Country Profile: Solomon Islands

Region: Oceania

Last Updated: 14 November 2018

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:
- Penal Code, 1963

From EML / Registered List:
- Essential Medicines List, 2010
- Pharmacy and Poisons Act

From Medical Ethics Code:
- Medical and Dental Practitioners Act

List of ratified human rights treaties:

- CERD
- CCPR
- Xst
- 2nd
- OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **
- Maputo Protocol

Concluding Observations:

- CEDAW
- CRC

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
  - Not specified
Foetal impairment

Not specified

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

Related documents:
- Penal Code 1963

WHO Guidance

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Rape

Not specified

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

Related documents:
- Penal Code 1963

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

Incest

Not specified

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Related documents:
- Penal Code 1963

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)
| Cognitive Disability of the Woman | Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents:  
- Penal Code 1963 |

| Mental Health | Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents:  
- Penal Code 1963  
  - **WHO Guidance**  
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.  
The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.  
  > Source document: WHO Safe Abortion Guidance (page 102) |

| Physical Health | Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents:  
- Penal Code 1963  
  - **WHO Guidance**  
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.  
Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.  
  > Source document: WHO Safe Abortion Guidance (page 102) |

| Health | Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents:  
- Penal Code 1963  
  - **WHO Guidance**  
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.  
The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.  
  > Source document: WHO Safe Abortion Guidance (page 102) |

| Life | Yes  
Related documents:  
- Penal Code 1963 (page 91)  
  - **Gestational limit applies**  
Not specified  
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
Related documents: |
WHO Guidance

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

Source document: WHO Safe Abortion Guidance (page 102)

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.

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes

Unlawful abortion is a crime. Surgical operation performed in good faith and with reasonable care and skill upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

The following section of the Penal Code is relevant in regard of pregnancies after 28 weeks of gestation: “Killing an unborn child 221. (1) Any person who, with intent to destroy the life of a child capable of being born alive, by any willful act causes a child to die before it has an existence independent of its mother, is guilty of felony known as child destruction, and shall be liable to imprisonment for life: Provided that no person shall be found guilty of an offence under this section unless it is proved that the act which caused the death of the child was not done in good faith for the purpose of preserving the life of the mother. (2) For the purposes of this section, evidence that a woman had at any material time been pregnant for a period of twenty eight weeks or more shall be prima facie proof that she was at that time pregnant of a child capable of being born alive.”

Related documents:

• Penal Code 1963 (page 91)

Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
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<tr>
<td>WHO Guidance</td>
<td></td>
</tr>
<tr>
<td>The following descriptions and ...</td>
<td></td>
</tr>
<tr>
<td>Third-party authorization should ...</td>
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<tr>
<td>The requirement for authorization by</td>
<td></td>
</tr>
<tr>
<td>hospital authorities may violate ...</td>
<td></td>
</tr>
<tr>
<td>women’s access to health care on</td>
<td></td>
</tr>
<tr>
<td>the basis of equality of men and women.</td>
<td></td>
</tr>
<tr>
<td>Safe Abortion Guidelines, § 4.2.2.2</td>
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<tr>
<td>Source document: WHO Safe Abortion</td>
<td></td>
</tr>
<tr>
<td>Guidance (page 105)</td>
<td></td>
</tr>
</tbody>
</table>

| Authorization in specially licensed    | No data found |
| facilities only                       |               |
| WHO Guidance                          |               |
| The following descriptions and ...    |               |
| Restrictions on the range of ...     |               |
| providers or facilities that are ...  |               |
| authorized to provide abortion ...    |               |
| reduce the availability of ...        |               |
| services and their equitable ...      |               |
| geographic distribution. Safe         |               |
| Abortion Guidelines, § 4.2.2.4        |               |
| Source document: WHO Safe Abortion     |               |
| Guidance (page 106)                   |               |

<p>| Judicial authorization for minors     | No data found |
| WHO Guidance                          |               |
| The following descriptions and ...    |               |
| The following descriptions and ...    |               |
| The requirement for authorization by  |               |
| hospital authorities may violate ...  |               |
| women’s access to health care on ...  |               |
| women’s access to health care on ...  |               |
| the basis of equality of men and women.|               |
| Safe Abortion Guidelines, § 4.2.2.2   |               |
| Source document: WHO Safe Abortion     |               |
| Guidance (page 106)                   |               |</p>
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<thead>
<tr>
<th>Topic</th>
<th>Information</th>
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<tr>
<td>Judicial authorization in cases of rape</td>
<td>Not applicable</td>
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<tr>
<td>Police report required in case of rape</td>
<td>Not applicable</td>
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<tr>
<td>Parental consent required for minors</td>
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<tr>
<td>Spousal consent</td>
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<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
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</tr>
<tr>
<td>Compulsory counselling</td>
<td>No data found</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2

**Source document:** WHO Safe Abortion Guidance (page 104)
<table>
<thead>
<tr>
<th><strong>Compulsory waiting period</strong></th>
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<tr>
<td><strong>Mandatory HIV screening test</strong></td>
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</tr>
<tr>
<td><strong>Other mandatory STI screening tests</strong></td>
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</tr>
<tr>
<td><strong>Prohibition of sex-selective abortion</strong></td>
<td>No data found</td>
</tr>
</tbody>
</table>

**Related documents:**
- Pharmacy and Poisons Act (page 16)

**List of restrictions**

Any person who—

(a) affixes or inscribes any statement or any thing whatsoever so as to be visible to persons being in, or passing along, any street, road, highway, pathway, public place or public conveyance; (b) delivers or offers or exhibits any statement to any person being in, or passing along, any street, road, highway, pathway, public place or public conveyance; (c) throws any statement into or upon any street, road, highway, pathway, public place or public conveyance, or into the area, yard, garden or enclosure of any house; (d) exhibits any statement to public view in any house, shop or place; (e) prints or publishes any statement in any newspaper; or (f) sells, offers or shows, or sends by post, any statement to any person, shall be deemed to have published such statement. (3) The word “statement” includes any document, book, or paper containing any statement.
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

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

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women's informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

**WHO Guidance**

Source document: WHO Safe Abortion Guidance (page 75)

#### Methods allowed

- **Vacuum aspiration**
  - No data found

- **Dilatation and evacuation**
  - No data found

- **Combination mifepristone-misoprostol**
  - The Penal Code does not set out the circumstances in which abortion may be performed lawfully. However, the Pharmacy and Poisons Act states: "Any person other than a qualified medical practitioner or a person acting under the direct instructions of such medical practitioner, who attends upon, prescribes for, or supplies any article as a drug, medicine, instrument or appliance to, any person [...] for the purpose of terminating pregnancy, or of influencing the course of pregnancy, shall be guilty of an offence, and shall be liable to a penalty of two hundred dollars."

  - **WHO Guidance**

  Source document: WHO Safe Abortion Guidance (page 16)

- **Misoprostol only**
  - The Penal Code does not set out the circumstances in which abortion may be performed lawfully. However, the Pharmacy and Poisons Act states: "Any person other than a qualified medical practitioner or a person acting under the direct instructions of such medical practitioner, who attends upon, prescribes for, or supplies any article as a drug, medicine, instrument or appliance to, any person [...] for the purpose of terminating pregnancy, or of influencing the course of pregnancy, shall be guilty of an offence, and shall be liable to a penalty of two hundred dollars."

  - **WHO Guidance**

  Source document: WHO Safe Abortion Guidance (page 15)

#### Other (where provided)

**WHO Guidance**

Source document: WHO Safe Abortion Guidance (page 103)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

**Vacuum aspiration** is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

**Dilation and evacuation (D&E)** and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

**The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age).** Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services.** Safe Abortion Guidelines, § 3.3.1.1.

**Misoprostol was added to the Solomon Islands Essential Medicines List specifically for use in 'ripening of the cervix in post term delivery'. It is in the user category “specialists” and may only be prescribed by doctors or specialist nurses in situations pertaining to their specialty.**

**Who is authorized to provide abortion services?**

**Country recognized approval (mifepristone / mifepristone / mifepristone / misoprostol)**

No

**Related documents:**
- Essential Medicines List 2010 (page 1)

**WHO Guidance**

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services.** Safe Abortion Guidelines, § 3.3.1.1.

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

Yes, with prescription only

Misoprostol was added to the Solomon Islands Essential Medicines List specifically for use in 'ripening of the cervix in post term delivery'. It is in the user category “specialists” and may only be prescribed by doctors or specialist nurses in situations pertaining to their specialty.

**Who is authorized to provide abortion services?**

**Country recognized approval (misoprostol)**

Yes, for gynaecological indications

**Related documents:**
- Essential Medicines List 2010 (page 29)

**WHO Guidance**

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

**Additional notes**

Misoprostol was added to the Solomon Islands Essential Medicines List specifically for use in ‘ripening of the cervix in post term delivery’. It is in the user category “specialists” and may only be prescribed by doctors or specialist nurses in situations pertaining to their specialty.

**Where can abortion services be provided?**

No data found

**Primary health-care centres**

No data found

**Secondary (district-level) health-care facilities**

No data found
### National guidelines for post-abortion care

<table>
<thead>
<tr>
<th>Source document</th>
<th>WHO Safe Abortion Guidance (page 18)</th>
</tr>
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</table>

### Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Source document</th>
<th>WHO Safe Abortion Guidance (page 75)</th>
</tr>
</thead>
</table>

### Contraception included in post-abortion care

<table>
<thead>
<tr>
<th>Source document</th>
<th>WHO Safe Abortion Guidance (page 57)</th>
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</thead>
</table>

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#### WHO Guidance

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

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6- Recommendation.

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.
Insurance to offset end user costs

No data found

Other (if applicable)

WHO Guidance

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

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

Source document: WHO Safe Abortion Guidance (page 62)

Who can provide abortion services

Nurse

The Penal Code does not set out the circumstances in which abortion may be performed lawfully. However, the Pharmacy and Poisons Act states: "Any person other than a qualified medical practitioner or a person acting under the direct instructions of such medical practitioner, who attends upon, prescribes for, or supplies any article as a drug, medicine, instrument or appliance to, any person […] for the purpose of terminating pregnancy, or of influencing the course of pregnancy, shall be guilty of an offence, and shall be liable to a penalty of two hundred dollars."

- Pharmacy and Poisons Act (page 15)

Midwife/nurse-midwife

The Penal Code does not set out the circumstances in which abortion may be performed lawfully. However, the Pharmacy and Poisons Act states: "Any person other than a qualified medical practitioner or a person acting under the direct instructions of such medical practitioner, who attends upon, prescribes for, or supplies any article as a drug, medicine, instrument or appliance to, any person […] for the purpose of terminating pregnancy, or of influencing the course of pregnancy, shall be guilty of an offence, and shall be liable to a penalty of two hundred dollars."

- Pharmacy and Poisons Act (page 15)

Doctor (specialty not specified)

The Penal Code does not set out the circumstances in which abortion may be performed lawfully. However, the Pharmacy and Poisons Act states: "Any person other than a qualified medical practitioner or a person acting under the direct instructions of such medical practitioner, who attends upon, prescribes for, or supplies any article as a drug, medicine, instrument or appliance to, any person […] for the purpose of terminating pregnancy, or of influencing the course of pregnancy, shall be guilty of an offence, and shall be liable to a penalty of two hundred dollars."

- Pharmacy and Poisons Act (page 15)

Specialist doctor, including OB/GYN

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- Pharmacy and Poisons Act (page 15)

Other (if applicable)

Qualified medical practitioner or a person acting under the direct instructions of such medical practitioner

see note

The Penal Code does not set out the circumstances in which abortion may be performed lawfully. However, the Pharmacy and Poisons Act states: "Any person other than a qualified medical practitioner or a person acting under the direct instructions of such medical practitioner, who attends upon, prescribes for, or supplies any article as a drug, medicine, instrument or appliance to, any person […] for the purpose of terminating pregnancy, or of influencing the course of pregnancy, shall be guilty of an offence, and shall be liable to a penalty of two hundred dollars."

- Pharmacy and Poisons Act (page 15)
- Pharmacy and Poisons Act (page 15)

WHO Guidance

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

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion
Conscientious Objection

<table>
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<tr>
<th>Public sector providers</th>
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**WHO Guidance**

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

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Source document:** WHO Safe Abortion Guidance (page 106)

<table>
<thead>
<tr>
<th>Private sector providers</th>
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**Source document:** WHO Safe Abortion Guidance (page 106)

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### Public facilities

<table>
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### Private facilities

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### Facility type not specified

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### Neither Type of Facility Permitted

<table>
<thead>
<tr>
<th>Source document</th>
<th>WHO Safe Abortion Guidance (page 106)</th>
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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)  
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)  
No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio  
104 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
46.4 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population  
No data

3.c.1 Health worker density and distribution  
No data

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

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  
No data

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

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex  
No data

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  
No data

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  
No data
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<th>Indicator</th>
<th>Data Availability</th>
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<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union</td>
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<tr>
<td>before age 15 and before age 18</td>
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<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone</td>
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<tr>
<td>female genital mutilation/cutting, by age</td>
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<td>5.6.1 Proportion of women aged 15-49 years who make their own informed</td>
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<td>decisions regarding sexual relations, contraceptive use and reproductive</td>
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<td>5.6.2 Number of countries with laws and regulations that guarantee women</td>
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<td>aged 15-49 years access to sexual and reproductive health care, information</td>
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<td>and education</td>
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<td>5.a.1 (a) Proportion of total agricultural population with ownership or</td>
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<td>secure rights over agricultural land, by sex; and (b) share of women</td>
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<tr>
<td>among owners or rights-bearers of agricultural land, by type of tenure</td>
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<td>5.b.1 Proportion of individuals who own a mobile telephone, by sex</td>
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<tr>
<td>Goal 8. Promote sustained, inclusive and sustainable economic growth,</td>
<td></td>
</tr>
<tr>
<td>full and productive employment and decent work for all</td>
<td></td>
</tr>
<tr>
<td>8.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 10. Reduce inequality within and among countries</td>
<td></td>
</tr>
<tr>
<td>10.2.1 Proportion of people living below 50 per cent of median income,</td>
<td>No data</td>
</tr>
<tr>
<td>by age, sex and persons with disabilities</td>
<td></td>
</tr>
<tr>
<td>10.3.1 Proportion of the population reporting having personally felt</td>
<td>No data</td>
</tr>
<tr>
<td>discriminated against or harassed within the previous 12 months on the</td>
<td></td>
</tr>
<tr>
<td>basis of a ground of discrimination prohibited under international human</td>
<td></td>
</tr>
<tr>
<td>rights law</td>
<td></td>
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<tr>
<td>Goal 16. Promote peaceful and inclusive societies for sustainable</td>
<td></td>
</tr>
<tr>
<td>development, provide access to justice for all and build effective,</td>
<td></td>
</tr>
<tr>
<td>accountable and inclusive institutions at all levels</td>
<td></td>
</tr>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or</td>
<td>No data</td>
</tr>
<tr>
<td>sexual violence in the previous 12 months</td>
<td></td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by</td>
<td>No data</td>
</tr>
<tr>
<td>sex, age and form of exploitation</td>
<td></td>
</tr>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced</td>
<td>No data</td>
</tr>
<tr>
<td>sexual violence by age 18</td>
<td></td>
</tr>
<tr>
<td>16.3.1 Proportion of victims of violence in the previous 12 months who</td>
<td>No data</td>
</tr>
<tr>
<td>reported their victimization to competent authorities or other officially</td>
<td></td>
</tr>
<tr>
<td>recognized conflict resolution mechanisms</td>
<td></td>
</tr>
<tr>
<td>16.5.1 Proportion of persons who had at least one contact with a public</td>
<td>No data</td>
</tr>
<tr>
<td>official and who paid a bribe to a public official, or were asked for a</td>
<td></td>
</tr>
<tr>
<td>bribe by those public officials, during the previous 12 months</td>
<td></td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original</td>
<td>No data</td>
</tr>
<tr>
<td>approved budget, by sector (or by budget codes or similar)</td>
<td></td>
</tr>
</tbody>
</table>
16.6.2 Proportion of the population satisfied with their last experience of public services

No data

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

No data

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

No data

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

34.7 (2015)

Percentage of births attended by trained health professional

86.2 (2015)

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

15 (2009-2013)

Total fertility rate

4.403 (2018)

Legal marital age for women, with parental consent


Legal marital age for women, without parental consent

18 (2009-2017)

Gender Inequalities Index (Value)

No data

Gender Inequalities Index (Rank)

No data

Mandatory paid maternity leave

No (2020)

Median age

19.9 (2020)

Population, urban (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.949</td>
<td>2012</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>30.8</td>
<td>1999</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>2.0</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06</td>
<td>2018</td>
</tr>
</tbody>
</table>