Country Profile: Nigeria
Region: Western Africa
Last Updated: 06 October 2022

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

Related Documents

From Criminal / Penal Code:
- Southern Nigeria Criminal Code Act, 1916

From Health Regulation / Clinical Guidelines:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

From EML / Registered List:
- Nigeria Essential Medicines List, 2020

Concluding Observations:
- CEDAW
- CRC
- CEDAW
- SR
- HEALTH

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

<table>
<thead>
<tr>
<th>Nigeria</th>
<th>Law Varies By Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Nigeria</td>
<td>No</td>
</tr>
<tr>
<td>Southern Nigeria</td>
<td>Not Specified</td>
</tr>
</tbody>
</table>

Legal Ground and Gestational Limit

Nigeria
**Incest**

**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.

Related documents:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 15)

**Additional notes**

In Nigeria, three systems of criminal law are applicable to abortion: the Penal Code (Northern States) Federal Provisions Act (No. 25 of 1960) (applicable in the northern states), the Criminal Code Act, Chapter 77 Laws of the Federation of Nigeria 1990 (applicable in the southern states) and province-level Sharia penal legislation applicable in twelve northern provinces.

**Rape**

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**Foetal impairment**

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### Intellectual or cognitive disability of the woman

Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

### Mental health

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**WHO Guidance**

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

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

- **Source document:** WHO Safe Abortion Guidance (page 102)

### Physical health

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- **Source document:** WHO Safe Abortion Guidance (page 102)
### WHO Guidance

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

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

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In Nigeria, three systems of criminal law are applicable to abortion: the Penal Code (Northern States) Federal Provisions Act (No. 25 of 1960)(applicable in the northern states), the Criminal Code Act, Chapter 77 Laws of the Federation of Nigeria 1990 (applicable in the southern states) and province-level Sharia penal legislation applicable in twelve northern provinces.

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.”

The Code of Ethics is accessible at: http://www.medecins.c.i/documents/Code-Harmonise-CEDEAO.pdf. The National Guidelines on Safe Termination of Pregnancy for Legal Indications list “conditions that may constitute a threat to the life of the woman who is pregnant, who could benefit from safe legal termination of pregnancy” including “psychiatric disorders with suicidal ideation” and “severe depression with suicidal tendencies such as may occur in rape and incest”. They state that termination of pregnancy is also legal in case of “any other maternal pathology that puts the life of a pregnant woman at risk as determined by a qualified medical practitioner.”

### Related documents:

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 14)

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**Northern Nigeria (Nigeria)**

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
</tr>
</thead>
<tbody>
<tr>
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Source document: WHO Safe Abortion Guidance (page 103)

**Additional notes**

Province-level Sharia penal legislation applicable in the twelve northern provinces regulate abortion could not be accessed in official online versions.

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**Foetal impairment**

<table>
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<tr>
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</tr>
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**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 103)

**Additional notes**

The National Guidelines for Safe Termination of Pregnancy for Legal Indications refer to “termination of pregnancy performed when the fetus has a condition that is incompatible with normal life” as “therapeutic abortion”. However, abortion in these circumstances is not noted in the Criminal Code as an exception to the prohibition of abortion. Province-level Sharia penal legislation applicable in the twelve northern provinces regulate abortion could not be accessed in official online versions.
### Rape

<table>
<thead>
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</tr>
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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.

### Incest

<table>
<thead>
<tr>
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<th>WHO Safe Abortion Guidance (page 102)</th>
</tr>
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### Intellectual or cognitive disability of the woman

No

### Mental health

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

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**Additional notes:**
Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities.

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Additional notes

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Related documents:
- Criminal Code Act (page 15)

Rape

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Related documents:
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Incest

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Related documents:
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Intellectual or cognitive disability of the woman

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

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Mental health

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## Additional Requirements to Access Safe Abortion

### Physical health

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### Life

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  - Source document: WHO Safe Abortion Guidance (page 102)

- **Additional notes**
  - Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.
  - Source document: WHO Safe Abortion Guidance (page 103)

### Related documents:

- Criminal Code Act
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 14)

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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.

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

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.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Status</th>
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<tbody>
<tr>
<td>Police report required in case of rape</td>
<td>Not applicable</td>
<td>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, § 4.2.2.2. Source document: WHO Safe Abortion Guidance (page 104)</td>
</tr>
<tr>
<td>Parental consent required for minors</td>
<td>Not specified</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>
<tr>
<td>Related documents:</td>
<td></td>
<td>• National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>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)</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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)</td>
</tr>
<tr>
<td>Compulsory counselling</td>
<td>No</td>
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<td>Topic</td>
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<tr>
<td>Compulsory waiting period</td>
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</tr>
<tr>
<td>Related documents:</td>
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<tr>
<td></td>
<td>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.</td>
<td></td>
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<tr>
<td></td>
<td>Source document: WHO Safe Abortion Guidance (page 107)</td>
<td></td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
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</tr>
<tr>
<td>Related documents:</td>
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<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
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<td>Other mandatory STI screening tests</td>
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<td>Source document: WHO Safe Abortion Guidance (page 88)</td>
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<tr>
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<td>Additional notes</td>
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The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

### Number and cadre of health-care professional authorizations required

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

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

### Related documents:

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16)

### Additional notes

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:

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16)

### Source document:

WHO Safe Abortion Guidance (page 105)

### WHO Guidance

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

### Related documents:

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16)

### Source document:

WHO Safe Abortion Guidance (page 106)

### WHO Guidance

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

### Related documents:

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16)

### Source document:

WHO Safe Abortion Guidance (page 105)
Judicial authorization in cases of rape

not applicable

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

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

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 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:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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)

Spousal consent

Not specified

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

Related documents:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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)

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:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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 counselling

Yes

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)
<table>
<thead>
<tr>
<th><strong>Compulsory waiting period</strong></th>
<th><strong>Not specified</strong>&lt;br&gt;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.</th>
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<tr>
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</tr>
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<tr>
<td><strong>Restrictions on information provided to the public</strong></td>
<td><strong>no data found see note</strong></td>
<td><strong>Related documents:</strong>&lt;br&gt;- WHO Guidance</td>
<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 107)</td>
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### Restrictions on methods to detect sex of the foetus

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<thead>
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<tbody>
<tr>
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<td>WHO Safe Abortion Guidance (page 103)</td>
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### Authorization of health professional(s)

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<thead>
<tr>
<th>Country</th>
<th>Decision</th>
<th>Source document</th>
</tr>
</thead>
</table>

**Number and cadre of health-care professional authorizations required**

2

**Clinician**

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: [http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf).

**Additional notes**

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### Judicial authorization for minors

<table>
<thead>
<tr>
<th>Country</th>
<th>Decision</th>
<th>Source document</th>
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</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.

**WHO Safe Abortion Guidance (page 105)**

**Related documents:**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Additional notes**

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.

**WHO Safe Abortion Guidance (page 106)**

**Related documents:**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Clinician**

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: [http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf).
<table>
<thead>
<tr>
<th><strong>Judicial authorization in cases of rape</strong></th>
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<th><strong>Police report required in case of rape</strong></th>
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<td></td>
<td>↓ Source document: WHO Safe Abortion Guidance (page 46)</td>
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</table>
### 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:**
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

### Mandatory HIV screening test

**WHO Guidance**

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)

### 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:**
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

### Prohibition of sex-selective abortion

**WHO Guidance**

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, p 10 - Recommendation.

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

### Restrictions on information provided to the public

**WHO Guidance**

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information.

Safe Abortion Guidelines, § 4.2.2.7.

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

### Additional notes

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. 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)

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)

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 / misoprostol)

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<th>Question</th>
<th>Answer</th>
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<tr>
<td>Country recognized approval (mifepristone / mifepristone / misoprostol)</td>
<td>Yes</td>
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**Related documents:**
- Nigeria Essential Medicines List, 2020 (page 56)

### Pharmacy selling or distribution

<table>
<thead>
<tr>
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<th>Answer</th>
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<tr>
<td>Pharmacy selling or distribution</td>
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**Related documents:**
- Nigeria Essential Medicines List, 2020

### 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

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<tr>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Where can abortion services be provided</td>
<td>Yes, for gynaecological indications</td>
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</table>

**Related documents:**
- Nigeria Essential Medicines List, 2020 (page 56)

### WHO Guidance

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

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

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<th>Question</th>
<th>Answer</th>
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<td>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</td>
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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:**
- Nigeria Essential Medicines List, 2020

### WHO Guidance

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

### 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)
### National guidelines for post-abortion care

Yes, guidelines issued by the government

**Related documents:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

---

### 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

Yes

**Related documents:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 23)

---

### Insurance to offset end user costs

**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:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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### 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 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)

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### 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)

---

### 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 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)


**Other (if applicable)**

**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.


**Related documents:**

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 11)

### Nurse

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

### Midwife/nurse-midwife

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

### Doctor (specialty not specified)

Yes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: [http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf).


### WHO Guidance

Referral linkages to a higher-level facility

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Availability of a specialist doctor, including OB/GYN

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Minimum number of beds

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**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.

### National guidelines for induced abortion

**Methods allowed**

<table>
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<th>Service</th>
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<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Yes (12 WEEKS)</td>
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<tr>
<td>Dilatation and evacuation</td>
<td>Yes</td>
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<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Yes</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (where provided)</td>
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</table>

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

Yes, guidelines issued by the government

**Related documents:**
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

---

**WHO Guidance**

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

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Source document: WHO Safe Abortion Guidance (page 75)

---

**Vacuum aspiration**

Yes (12 WEEKS)

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 20)

**Dilatation and evacuation**

Yes

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 21)

**Combination mifepristone-misoprostol**

Yes

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 18)

**Misoprostol only**

Yes

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 18)

**Other (where provided)**

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**WHO Guidance**

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)

---

**Pharmacy selling or distribution**

Not specified

- Nigeria Essential Medicines List, 2020 (page 56)

---

**WHO Guidance**

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)

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Source document: WHO Safe Abortion Guidance (page 13)
### Country recognized approval (misoprostol)

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**Related documents:**
- Nigeria Essential Medicines List, 2020 (page 56)

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

**Related documents:**
- Nigeria Essential Medicines List, 2020

**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)

### Where can abortion services be provided

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<td>National guidelines for post-abortion care</td>
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### National guidelines for post-abortion care

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*Source document:* WHO Safe Abortion Guidance (page 75)
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<th>Where can post abortion care services be provided</th>
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<tr>
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<td>• Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
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**Source document:** WHO Safe Abortion Guidance (page 57)

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<table>
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<th>Contraception included in post-abortion care</th>
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<td><strong>Yes</strong></td>
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**Related documents:**
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 23)

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<table>
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<th>Insurance to offset end user costs</th>
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**Source document:** WHO Safe Abortion Guidance (page 18)
Who can provide abortion services

- Nurse
  - Not specified
- Midwife/nurse-midwife
  - Not specified
- Doctor (specialty not specified)
  - Yes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

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Other (if applicable)

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

### Related documents:

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 11)
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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

- Referral linkages to a higher-level facility
  - Not specified
- Availability of a specialist doctor, including OB/GYN
  - Not specified
- Minimum number of beds
  - Not specified
- Other (if applicable)

### 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)
### National guidelines for induced abortion

- **Methods allowed**
  - Vacuum aspiration: Yes (12 WEEKS)
  - Dilatation and evacuation: Yes
  - Combination mifepristone-misoprostol: Yes
  - Misoprostol only: Yes
  - Other (where provided)

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

### Related documents:
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)
- Nigeria Essential Medicines List, 2020 (page 56)

### WHO Guidance

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#### Vacuum aspiration

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

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 13)

#### Combination mifepristone-misoprostol

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 14)

#### Misoprostol only

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 13)

#### Other (where provided)

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 54)

### Pharmacy selling or distribution

- **Related documents**:
  - Nigeria Essential Medicines List, 2020 (page 56)

- **Not specified**

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Related documents:
- Nigeria Essential Medicines List, 2020 (page 56)

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

- Nigeria Essential Medicines List, 2020

**WHO Guidance**

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)

Where can abortion services be provided

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**WHO Guidance**

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)

National guidelines for post-abortion care

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**Source document:** WHO Safe Abortion Guidance (page 57)

**Contraception included in post-abortion care**

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<tr>
<td>• Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 23)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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)

**Insurance to offset end user costs**

<table>
<thead>
<tr>
<th>Other (if applicable)</th>
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</table>

**WHO Guidance**

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)
Conscientious Objection

Nigeria

Related documents:
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Who can provide abortion services

Nurse
Not specified

Midwife/nurse-midwife
Not specified

Doctor (specialty not specified)
Yes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Other (if applicable)

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.

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Extra facility/provider requirements for delivery of abortion services

Availabilty of a specialist doctor, including OB/GYN
Not specified

Minimum number of beds
Not specified

Other (if applicable)

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.

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Conscientious Objection

Nigeria
<table>
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**Source document:** WHO Safe Abortion Guidance (page 106)

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

**Additional notes**

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- Related documents:
  - National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Public facilities**

- **Not specified**
  - Related documents:
    - National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**WHO Guidance**

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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.

Related documents: WHO Safe Abortion Guidance (page 106)

**Private facilities**

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  - Related documents:
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**Facility type not specified**

- **Not specified**
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Southern Nigeria (Nigeria)

Public sector providers

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Related documents:
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Indicators

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

Goal 1. End poverty in all its forms everywhere

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

1.1.3 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

1.2.a.2 Proportion of total government spending on essential services (education, health and social protection)

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

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

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

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

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 (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)

5.3.1 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, information and education (No data)

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 (No data)

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 (No data)

5.b.1 Proportion of individuals who own a mobile telephone, by sex (No data)

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 (No data)

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 (No data)

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 (No data)

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 (No data)

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation (No data)

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (No data)

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
  - 18.9 (2018)

- Percentage of births attended by trained health professional
  - 43.4 (2018)

- Percentage of women aged 20-24 who gave birth before age 18
  - 29 (2009-2013)

- Total fertility rate
  - 5.387 (2018)

- Legal marital age for women, with parental consent

- Legal marital age for women, without parental consent

- Gender Inequalities Index (Value)
  - No data

- Gender Inequalities Index (Rank)
  - No data

- Mandatory paid maternity leave
  - no (2020)

- Median age
  - 18.1 (2020)

- Population, urban (%)
  - 50.344 (2018)

- Percentage of secondary school completion rate for girls
  - No data

- Gender parity in secondary education
  - 0.910 (2013)

- Percentage of women in non-agricultural employment

- Proportion of seats in parliament held by women
  - 5.8 (2017)

- Sex ratio at birth (male to female births)
  - 1.06 (2018)