Country Profile: Burkina Faso

Region: Western Africa

Last Updated: 11 May 2022

**Identified policies and legal sources related to abortion:**
- Constitution
- 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:
  - Reproductive Health Law 2005
- From General Medical Health Act:
  - Public Health Code 1994
- From Criminal / Penal Code:
  - Penal Code 2018
- From Health Regulation / Clinical Guidelines:
  - Policies and standards for reproductive health, MoH, 2010
- From EML / Registered List:
  - List of Essential Medicines 2012
- From Medical Ethics Code:
  - Decree on the Code of Ethics of Doctors 2014
- From Document Relating to Funding:
  - Report on public funding for health services, National Assembly, 2012

**Concluding Observations:**
- CEDAW
- CEDAW
- CESCR
- CRC
- CEDAW

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

Abortion at the woman's request

- No

Legal Ground and Gestational Limit
<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic or social reasons</td>
<td>No</td>
<td>[Penal Code 2018 (page 196)]</td>
</tr>
<tr>
<td>Foetal impairment</td>
<td>Yes</td>
<td>[Penal Code 2018 (page 196), Reproductive Health Law 2005 (page 7)]</td>
</tr>
<tr>
<td><strong>Gestational limit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weeks</td>
<td>No limit specified</td>
<td>[Penal Code 2018 (page 1), Reproductive Health Law 2005 (page 1)]</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related document: [WHO Safe Abortion Guidance (page 103)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>Yes</td>
<td>[Penal Code 2018 (page 196), Reproductive Health Law 2005 (page 7)]</td>
</tr>
<tr>
<td><strong>Gestational limit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weeks</td>
<td>14</td>
<td>[Penal Code 2018 (page 196), Reproductive Health Law 2005 (page 7)]</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related document: [WHO Safe Abortion Guidance (page 103)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related document: [WHO Safe Abortion Guidance (page 103)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In case of rape or incest, if the materiality of the distress is established by the public prosecution, the pregnant woman can ask a doctor for a termination of pregnancy in the first fourteen weeks of gestation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional notes

In case of rape or incest, if the materiality of the distress is established by the public prosecution, the pregnant woman can ask a doctor for a termination of pregnancy in the first fourteen weeks of gestation.
<table>
<thead>
<tr>
<th>Incest</th>
<th>Yes</th>
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<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Code 2018 (page 196)</td>
<td></td>
</tr>
<tr>
<td>• Reproductive Health Law 2005 (page 7)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: 14

In case of rape or incest, if the materiality of the distress is established by the public prosecution, the pregnant woman can ask a doctor for a termination of pregnancy in the first fourteen weeks of gestation.

- Penal Code 2018 (page 196)
- Reproductive Health Law 2005 (page 7)

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**Intellectual or cognitive disability of the woman**

No

**Mental health**

No

**Physical health**

No

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**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)

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**

In case of rape or incest, if the materiality of the distress is established by the public prosecution, the pregnant woman can ask a doctor for a termination of pregnancy in the first fourteen weeks of gestation.
Additional Requirements to Access Safe Abortion

**Health**

- **Yes**

  **Related documents:**
  - Penal Code 2018 (page 196)
  - Reproductive Health Law 2005 (page 7)

  **Gestational limit**
  - **Weeks:** No limit specified
  - Penal Code 2018 (page 1)
  - Reproductive Health Law 2005 (page 1)

  **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)

  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)

**Life**

- **Yes**

  **Related documents:**
  - Public Health Code 1994 (page 13)
  - Reproductive Health Law 2005 (page 7)
  - Decree on the Code of Ethics of Doctors 2014 (page 21)

  **Gestational limit**
  - **Weeks:** No limit specified
  - Public Health Code 1994 (page 1)
  - Reproductive Health Law 2005 (page 1)
  - Decree on the Code of Ethics of Doctors 2014 (page 21)
  - Penal Code 2018 (page 1)

  **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)

**Other**

- **Additional notes**

  The CEDEAO/ECOWAS Harmonised Code of Ethics of Doctors practices 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.

  **Additional notes**
  - Therapeutic indication09-Burkina-Faso-Decree-on-the-Code-of-Ethics-of-Doctors-2014.pdf#page=21

  Gestational limit not specified.
Authorization of health professional(s)

Yes

Related documents:
- Penal Code 2018 (page 196)
- Decree on the Code of Ethics of Doctors 2014 (page 21)
- Public Health Code 1994 (page 13)

Number and cadre of health-care professional authorizations required

1
Doctor (Specialty Not Specified)

Related documents:
- Penal Code 2018 (page 196)
- Decree on the Code of Ethics of Doctors 2014 (page 21)
- Public Health Code 1994 (page 13)

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.

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes

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:
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 2005

WHO Guidance

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

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

Source document: WHO Safe Abortion Guidance (page 106)

Judicial authorization for minors

Not specified

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

Related documents:
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 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. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)
### Judicial authorization in cases 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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 2005
- Policies and standards for reproductive health, MoH, 2010

**WHO Guidance**

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

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

[Source document: WHO Safe Abortion Guidance (page 104)]

### Police report required in case of rape

**Not 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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 2005
- Policies and standards for reproductive health, MoH, 2010

**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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 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

**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

**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

**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

**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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 2005
- Policies and standards for reproductive health, MoH, 2010

### 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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 2005
- Policies and standards for reproductive health, MoH, 2010

### Restrictions on information provided to the public

**Yes**

**List of restrictions**

Public Health Code, Article 89: No person shall (1) exhibit, offer, offer, sell, offer for sale, sell, distribute, and distribute in any manner whatsoever remedies and abortive substances, intruterine probes and the like; (2) make speeches in public places or meetings encouraging abortion; (3) sell, offer for sale or offer, even by non-public means, or exhibit, display or distribute on public roads or in public places [...] written books, printed advertisements, posters, drawings, pictures and emblems relating to abortifacients; (4) advertise medical practices or supposedly medical practices likely to provoke or promote abortion. The list of such remedies, substances and articles shall be as set out in Article 90.

Penal Code Article 388. Whosoever by any means of dissemination or publicity incites to abortion shall be punished by imprisonment from two months to two years and a fine of one million (1,000,000) to two million (2,000,000) FCFA.

**Related documents:**
- Public Health Code 1994 (page 12)
- Penal Code 2018 (page 196)

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

**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:**
- Public Health Code 1994
- Penal Code 2018
- Reproductive Health Law 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)

**Additional notes**


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

**Additional notes**


**Source document:** WHO Safe Abortion Guidance (page 103)
Clinical and Service-delivery Aspects of Abortion Care

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
<th>No data found</th>
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</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td>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)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Methods allowed</th>
<th>Vacuum aspiration</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>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&amp;C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation. Source document: WHO Safe Abortion Guidance (page 123)</td>
<td></td>
</tr>
<tr>
<td>Dilatation and evacuation (D&amp;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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country recognized approval (mifepristone / mife-misoprostol)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Essential Medicines List 2014 (page 1)</td>
</tr>
<tr>
<td>WHO Guidance</td>
<td>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)</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>
Yes, for gynaecological indications

Related documents:
- Essential Medicines List 2014 (page 66)

Misoprostol allowed to be sold or distributed by pharmacies or drug stores
No

The use of Misoprostol is reserved for the management of postpartum hemorrhage. It must be dispensed by a healthcare facility. Whether a prescription is needed is not specified.

- Essential Medicines List 2014 (page 66)

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

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)

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

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.

- Source document: WHO Safe Abortion Guidance (page 75)
<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
<th>Primary health-care centres</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Policies and standards for reproductive health, MoH, 2010 (page 50)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Policies and standards for reproductive health, MoH, 2010 (page 50)</td>
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<td>NGO health-care centres or clinics</td>
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<tr>
<td></td>
<td>Policies and standards for reproductive health, MoH, 2010 (page 50)</td>
<td></td>
</tr>
</tbody>
</table>

Other (if applicable)

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**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)

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**Contraception included in post-abortion care**

Yes

| Related documents: |
| Policies and standards for reproductive health, MoH, 2010 (page 29) |

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**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)

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**Insurance to offset end user costs**

Yes

| Related documents: |
| Report on public funding for health services, National Assembly, 2012 (page 20) |

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**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

Who can provide abortion services

- Nurse
  - No data found
- Midwife/nurse-midwife
  - No data found
- Doctor (specialty not specified)
  - 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.
- Specialist doctor, including OB/GYN
  - 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.

Extra facility/provider requirements for delivery of abortion services

- Referral linkages to a higher-level facility
  - No data found
- Availability of a specialist doctor, including OB/GYN
  - No data found
- Minimum number of beds
  - No data found
- 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.

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

WHO Safe Abortion Guidance

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)
Individual health-care providers who have objected are required to refer the woman to another provider

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.

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.” In addition, Article 141 in Section V (practitioners’ duties towards patients) states: “If the practitioner considers that his conviction does not allow him to advise or perform an abortion, he may withdraw while ensuring the continuity of care by a qualified colleague.” The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

- Decree on the Code of Ethics of Doctors 2014

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

Refusal of care is not permitted in emergency cases.

Related documents:
- Decree on the Code of Ethics of Doctors 2014 (page 5)

Individual health-care providers who have objected are required to refer the woman to another provider

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Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

Refusal of care is not permitted in emergency cases.
Provider type not specified

Individual health-care providers who have objected are required to refer the woman to another provider

Neither Type of Provider Permitted

Individual health-care providers who have objected are required to refer the woman to another provider

Public facilities

Individual health-care providers who have objected are required to refer the woman to another provider

Related documents:
- Decree on the Code of Ethics of Doctors 2014 (page 5)
- WHO Safe Abortion Guidance (page 106)

Additional notes

Refusal of care is not permitted in emergency cases.
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  
320 (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  
104.3 (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

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

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

16.6.2 Proportion of the population satisfied with their last experience of public services

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

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

Total fertility rate

Legal marital age for women, with parental consent

Legal marital age for women, without parental consent

Gender Inequalities Index (Value)

Gender Inequalities Index (Rank)

Mandatory paid maternity leave

Median age

Population, urban (%)

Percentage of secondary school completion rate for girls

Gender parity in secondary education

Percentage of women in non-agricultural employment
<table>
<thead>
<tr>
<th>Category</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>11 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05 (2018)</td>
</tr>
</tbody>
</table>