Country Profile: Solomon Islands

Region: Oceania

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, 2017
- Pharmacy and Poisons Act

From Medical Ethics Code:
- Medical and Dental Practitioners Act

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

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

Related documents:
- Penal Code 1963

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**

- **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 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 not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.

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

**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 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)

**Incest**

- **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**

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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)

**Intellectual or 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

**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)

**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 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)
### 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

### 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 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)

### 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:**
- Penal Code 1963

### 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 where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2.

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

While methods of abortion may vary by gestational age, pregnancy can safely be ended regardless of gestational age. Gestational age limits are not evidence-based; they restrict when lawful abortion may be provided by any method. The Abortion Care Guideline recommends against laws and other regulations that prohibit abortion based on gestational age limits. Abortion Care Guideline § 2.2.3.

**Source document:** WHO Abortion Care Guideline (page 66)

### 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 wilful 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)

### Other

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.

**Related documents:**
- Penal Code 1963 (page 91)
<table>
<thead>
<tr>
<th><strong>Authorization of health professional(s)</strong></th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Abortion Care Guideline (page 81)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Authorization in specially licensed facilities only</strong></th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Abortion Care Guideline (page 52)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Judicial authorization for minors</strong></th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Abortion Care Guideline (page 81)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Judicial authorization in cases of rape</strong></th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to &quot;prove&quot; or &quot;establish&quot; 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. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO-Safe-Abortion-Guidance-2012.pdf#page=104</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Police report required in case of rape</strong></th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts. There shall be no procedural requirements to &quot;prove&quot; or &quot;establish&quot; 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. The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO-Safe-Abortion-Guidance-2012.pdf#page=104</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Parental consent required for minors</strong></th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Source document</strong>: WHO Abortion Care Guideline (page 81)</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Spousal consent</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Ultrasound images or listen to foetal heartbeat required</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Compulsory counselling</strong></td>
<td>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 of 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.</td>
</tr>
<tr>
<td><strong>Compulsory waiting period</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Mandatory HIV screening test</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other mandatory STI screening tests</strong></td>
<td></td>
</tr>
</tbody>
</table>
Clinical and Service-delivery Aspects of Abortion Care

### Prohibition of sex-selective abortion

- **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.
  
  In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement.

- **Source document:** Preventing Gender-Biased Sex Selection (page 17)

### Restrictions on information provided to the public

- **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.

- **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.
  
  Dissemination of misinformation, withholding of information and censorship should be prohibited.
  
  Information should be accessible and understandable, including formats catering to low-literacy and differently abled populations. Different modalities exist for the provision of information on abortion, e.g. remote access via hotlines and telemedicine, and through approaches such as harm reduction and community-based outreach, as well as in-person interactions with health workers. Abortion Care Guideline § 3.2.1.

- **Source document:** WHO Abortion Care Guideline (page 74)

### Restrictions on methods to detect sex of the foetus

- **No data found**

### Other

- **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.
  
  A woman is entitled to know the status of her pregnancy and to act on this information. 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-2012.pdf#page=103

### National guidelines for induced abortion

- **No data found**

- **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)
### 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.

#### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>WHO Abortion Care Guideline (page 103)</td>
</tr>
<tr>
<td>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.”</td>
<td></td>
</tr>
<tr>
<td>- Pharmacy and Poisons Act (page 15)</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td></td>
</tr>
<tr>
<td>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.”</td>
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</tr>
<tr>
<td>- Pharmacy and Poisons Act (page 15)</td>
<td></td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Essential Medicines List, 2017 (page 1)</td>
</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.

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.
## Related documents:
- Essential Medicines List, 2017 (page 1)

### 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.

Prescription is required.
- Essential Medicines List, 2017

### 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.

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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

<table>
<thead>
<tr>
<th>Service Provider Type</th>
<th>Information</th>
</tr>
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<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No data found</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>No data found</td>
</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.

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

<table>
<thead>
<tr>
<th>Service Provider Type</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
<td></td>
</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.

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)
Where can post-abortion care services be provided

- **Primary health-care centres**
  No data found
- **Secondary (district-level) health-care facilities**
  No data found
- **Specialized abortion care public facilities**
  No data found
- **Private health-care centres or clinics**
  No data found
- **NGO health-care centres or clinics**
  No data found
- **Other (if applicable)**
  No data found

### 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**

- No data found

### 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.

**Insurance to offset end user costs**

- Other (if applicable)

### 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.
Conscientious Objection

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 (speciality 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
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)

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 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 against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

Additional notes
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.”
Related documents:
- Pharmacy and Poisons Act (page 15)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility
No data found

Availability of a specialist doctor, including OB/GYN
No data found

Minimum number of beds
No data found

Other (if applicable)

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.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themselves, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages; access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)
<table>
<thead>
<tr>
<th>Public sector providers</th>
<th>No data found</th>
</tr>
</thead>
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<td></td>
<td>Source document: WHO Abortion Care Guideline (page 98)</td>
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<tr>
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<td>Source document: WHO Abortion Care Guideline (page 98)</td>
</tr>
<tr>
<td>Provider type not specified</td>
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<td>Source document: WHO Abortion Care Guideline (page 98)</td>
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<td>Neither Type of Provider Permitted</td>
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<td>Public facilities</td>
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</tr>
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<td></td>
<td>Source document: WHO Abortion Care Guideline (page 48)</td>
</tr>
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<td>Private facilities</td>
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<td>Source document: WHO Abortion Care Guideline (page 48)</td>
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<td>Source document: WHO Abortion Care Guideline (page 48)</td>
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</tbody>
</table>
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

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18  
No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age  
No data
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

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

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

5.b.1 Proportion of individuals who own a mobile telephone, by sex

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

8.5.2 Unemployment rate, by sex, age and persons with disabilities

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

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

16.2.1 Proportion of individuals who own a mobile telephone, by sex

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

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

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

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

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

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

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>34.7 (2015)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>86.2 (2015)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>4.403 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>15 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>No data</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>No data</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>19.9 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>23.749 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.949 (2012)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>30.8 (1999)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>2.0 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
</tr>
</tbody>
</table>