered in Indonesia, this metric is not applicable.
- **Nepal:** **RESTRICTIVE**  
Medication abortion is permitted throughout the first 10 weeks of pregnancy.<sup>280</sup> From weeks 13 to 28, the Ministry of Health's abortion guidelines recommend medical induction, which uses medication abortion.<sup>281</sup> However, during weeks 11 and 12 of pregnancy, only manual vacuum aspiration is allowed.<sup>282</sup>
- **Pakistan:** **SUPPORTIVE**  
Pakistan's ministerial guidelines recognize medication abortion can be used through the first twelve weeks of pregnancy.<sup>283</sup>
- **Philippines:** **N/A**  
The Philippines does not explicitly permit abortion under any circumstances.<sup>284</sup> As such, there are no regulations on the timeframe for medication abortion.
- **Sri Lanka:** **N/A**  
Neither mifepristone nor misoprostol are registered for abortion use in Sri Lanka, making this metric not applicable.
- **Thailand:** **SUPPORTIVE**  
Mifepristone and misoprostol are permitted for abortions within the first 24 weeks of pregnancy.<sup>285</sup>

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<sup>280</sup> Safe Motherhood And Reproductive Health Rights Regulation (Nepal), Annex 11 (2018), <https://reproductiverights.org/wp-content/uploads/2021/03/Safe-Motherhood-and-RHR-Regulation-2077.pdf>; Government of Nepal, Ministry of Health and Population, *Safe Abortion Service Program Management Guideline*, pp. 4, 27 (2021),

[https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P\\_v4A?e=yT2XkX](https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P_v4A?e=yT2XkX).

<sup>281</sup> Government of Nepal, Ministry of Health and Population, *Safe Abortion Service Program Management Guideline*, pp. 4, 36 (2021),

[https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P\\_v4A?e=yT2XkX](https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P_v4A?e=yT2XkX).

<sup>282</sup> Government of Nepal, Ministry of Health and Population, *Safe Abortion Service Program Management Guideline*, pp. 4, 36 (2021),

[https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P\\_v4A?e=yT2XkX](https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P_v4A?e=yT2XkX).

<sup>283</sup> Government of Pakistan, Ministry of National Health Services, Regulations and Coordination, *National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-abortion Care* (March 2018), at 4, [https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs\\_Final-copy-March-30-2018.pdf](https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs_Final-copy-March-30-2018.pdf).

<sup>284</sup> Revised Penal Code of the Philippines, Act. No. 3815, Arts. 256-259 (1930).

<sup>285</sup> Ministry of Public Health (Thailand), *Standard of Practice for Comprehensive Safe Abortion Care, revised edition*, p. 38 (2021), [https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/202111/m\\_magazine/35441/2594/file\\_download/70cac4a49039e2e01505b4ea3cb855b3.pdf](https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/202111/m_magazine/35441/2594/file_download/70cac4a49039e2e01505b4ea3cb855b3.pdf).

## Europe

- **Belgium:** **RESTRICTIVE**  
Medication abortion is only officially recognized for use for abortions up to nine weeks of pregnancy.<sup>286</sup>
- **France:** **RESTRICTIVE**  
Medication abortion is permitted up to 9 weeks of pregnancy.<sup>287</sup>
- **Germany:** **RESTRICTIVE**  
Medication abortion is officially approved for up to 9 weeks of pregnancy.<sup>288</sup>
- **Great Britain (England and Wales, Scotland):** **SUPPORTIVE**  
Medication abortion is permitted until 24 weeks in Great Britain (England and Wales, Scotland).<sup>289</sup>
- **Ireland:** **SUPPORTIVE**  
Ireland permits medication abortion up to 12 weeks' gestation.<sup>290</sup>

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<sup>286</sup> Nationale Commissie Voor de Evaluatie van de wet van 15 Oktober 2018 Betreffende de Zwangerschapsafbreking (Belgium), *Verslag ten Behoeve van het Parlement, 1 Januari 2020–31 December 2021*, p. 114 (2023),

[https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/definitief\\_verslag\\_feb\\_2023\\_nl\\_-\\_jaren\\_2020-2021.pdf](https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/definitief_verslag_feb_2023_nl_-_jaren_2020-2021.pdf); Federal Agency for Medicines and Health Products (Belgium), *Mifegyne 200mg tabl.* (2019), <https://medicinesdatabase.be/human-use/medicines/62bc30f18ab5583c18abe17c?search=%7B%22term%22:%22mifepristone%22%7D>.

<sup>287</sup> Code de la Santé Publique (France), Art. L2212-2 (*revised* 2022).

<sup>288</sup> German Federal Institute for Drugs and Medical Devices (BfArM), *Mifegyne 200mg Tabletten*, Annex III (2008), p. 10, 23,

[https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne\\_anhaenge.pdf?\\_\\_blob=publicationFile](https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne_anhaenge.pdf?__blob=publicationFile). **The drug leaflet for MisoOne (misoprostol) indicates it is recommended for use only up to the first 7 weeks of pregnancy. However, both the official Mifegyne drug information and the website of Profamilia, the largest state-approved abortion counseling provider, state that medication abortions can be safely conducted up to 9 weeks of pregnancy, see profamilia (Germany), *Abortion* (last accessed 29 July 2024), <https://www.profamilia.de/en/topics/abortion>.**

<sup>289</sup> National Health Service (Great Britain), *What Happens: Abortion* (2020),

<https://www.nhs.uk/conditions/abortion/what-happens/>; Royal College of Obstetricians & Gynaecologists (Great Britain), *Medical Abortion from 12 weeks of Pregnancy: Summary Sheet* (last accessed 29 July 2024), [https://www.rcog.org.uk/media/oz4adqix/4580-rcog-summary-sheet\\_med-abortion-from-12-wks-v6.pdf](https://www.rcog.org.uk/media/oz4adqix/4580-rcog-summary-sheet_med-abortion-from-12-wks-v6.pdf). **This is the official government and RCOG information, even though the drug leaflets for mifepristone and misoprostol only recommend them (as in many other countries) for the first 9 weeks of pregnancy, see Medical and Healthcare products Regulatory Agency (Great Britain), *Mifepristone Linepharma – Leaflet* (last accessed 29 July 2024), <https://mhraproducts4853.blob.core.windows.net/docs/92b94907619469a7fc3de99903640806ffa2f88a>; see Medical and Healthcare products Regulatory Agency (Great Britain), *Topogyne: 400 microgram tablets Misoprostol – Leaflet* (2020),**

<https://mhraproducts4853.blob.core.windows.net/docs/83744399612c494a2781855b5d20490ee6d97ccf>.

<sup>290</sup> Health Services Executive (Ireland), *Model of Care: Termination of Pregnancy Services*, p. 17 (2023), <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/model-of-care-termination-of-pregnancy-services-2023-.pdf>.

- **Italy:** **RESTRICTIVE**  
Medication abortion is only officially recognized for use for abortions up to 9 weeks of pregnancy.<sup>291</sup>
- **The Netherlands:** **RESTRICTIVE**  
Medication abortion is only permitted in the first 9 weeks of pregnancy.<sup>292</sup>
- **Norway:** **SUPPORTIVE**  
Medication abortion is recommended for up to 12 weeks by the Norwegian Society of Gynecology and Obstetrics.<sup>293</sup>
- **Sweden:** **SUPPORTIVE**  
Medication abortion is permitted up through 22 weeks of gestation.<sup>294</sup>

<sup>291</sup> Ministero della Salute, Superior Council of Health Session (Italy), *Guidelines on Voluntary Termination of Pregnancy, with Mifepristone and Prostaglandins*, pp. 1, 7 (2020); Agenzia Italiana del F armaco (Italy), *La Banca Dati Farmaci, Mifegyne* (last accessed 25 July 2024),

<https://medicinali.aifa.gov.it/it/#/it/risultati?query=mifegyne&spellingCorrection=true>.

<sup>292</sup> Dutch Association of Abortion Doctors, *Herziene NVOG-richtlijn Zwangerschapsafbreking tot 24 Weken*, p. 17 (2015). **The drug leaflet for MisoOne (misoprostol) indicates it is recommended for use only up to the first 7 weeks of pregnancy. However, both the cited medical guideline and the official drug information for mifepristone and the combination pack of mifepristone and misoprostol state that medication abortions can be safely conducted up to 9 weeks of pregnancy, see** College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicine Information Bank – Mifegyne 200 mg, tabletten* (2020),

[https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH:::P0\\_DOMAIN,P0\\_LANG,P3\\_RVG1:H,EN,128040](https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH:::P0_DOMAIN,P0_LANG,P3_RVG1:H,EN,128040); College ter Beoordeling van Geneesmiddelen, Medicines Evaluation Board Agency (The Netherlands), *Medicines Information Bank, Sunmedabon, Combinatieverpakking mifepriston 200 mg tablet en misoprostol 4 x 0,2 mg vaginale tabletten* (2022),

[https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH:::P0\\_DOMAIN,P0\\_LANG,P3\\_RVG1:H,EN,106099](https://www.geneesmiddeleninformatiebank.nl/ords/f?p=111:3::SEARCH:::P0_DOMAIN,P0_LANG,P3_RVG1:H,EN,106099).

<sup>293</sup> Norwegian Gynecological Association, *Provoked Abortion: Recommendations* (last accessed 29 July 2024),

<https://www.legeforeningen.no/foreningsledd/fagmed/norsk-gynekologisk-forening/veiledere/veileder-i-gynekologi/provosert-abort/>.

**This is the official guideline of the self-governing professional body which determines abortion practices, even though the drug registration for mifepristone only states 9 weeks of gestation and the registration for misoprostol states 7 weeks, see** the Norwegian Medicines Agency, *Topogyne (Misoprostol)* (last accessed 29 July 2024), <https://www.felleskatalogen.no/medisin/pasienter/pil-topogyne-exelgyn-721836>; The Norwegian Medicines Agency, *Mifegyne (Mifepristone)* (last accessed 29 July 2024),

<https://www.felleskatalogen.no/medisin/pasienter/pil-mifegyne-exelgyn-561524>.

<sup>294</sup> Kristina Gemzell-Danielsson and Helena Kopp Kallner, *Abortion: Termination of pregnancy and related care and advice*, Internetmedecin (2024), <https://www.internetmedicin.se/behandlingsoversikter/gynekologi-obstetrik/abort/>; Swedish Association for Sexuality Education, *How an abortion works* (2021), <https://www.rfsu.se/sex-och-relationer/for-dig-som-undrar/graviditet-och-abort/abort---sa-gar-det-till/>.

## Latin America & The Caribbean

- **Argentina:** **SUPPORTIVE**

The Ministry of Health recommends the use of mifepristone and misoprostol for the first 12 weeks of gestation.<sup>295</sup> There is no prohibition or advisory against using medication abortion beyond 12 weeks; the Ministry of Health simply notes that doses may vary in such cases.<sup>296</sup>

- **Brazil:** **SUPPORTIVE**

Although abortion is only legal on limited grounds in Brazil, medication abortion is explicitly permitted up to 22 weeks gestation.<sup>297</sup>

- **Chile:** **SUPPORTIVE**

Medication abortion is a permitted method for abortion in the first 12 weeks of pregnancy.<sup>298</sup>

- **Colombia:** **SUPPORTIVE**

According to a Resolution by the Colombian Health Ministry, medication abortion is allowed up to 12 weeks' gestation.<sup>299</sup>

- **Costa Rica:** **N/A**

As neither misoprostol nor mifepristone are registered in Costa Rica, this indicator is inapplicable. Notably though, the Therapeutic Abortion Protocol outlines misoprostol as the suggested method for abortion in the first 12 weeks of pregnancy.<sup>300</sup>

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<sup>295</sup> Ministry of Health (Argentina), *Interrupción Del Embarazo Con Medicamentos (Tratamiento Combinado: Mifepristona Y Misoprostol)* (last accessed 29 July 2024), <https://bancos.salud.gob.ar/recurso/interrupcion-del-embarazo-con-medicamentos-tratamiento-combinado-mifepristona-y-misoprostol>; Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)* (2022), [https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo\\_IVE\\_ILE%202022\\_1242023.pdf](https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo_IVE_ILE%202022_1242023.pdf). As in other countries, the registration for mifepristone only recommends it for 9 weeks of gestation, *see* Administración Nacional de Medicamentos, Alimentos y Tecnología Médica (Argentina), *Mifepristona, Prospectos Comercializados* (last accessed 29 July 2024), <https://servicios.pami.org.ar/vademecum/views/consultaPublica/presentacion.zul>.

<sup>296</sup> Ministry of Health (Argentina), *Interrupción Del Embarazo Con Medicamentos (Tratamiento Combinado: Mifepristona Y Misoprostol)*; Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)* (2022).

<sup>297</sup> Ministry of Health, *Technical Guidelines on Abortion*, p. 35 (2011), [https://bvsm.s.saude.gov.br/bvs/publicacoes/atencao\\_humanizada\\_abortamento\\_norma\\_tecnica\\_2ed.pdf](https://bvsm.s.saude.gov.br/bvs/publicacoes/atencao_humanizada_abortamento_norma_tecnica_2ed.pdf).

<sup>298</sup> Ministry of Health (Chile), *National Technical Guideline: Support and Comprehensive Care for the Woman who is in any of the Three Causes Regulated by Law 21,030*, pp. 106-107 (2018) (instructing the proper dosage for medication abortion, including in the first 9 weeks of pregnancy, weeks 9-13 of pregnancy, and weeks 14-24).

<sup>299</sup> Ministry of Health (Colombia), Resolution No. 00006051, paras. 4.2.5.8, 4.2.5.10.1 (2023), [https://www.minsalud.gov.co/Normatividad\\_Nuevo/Resolución%20No.%20051%20de%202023.pdf](https://www.minsalud.gov.co/Normatividad_Nuevo/Resolución%20No.%20051%20de%202023.pdf). **Although the INVIMA drug registration for mifepristone recommends it only for the first 9 weeks of gestation, this does not impede usage up to 12 weeks, as authorized by the prevailing Resolution from the Ministry of Health.**

<sup>300</sup> Therapeutic Abortion Protocol of Dec. 2020 (Costa Rica), Protocol No. GM.DDS-AAIP-210520, pg. 18 (2020) (listing misoprostol is the preferred method for abortions in the first 12 weeks of pregnancy, subject to approval by the Ministry of Health and implementation to the Official Drug List).

- **Ecuador:** **SUPPORTIVE**

There is no clear time limitation for medication abortion in Ecuador. At least for the first 12 weeks, it is listed as the preferred abortion method by the Clinical Practical Guide on Therapeutic Abortion.<sup>301</sup>

- **Mexico City:** **SUPPORTIVE**

*\*Note: As pharmaceuticals are regulated by the federal (not state) government in Mexico, the response to this metric reflects Mexican federal law.*

The abortion guidelines by the Mexican Health Ministry do not specify a definitive gestational limit for medication abortion,<sup>302</sup> nor do the drug registrations.<sup>303</sup> For procedures that are partly or entirely self-managed, medication abortion is only recommended for pregnancies up to 10 weeks, while medication abortions performed in an outpatient setting are advised for pregnancies up to 12 weeks.<sup>304</sup>

- **Peru:** **SUPPORTIVE**

Peru's Technical Guidance recognizes use of medication abortion is permissible for the first 12 weeks of pregnancy.<sup>305</sup>

- **Uruguay:** **SUPPORTIVE**

Both the Manual Procedure for the Sanitary Management of Voluntary Interruption of Pregnancy and the Technical Guidance for the Voluntary Interruption of Pregnancy, issued by the Ministry of Health, recognize misoprostol and mifepristone as the preferred method of abortion in the first 12 weeks.<sup>306</sup>

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<sup>301</sup> Ministerio de Salud Pública (Ecuador), *Guía de Práctica Clínica: Atención del Aborto Terapéutico*, p. 22 (2015), <https://www.salud.gob.ec/wp-content/uploads/2016/09/Aborto-terap%C3%A9utico.pdf>.

<sup>302</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, pp. 71, 75 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactivo\\_22NOV\\_22-Lineamiento\\_te\\_cnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactivo_22NOV_22-Lineamiento_te_cnico_aborto.pdf)

<sup>303</sup> Gobierno de México, Consulta de Registros Sanitarios, *Mifepriston, Registration Number 040M2022 SSA* (last accessed 25 July 2024); Gobierno de México, Consulta de Registros Sanitarios, *Misoprostol, Registration No. 067M2022 SSA* (last accessed 25 July 2024); Gobierno de México, Consulta de Registros Sanitarios, *Misoprostol, Registration No. 108M2022 SSA* (last accessed 25 July 2024).

<sup>304</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, p. 58 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactivo\\_22NOV\\_22-Lineamiento\\_te\\_cnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactivo_22NOV_22-Lineamiento_te_cnico_aborto.pdf).

<sup>305</sup> Ministry of Health (Peru), *National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at 22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code*, Section 6.7 (2016), <https://www.gob.pe/institucion/minsa/informes-publicaciones/285890-guia-tecnica-nacional-para-la-estandarizacion-del-procedimiento-de-la-atencion-integral-de-la-gestante-de-acuerdo-al-articulo-119-del-codigo-penal>.

<sup>306</sup> Technical Guidance, 8 (noting a combined mifepristone and misoprostol approach is preferred approach for interruptions during the first trimester. While different amounts of medication and the timing of taking each pill may be different based on the gestational age, the overall approach of medication abortion is suggested in the first 12 weeks); Ministry of Public Health (Uruguay), *Manual Procedure for the Sanitary Management of Voluntary Interruption of Pregnancy, Second edition*, p. 18 (2016), <https://www.gub.uy/ministerio-salud-publica/sites/ministerio-salud-publica/files/2018-08/Resoluci%C3%B3n%20N%C2%BA%20469.pdf> (instructing the prescription note the maximum date of validity, one day before 13 weeks of pregnancy).



## Northern America

- **Canada:** **RESTRICTIVE**

In Canada, medication abortion is only approved for the first 9 weeks of pregnancy.<sup>307</sup>

- **United States – California, Colorado, New York and Washington:** **RESTRICTIVE**

*\*Note: As pharmaceuticals are regulated by the federal (not state) government in the U.S., the response to this metric reflects U.S. federal law*

The FDA prescribing information for mifepristone states that it is indicated for use through 70 days (ten weeks) of gestation.<sup>308</sup> As misoprostol is not formally registered for abortion use in the U.S., there is not a specified time limit. The state of California recommends prescription of medication abortion up to 10 or 11 weeks of gestation<sup>309</sup> and Washington and New York recommend medication abortion up to 11 weeks of gestation.<sup>310</sup>

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## Oceania

- **New Zealand:** **SUPPORTIVE**

New Zealand's abortion guidelines provide guidance on the administration of medication abortion up to and beyond 20 weeks of gestation, with different regimens depending on gestational age.<sup>311</sup>

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<sup>307</sup> Government of Canada, Linepharma International Limited, *Product Monograph: Mifegymiso*, p. 4 (2015), [https://pdf.hres.ca/dpd\\_pm/00070528.PDF](https://pdf.hres.ca/dpd_pm/00070528.PDF)

<sup>308</sup> See Food and Drug Administration, *Prescribing Information: Mifepristone*, p. 2 (revised 2023), <https://www.fda.gov/media/164653/download>.

<sup>309</sup> State of California, *California Abortion Access: Types of Abortion* (last accessed January 30, 2024), <https://abortion.ca.gov/getting-an-abortion/types-of-abortion/>.

<sup>310</sup> **Governor Hochul has announced the Fiscal Year 2024 Budget will require private insurers to cover off-label medication abortion, which could allow medication abortion after ten weeks.** See Governor Kathy Hochul, *Governor Hochul Announces Major Actions to Strengthen Abortion Protections and Access as Part of FY 2024 Budget* (May 3, 2023), <https://www.governor.ny.gov/news/governor-hochul-announces-major-actions-strengthen-abortion-protections-and-access-part-fy>. See also New York State Department of Health, *NYS DOH Abortion Services* (2024), [https://www.health.ny.gov/health\\_care/abortion\\_services/](https://www.health.ny.gov/health_care/abortion_services/); See, e.g., Washington State Department of Health, *Medication Abortion Access in Washington* (last accessed 29 July 2024), <https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health/abortion/medication-abortion-access-washington#:~:text=Abortion%2C%20including%20medication%20abortion%2C%20is,helps%20fund%20provide%20medication%20abortions>.

<sup>311</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline* (2021), [https://www.health.govt.nz/system/files/documents/publications/new\\_zealand\\_aotearoa\\_abortion\\_clinical\\_guideline.pdf](https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf).

## Metric 6:

# Location-Based Requirements

Requirements that individuals physically visit a health facility for a consultation or ultrasound prior to accessing medication abortion pills, or that they ingest the pills in a facility or otherwise in the presence of a healthcare provider undermine access to care and contradict guidance from health authorities. FIGO recognizes that in-person consultations are not essential to the provision of safe and effective abortions,<sup>312</sup> and the WHO recommends that, for pregnancies up to 12 weeks of gestation, individuals should be able to self-assess eligibility for medication abortion, self-administer either the combination of mifepristone and misoprostol or misoprostol alone, and self-assess the success of the abortion.<sup>313</sup> An enabling environment allows pregnant people to self-administer medication abortion without pre-or post-abortion visits in-person and permits them to choose where they want to ingest the pills.

### Indicators:



**SUPPORTIVE:** The legal and policy framework does not explicitly require an in-person visit or that medication abortion pills be administered in a specific facility.



**RESTRICTIVE:** The legal and policy framework explicitly requires an in-person visit or that medication abortion pills be administered in a specific facility.



**NOT APPLICABLE (N/A):** Medication abortion is not legally permissible, either because abortion is banned under all circumstances or because medication abortion pills are not registered.

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## Country-by-Country analysis

### Africa

- **Ethiopia:** **SUPPORTIVE**

The Ethiopian Criminal Code mandates that abortions must be performed by a "recognized medical institution,"<sup>314</sup> which has been specified to include locations outside traditional facilities in recent abortion guidelines from the Ministry of Health.<sup>315</sup> These guidelines explicitly permit self-administering medication

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<sup>312</sup> International Federation of Gynecology and Obstetrics (FIGO), *FIGO Endorses the Permanent Adoption of Telemedicine Abortion Services* (Mar. 18, 2021), <https://www.figo.org/FIGO-endorses-telemedicine-abortion-services>.

<sup>313</sup> World Health Organization, *Abortion Care Guideline*, p. 98 (2022).

<sup>314</sup> Penal Code of the Federal Democratic Republic of Ethiopia, Art. 551(1) (2004).

<sup>315</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, p. 20 (2023), <https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia%2023.pdf>.

abortion if the pregnant person has access to a provider for examinations and counseling as well as a "mobile health team approach" for remote areas.<sup>316</sup>

- **Kenya:** **SUPPORTIVE**  
There are not any explicit in-person or location-based requirements for medication abortion in Kenya.
- **Mozambique:** **RESTRICTIVE**  
Mozambique's Ministerial Decree regulating abortion requires that mifepristone be administered in a healthcare unit or hospital, although patients may take the subsequent dose of misoprostol at home if the pregnancy is in the first 9 weeks.<sup>317</sup> For pregnancies between 9 and 12 weeks, the entire medication abortion must take place at a healthcare unit or hospital.<sup>318</sup>
- **Nigeria:** **RESTRICTIVE**  
Nigeria's policy framework requires that the pregnant person has a physical examination to confirm that the pregnancy is life threatening.<sup>319</sup> Additionally, for pregnancies of 9 to 12 weeks, medication abortion must be "administered in a healthcare facility."<sup>320</sup>
- **Rwanda:** **RESTRICTIVE**  
Rwandan law stipulates that abortions may only take place in "a public or private health facility licensed as a hospital or a polyclinic by the Minister in charge of health."<sup>321</sup>
- **South Africa:** **RESTRICTIVE**  
Health guidelines for the public sector set out that mifepristone must be administered in a healthcare facility, while misoprostol may be self-administered at home for pregnancies under 10 weeks.<sup>322</sup>

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<sup>316</sup> Federal Democratic Republic of Ethiopia, Ministry of Health, *Technical and Procedural Guidelines for Abortion Services in Ethiopia*, p. 20 f. (2023), [https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia\\_2023.pdf](https://www.moh.gov.et/sites/default/files/2024-07/Technical%20and%20Procedural%20Guideline%20for%20Abortion%20care%20services%20in%20Ethiopia_2023.pdf).

<sup>317</sup> Ministerial Decree No. 60/2017 (Mozambique), p. 1122 (2017) (underlining that medication abortion between 9 and 12 weeks must take place at a healthcare unit or hospital).

<sup>318</sup> Ministerial Decree No. 60/2017 (Mozambique), p. 1122 (2017) (finding that the use of Misoprostol at home is acceptable, and encouraged, for pregnancies in the first 9 weeks, after Mifepristone has been taken at a healthcare unit).

<sup>319</sup> Federal Ministry of Health (Nigeria), *National Guidelines on Safe Termination of Pregnancy for Legal Indications*, p.14 (2018).

<sup>320</sup> Federal Ministry of Health (Nigeria), *National Guidelines on Safe Termination of Pregnancy for Legal Indications*, p. 16 (2018).

<sup>321</sup> Ministerial Order N°002/MoH/2019 of 08/04/2019 determining conditions to be satisfied for a medical doctor to perform an abortion (Rwanda), Art. 5 (2019).

<sup>322</sup> Republic of South Africa, National Department of Health, *National Clinical Guidelines for Implementation of the Choice on Termination of Pregnancy Act, Ed.1*, pp.16-17 (2019). **Notably, NGOs and providers in the private health sector offer remote medication abortion services without an in-person visit up to 10 weeks in accordance with guidelines for the provision of remote healthcare services that were adapted during COVID-19.** See Health Professions Council of South Africa, *Notice to Amend Telemedicine Guidelines during COVID-19* (2020), <https://www.hpcsablogs.co.za/notice-to-amend-telemedicine-guidelines-during-covid-19/> (last accessed Aug 7, 2024).

- **Tanzania: RESTRICTIVE**  
The Ministry of Health's Comprehensive Post-Abortion Care Guidelines set out that the abortion procedure must be carried out in a health facility that can provide reasonable health services without endangering the life of the pregnant person.<sup>323</sup>
- **Uganda: N/A**  
Neither mifepristone nor misoprostol are approved for abortion, and Uganda criminalizes providing or taking medication for abortion purposes.<sup>324</sup>

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## Asia

- **India: RESTRICTIVE**  
India only permits termination of pregnancy at a medical facility.<sup>325</sup> The abortion guidelines note that in the case of medication abortion, while mifepristone must be administered by a health professional in a medical facility, misoprostol may be self-administered at home.<sup>326</sup>
- **Indonesia: N/A**  
As misoprostol is not registered for abortion purposes and mifepristone is not registered in Indonesia, this metric is not applicable.
- **Nepal: SUPPORTIVE**  
Although abortion services must be provided by a “listed health service provider,”<sup>327</sup> there are not any in-person or location-based requirements.

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<sup>323</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guidelines*, p. 21 (Aug. 2020). **Additionally, the Guidelines note that depending on the type of abortion, the procedure may require a facility equipped to provide Comprehensive Emergency Obstetric and Newborn Care or similar services. However, they also indicate that misoprostol can be utilized in lower-level facilities that are not permitted to perform Manual Vacuum Aspiration, see** The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guidelines*, pp. 2, 21 (Aug. 2020).

<sup>324</sup> Penal Code Act (Uganda), Sections 141-142 (2014).

<sup>325</sup> “**A hospital established or maintained by the Government; a place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee**”. Government of India, Ministry of Health and Family Welfare, *Comprehensive Abortion Care: Training and Service Delivery Guidelines*, p. 9 (2023); The Medical Termination of Pregnancy (Amendment) Act (India), Act No. 64 of 2002, which amends The Medical Termination of Pregnancy Act, Section 4 (1971).

<sup>326</sup> Government of India, Ministry of Health and Family Welfare, *Comprehensive Abortion Care: Training and Service Delivery Guidelines*, p. 54 (2023) (“[I]f misoprostol is administered at home, a minimum of two visits [to a health care site] required.”).

<sup>327</sup> Safe Motherhood and Reproductive Health Rights Act (Nepal), Art. 18 (2018).

- **Pakistan:** **SUPPORTIVE**  
The Pakistan Government's Abortion Guidelines explicitly allow for the self-administration of misoprostol at home, provided that certain circumstances allow it, such as proximity to a healthcare facility in case of an emergency.<sup>328</sup>
- **Philippines:** **N/A**  
Abortion is not explicitly permitted in the Philippines under any circumstances.<sup>329</sup> As such, there are no regulations around location-based requirements.
- **Sri Lanka:** **N/A**  
Neither mifepristone nor misoprostol are registered for abortion use in Sri Lanka, making this metric not applicable.
- **Thailand:** **RESTRICTIVE**  
At least the first dose of medication must be taken at a healthcare facility for all pregnancies. For pregnancies between 12 and 24 weeks, both doses must be taken at a healthcare facility, and there is a required 1-3 overnight stay with supervision by a doctor after the second dose.<sup>330</sup>

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## **Europe**

- **Belgium:** **RESTRICTIVE**  
Mifepristone must always be administered at the healthcare facility.<sup>331</sup> The pregnant person can take misoprostol at home if the multidisciplinary team at the facility considers the conditions to be safe (including that a doctor is available on call and another person is present who is aware of the medication abortion being performed).<sup>332</sup>
- **France:** **SUPPORTIVE**  
The French Public Health Code stipulates that abortions can be performed by physicians or midwives in a public or private health institutions but can also be carried out remotely.<sup>333</sup> The French Health Ministry has

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<sup>328</sup> Government of Pakistan, Ministry of National Health Services, Regulations and Coordination, *National Service Delivery Standards and Guidelines for High-Quality Safe Uterine Evacuation and Post-abortion Care* (March 2018), p. 11, Standard 42, [https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs\\_Final-copy-March-30-2018.pdf](https://pakistan.ipas.org/wp-content/uploads/2021/06/Pakistan-National-SGs_Final-copy-March-30-2018.pdf).

<sup>329</sup> Revised Penal Code of the Philippines, Act. No. 3815, Arts. 256-259 (1930).

<sup>330</sup> Ministry of Public Health (Thailand), *Standard of Practice for Comprehensive Safe Abortion Care, revised edition*, p. 38 (2021), [https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/202111/m\\_magazine/35441/2594/file\\_download/70cac4a49039e2e01505b4ea3cb855b3.pdf](https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/202111/m_magazine/35441/2594/file_download/70cac4a49039e2e01505b4ea3cb855b3.pdf).

<sup>331</sup> National Institute For Health and Disability Insurance, Medical Care Service (Belgium), *Agreement with the Medical-Psycho-Social Centers Guidance for Unwanted Pregnancy*, Art. 12(1)(c) (2024). See also Belgian Act on the Voluntary Termination of Pregnancy, Art. 2(1)(b) (2018).

<sup>332</sup> National Institute For Health and Disability Insurance, Medical Care Service (Belgium), *Agreement with the Medical-Psycho-Social Centers Guidance for Unwanted Pregnancy*, Art. 12(1)(c) (2024).

<sup>333</sup> Code de la Santé Publique (France), Art. L2212-2 (*revised* 2022).

published a detailed guide for medication abortion, explicitly allowing for self-administration of mifepristone and misoprostol at home.<sup>334</sup>

- **Germany:** **SUPPORTIVE**

Although the drug approval for mifepristone specifies that it should be administered "in the presence of a doctor or healthcare professional,"<sup>335</sup> government officials have recognized that these requirements can be fulfilled via telemedicine and therefore do not require an in-person visit.<sup>336</sup>

- **Great Britain (England and Wales, Scotland):** **SUPPORTIVE**

The Abortion Act provides that the mandatory consultation with the registered health provider can also be performed by telephone or electronic means, and that the pregnant person can self-administer the medication at their usual place of residence in England or Wales if the pregnancy has not exceeded 10 weeks.<sup>337</sup> Scotland has also adopted this regulation, allowing medication abortion to be performed at the home of the pregnant person in early pregnancy.<sup>338</sup>

- **Ireland:** **SUPPORTIVE**

Ireland allows people to take both medications in their home or another clinical setting up to 9 weeks gestation.<sup>339</sup>

- **Italy:** **RESTRICTIVE**

Abortion must be performed in-person by a specialist in obstetrics and gynecology and only in selected authorized locations, such as licensed hospitals.<sup>340</sup> Medication abortion can also be performed at authorized and adequately equipped hospital day units, public outpatient facilities and family planning clinics.<sup>341</sup> Mifepristone must be taken at the health care facility, in accordance with Art. 8 of Law 194/1978.<sup>342</sup>

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<sup>334</sup> Ministère de la Santé et de la Prévention (France), *Interruption Volontaire de Pregnancy Médicamenteuse à Domicile – Memo Pratique* (2023), [https://ivg.gouv.fr/sites/ivg/files/2023-02/Memo-pratique%20IVG%20medicamenteuse\\_WEB.pdf](https://ivg.gouv.fr/sites/ivg/files/2023-02/Memo-pratique%20IVG%20medicamenteuse_WEB.pdf).

<sup>335</sup> German Federal Institute for Drugs and Medical Devices, *Mifegyne Annexes*, p. 27 (2008), [https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne\\_anhaenge.pdf?\\_\\_blob=publicationFile](https://www.bfarm.de/SharedDocs/Downloads/DE/Arzneimittel/Pharmakovigilanz/Risikoinformationen/RisikoBewVerf/m-r/mifegyne_anhaenge.pdf?__blob=publicationFile). Further, its dispensing is limited to authorized abortion physicians, see German Medicinal Products Act, Section 47(a)(1) (1976, revised 2005).

<sup>336</sup> German Bundestag Stenographic Report 191st Session, p. 24170, Frage 38 (2020), <https://dserver.bundestag.de/btp/19/19191.pdf>.

<sup>337</sup> Abortion Act 1967 (Great Britain), Section 3(D), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>.

<sup>338</sup> The Abortion Act 1967 ((Place for Treatment for the Termination of Pregnancy) (Approval)) (Scotland) (2022), [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)23.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)23.pdf).

<sup>339</sup> Health Services Executive (Ireland), *Medical Abortion* (2022), [https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/model-of-care-termination-of-pregnancy-services-2023-.pdf](https://www2.hse.ie/conditions/abortion/methods/medical/#:~:text=You%20must%20be%20no%20more,or%20doct or%20will%20refer%20you; Health Services Executive (Ireland), <i>Model of Care: Termination of Pregnancy Services</i>, pp. 10, 17, 19 (2023), <a href=).

<sup>340</sup> Law 194/1978 (Italy), Art. 8 (1978).

<sup>341</sup> Ministero della Salute, Superior Council of Health Session (Italy), *Guidelines on Voluntary Termination of Pregnancy, with Mifepristone and Prostaglandins*, pp. 1, 7 (2020); Law 194/1978 (Italy), Art. 8 (1978).

<sup>342</sup> Agenzia Italiana del Farmaco (AIFA), Determina 865/2020, *Modifica Delle Modalità di Impiego del Medicinale Mifegyne a Base di Mifepristone (RU486)* (2020), Art. 2, [https://www.aifa.gov.it/documents/20142/1134592/Determina\\_865-2020\\_MIFEGYNE-RU486.pdf](https://www.aifa.gov.it/documents/20142/1134592/Determina_865-2020_MIFEGYNE-RU486.pdf). **There are no**



- **The Netherlands: RESTRICTIVE**

In the Netherlands, the law stipulates that abortions may only be carried out in a hospital or clinic that is specifically licensed for this purpose.<sup>343</sup> The drug approval for mifepristone mandates that the pill must be taken at the facility in the presence of the doctor or their medical staff.<sup>344</sup> Misoprostol can be taken at home.<sup>345</sup>

- **Norway: RESTRICTIVE**

The Norwegian Abortion Act states that abortion must take place at a hospital or at a state approved clinic.<sup>346</sup> For medication abortion, this means the first medication pill is administered in a medical facility.<sup>347</sup> Before nine weeks of gestation, the second pill can be taken at home; thereafter, the second pill must be taken in a hospital.<sup>348</sup>

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**specific location-based requirements in law or policy for misoprostol. In the Latium region, certain facilities permit its administration at home**, see Bollettino Ufficiale Della Regione Lazio (Italy), *Direzione Salute ed Integrazione Sociosanitaria: Atti Dirigenziali di Gestione* (2021), <https://www.quotidianosanita.it/allegati/allegato3578209.pdf>.

<sup>343</sup> Termination of Pregnancy Act (The Netherlands), Art. 5(2)(a) (1984),

<https://wetten.overheid.nl/BWBR0003396/2023-01-01>, Termination of Pregnancy Act (The Netherlands), Art. 5(2)(a) (1981), <https://wetten.overheid.nl/BWBR0003396/2023-01-01>, Wet afbreking zwangerschap (The Netherlands), Stb.1993, p. 655 (2023), <https://wetten.overheid.nl/BWBR0003396/2023-01-01>. **A proposal was adopted in 2022 that will allow abortion medication to be accessible at general practitioners' offices, but is not yet in effect**, see Wet afbreking zwangerschap, Stb.2023, p. 43 (16 Jan. 2023),

<https://zoek.officielebekendmakingen.nl/stb-2023-43.html> and Eerste Kamer der Staten-Generaal, *Initiatiefvoorstel-Ellemeet, Kuiken, Paternotte en Van Wijngaarden Legale medicamenteuze afbreking zwangerschap door huisarts* (2023), [https://www.eerstekamer.nl/wetsvoorstel/34891\\_initiatiefvoorstel\\_ellemeet](https://www.eerstekamer.nl/wetsvoorstel/34891_initiatiefvoorstel_ellemeet).

<sup>344</sup> CBG MEB (The Netherlands), *Medicine Information Bank – Mifegyne 200 mg, tabletten*, p. 3 (2020), <https://www.geneesmiddeleninformatiebank.nl/bijsluiters/h128040.pdf>; CBG MEB (The Netherlands), *Medicine Information Bank – Sunmedabon, Package Leaflet*, p. 3 (2022), <https://www.geneesmiddeleninformatiebank.nl/bijsluiters/h106099.pdf>.

<sup>345</sup> CBG MEB (The Netherlands), *Medicine Information Bank – Misoprostol Exelgyn, Package Leaflet*, p. 3 (2024), <https://www.geneesmiddeleninformatiebank.nl/bijsluiters/h113032.pdf>; CBG MEB (The Netherlands), *Medicine Information Bank – Sunmedabon, Package Leaflet*, p. 3 (2022), <https://www.geneesmiddeleninformatiebank.nl/bijsluiters/h106099.pdf>.

<sup>346</sup> *Compare*. Termination of Pregnancy Act [Abortion Act] (Norway), Section 3 (1975), <https://lovdata.no/dokument/NL/lov/1975-06-13-50>.

<sup>347</sup> Norwegian Directorate of Health, *Abortion Provoked (W83 Abortion Induced)* (2016), <https://www.helsedirektoratet.no/veiledere/sykmelderveileder/diagnosespesifikke-anbefalinger-for-sykmelding/svangenskap-fodsel-og-familieplanlegging-w/abort-provosert-w83-abort-fremkalt#fe892f44-66df-4e77-a2d8-ee885b88a87c-begrunnelse>.

<sup>348</sup> Norwegian Directorate of Health, *Abortion Provoked (W83 Abortion Induced)* (2016), <https://www.helsedirektoratet.no/veiledere/sykmelderveileder/diagnosespesifikke-anbefalinger-for-sykmelding/svangenskap-fodsel-og-familieplanlegging-w/abort-provosert-w83-abort-fremkalt#fe892f44-66df-4e77-a2d8-ee885b88a87c-begrunnelse>. In contrast, OBGYN guidelines permit the second pill to be taken at home throughout the first 10 weeks, see Norwegian Gynecological Association, *Provoked Abortion: Recommendations* (last accessed 1 August 2024), <https://www.legeforeningen.no/foreningsledd/fagmed/norsk-gyneologisk-forening/veiledere/veileder-i-gyneologi/provosert-abort/>.

- **Sweden: RESTRICTIVE**  
Swedish legislation requires mifepristone to be administered in a medical facility.<sup>349</sup> An assessment is then made to determine whether the pregnant person can complete the procedure at home, should they wish.<sup>350</sup>

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## **Latin America & The Caribbean**

- **Argentina: SUPPORTIVE**  
The law does not impose specific location requirements.<sup>351</sup> Although the Ministry of Health's policy necessitates a medical consultation and assessment of gestational age, it does not specify that these must occur at a particular health facility.<sup>352</sup> Rather, the policy affirms that the medication abortion procedure is deemed safe for outpatient and self-managed administration.<sup>353</sup>
- **Brazil: RESTRICTIVE**  
Medication abortion must be administered in-person at a hospital licensed by the Brazilian Health Authority to perform abortions.<sup>354</sup>
- **Chile: RESTRICTIVE**  
While the technical guidelines indicate that mifepristone may be administered at home after medical consultation,<sup>355</sup> misoprostol must be taken at the healthcare facility within 24 to 36 hours of taking mifepristone.<sup>356</sup> Additionally, abortions after 12 weeks' gestation must take place at a healthcare facility.<sup>357</sup>

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<sup>349</sup> National Board of Health and Welfare (Sweden), Abortion Regulations (SOSFS 2009:15), Ch. 4 S3(1)-(2) (2009); Swedish Abortion Act (Sw. Abortlag, 1974:595), Section 5 (1974).

<sup>350</sup> National Board of Health and Welfare (Sweden), Abortion Regulations (SOSFS 2009:15) Ch. 4 S3(1)-(2) (2009).

<sup>351</sup> See Law No. 27.610 (Argentina) - Access to Voluntary Termination of Pregnancy (2021).

<sup>352</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, pp. 21, 58 (2022), [https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo\\_IVE\\_ILE%202022\\_1242023.pdf](https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo_IVE_ILE%202022_1242023.pdf).

<sup>353</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, pp. 13, 41, 66 (2022), [https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo\\_IVE\\_ILE%202022\\_1242023.pdf](https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo_IVE_ILE%202022_1242023.pdf).

<sup>354</sup> Ordinance MS/SVS No. 344, of May 12, 1998 (Brazil), [https://bvmsms.saude.gov.br/bvms/saudelegis/svs/1998/prt0344\\_12\\_05\\_1998\\_rep.html](https://bvmsms.saude.gov.br/bvms/saudelegis/svs/1998/prt0344_12_05_1998_rep.html); Resolution-RDC No. 13, of March 26, 2010 (Brazil), [https://bvmsms.saude.gov.br/bvms/saudelegis/anvisa/2010/rdc0013\\_26\\_03\\_2010.html](https://bvmsms.saude.gov.br/bvms/saudelegis/anvisa/2010/rdc0013_26_03_2010.html); Ministry of Health (Brazil), *Technical Guidelines on Abortion*, p. 35 f. (2011), [https://bvmsms.saude.gov.br/bvms/publicacoes/atencao\\_humanizada\\_abortamento\\_norma\\_tecnica\\_2ed.pdf](https://bvmsms.saude.gov.br/bvms/publicacoes/atencao_humanizada_abortamento_norma_tecnica_2ed.pdf).

<sup>355</sup> Ministry of Health (Chile), *National Technical Guideline: Support and Comprehensive Care for the Woman who is in any of the Three Causes Regulated by Law 21,030*, p. 112 (2018), [https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO\\_02.pdf](https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO_02.pdf) (indicating mifepristone may be taken outside the healthcare facility or at home).

<sup>356</sup> Ministry of Health (Chile), *National Technical Guideline: Support and Comprehensive Care for the Woman who is in any of the Three Causes Regulated by Law 21,030*, p. 112 (2018), [https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO\\_02.pdf](https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO_02.pdf) (instructing the pregnant person must be instructed to return to the hospital within 24 to 48 hours of taking mifepristone to take the next dose of misoprostol).

<sup>357</sup> Ministry of Health (Chile), *National Technical Guideline: Support and Comprehensive Care for the Woman who is in any of the Three Causes Regulated by Law 21,030*, p. 112 (2018), [https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO\\_02.pdf](https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO_02.pdf) (stating all medication abortions in the second and third trimester must be completed with hospitalization).

- **Colombia:** **SUPPORTIVE**

The Colombian Health Ministry states in an official Resolution that medication abortion does not require an in-person visit and can be administered at home.<sup>358</sup>

- **Costa Rica:** **N/A**

As neither misoprostol nor mifepristone are registered in Costa Rica, this indicator is inapplicable. Notably, Costa Rica requires abortions take place at a medical facility.<sup>359</sup>

- **Ecuador:** **SUPPORTIVE**

The legal and policy framework in Ecuador does not explicitly require an in-person visit or that medication abortion pills be administered in a specific facility. However, the Criminal Code limits legal abortions to those conducted by healthcare providers.<sup>360</sup>

- **Mexico City:** **SUPPORTIVE**

*\*Note: As pharmaceuticals are regulated by the federal (not state) government in Mexico, the response to this metric reflects Mexican federal law.*

In Mexico, medication abortion can be entirely self-managed in the first 10 weeks.<sup>361</sup> Before 12 weeks of gestation, medication abortion can be taken in an outpatient setting, ideally taking mifepristone at the facility and misoprostol at home.<sup>362</sup> After 12 weeks, medication abortion should be performed under the supervision of trained health personnel within the health unit.<sup>363</sup>

- **Peru:** **RESTRICTIVE**

The National Technical Guidance states that abortion care must take place in healthcare facility designated level II or higher (public hospitals or clinics).<sup>364</sup>

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<sup>358</sup> Ministry of Health (Colombia), Resolution No. 00006051 (January 12, 2023), para. 4.2.5.8, [https://www.minsalud.gov.co/Normatividad\\_Nuevo/Resolución%20No.%20051%20de%202023.pdf](https://www.minsalud.gov.co/Normatividad_Nuevo/Resolución%20No.%20051%20de%202023.pdf).

<sup>359</sup> Therapeutic Abortion Protocol of Dec. 2020 (Costa Rica), Protocol No. GM.DDS-AAIP-210520, p. 15 (2020) (finding that if the panel and the pregnant person agree to proceed with the abortion, it must be done at a hospital and by a healthcare professional).

<sup>360</sup> Ecuador Criminal Code, Art. 150 (2014).

<sup>361</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, pp. 54, 58 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactivo\\_22NOV\\_22-Lineamiento\\_tecnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactivo_22NOV_22-Lineamiento_tecnico_aborto.pdf).

<sup>362</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, p. 58 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactivo\\_22NOV\\_22-Lineamiento\\_tecnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactivo_22NOV_22-Lineamiento_tecnico_aborto.pdf).

<sup>363</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, p. 75 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactivo\\_22NOV\\_22-Lineamiento\\_tecnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactivo_22NOV_22-Lineamiento_tecnico_aborto.pdf).

<sup>364</sup> Ministry of Health (Peru), *National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at 22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code*, Sections 5.3, 7.1 (2016), <https://www.gob.pe/institucion/minsa/informes-publicaciones/285890-guia-tecnica-nacional-para-la-estandarizacion-del-procedimiento-de-la-atencion-integral-de-la-gestante-de-acuerdo-al-articulo-119-del-codigo-penal>. See also Ministry of Health (Peru), *Norma Técnica De Salud, Categorías de Establecimientos del Sector Salud V.02* (2006), [https://socienee.com/wp-content/uploads/n\\_nacionales/nn24.pdf](https://socienee.com/wp-content/uploads/n_nacionales/nn24.pdf).

- **Uruguay: SUPPORTIVE**

While the pregnant person must confer with a healthcare professional and the interdisciplinary team prior to obtaining an abortion,<sup>365</sup> the medication abortion pills can be administered outside of a specific facility and in the individual's own home.<sup>366</sup>

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## **Northern America**

- **Canada: SUPPORTIVE**

In Canada, an in-person visit is no longer obligatory for prescribing medication abortion.<sup>367</sup> The decision now rests with the healthcare provider, who may opt for an ultrasound in cases of suspected ectopic pregnancy or uncertain gestational age.<sup>368</sup>

- **California (United States): SUPPORTIVE**

California does not have any in-person requirements for abortion.<sup>369</sup>

- **Colorado (United States): SUPPORTIVE**

Colorado does not have any in-person requirements for abortion.<sup>370</sup>

- **New York (United States): SUPPORTIVE**

New York does not have any in-person requirements for abortion.<sup>371</sup>

- **Washington (United States): SUPPORTIVE**

Washington does not have any in-person requirements for abortion.<sup>372</sup>

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<sup>365</sup> See Law No. 18.897 (Uruguay), Art. 3 (2012).

<sup>366</sup> Ministry of Health (Uruguay), *Guía Técnica para la interrupción voluntaria del embarazo (IVE)* [Technical Guidance for the Voluntary Interruption of Pregnancy], 2d. ed., p. 11 (2016) (Unofficial translation, the Spanish version states: Luego de haber sido asesorada, la mujer puede utilizar la medicación en su domicilio en forma segura y efectiva), <https://montevideo.gub.uy/sites/default/files/biblioteca/10.guiatecnicaive2daedicion2016msp.pdf>.

<sup>367</sup> Government of Canada, *Information Update Health Canada Approves Updates to Mifegymiso Prescribing Information: Ultrasound no Longer Mandatory* (Apr. 16, 2019), <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/69620a-eng.php>.

<sup>368</sup> Government of Canada, Linepharma International Limited, *Product Monograph: Mifegymiso*, p. 4 (2015), [https://pdf.hres.ca/dpd\\_pm/00070528.PDF](https://pdf.hres.ca/dpd_pm/00070528.PDF).

<sup>369</sup> See Cal. Health & Safety Code §123462; California Abortion Access, *Types of Abortion*, <https://abortion.ca.gov/getting-an-abortion/types-of-abortion/> (accessed Aug 2, 2024) (noting options for getting abortion medication by mail and telehealth).

<sup>370</sup> See Colo. Rev. Stat. § 25-6-403; Colorado Office of the Attorney General, *Know Your Reproductive Rights*, p. 2 (2022), <https://coag.gov/app/uploads/2022/06/Know-Your-Reproductive-Rights.pdf> (accessed Aug 2, 2024) (noting that abortion can be obtained via telemedicine and receive the prescription by mail).

<sup>371</sup> See N.Y. Pub. Health Law § 2599-aa; NYC Health, *Abortion*, <https://www.nyc.gov/site/doh/health/health-topics/abortion.page> (accessed Aug 2, 2024) (noting options for telehealth and abortion by mail).

<sup>372</sup> See Wash. Rev. Code Ann. § 9.02.110; Washington State Department of Health, *Medication Abortion Access in Washington*, <https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health/abortion/medication-abortion-access-washington> (accessed Aug. 2, 2024) (noting that medication abortion can be accessed through telehealth and the prescription received via mail).

## Oceania

- **New Zealand: SUPPORTIVE**

New Zealand's legal and policy framework does not require an in-person visit before 10 weeks' gestation unless "social or medical circumstances dictate".<sup>373</sup> Between 10 and 20 weeks of pregnancy, the guidelines recommend that an in-patient setting should be offered.<sup>374</sup>

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<sup>373</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline*, p.17 (2021), [https://www.health.govt.nz/system/files/documents/publications/new\\_zealand\\_aotearoa\\_abortion\\_clinical\\_guideline.pdf](https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf).

<sup>374</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline*, p.19 (2021).

## Metric 7:

# Telemedicine

The WHO recommends telemedicine as an alternative to in-person interactions with a healthcare provider to deliver medical abortion services.<sup>375</sup> An enabling environment ensures that individuals can access abortion services via telemedicine or other telehealth services. When countries enact laws and policies regulating telemedicine or other telehealth services, they should specifically include abortion to avoid uncertainties around abortion care can be administered remotely.

### Indicators:



**SUPPORTIVE:** Abortion via telemedicine is explicitly permitted.



**NOT SUPPORTIVE:** Abortion via telemedicine is neither explicitly permitted nor prohibited.



**RESTRICTIVE:** Abortion via telemedicine is explicitly not permitted.



**NOT APPLICABLE (N/A):** Abortion is prohibited altogether.

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## Country-by-Country analysis:

### Africa

- **Ethiopia: NOT SUPPORTIVE**

Although Ethiopia has telehealth guidelines, they do not expressly permit or prohibit abortion via telemedicine.<sup>376</sup>

- **Kenya: NOT SUPPORTIVE**

Although Kenya recognizes e-health as “a mode of health service” and has a robust legal framework on telemedicine, it does not explicitly address abortion care.<sup>377</sup>

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<sup>375</sup> WHO, *Abortion Care Guideline*, p. 95 (2022).

<sup>376</sup> See generally, Ministry of Health (Ethiopia), *Ethiopian Telehealth Guide 2020 Version 2* (2020), [https://www.researchgate.net/publication/363856102\\_Ethiopian\\_Telehealth\\_Guide\\_2020\\_Version\\_2](https://www.researchgate.net/publication/363856102_Ethiopian_Telehealth_Guide_2020_Version_2).

<sup>377</sup> Republic of Kenya, Kenya National eHealth Policy 2016-2030, Health Act No. 21 of 2017, Part XV, no. 103 (2017), <https://repository.kippra.or.ke/bitstream/handle/123456789/1786/2016-2030%20Kenya%20National%20E-Health%20policy.pdf?sequence=1&isAllowed=y#:~:text=Technologically%2C%20eHealth%20is%20one%20of,be%20delivered%20to%20all%20Kenyans>. See also Republic of Kenya, *Kenya Gazette Supplement, Senate Bills 2021, The County E-Health Bill* (2021), <http://www.parliament.go.ke/sites/default/files/2022-02/The%20County%20E-Health%20Bill%2C%202021.pdf>.



- **Mozambique: NOT SUPPORTIVE**  
Mozambique does not currently have legislation on telemedicine, including for the provision of abortion services. However, Mozambique explicitly requires some aspects of procuring an abortion to be done in person,<sup>378</sup> which undermines the ability of individuals to use telemedicine for all aspects of abortion care.
- **Nigeria: NOT SUPPORTIVE**  
Nigeria does not currently have legislation on telemedicine, including for the provision of abortion services. However, Nigeria’s abortion guidelines explicitly require some aspects of procuring an abortion to be done in person, which undermines the ability of individuals to use telemedicine for all aspects of abortion care.
- **Rwanda: NOT SUPPORTIVE**  
Rwanda’s legal and policy framework does not explicitly permit or prohibit abortion via telemedicine. However, Rwanda does explicitly require some aspects of procuring an abortion to be done in person,<sup>379</sup> which undermines the ability of individuals to use telemedicine for all aspects of abortion care.
- **South Africa: NOT SUPPORTIVE**  
South Africa does not explicitly permit or prohibit abortion via telemedicine.<sup>380</sup>
- **Tanzania: NOT SUPPORTIVE**  
Although Tanzania has telehealth guidelines, they do not expressly permit or prohibit abortion via telemedicine.<sup>381</sup> However, Tanzania requires some aspects of procuring an abortion to be done in person, which undermines the ability of individuals to use telemedicine for all aspects of abortion care.<sup>382</sup>
- **Uganda: NOT SUPPORTIVE**  
Uganda’s legal and policy framework does not explicitly permit or prohibit abortion by telemedicine.

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<sup>378</sup> See, e.g., Ministerial Decree No. 60/2017 (Mozambique), p. 1122 (2017) (underlining that medication abortion between 9 and 12 weeks must take place at a healthcare unit or hospital).

<sup>379</sup> Rwanda Food and Drugs Authority, *Ovoid Misoprostol Tablets 200 mcg* (2024), <https://rwandafda.gov.rw/wp-content/uploads/2024/02/Ovoid%20-%20Misoprostol%20200mcg%20Tablets%20-%20PIL.pdf>. Rwanda Food and Drugs Authority, Department of Drug and Food Assessment and Registration, Human Medicinal Products Register (2022), [https://rwandafda.gov.rw/wp-content/uploads/2024/01/eRWANDA%20FDA%20HUMAN%20MEDICINAL%20PRODUCTS%20REGISTER\\_JANUARY%202024.pdf](https://rwandafda.gov.rw/wp-content/uploads/2024/01/eRWANDA%20FDA%20HUMAN%20MEDICINAL%20PRODUCTS%20REGISTER_JANUARY%202024.pdf).

<sup>380</sup> Health Professionals Council of South Africa, *General Ethical Guidelines for Good Practice in Telehealth* (2021), [https://www.hpcsablogs.co.za/wp-content/uploads/2022/08/Booklet-10\\_Telehealth\\_Dec\\_2021.pdf](https://www.hpcsablogs.co.za/wp-content/uploads/2022/08/Booklet-10_Telehealth_Dec_2021.pdf).

<sup>381</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Digital Health Strategy* (2019), [https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country\\_documents/Tanzania/Tanzania\\_Digital\\_Health\\_Strategy\\_2019\\_-2024.pdf](https://www.healthdatacollaborative.org/fileadmin/uploads/hdc/Documents/Country_documents/Tanzania/Tanzania_Digital_Health_Strategy_2019_-2024.pdf).

<sup>382</sup> The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, *Comprehensive Post-Abortion Care Guideline*, p. 21 (Aug. 2020).

## Asia

- **India: NOT SUPPORTIVE**

Although India has telehealth guidelines, they do not expressly permit or prohibit abortion via telemedicine.<sup>383</sup> However, India explicitly requires some aspects of procuring an abortion to be done in person,<sup>384</sup> undermining the ability of individuals to use telemedicine for all aspects of abortion care.

- **Indonesia: NOT SUPPORTIVE**

Indonesian law permits the use of telehealth and telemedicine for both clinical and non-clinical services, though has no guidance on how this relates to the provision of abortion.<sup>385</sup>

- **Nepal: NOT SUPPORTIVE**

There are general telemedicine guidelines for registered medical practitioners in Nepal, but these do not contain provisions for abortion services.<sup>386</sup> A 2021 government guideline states that the Nepalese government, in coordination with federal, provincial and local authorities, will issue regulations for the provision of home-based medication abortion through telemedicine,<sup>387</sup> but these regulations have not been issued yet.

- **Pakistan: NOT SUPPORTIVE**

Pakistan does not currently have any laws or policies explicitly prohibiting or permitting telemedicine, including for abortion.<sup>388</sup>

- **Philippines: N/A**

Abortion is completely prohibited in the Philippines.<sup>389</sup> As such, there is no guidance on the use of telemedicine for abortion.

- **Sri Lanka: NOT SUPPORTIVE**

Sri Lanka does not currently have legislation on telemedicine, including for the provision of abortion services.

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<sup>383</sup> Medical Council of India, *Telemedicine Practice Guidelines* (2020),

[https://esanjeevani.mohfw.gov.in/assets/guidelines/Telemedicine\\_Practice\\_Guidelines.pdf](https://esanjeevani.mohfw.gov.in/assets/guidelines/Telemedicine_Practice_Guidelines.pdf).

<sup>384</sup> **Abortions must take place at a “Hospital established or maintained by Government”, or another place approved for the purposes of the MTP Act.** The Medical Termination of Pregnancy (Amendment) Act (India), Act No. 64 of 2002, Section 4, which amends The Medical Termination of Pregnancy Act (1971).

<sup>385</sup> Laws of the Republic of Indonesia, Number 17 of 2023, p. 48, Article 172 (2023),

<https://www.hukumonline.com/pusatdata/detail/lt64d2f9cf7ee9d/undang-undang-nomor-17-tahun-2023/>.

<sup>386</sup> Nepal Medical Council, *Telemedicine Guidelines for Registered Medical Practitioners in Nepal* (2020),

<https://nmc.org.np/files/4/Telemedicine%20guidelines%20for%20registered%20medical%20practitioners%20in%20Nepal.pdf>.

<sup>387</sup> Government of Nepal, Ministry of Health and Population, *Safe Abortion Service Program Management Guideline*, p. 4 (2021),

[https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P\\_v4A?e=yT2XkX](https://reproductiverights.sharepoint.com/:b:/s/AsiaUnit/ESkDehUjRz9OiA9zEORNNhABYLQDflrCU0SihSkw-P_v4A?e=yT2XkX).

<sup>388</sup> See World Health Organization, *Atlas of eHealth Country Profiles*, p. 264 (2016),

<https://www.who.int/observatories/global-observatory-for-ehealth>.

<sup>389</sup> Revised Penal Code of the Philippines, Act. No. 3815, Art. 256-259 (1930).

- **Thailand: NOT SUPPORTIVE**

Although Thailand has guidelines on telemedicine, these do not explicitly address abortion.<sup>390</sup> Draft guidelines for the use of telemedicine for abortion care have been published through collaboration between the Department of Health and the RSA Network (Referral System for Safe Abortion).<sup>391</sup>

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## Europe

- **Belgium: NOT SUPPORTIVE**

There are no specific provisions for abortion in the general telemedicine guidelines.<sup>392</sup>

- **France: SUPPORTIVE**

The law explicitly permits the mandatory pre-abortion consultation to be conducted remotely,<sup>393</sup> and the Health Ministry has published guidance that allows abortion medication to be taken at home.<sup>394</sup>

- **Germany: NOT SUPPORTIVE**

There are no explicit regulations on abortion via telemedicine. In response to an inquiry from a Bundestag member, the Parliamentary State Secretary stated in 2020 that current German federal law does not prohibit counseling and medical treatment for abortion via telemedicine.<sup>395</sup> Some states have passed laws that render telemedical abortion unfeasible for abortion care facilities in the state.<sup>396</sup>

- **Great Britain (England and Wales, Scotland): SUPPORTIVE**

Medication abortion via telemedicine is explicitly permitted for pregnancies that do not exceed 10 weeks at the time the first medicine is administered.<sup>397</sup>

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<sup>390</sup> Medical Council of Thailand, *Notification No. 54/2563* (2020), <https://tmc.or.th/index.php/News/News-and-Activities/Telemedicine>.

<sup>391</sup> Ministry of Public Health (Thailand), *Telemedicine Guideline for Medical Abortion* (last accessed 1 Aug. 2024), [https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/tinymce/kpi64/1\\_6/1\\_6\\_1-25.pdf](https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/tinymce/kpi64/1_6/1_6_1-25.pdf) (These guidelines are only a draft and have not been officially endorsed by the government but have been widely used in Thailand).

<sup>392</sup> See Order of Physicians (Belgium), *Teleconsultaties in het Huidige Zorglandschap – Deontologische Regels* (2022), <https://ordomedic.be/nl/adviezen/deontologie/kwaliteit-van-de-zorg/teleconsultaties-in-het-huidige-zorglandschap-deontologische-regels>.

<sup>393</sup> Code de la Santé Publique (France), Art. L2212-2 (*revised* 2022).

<sup>394</sup> Ministère de la Santé et de la Prévention (France), *Interruption Volontaire de Pregnancy Médicamenteuse à Domicile – Memo Pratique* (2023), [https://ivg.gouv.fr/sites/ivg/files/2023-02/Memo-pratique%20IVG%20medicamenteuse\\_WEB.pdf](https://ivg.gouv.fr/sites/ivg/files/2023-02/Memo-pratique%20IVG%20medicamenteuse_WEB.pdf).

<sup>395</sup> Dr. Thomas Gebhart (Parliamentary State Secretary), *German Bundestag Stenographic Report 191st Session*, 24170 f. (2020), <https://dserver.bundestag.de/btp/19/19191.pdf>.

<sup>396</sup> See, e.g., the Bavarian Health Services Act (Germany), Art. 22 (3) No. 3 (2022), which requires facilities that perform abortions to demonstrate that they have adequate emergency intervention. According to a spokeswoman for the Ministry of Health in Munich, this cannot be guaranteed via telemedicine, see Jessica Roth, *Schwangerschaftsabbruch: Könnten Telemedizinische Angebote Helfen?*, APHOTEKENUMSCHAU (2 Feb. 2022), <https://www.apotheken-umschau.de/familie/schwangerschaft/schwangerschaftsabbruch-koennten-telemedizinische-angebote-helfen-848537.html>.

<sup>397</sup> Abortion Act 1967 (Great Britain), Section 3(D), <https://www.legislation.gov.uk/ukpga/1967/87/section/1>; The Abortion Act 1967 (Place for Treatment for the Termination of Pregnancy (Approval) (Scotland) (2022), [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)23.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)23.pdf).

- **Ireland: SUPPORTIVE**  
Ireland's Model of Care for the Termination of Pregnancy Services promotes a blended approach in the provision of abortion services, combining both in-person and remote telemedicine components.<sup>398</sup> Fully remote abortion via telemedicine is permitted in the first 9 weeks of pregnancy.<sup>399</sup>
- **Italy: NOT SUPPORTIVE**  
In Italy, telemedicine is generally permitted,<sup>400</sup> but there are no specific regulations regarding abortion. As Italy requires individuals have an ultrasound and at least one pill to be taken at a healthcare facility,<sup>401</sup> fully remote access to medication abortion is unlikely.
- **The Netherlands: NOT SUPPORTIVE**  
Telemedicine is generally permitted in the Netherlands, and medicine can be prescribed via telemedicine so long as there is either a pre-existing doctor-patient relationship<sup>402</sup> or if a physical consultation is not necessary for the prescription and the prescriber has access to the patient's medication history.<sup>403</sup> There are no specific regulations on abortion via telemedicine. The requirement that mifepristone must be taken at the medical facility<sup>404</sup> undermines the ability of individuals to use telemedicine for all aspects of abortion care.
- **Norway: NOT SUPPORTIVE**  
Norway does not currently have legislation on telemedicine, including for the provision of abortion services. However, Norway explicitly requires some aspects of procuring an abortion to be done in person, which undermines the ability of individuals to use telemedicine for all aspects of abortion care.<sup>405</sup>

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<sup>398</sup> Health Services Executive (Ireland), *Model of Care: Termination of Pregnancy Services*, p. 3 (2023), <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/model-of-care-termination-of-pregnancy-services-2023-.pdf>.

<sup>399</sup> Health Services Executive (Ireland), *Medical Abortion* (2022), [https://www2.hse.ie/conditions/abortion/methods/medical/#:~:text=You%20must%20be%20no%20more,or%20doctor%20will%20refer%20you](https://www2.hse.ie/conditions/abortion/methods/medical/#:~:text=You%20must%20be%20no%20more,or%20doctor%20will%20refer%20you;); Health Services Executive (Ireland), *Model of Care, Termination of Pregnancy Services*, pp. 10, 17, 19 (2023), <https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-reports-on-womens-health/model-of-care-termination-of-pregnancy-services-2023-.pdf>.

<sup>400</sup> See, e.g., Ministero della Salute (Italy), *Decree No. 77* (23 May 2022) (establishing standards for home care assistance); Ministero della Salute (Italy), *National Guidelines for the Provision of Telemedicine Services* (27 Oct. 2020) (providing uniform definitions and standards for telemedicine services).

<sup>401</sup> Ministero della Salute, Superior Council of Health Session (Italy), *Guidelines on Voluntary Termination of Pregnancy, with Mifepristone and Prostaglandins*, p. 10(f) (2020).

<sup>402</sup> Dutch Medicines Act (*Geneesmiddelenwet*), Art. 67 (2020), <https://wetten.overheid.nl/BWBR0021505/2020-04-01> (prohibiting doctors to prescribe medicines to patients whom he or she has never physically met).

<sup>403</sup> The Kingdom of the Netherlands, *Policy rule for prescribing via the internet*, Stb. 2023, 10521 (11 Apr. 2023), <https://zoek.officielebekendmakingen.nl/stcrt-2023-10521.html>.

<sup>404</sup> CBG MEB (The Netherlands), *Medicine Information Bank – Mifegyne 200 mg, tabletten*, p. 3 (2020), <https://www.geneesmiddeleninformatiebank.nl/bijsluiters/h128040.pdf>; CBG MEB (The Netherlands), *Medicine Information Bank – Sunmedabon, Package Leaflet*, p. 3 (2022), <https://www.geneesmiddeleninformatiebank.nl/bijsluiters/h106099.pdf>

<sup>405</sup> *Compare*. Termination of Pregnancy Act [Abortion Act] (Norway), Section 3 (1975), <https://lovdata.no/dokument/NL/lov/1975-06-13-50>.

- **Sweden: NOT SUPPORTIVE**

Swedish law does not provide guidance on how regulations on telemedicine should apply to abortion.<sup>406</sup> However, the requirement that the first abortion pill be taken in a medical facility undermines the ability of individuals to use telemedicine for all aspects of abortion care.<sup>407</sup>

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## **Latin America & The Caribbean**

- **Argentina: NOT SUPPORTIVE**

Abortion through telemedicine is not specifically regulated by law or policy in Argentina. The general laws on telemedicine permit prescriptions through telemedicine.<sup>408</sup> Given that the Ministry of Health's 2022 policy allows for self-managed abortions,<sup>409</sup> this provision should also apply to misoprostol and mifepristone.

- **Brazil: RESTRICTIVE**

Abortion via telemedicine is not permitted.<sup>410</sup>

- **Chile: NOT SUPPORTIVE**

In 2023, Chile passed a law (expected to enter into force in September 2024) that generally permits the provision of healthcare services via telemedicine.<sup>411</sup> However, it does not specifically address abortion services via telemedicine. Since in-person drug administration at a facility is mandated,<sup>412</sup> this impedes the use of telemedicine for all aspects of abortion.

- **Colombia: SUPPORTIVE**

The Colombian Health Ministry explicitly recognizes that medication abortion can be conducted through telemedicine.<sup>413</sup>

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<sup>406</sup> See, e.g., Ministry of Health and Social Affairs (Sweden), *Efficient and needs-based digital care: Ds 2023:27* (2023), <https://www.regeringen.se/rattsliga-dokument/departementsserien-och-promemorior/2023/09/ds-202327/>; and National Board of Health and Welfare (Sweden), *Digital Care Principles*, <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2018-11-2.pdf>.

<sup>407</sup> National Board of Health and Welfare (Sweden), Abortion Regulations (SOSFS 2009:15), Ch. 4 S3(1)-(2); Swedish Abortion Act (Sw. Abortlag, 1974:595), Section 5 (1974).

<sup>408</sup> Law No. 27.553 (Argentina) (2020), <https://www.boletinoficial.gob.ar/detalleAviso/primera/233439/20200811>.

<sup>409</sup> Ministry of Health (Argentina), *Protocolo Para la Atención Integral de las Personas con Derecho a la Interrupción Voluntaria y Legal del Embarazo (IVE/ILE)*, p. 66 (2022), [https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo\\_IVE\\_ILE%202022\\_1242023.pdf](https://bancos.salud.gob.ar/sites/default/files/2023-04/Protocolo_IVE_ILE%202022_1242023.pdf). The guidelines emphasize that an ultrasound is not a requirement to access abortion.

<sup>410</sup> See e.g., Ministério da Saúde (Brazil), Nota Informativa Nº 1/2021-SAPS/NUJUR/SAPS/MS (2021), [https://egestorab.saude.gov.br/image/?file=20210607\\_N\\_NotaInformativaMisoprostol\\_7420033149594271099.pdf](https://egestorab.saude.gov.br/image/?file=20210607_N_NotaInformativaMisoprostol_7420033149594271099.pdf).

<sup>411</sup> Ministry of Health (Chile), *Law 21541* (2023), <https://www.bcn.cl/leychile/navegar/imprimir?idNorma=1190336&idVersion=2023-03-17>.

<sup>412</sup> Ministry of Health (Chile), *National Technical Guideline: Support and Comprehensive Care for the Woman who is in any of the Three Causes Regulated by Law 21,030*, p. 112 (2018), [https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO\\_02.pdf](https://www.minsal.cl/wp-content/uploads/2018/02/NORMA-IVE-ACOMPANAMIENTO_02.pdf).

<sup>413</sup> Ministry of Health (Colombia), Resolution No. 00006051, para. 4.2.5.8.1 (12 Jan. 2023), [https://www.minsalud.gov.co/Normatividad\\_Nuevo/Resolución%20No.%20051%20de%202023.pdf](https://www.minsalud.gov.co/Normatividad_Nuevo/Resolución%20No.%20051%20de%202023.pdf).

- **Costa Rica: NOT SUPPORTIVE**

Costa Rica does not have explicit legislation regulating abortion via telemedicine. Nonetheless, Costa Rica explicitly requires some aspects of procuring an abortion to be done in-person, which undermines the ability of individuals to use telemedicine for all aspects of abortion care.<sup>414</sup>

- **Ecuador: NOT SUPPORTIVE**

There are no explicit guidelines or legislation on telemedicine in Ecuador, including for abortion care.

- **Mexico City: SUPPORTIVE**

*\*Note: As pharmaceuticals are regulated by the federal (not state) government in Mexico, the response to this metric reflects Mexican federal law*

The abortion guidelines by the Mexican Health Ministry state that telemedicine may be used to provide services for medical abortion, either partially or in its entirety.<sup>415</sup>

- **Peru: NOT SUPPORTIVE**

Although Peru has telehealth guidelines, they do not expressly permit or prohibit abortion via telemedicine.<sup>416</sup> However, Peru's abortion guidelines explicitly require some aspects of procuring an abortion to be done in person, which undermines the ability to use telemedicine for all aspects of abortion.<sup>417</sup>

- **Uruguay: NOT SUPPORTIVE**

Although telemedicine is generally permissible in Uruguay, the regulations do not explicitly address abortion.<sup>418</sup>

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## Northern America

- **Canada: NOT SUPPORTIVE**

Abortion via telemedicine is not formally regulated through government guidelines. Telemedicine more generally is regulated on a provincial and territorial basis, by each jurisdiction's college of physicians.<sup>419</sup>

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<sup>414</sup> See, e.g., Therapeutic Abortion Protocol of Dec. 2020 (Costa Rica), Protocol No. GM.DDS-AAIP-210520, p. 15 (finding that if the panel and the pregnant person agree to proceed with the abortion, it must be done at a hospital and by a healthcare professional).

<sup>415</sup> Gobierno de México, *Lineamiento Técnico para la atención del Aborto Seguro en México*, p. 54 (2022), [https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL\\_Interactive\\_22NOV\\_22-Lineamiento\\_tecnico\\_aborto.pdf](https://www.gob.mx/cms/uploads/attachment/file/779301/V2-FINAL_Interactive_22NOV_22-Lineamiento_tecnico_aborto.pdf).

<sup>416</sup> Ministry of Health (Peru), *General Guideline for Telehealth* (2021), <https://bvs.minsa.gob.pe/local/MINSA/5418.pdf>.

<sup>417</sup> See, e.g., Ministry of Health (Peru), *National Technical Guide For Standardization of the Procedure for the Comprehensive Care for Pregnant Women in the Voluntary Termination Of Pregnancy for Therapeutic Termination of Pregnancy at 22 Weeks with Informed Consent Within the Framework of the Article 119 of the Penal Code*, Sections 6.4.1-6.4.3 (2016), <https://www.gob.pe/institucion/minsa/informes-publicaciones/285890-guia-tecnica-nacional-para-la-estandarizacion-del-procedimiento-de-la-atencion-integral-de-la-gestante-de-acuerdo-al-articulo-119-del-codigo-penal>.

<sup>418</sup> See Law No. 19.896 (Uruguay), Approval of the General Guidelines for the Implementation and Development of Telemedicine as the Provision of Health Services (2020), <https://www.impo.com.uy/bases/leyes/19869-2020>.

<sup>419</sup> Health Canada, *Virtual Care – Policy Framework*, p. 4 (7 July 2021), <https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency/health-agreements/bilateral-agreement-pan-canadian-virtual-care-priorities-covid-19/policy-framework/policy-framework-eng.pdf>.



However, the Society of Obstetricians and Gynaecologists of Canada has adopted a protocol guiding abortion providers on how to perform all steps of medication abortion via telemedicine.<sup>420</sup>

- **United States (California): SUPPORTIVE**

Telehealth is generally permissible in California,<sup>421</sup> and there seem to be no legal restrictions on abortion via telemedicine under California laws.<sup>422</sup> Further, the California Education Code provides that every public university student health center should offer medication abortion, which can also be performed through telehealth services.<sup>423</sup> Additionally, California has implemented laws protecting healthcare providers who assist people in other states with obtaining abortions via telehealth consultations.<sup>424</sup>

- **United States (Colorado): SUPPORTIVE**

Colorado permits abortion via telemedicine.<sup>425</sup>

- **United States (New York): SUPPORTIVE**

New York law explicitly allows abortions via telemedicine.<sup>426</sup> Further, New York has enacted a law protecting providers who prescribe medication abortion to individuals residing outside of the state of New York via telehealth services.<sup>427</sup>

- **United States (Washington): SUPPORTIVE**

Washington's Department of Health has recognized telemedicine as an acceptable practice for abortions.<sup>428</sup>

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<sup>420</sup> Edith Guilbert et al., *Canadian Protocol for the Provision of Medical Abortion via Telemedicine* (last accessed 1 Aug. 2024),

<https://sogc.org/common/Uploaded%20files/CANADIAN%20PROTOCOL%20FOR%20THE%20PROVISION%20OF%20MA%20VIA%20TELEMEDICINE.pdf>.

<sup>421</sup> Cal. Bus. & Prof. Code § 2290.5. *See also* Cal. Bus. & Prof. Code § 686 (West).

<sup>422</sup> *See* California Government, *California Abortion Access – Getting an Abortion, Types of Abortion* (last accessed 10 Oct. 2023), <https://abortion.ca.gov/getting-an-abortion/types-of-abortion/> (“[i]n California, you may be able to get your abortion medication by mail after a telehealth visit with a qualified provider”).

<sup>423</sup> CAL. EDUC. CODE § 99251 (2019).

<sup>424</sup> *See, e.g.*, Cal. Health & Safety Code Sect. 123468.5 (“(a)(1) California law governs in any action in this state, whether civil, administrative, or criminal, against any person who provides, receives, aids or abets in providing or receiving, or attempts to provide or receive, by any means, including telehealth, the health care services described in paragraph (2) if the provider was located in this state or any other state where the care was legal at the time of the challenged conduct”).

<sup>425</sup> *See* Colorado Attorney General, *Know your reproductive rights* (2022),

<https://coag.gov/app/uploads/2022/06/Know-Your-Reproductive-Rights.pdf> (“...in Colorado, physicians, nurse practitioners, and physician assistants can prescribe abortion medication in the first 10 weeks of a pregnancy via a telehealth appointment.”); Colorado Dept. of Health Care Policy & Financing, *Telemedicine – Provider Information* (last accessed 1 Aug 2024), <https://hcpf.colorado.gov/provider-telemedicine>. *See also* Colorado Dept. of Health Care Policy & Financing, *Provider Bulletin Jan. 2022*, pp. 15-17 (2022), [https://hcpf.colorado.gov/sites/hcpf/files/Bulletin\\_0122\\_B2200472.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Bulletin_0122_B2200472.pdf).

<sup>426</sup> N.Y. Comp. Codes R. & Regs. Tit. 10, Sect. 756.3(a).

<sup>427</sup> *See* N.Y. Crim. Proc. Law Sect. 570.17(1)(a).

<sup>428</sup> Washington State Department of Health, *Sexual and Reproductive Health: Telehealth Services* (last visited June 24, 2024), <https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health/telehealth-services>.

## Oceania

- **New Zealand: SUPPORTIVE**

New Zealand's abortion guidelines permit abortion by telemedicine,<sup>429</sup> and its National Abortion Telehealth Service facilitates entirely remote early medication abortions up to ten weeks' gestation.<sup>430</sup>

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<sup>429</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline*, p. 6 (2021), [https://www.health.govt.nz/system/files/documents/publications/new\\_zealand\\_aotearoa\\_abortion\\_clinical\\_guideline.pdf](https://www.health.govt.nz/system/files/documents/publications/new_zealand_aotearoa_abortion_clinical_guideline.pdf).

<sup>430</sup> Ministry of Health (New Zealand), *New Zealand Aotearoa Abortion Clinical Guideline*, p. 6 (2021).

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