Country Profile: Senegal

Region: Western Africa

Last Updated: 18 May 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 Reproductive Health Act:
- Law on Reproductive Health, 2005

From Criminal / Penal Code:
- Penal Code

From Health Regulation / Clinical Guidelines:
- Reproductive Health Policies and Norms Part 1
- Reproductive Health Policies and Norms Part 2
- Reproductive Health Protocols

From EML / Registered List:
- Essential Medicines List, 2018

From Medical Ethics Code:
- Code of Medical Ethics, 1967

List of ratified human rights treaties:
- CERD
- CCPR
- ICCPR
- 2nd OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD
- CRPD-OP
- CED
- Maputo Protocol

Download data

Concluding Observations:
- CESCR
- CEDAW
- WG
- DHULP
- CRC
- CESCR
- HRC

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

- No

Legal Ground and Gestational Limit
<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 50)</td>
<td></td>
</tr>
<tr>
<td>- Law on Reproductive Health, 2005 (page 4)</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 50)</td>
<td></td>
</tr>
<tr>
<td>- Law on Reproductive Health, 2005 (page 4)</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Rape</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 50)</td>
<td></td>
</tr>
<tr>
<td>- Law on Reproductive Health, 2005 (page 4)</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Incest</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 50)</td>
<td></td>
</tr>
<tr>
<td>- Law on Reproductive Health, 2005 (page 4)</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Intellectual or cognitive disability of the woman</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 50)</td>
<td></td>
</tr>
<tr>
<td>- Law on Reproductive Health, 2005 (page 4)</td>
<td></td>
</tr>
</tbody>
</table>

### 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)

<table>
<thead>
<tr>
<th>Mental health</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Penal Code (page 50)</td>
<td></td>
</tr>
<tr>
<td>- Law on Reproductive Health, 2005 (page 4)</td>
<td></td>
</tr>
</tbody>
</table>
## Additional Requirements to Access Safe Abortion

### Physical health

**Related documents:**
- Penal Code (page 50)
- Law on Reproductive Health, 2005 (page 4)

**WHO Guidance**

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

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

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

## Health

**Related documents:**
- Penal Code (page 50)
- Law on Reproductive Health, 2005 (page 4)

**WHO Guidance**

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

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

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

## Life

While the Penal Code does not include a life ground, a Medical Code of Ethics document was enacted that states that a therapeutic abortion can be performed if this intervention is the only way to safeguard the life of the mother. No gestational limit is specified. It should be noted that this document was issued as an amendment to a law related to the practice of medicine; this amendment also sets out additional requirements, including the need for additional authorizations by two medical consultants.

**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.

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

### Additional notes

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.

**Related documents:**
- Penal Code (page 50)
- Law on Reproductive Health, 2005 (page 4)
- Code of Medical Ethics, 1967 (page 3)
### Authorization of health professional(s)

| Yes |

**Related documents:**
- Code of Medical Ethics, 1967 (page 3)

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

- **2** Doctor (Specialty Not Specified)

While the Penal Code does not include a life ground, a Medical Code of Ethics document was enacted that states that a therapeutic abortion can be performed if this intervention is the only way to safeguard the life of the mother. It should be noted that this document was issued as an amendment to a law related to the practice of medicine; this amendment also sets out additional requirements, including the need for additional authorizations by two medical consultants, one of whom must be listed among the list of experts by the court.

- Code of Medical Ethics, 1967 (page 3)

### Judicial authorization for minors

**Related documents:**
- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

### Judicial authorization in cases of rape

**Related documents:**
- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

---

**Related documents:**
- WHO Safe Abortion Guidance (page 105)

---

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

---

**Related documents:**
- WHO Safe Abortion Guidance (page 105)

---

**Related documents:**
- WHO Safe Abortion Guidance (page 104)
Police report required in case of rape

Not specified

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

Related documents:
- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 104)

Parental consent required for minors

Not specified

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

Related documents:
- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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)

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:
- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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)

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
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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 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
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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)

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
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 107)

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
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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:
- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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)

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
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

WHO Guidance

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

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)
Clinical and Service-delivery Aspects of Abortion Care

Restrictions on information provided to the public

Yes

Related documents:
- Penal Code (page 51)

List of restrictions

Any person who

- by speeches made in public places or meetings;
- by sale, offering for sale or offering, even in a non-public capacity, or by display, display or distribution on public roads or in public places, or by distribution in the home or in the mail or by any means of distribution of books, writings, printed matter, advertisements, posters, drawings, pictures and emblems;
- by the publicity of medical offices or pretense of such,

will have provoked to the offense of abortion, even though this provocation has not been followed of effect.

- Penal Code (page 51)

WHO Guidance

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

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.

Additional notes


Restrictions on methods to detect sex of the foetus

No data found

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. 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.

Additional notes


Other

No data found

WHO Guidance

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

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

Additional notes

No data found

WHO Guidance

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Country recognized approval (mifepristone / mifepristone-misoprostol)</th>
<th>Country recognized approval (misoprostol)</th>
<th>Where can abortion services be provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>No data found</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Other (if applicable)</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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). 

*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)*

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)*

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:**
- Reproductive Health Policies and Norms Part 2 (page 34)
- Reproductive Health Protocols (page 127)

#### WHO Guidance

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

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

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

### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Type of Health-care Facility</th>
<th>Yes</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Yes</td>
<td>Reproductive Health Policies and Norms Part 2 (page 35)</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
<td>Reproductive Health Policies and Norms Part 2 (page 35)</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Yes</td>
<td>Reproductive Health Policies and Norms Part 2 (page 35)</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Yes</td>
<td>Reproductive Health Policies and Norms Part 2 (page 35)</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
<td>Reproductive Health Policies and Norms Part 1, Reproductive Health Policies and Norms Part 2, Reproductive Health Protocols</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### WHO Guidance

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

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

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

### Contraception included in post-abortion care

**Yes**

**Related documents:**
- Reproductive Health Policies and Norms Part 1 (page 38)
- Reproductive Health Policies and Norms Part 2 (page 35)
- Reproductive Health Protocols (page 139)

#### 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)

### Insurance to offset end-user costs

**No data found**

**Other (if applicable)**

#### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 18)
Conscientious Objection

Services

Delivery of abortion

Requirements for extra facility/provider of abortion services

Who can provide abortion services

- Code of Medical Ethics, 1967

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.

- Code of Medical Ethics, 1967

Specialist doctor, including OB/GYN

- 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.

- Code of Medical Ethics, 1967

Other (if applicable)

Surgeon

- Code of Medical Ethics, 1967

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.

Additional notes

While the Penal Code does not include a life ground, a Medical Code of Ethics document was enacted that states that a therapeutic abortion can be performed if this intervention is the only way to safeguard the life of the mother. It should be noted that this document was issued as an amendment to a law related to the practice of medicine.

Additional notes

Referral linkages to a higher-level facility

Not specified

- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

Availability of a specialist doctor, including OB/GYN

Not specified

- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

Minimum number of beds

Not specified

- Penal Code
- Code of Medical Ethics, 1967
- Law on Reproductive Health, 2005

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.

- WHO Safe Abortion Guidance (page 75)
<table>
<thead>
<tr>
<th>Public sector providers</th>
<th>Private sector providers</th>
<th>Provider type not specified</th>
<th>Neither Type of Provider Permitted</th>
</tr>
</thead>
</table>

**Related documents:**
- Code of Medical Ethics, 1967 (page 3)

**WHO Guidance**

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

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

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

**Additional notes**

The Code of Ethics permits abortions to save a woman's life, and states "If the doctor, because of his convictions, considers that he is prohibited from advising to perform an abortion, he can withdraw by having the continuity of care ensured by a qualified colleague".

---

**Related documents:**
- Code of Medical Ethics, 1967 (page 3)

**WHO Guidance**

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

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

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

**Additional notes**

The Code of Ethics permits abortions to save a woman's life, and states "If the doctor, because of his convictions, considers that he is prohibited from advising to perform an abortion, he can withdraw by having the continuity of care ensured by a qualified colleague".

---

**Related documents:**
- Code of Medical Ethics, 1967 (page 3)

**WHO Guidance**

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

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

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

**Additional notes**

The Code of Ethics permits abortions to save a woman's life, and states "If the doctor, because of his convictions, considers that he is prohibited from advising to perform an abortion, he can withdraw by having the continuity of care ensured by a qualified colleague".

---

**Related documents:**
- Code of Medical Ethics, 1967 (page 3)

**WHO Guidance**

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

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

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

**Additional notes**

The Code of Ethics permits abortions to save a woman's life, and states "If the doctor, because of his convictions, considers that he is prohibited from advising to perform an abortion, he can withdraw by having the continuity of care ensured by a qualified colleague".

---
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

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

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
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>21.9 (2017)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>68.4 (2017)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>17.7 (2012-2013)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>4.625 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>16 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.51 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>124 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>18.5 (2020)</td>
</tr>
<tr>
<td>Indicator</td>
<td>Value</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>47.192 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.47 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.097 (2018)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>26.7 (2011)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>41.8 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.04 (2018)</td>
</tr>
</tbody>
</table>