Country Profile: United Republic of Tanzania

Region: Eastern Africa

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 Practicioners
- Law on Health Care Services
- Other

Related Documents

From Criminal / Penal Code:
- Penal Code

From Health Regulation / Clinical Guidelines:
- Standard Treatment Guidelines and Essential Medicines List
- Comprehensive Post-Abortion Care Guideline Training Manual 2016

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- OP
- CEDAW
- CAT
- OP
- CESCR
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **

Concluding Observations:
- CRC
- CRC
- 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

Legal Ground and Gestational Limit

Not Specified
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:
- Penal Code
- Standard Treatment Guidelines and Essential Medicines List

WHO Guidance

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

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, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

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 foetal 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)

Additional notes

While the Standard Treatment Guideline note pregnancy resulting from rape as one of the “legal conditions” in which abortion is not illegal, the Comprehensive Post Abortion Care Guideline Training Manual states that abortion is illegal except in the circumstances set out in Penal Code section 230 (preservation of the mother’s life).

Related documents:
- Penal Code (page 77)
- Standard Treatment Guidelines and Essential Medicines List (page 118)
- Comprehensive Post-Abortion Care Guideline Training Manual 2016 (page 18)

Rape

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)

Additional notes

While the Standard Treatment Guideline note pregnancy resulting from rape as one of the “legal conditions” in which abortion is not illegal, the Comprehensive Post Abortion Care Guideline Training Manual states that abortion is illegal except in the circumstances set out in Penal Code section 230 (preservation of the mother’s life).

Related documents:
- Penal Code (page 77)
- Standard Treatment Guidelines and Essential Medicines List (page 118)
- Comprehensive Post-Abortion Care Guideline Training Manual 2016 (page 18)

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
- Standard Treatment Guidelines and Essential Medicines List

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)

### 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
  - Standard Treatment Guidelines and Essential Medicines List

### 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
  - Standard Treatment Guidelines and Essential Medicines List

### 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
  - Standard Treatment Guidelines and Essential Medicines List

### 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)

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

- **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)

- **Additional notes**

  While the Standard Treatment Guideline note a “substantial threat to the woman’s health” as one of the “legal conditions” in which abortion is not illegal, the Comprehensive Post Abortion Care Guideline Training Manual states that abortion is illegal except in the circumstances set out in Penal Code section 230 (preservation of the mother’s life).

  Related documents:
  - Penal Code (page 77)
Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Penal Code</td>
</tr>
</tbody>
</table>

**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.

**Authorization in specially licensed facilities only**

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
</tr>
</tbody>
</table>

**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, § 4.2.4.
<table>
<thead>
<tr>
<th><strong>Judicial authorization for minors</strong></th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Penal Code

## 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)

<table>
<thead>
<tr>
<th><strong>Judicial authorization in cases of rape</strong></th>
<th><strong>Not applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
</tbody>
</table>

**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>Police report required in case of rape</strong></th>
<th><strong>Not applicable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
</tbody>
</table>

**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>Parental consent required for minors</strong></th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Penal Code

## 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)

<table>
<thead>
<tr>
<th><strong>Spousal consent</strong></th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Penal Code
Ultrasound images or listen to foetal heartbeat required

Not specified

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

Related documents:
- Penal Code

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 a spouse 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)

Compulsory counselling

Not specified

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

Related documents:
- Penal Code

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)

Compulsory waiting period

Not specified

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

Related documents:
- Penal Code

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)

Mandatory HIV screening test

Not specified

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

Related documents:
- Penal Code
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

**Source document:** WHO Safe Abortion Guidance (page 88)

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### Other mandatory STI screening tests

**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

---

### Prohibition of sex-selective abortion

**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

---

### Restrictions on information provided to the public

No data found

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

---

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

No data found

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

---

### Other

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

**Source document:** WHO Safe Abortion Guidance (page 103)
National guidelines for induced abortion

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)

Methods allowed

Vacuum aspiration
The Treatment Guidelines refer to “suction termination.”

- Standard Treatment Guidelines and Essential Medicines List (page 118)

Dilatation and evacuation
Not specified

- Standard Treatment Guidelines and Essential Medicines List

Combination mifepristone-misoprostol
Not specified

- Standard Treatment Guidelines and Essential Medicines List

Misoprostol only
Not specified

- Standard Treatment Guidelines and Essential Medicines List

Other (where provided)
Dilatation and curettage (7 weeks) Prostaglandin (12 weeks)

- Standard Treatment Guidelines and Essential Medicines List (page 108)

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 2 - 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 data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

WHO Guidance

The following descriptions 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.

It was not possible to locate a version of the Standard Treatment Guidelines and Essential Medicines List, Fourth Edition, May 2013, which contains the Essential Medicines List.

Where can abortion services be provided

No data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

WHO Guidance

The following descriptions 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.

Yes, guidelines issued by the government

Related documents:
- Comprehensive Post-Abortion Care Guideline Training Manual 2016 (page 1)
### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

---

### Contraception included in post-abortion care

- Yes

**Related documents:**
- Comprehensive Post-Abortion Care Guideline Training Manual 2016 (page 1)

---

### 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.

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)
### Financing of abortion services

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)

### Who can provide abortion services

<table>
<thead>
<tr>
<th>Role</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Not specified</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Not specified</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Not specified</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

**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 Care, p 33- Recommendation.

**Source document:** Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

### Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Not specified</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Not specified</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

**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)

### Conscientious Objection

<table>
<thead>
<tr>
<th>Sector</th>
<th>Data</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>No data found</td>
<td>-</td>
</tr>
</tbody>
</table>

**Source document:** WHO Safe Abortion Guidance (page 18)
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private sector providers</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>
</tr>
<tr>
<td>Provider type not specified</td>
<td>No data found</td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</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>
</tr>
<tr>
<td>Public facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Private 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>
</tr>
</tbody>
</table>

*Source document:* [WHO Safe Abortion Guidance](#)
<table>
<thead>
<tr>
<th>Facility type not specified</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
</tr>
<tr>
<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></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neither Type of Facility Permitted</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 106)</td>
<td></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 | 524 (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 | 115.1 (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

| 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 |

| 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 |
| 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 |
| 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 |
| 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 |
| 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age |
| 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

16.2.2 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

16.1.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

Percentage of births attended by trained health professional

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

Total fertility rate
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>15 (2009-2017)</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.54 (2017)</td>
<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>130 (2017)</td>
<td></td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>no (2020)</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>18 (2020)</td>
<td></td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>33.776 (2018)</td>
<td></td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.61 (2013)</td>
<td></td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.048 (2018)</td>
<td></td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>32.5 (2013)</td>
<td></td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>37.2 (2017)</td>
<td></td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.03 (2018)</td>
<td></td>
</tr>
</tbody>
</table>