Country Profile: Fiji

Region: Oceania

Last Updated: 22 December 2022

Identified policies and legal sources related to abortion:
- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From Criminal / Penal Code:
- Crimes Decree, 2009

From EML / Registered List:
- Essential Medicines List, 2015

From Document Relating to Funding:
- Assessment of Social Health Insurance Feasibility and Desirability

From Other:
- Reproductive Health Policy
- Family Planning and Reproductive Health Commodities Needs Assessment

Concluding Observations:

- CEDAW

Persons who can be sanctioned:
- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned

Abortion at the woman's request

- Not Specified

Legal Ground and Gestational Limit

Economic or social reasons

Not specified

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

Related documents:
- Crimes Decree 2009

WHO Guidance

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

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

Source document: WHO Abortion Care Guideline (page 16)
**Foetal impairment**

- Yes

**Related documents:**
- Crimes Decree 2009 (page 1104)

**Gestational limit**

**Weeks:** No Limit Specified

Abortions are permitted beyond 20 gestational weeks if the following additional requirements are met including: a) two medical practitioners have agreed that the mother, or the unborn child, has a severe medical condition (undefined) that, in the clinical judgment of those medical practitioners, justifies the procedure, and the abortion is performed in a facility approved by the Minister for Health.

- Crimes Decree 2009 (page 1104)

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**WHO Guidance**

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

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2.

- Source document: WHO Abortion Care Guideline (page 64)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.


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**Rape**

- Yes

**Related documents:**
- Crimes Decree 2009 (page 1104)

**Gestational limit**

**Weeks:** 20

- Crimes Decree 2009 (page 1104)

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**WHO Guidance**

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- Source document: WHO Abortion Care Guideline (page 64)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.


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**Incest**

- Yes

**Related documents:**
- Crimes Decree 2009 (page 1104)

**Gestational limit**

**Weeks:** 20

- Crimes Decree 2009 (page 1104)

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**WHO Guidance**

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

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

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- Source document: WHO Abortion Care Guideline (page 64)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

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<thead>
<tr>
<th>Topic</th>
<th>Status</th>
<th>Related documents</th>
<th>Gestational limit</th>
<th>WHO Guidance</th>
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<td>Intellectual or cognitive disability of the woman</td>
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<td>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2. Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.</td>
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<td>Mental health</td>
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<td></td>
<td></td>
<td>- Crimes Decree 2009 (page 1104)</td>
<td></td>
<td>- Crimes Decree 2009 (page 1104)</td>
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<td>Physical health</td>
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<td></td>
<td>- Crimes Decree 2009 (page 1104)</td>
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<td>- Crimes Decree 2009</td>
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**Related documents:**
- Crimes Decree 2009 (page 1104)
- WHO Abortion Care Guideline (page 16)
Additional Requirements to Access Safe Abortion

**Authorization of health professional(s)**

<table>
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<tr>
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<tr>
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<td>- Crimes Decree 2009 (page 1104)</td>
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**WHO Guidance**

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

Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Additional notes**

If at least 20 weeks of the woman’s pregnancy have been completed when the abortion is performed, the performance of the abortion is not justified unless 2 medical practitioners have agreed that the mother, or the unborn child, has a severe medical condition that, in the clinical judgment of those medical practitioners, justifies the procedure.

**Authorization in specially licensed facilities only**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Related documents:</td>
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</table>

**WHO Guidance**

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

To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) - and supported in the community - to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.

**Additional notes**

For abortions performed after 20 weeks, the procedure must be performed in a facility approved by the Minister for Health.
### Judicial authorization for minors

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<th>Status</th>
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**Related documents:**
- Crimes Decree 2009

### Judicial authorization in cases of rape

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**Related documents:**
- Crimes Decree 2009

### Police report required in case of rape

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</table>

**Related documents:**
- Crimes Decree 2009

### Parental consent required for minors

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**Related documents:**
- Crimes Decree 2009 (page 1105)

### Can another adult consent in place of a parent?

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**Related documents:**
- Crimes Decree 2009 (page 1105)

### Age where consent not needed

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<th>Age</th>
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<td>16</td>
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**Related documents:**
- Crimes Decree 2009 (page 1104)

### WHO Guidance

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

The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 81)

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 64)

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

**Source document:** WHO-Safe-Abortion-Guidance-2012.pdf#page=104

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 81)
Spousal consent

- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Crimes Decree 2009

WHO Guidance

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

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

Source document: WHO Abortion Care Guideline (page 81)

Ultrasound images or listen to foetal heartbeat required

- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Crimes Decree 2009

WHO Guidance

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

The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.

Source document: WHO Abortion Care Guideline (page 85)

Compulsory counselling

- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Crimes Decree 2009

WHO Guidance

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

While counselling should be made available and accessible, it should always be voluntary for women to choose whether or not they want to receive it. The right to refuse counselling when offered must be respected. Where provided, counselling must be available to individuals in a way that respects privacy and confidentiality.

Counselling should be person-centred and may need to be tailored according to the needs of the individual; young people, survivors of sexual and gender-based violence or members of marginalized groups may have different information or counselling requirements.

The content and approach to counselling will need to be adjusted depending on the reason for seeking abortion services. Therefore, it is important for the counsellor to be aware of and sensitive to the individual's situation and needs. Abortion Care Guideline § 3.2.2.

Source document: WHO Abortion Care Guideline (page 77)

Compulsory waiting period

- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Crimes Decree 2009

WHO Guidance

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

Mandatory waiting periods delay access to abortion, sometimes to the extent that women's access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1.

Source document: WHO Abortion Care Guideline (page 79)

Mandatory HIV screening test

- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Crimes Decree 2009

WHO Guidance

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

Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.

Source document: WHO Abortion Care Guideline (page 59)
Clinical and Service-delivery Aspects of Abortion Care

### National guidelines for induced abortion

- **No data found**
  
  Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

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

  National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

  **Source document:** WHO Abortion Care Guideline (page 50)

### Obstetrics and Gynaecology Clinical Practice Guidelines

- Obstetrics and Gynaecology Clinical Practice Guidelines exist but could not be accessed.
<table>
<thead>
<tr>
<th>Methods allowed</th>
<th>Country recognized approval (mifepristone / mife-prostol)</th>
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<td>Dilatation and evacuation</td>
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<td>Combination mifepristone-misoprostol</td>
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<td>Obstetrics and Gynaecology Clinical Practice Guidelines exist but could not be accessed.</td>
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<tr>
<td>Misoprostol only</td>
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<td>Obstetrics and Gynaecology Clinical Practice Guidelines exist but could not be accessed.</td>
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<tr>
<td>Other (where provided)</td>
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<tr>
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</tr>
</tbody>
</table>

**WHO Guidance**

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

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to “complete” the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

**Source document:** WHO Abortion Care Guideline (page 101)

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

**Source document:** WHO Abortion Care Guideline (page 103)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

**Source document:** WHO Abortion Care Guideline (page 106)

The Abortion Care Guideline recommends the use of misoprostol alone, with a regimen that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

**Source document:** WHO Abortion Care Guideline (page 106)

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**Related documents:**
- Essential Medicines List, 2015 (page 1)
Country recognized approval (misoprostol)

Yes, for gynaecological indications

Related documents:
- Essential Medicines List, 2015 (page 41)

Misoprostol allowed to be sold or distributed by pharmacies or drug stores

Not specified
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Must be dispensed by a pharmacy within a hospital.
- Essential Medicines List, 2015

Who Guidance

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

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 μg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 μg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

Source document: WHO Abortion Care Guideline (page 55)

Where can abortion services be provided

Related documents:
- Crimes Decree 2009 (page 1104)

Primary health-care centres
Not specified
- Crimes Decree 2009

Secondary (district-level) health-care facilities
Not specified
- Crimes Decree 2009

Specialized abortion care public facilities
Not specified
- Crimes Decree 2009

Private health-care centres or clinics
Not specified
- Crimes Decree 2009

NGO health-care centres or clinics
Not specified
- Crimes Decree 2009

Other (if applicable)
For procedures performed after 20 weeks, the facility must be approved by the Minister for Health
- Crimes Decree 2009 (page 1104)

Who Guidance

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

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

Source document: WHO Abortion Care Guideline (page 48)

National guidelines for post-abortion care

No data found
Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

Who Guidance

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

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

Source document: WHO Abortion Care Guideline (page 50)

Additional notes
Obstetrics and Gynaecology Clinical Practice Guidelines exist but could not be accessed.
Where can post abortion care services be provided

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<th>Location</th>
<th>Details</th>
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<td>Specialized abortion care public facilities</td>
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<td>Private health-care centres or clinics</td>
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<td>Obstetrics and Gynaecology Clinical Practice Guidelines exist but not accessed.</td>
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</tr>
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</table>

**WHO Guidance**

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

**Contraception included in post-abortion care**

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

**Insurance to offset end user costs**

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

- Nurse
  - Not specified
- Midwife/nurse-midwife
  - Not specified
- Doctor (specialty not specified)
  - Not specified
- Specialist doctor, including OB/GYN
  - Not specified
- Other (if applicable)
  - Medical practitioner

The Crimes Decree defines medical practitioner as any person lawfully registered under a law of Fiji to practise as a medical practitioner.

Referral linkages to a higher-level facility

- Not specified

Availability of a specialist doctor, including OB/GYN

- Not specified

Minimum number of beds

- Not specified

Other (if applicable)

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

Source document: WHO Abortion Care Guideline (page 98)
Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons,
**Goal 3. Ensure healthy lives and promote well-being for all at all ages**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
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<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
<td>34 (2017)</td>
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<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>43.9 (2015-2020)</td>
</tr>
<tr>
<td>3.7.2 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
<tr>
<td>3.c.1 Health worker density and distribution</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Goal 5. Achieve gender equality and empower all women and girls**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</td>
<td>No data</td>
</tr>
<tr>
<td>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</td>
<td>No data</td>
</tr>
<tr>
<td>5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>No data</td>
</tr>
<tr>
<td>5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care</td>
<td>No data</td>
</tr>
<tr>
<td>5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education</td>
<td>No data</td>
</tr>
<tr>
<td>5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure</td>
<td>No data</td>
</tr>
<tr>
<td>5.b.1 Proportion of individuals who own a mobile telephone, by sex</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Goal 10. Reduce inequality within and among countries**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities</td>
<td>No data</td>
</tr>
</tbody>
</table>
10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

16.6.2 Proportion of the population satisfied with their last experience of public services

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

99.9 (2015)

Percentage of women aged 20-24 who gave birth before age 18

Total fertility rate

2.774 (2018)

Legal marital age for women, with parental consent

Legal marital age for women, without parental consent

18 (2009-2017)

Gender Inequalities Index (Value)

0.35 (2017)

Gender Inequalities Index (Rank)

79 (2017)
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>27.9 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>56.248 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.99 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.108 (2012)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>29.6 (2005)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>16 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
</tr>
</tbody>
</table>