

Advancing Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All



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Executive Summary

The International Conference on Population and Development (ICPD) Programme of Action (PoA) adopted in 1994 by 179 Member States made the empowerment and autonomy of women a basis for global action to achieve sustainable economic and social progress. Three decades on, remarkable progress has been made in core areas of sexual and reproductive health and reproductive rights.

Yet, despite all that has been achieved, millions of people still see little difference in their daily struggles, largely because the roots of gender discrimination run deep. Discriminatory laws, policies, norms and attitudes continue to exist around the world. These prevent women and girls from being able to fully exercise their rights and from having the power to make their own choices about their bodies and health.

Laws are powerful enablers or gatekeepers of bodily autonomy. They can support bodily autonomy by, for example, guaranteeing everyone's access to sexual and reproductive health services, requiring schools to provide comprehensive sexuality education and requiring informed consent in the provision of health care. But governments can also use laws to control people's bodies by, for example, limiting adolescents' access to sexual and reproductive health services and information or requiring women to get permission from their husbands to access contraceptive services.

Recognizing the power of the law for ensuring that women can exercise their rights and for achieving gender equality, the United Nations Secretary-General's Common Agenda calls for the repealing of gender-discriminatory laws¹ as a critical action for accelerating the achievement of the Sustainable Development Goals (SDGs). This includes repealing laws that restrict access to sexual and reproductive health care, information and education.

SDG indicator 5.6.2

SDG indicator 5.6.2 measures the extent to which countries have laws and regulations that guarantee full and equal access for women and men aged 15 years and older to sexual and reproductive health care, information and education. In doing so, it provides the first comprehensive global assessment of legal and regulatory frameworks regarding prevent individuals from realizing their sexual and reproductive health and reproductive rights (SRHRR).

¹ United Nations (2021), Our Common Agenda – Report of the Secretary-General. Available at <https://www.un.org/en/content/common-agenda-report>.

This report provides the most recent data on SDG indicator 5.6.2, outlines the methodology by which these data are collected and discusses the key findings from the data across four broad areas: maternal health; family planning and contraception; comprehensive sexuality education; and sexual health and well-being.

The report aims to ensure that data can be drawn on at the national, regional and global levels to inform policymaking for strengthening and implementing laws that guarantee full and equal access to SRHRR for all people.

For each of the four areas that the indicator measures, data are collected on the existence of legal enablers (positive laws and regulations) and legal barriers. Barriers include restrictions to laws relating to age, sex or marital status, requirements for third-party authorization or the existence of plural legal systems that could contradict positive laws (such as the coexistence of customary sharia law alongside statutory law).

In 2023, 153 countries had reported data on SDG 5.6.2, with balanced representation across all geographical regions.

The world is living in a moment of enormous upheaval, from conflicts to the climate crisis and increasing political polarization over women's rights. In this critical time, policymakers need to come together to ensure the lives, dignity and rights of women are not imperiled. Understanding a country's hierarchy of laws, and what rights are guaranteed in law, is an essential foundation for action, particularly in the face of opposition and obstacles.


What the data say

Although there is far to go, data on SDG indicator 5.6.2 demonstrate that strong laws are on the books in many countries. It is essential that these laws are fully implemented and monitored, and accountability must be ensured when laws are violated.

A total of 153 countries have reported data on this indicator, of which 115 report complete data. Among these 115 countries, 76 per cent on average have in place supportive laws and regulations that guarantee full and equal access to SRHRR. Enabling laws are strongest in relation to HIV and human papilloma virus (HPV) (with an average of 81 per cent of enabling laws in place), followed by contraceptive services (76 per cent).

The data show that positive laws are lacking or restrictive laws exist in a number of areas related to SRHRR – barriers are most notable in the cases of abortion and HPV vaccination but are also substantial in relation to comprehensive sexuality education.

Even where there are supportive laws in place, many associated restrictions limit the effectiveness of these laws in guaranteeing access for everyone to sexual and reproductive health care, information and education, with a disproportionate impact on women and adolescents. Abortion- and contraception-related restrictions are the most commonly reported. For example, a husband's consent is required for married



women to access abortion services in 28 per cent of countries, and in a fifth of countries women and adolescents are required to obtain third-party authorization to access contraceptive services.

Conclusion

Five years into the Decade of Action, the international community continues to work towards delivering on the SDGs, with amplifying actions on gender equality being a priority. Through SDG indicator 5.6.2, this report compiles the first comprehensive global data set on SRHRR, covering 73 per cent of the world's countries. The new national data gathered on SDG indicator 5.6.2 highlight a major opportunity to strengthen the implementation of supportive laws and regulations to ensure universal access to sexual and reproductive health and rights.

At the same time, data on SDG indicator 5.6.2 shed light on the numerous legal barriers and conflicting plural legal systems that prevent many women, adolescent girls and young women in particular, from making their own decisions about their sexual and reproductive health. These barriers need to be addressed and these plural legal systems reconciled as part of our amplified efforts in the Decade of Action to ensure that all people are able to exercise their rights to sexual and reproductive health.



SDG target 5.6 on universal access to sexual and reproductive health and reproductive rights

The Sustainable Development Goals (SDGs) signify significant 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 (targets 3.1 and 3.7) but also targets that address the barriers to enjoying human rights-based dimensions of sexual and reproductive health and reproductive rights (SRHRR) (target 5.6). The progress towards this target is measured by two indicators: 5.6.1 and 5.6.2 (see Box 1).

BOX 1.

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.


These two indicators were designed to complement each other. Combined, they provide a comprehensive picture of key dimensions of SRHRR in women's lives and relationships and in the prevailing legal and regulatory frameworks associated with SRHRR. SDG indicator 5.6.2 reflects the extent to which prevailing laws enable or limited women's and men's full and equal access to SRHRR, while SDG indicator 5.6.1 reflects whether women, irrespective of their country's legal framework, are able to make decisions on their SRHRR. This allows a complementary examination of whether a country has a positive and therefore enabling legal and normative framework and whether the provisions in that framework benefit the individual.


For detailed guidance on data collection for SDG indicator 5.6.1, refer to the UNFPA Guidelines on Collecting Data for SDG Indicator 5.6.1 in National Household Surveys, which provide step-by-step instructions for National Statistical Authorities and policymakers on integrating this indicator into household surveys to strengthen data availability and monitoring efforts.

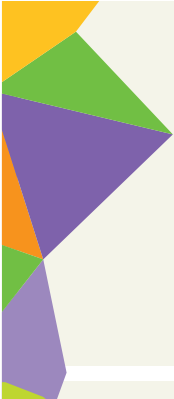
Box 2 presents some key terms used in this report.


BOX 2. Key terms

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○ **Laws:** Laws and statutes are official rules of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority that govern behaviour (including that of 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 of a country or interpreted by courts. Rules governing sexual and reproductive health are not necessarily contained in one law.
- 

○ **Regulations:** These include executive regulations, ministerial regulations, and other administrative orders and decrees. At municipal level, regulations are sometimes called ordinances. Regulations and ordinances issued by governmental entities have the force of law, albeit circumscribed by the level of the issuing authority. In this analysis, only regulations that apply at national level have been taken into account.
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○ **Restrictions:** Many laws and regulations contain restrictions on the scope of their applicability. Such restrictions, which include but are not limited to restrictions relating to age, sex, marital status and a 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 as a consequence of colonial inheritance, religion and other sociocultural factors. Examples of sources of law that may 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 analysis, the term “guarantee” is understood in relation to a law or regulation that assures a particular outcome or condition. The analysis recognizes that laws can only guarantee outcomes “in principle”; for the outcomes to be fully realized in practice, additional steps, including policy and budgetary measures, will need to be in place.

SDG indicator 5.6.2 assesses the legal and regulatory environment enabling the exercise of sexual and reproductive health and reproductive rights

Indicator 5.6.2 seeks to provide the first comprehensive global assessment of legal and regulatory frameworks regarding access to SRHRR. The indicator measures the legal and regulatory environment across four sections, defined as the key parameters of sexual and reproductive health care, information and education according to the international consensus documents and human rights standards² (Figure 1):

<ul style="list-style-type: none"> ○ Maternity care services 	<ul style="list-style-type: none"> ○ Comprehensive sexuality education (CSE) and information
<ul style="list-style-type: none"> ○ Contraception and family planning 	<ul style="list-style-type: none"> ○ Sexual health and well-being

Figure 1.

SDG indicator 5.6.2 measures 13 components (C) in four sections

SECTION I: MATERNITY CARE SERVICES	SECTION II: CONTRACEPTION AND FAMILY PLANNING	SECTION III: COMPREHENSIVE SEXUALITY EDUCATION AND INFORMATION	SECTION IV: SEXUAL HEALTH AND WELL-BEING
C1. Maternity care	C5. Contraception	C8. CSE law	C10. HIV testing and counselling
C2. Life-saving commodities	C6. Consent for contraceptive services	C9. CSE curriculum	C11. HIV treatment and care
C3. Abortion	C7. Emergency contraception		C12. Confidentiality of health status for men and women living with HIV
C4. Post-abortion care			C13. HPV vaccine

Note: HPV, human papillomavirus.

2 United Nations (1994), *International Conference on Population and Development: Programme of Action* (Cairo, Egypt, United Nations); United Nations (1995), *Fourth World Conference on Women: Programme of Action* (Beijing, China, United Nations); United Nations Committee on the Elimination of Discrimination Against Women (CEDAW) (1999), CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health). Available at <http://www.refworld.org/docid/453882a73.html>; CEDAW (2017), General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19. Available at http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf; United Nations Committee on Economic, Social and Cultural Rights (CESCR) (2000), CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12). Available at <http://www.refworld.org/pdfid/4538838d0.pdf>; CESCR (2009), General Comment No. 20. Available at <http://www.refworld.org/docid/4a60961f2.html>; CESCR (2016), General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). Available at <https://www.escr-net.org/resources/general-comment-no-22-2016-right-sexual-and-reproductive-health>; United Nations Committee on the Rights of the Child (CRC) (2013), CRC General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24). Available at <http://www.refworld.org/docid/51ef9e134.html>; United Nations General Assembly (2007), Convention on the Rights of Persons with Disabilities, Articles 23 and 25. Available at <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.



For each component of the four sections, data are collected on the existence of specific legal enablers (positive laws and regulations) and specific legal barriers. Such barriers include restrictions on positive laws and regulations (e.g., relating to age, sex, marital status or a requirement for third-party authorization) and plural legal systems that include elements that contradict coexisting positive laws and regulations. For each component, the specific enablers and barriers on which data are collected are defined as the principal enablers and barriers for that component (Figure 2). Even where positive laws are in place, legal barriers can undermine full and equal access to sexual and reproductive health care, information and education; this analysis is designed to capture this.

Data for SDG indicator 5.6.2 are reported by national governments, including national statistics authorities and line ministries. Two rounds of data collection have been completed through the 12th and 13th United Nations inquiries on population and development, in Module II, on fertility, family planning and reproductive health (see Box 3).

Figure 2.
For each component of the four sections of the indicator, the UN inquiry collects information on legal enablers and legal barriers: the questions on C1 (maternity care) are shown as an example

Legal/regulatory enablerss	
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:	(yes/no)
age	(yes/no)
marital status?	(yes/no)
3rd party authorization (e.g., spousal, parental/guardian, medical)	(yes/no)
sex (where applicable- in other components)	(yes/no)
Are there any other plural legal systems that contradict (in part or in total) the laws or regulations?	(yes/no)

Notes: The type and number of enablers and barriers are specific to each component. For example, legal barriers are not deemed applicable to the two operational components: C2 (life-saving commodities) and C9 (CSE curriculum). See Box 4 for the method of computation.

BOX 3.
The United Nations Inquiry among Governments on Population and Development



The United Nations Inquiry among Governments on Population and Development gathers policy data for monitoring the implementation of the Programme of Action of the International Conference on Population and Development and other international agreements, including the 2030 Agenda for Sustainable Development.

The inquiry, mandated by the General Assembly in Resolution 1838 (XVII) of 18 December 1962, has been conducted by the Secretary-General at regular intervals since 1963.

The 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.

BOX 4. METHOD OF COMPUTATION

The 13 components are placed on the same scale, with 0 per cent being the lowest value and 100 per cent being the highest and optimum value. Each component is calculated independently and weighted equally. Each component is calculated as:

$$C_i = \frac{e_i}{E_i} \left(1 - \frac{b_i}{B_i}\right) \times 100$$

where:

C_i is the data for component i

E_i is the total number of enablers in component i

e_i is the number of enablers that exist in component i

B_i is the total number of barriers in component i

b_i is the number of barriers that exist in component i

As legal barriers are not deemed applicable to C2 (life-saving commodities) and C9 (CSE curriculum), they are calculated as:

$$C_i = \frac{e_i}{E_i} \times 100$$

where:

C_i is the data for component i

E_i is the total number of enablers in component i

e_i is the number of enablers that exist in component i

The value for indicator 5.6.2 is calculated as the arithmetic mean of the values for the 13 components. Similarly, the value for each section of the indicator is calculated as the arithmetic mean of the values of its constituent components.

Data coverage: data are reported for **153** countries (Map 1), covering 89 per cent of the world's population. Of the 153 countries, 115 countries report complete data, allowing the calculation of SDG indicator 5.6.2. A total of 38 countries report partial data. For these countries, data for components and sections are reported whenever possible.

Table 1.

Number of reporting countries, by SDG indicator 5.6.2 section, component, and question

SDG indicator 5.6.2 sections, components, and questions	Number of reporting countries
SDG 5.6.2	115
Section I: Maternity care	120
C1: Maternity care	147
C2: Life Saving commodities	146
C3: Abortion	131
C4: Post-abortion care	148
Section II: Contraceptive services	148
C5: Contraceptive services	151
C6: Contraceptive consent	151
C7: Emergency contraception	148
Section III: Sexuality education	140
C8: Sexuality education curriculum laws	148
C9: Sexuality education curriculum topics	141
Section IV: HIV and HPV	150
C10: HIV counselling and test services	151
C11: HIV treatment and care services	151
C12: HIV confidentiality	151
C13: HPV vaccine	152



What do the SDG indicator 5.6.2 data tell us?

Critical to individuals' ability to decide freely on their SRHRR is the extent to which laws prevent or enable access to relevant sexual and reproductive health care and information.

Even where a specific service is legally available, there may be legal restrictions regarding who can access it, excluding, for example, minors, non-citizens or women who have not secured spousal consent. Furthermore, conflicting laws can leave people confused as to what their legal entitlements are, while service providers can be unsure about what their legal liability might be if they provide certain services. Plural legal systems may also exist (such as the coexistence of customary Sharia law alongside statutory law) that provide conflicting frameworks for the provision and uptake of sexual and reproductive health services.

Understanding a country's hierarchy of laws, and what rights are guaranteed in law, is an essential foundation for action, particularly in the face of opposition and obstacles.

Although there is far to go, SDG indicator 5.6.2 demonstrates that there are strong laws on the books in many countries. These require full implementation and monitoring, and accountability must be ensured when laws are violated.

Of these 115 countries with complete data, 76 per cent on average have in place supportive laws and regulations that guarantee full and equal access to SRHRR. The sections that are strongest in terms of enabling laws and regulations, in order of strength, are, as also shown in Figure 3:

- HIV and HPV (81 per cent)
- Contraceptive services (76 per cent)
- Maternity care (74 per cent)
- Sexuality education (65 per cent)



Figure 3.

Percentage scores for existing laws and regulations on sexual and reproductive health and reproductive rights, by SDG region, 2023



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 are based on 115 countries with complete data; data for each section are based on the following: 120 countries for Section I (maternity care), 148 countries for Section II (contraceptive services), 140 countries for Section III (sexuality education) and 150 countries for Section IV (HIV and HPV).

Sources: United Nations Population Fund global databases, 2023.

The findings from these data are particularly encouraging with regard to laws ensuring confidentiality in HIV treatment and the availability of care services for HIV treatment (93 per cent and 91 per cent, respectively). Some 90 per cent of countries guarantee in law the provision of 13 life-saving commodities for women and children on the national list of essential medicines. In addition, 82 per cent of countries guarantee that the full, free and informed consent of individuals will be obtained before they receive contraceptive services, including sterilization.

Barriers to women's and men's full and equal access to sexual and reproductive health care, information and education stem from the lack of positive laws and regulations or the existence of negative laws and regulations. The data show that barriers are most extreme in the case of abortion (43 per cent) and the HPV vaccine (54 per cent) but are also substantial in relation to sexuality education (66 per cent) and the sexuality education curriculum (68 per cent) (Figure 3). Only 59 per cent of governments have some laws or regulations that guarantee HPV vaccination for adolescent girls. A lack of favourable laws and regulations is also apparent with regard to the sexuality education curriculum; only 72 per cent of governments have laws, regulations or national policies that make sexuality education a mandatory component of the national school curriculum.

Even where there are supportive laws in place, many associated restrictions limit the law's effectiveness in guaranteeing protections and access to health services, with disproportionate impacts on some populations- namely women and adolescents. Abortion related restrictions are the most commonly reported, followed by restrictions relating to contraception and emergency contraception. 24 per cent of countries report at least one instance of a plural legal system that may hinder legal guarantees for accessing SRH services. The most commonly affected topics are contraception and emergency contraception. The most affected region is sub-Saharan Africa, followed by Latin America and the Caribbean.

The data also show a clear gap between human rights standards and countries' legal and regulatory frameworks.

KEY POINTS:

- The vast majority of countries have at least 8 out of 11 laws that guarantee access to services in place.
- However, in many countries, restrictions to these laws exist that negatively impact access for specific populations, particularly young women.
- Forty country report having all of the required legal guarantees in place, 20 of which are in Europe.
- Only six of the forty countries with all legal guarantees report no associated restrictions.

Normative framework for sexual and reproductive health and reproductive rights, with a focus on laws and regulations

Since 1994, much progress has been made in defining SRHRR in international human rights law. UN treaty bodies, for instance, have affirmed that States should address legal barriers to comprehensive abortion care. The obligations of States in this context are the following:

- States should enshrine the right to health, including sexual and reproductive health, in national law.
- States should decriminalize abortion in all circumstances.
- States should ensure certain legal grounds for abortion, at a minimum when a woman's life or health is at risk, in cases of rape or incest, and in cases of severe fetal anomalies.
- States should eliminate barriers to sexual and reproductive health services and information, including requirements for third-party consent.

The new World Health Organization Abortion Care Guideline³ also recommends moving towards abortion on request because any restrictions or limitations on accessing abortion increase the proportion of unsafe abortions taking place and disproportionately affect the most marginalized in societies. The guideline also reiterates the importance of the full decriminalization of abortion. Only 65 per cent of countries allow induced abortion in cases of rape, 75 per cent allow it in cases of fetal impairment, 82 per cent allow it if required to protect a woman's health and 95 per cent allow it if it would save a woman's life. Furthermore, women can be criminally charged for having an illegal abortion. 95 countries report that a woman can be criminally charged for obtaining an illegal abortion.

Third-party consent

Third-party authorization requirements compel individuals to obtain consent from a party other than their health-care provider, such as a parent, spouse, judge or medical committee, before they can access sexual and reproductive health services. Such requirements may be written into laws or policies or imposed in practice. Third-party authorization requirements can delay women's and girls' access to sexual and reproductive health services while they seek the necessary approvals, or result in them being denied access altogether.

3 World Health Organization (2022), *Abortion Care Guideline* (Geneva, World Health Organization). Available at <https://www.who.int/publications/i/item/9789240039483>.

In its General Comment No. 22,⁴ the Committee on Economic, Social and Cultural Rights obligates States to “repeal, and refrain from enacting, laws and policies that create barriers in access to sexual and reproductive health services”, including third-party authorizations. The committee also noted that States must prevent private actors from establishing third-party authorization requirements.

The restrictions on sexual and reproductive health laws were found to be the following:

- Some 7 per cent of the reporting countries (10 countries) with laws guaranteeing access to maternity care require women to be married to access maternal health-care services.
- A total of 12 per cent of the reporting countries where laws protect access to contraceptive services have plural legal systems that include elements that contradict formal laws that protect access to contraceptive services.
- A third of reporting countries restrict access to contraceptive services to those of a minimum age and above.
- In a fifth of reporting countries, women and adolescents are required to obtain third-party authorization to access contraceptive services.

Barriers are most prevalent with regard to legal access to abortion. Although abortion is legal on some or all grounds in 96 per cent of the 147 reporting countries, restrictions are common. 47 per cent of countries with supportive laws have in place age-based restrictions. This combined with the high number of third party authorization restrictions, including parent or guardian consent, indicates that adolescents and young people are disproportionately denied access to SRH services.

- A husband's consent is required for married women to access abortion services in 28 per cent of the countries.
- Judicial consent is required for minors to access these services in 36 per cent of the countries.
- Women can be criminally charged for having an illegal abortion in 63 per cent of the countries.

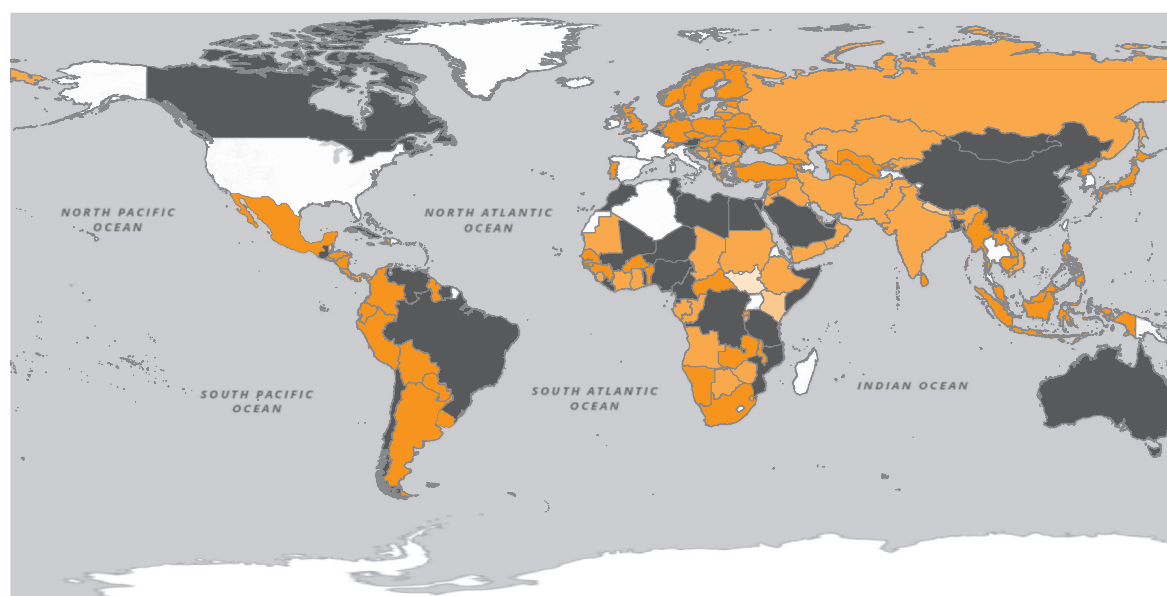
At regional level, Australia and New Zealand, Europe and Eastern Asia have the highest values for SDG indicator 5.6.2, at 95 per cent, 87 per cent and 84 per cent, respectively (Map 1). Laws and regulations are less likely to exist to guarantee full and equal access to sexual

4 CESCR (2016), General Comment No. 22 on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). Available at t.ly/W2_p

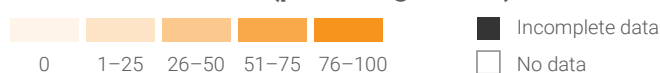
and reproductive health care, information and education in Northern Africa, Southern Asia and Western Asia, for which the values for SDG indicator 5.6.2 are 57 per cent, 71 per cent and 73 per cent, respectively.

Map 1.

Percentage scores for existing laws and regulations on sexual and reproductive health and reproductive rights, by country, 2023



SDG Indicator 5.6.2 (percentage score)



Notes: Based on official responses to the United Nations 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 are based on 115 countries with complete data. Countries with no data did not submit an official response to either inquiry; countries with data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available.

Sources: United Nations Population Fund global databases, 2023.

The three countries with perfect values for SDG indicator 5.6.2 are the Netherlands, Norway and Sweden (all 100 per cent) (Map 2).



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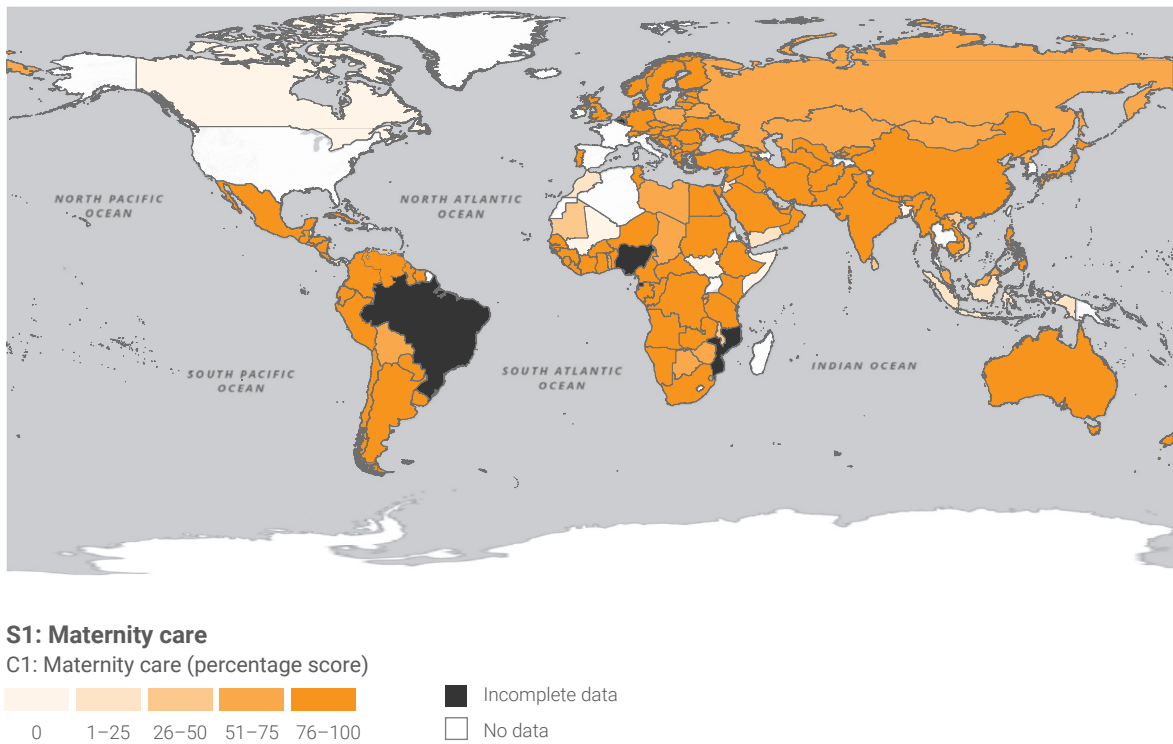
Breakdown of values by 13 components across the four sections measured by SDG indicator 5.6.2

MATERNITY CARE (SECTION I)

Maternity care is the first component measured under SDG indicator 5.6.2 and is part of the broader section on maternity care. This component assesses whether a national government has any laws or regulations that guarantee access to maternity care, and if so if there are any plural legal systems contradicting the enabling law or legislation, and if they include any restrictions based on age, marital status and/or third-party authorization, for example from a spouse or parent/guardian or medical authorization.

Among the 147 countries that reported data on this component, 73 per cent (108 countries) achieved a score of 100 per cent in terms of having supportive laws guaranteeing maternity care without any restrictions or plural legal systems (Map 2). About 20 per cent of the countries (29 countries) reported supportive laws but with some restrictions. Restrictions based on third-party authorization are the most common type of restrictions, followed by restrictions based on age (see Figure 4). About 7 per cent (10 countries) do not have any supportive laws or regulations; most of these are low-income or lower-middle-income countries (Bangladesh, Belize, Mali, Samoa, Sao Tome and Principe, Somalia, South Sudan, and Trinidad and Tobago), with the exception of Canada and Singapore.

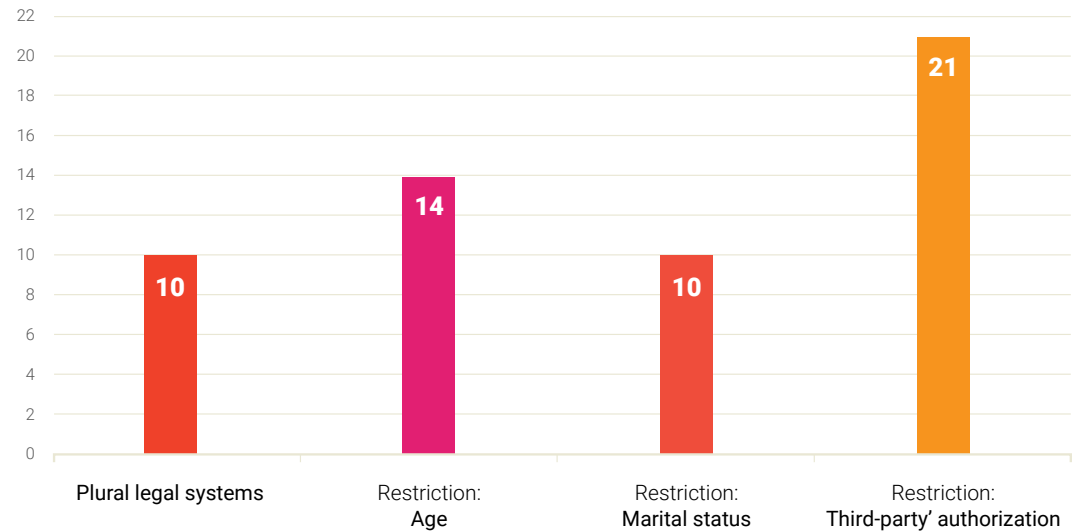
Map 2.
Percentage scores for existing laws and regulations on maternity care, by country, 2023



Notes: Based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C1 are based on the 147 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C1.

Sources: United Nations Population Fund global databases, 2023.

Figure 4.
Number of countries with any specific type of restriction on access to maternity care, 2023



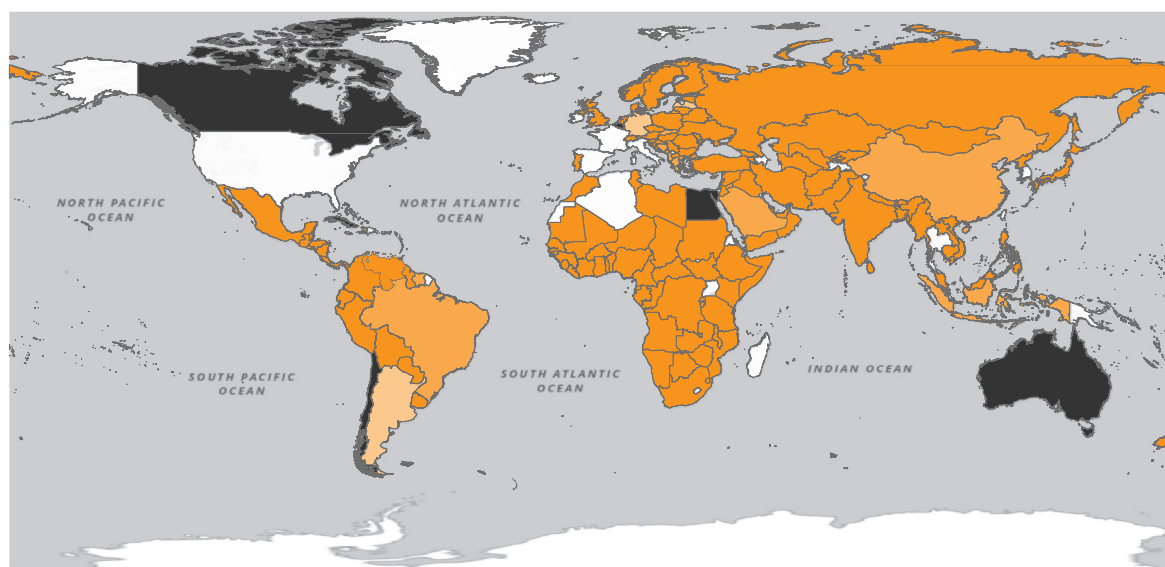
Life-saving commodities (Section I)

The second component of the maternity care section is life-saving commodities. This component assesses whether the national list of essential medicines or other national or regional authorized lists of recommended drugs include the 13 commodities – oxytocin, misoprostol, magnesium sulphate, injectable antibiotics, antenatal corticosteroids, chlorhexidine, resuscitation devices for newborns, amoxicillin, oral rehydration salts, zinc, female condoms, contraceptive implants and emergency contraception (levonorgestrel) – recommended by the United Nations Commission on Life-Saving Commodities for Women and Children.⁵

Among the 146 countries reporting data on this component, almost half (71 countries) achieved a score of 100 per cent, indicating that all of the 13 recommended commodities are included in the national list of essential medicines or other national or regional authorized lists (Map 3). Notably, 79 per cent of the 41 sub-Saharan countries (33 countries) with data scored 100 per cent on this component.

Map 3.

Percentage scores for existing laws and regulations on life saving commodities, by country, 2023



S1: Maternity care

C3: Life saving commodities (percentage score)



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C2 are based on the 146 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C2.

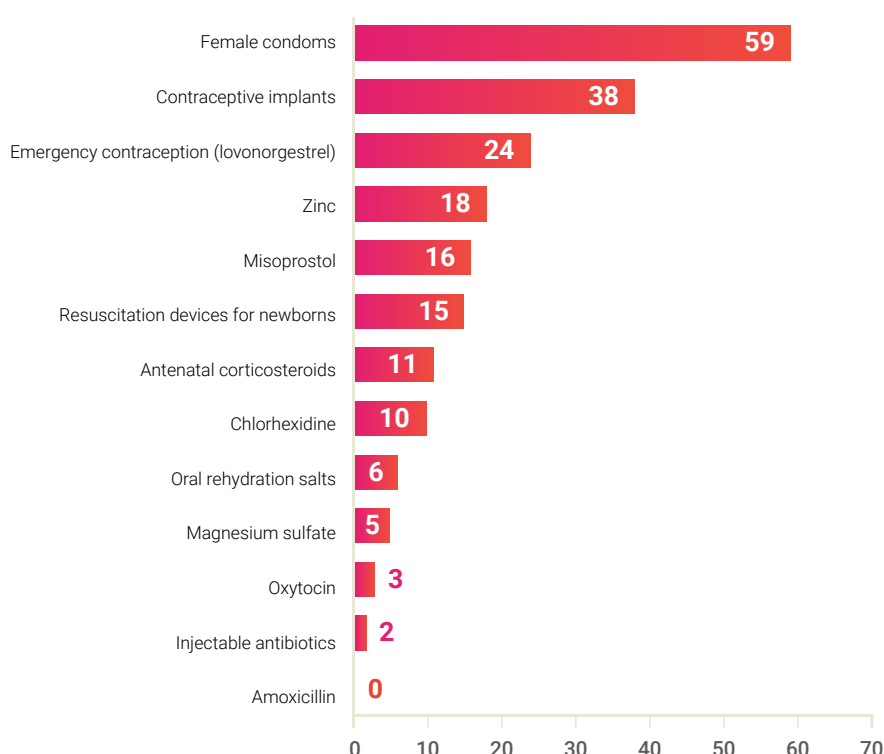
Sources: United Nations Population Fund global databases, 2023.

5 UN Commission on Life-Saving Commodities for Women and Children Commissioners' Report. Available at <https://www.unfpa.org/publications/un-commission-life-saving-commodities-women-and-children>

Among countries where at least one of the 13 recommended commodities are not included in the national list of essential medicines or other national and regional authorized lists, the commodity breakdown is presented in Figure 5. Female condoms are the commodity most commonly not included in the national list, not appearing in around 40 per cent of the reporting countries (59 countries), followed by contraceptive implants (25 per cent; 38 countries) and emergency contraception (16 per cent; 24 countries).

Figure 5.

Number of countries with recommended commodities not included in the national list of essential medicines or other national or regional authorized lists, by commodity, 2023



Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development.

ABORTION (SECTION I)

Abortion is the third component of the section on maternity care. SDG indicator 5.6.2 examines the legal frameworks governing abortion, considering both enabling provisions and restrictive measures. With regard to enabling abortion, countries are asked to provide information on whether induced abortion is currently permitted in the country on four legal grounds, namely, to save a woman's life, to preserve a woman's health, in cases of rape and in cases of fetal impairment. If induced abortion is legal on any of the above grounds, countries are asked if additional restrictions apply, including if the authorization of a medical professional is required (beyond the person providing the abortion required), if judicial consent is required for minors and if the husband's consent is required for married

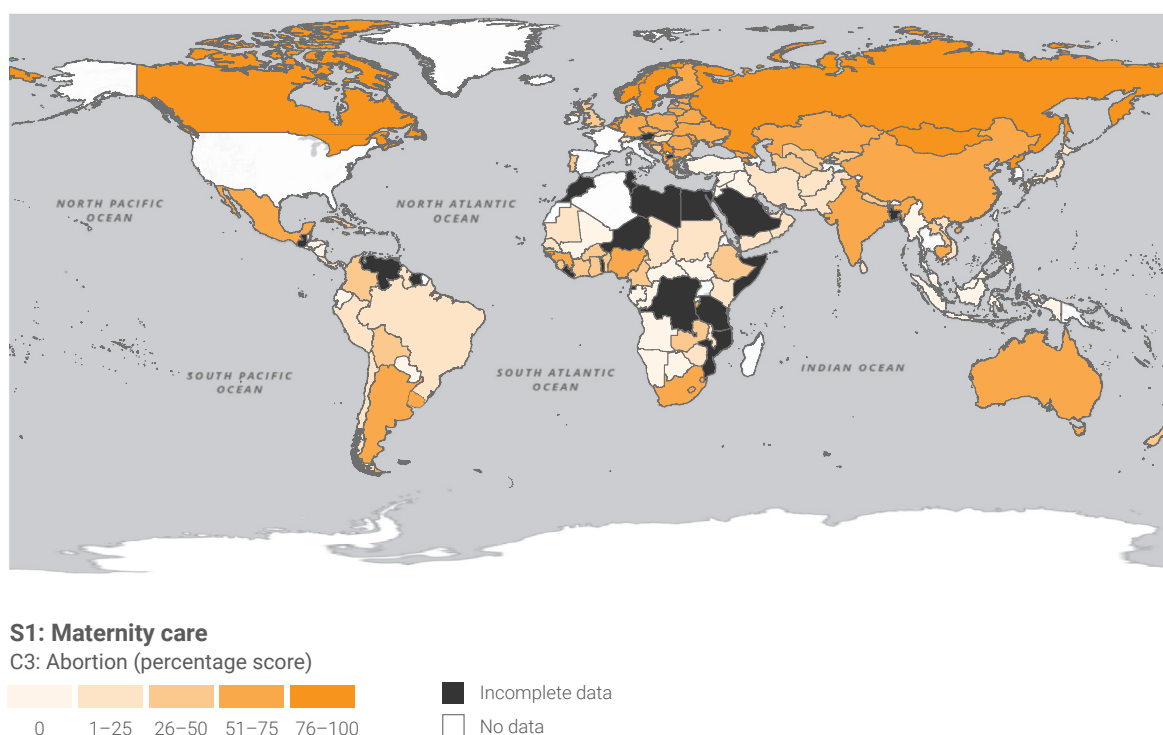
women. Countries are also asked if a women can be criminally charged for obtaining an illegal abortion.

Worldwide, abortion has the lowest score among all 13 components. On average, the 113 reporting countries score 43 per cent in terms of having supportive laws and regulations that guarantee full and equal access to abortion services, with 100 per cent meaning full and equal access. Approximately 23 per cent of the countries (26 countries) scored 0 per cent for the abortion component, indicating that abortion is not permitted on any legal grounds or highly restrictive. About 11 per cent of the countries (12 countries) achieved a score of 100 per cent for the abortion component, meaning that women's access to abortion is permitted based on any of the four legal grounds and there are no further restrictions on accessing the service.

On average, Northern American and European countries score the highest in terms of having supportive abortion laws and regulations among all regions, at 74 per cent, followed by Eastern Asia and South-Eastern Asia, at 40 per cent (Map 4). The lowest scores for supportive abortion laws and regulations are observed in Western Asia and North Africa (25 per cent), Latin America and the Caribbean (31 per cent), and sub-Saharan Africa (31 per cent).

Map 4.

Percentage scores for existing laws and regulations on abortion, by country, 2023



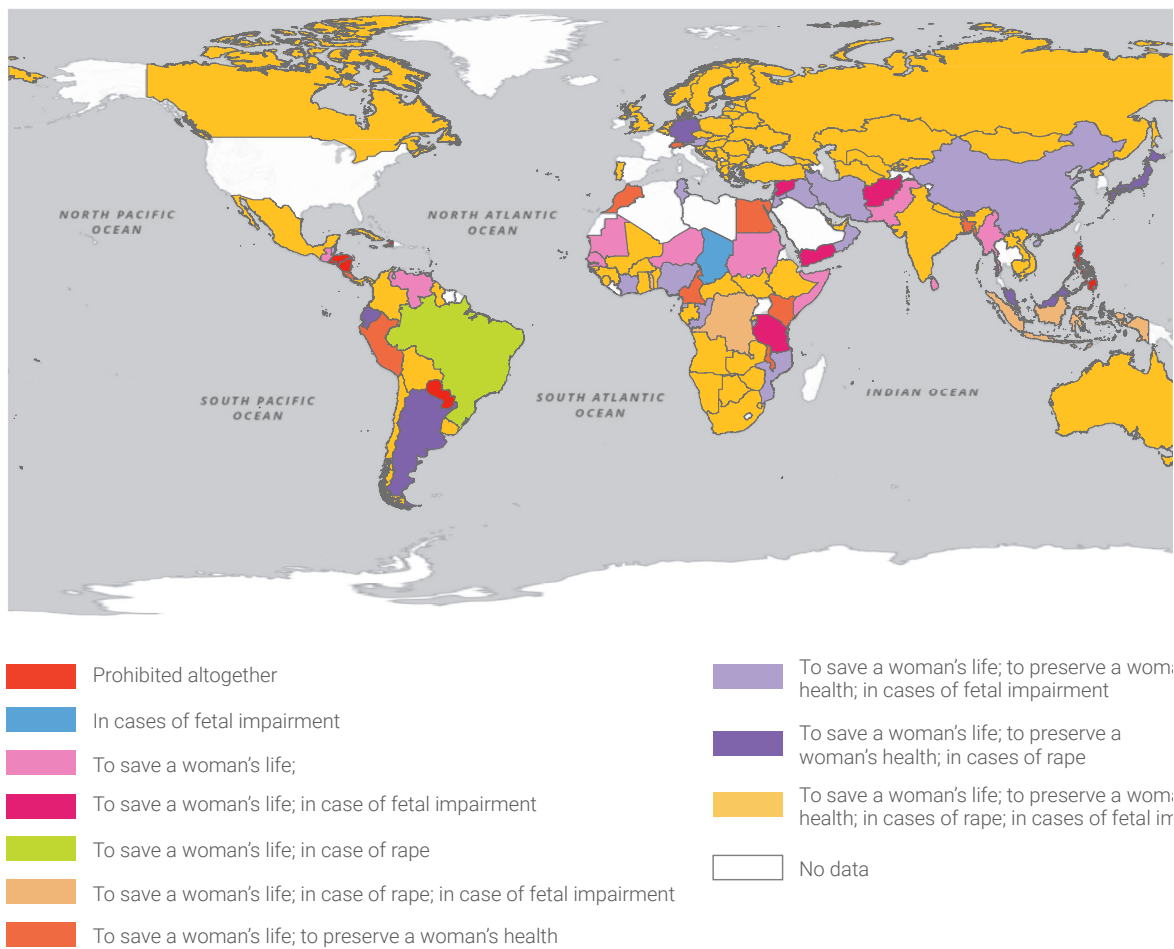
Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C3 are based on the 131 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C3.

Sources: United Nations Population Fund global databases, 2023.

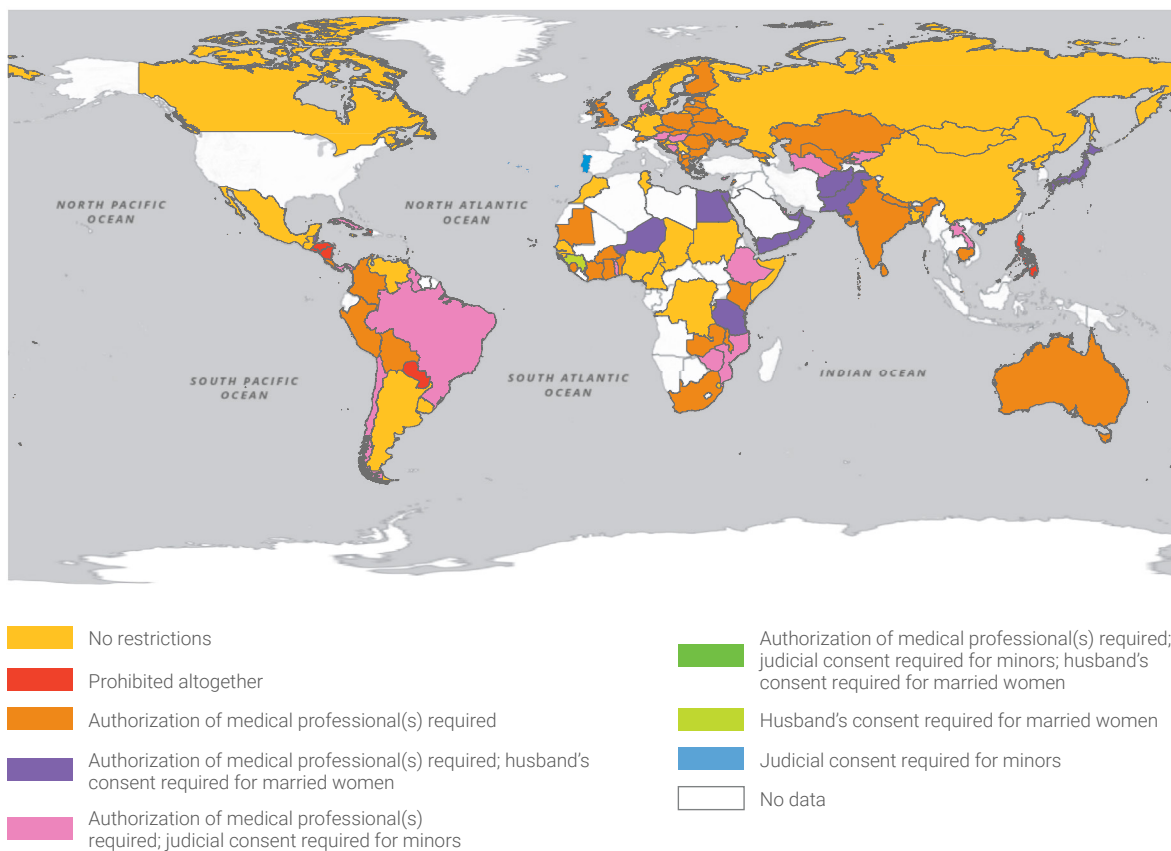
Saving a woman's life is the most common legal ground on which induced abortion is currently permitted; 95 per cent of the reporting countries (140 countries) allow abortion in the case of saving a woman's life. Rape is the least common legal ground for abortion, with 35 per cent of countries (50 countries) not allowing abortion in cases of rape (Figure 7(a)). A requirement for a medical professional's authorization is the most common type of restriction: in only 22 per cent of the reporting countries (29 countries) women do not require the authorization of medical professionals to access abortion services. For married women, a requirement for their husband's consent is the least common type of restriction; still, in 28 per cent of the countries (37 countries) married women require their husband's consent to access abortion services (Figure 7). Furthermore, in 63 per cent of the countries (95 countries), a woman can be criminally charged for obtaining an illegal abortion (see Map 5).

Map 5.
Abortion laws around the world

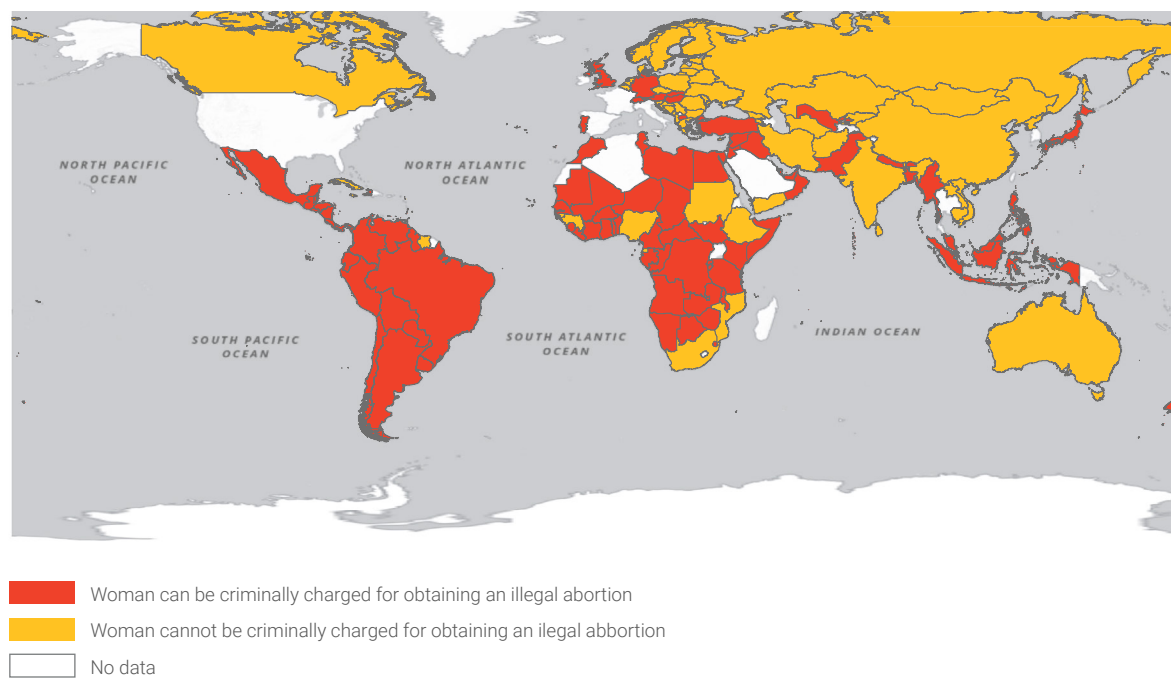
(a) Legal grounds on which abortion is currently permitted, by country, 2023



(b) Additional restrictions despite the existence of legal grounds, by country, 2023



(c) Whether a woman be criminally charged for obtaining an illegal abortion, by country, 2023



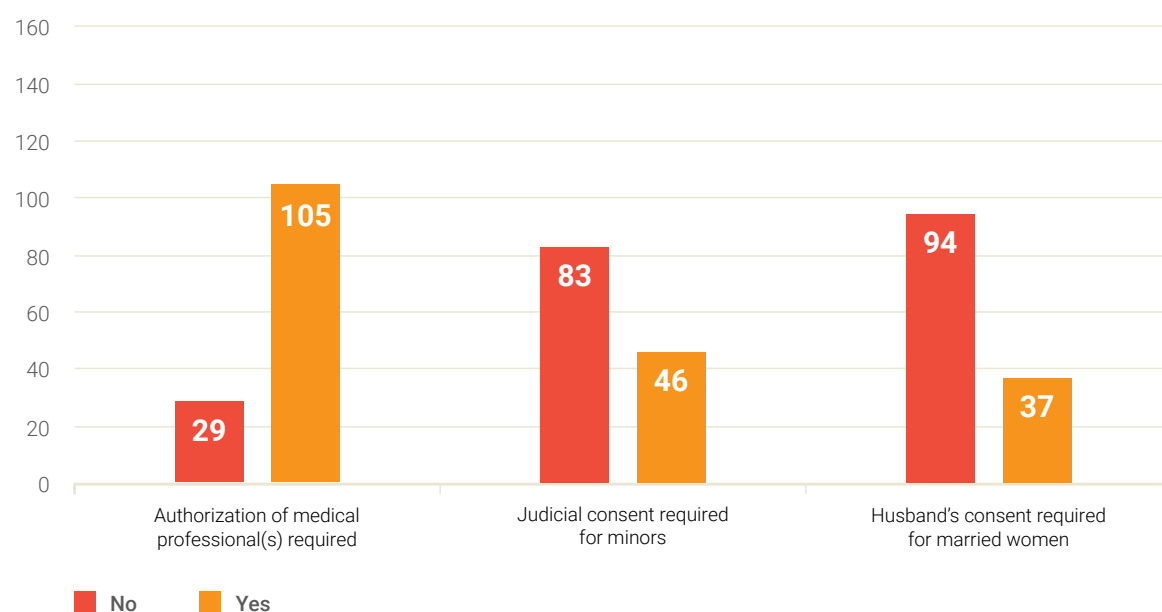
Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development.

Figure 7.

(a) Number of countries in which induced abortion is currently permitted or not permitted on four legal grounds, by legal ground, 2023



(b) Number of countries in which induced abortion is legal on some or all grounds with or without additional restrictions apply, by type of restriction, 2023



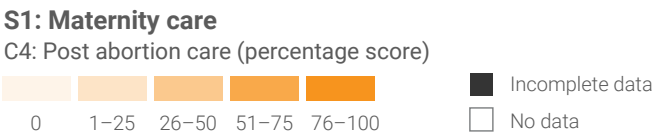
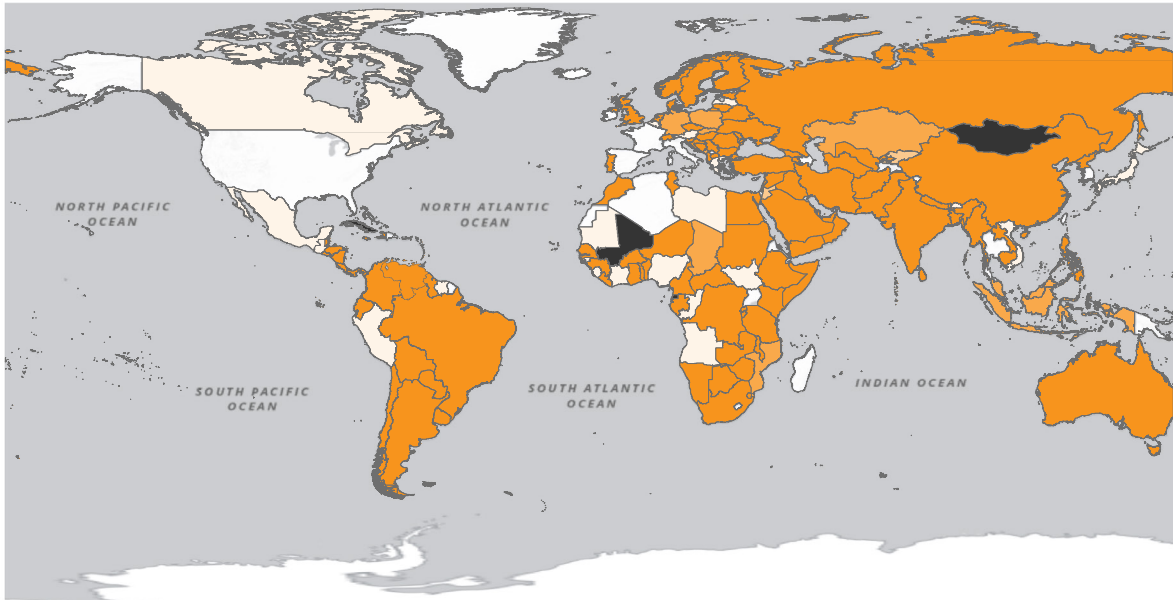
Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development.



POST-ABORTION CARE (SECTION I)

The last component of the section of SDG indicator 5.6.2 on maternity care assesses whether the national government has implemented any laws or regulations that ensure access to post-abortion care, irrespective of the legal status of abortion, and if so whether there are any plural legal systems contradicting the enabling law or legislation, and if they include any restrictions based on age, marital status and/or third-party authorization. Approximately 73 per cent of the reporting countries (108 countries) achieved a 100 per cent score in the post-abortion care component, indicating that these countries have a legal environment that supports women to access post-abortion care without major restrictions (Map 6). A total of 28 countries scored 0 per cent on the post-abortion care component, indicating that either no enabling laws exist or major restrictions apply to existing enabling laws. No clear regional patterns can be identified; the 28 countries are in six SDG regions, and 8 of them are sub-Saharan African countries. Among countries where a supportive law exists, third-party authorization is the most common type of restriction (Table 2).

Map 6.
Percentage scores for existing laws and regulations on post abortion care, by country, 2023



Notes: Based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C4 are based on the 148 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C4. Sources: United Nations Population Fund global databases, 2023.

Table 2.
List of countries with specific types of restrictions on post-abortion care

Country	Age	Marital status	Third-party authorization (e.g., spousal, parental/from a guardian, medical)
Germany	No	No	Yes
Indonesia	No	No	Yes
Jordan	No	Yes	Yes
Kazakhstan	No	No	Yes
Kyrgyzstan	Yes	No	Yes
Malaysia	No	No	Yes
Mozambique	Yes	No	No
Poland	No	No	Yes
Saint Lucia	Yes	No	Yes
Slovakia	No	No	Yes

CONTRACEPTIVE SERVICES (SECTION II): A MIXED PICTURE WITH THE LEAST SUPPORTIVE ENVIRONMENT BEING FOR EMERGENCY CONTRACEPTION

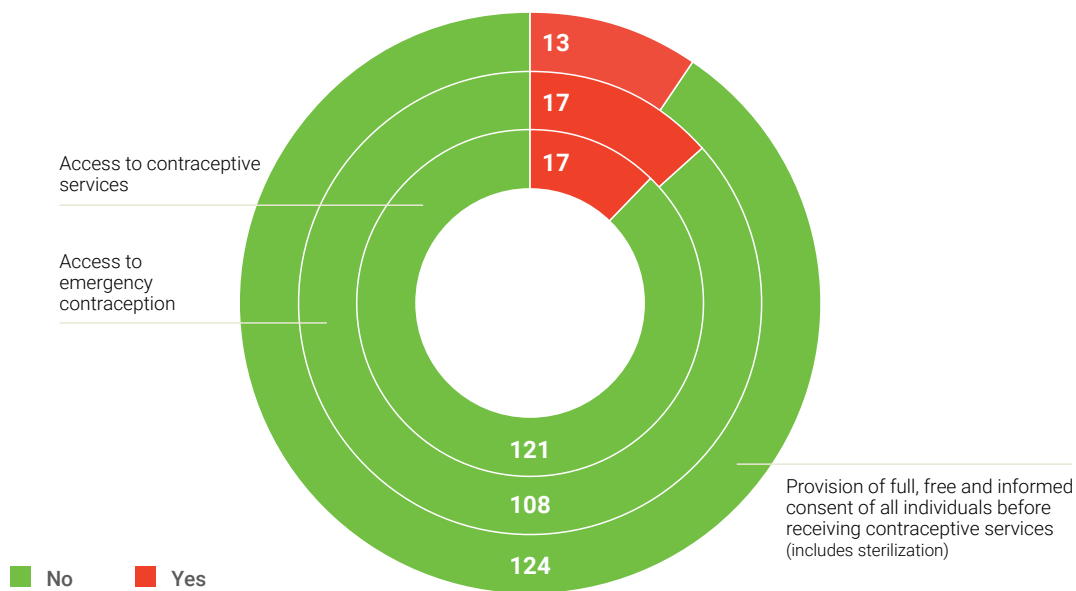
The section of the indicator on contraceptive services has three components: contraceptive services, contraceptive consent, and emergency contraception. National governments are asked if they have any laws or regulations that guarantee access to contraceptive services, access to emergency contraception, and individuals' provision of full, free and informed consent before receiving contraceptive services, including sterilization. Governments that have supportive laws or regulations need to provide information on whether there are any plural legal systems contradicting the positive laws and regulations, and whether there are any restrictions based on age, sex, marital status or third-party authorization on access to contraceptive services and access to emergency contraception.

Emergency contraception scored the lowest among the three components, at 70 per cent, compared with 78 per cent for contraceptive services and 82 per cent for contraceptive consent. However, the data show a mixed picture at national level; for some countries, such as Barbados, Kenya, Gabon, Saint Lucia and Suriname, laws around contraceptive services are more supportive than emergency contraception laws, while in other countries, such as Botswana, Burundi and the Sudan, the opposite is true.

Figures 8 and 9 provide an overview of the restrictions on contraception laws and regulations. Plural legal systems that include elements that contradict supportive laws and regulations are most common in the access to emergency contraception component, for which 14 per cent of the 125 reporting countries (17 countries) have a plural legal system that prevents women from accessing emergency contraception, despite the existence of positive laws. Age is the most common restrictive factor for both access to contraceptive services and access to emergency contraception, present in 31 per cent and 26 per cent of reporting countries, respectively.

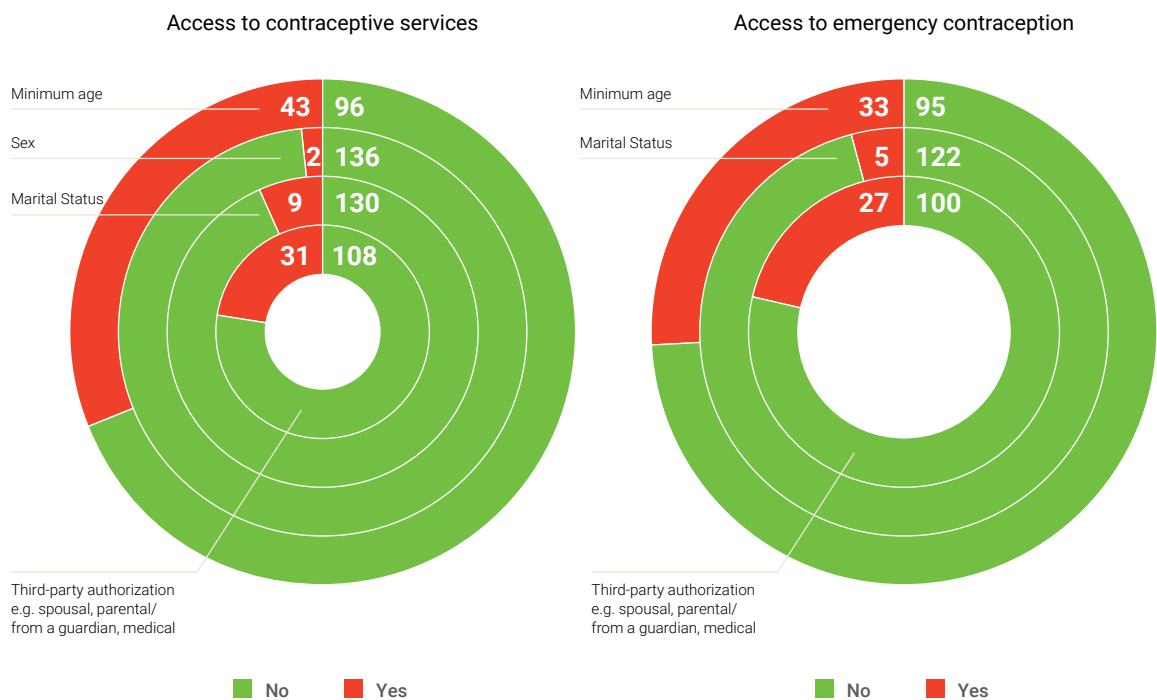


Figure 8.
Number of countries with any plural legal system contradicting the supportive contraception laws and regulations, by component, 2023



Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development.

Figure 9.
Number of countries with any specific type of restriction on accessing contraceptive services or emergency contraception, 2023



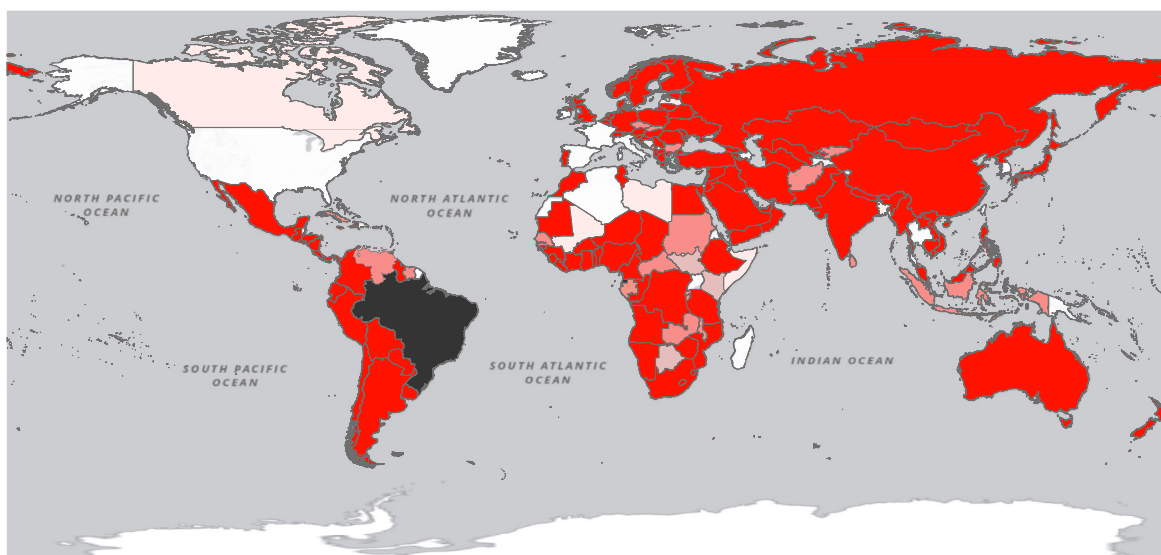
Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development.

CONTRACEPTIVE SERVICES (SECTION II)

More than half of the reporting countries (52 per cent; 78 countries) achieved a score of 100 per cent in the contraceptive services component, indicating a generally supportive legal environment without major restrictions on accessing contraceptive services in those countries (Map 7). About 10 per cent of countries (15 countries) scored 0 per cent on this component, indicating the absence of supportive laws or the existence of major contradicting laws and restrictions that mean that women's and men's access to contraceptive services cannot be guaranteed.

Map 7.

Percentage scores for existing laws and regulations on contraceptive services, by country, 2023



S2: Contraceptive services

C5: Contraceptive services (percentage score)



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C5 are based on the 151 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C5.

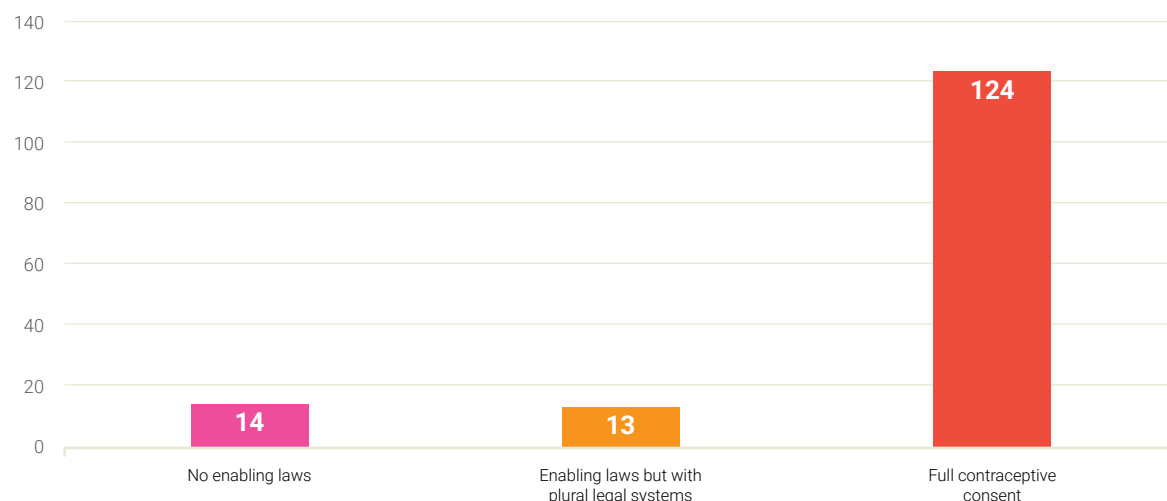
Sources: United Nations Population Fund global databases, 2023.

CONTRACEPTIVE CONSENT (SECTION II)

The contraceptive consent component assesses whether the national governments have any laws or regulations that guarantee that all individuals must provide full, free and informed consent before receiving contraceptive services (including sterilization), and if so whether there are any plural legal systems contradicting the positive laws. This is the only component in this section that does not include an assessment of any further restrictions, as they are considered irrelevant. Some 91 per cent of the reporting countries (124 countries) achieved a score of 100 per cent in the contraceptive consent component, indicating a generally supportive legal environment, without plural legal systems, for individuals' provision of full, free and informed consent before receiving contraceptive services in those countries (Map 8). About 10 per cent of countries (27 countries) scored 0 per cent on this component, indicating the absence of supportive laws or the existence of contradicting plural legal systems meaning that the provision of women's and men's full, free and informed consent before receiving contraceptive services cannot be guaranteed (Figure 10). Among the 13 countries where positive laws exist but are contradicted by plural legal systems, 8 are sub-Saharan African countries: Botswana, Burundi, Chad, Gabon, Guinea, Kenya, Mali and South Sudan.

Figure 10.

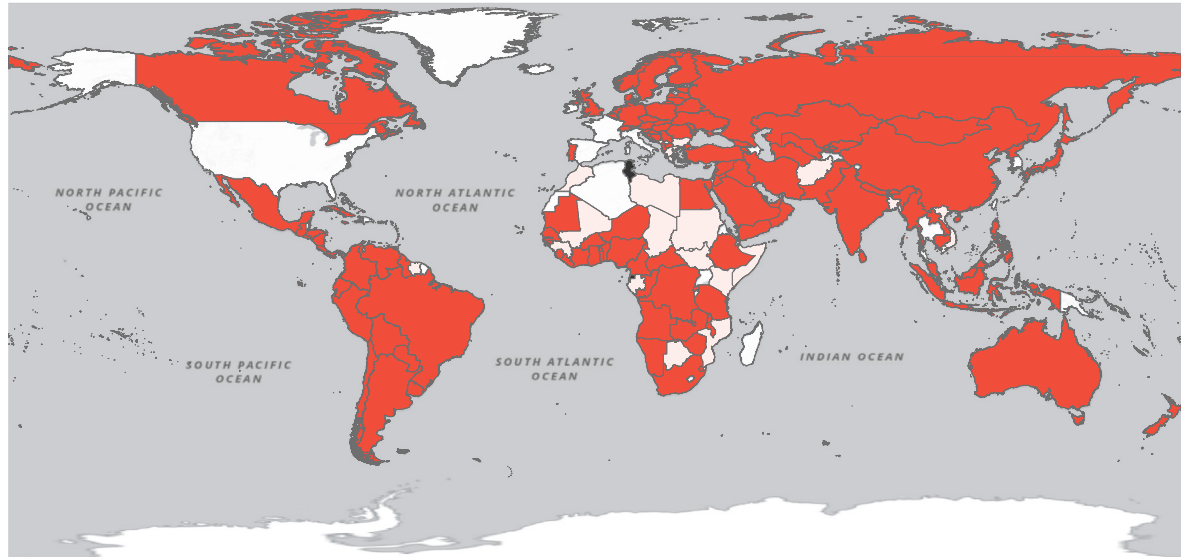
Number of countries with no enabling laws, with enabling laws but with plural legal systems, and achieving full, free and informed contraceptive consent, 2023



Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development.

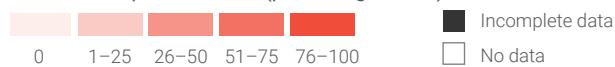
Map 8.

Percentage scores for existing laws and regulations on contraceptive consent, by country, 2023



S2: Contraceptive services

C6: Contraceptive consent (percentage score)



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C6 are based on the 151 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C6.

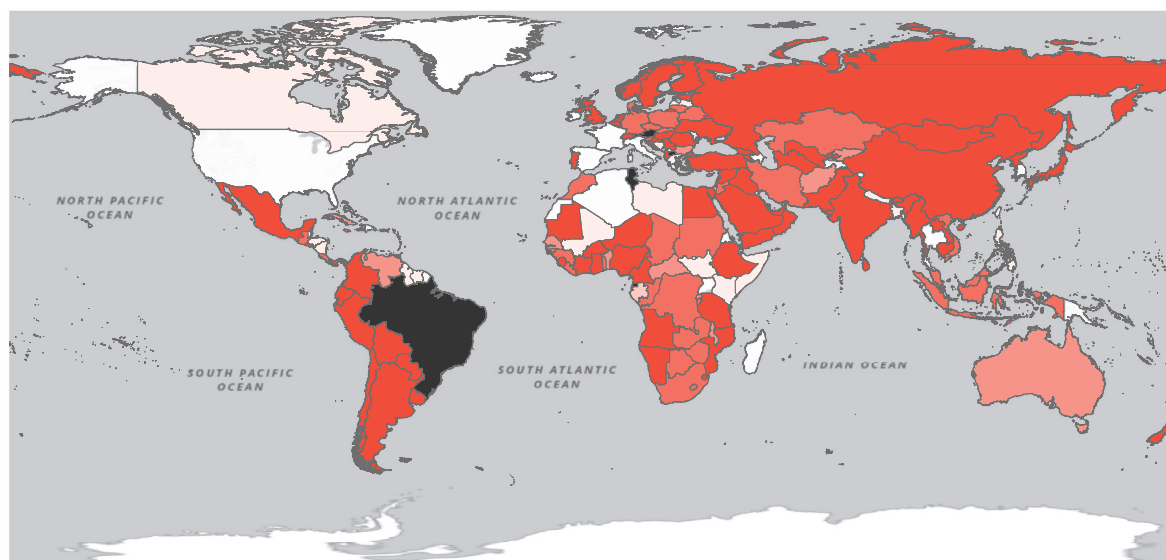
Sources: United Nations Population Fund global databases, 2023.

EMERGENCY CONTRACEPTION (SECTION II)

Close to half of the reporting countries (49 per cent; 72 countries) achieved a score of 100 per cent for the emergency contraception component, indicating a generally supportive legal environment without major restrictions on accessing emergency contraceptives in those countries (Map 9). About 18 per cent of countries (27 countries) scored 0 per cent on this component, indicating no supportive laws or the existence of major contradicting laws and restrictions meaning that women's and men's access to emergency contraceptives cannot be guaranteed.

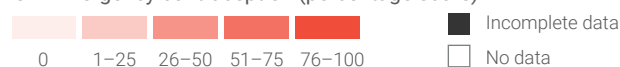
Map 9.

Percentage scores for existing laws and regulations on emergency contraception, by country, 2023



S2: Contraceptive services

C7: Emergency contraception (percentage score)



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C7 are based on the 148 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C7.

Sources: United Nations Population Fund global databases, 2023.

SEXUALITY EDUCATION CURRICULUM LAWS, POLICIES AND TOPICS (SECTION III)

The third section of the indicator focuses on sexuality education and assesses both sexuality education laws and policies and topics included in the sexuality education curriculum. Countries need to provide information on whether the government has any laws, regulations or national policies that make sexuality education a mandatory component of the national school curriculum and if they exist whether there are any plural legal systems contradicting them. In countries where positive laws, regulations and policies exist, countries need to assess whether the eight topics recommended by the International Technical Guidance on Sexuality Education are included in the national sexuality education curriculum,⁶ namely (1) relationships; (2) values, rights, culture and

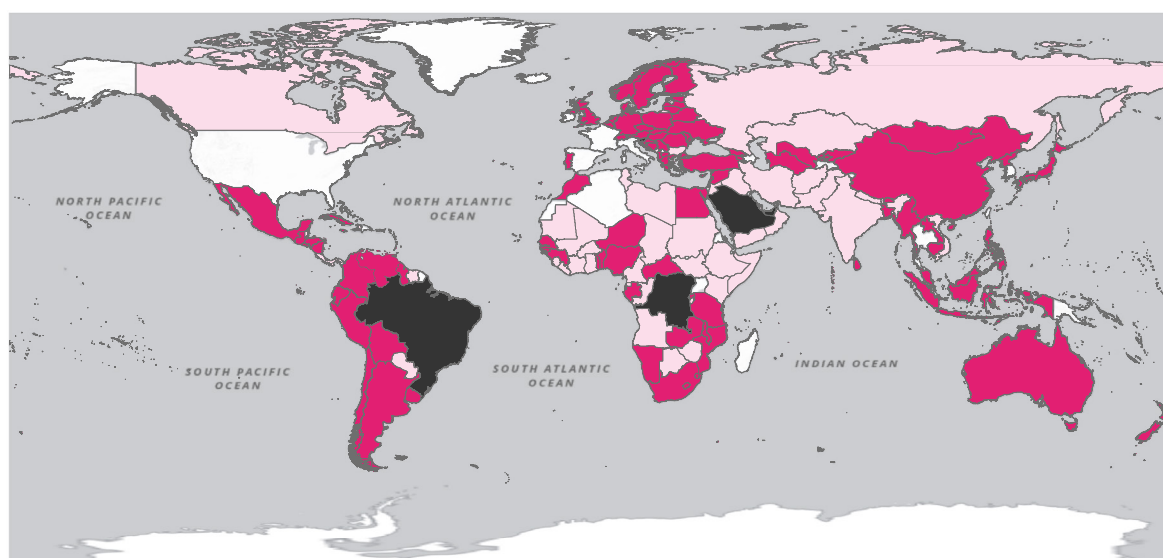
6 United Nations Educational, Scientific and Cultural Organization, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, United Nations Children's Fund, United Nations Entity for Gender Equality and the Empowerment of Women and World Health Organization (2018), *International Technical Guidance on Sexuality Education: An Evidence-informed Approach*. Available at <https://unesdoc.unesco.org/ark:/48223/pf0000260770>.

sexuality; (3) understanding gender; (4) violence and staying safe; (5) skills for health and well-being; (6) the human body and development; (7) sexuality and sexual behaviour; and (8) sexual and reproductive health.

Among the 148 reporting countries, 66 per cent (97 countries) achieved a score of 100 per cent for the component on sexuality education curriculum laws, indicating a supportive legal system without any contradicting plural legal systems; 6 per cent (9 countries) have enabling legal systems in place that are contradicted by plural legal systems; and 28 per cent (42 countries) do not have any enabling laws, regulations or policies (Map 10). As assessment of the inclusion of recommended topics in the national sexuality education curriculums indicates that the topic of relationships is the least likely to be included in national curriculums, with 11 countries not covering this topic, followed by sexuality and sexual behaviour (10 countries) (Map 11). All national curriculums cover the topic of the human body and development (Figure 11).

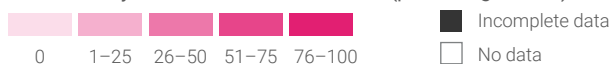
Map 10.

Percentage scores for existing laws and regulations on sexually education curriculum laws, by country, 2023



S3: Sexuality education

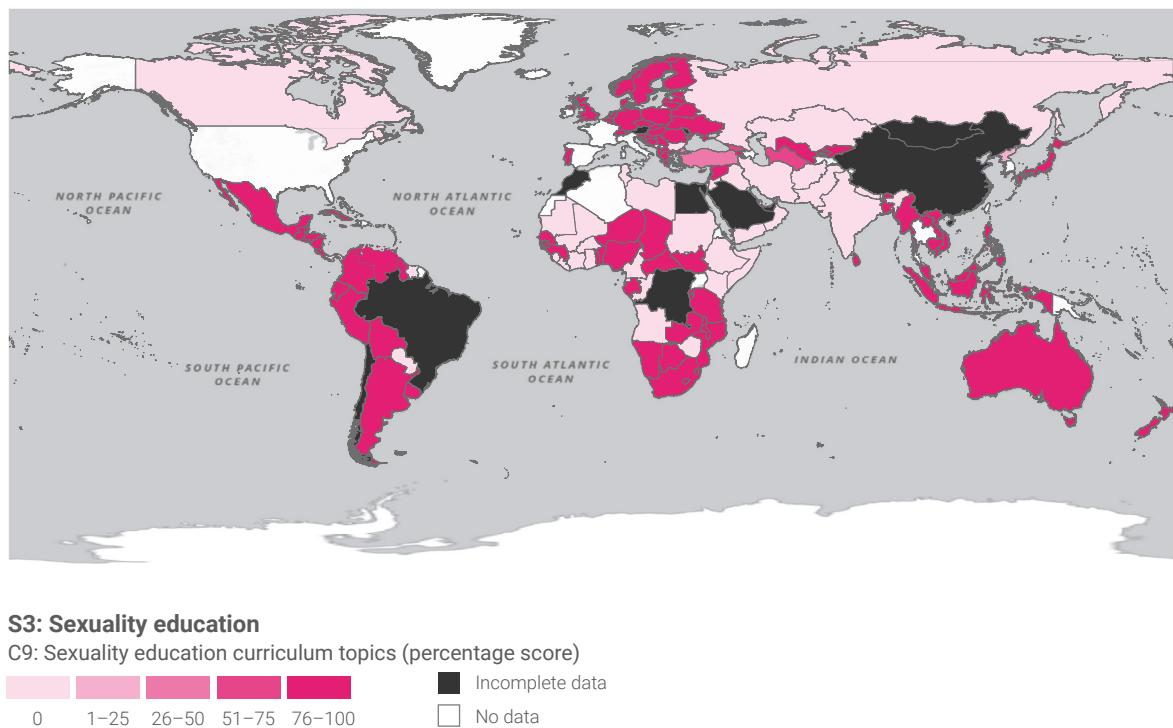
C8: Sexuality education curriculum laws (percentage score)



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C8 are based on the 148 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C8.

Sources: United Nations Population Fund global databases, 2023.

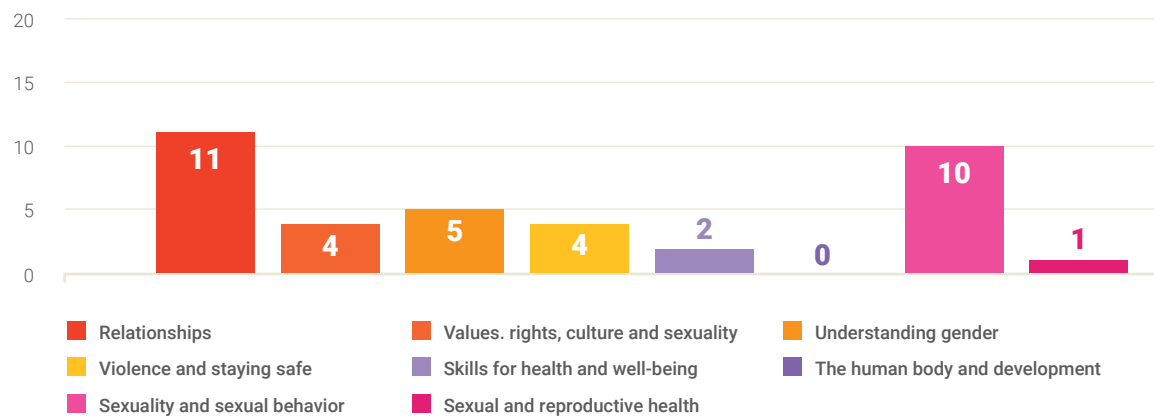
Map 11.
Percentage scores for existing laws and regulations on sexuality education curriculum topics, by country, 2023



Notes: Based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C9 are based on the 141 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C9.

Sources: United Nations Population Fund global databases, 2023.

Figure 11.
Number of countries in which recommended sexuality education topics are not included in the national sexuality education curriculum, by topic, 2023



Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development.

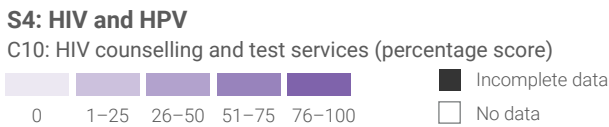
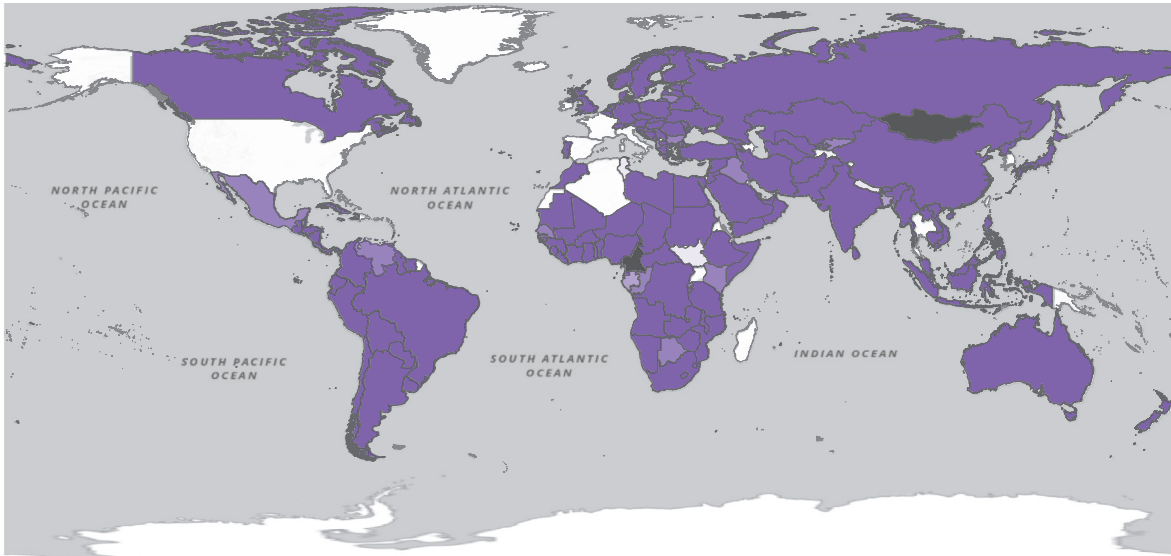
HIV COUNSELLING AND TESTING SERVICES, HIV TREATMENT AND CARE SERVICES AND HIV CONFIDENTIALITY (SECTION IV)

Among the 13 components, the three related to HIV – HIV counselling and testing services, HIV treatment and care services, and HIV confidentiality – are those with the highest values. These three components assess whether the national governments have any laws or regulations that guarantee the provision of voluntary HIV counselling and testing services, HIV treatment and care services, and the protection of the confidentiality of all people living with HIV. If positive laws and regulations exist, countries also need to provide information on if there are any plural legal systems contradicting them, and if there are any restrictions based on age, sex, marital status or third-party authorization (e.g., spousal, parental/from a guardian or medical).

On average, countries achieved a 93 per cent score in terms of having supportive laws and regulations that guarantee full and equal access to HIV confidentiality, followed by a score of 91 per cent for HIV treatment and care, and a score of 87 per cent for HIV counselling and testing (Maps 12–14). The results show that about 62 per cent of the reporting countries (94 countries) scored 100 per cent in all three components relating to HIV, indicating a generally supportive legal environment in the areas of HIV counselling, testing, treatment and care services and protecting the confidentiality of all people living with HIV in these countries. Restrictions based on age and third-party authorization seem to be more common than restrictions based on sex and marital status (Figure 12). Using HIV counselling and testing as an example, in 23 per cent of the reporting countries (34 countries) positive legislation regarding HIV counselling and testing services is limited by restrictions based on age, and in 18 per cent of the countries (27 countries) it is limited by restrictions based on third-party authorization.



Map 12.
Percentage scores for existing laws and regulations on HIV counselling and test services,
by country, 2023



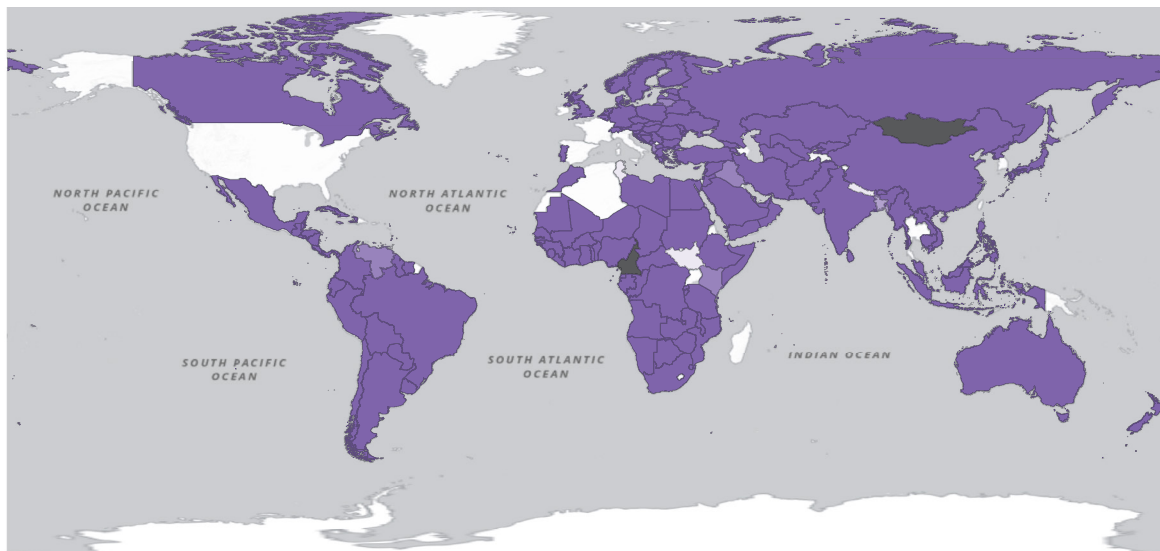
Notes: Based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C10 are based on the 151 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C10.

Sources: United Nations Population Fund global databases, 2023.



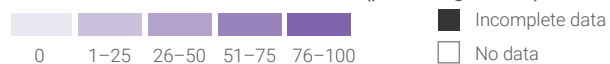
Map 13.

Percentage scores for existing laws and regulations on HIV treatment and care services, by country, 2023



S4: HIV and HPV

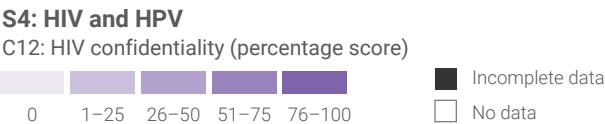
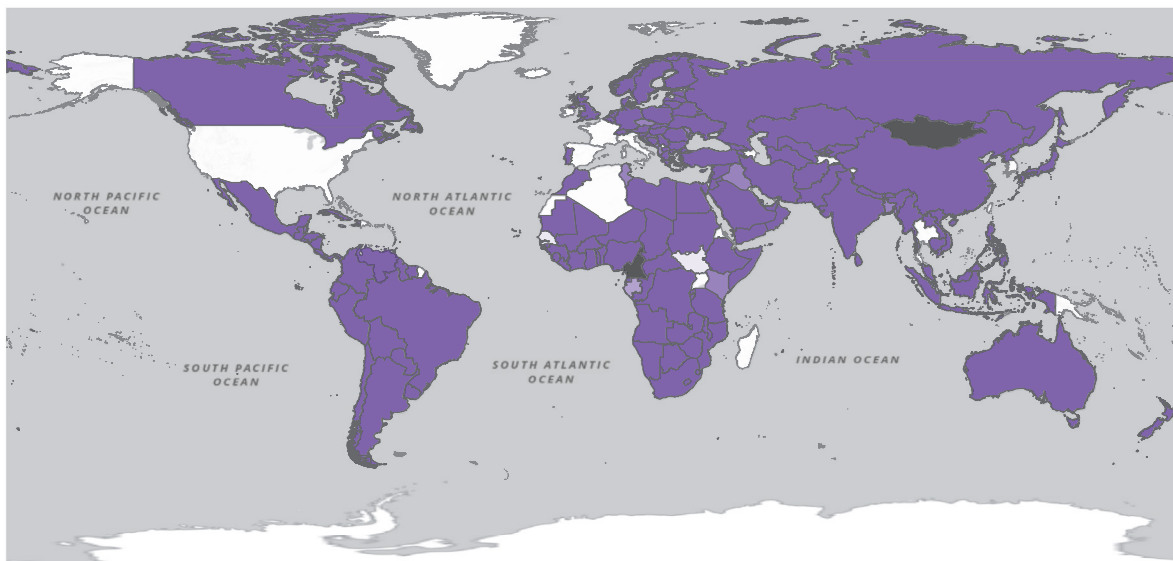
C11: HIV treatment and care services (percentage score)



Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C11 are based on the 151 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C11.

Sources: United Nations Population Fund global databases, 2023.

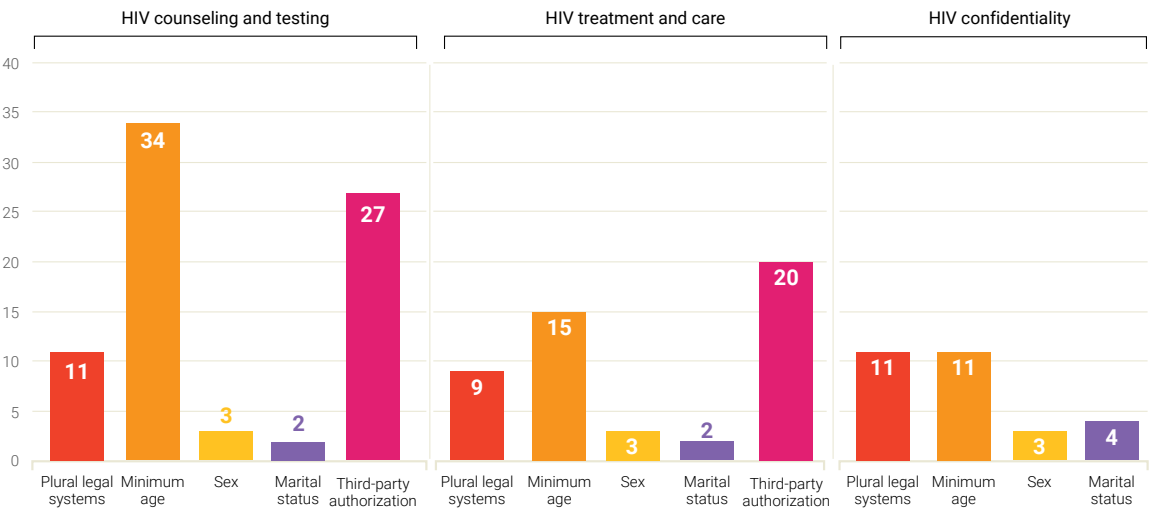
Map 14.
Percentage scores for existing laws and regulations on HIV confidentiality, by country, 2023



Notes: Based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C12 are based on the 151 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C12.

Sources: United Nations Population Fund global databases, 2023.

Figure 12.
Number of countries with plural legal systems or any specific type of restrictions on accessing voluntary HIV counselling and testing services, obtaining HIV treatment and care services or protecting the confidentiality of all people living with HIV, 2023



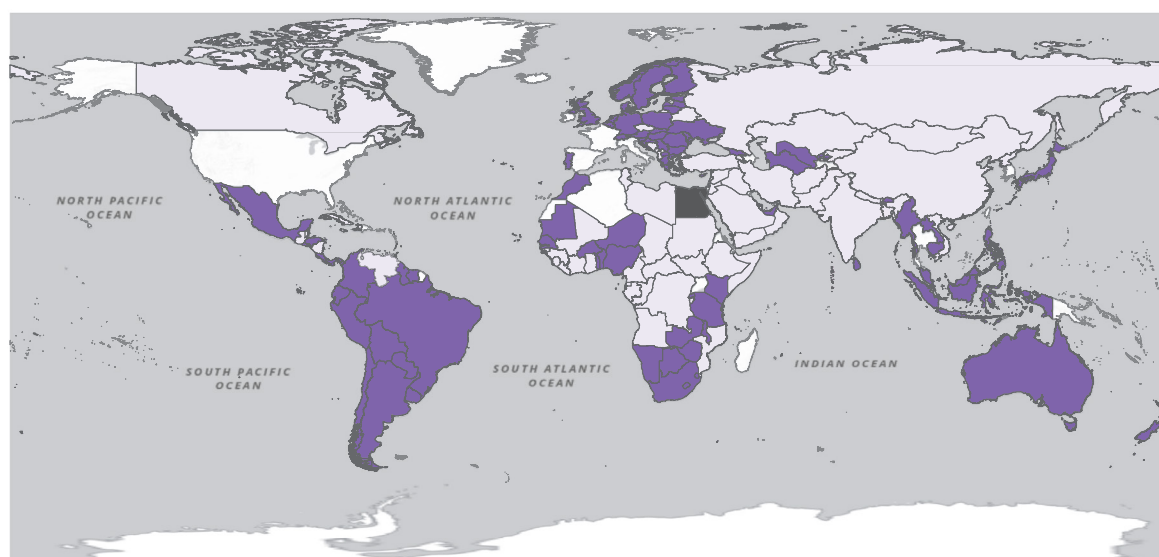
Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations’ 12th and 13th inquiries among governments on population and development.

HPV VACCINE (SECTION IV)

The last component of SDG indicator 5.6.2 focuses on the HPV vaccine and whether States have any laws or regulations that guarantee HPV vaccination for adolescent girls, and if they do whether there are any plural legal systems. The score for the HPV vaccine component was the second lowest among all 13 components. On average, countries achieved a score of only 54 per cent in terms of having supportive laws and regulations that guarantee HPV vaccination for adolescent girls (Map 15). Some 54 per cent of the reporting countries (82 countries) achieved a score of 100 per cent, indicating a supportive legal environment without any plural legal systems; 46 per cent of the countries (70 countries) achieved a score of 0 per cent, which was mostly due to a lack of positive laws or regulations (63 countries) (Figure 13).

Map 15.

Percentage scores for existing laws and regulations on HPV vaccine, by country, 2023



S4: HIV and HPV

C13: HPV vaccine (percentage score)



■ Incomplete data

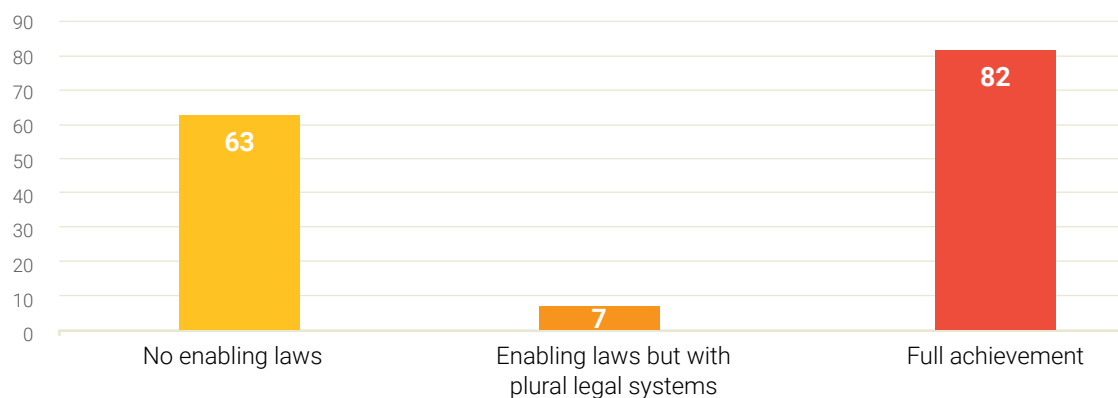
□ No data

Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 C13 are based on the 152 countries with data for the component. Countries with no data did not submit an official response to either inquiry; countries with missing data submitted an official response to one or both of the inquiries, but data are not complete and therefore only partial data for certain components or sections are available and data are not available for C13.

Sources: United Nations Population Fund global databases, 2023.

Figure 13.

Number of countries with no enabling laws, enabling laws but with plural legal systems and laws that fully guarantee HPV vaccination for adolescent girls, 2023



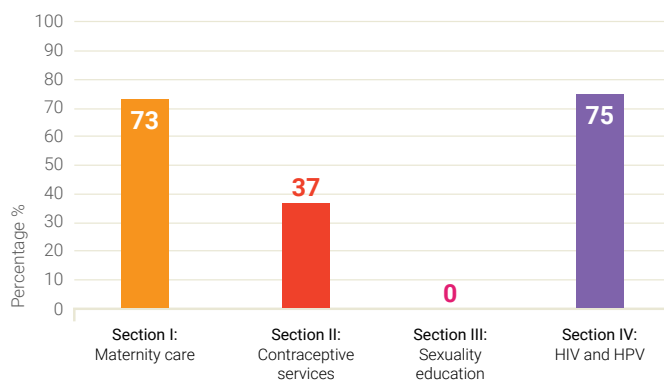
Sources: United Nations Population Fund global databases 2023 based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development.



Country examples

The following examples show how indicator 5.6.2 data can be used at country level to identify strengths and weaknesses in the legal and regulatory environment for SRHRR.

Case study: Country X (54%)



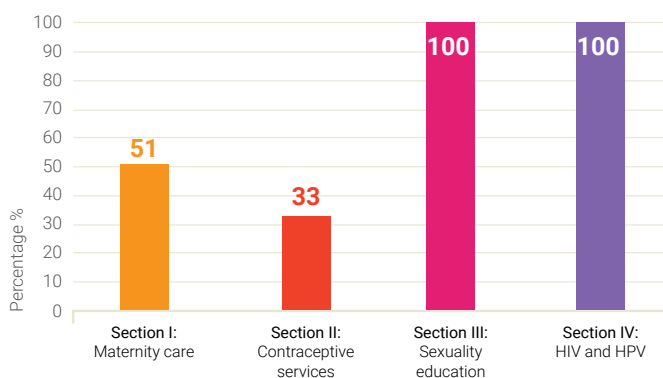
Does not have any laws/regulations that make sexuality education a mandatory component of the national school curriculum

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. In addition, 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%)



Maternity care:

Only has 4 of the 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

Conclusion

The landscape of laws and regulations related to SRHRR shows some encouraging trends. Globally, a significant majority of countries have enacted supportive laws ensuring full and equal access to SRHRR. Notably high is the commitment to confidentiality in HIV treatment and the availability of HIV care services, with 93 per cent and 91 per cent of countries enacting laws related to these aspects of SRHRR, respectively. Moreover, 90 per cent of the countries surveyed have added essential life-saving commodities for women and children to their national lists of essential medicines, and 82 per cent ensure the full, free and informed consent of individuals before providing contraceptive services, including sterilization.

However, these positive strides are counterbalanced by several restrictive practices and laws. For instance, access to contraceptive services in 22 per cent of the countries surveyed is contingent on spousal, parental or medical authorization. The situation is even more dire when it comes to abortion rights: in 28 per cent of the countries where abortion is legal, married women need their husband's consent, and a staggering 63 per cent of the countries surveyed can criminally charge women for having an illegal abortion. Third-party consent requirements widely impede access to sexual and reproductive health services. Moreover, 24 per cent of the countries surveyed, notably in Africa and Latin America and the Caribbean, have plural legal systems, with access to contraception and emergency contraception being most affected by these systems.

Regional disparities further highlight the uneven progress that has been made. Australia and New Zealand and Europe and Eastern Asian countries have the most favorable environments, with an average of between 84 and 95 per cent of supportive laws and regulations in place that guarantee full and equal access to SRHRR. In contrast, countries in the Northern Africa, Southern Asia and Western Asia regions exhibit lower levels of supportive SRHR laws and regulations, with an average of between 57 and 73 per cent. Three countries stand out as having perfect supportive SRHRR laws and regulations in place: the Netherlands, Norway and Sweden.

These findings underscore the complexity of the legal landscape surrounding SRHRR. While many countries have taken steps to guarantee SRHR in their legal frameworks, the existence of restrictive practices and plural legal systems, such as requirements for third-party consent for accessing services, significantly hinders the effectiveness and inclusivity of these legal frameworks. This data provides an essential roadmap for leveraging the legal frameworks that exist and addressing the gaps and inconsistencies that hinder progress to rights and choices for all.



Annex 1: Percentage scores for existing laws and regulations on sexual and reproductive health and reproductive rights, by country, 2023

	SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	C1: Maternity Care
World	76	74	76	65	81	85
Northern America and Europe	87	86	83	87	89	93
Northern America	-	-	-	-	-	-
Europe	87	86	84	90	90	96
Latin America and the Caribbean	75	70	73	71	80	86
Central Asia and Southern Asia	75	77	79	51	75	87
Central Asia	81	80	89	70	81	94
Southern Asia	71	75	74	42	72	83
Eastern Asia and South-eastern Asia	76	64	78	82	87	77
Eastern Asia	84	74	100	81	83	88
South-eastern Asia	74	61	68	83	88	72
Western Asia and Northern Africa	72	73	83	35	75	86
Western Asia	73	73	91	44	77	88
Northern Africa	57	77	49	0	67	80
Sub-Saharan Africa	71	71	71	55	79	81
Oceania	-	-	-	-	-	-
<i>Oceania excluding Australia and New Zealand</i>	-	-	-	-	-	-
<i>Australia and New Zealand</i>	95	84	92	100	100	100
Landlocked developing countries (LLDCs)	75	77	75	60	81	83
Least Developed Countries (LDCs)	71	71	70	56	78	79
Small Island Developing States (SIDS)	60	58	49	65	66	63
Arab States	65	68	73	9	70	73
Asia and the Pacific	74	71	77	63	78	78
Eastern Europe and Central Asia	84	85	87	87	80	93
Latin American and Caribbean	75	70	73	71	80	86
East and Southern Africa	72	73	70	61	81	84
West and Central Africa	70	70	75	54	79	83

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
World and SDG Regions											
90	43	78	78	82	70	66	68	87	91	93	54
88	74	82	83	91	75	88	87	90	94	94	79
-	-	-	-	-	-	-	-	-	-	-	-
88	73	85	85	91	77	91	90	90	93	95	82
86	31	75	77	82	60	67	77	84	86	94	57
89	39	87	78	85	73	54	48	80	86	95	38
90	56	81	85	100	81	75	66	80	100	95	50
89	30	89	76	78	69	44	40	80	80	95	33
83	40	63	77	85	71	85	83	90	92	92	69
81	73	67	100	100	100	100	63	100	100	100	25
84	25	61	67	78	58	78	88	87	89	89	89
86	25	88	84	84	80	50	30	91	93	97	21
86	25	90	89	100	85	54	38	95	97	97	20
87	25	80	68	25	63	40	0	80	80	95	25
97	31	76	71	73	69	51	60	87	93	91	45
-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
100	56	100	100	100	75	100	100	100	100	100	100
96	39	88	76	79	70	57	67	82	90	93	57
96	29	79	72	70	68	53	59	88	92	93	38
85	38	54	48	63	34	58	72	72	74	86	32
NFPA Regions											
87	10	88	77	67	77	31	9	89	89	95	8
87	37	82	79	80	73	65	65	85	86	93	45
87	65	95	86	100	77	93	82	84	93	94	50
86	31	75	77	82	60	67	77	84	86	94	57
97	28	87	69	72	69	53	69	84	88	90	61
98	34	65	76	77	72	52	55	89	97	91	35

						C1: Maternity Care
						Countries
	SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	
Afghanistan	56	79	37	0	75	100
Albania	79	86	100	100	45	100
Angola	62	50	100	0	75	100
Antigua and Barbuda	-	-	33	0	75	-
Argentina	92	74	100	100	100	100
Armenia	87	94	93	100	70	75
Australia	-	-	83	100	100	100
Austria	-	-	-	-	100	100
Bahrain	73	72	67	81	75	100
Bangladesh	-	-	0	94	39	0
Barbados	44	63	20	0	65	100
Belarus	83	86	85	100	70	75
Belgium	-	-	100	100	100	-
Belize	43	55	0	50	60	0
Benin	91	88	77	100	100	100
Bhutan	83	46	100	100	100	100
Bolivia	94	81	100	100	100	75
Bosnia and Herzegovina	70	76	33	100	75	100
Botswana	64	69	32	50	90	75
Brazil	-	-	-	-	90	-
Brunei Darussalam	41	52	0	0	80	100
Bulgaria	62	90	37	0	85	100
Burkina Faso	81	88	100	0	100	100
Burundi	65	81	38	50	75	75
Cabo Verde	84	75	70	100	95	50
Cambodia	98	94	100	100	100	100
Cameroon	-	82	100	0	-	100

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
s, territories, other areas											
92	25	100	60	0	50	0	0	100	100	100	0
69	75	100	100	100	100	100	100	60	60	60	0
100	0	0	100	100	100	0	0	100	100	100	0
85	-	100	0	100	0	0	0	100	100	100	0
38	56	100	100	100	100	100	100	100	100	100	100
100	100	100	80	100	100	100	100	80	100	100	0
-	75	100	100	100	50	100	100	100	100	100	100
100	-	0	100	100	-	100	-	100	100	100	100
77	13	100	100	100	0	100	63	100	100	100	0
85	-	100	0	0	0	100	88	40	40	75	0
77	75	0	60	0	0	0	0	80	80	100	0
92	75	100	80	100	75	100	100	80	100	100	0
-	100	0	100	100	100	100	100	100	100	100	100
100	19	100	0	0	0	0	100	60	80	100	0
100	50	100	80	100	50	100	100	100	100	100	100
85	0	0	100	100	100	100	100	100	100	100	100
100	50	100	100	100	100	100	100	100	100	100	100
54	50	100	0	100	0	100	100	100	100	100	0
100	0	100	20	0	75	0	100	60	100	100	100
69	13	100	-	100	-	-	-	80	80	100	100
85	25	0	0	0	0	0	0	100	100	20	100
85	75	100	60	0	50	0	0	60	80	100	100
100	50	100	100	100	100	0	0	100	100	100	100
92	56	100	40	0	75	0	100	100	100	100	0
100	50	100	60	100	50	100	100	80	100	100	100
100	75	100	100	100	100	100	100	100	100	100	100
92	38	100	100	100	100	0	0	-	-	-	0

		SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	C1: Maternity Care
	Canada	-	-	33	0	65	0
	Central African Republic	77	75	70	94	75	100
	Chad	59	67	52	50	60	75
	Chile	-	-	100	-	100	100
	China	-	84	100	-	75	100
	Colombia	96	86	100	100	100	100
	Comoros	-	-	77	0	70	100
	Congo	55	50	92	0	60	100
	Costa Rica	84	79	92	50	100	100
	Côte d'Ivoire	64	59	100	0	75	100
	Croatia	98	98	100	100	95	100
	Cuba	-	-	70	100	75	100
	Cyprus	72	59	33	100	100	100
	Czech Republic	79	94	78	100	55	100
	Democratic People's Republic of Korea	83	88	100	63	75	75
	Democratic Republic of the Congo	-	-	85	-	75	100
	Denmark	87	86	85	100	85	100
	Ecuador	92	75	100	100	100	100
	Egypt	-	-	100	-	-	100
	El Salvador	92	75	100	100	100	100
	Equatorial Guinea	-	-	-	0	75	-
	Estonia	98	94	100	100	100	100
	Eswatini	98	94	100	100	100	100
	Ethiopia	73	88	100	0	75	100
	Finland	98	94	100	100	100	100
	Gabon	58	75	22	100	48	100
	Georgia	94	90	100	81	100	100
	Germany	87	69	85	100	100	100

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
-	100	0	0	100	0	0	0	80	100	80	0
100	0	100	60	100	50	100	88	100	100	100	0
100	19	75	80	0	75	0	100	80	80	80	0
-	25	100	100	100	100	100	-	100	100	100	100
62	75	100	100	100	100	100	-	100	100	100	0
92	50	100	100	100	100	100	100	100	100	100	100
100	19	-	80	100	50	0	0	80	100	100	0
100	0	0	100	100	75	0	0	60	80	100	0
92	25	100	100	100	75	0	100	100	100	100	100
100	38	0	100	100	100	0	0	100	100	100	0
92	100	100	100	100	100	100	100	80	100	100	100
-	50	-	60	100	50	100	100	100	100	100	0
85	50	0	0	100	0	100	100	100	100	100	100
100	75	100	60	100	75	100	100	80	80	60	0
77	100	100	100	100	100	100	25	100	100	100	0
92	-	100	80	100	75	-	-	100	100	100	0
92	50	100	80	100	75	100	100	80	80	80	100
100	0	100	100	100	100	100	100	100	100	100	100
-	-	100	100	100	100	100	-	100	100	100	-
100	0	100	100	100	100	100	100	100	100	100	100
100	-	-	-	-	-	0	0	100	100	100	0
100	75	100	100	100	100	100	100	100	100	100	100
100	75	100	100	100	100	100	100	100	100	100	100
100	50	100	100	100	100	0	0	100	100	100	0
100	75	100	100	100	100	100	100	100	100	100	100
100	0	100	40	0	25	100	100	40	100	50	0
85	75	100	100	100	100	100	63	100	100	100	100
46	56	75	80	100	75	100	100	100	100	100	100

	SDG 5.6.2					C1: Maternity Care
	SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	
Ghana	66	86	93	0	60	100
Greece	72	59	33	100	100	100
Guatemala	-	-	85	100	65	100
Guinea	79	94	52	100	75	100
Guinea-Bissau	80	75	85	100	70	100
Guyana	87	81	67	100	100	100
Haiti	65	73	85	0	75	100
Honduras	80	75	67	100	85	100
Hungary	93	81	100	94	100	100
India	74	90	100	0	75	100
Indonesia	77	42	78	100	100	25
Iran	63	80	85	0	60	100
Iraq	59	71	100	0	45	100
Jamaica	76	88	85	100	45	100
Japan	85	51	100	100	100	100
Jordan	56	42	85	0	75	25
Kazakhstan	65	77	85	0	70	75
Kenya	48	81	7	0	70	100
Kyrgyzstan	73	73	70	94	65	100
Lao People's Democratic Republic	96	88	100	100	100	100
Latvia	70	51	33	100	100	100
Lebanon	-	-	100	-	75	100
Liberia	-	-	85	0	75	100
Libya	-	-	0	0	75	75
Lithuania	87	94	85	100	75	100
Malawi	79	69	63	100	90	50
Malaysia	83	57	85	100	100	75
Maldives	93	88	93	88	100	100

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
92	50	100	80	100	100	0	0	80	80	80	0
62	75	0	100	0	0	100	100	100	100	100	100
85	-	0	80	100	75	100	100	80	80	100	0
100	75	100	80	0	75	100	100	100	100	100	0
100	100	0	80	100	75	100	100	80	100	100	0
100	25	100	100	100	0	100	100	100	100	100	100
92	0	100	80	100	75	0	0	100	100	100	0
100	0	100	100	100	0	100	100	80	80	80	100
100	25	100	100	100	100	100	88	100	100	100	100
85	75	100	100	100	100	0	0	100	100	100	0
69	0	75	60	100	75	100	100	100	100	100	100
100	19	100	80	100	75	0	0	80	80	80	0
85	0	100	100	100	100	0	0	60	60	60	0
77	75	100	80	100	75	100	100	60	60	60	0
85	19	0	100	100	100	100	100	100	100	100	100
92	0	50	80	100	75	0	0	100	100	100	0
85	75	75	80	100	75	0	0	80	100	100	0
100	25	100	20	0	0	0	0	60	60	60	100
92	50	50	60	100	50	100	88	60	100	100	0
100	50	100	100	100	100	100	100	100	100	100	100
31	75	0	0	100	0	100	100	100	100	100	100
69	-	100	100	100	100	100	-	100	100	100	0
92	-	100	80	100	75	0	0	100	100	100	0
77	-	0	0	0	0	0	0	100	100	100	0
100	75	100	80	100	75	100	100	60	60	80	100
100	25	100	40	100	50	100	100	80	100	80	100
77	0	75	80	100	75	100	100	100	100	100	100
100	50	100	80	100	100	100	75	100	100	100	100

		SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	C1: Maternity Care
	Mali	-	-	0	0	75	0
	Malta	-	-	100	100	100	100
	Mauritania	65	37	100	0	100	50
	Mauritius	75	57	70	100	85	50
	México	86	69	100	100	85	100
	Mongolia	-	-	100	-	-	75
	Montenegro	52	81	37	0	59	75
	Morocco	-	-	52	-	100	25
	Mozambique	-	-	67	94	75	-
	Myanmar	91	75	100	94	100	100
	Namibia	88	75	100	100	85	100
	Nepal	48	82	67	0	25	100
	New Zealand	95	84	100	100	100	100
	Nicaragua	75	69	67	100	75	100
	Niger	-	-	100	100	95	100
	Nigeria	-	-	100	100	100	-
	Norway	100	100	100	100	100	100
	Oman	70	78	100	0	75	100
	Pakistan	69	75	100	0	75	100
	Panamá	72	61	100	0	100	25
	Paraguay	76	73	100	0	100	100
	Peru	85	56	93	100	100	100
	Philippines	80	71	60	100	95	100
	Poland	89	81	85	100	95	75
	Portugal	95	88	100	100	95	100
	Qatar	71	79	100	0	75	100
	Republic of Moldova	-	88	67	-	84	75
	Republic of North Macedonia	-	-	-	100	90	100

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
100	0	-	0	0	0	0	0	100	100	100	0
100	-	100	100	100	100	100	100	100	100	100	100
85	13	0	100	100	100	0	0	100	100	100	100
54	25	100	60	100	50	100	100	100	40	100	100
100	75	0	100	100	100	100	100	60	80	100	100
100	100	-	100	100	100	100	-	-	-	-	0
100	75	75	60	0	50	0	0	80	80	75	0
85	-	100	80	0	75	100	-	100	100	100	100
100	-	75	100	0	100	100	88	100	100	100	0
100	0	100	100	100	100	100	88	100	100	100	100
100	0	100	100	100	100	100	100	80	80	80	100
77	50	100	100	100	0	0	0	0	0	100	0
100	38	100	100	100	100	100	100	100	100	100	100
77	0	100	100	100	0	100	100	100	100	100	0
100	-	100	100	100	100	100	100	80	100	100	100
100	75	0	100	100	100	100	100	100	100	100	100
100	100	100	100	100	100	100	100	100	100	100	100
92	19	100	100	100	100	0	0	100	100	100	0
92	6	100	100	100	100	0	0	100	100	100	0
92	25	100	100	100	100	0	0	100	100	100	100
92	0	100	100	100	100	0	0	100	100	100	100
100	25	0	80	100	100	100	100	100	100	100	100
85	0	100	80	100	0	100	100	80	100	100	100
100	75	75	80	100	75	100	100	80	100	100	100
100	50	100	100	100	100	100	100	80	100	100	100
92	25	100	100	100	100	0	0	100	100	100	0
100	75	100	100	100	0	100	-	80	80	75	100
100	-	100	100	100	-	100	100	80	80	100	100

	SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	C1: Maternity Care
Republic of Serbia	99	96	100	100	100	100
Republic of The Gambia	-	-	100	100	75	100
Romania	98	94	100	100	100	100
Russian Federation	70	88	93	0	70	75
Rwanda	82	75	70	100	90	100
Saint Lucia	33	36	22	50	30	25
Saint Vincent and the Grenadines	81	75	93	100	70	100
Samoa	22	31	0	50	15	0
Sao Tome and Principe	46	25	0	100	75	0
Saudi Arabia	-	-	100	-	75	100
Senegal	75	80	70	94	65	100
Sierra Leone	65	63	100	0	75	100
Singapore	46	28	33	100	45	0
Slovak Republic	86	70	78	100	100	100
Slovenia	-	90	92	-	100	100
Somalia	-	-	0	0	75	0
South Africa	95	94	85	100	100	100
South Sudan	16	25	7	44	0	0
Sri Lanka	86	63	87	100	100	50
State of Palestine	68	71	100	0	75	100
Sudan	57	77	45	0	75	100
Suriname	-	-	20	0	90	100
Sweden	100	100	100	100	100	100
Switzerland	94	81	100	100	100	100
Syrian Arab Republic	81	71	93	94	75	100
The Kingdom of the Netherlands	100	100	100	100	100	100
Togo	-	-	85	100	100	75
Trinidad and Tobago	27	27	0	100	10	0

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
85	100	100	100	100	100	100	100	100	100	100	100
-	19	100	100	100	100	100	100	100	100	100	0
100	75	100	100	100	100	100	100	100	100	100	100
77	100	100	80	100	100	0	0	80	100	100	0
100	0	100	60	100	50	100	100	60	100	100	100
77	19	25	40	0	25	0	100	40	40	40	0
62	38	100	80	100	100	100	100	80	100	100	0
100	25	0	0	0	0	0	100	20	20	20	0
100	0	0	0	0	0	100	100	100	100	100	0
54	-	100	100	100	100	-	-	100	100	100	0
100	19	100	60	100	50	100	88	60	100	0	100
100	50	0	100	100	100	0	0	100	100	100	0
62	50	0	0	100	0	100	100	0	0	80	100
54	50	75	60	100	75	100	100	100	100	100	100
85	75	100	100	100	75	-	100	100	100	100	100
85	-	100	0	0	0	0	0	100	100	100	0
100	75	100	80	100	75	100	100	100	100	100	100
100	0	0	20	0	0	0	88	0	0	0	0
85	19	100	60	100	100	100	100	100	100	100	100
85	0	100	100	100	100	0	0	100	100	100	0
85	25	100	60	0	75	0	0	100	100	100	0
62	-	0	60	0	0	0	0	80	80	100	100
100	100	100	100	100	100	100	100	100	100	100	100
100	25	100	100	100	100	100	100	100	100	100	100
85	0	100	80	100	100	100	88	100	100	100	0
100	100	100	100	100	100	100	100	100	100	100	100
100	-	100	80	100	75	100	100	100	100	100	100
85	25	0	0	0	0	100	100	0	0	40	0

	SDG 5.6.2	Section I: Maternity Care	Section II: Contraceptive Services	Section III: Sexuality Education	Section IV: HIV and HPV	C1: Maternity Care
Tunisia	-	-	-	0	19	100
Turkey	78	75	100	69	70	100
Turkmenistan	94	86	100	88	100	100
Ukraine	95	88	100	100	95	100
United Arab Emirates	-	79	100	-	100	100
United Kingdom (England)	96	88	100	100	100	100
United Republic of Tanzania	-	-	100	100	100	100
Uruguay	97	90	100	100	100	100
Uzbekistan	92	86	100	100	90	100
Venezuela	-	-	70	100	55	100
Viet Nam	54	38	52	50	75	50
Yemen	65	63	100	0	75	25
Zambia	91	88	78	100	100	100
Zimbabwe	73	75	85	0	100	75

Notes: Based on official responses to the United Nations' 12th and 13th inquiries among governments on population and development. Data for SDG indicator 5.6.2 are based on 115 countries with complete data; data for each section are based on the following: 120 countries for Section I (maternity care), 148 countries for Section II (contraceptive services), 140 countries for Section III (sexuality education) and 150 countries for Section IV (HIV and HPV).

Sources: United Nations Population Fund global databases, 2023.

S.I: Maternity Care			S.II: Contraceptive Services			S.III: Sexuality Education		S.IV: HIV and HPV			
C2: Life Saving Commodities	C3: Abortion	C4: Post-Abortion Care	C5: Contraceptive Services	C6: Contraceptive Consent	C7: Emergency Contraception	C8: Sexuality Education Curriculum Laws	C9: Sexuality Education Curriculum Topics	C10: HIV Counselling and Test Services	C11: HIV Treatment and Care Services	C12: HIV Confidentiality	C13: HPV Vaccine
100	-	100	100	-	-	0	0	0	0	75	0
100	0	100	100	100	100	100	38	80	100	100	0
92	50	100	100	100	100	100	75	100	100	100	100
77	75	100	100	100	100	100	100	100	80	100	100
92	25	100	100	100	100	-	-	100	100	100	100
100	50	100	100	100	100	100	100	100	100	100	100
100	-	100	100	100	100	100	100	100	100	100	100
85	75	100	100	100	100	100	100	100	100	100	100
92	50	100	100	100	100	100	100	80	100	80	100
85	-	100	60	100	50	100	100	60	60	100	0
77	25	0	80	0	75	0	100	100	100	100	0
100	25	100	100	100	100	0	0	100	100	100	0
100	50	100	60	100	75	100	100	100	100	100	100
100	25	100	80	100	75	0	0	100	100	100	100

Annex 2. United Nations Thirteenth Inquiry among Governments on Population and Development Module on Reproductive Health

This module contains questions about government policies, laws and regulations relating to maternal health, sexual and reproductive health, family planning, sexually transmitted infections, including HIV/AIDS, and induced abortion. It is important to answer all questions in this module because responses to these questions are needed for global monitoring of SDG indicator 5.6.2 on guaranteed universal access to sexual and reproductive health care, information and education.

1. Does the Government have any law(s) or regulation(s)¹ that guarantee access to maternity care?

Yes	No
<input type="radio"/>	<input type="radio"/>

2. If Yes to Q.1, are there any plural legal systems² contradicting the above?

Yes	No
<input type="radio"/>	<input type="radio"/>

3. Do the law(s) or regulation(s)¹ identified in Q.1 include any restrictions based on any of the following characteristics?

Restriction	Yes	No
a. Age	<input type="radio"/>	<input type="radio"/>
b. Marital status	<input type="radio"/>	<input type="radio"/>
c. 3 rd party authorization (e.g. spousal, parental/guardian, medical)	<input type="radio"/>	<input type="radio"/>

1 "Regulations" include executive, ministerial or other administrative orders or decrees. Only regulations with national-level application are considered.

2 "Plural legal systems" include traditional legal systems and "customary laws" (e.g., religious, indigenous), which might restrict the applicability of the law(s) or regulation(s) to certain population groups.

4. Does the Government have any law(s) or regulation(s)¹ that guarantee the following services/rights?

Contraceptive service/right	Yes	No
a. Access to contraceptive services	<input type="radio"/>	<input type="radio"/>
b. Access to emergency contraception	<input type="radio"/>	<input type="radio"/>
c. Provision of full, free and informed consent of all individuals before receiving contraceptive services (includes sterilization)	<input type="radio"/>	<input type="radio"/>

5. If Yes to Q.4a, Q.4b or Q.4c, are there any plural legal systems² contradicting the above?

Contraceptive service/right	Yes	No
a. Access to contraceptive services	<input type="radio"/>	<input type="radio"/>
b. Access to emergency contraception	<input type="radio"/>	<input type="radio"/>
c. Provision of full, free and informed consent of all individuals before receiving contraceptive services (includes sterilization)	<input type="radio"/>	<input type="radio"/>

6. Do the law(s) or regulation(s)¹ identified in Q.4a or Q.4b include any restrictions based on any of the following criteria? [Please select all that apply]

Contraceptive service	Minimum age	Sex	Marital status	3 rd party authorization (e.g. spousal, parental/guardian, medical)
a. Access to contraceptive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Access to emergency contraception	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

7. Does the Government have any law(s) or regulation(s)¹ that guarantee the following services/rights?

HIV/AIDS service/right	Yes	No
a. Voluntary HIV counselling and testing services	<input type="radio"/>	<input type="radio"/>
b. HIV treatment and care services	<input type="radio"/>	<input type="radio"/>
c. Protection of the confidentiality of all people living with HIV	<input type="radio"/>	<input type="radio"/>

8. If Yes to Q.7a, Q.7b or Q.7c, are there any plural legal systems² contradicting the above?

HIV/AIDS service/right	Yes	No
a. Voluntary HIV counselling and testing services	<input type="radio"/>	<input type="radio"/>
b. HIV treatment and care services	<input type="radio"/>	<input type="radio"/>
c. Protection of the confidentiality of all people living with HIV	<input type="radio"/>	<input type="radio"/>

9. Do law(s) or regulation(s)¹ identified in Q.7a, Q.7b or Q.7c include any restrictions based on any of the following criteria? [Please select all that apply]

Contraceptive service	Minimum age	Sex	Marital status	3rd party authorization (e.g. spousal, parental/guardian, medical)
a. Voluntary HIV counselling and testing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV treatment and care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Protection of the confidentiality of all people living with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does the Government have any law(s) or regulation(s)¹ that guarantee HPV (Human Papillomavirus) vaccine to adolescent girls?

Yes	No
<input type="radio"/>	<input type="radio"/>

11. If Yes to Q.10, are there any plural legal systems² contradicting the above?

Yes	No
<input type="radio"/>	<input type="radio"/>

12. Does the Government have any law(s), regulation(s)¹ or national policies that make sexuality education a mandatory component of the national school curriculum?

Yes	No
<input type="radio"/>	<input type="radio"/>

13. If Yes to Q.12, are there any plural legal systems² contradicting the above?

Yes	No
<input type="radio"/>	<input type="radio"/>

14. If Yes to Q.12, are the following eight topics included in the sexuality education curriculum?

Curriculum topic	Yes	No
a. Relationships	<input type="radio"/>	<input type="radio"/>
b. Values, rights, culture and sexuality	<input type="radio"/>	<input type="radio"/>
c. Understanding gender	<input type="radio"/>	<input type="radio"/>
d. Violence and staying safe	<input type="radio"/>	<input type="radio"/>
e. Skills for health and well-being	<input type="radio"/>	<input type="radio"/>
f. The human body and development	<input type="radio"/>	<input type="radio"/>
g. Sexuality and sexual behavior	<input type="radio"/>	<input type="radio"/>
h. Sexual and reproductive health	<input type="radio"/>	<input type="radio"/>

15. Please indicate whether induced abortion is currently permitted in the country on the following legal grounds?

Legal ground for abortion	Yes	No
a. To save a woman's life	<input type="radio"/>	<input type="radio"/>
b. To preserve a woman's health	<input type="radio"/>	<input type="radio"/>
c. In cases of rape	<input type="radio"/>	<input type="radio"/>
d. In cases of fetal impairment	<input type="radio"/>	<input type="radio"/>

16. If induced abortion is legal on some or all grounds but additional restrictions apply, please indicate the restrictions.

Restriction	Yes	No
a. Authorization of medical professional(s) required	<input type="radio"/>	<input type="radio"/>
b. Judicial consent required for minors	<input type="radio"/>	<input type="radio"/>
c. Husband's consent required for married women	<input type="radio"/>	<input type="radio"/>

17. Can a woman be criminally charged for obtaining an illegal abortion?

Yes	No
<input type="radio"/>	<input type="radio"/>

18. Does the Government have any law(s) or regulation(s)¹ that ensure access to post-abortion care, irrespective of the legal status of abortion?

Yes	No
<input type="radio"/>	<input type="radio"/>

19. If Yes to Q.18, are there any plural legal systems² contradicting the above?

Yes	No
<input type="radio"/>	<input type="radio"/>

20. Do the law(s) or regulation(s)¹ identified in Q.18 include any restrictions based on any of the following criteria?

Restriction	Yes	No
a. Age	<input type="radio"/>	<input type="radio"/>
b. Marital status	<input type="radio"/>	<input type="radio"/>
c. 3 rd party authorization (e.g. spousal, parental/guardian, medical)	<input type="radio"/>	<input type="radio"/>

21. Does the national list of essential medicines or other type of national/ regional authorized list for recommended drugs include the following 13 commodities?

Commodity	Yes	No
a. Oxytocin	<input type="radio"/>	<input type="radio"/>
b. Misoprostol	<input type="radio"/>	<input type="radio"/>
c. Magnesium sulfate	<input type="radio"/>	<input type="radio"/>
d. Injectable antibiotics	<input type="radio"/>	<input type="radio"/>
e. Antenatal corticosteroids	<input type="radio"/>	<input type="radio"/>
f. Chlorhexidine	<input type="radio"/>	<input type="radio"/>
g. Resuscitation devices for newborns	<input type="radio"/>	<input type="radio"/>
h. Amoxicillin	<input type="radio"/>	<input type="radio"/>
i. Oral rehydration salts	<input type="radio"/>	<input type="radio"/>
j. Zinc	<input type="radio"/>	<input type="radio"/>
k. Female condoms	<input type="radio"/>	<input type="radio"/>
l. Contraceptive implants	<input type="radio"/>	<input type="radio"/>
m. Emergency contraception (levonorgestrel)	<input type="radio"/>	<input type="radio"/>



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