Country Profile: Burkina Faso

Region: Western Africa

Last Updated: 19 November 2018

Identified policies and legal sources related to abortion:

- ✓ Reproductive Health Act
- ✓ General Medical Health Act
- Constitution
- ✓ Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- ✓ Health Regulation / Clinical Guidelines
- ✓ EML / Registered List
- ✓ Medical Ethics Code
- ✓ Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practicioners
- Law on Health Care Services
- Other

Related Documents

From 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 Medecines 2012

From Medical Ethics Code:

- Code of ethics for physicians, MoH, 1997

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

List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- ✓ Xst
- OP
- 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

Abortion at the woman's request

✖ **No**

Legal Ground and Gestational Limit

Economic or social reasons	No **Related documents:** • Penal Code 2018 (page 196) **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	Yes **Related documents:** • Penal Code 2018 (page 196) • Reproductive Health Law 2005 (page 7) • Policies and standards for reproductive health, MoH, 2010 (page 29) **Gestational limit** **Weeks: No limit specified** • Penal Code 2018 (page 196) **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) 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)
Rape	Yes **Related documents:** • Penal Code 2018 (page 196) • Reproductive Health Law 2005 (page 7) • Policies and standards for reproductive health, MoH, 2010 (page 29) **Gestational limit** **Weeks: 14** • Penal Code 2018 (page 196) **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.
Incest	Yes **Related documents:** - Penal Code 2018 (page 196) - Reproductive Health Law 2005 (page 7) - Policies and standards for reproductive health, MoH, 2010 (page 29) ### Gestational limit **Weeks: 14** - Penal Code 2018 (page 196) ### 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.
Intellectual or cognitive disability of the woman	No **Related documents:** - Penal Code 2018 (page 196)
Mental health	No **Related documents:** - Penal Code 2018 (page 196) ### 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 2018 (page 196) ### 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	Yes **Related documents:** • Penal Code 2018 (page 196) **Gestational limit** **Weeks: No limit specified** • Penal Code 2018 (page 196) **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) **Gestational limit** **Weeks: No limit specified** • Penal Code 2018 (page 196) **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** 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.
Other	

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)

Yes

Related documents:

- Penal Code 2018 (page 196)

Number and cadre of health-care professional authorizations required

1

Doctor (Specialty Not Specified)

In case of pregnancy which endangers the health of the woman or when there is a high probability that the unborn child is suffering from an illness or disability of a particular gravity recognized as incurable at the time of diagnosis. 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.

The Public Health Code refers to up to three approvals: “The need for a therapeutic abortion shall be ascertained by the attending physician and confirmed by two other doctors.”

- Penal Code 2018 (page 196)
- 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

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.

The Public Health Code refers to up to three approvals: “The need for a therapeutic abortion shall be ascertained by the attending physician and confirmed by two other doctors.”

Authorization in specially licensed facilities only

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)

Additional notes

The medical practitioner assigned to care for a minor may appeal to the Prosecutor if the minor is in danger.

Related documents:

- Code of ethics for physicians, MoH, 1997 (page 8)

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

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.

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:

- 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.

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:

- 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.

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:

- 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)

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

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:

- 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.

In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

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

Restrictions on information provided to the public

Yes

Related documents:

- Public Health Code 1994 (page 12)
- Penal Code 2018 (page 196)

List of restrictions

See note

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, intrauterine 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.

- Public Health Code 1994 (page 13)
- Penal Code 2018 (page 196)

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.

Source document: WHO Safe Abortion Guidance (page 107)

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 141 in Section V (practitioners' duties towards patients): "A practitioner who procures, assists, encourages, incites, solicits or attempts to perform an illegal abortion is liable to prosecution without prejudice to disciplinary sanctions." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

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.

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

	Source document: WHO Safe Abortion Guidance (page 103)
Other	

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion	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)
Methods allowed	**Vacuum aspiration** No data found **Dilatation and evacuation** No data found **Combination mifepristone-misoprostol** No data found **Misoprostol only** No data found **Other (where provided)** **WHO Guidance** The following descriptions and recommendations were extracted from WHO guidance on safe abortion. Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 123) Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 123) The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 13) Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation. **Source document**: WHO Safe Abortion Guidance (page 14)
Country recognized approval (mifepristone / mife-misoprostol)	**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)

Additional notes

Although the Essential Medicine List 2012 does not list Mifepristone or Misoprostol there are indications that these drugs may be listed in a later version of the EML or have since been approved by the authorities. No primary sources were provided or located to support answers to these questions, so they have been left blank.

Related documents:

- List of Essential Medicines 2012 (page 1)

Country recognized approval (misoprostol)

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)

Additional notes

Although the Essential Medicine List 2012 does not list Mifepristone or Misoprostol there are indications that these drugs may be listed in a later version of the EML or have since been approved by the authorities. No primary sources were provided or located to support answers to these questions, so they have been left blank.

Related documents:

- List of Essential Medicines 2012 (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)

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)

Where can post abortion care services be provided	**Primary health-care centres** Yes • Policies and standards for reproductive health, MoH, 2010 (page 50) **Secondary (district-level) health-care facilities** Yes • Policies and standards for reproductive health, MoH, 2010 (page 50) **Specialized abortion care public facilities** Not specified • Policies and standards for reproductive health, MoH, 2010 **Private health-care centres or clinics** Yes • Policies and standards for reproductive health, MoH, 2010 (page 50) **NGO health-care centres or clinics** Yes • Policies and standards for reproductive health, MoH, 2010 (page 50) **Other (if applicable)** **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:** • Policies and standards for reproductive health, MoH, 2010 (page 29) **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	Yes **Related documents:** • Report on public funding for health services, National Assembly, 2012 (page 20) **Induced abortion for all women** Not specified • Report on public funding for health services, National Assembly, 2012 **Induced abortion for poor women only** Not specified • Report on public funding for health services, National Assembly, 2012 **Abortion complications** Yes • Report on public funding for health services, National Assembly, 2012 (page 20) **Private health coverage** 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)

Who can provide abortion services

No data found

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.

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)

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.

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

Related documents:

- Code of ethics for physicians, MoH, 1997 (page 8)

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

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." 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.

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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 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.

Private sector providers

No

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Provider type not specified

Yes

Related documents:

- Code of ethics for physicians, MoH, 1997 (page 8)

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Neither Type of Provider Permitted

No

Related documents:

- Code of ethics for physicians, MoH, 1997 (page 8)

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

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." In addition, Article 141 in Section V (practitioners' duties towards patients)

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Public facilities

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:

- Code of ethics for physicians, MoH, 1997

WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Private facilities

Not specified

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Related documents:

- Code of ethics for physicians, MoH, 1997

WHO Guidance

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The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)

Facility type not specified

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:

- Code of ethics for physicians, MoH, 1997

WHO Guidance

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Indicators

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

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	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	**371** (2015)
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 1829 years who experienced sexual violence by age 18	No data
16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms	No data
16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data
16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

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

17.8.1 Proportion of individuals using the Internet	No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	**29.1** (2017)
Percentage of births attended by trained health professional	**79.8** (2010)
Percentage of women aged 20-24 who gave birth before age 18	**28** (2009-2013)
Total fertility rate	**5.353** (2016)

Legal marital age for women, with parental consent	**17** (2009-2017)
Legal marital age for women, without parental consent	**20** (2009-2017)
Gender Inequalities Index (Value)	**0.61** (2017)
Gender Inequalities Index (Rank)	**145** (2017)
Mandatory paid maternity leave	**yes** (2016)
Median age	**17** (2015)
Population, urban (%)	**28.7** (2017)
Percentage of secondary school completion rate for girls	**0.28** (2013)
Gender parity in secondary education	**0.951** (2016)
Percentage of women in non-agricultural employment	**26.5** (2007)
Proportion of seats in parliament held by women	**11** (2017)
Sex ratio at birth (male to female births)	**1.05** (2017)