Country Profile: South Sudan

Region: Eastern Africa

Last Updated: 7 May 2017

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:
- South Sudan Penal Code

From EML / Registered List:
- Essential Medicines List

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- OP
- 2nd
- OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **

Persons who can be sanctioned:
- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned

Concluding Observations:
None

Abortion at the woman's request

- No

Legal Ground and Gestational Limit

Economic or social reasons

- No

Related documents:
- Penal Code (page 116)

From Criminal / Penal Code:
- South Sudan Penal Code

From EML / Registered List:
- Essential Medicines List

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
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Persons who can be sanctioned:
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Concluding Observations:
None

Abortion at the woman's request

- No

Legal Ground and Gestational Limit

Economic or social reasons

- No

Related documents:
- Penal Code (page 116)
WHO Guidance

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

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

No

Related documents:
- Penal Code (page 116)

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)

Rape

No

Related documents:
- Penal Code (page 116)

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)

Incest

No

Related documents:
- Penal Code (page 116)

WHO Guidance

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

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

Source document: WHO Safe Abortion Guidance (page 102)

Intellectual or cognitive disability of the woman

No

Related documents:
- Penal Code (page 116)

Mental health

No

Related documents:
- Penal Code (page 116)

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

No

Related documents:
- Penal Code (page 116)

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

No

Related documents:
- Penal Code (page 116)

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

Yes

Related documents:
- Penal Code (page 116)

Gestational limit applies

Not specified

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

Related documents:
- Penal Code

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)

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)

Additional notes

Whoever before the birth of any child does any act with the intention of preventing that child from being born alive or causing it to die after its birth, and as a result of the act, the child is not born alive or dies after its birth, and, if such act was not done in good faith for the purpose of saving the life of the mother, he or she commits an offence, and upon conviction, shall be sentenced to imprisonment for a term not exceeding ten years or with a fine or with both.
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Not specified</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization of health professional(s)</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>Penal Code</td>
</tr>
<tr>
<td>Authorization in specially licensed facilities only</td>
<td>Not specified</td>
<td>Penal Code</td>
</tr>
<tr>
<td>Judicial authorization for minors</td>
<td>Not specified</td>
<td>Penal Code</td>
</tr>
<tr>
<td>Judicial authorization in cases of rape</td>
<td>Not applicable</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Police report required in case of rape</td>
<td>Not applicable</td>
<td>WHO Guidance</td>
</tr>
</tbody>
</table>

*WHO Guidance*

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

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

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.

Source document: WHO Safe Abortion Guidance (page 106)

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.

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

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

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

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
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

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

Other mandatory STI screening tests

Not specified

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

Related documents:
- Penal Code

Prohibition of sex-selective abortion

Not specified

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

Related documents:
- Penal Code
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Method allowed</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
</tr>
<tr>
<td>No data found</td>
<td></td>
</tr>
</tbody>
</table>
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

Source document: WHO Safe Abortion Guidance (page 123)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

Source document: WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

Source document: WHO Safe Abortion Guidance (page 13)

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

Source document: WHO Safe Abortion Guidance (page 14)

Related documents:
- Essential Medicines List (page 1)

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)

Related documents:
- Essential Medicines List (page 1)

Where can abortion services be provided

No data found

Primary health-care centres
No data found

Secondary (district-level) health-care facilities
No data found

Specialized abortion care public facilities
No data found

Private health-care centres or clinics
No data found

NGO health-care centres or clinics
No data found

Other (if applicable)
National guidelines for post-abortion care

Where can post-abortion care services be provided

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

Contraception included in post-abortion care

No data found

Insurance to offset end user costs

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

Source document: WHO Safe Abortion Guidance (page 18)

Who can provide abortion services

<table>
<thead>
<tr>
<th>Role</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>No data found</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>No data found</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>No data found</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>No data found</td>
</tr>
</tbody>
</table>

WHO Guidance

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

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

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

Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>No data found</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>No data found</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>No data found</td>
</tr>
</tbody>
</table>

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Conscientious Objection

Public sector providers

| No data found |

WHO Guidance

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

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

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

Country specific information related to sexual and reproductive health indicators. 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  
1150 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
62 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population  
No data

3.c.1 Health worker density and distribution  
No data

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

No data

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

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
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.2.2</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>16.7.1</td>
<td>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</td>
<td>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</td>
<td>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</td>
<td>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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.8.1</td>
<td>Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Data Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>26.3 (2010)</td>
<td></td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>19.4 (2010)</td>
<td></td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>28 (2009-2013)</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>4.696 (2018)</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
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</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
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<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>no (2020)</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>19 (2020)</td>
<td></td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>19.615 (2018)</td>
<td></td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.537 (2015)</td>
<td></td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>26.6 (2017)</td>
<td></td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.04 (2018)</td>
<td></td>
</tr>
</tbody>
</table>