

**The Sustainable Development Goals (SDG) Framework** marks huge progress in addressing women's reproductive rights. For the first time an international development framework includes not only targets on sexual and reproductive health services (SDG 3.1 and SDG 3.7), but also targets that address the barriers and human rights based dimensions of sexual and reproductive health and reproductive rights (SRHRR), through SDG target 5.6. The target is measured by two indicators — Indicators 5.6.1 and 5.6.2.



# GOAL 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS.

**TARGET 5.6:** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

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

INDICATOR 5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education<sup>1</sup>.

These two indicators were designed to complement one another. Together they provide a comprehensive picture of SRHRR along its key dimensions: they measure women's ability to make their own sexual and reproductive decisions, and they measure the legal and regulatory frameworks that enable this. This allows a complementary examination of whether a country has a positive enabling legal and normative framework, and whether its provisions go the last mile to empower all women and girls.





# A global assessment of the legal and regulatory environment

Indicator 5.6.2 seeks to provide the first comprehensive global assessment of legal and regulatory frameworks regarding access to SRHRR. In doing so, it aims to increase the number of countries with laws and regulations that guarantee women and men full and equal access to sexual and reproductive health care, information and education, and to compel countries to remove legal barriers that interfere with this full and equal access.

The development of the methodology for indicator 5.6.2 has been guided by international human rights laws, which require that States repeal and eliminate laws, policies and practices that criminalise, obstruct or undermine an individual's or a particular group's access to health facilities, services, goods and information.<sup>2</sup> Based on these laws as well as international consensus documents and human rights standards,3 the indicator measures the legal and regulatory environment across four broad parameters of SRHRR.

### INDICATOR 5.6.2 measures 13 components (C1-C13) in four sections

### **Maternity Care**

C1: Maternity Care

C2: Life-saving Commodities

C3: Legal Status of Abortion

C4: Post-abortion Care

### **Comprehensive Sexuality Education** (CSE) and Information

### **Contraception and Family Planning**

**C5:** Contraception

**C6:** Consent for Contraceptive Services

C7: Emergency Contraception

# Sexual Health and Well-Being

C10: HIV Testing and Counselling

C11: HIV Treatment and Care

C12: Confidentiality of Health Status for Men and Women Living with HIV





Each component within these four sections addresses areas that are susceptible to regulation by law. For each of the components, data are collected on the existence of legal enablers (positive laws and regulations) and legal barriers. Such barriers encompass restrictions to positive laws and regulations — for example, requirements for third-party authorization that compel individuals to obtain consent from a party beyond their health-care provider, such as a parent, spouse, judge or medical committee — as well as plural legal systems that contradict coexisting positive laws and regulations. These laws may permit cultural and religious customs or practices, some of which are discriminatory, to persist. Even where positive laws are in place, legal barriers can undermine full and equal access to sexual and reproductive health care, information and education; the methodology is designed to capture this.

Data for indicator 5.6.2 are reported by national governments, including national statistics authorities and line ministries. The data are collected through the United Nations Twelfth Inquiry Among Governments on Population and Development, Module II on Fertility, Family Planning and Reproductive Health.<sup>4</sup>

Data were reported by 107 countries in 2019, covering 75 per cent of the world's population. Of the 107 countries, 75 countries reported complete data, allowing calculation of indicator 5.6.2. For the 33 countries that reported partial data, data for components and sections have been calculated where possible. See Annex 1 for a full table of data.

# Indicator 5.6.2 data tells a positive story

Among the 75 countries with complete data on 5.6.2, countries have in place, on average, 73 per cent of the laws and regulations needed to guarantee full and equal access to SRHR. With this access guaranteed in laws and regulations for many countries, the focus should therefore be on ensuring that policies, budgets and actions can translate the laws into practice.

The findings from these data are particularly encouraging when it comes to HIV: on average, countries have achieved 87 per cent of enabling laws and regulations for HIV counselling and test services; 91 per cent for HIV treatment and care services; and 96 per cent for HIV confidentiality. Meanwhile, countries have an average of 79 per cent of relevant enabling laws and regulations that stipulate full, free and informed consent of individuals before they receive contraceptive services, including sterilization. This indicates a mostly supportive protection framework from coerced or forced practices.

## But gaps are also evident

The section that is weakest in terms of positive laws and regulations is sexuality education curriculum. Countries have an average of 57 per cent of enabling laws, regulations or national policies that make sexuality education a mandatory component of the national school curriculum. Of countries where such positive laws and regulation exist, three guarters

# Example of information on legal enablers and barriers collected by the United Nations Inquiry for SDG Indicator 5.6.2 Component C1, Maternity Care

# LEGAL/REGULATORY ENABLERS

Does the country have any laws or regulations that provide for access to maternity care? (Yes/No)

### **LEGAL/REGULATORY BARRIERS**

(Restrictions and contradictory plural legal systems)

Do the laws or regulations include any **restrictions** by:

- Age (Yes/No)
- Marital status (Yes/No)

- Third party authorization (e.g., spousal, parental/guardian, medical) (Yes/No)
- Sex (Yes/No) (where applicable in other components)

Are there any other **plural legal systems** that **contradict** (in part or in total) any laws or regulations? (Yes/No)

include all key concepts recommended by international norms and standards for sexuality education,<sup>5</sup> and all but two concepts — relationships, and sexuality and sexual behaviour — are included by over 90 per cent. Moreover, in the sexual health section of the indicator, countries only have an average of 45 per cent of enabling laws or regulations that guarantee human papillomavirus (HPV) vaccine to adolescent girls.

The United Nations Commission on Life-Saving Commodities has identified 13 commodities across reproductive, maternal, newborn and child health that, if implemented at scale, could make the most significant impact in reducing preventable deaths;<sup>6</sup> only two in five countries reported that their national lists of essential medicines includes all of the 13 commodities. Nearly all of these countries include oxytocin, injectable antibiotics, amoxicillin and oral rehydration solution (ORS) in the lists, but just over half include female condoms.

The data also tells us that legal barriers to full and equal SRHRR access exist in a number of areas. Such barriers are most prevalent in the case of legal access to abortion, with an average of just 31 per cent achievement in this component. Although

abortion is legal on some or all grounds<sup>7</sup> in 93 per cent of reporting countries, a husband's consent is required for married women to access the service in 28 per cent of these countries, and judicial consent is required for minors in 29 per cent. Furthermore, women can be criminally charged for an illegal abortion in more than half of the 107 countries.

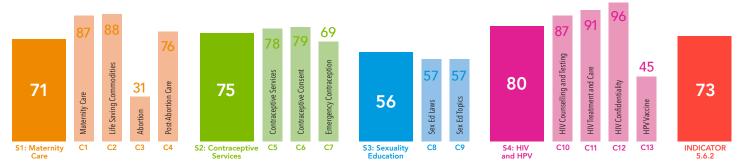
Moreover, although laws and regulations exist to guarantee access to maternity care in 95 per cent of reporting countries, 9 per cent of these countries have restrictions based on marital status; 10 per cent have restrictions based on age; and 11 per cent have restrictions based on third-party authorization including spousal, parental or guardian, and medical.

Access to contraceptive services is also restricted for a number of groups. In 12 per cent of reporting countries where laws protect access to contraceptive services, plural legal systems contradict the positive laws and regulations. Furthermore, 28 per cent of the countries have contraceptive restrictions based on a minimum age, 21 per cent have restrictions based on a requirement for third-party authorization and 6 per cent have restrictions based on marital status.

# 107 countries reported complete or partial data for indicator 5.6.2 in 2019

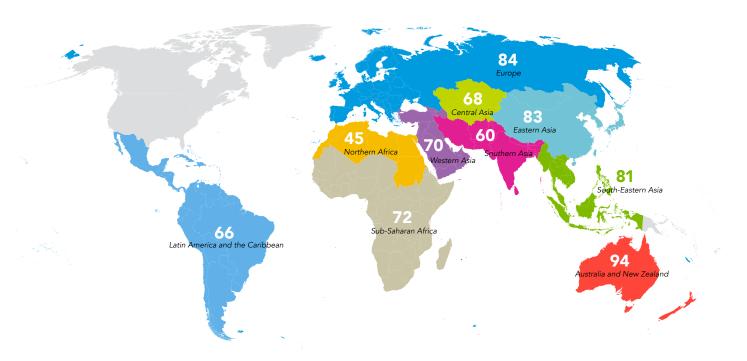


Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-S4) and Component (C1-C13) values, 2019 (per cent).



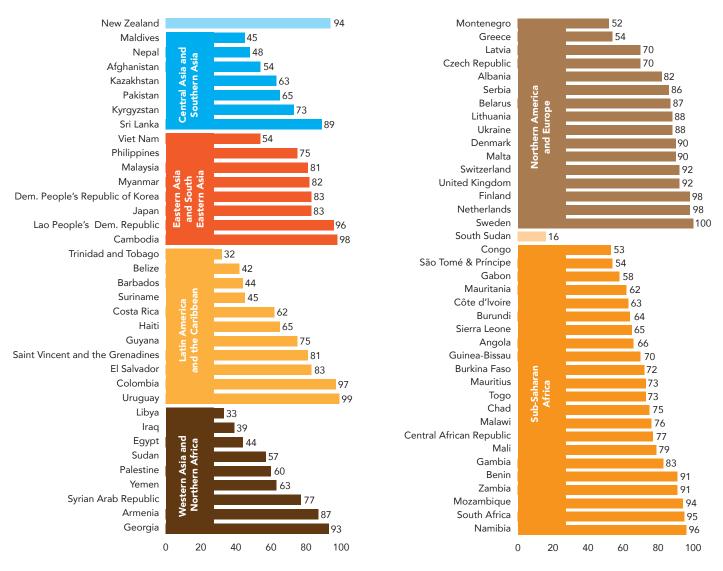
**Note:** Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development. Data for SDG 5.6.2 are based on 75 countries with complete data; data for Sections are based as follows: 79 countries for Section 1 Maternity Care, 104 countries for Section 2 Contraceptive Services, 98 countries for Section 3 Sexuality Education, and 101 countries for Section 4 HIV and HPV.

Indicator 5.6.2 at the regional level by SDG regional grouping, per cent, 2019



**Note:** The boundaries shown on this map do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund concerning the legal status of any country, territory, city or area or of its authorities, or concerning its boundaries.

Indicator 5.6.2 at the national level: clustered by SDG regional groupings year 2019

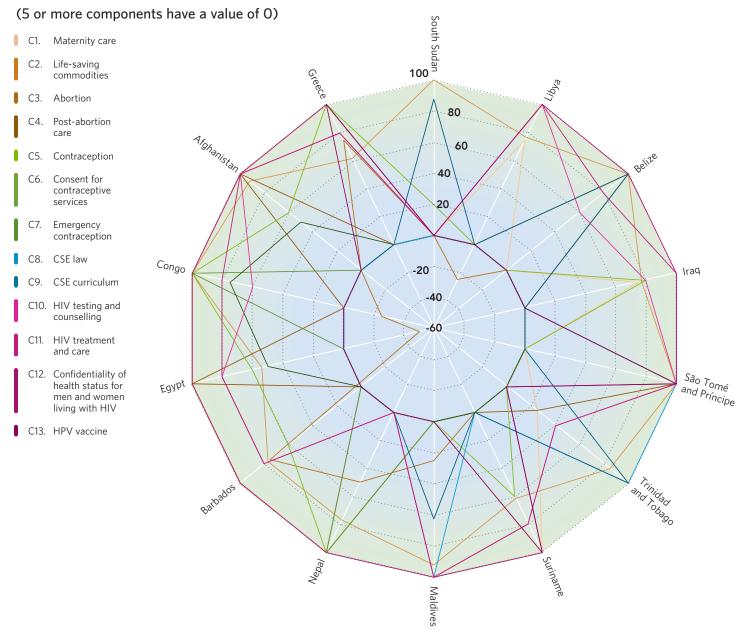


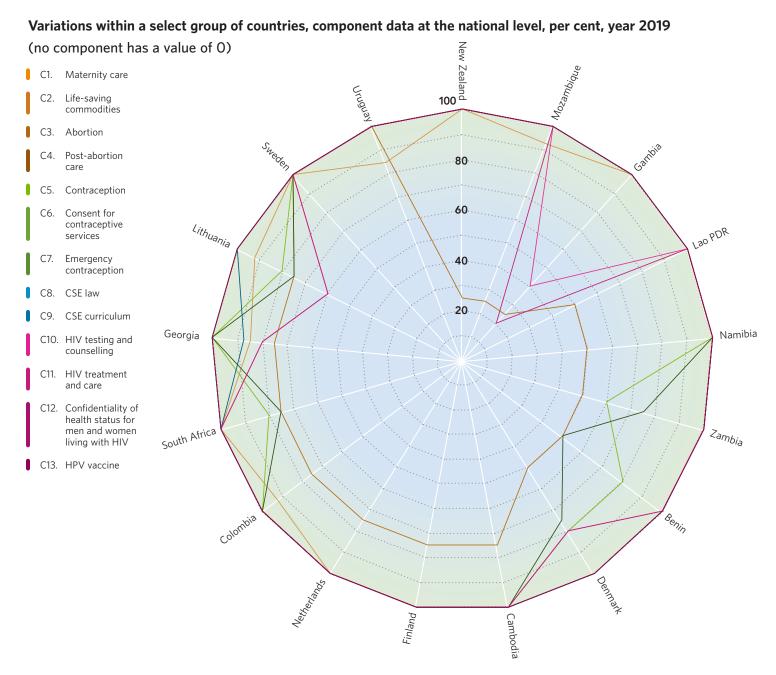
Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry

The five countries with the highest overall value for indicator 5.6.2 are Sweden (100), Uruguay (99), Cambodia (98), Finland (98) and Netherlands (98). The five countries with the lowest data are South Sudan (16), Trinidad and Tobago (32),

Libya (33), Iraq (39) and Belize (42). What is interesting to note is that the countries with the highest and lowest values are found across regions, highlighting the global nature of trends.

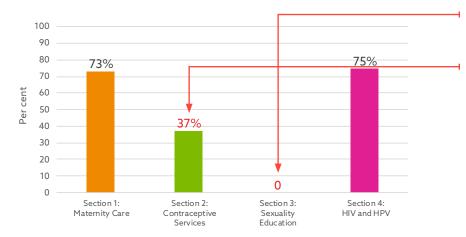
### Variations within a select group of countries, component data at the national level, per cent, year 2019





# **Examples of how Indicator 5.6.2** data can be used at the country level to identify strengths and weakness in the legal and regulatory environment for SRHRR

### Case Study: Country X (54%)



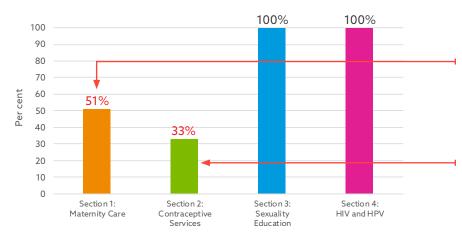
Does not have any laws/regulations that make sexuality education a mandatory component of the national school curriculum

Even though they have laws/regulations that guarantee access to contraceptive services, emergency contraception and contraceptive consent, there are also plural legal systems contradicting these laws. Additionally, there are also age restrictions for contraceptive services and consent

Country Focal Point's Explanation for Plural Legal Systems Contradictions:

"...the country with a majority of the population (around 72%) living in rural areas, poses a number of restrictive customary laws because of the strong influence of conservative religious beliefs, which in turn restricts the applicability of the laws or regulations to certain population groups at the rural and community level..."

### Case Study: Country Y (70%)



Country Y has very high data in sections related to Sexuality Education (S3) and HIV & HPV (S4), however it has lower data related to Maternity Care (S1) and Contraceptive services (S2)

### **Maternity Care:**

Only has 4 of the 13 commodities on their national list of essential medicines

Does not have laws/regulations that ensure access to post-abortion care, even though abortion is permitted on some or all grounds

#### **Contraceptive Services:**

Does not have laws and regulations that guarantee access to contraceptive services and emergency contraception

### **Key Findings**

### **Enablers**

Laws and regulations exist to guarantee access to **maternity care** in **95%** of reporting countries.

**Abortion** is legal on some or all grounds in 93% of reporting countries.

**91%** of reporting countries have laws and regulations that guarantee access to **contraceptive services.** 

**98%** of reporting countries have laws and regulations that guarantee access to **voluntary HIV counselling and testing services**.

**99%** of reporting countries have laws and regulations that guarantee **protection of the confidentiality of all people living with HIV.** 

**79%** of reporting countries have laws and regulations that ensure **full, free and informed consent of individuals** before receiving contraceptive services, including sterilization.

### **Barriers**

Only **62%** of reporting countries have laws, regulations or national policies that make **sexuality education** a mandatory component of the national school curriculum.

Only **76%** of reporting countries have laws or regulations that **ensure access to post-abortion care** irrespective of the legal status of abortion. And in **54%** of reporting countries, women can be criminally charged for having an illegal abortion

In **28%** of the countries where induced abortion is legal on some or all grounds, **a husband's consent** is required to access **abortion** for married women.

Among countries with enabling laws and regulations:

- 9% have marital status restrictions to access maternity care services.
- 28% have minimum age requirements to access contraceptive services.
- 21% have restrictions based on third-party authorization to access contraceptive services.
- 23% have minimum age requirements for voluntary HIV counselling and testing services.
- 20% have **plural legal systems** contradicting some of the positive national laws and regulations.

# Conclusion

As the international community gears up for a Decade of Action to deliver on the SDGs, the need to amplify our actions on gender equality is a leading priority that has been repeatedly emphasized by the Secretary-General. The new national data gathered through indicator 5.6.2 of the SDGs highlights a major opportunity for these actions: focusing our effort on laws and regulations that support equal sexual and reproductive health and reproductive rights, and — just as crucially — focusing on the implementation of these laws and regulations. At the same time, the findings from this indicator shed light on the numerous legal barriers and conflicting plural legal systems that prevent many women, and adolescents in particular, from making autonomous decisions about their reproductive their sexual and reproductive health. These barriers also need to be brought down and these plural systems reconciled as part of our amplified efforts in the Decade of Action to ensure that all women and men will be able to exercise their equal rights to sexual and reproductive health.

Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-S4) and Component (C1-C13) values, 2019 (per cent).

	ı	SECTIO MATERNIT		Ε	CON	SECTIO ITRACE SERVIC	PTION	SECTION 3 SEXUALITY EDUCATION			SECTION 4 HIV AND HPV							INDICATOR
	C1 Maternity	C2 Life Saving	C3 Abortion	C4 Post-	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum	C9 Curriculum	C10 HIV	C11 HIV	C12 HIV	C13 HPV	SECTION	SECTION	SECTION	SECTION	5.6.2
	Care	Commodities		Abortion Care				Laws	Topics	Counselling and Test	Treatment and Care	Confidentiality	Vaccine	1 Maternity	2 Contraceptive	3 Sexuality	4 HIV and	₫"
COUNTRY										Services	Services			Care	Services	Education	HPV	¥
Afghanistan	100	92	0	100	60	0	50	0	0	100	100	100	0	73	37	0	75	54
Albania	100	77	50	100	80	100	75	100	100	80	100	100	0	82	85	100	70	82
Angola	100	62	0	100	100	100	100	0	0	100	100	100	0	65	100	0	75	66
Antigua and Barbuda	-	85	0	100	0	100	0	0	0	100	100	100	0	-	33	0	75	-
Armenia	75	100	100	100	80	100	100	100	100	80	100	100	0	94	93	100	70	87
Australia	100	-	0	100	80	100	100	0	0	100	100	100	0	-	93	0	75	-
Bangladesh	0	85	-	100	0	0	0	100	88	40	40	75	0	-	0	94	39	-
Barbados	100	77	75	0	60	0	0	0	0	80	80	100	0	63	20	0	65	44
Belarus	100	85	75	100	100	100	100	100	100	100	100	75	0	90	100	100	69	87
Belgium	-	-	100	0	100	100	100	100	100	100	100	100	100	-	100	100	100	-
Belize	0	100	0	100	0	0	0	0	100	60	80	100	0	50	0	50	60	42
Benin	100	100	50	100	80	100	50	100	100	100	100	100	100	88	77	100	100	91
Botswana	100	92	-	0	80	100	100	100	88	40	80	100	100	-	93	94	80	-
Burkina Faso	75	100	0	100	80	0	75	100	50	60	100	100	100	69	52	75	90	72
Burundi	75	92	50	100	40	0	75	0	100	100	100	100	0	79	38	50	75	64
Cambodia	100	100	75	100	100	100	100	100	100	100	100	100	100	94	100	100	100	98
Cameroon	100	92	25	100	100	100	100	0	0	100	- 100	-	0	79	100	0	-	- 77
Central African Republic	100	100	0	100	60	100	50	100	88	100	100	100	0	75	70	94	75	77
Chad	100	100	75	100	100	100	100	0	0	100	100	100	0	94	100	0	75	75
China	100	62	-	100	100	100	100	-	-	100	100	100	0	-	100	-	75	-
Colombia	100	92	75	100	100	100	100	100	100	100	100	100	100	92	100	100	100	97
Congo	100	100	-25	0	100	100	75	0	0	60	80	100	0	44	92	0	60	53
Costa Rica	100	77	25	0	100	100	0	0	0	100	100	100	100	50	67	0	100	62
Côte d'Ivoire	100	100	25	0	100	100	100	0	0	100	100	100	0	56	100	0	75	63
Czechia	100	15	100	100	0	0	0	100	100	100	100	100	100	79	0	100	100	70
Democratic Republic of the Congo	100	92	-	100	80	100	75	-	-	100	100	100	0	-	85	-	75	-
Denmark	100	100	50	100	80	100	75	100	100	80	80	100	100	88	85	100	90	90
Egypt	100	54	-50	100	60	0	50	0	0	80	80	100	0	51	37	0	65	44
El Salvador	100	100	-25	100	100	100	100	100	100	100	100	100	0	69	100	100	75	83
Equatorial Guinea	100	100	75	100	100	100	100	100	100	100	100	100	100	94	100	100	75 100	-
Finland Gabon	100	100	0	100	40	0	25	100	100	40	100	50	0	75	22	100	48	98 58
Gambia	100	100	25	100	100	100	100	100	100	40	20	100	100	81	100	100	65	83
Georgia	100	85	75	100	100	100	100	100	88	80	80	100	100	90	100	94	90	93
Germany	100	46	50	75	80	100	75	-	-	100	100	100	100	68	85	-	100	-
Greece	100	62	75	0	100	0	0	0	0	80	80	100	100	59	33	0	90	54
Guatemala	100	85	-	0	80	100	75	100	100	80	80	100	0	-	85	100	65	-
Guinea	100	100		100	100	100	100	-	100	100	100	100	0	_	100	-	75	-
Guinea-Bissau	100	100	100	0	80	100	75	0	100	80	80	100	0	75	85	50	65	70
Guyana	100	92	75	100	60	100	50	100	100	60	60	75	0	92	70	100	49	75
Haiti	100	92	0	100	80	100	75	0	0	100	100	100	0	73	85	0	75	65
Honduras	50		-25	0	80	100	0	0	0	100	100	100	0	-	60	0	75	-
India		85	75	-	100	100	100	0	0	60	100	100	-	-	100	0	-	-
Iran, Islamic Republic of	100	100	0		100	100	100	0	0	100	100	100	0	-	100	0	75	-
Iraq	75	77	0	0	80	0	0	0	0	80	100	100	0	38	27	0	70	39
Japan	100	85	0	0	100	100	100	100	100	100	100	100	100	46	100	100	100	83
Kazakhstan	75	69	75	100	100	100	0	0	0	100	100	100	0	80	67	0	75	63

	ľ	SECTION MATERNIT		CON	SECTION ITRACE SERVIC	PTION	SECTI SEXU/ EDUC/	ALITY		SECTI HIV AN							INDICATOR	
	C1 Maternity	C2 Life Saving Commodities	C3 Abortion	C4 Post-	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum	C9 Curriculum	C10 HIV	C11 HIV	C12 HIV	C13 HPV	SECTION	SECTION 2	SECTION 3	SECTION 4	5.6.2
COUNTRY	Care	Commodities		Abortion Care				Laws	Topics	Counselling and Test Services	Treatment and Care Services	Confidentiality	Vaccine	Maternity Care	Contraceptive Services	Sexuality Education	HIV and HPV	₫"
Kyrgyzstan	100	92	50	50	60	100	50	100	88	60	100	100	0	73	70	94	65	73
Lao People's Democratic Republic	100	100	50	100	100	100	100	100	100	100	100	100	100	88	100	100	100	96
Latvia	100	31	75	0	0	100	0	100	100	100	100	100	100	51	33	100	100	70
Liberia	100	92	-	100	80	100	75	0	0	100	100	100	0	-	85	0	75	-
Libya	75	77	-25	0	0	0	0	0	0	100	100	100	0	32	0	0	75	33
Lithuania	100	92	75	100	80	100	75	100	100	60	60	100	100	92	85	100	80	88
Malawi	25	100	-50	75	80	100	100	100	100	80	80	100	100	38	93	100	90	76
Malaysia	75	77	-25	75	80	100	75	100	100	100	100	100	100	50	85	100	100	81
Maldives	0	92	25	0	0	0	0	100	63	100	100	100	0	29	0	81	75	45
Mali	100	100	50	100	80	100	100	0	0	100	100	100	100	88	93	0	100	79
Malta	100	100	-25	100	100	100	100	100	100	100	100	100	100	69	100	100	100	90
Mauritania	50	85	-25	0	100	100	100	0	0	100	100	100	100	27	100	0	100	62
Mauritius	100	85	50	100	60	100	50	0	0	100	100	100	100	84	70	0	100	73
Mexico	100	-	-	0	100	100	100	100	88	-	-	-	100	-	100	94	-	-
Montenegro	75	100	75	75	60	0	50	0	0	80	80	75	0	81	37	0	59	52
Mozambique	100	92	25	100	100	100	100	100	100	100	100	100	100	79	100	100	100	94
Myanmar	100	92	-25	100	100	100	100	100	100	100	100	100	0	67	100	100	75	82
Democratic People's Republic of Korea	75	77	100	100	100	100	100	100	25	100	100	100	0	88	100	63	75	83
Namibia	100	100	50	100	100	100	100	100	100	100	100	100	100	88	100	100	100	96
Nepal	100	77	50	100	100	100	0	0	0	0	0	100	0	82	67	0	25	48
Netherlands	100	100	75	100	100	100	100	100	100	100	100	100	100	94	100	100	100	98
New Zealand	100	100	25	100	100	100	100	100	100	100	100	100	100	81	100	100	100	94
Niger	100	100	-	100	100	100	100	100	100	80	100	100	100	-	100	100	95	-
Nigeria	-	100	75	0	100	100	100	100	100	100	100	100	100	-	100	100	100	-
Pakistan	100	92	-50	100	100	100	100	0	0	100	100	100	0	61	100	0	75	65
Peru	100	- 77	-	100	80	100	100	100	100	100	100	100	100	- (2	93	100	100	- 75
Philippines	100	77	-25 75	100	60	100	0	100	100	80	80	100	100	63	53	100	90	75
Republic of Moldova Romania	75	100	- /5	100	100	100	-	100	0	80	80	75 -	100	88	67	0	84	-
Russian Federation	100	77		100	100	100	100	0	0	100	100	100	0		100	0	75	-
Saint Lucia	100	92		100	60	100	50	100	100	80	80	75	100	-	70	100	84	-
Saint Vincent and the Grenadines	100	62	25	100	80	100	100	100	100	80	100	100	0	72	93	100	70	81
São Tomé and Príncipe	0	100	0	100	0	0	0	100	0	100	100	100	100	50	0	50	100	54
Saudi Arabia	75	-	-	-	100	100	100	-	-	100	100	100	0	-	100	-	75	-
Senegal	25	92		100	40	0	25	0	0	40	80	75		-	22	0	-	-
Serbia	100	92	25	100	100	100	100	100	0	100	100	100	100	79	100	50	100	86
Sierra Leone	100	100	50	0	100	100	100	0	0	100	100	100	0	63	100	0	75	65
Slovenia	100	54	-	100	100	100	100	-		100	100	100	100	-	100	-	100	-
Somalia	0	85	-	100	0	0	0	0	0	100	100	100	0	-	0	0	75	-
South Africa	100	100	75	100	80	100	75	100	100	100	100	100	100	94	85	100	100	95
South Sudan	0	100	0	0	20	0	0	0	88	0	0	0	0	25	7	44	0	16
Sri Lanka	100	77	-25	100	100	100	100	100	100	100	100	100	100	63	100	100	100	89
State of Palestine	100	77	-50	100	80	100	75	0	0	100	100	100	0	57	85	0	75	60
Sudan	100	85	25	100	60	0	75	0	0	100	100	100	0	77	45	0	75	57
Suriname	100	62	0	0	60	0	0	0	0	80	80	100	100	40	20	0	90	45
Sweden	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

#### **ANNEX 1**

Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-S4) and Component (C1-C13) values, 2019 (per cent).

	ı	Ē	SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION			SECTI HIV AN							INDICATOR		
COUNTRY	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post- Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine	SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	5.6.2 <b>©</b>
Switzerland	100	100	0	100	100	100	100	100	100	100	100	100	100	75	100	100	100	92
Syrian Arab Republic	100	85	-50	100	80	100	100	100	88	100	100	100	0	59	93	94	75	77
Tanzania	100	100	-	100	100	100	100	100	100	100	100	100	100	-	100	100	100	-
Togo	100	100	50	100	100	100	100	0	0	100	100	100	0	88	100	0	75	73
Trinidad and Tobago	25	85	0	25	0	0	0	100	100	40	40	0	0	34	0	100	20	32
Tunisia	100	100	-	100	100	-	-	0	0	0	0	75	0	-	-	0	19	-
Turkey	100	100	0	100	80	100	75	-	-	80	100	100	0	75	85	-	70	-
Ukraine	100	69	75	100	100	100	100	100	100	100	100	100	0	86	100	100	75	88
United Kingdom of Great Britain and Northern Ireland	100	100	0	100	100	100	100	100	100	100	100	100	100	75	100	100	100	92
Uruguay	100	85	100	100	100	100	100	100	100	100	100	100	100	96	100	100	100	99
Uzbekistan	100	69	75	-	100	100	0	-	-	-	-	-	0	-	67	-	-	-
Viet Nam	50	77	25	0	80	0	75	0	100	100	100	100	0	38	52	50	75	54
Yemen	25	100	0	100	100	100	100	0	0	100	100	100	0	56	100	0	75	63
Zambia	100	100	50	100	60	100	75	100	100	100	100	100	100	88	78	100	100	91

	SECTION 1 MATERNITY CARE					SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION		SECTION 4 HIV AND HPV							
GLOBAL AND REGIONAL ESTIMATES	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post- Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine	SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	5.6.2 <b>(</b>
Northern America and Europe	98	80	59	83	85	86	74	80	74	93	94	96	76	80	81	76	90	84
Europe	98	80	59	83	85	86	74	80	74	93	94	96	76	80	81	76	90	84
Latin America and the Caribbean	86	85	25	60	67	76	50	59	64	85	88	91	41	66	65	61	75	66
Central Asia and Southern Asia	78	85	28	81	75	73	45	40	34	76	84	98	10	66	64	37	67	62
Central Asia	92	77	67	75	87	100	17	50	44	80	100	100	0	76	68	47	70	68
Southern Asia	71	88	11	83	70	63	56	38	31	75	80	97	14	62	63	34	66	60
Eastern Asia and South- eastern Asia	89	83	22	75	91	89	83	88	91	98	98	100	56	67	88	89	88	82
Eastern Asia	92	74	50	67	100	100	100	100	63	100	100	100	33	67	100	81	83	83
South-eastern Asia	88	87	13	79	87	83	75	83	100	97	97	100	67	67	82	92	90	81
Western Asia and Northern Africa	85	85	3	82	77	64	70	30	28	83	88	98	8	63	70	29	69	62
Western Asia	81	89	11	86	88	88	81	50	46	90	98	100	13	67	85	48	75	70
Northern Africa	94	79	-17	75	55	0	42	0	0	70	70	94	0	53	27	0	58	45
Sub-Saharan Africa	83	96	29	75	77	79	76	47	52	85	92	95	48	70	77	49	81	72
Oceania	100	100	13	100	90	100	100	50	50	100	100	100	50	81	97	50	88	94
Australia and New Zealand (M49)	100	100	13	100	90	100	100	50	50	100	100	100	50	81	97	50	88	94
Landlocked developing countries (LLDCs)	83	94	41	84	78	78	60	59	63	75	85	93	44	75	72	59	75	69
Least Developed Countries (LDCs)	78	94	25	87	75	73	72	45	50	85	88	95	41	71	73	47	78	71
Small Island Developing States (SIDS)	69	86	29	63	42	54	31	46	51	82	85	88	31	60	42	49	71	57

### **Key Terms**

Laws: Laws and statutes are official rules of conduct or action prescribed, formally recognized as binding, or enforced by a controlling authority that governs the behaviour of actors (including people, corporations, associations and government agencies). They are adopted or ratified by the legislative branch of government and may be formally recognized in the Constitution or interpreted by courts. Laws governing sexual and reproductive health are not necessarily contained in one law.

**Regulations:** Regulations are considered to be executive, ministerial or other administrative orders or decrees. At the municipal level, regulations are sometimes called ordinances. Regulations and ordinances issued by governmental entities have the force of law, although circumscribed by the level of the issuing authority. Under this methodology, only regulations with national-level application are considered.

**Restrictions:** Many laws and regulations contain restrictions in the scope of their applicability. Such restrictions, which include, though are not limited to, those by age, sex, marital status and requirement for third-party authorization, represent barriers to full and equal access to sexual and reproductive health care, information and education.

**Plural legal systems:** These are defined as legal systems in which multiple sources of law coexist. Such legal systems have typically developed over a period of time as a consequence of colonial inheritance, religion and other sociocultural factors. Examples of sources of law that might coexist under a plural legal system include: English common law; French civil or other law; statutory law; and customary and religious law. The coexistence of multiple sources of law can create fundamental contradictions in the legal system, which result in barriers to full and equal access to sexual and reproductive health care, information and education.

"Guarantee" (access): For the purpose of this methodology, "guarantee" is understood in relation to a law or regulation that assures a particular outcome or condition. The methodology recognizes that laws can only guarantee in principle; for the outcomes to be fully realized in practice, additional steps, including policy and budgetary measures, will need to be in place.

### **Endnotes**

- 1 Reported as: Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education).
- 2 CESCR (2016) General Comment no. 22. Accessed at https:// tbinternet.ohchr.org/\_layouts/15/treatybodyexternal/Download. aspx?symbolno=E/C.12/GC/22&Lang=en
- United Nations (1994) International Conference on Population and Development: Programme of Action. Cairo, Egypt. United Nations (1995) Fourth World Conference on Women: Programme of Action. Beijing, China. CEDAW General Recommendation no. 24. Accessed online 24 May 2018: http://www.refworld.org/docid/453882a73. html; CEDAW General Comment no. 35 (2017). Accessed online 23 May 2018: http://tbinternet.ohchr.org/Treaties/CEDAW/ Shared%20Documents/1\_Global/CEDAW\_C\_GC\_35\_8267\_E.pdf; CESCR General Comment no. 14. Accessed online 23 May 2018: http://www.refworld.org/pdfid/4538838d0.pdf; CESCR General Comment no. 20. Accessed 24 May 2018: http://www.refworld.org/ docid/4a60961f2.html; CESCR General Comment no. 22. Accessed online 23 May 2018: https://www.escr-net.org/resources/generalcomment-no-22-2016-right-sexual-and-reproductive-health; CRC General Comment No. 15. Accessed 24 May 2018: http://www. refworld.org/docid/51ef9e134.html; CRPD Articles 23 and 25. Accessed online 24 May 2018: https://www.un.org/development/ desa/disabilities/convention-on-the-rights-of-persons-withdisabilities/convention-on-the-rights-of-persons-with-disabilities-2.
- 4 The United Nations Inquiry gathers policy data for monitoring the implementation of the Programme of Action of the International Conference on Population and Development and other international programmes. Mandated by the General Assembly in its resolution 1838 (XVII) of 18 December 1962, it has been conducted by the Secretary-General at regular intervals since 1963. The Twelfth Inquiry consists of multiple-choice questions, organized in three thematic modules: Module I on Population Ageing and Urbanization; Module II on Fertility, Family Planning and Reproductive Health; and Module III on International Migration.
- 5 UNFPA (2018) International Technical Guidance on Sexuality Education. Accessed at https://www.unfpa.org/sites/default/files/ pub-pdf/ITGSE.pdf.
- 6 Oxytocin, misoprostol, magnesium sulfate, injectable antibiotics, antenatal corticosteroids (ANCs), chlorhexidine, resuscitation devices, amoxicillin, oral rehydration salts (ORS), zinc, female condoms, contraceptive implants and emergency contraception. UN Commission on Life-Saving Commodities for Women and Children (2012) Commissioners' Report. Accessed at https://www.unfpa.org/sites/default/files/pub-pdf/Final%20UN%20Commission%20 Report\_14sept2012.pdf.
- 7 Including to save a woman's life, to preserve a woman's health, in cases of rape and in cases of fetal impairment.

UNFPA is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



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