Country Profile: Tuvalu

Region: Polynesia

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 as Revised, 2008

From Health Regulation / Clinical Guidelines:
- Standard Treatment Guidelines

From EML / Registered List:
- Essential Medicine List, 2008
- 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
- 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:**

### 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:**

### 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:**

### 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:**
<table>
<thead>
<tr>
<th><strong>Health</strong></th>
<th><strong>Not specified</strong></th>
<th>Related documents:</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>
<td><strong>WHO Guidance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 102)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physical health</strong></th>
<th><strong>Not specified</strong></th>
<th>Related documents:</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>
<td><strong>WHO Guidance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 102)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mental health</strong></th>
<th><strong>Not specified</strong></th>
<th>Related documents:</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>
<td><strong>WHO Guidance</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 102)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Life</strong></th>
<th><strong>Yes</strong></th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Gestational limit applies</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<td></td>
<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>
Additional Requirements to Access Safe Abortion

**Authorization of health professional(s)**

- **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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

**WHO Guidance**

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

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Additional notes**

All medical practitioners and medical officers in Tuvalu have to be registered under the Medical and Dental Practitioners Act. Only those registered under the Act have the ability to practice medicine or surgery. The Pharmacy and Poisons Act states that anyone other than medical practitioners, or registered pharmacists acting under instruction from a medical practitioner who attends upon, prescribes for, or supplies any article such as a drug, medicine, instrument or appliance for the purpose of terminating a pregnancy is guilty of a crime [Sec.26].

**Related documents:**
- Medical and Dental Practitioners Act 2008 (page 1)
Authorization in specially licensed facilities only

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:
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

WHO Guidance

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

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)

Judicial authorization for minors

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:
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

WHO Guidance

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

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

Not applicable

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)

Police report required in case of rape

Not applicable

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)

Parental consent required for minors

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:
- Tuvalu Standard Treatment Guidelines 1st Edition 2010
Spousal consent

- **WHO Guidance**

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

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and 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 105)

- **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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

Ultrasound images or listen to foetal heartbeat required

- **WHO Guidance**

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

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 19)

- **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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

Compulsory counselling

- **WHO Guidance**

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

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

**Source document:** WHO Safe Abortion Guidance (page 46)

- **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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

Compulsory waiting period

- **WHO Guidance**

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

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

**Source document:** WHO Safe Abortion Guidance (page 46)

- **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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010
### WHO Guidance

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

States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.

**Source document:** WHO Safe Abortion Guidance (page 107)

<table>
<thead>
<tr>
<th>Mandatory HIV screening test</th>
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<tbody>
<tr>
<td><strong>Not specified</strong></td>
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<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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

<table>
<thead>
<tr>
<th>Other mandatory STI screening tests</th>
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</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<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>
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</tbody>
</table>

**Related documents:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

<table>
<thead>
<tr>
<th>Prohibition of sex-selective abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<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:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

<table>
<thead>
<tr>
<th>Restrictions on information provided to the public</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

**List of restrictions**

Certain advertisements prohibited - A person shall not publish any statement, whether by advertisement or otherwise, to promote the sale of any article as a medicine, instrument or appliance for the alleviation or cure of any venereal disease, or disease affecting the generative organs, or of sexual impotence, or of any complaint or infirmity arising from or relating to sexual intercourse, or of female or menstrual irregularities, or for terminating pregnancy, or for influencing the course of pregnancy or for preventing conception.
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

- No data found

#### WHO Guidance

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.

#### Methods allowed

- **Vacuum aspiration**
  - Not specified
  - Tuvalu Standard Treatment Guidelines 1st Edition 2010

- **Dilatation and evacuation**
  - Not specified
  - Tuvalu Standard Treatment Guidelines 1st Edition 2010

- **Combination mifepristone-misoprostol**
  - Not specified
  - Tuvalu Standard Treatment Guidelines 1st Edition 2010

- **Misoprostol only**
  - Not specified
  - Tuvalu Standard Treatment Guidelines 1st Edition 2010

- **Other (where provided)**
**WHO Guidance**

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.

**Source document:** WHO Safe Abortion Guidance (page 123)

Dilatation 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.

**Source document:** WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 13)

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.

**Source document:** WHO Safe Abortion Guidance (page 14)

---

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

No

**Related documents:**
- Tuvalu Essential Medicine List 2008 (page 1)

---

**Country recognized approval (misoprostol)**

Yes, for gynaecological indications

**Related documents:**
- Tuvalu Essential Medicine List 2008 (page 7)

**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.

- Tuvalu Essential Medicine List 2008

---

**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

**Source document:** WHO Safe Abortion Guidance (page 54)

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.

**Source document:** WHO Safe Abortion Guidance (page 13)

---

**Where can abortion services be provided**

**Related documents:**
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

**Primary health-care centres**

Not specified
### National guidelines for post-abortion care

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Specialized abortion care public facilities: Not specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Private health-care centres or clinics: Not specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NGO health-care centres or clinics: Not specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Other (if applicable)</td>
</tr>
</tbody>
</table>

### 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.

Source document: WHO Safe Abortion Guidance (page 18)

### Related documents:

- Tuvalu Standard Treatment Guidelines 1st Edition 2010 (page 193)

### National guidelines for post-abortion care

Yes, guidelines issued by the government.

### WHO Guidance

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.

Source document: WHO Safe Abortion Guidance (page 75)

### Where can post abortion care services be provided

- Primary health-care centres: Not specified
- Secondary (district-level) health-care facilities: Not specified
- Specialized abortion care public facilities: Not specified
- Private health-care centres or clinics: Not specified
- NGO health-care centres or clinics: Not specified
- Other (if applicable)
Contraception included in post-abortion care

WHO Guidance

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

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.

Source document: WHO Safe Abortion Guidance (page 57)

Insurance to offset end user costs

WHO Guidance

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

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.

Source document: WHO Safe Abortion Guidance (page 62)

Who can provide abortion services

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 18)

Related documents:
- Pharmacy and Poisons Act 2008 (page 10)
- Tuvalu Standard Treatment Guidelines 1st Edition 2010

Other (if applicable)

Only a qualified medical practitioner or person acting under the direction of such a medical practitioner can attend upon, prescribe for, or supply any article as a drug, medicine, instrument or appliance for the purpose of terminating a pregnancy.

- Pharmacy and Poisons Act 2008 (page 10)
Conscientious Objection

### WHO Guidance

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

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

*Source document:* WHO Safe Abortion Guidance (page 75)

### Public sector providers

No data found

*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)

### Private sector providers

No data found

*WHO Guidance*

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider type not specified</td>
<td>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.</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
<tr>
<td>Public facilities</td>
<td>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
<tr>
<td>Private facilities</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
<tr>
<td>Facility type not specified</td>
<td>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
<tr>
<td>Neither Type of Facility Permitted</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
</tr>
</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  
No data

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  
No data

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
<table>
<thead>
<tr>
<th>Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.2.1</strong> 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>
</tr>
<tr>
<td><strong>5.2.2</strong> 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>
</tr>
<tr>
<td><strong>5.3.1</strong> Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
</tr>
<tr>
<td><strong>5.3.2</strong> Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
</tr>
<tr>
<td><strong>5.6.1</strong> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care</td>
</tr>
<tr>
<td><strong>5.6.2</strong> 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>
</tr>
<tr>
<td><strong>5.a.1 (a)</strong> 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>
</tr>
<tr>
<td><strong>5.b.1</strong> Proportion of individuals who own a mobile telephone, by sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 10. Reduce inequality within and among countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.5.2</strong> Unemployment rate, by sex, age and persons with disabilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16.1.3</strong> Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
</tr>
<tr>
<td><strong>16.2.2</strong> Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
</tr>
<tr>
<td><strong>16.2.3</strong> Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
</tr>
</tbody>
</table>
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

No data

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

No data

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

No data

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: **24.2** (2007)
- Percentage of births attended by trained health professional: **93.1** (2007)
- Percentage of women aged 20-24 who gave birth before age 18: **3** (2009-2013)
- Total fertility rate: No data
- Legal marital age for women, with parental consent: No data
- Legal marital age for women, without parental consent: No data
- Gender Inequalities Index (Value): No data
- Gender Inequalities Index (Rank): No data
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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<tbody>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No data</td>
</tr>
<tr>
<td>Median age</td>
<td>No data</td>
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<tr>
<td>Population, urban (%)</td>
<td>62.387 (2018)</td>
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<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
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<td>Gender parity in secondary education</td>
<td>1.139 (2018)</td>
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<td>Percentage of women in non-agricultural employment</td>
<td>33.9 (2004)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>6.7 (2017)</td>
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<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>No data</td>
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