Country report: Ivory Coast

NEEDS ASSESSMENT ON SAFE ABORTION ADVOCACY

FOR THE SOCIETY OF GYNAECOLOGY AND OBSTETRICS OF IVORY COAST (SOGOCI)

COMMISSIONED BY THE INTERNATIONAL FEDERATION OF GYNAECOLOGY AND OBSTETRICS (FIGO)
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Abbreviations

AIBEF	*Association ivoirienne pour le bien-être familial* (Ivorian Association for Family Welfare)
ASAPSU	*Association de soutien à l'autopromotion sanitaire et urbaine* (Sanitary and urban self promotion support association)
ASFI	*Association des sages-femmes ivoiriennes* (Ivorian midwives association)
CCPR	Center for Civil and Political Rights
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
ECOWAS	Economic Community of West African States
CI	Côte d'Ivoire Ivory Coast
EDS	*Enquête Démographique et de Santé* (Demographic Health Survey)
FIGO	International Federation of Gynaecology and Obstetrics
FP	Family Planning
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ISF	*Indice Synthétique de Fécondité* (Synthetic Fertility Index)
MVA	Manual Vacuum Aspiration
MICS	Multiple Indicator Cluster Survey
NGO	Non Governmental Organization
ONMCI	*Ordre National des Médecins de Côte D´Ivoire* (National Order of Physicians of Ivory Coast)
PNDS	*Plan National de Développement Sanitaire* (National Health Development Plan)
RGPH	*Recensement général de la population et de l'habitat* (General Census of Population and Housing)
SNUB	*Soins Obstétricaux et Néonataux d'Urgence de Base* (Basic Obstetric and Neonatal Emergency Care)
SOGOCI	*Société de Gynécologie et Obstétrique de Côte d´Ivoire* (Society of Gynaecology and Obstetrics of Ivory Coast)
SYNACASS-CI	*Syndicat National des Cadres Supérieurs de la Santé de Côte d´Ivoire* (National Union of Senior Managers of Health of Ivory Coast)
UNFPA	United Nations Population Fund

Executive Summary

This Needs Assessment led by the International Federation of Gynaecology and Obstetrics (FIGO) aims atstrengthening the capacity of the National Society of Gynaecology and Obstetrics of Ivory Coast (SOGOCI) in advocacy for safe abortion. It is part of a largerneeds assessment of National Societies of Gynaecologyand Obstetrics in 10 countries, beingKenya, Benin, Cameroon, Ivory Coast, Mali, Mozambique, Panama, Peru, Uganda and Zambia.

Like in the other countries, this needs assessment was based on a literature review, an online survey targeting SOGOCI members, interviews, and a workshop with key national advocacy actors for safe abortion.

The assessment confirms that access to safe abortion is limited in Ivory Coast, even in the circumstances permitted by law, and particularly for women with less financial resources. These results also show the absence of uniform and standardized procedures at the national level and a strong generalized stigma around abortion despite the scale of the phenomenon. In this context, advocacy for safe abortion in Ivory Coastshould face many challenges, including socio-cultural and religious norms.

Identified as the first scholarly society in issues related to reproductive health including safe abortion, SOGOCI is invited to play a leading role in the advocacy process for the adoption of new legal provisions aimed at easing the legal framework on safeabortion in Ivory Coast.

To achieve this, the evaluation identified several areas on which FIGO and SOGOCI could intervene. This includes the following:

- Ensure enlargement of the existing legal framework on safe abortion and develop a national guide for implementing legal provisions aimed at standardizing care supply procedures at national level
- Promote the transformation of safe abortion attitudes at all levels, especially among health professionals, including obstetricians, gynaecologists, general practitioners and midwives
- Expand the support network for access to secure abortion through an inclusive platform with the participation of new sectors such as academic, legal and social sectors.
- Ensure systematic generation of abortion data and their use in communication materials to support advocacy efforts on safe abortion.
- Strengthen SOGOCI's organizational and advocacy capacities and particularly its leadership and communication skills

1. Introduction

This country report is the result of a need assessment conducted by KIT Royal Tropical Institute with the National Society of Gynaecology and Obstetrics of Ivory Coast (SOGOCI) regarding Safe Abortion Advocacy. Ivory Coast is one of the ten countries participating in a broader Needs Assessment for an upcoming multi-country Federation of Gynaecologists and Obstetricians (FIGO)-led project that aims to increase the capacity of national obstetrics and gynaecology societies to become national leaders in safe abortion advocacy work.

Needs Assessment Purpose

This Needs Assessment is the first phase of an upcoming safe abortion project and should provide a better and more in depth understanding of the capacities and needs of SOGOCI, to then identify the main needs in relation to safe abortion advocacy that the following multi country project could address. Also, it should provide more clarity on how FIGO can strengthen more effectively the capacities of national societies, in this case SOGOCI. This includes the provision of recommendations on the content of the capacity building program by developing country action plans with budget, as well as a comprehensive program proposal for the whole ten countries.

Needs Assessment Objectives

The specific objectives are that by the end of the needs assessment in ten countries, FIGO should have:

1. Insights on the situation of abortion in each country
2. Understanding of the capacity and needs of each National Obstetrics and Gynaecology Society on abortion advocacy
3. Plans of Action for each National Obstetrics and Gynaecology Society developed through a collaborative process
4. Recommendations on FIGOs role to strengthen the capacity of the ten National Societies as abortion advocates, translated into a comprehensive proposal

2. Methodology

The needs assessment is formative in nature with a highly participatory approach. Constant communication was established with SOGOCI to createmutual understanding and joint objectives of the evaluation. Throughout the process, contributions were shared as mutual feedback, reinforcing joint collaborative work.

The methods used to achieve the objectives of the needs assessment were as follows:

Desk study review

The review of the literature was done in March 2018 through a desk review tool. Reports from key national and international actors on reproductive health such as the United Nations Population Fund (UNFPA) and the Ministry of Health were consulted. A search for scientific articles in scientific journals was also conducted and the grey literature was consulted to complete the different areas of the needs assessment framework.

Online survey

An online self-administered survey was sent to 125 members of SOGOCI. The survey was sent from the Survey Monkey platform via a personalized e-mail invitation that each member received. The answers'anonymitywas guaranteed. The invitation was sent with a message on behalf of the President of SOGOCI and it was expected that the general mail of the Company would appear as the sender. Five reminders were sent to contacts who did not respond. 49 personalized invitations bounced and a web link was shared directly by email with a reminder.

The survey remained opened for about two months, from March 29 to May 20. It had a total of 24 respondents, corresponding to a response rate of 19%. The estimated completion rate was 58%.

Interviews

A total of 11 interviews were conducted April 24, 25 and 27 in Abidjan. Interviews were conducted with representatives and members from SOGOCI, the National Program of Mother-Child Health (NESP) of the Ministry of Health, the Health and Urban Self-Promotion Support Association (ASAPSU), the Ivorian Association for Family Welfare (AIBEF), Youth Ambassadors of Family Planning, Pathfinder and the Association of Ivorian Midwives (ASFI). These interviews were conducted in the organizations' offices and hospitals and lasted approximately 45 minutes. All interviews were recorded with the consent of the interviewees and notes were taken. The notes were subsequently supplemented with the audio recordings before being analyzed based on thematic areas also used to present the results in the report.

Stakeholders workshop

In collaboration with SOGOCI, a two-day workshop with key stakeholders was organized at the Rose Blanche Hotel in Abidjan on April 26 and 27, 2018. The objective of the workshop was to identify the needs and priorities for advocacy on safe abortion in Ivory Coast and generate ideas and recommendations for SOGOCI's action plan for the FIGO project that will be developed in the ten countries who participated in the needs assessment.

The specific objectives of the workshop were:

- Discuss and identify opportunities and barriers for advocacy on safe abortion in Ivory Coast based on the presentation of desk and literature reviews and the experience of participants.

- Explore the personal and professional values related to abortion and identify activities to improve access to safe abortion based on professional ethics
- Explore the impact of legal and policy frameworks on abortion
- Discuss the concept of advocacy and identify the challenges and barriers to advocacy on safe abortion in Ivory Coast
- Identify SOGOCI's strengths and weaknesses in advocacy on safe abortion
- Provide action ideas for an advocacy project on safe abortion

The workshop brought together 24 people including representatives of the Ministry of Health and SOGOCI, and gynecologists members of the Society in Abidjan and other regions. SOGOCI played also the role of facilitators with a presentation on the progress made on safe abortion in recent years (see Annex 2).

Challenges and constraints

The main methodological limitation is the low response rate of the online survey (19%) despite multiple reminders to answer. In addition, the directory of SOGOCI members did not include e-mail for all and several addresses were incorrect. As a result, all members of the Society did not receive the survey, and it's difficult to estimate the exact number.

Another limitation is the low variety of workshop participants from key players. Although the positions of the participants with regard to abortion were diverse, most of them were members of SOGOCI, medical professionals from different hospitals, with the exception of a representative of the Ministry of Health. For the interviews, it was possible to include different actors and positions related to abortion. The limitations of the interviews were therefore minimal, and essentially related to time constraints of health professionals which made some interviews quite short.

3. Findings

3.1 Literature review

The main findings of the literature review are presented in the following sub-sections: Demography and Reproductive Health,

3.1.1 Demography and reprocutive health

According to the 2014 general census of population and housing (RGPH), the resident population of Ivory Coast was 22,671,331 inhabitants with a density of 70.3 inhabitants / km2. It is composed of 11,708,244 men or 51.7% and 10 963 087 women or 48.3%. The population living in urban areas is 11,370,347 or 50.2% against 11,300,984 in rural areas or 49.8% 2. A little more than three out of four people, 77.3%, are under 35, which demonstrate the youngness of the Ivorian population. From 1998 to 2014, the average annual growth rate of the population was estimated at 2.6% with a life experience of about 53.3 years, of which 52.3 years for men and 54.4 years for women (RGPH, 2014).

This annual increase is supported by a synthetic fertility index (FSI) which remains high in the entire population despite the steady decline recorded. According to the Fifth Multiple Indicator Survey (MICS), from 5.4 children per woman in 1998, the ISF increased to 5 in 2012; then to 4.6 in 2016. The peaks are observed in the Northwest regions (6.7), West (6.2), Central West (5.8), North (5.7) and Northeast (5.5). Rural women have an average of 6 children compared to 3.4 for urban ones. The number of children varies according to the level of education of the mother. Women with no education have about twice as many children (ISF: 5.5) as those with secondary education and above (ISF: 2.9) (Ministry of Planning and Development, 2016).

At the same time, contraceptive prevalence among married women aged 15-49 using (or whose partner uses) a modern or traditional contraceptive method is low (15.5%) and about one in three women (30.5%) still have unsatisfied contraception needs. This demand is higher among young people aged 20 to 24 (35%) and those in the 30 to 34 age group (33.9%). The rate of unwanted pregnancies remains high. At the national level, one in four pregnancies (26.4%) is unplanned (Kpebo et al., 2017) and 52% of births among never-married women are unplanned (Sedgh et al., 2016).). In 2012, 30% of girls aged 15 to 19 had already entered in their fertile lives, of which 23% were already mothers (EDS-MICS, 2013). This situation could be subtracted byearly marriage. One in three women aged 20 to 49 (32.1%) was married before the age of 18 and 18.4% of women aged 15 to 19 are currently married or in a union. All this reinforces the contribution of this last age group to the birth rate estimated at 124 per thousand live births (EDS-MICS, 2013)

With regard to the health of the mother, there is an improvement in the use of health services. According to MICS V (2016), the proportion of mothers who gave birth with the assistance of a qualified staff increased from 59.4% in 2012 to 73.6% in 2016; the same year 3.3% of mothers had delivered by cesarean section per their last delivery. However, the maternal mortality rate remains high in the country and is estimated at 614 deaths per 100,000 live births (Annex 1 presents a summary table of Demographic, Socio-economic and Reproductive Health Information).

3.1.2 Legal and policy context

According to Article 366 of the Ivorian Penal Code of 1981, abortion is only allowed for the sake of safeguarding the life of the seriously endangered mother.

This provision seems to be the stricto-sensu reaffirmation of the commitment of the Ivorian people as stated in the Ivorian Constitution of 2016 in its article 2 *"The human person is sacred"* and Article 3

"No one has the right to take away the life from others".

For any practice contrary to this provision, article 366 of the Penal Code of Ivory Coast provides for penalties for women, service providers as well as anyone who assists in the practice of abortion. According to observations by the Committee for the Elimination of Discrimination against Women (CEDAW) in 2011, the rigidity of the provisions on abortion is one of the causes that lead women to the practice of clandestine and unsecured abortion (CEDAW, 50th Session, November 2011).

Article 367 Penal Code

"There is no offense when termination of pregnancy is necessitated by safeguarding the seriously endangered life of the mother. In this case, the attending physician or the surgeon must take the advice of two medical consultants, who, after examination and discussion, will attest that the mother's life can only be saved by means of such a surgical intervention or therapeutic.
If the number of resident doctors at the place of the intervention is two, the attending physician is only required to take the opinion of his colleague.
If the attending physician is the only resident of the place of intervention, he testifies on his honor that the life of the mother could only be saved by the surgical or therapeutic intervention used. In all cases, one copy of the consultation is given to the mother; the other is kept by the attending doctor (s)[1]."

Article 366 Penal Code

"Whoever by food, drink, medicine, labor, violence or any other means procures or attempts to procure the abortion of a pregnant woman, whether or not she has consented thereto, shall be punished with imprisonment of one to five years and a fine of 150,000 to 1,500,000 francs.
The imprisonment is five to ten years and the fine of 1,000,000 to 10,000,000 francs if it is established that the culprit habitually engages in the acts referred to in the preceding paragraph.
Is punished by imprisonment from six months to two years and a fine of 30,000 to 300,000 francs, the woman who procures the abortion to herself or tries to obtain it, or who agrees to make use of the means to her indicated or administered for this purpose.
Persons belonging to the medical profession or to a profession affecting public health, who indicate, promote or implement themselves the means of procuring abortion shall be sentenced to the penalties provided for in the present article in accordance with the distinctions referred to in paragraphs 1 and 2 ...[1]."

In addition, in 2014, the government adopted the National Budgeted Action Plan for Family Planning for the period 2015-2020, followed by the National Health Development Plan (PNDS 2016-2020). Also, several multiple health indicator surveys have been completed (EDSCI 2012, MICS 2016). However, in view of its nature, the practice of safe and unsafe abortion is less taken into account in these national reference documents even though the practice of abortion is experiencing a remarkable growth.
For a number of years, Ivory Coast has been working on a reproductive health law that would take into account more flexible abortion provisions as recommended by the United Nations Center for Civil and Political Rights. (CCPR, April 2015).

3.1.3 Practice of abortion

Although 98.7% of all women disapprove abortion (Doumbia, 2016), the practice remains in a significant proportion in Ivory Coast. In 2012, the prevalence of induced abortion was estimated at42.5%, with 40% in rural areas and 45% in urban areas (Bi Vroh, 2012). About one in two women (48.1%) who have had abortions, at least once, have a secondary level or higher (Bi Vroh, 2012). The profile of women who have had abortions is dominated by those under 25 years of age (65.3%), out of school (36.8%), and single (58.9%), according to Doumbia M. (2016). Women surveyed between the ages of 15 and 49 (61.76%) had decided by themselves to abort during their first unwanted pregnancy. About one in four women (23.53%) decided to perform abortion under pressure of the partner, husband or the perpetrator.

Whatever the motivation, induced abortions usually take place at home (50.1%) or at a health facility (47.9%). Home abortions are performed by traditional aborters or by women themselves (49.4%), while in health facilities it is doctors (32.5%) and nurses and midwives in 14.6% of cases (Bi Vroh, 2012).

For the most commonly used methods, plants and decoctions rank first (50.1%) followed by dilation/curetage (38.5%) and injections (12.8%). In the end, the proportion of women who have had abortion complications at home is higher than women who have had abortions in a health facility (Bi Vroh, 2012).

3.1.4 Determinants of abortion

Several factors may justify the practice of abortion among women in Ivory Coast. According to Doumbia M. (2016), poverty is the leading cause of abortion reported by women. 79.41% of them mentioned the lack of financial resources to cope with the occurrence of a child.
The second reason is related to fear and stigmatization (47.05%). The announcement of an unwanted pregnancy associated with the gaze of others influence women's use of abortion. Besides these two main reasons, for other women, abortion was justified by the fact that at the time of the contraction of this pregnancy, they were not "ready" to assume motherhood responsibilities (29.41%). This denial of empowerment of these women suggests that they want to postpone their maternity. In addition, 17.84% mentioned that they were still nannies at the time of the contraction of the pregnancy. "I had a baby under my arm" as they say. All these reasons would justify the family and social pressure suffered by 27.7% of women having abortions (Doumbia, 2016).

According to cases shared in the media, the experience of abortion seems to be painful for some women. Ida, 27, who had a voluntary abortion at age 22, testifies her painful history of abortion. "My boyfriend did not want the child. When I announced the pregnancy to my mother, she said to me: "I hope you're kidding, your father will kill you. « Panicized, the girl lied, telling to her mother that she was deceived. A few days later, her friend took her to a doctor for abortion. « While I was under anesthesia, he abused me before proceeding to extract the fetus», she says. Ida never recovered from this episode of her life ("Catholic Women vs. Abortion," 2017).

3.1.5 Abortion care provison environment

In Ivory Coast, according to article 367 of the Ivorian Penal Code, authorized abortions if necessary to safeguard the mother's life, are performed by a doctor (without specifying a specialty) or a surgeon.

For complications related to unsafe abortions, the health services offer Basic Obstetric and Neonatal Emergency Care (SNUB) including the extraction of retention products (intra-uterine manual aspiration). At the time of admission to a health facility, 15.48% of women had a complication. During the hospital stay, patients usually receive post-abortion emergency care (71.68%), contraceptive care (81.25%) and HIV testing (90.26%) (Marc DJ, 2017).
However, UNFPA reported that in 2013 more than half of the health facilities (62%) had not carried out residual product extraction. In addition, only 4% of health facilities filled a registry for abortion cases (UNFPA 2013). At the same time, UNFPA estimated at 17% the proportion of service providers trained to carry out residual product extraction but who didn't have any information on this service provided.

3.1.6 Consequence of abortion practice

Complications of abortion, estimated at 55.2% in 2012, accounted for about 15% of maternal deaths in Ivory Coast (EDSMICS, 2012). These complications were dominated by chronic pelvic pain (68.2%), perforations (58%), infections (17.6%) and hemorrhages (16%) (Bi Vroh, 2012).

3.1.7 Health financing

According to the National Health Development Plan (PNDS 2016-2020), total health expenditure was estimated at 6.19% in 2014. This still remains below the 15% of the national budget recommended by the Summit of Heads of State of ECOWAS held in Abuja in 2001.

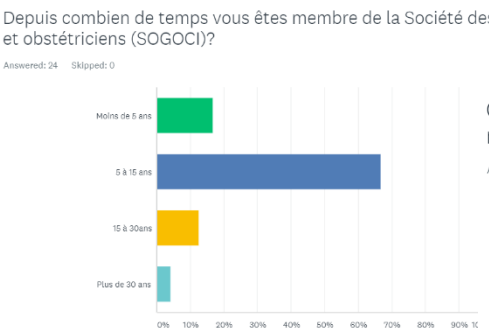
The proportion of private expenditure in total expenditure on health is estimated at 70.64% as against 7.35% for public expenditure in 2014. Specifically, households are the main contributors to health financing with a proportion of 51.08% followed by public administration (24.48%) and Enterprises (14.44%) (Report of the 2013 Health Accounts, National Health Development Plan 2016-2020).

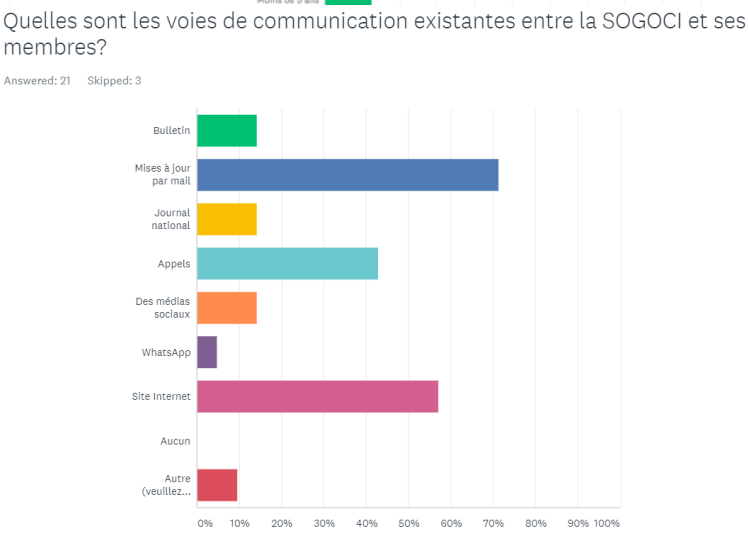
3.2 Online survey

The response rate of the survey is low; therefore the results are not representative of all SOGOCI members. However, these results provide valuable information on the organizational strengths and weaknesses of SOGOCI and its positionrelated to abortion. Annex 6 includes answers to all questions in the survey

3.2.1 Members of SOGOCI

The results indicate that most of the respondents are gynaecologists, obstetricians for 5 to 15 years and members of SOGOCI for the same period. This shows that SOGOCI has many young specialists. In addition, 71% reported being members of other professional bodies outside FIGO. The most cited organizations are the National Union of Senior Health Professionals of Ivory Coast (SYNACASS-CI), the National Order of Doctors of Ivory Coast (ONMCI) and the Association for the Promotion of the IvorianMidwifes (APSFI).





3.2.2 Participation and communication with SOGOCI

Most respondents reported some level of participation in SOGOCI (17% very involved, 13% involved, 43% moderately involved and 17% slightly involved). The activities in which members seem to be more involved are training (61%), conferences (52%) and thematic meetings (49%). The results show that SOGOCI uses several channels of communication with members, but the most common are: update by email (71%), website (57%) and calls (43%). Almost half of the respondents (43%) said the communication is acceptable but can be strengthened, and 29% of respondents said the communication is bad and needs to be improved.

3.2.3 Position of SOGOCIon abortion

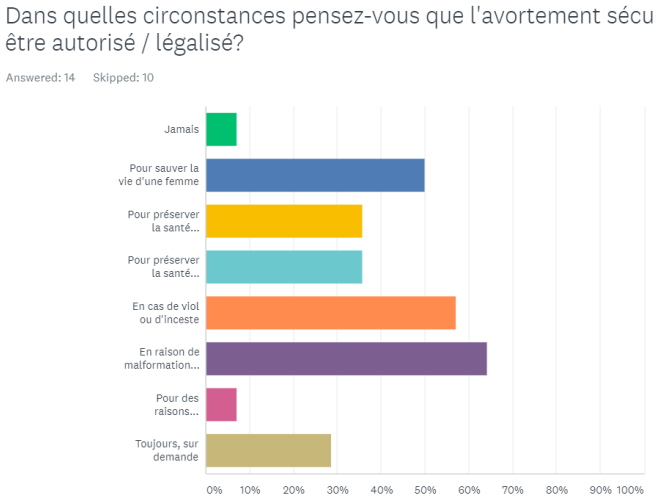
Most respondents (60%) said they did not know if SOGOCI has a clear position on safe abortion. This explains why most did not answer questions about "what is SOGOCI's position on abortion and to what extent do they agree? ".

3.2.4 Information on respondents' position on abortion

The answer as to whether SOGOCI informs its members about new evidence on abortion laws, policies and practices was different; 40% answered no and 10% yes. The remaining 50% said they did not know. However, almost all (94%) said they would like to receive more information on issues related to safe abortion. The specifications of the identified topics show several interests: legislation on abortion in

Ivory Coast, methods and means, pre- and post-abortion treatment, bioethical considerations and key concepts.

The results on the circumstances under which abortion should be authorized and legalized show that the most mentioned are: to save the life of a woman (50%), due to fetal malformation (64%) and in case of rape or incest (57%). The first circumstance is already legal and the other two are proposed to be legalized in the new Reproductive Health Law. In addition, 36% said safe abortion should be allowed to preserve the physical and mental health of women, and 29% said always on request.



Regarding the role of health workers as providers of abortion services, respondents agreed with the following statements (in decreasing order):

- Safe abortions should only be performed in private clinics and not in the public health system
- Specialized health workers (gynaecologists and obstetricians) should be required to perform safe abortions where permitted by law
- Safe abortion is part of health care and should not be separated from the rest of medicine
- Health workers have a role to play as advocates for safe abortion

And disagree with (in ascending order):

- Health workers who oppose safe abortions should be required to refer women to other health workers who will practice safe abortion
- Health workers should have the right to decide whether or not to perform safe abortions based on their personal values and position on abortion; and health workers should report to the respective authorities, cases showing signs of illegal abortions
- Post-abortion care is part of health care and should not be separated from the rest of medicine; and Health workers should be required to provide post-abortion care to all women, regardless of whether the abortion was legal or not.

Finally, most said they would support SOGOCI in advocating for safe abortion: 57% yes, absolutely, 14% most likely. Also 14% said probably not and 14% definitely not.

3.3 Interviews

For this survey, 11 people representing 7 actors were interviewed (see Table 1).

Table1: List of actors met

#	Structure / Organization	Number of respondents
01	National Mother-Child Health Program (NESP) -Ministry of Health	01
02	Society of Gynaecologyand Obstetrics of Ivory Coast(SOGOCI)	05
03	Sanitary and Urban Self-Promotion Support Association (ASAPSU)	01
04	Ivorian Association for Family Welfare (AIBEF)	01
05	Young Ambassador for FP	01
06	Pathfinder	01
07	Association of Ivorian Midwives (ASFI)	01

Data collected from these interviews were analyzed according to the following 5 axes:

- Current situation of abortion: as perceived by the actors met
- Societies' position on abortion
- Opportunity to strengthen abortion initiatives
- Obstacle/barrier to advocacy on safe abortion
- SOGOCI's collaboration with other organizations

Summariesare as follows:

3.3.1 Current situation of abortion: as perceived by actors met

All structures and persons met are informed of the conditions under which safe abortion is allowed, namely the safeguard of the mother's life; a provision that seems difficult to implement and a concept slightly known by practitioners. Although the majority report managing post-abortion complications, the practice of abortion in accordance with the provisions of the law seems rare:

'' Safe abortion, if I understand well, it is the abortion that is done at the medical level. In case we have to perform an abortion, we must not do it ourselves, two other doctors, check that it is allowed. But me particularly I never saw it being made and I never did it. We have never had cases where the life of the mother is in danger. I have never seen that ... '' (Excerpt from the interview of a Gynecologist).

With an increasing demand from women and the rigidity of legal provisions, abortions are carried out clandestinely in public or private health facilities, among traditional practitioners and at home. The practice causes many situations requiring post-abortion care that are transferred to hospitals.

The majority of respondents argue that clandestine abortions contribute significantly to maternal deaths in Ivory Coast.

Although SOGOCI does not yet have a common position on abortion, some members believe that the Society, in collaboration with the Mother-Child Health Program, could develop animplementing protocol for secure abortion provisions to facilitate their application.

3.3.2 Societies' position on abortion

Asked about the Society's position with regard to safe abortion practices, the representatives and members interviewed stated that this had never been discussed. At the same time, they positioned themselves in favor of the widening of the Ivorian legal framework on abortion.

However, the Ministry of Health developed in 2011; the standards and protocol of reproductive health focused on post-abortion care but his interventions remain linked to the legal provisions in force in this area. The Ministry has also included misoprostol on the list of essential medicines in the sense of using it for delivery and in the context of evacuation of abortion remains.

As for national and international civil society organizations, they align with the national guidelines from the Ministry of Health.

'' ... (the structure) works in the direction of national health policy. Right now, we're just talking about supporting post-abortion care ... "(From an NGO's interview).

Such a context certainly does not leave free choice for civil society organizations to undertake major actions in advocacy for safe abortion. However, programs are being developed under the banner of promoting family planning and managing post-abortion complications.

At the individual level, some health service providers are not yet acquired to the practice of abortion even within a legal and secure context. Their personal positions, generally not officially affirmed, are influenced by religion or culture as stated by a gynaecologist interviewed:

"I am ok with the law. I am against abortion, it is a life that has settled, we can give the child for adoption."(Excerpt from the interview of a Gynecologist).

3.3.3 Opportunity to strengthen abortion initiatives

New perspectives for strengthening abortion advocacy are being offered to actors through the development of a new reproductive health law. The draft law allows for abortion in case of incest, rape and fetus malformation.

To support this process, civil society organizations (Médecins du Monde-MdM, l'Association Ivoirienne pour le Bien- Être Familial-AIBEF, Pathfinder, ASAPSU, ASFI, etc.) have set up a working group to pool their efforts.

However, the actors interviewed believe that, during advocacy, it would be more acceptable to talk about safe abortion than legalized abortion, given the religious, political and cultural contexts of Ivory Coast.

3.3.4 Obstacle/barrier toadvocacy on safe abortion

Almostall of the actors interviewed attest that the first barriers to advocacy on safe abortion are religion and cultural norms. Ivorian populations are deeply rooted in religion as well as in mores and cultural values. As a result, abortion is perceived as a crime, as stated by the following respondent:

"The respect for life is included in the practice of the people so that we must respect the life of a human being. Some religious persons make sensitization on abortion as a crime." (Excerpt from the interview of a Gynaecologist).

The influence of religious leaders (especially Christians and Muslims), traditional leaders and community leaders is a determining factor for advocacy on safe abortion.
To this community position, is accommodating the doubtful position of the political authorities, particularly the government and the National Assembly. In all cases, abortion remains a sensitive topic; subject of much debate in Ivory Coast.

''Society, politics and religious leaders could oppose the advocacy process because sex is still a taboo subject. Reactions raised by the adoption of the law on marriage confirm that it will be necessary to manage this advocacy process tactfully '' (Excerpt from the interview of an OING).

Overall, at the time of the survey, there is no clear advocacy plan defined by the organizations interviewed for fear of being indexed by the government.

3.3.4 SOGOCI's Collaboration with other organizations

SOGOCI is recognized as the scholarly society at the national level for reproductive health including abortion. In this respect, its role remains crucial in the advocacy process to improve the provisions on secure abortion.

However, in the absence of a formal framework, most of the organizations met, collaborate with SOGOCI for the exchange of ideas. Respondents believe that the Society's actions are limited to scientific symposia organized periodically.

In order to play its role as a leader Society in safe abortion thematics, speakers recommended that SOGOCI *"disseminates scientific research results among populations, parliamentarian actors and explains the need to authorize safe abortions".* SOGOCI must use evidence-based arguments and improve the visibility of its actions to make her more known by stakeholders at the national level.

3.4 Workshop with key players

The main results of discussions and activities of the workshop are presented in this section.

3.4.1 Professional attitudes and responsibilities towards abortion

The case study discussions showed a general position in favor of expanding the legal framework on abortion, as all as groups mentioned legalization as one of the solutions to unsafe abortions. However, in debates on professional responsibilities, many were against the obligation of health workers to perform abortions, even though this is within the legal framework. Consciousness objection and respect for the values of professionals opposed to abortion, even in circumstances where abortion is legal or urgent, were defended by many of the participants.

3.4.2 Advocacy

On the basis of the definition adopted for "advocacy" during the workshop, all participants agreed with the safe abortion advocacy approach. The main roles and levels mentioned for SOGOCI to advocate for safe abortion are:

a) Roles

Participants identified the role of educator as the current priority role of SOGOCI, based on its skills in production and dissemination of technical knowledge on the practice of safe abortion. However, opportunities have been identified to expand its role to testimonial activities, particularly with regard to the use of the first-hand experience of health workers in the media, articles and outreach activities especially if there is a strengthening of communication capacities. The role of persuasion has been much less mentioned, due to the limited advocacy experience of SOGOCI and its members.

b) Levels

Discussions on the levels at which advocacy can be done, show a focus on the level of professional practice including professionals from other medical specialties, general practitioners and midwives. In particular, it was mentioned that the current debate on the draft reproductive health law represents an opportunity and a need to focus advocacy efforts on policy makers and media levels.

3.4.3 Mapping of actors

During the workshop, a plenary exercise was conducted[1] to map the partner organizations and groups, potential partners and opposing partners. The mapping was made insisting that partnerships are dynamic. Thus, the actors who are partners can cease to be, and the organizations identified as potential partners can become allies. The detailed mapping of the actors is presented in the table in Appendix 3.

3.4.4 Forcestrengths, Weaknesses, Opportunities and Threats (SWOT)

The main results of the SWOT are shown in Appendix 4.

3.4.5 Action plan

Based on the discussions and results of the various sessions of the workshop, it was agreed that the action plan could focus on five main areas: (i) Improving the legal and policy frameworks on abortion, ii) Transform attitudes towards abortion at all levels, iii) Improve partnerships and networking, iv)

[1]While the activity was conceived as a group exercise, at the request of the participants the methodology was modified and carried out in plenary.

Ensure a process of production and use of knowledge on abortion for action, v) improve SOGOCI's capacities.

1. Improve legal dimensions
   - Create a Review Committee of the draft reproductive health law to discuss and agree on SOGOCI's position on the circumstances included in the project to legalize abortion
   - Disseminate the position of SOGOCI on the draft reproductive health law , specifically on the legalization of abortion for the cases of malformation, rape and incest between health workers
   - Develop technical recommendations to support the reproductive health law taking into account SOGOCI's position
   - Develop implementation guides for safe abortion once the reproductive health law has been adopted. If the law is not adopted, develop the guide for abortion in case of threat to the mother's life.
   - Train health workers on the guidelines for implementing safe abortion
   - Develop a position of society on consciousness objection and spread it
   - Promote a better registration system of legal secured abortions and cases of incomplete abortion management

2. Transform social norms at all levels
   - Organize discussion forums with health workers on the balance between work responsibilities and personal values
   - Train gynaecologists, obstetricians and midwives on the MVA technique and the model of comprehensive abortion care
   - Clarify key concepts on abortion among health workers (secure, unsecured, medical) and include them in pre and postgraduate education
   - Raise population's awarness of the dangers of clandestine and unsafe abortions
   - Disseminate among population and women the legality of managingpost-abortion complications and abortion when the mother's life is in danger.
   - Position safe abortion in the public agenda

3. Improve partnerships and networking
   - Create links with legal actors to deepen the discussions on the implications of the ivorian penal code and the proposed law on reproductive health
   - Strengthen cooperation and coordination with Learned Societies of other medical specialties
   - Identify media and journalists more committed for secure abortion through which messages can be transmitted
   - Create a platform of advocates for safe abortion and coordinate with the family planning coalition led by AIBEF
   - Develop partnerships with civil society organizations to promote safe abortion awareness activities at community level

4. Ensure a process of production and use of evidence for action
   - Revive the international magazine of Gynaecology and obstetrics of Ivory Coast and ensure its regular publication

- Facilitate the publication of theses and dissertations on abortion by students of the faculty of medicine
- Encourage SOGOCI members to publish new articles on their professional experiences in safe abortion
- Develop communication materials on technical knowledge on abortion, health professionals experience and disseminate them in the general population
- Produce a mapping of MVA equipment availability and the human capacity to use it in all hospitals
- Address the lack of data on the prevalence of abortions in the whole country

5. Strenghen SOGOCI's capacity for safe abortion

- Increase the percentage of specialist gynaecologists / as SPOG affiliates
- Strengthen the links and participation of SOGOCI's subsidiaries in all activities
- Organize information sessions to strengthen members' leadership and advocacy skills
- Develop a business case for SOGOCI to improve its financial autonomy

Annex 5 refers to a preliminary action plan developed from the workshop participants' contributions on potential specific objectives and activities for the next 3 years and is shared as an attached excel document. This plan will be developed in close collaboration with SPOG and FIGO.

4. Conclusions

The results of the literature review, the survey, the interviews and the workshop with key stakeholders confirm that access to safe abortion is limited in Ivory Coast, even in the circumstances allowed by law, and especially for women with less financial resources. These results also show a lack of standardized and nationalized procedures at the national level and a strong general stigma around abortion. As a result, clandestine abortion more prevailing, is often insecure and leads to risks to women's health. This contributes to the lack of visibility of the prevalence of abortion by the lack of data and evidence.

In this context, it is necessary, appropriate and relevant to work on improving and facilitating women's access to safe abortion. While there are opportunities for SOGOCI to advocate for safe abortion, there are also many challenges. The study highlights the following opportunities and challenges:

Challenges:

- Generalized stigma around abortion. This stigma leads to a lack of knowledge among the general population about the legality of therapeutic abortion, fears and reluctance among health workers towards legal abortion, public hush on abortion among leaders and double moral presure influenced by the importance of cultural and religious values.

- Different views amongSOGOCI membersmay hinder society's public positioning on safe abortion and limit advocacy efforts to expandthe legal framework.

Opportunities:

- The current debate on the reproductive health lawis a unique opportunity to expand the legal framework on abortion. The three proposed circumstances (fetal malformation, rape and incest) have been the subject of previous discussions with multiple and diverse actors, including religious groups. In addition, the initiative is led by the Ministry of Health which gives it more power to pass the law to the National Assembly. If the proposal is forwarded to the Assembly within approximately one month, as estimated, it will be a unique and essential time to advocate for its approval.

- The commitment to safe abortion of SOGOCI representatives, representatives of the Ministry of Health's Mother and Child Health Program, and the close relationship between the two, facilitates the opportunities to expand and improve access to safe abortion.

5. Recommendations

To strengthen SOGOCI as a leading advocacy actor for safe abortion, taking into account the context of abortion in Ivory Coastas well as the organizational strengths and weaknesses of SOGOCI, the following general recommendations have been made:

- Ensure the extension of the existing legal framework on safe abortion and develop a national guide forthe implementationof legal provisions in order to standardize care supply procedures at the national level
- Promote the transformation of attitudes towards safe abortion at all levels, especially among health professionals, including obstetricians, gynaecologists, general practitioners and midwives
- Expand secure abortion support network for access through an inclusive platform with the participation of new sectors such as academic, legal and social sectors.
- Ensure the generation of abortion data and their translation into communication materials to support advocacy efforts on safe abortion
- Strengthen SOGOCI both at organizational level and in terms of their advocacy capacity, especially the development of leadership and communication skills.

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Annexes

Annex 1: Additional information to the literature review

Table 1: Demographic, Socio-economic and reproductive health information

Demographic and socio-economic information	Reproductive health information

• Total population: 22.671.331 (RGPH, 2014)
  • 77.3% of young people (under 35 years old)
  • 51.6% Male
  • 48.4% Female
  • 50.3% Urban population
  • 49.7% Rural population
• Life expectancy at birth: 53.3 (WHO, 2015)
  • 52.3 for men
  • 54.4 for women
• Synthetic Fertility Index: 4.6 (MICS, 2016)
  • Urban Environment: 3,4
  • Rural environment: 6
  • Mother's level of education: None: 5.5; Primary: 4.7; Secondary and over: 2.9
• GDP: 36.373 billion (World Bank, 2016)
	• Maternal mortality rate: 614 deaths per 100,000 live births (EDS-MICS, 2011/12)
	• Unmet contraceptive needs: 30.5% (EDS-MICS, 2011/12)
	  • No level of education: 30.9%
	  • Primary: 32.6%
	  • Secondary and over: 26%
	• Percentage of women aged 15-49 married before age 15: 7.7% (EDS-MICS, 2011/12)
	• Percentage of women aged 20-49 married before age 15: 32.1% (EDS-MICS, 2011/12)
	• Prevalence of induced abortion: 42.5% (Bi Vroh, 2012)
	  • 40% in rural areas
	  • 45% in urban areas

Annex 2 : Program of Stakeholder workshop

Atelier ´Évaluation des besoins sur avortement sécurisé´

26 et 27 April 2018

Hotel La Rose Blanche

PARTICIPANTS : 22 personnes

OBJECTIF

L'objectif de l'atelier est d´identifier les besoins en plaidoyer pour l'avortement sécurisé et d'élaborer un plan d'action pour la prochaine proposition de plaidoyer pour l'avortement sécurisé qui sera développée pour les dix pays impliqués dans l'évaluation des besoins.

À la fin des ateliers, les participants auront:

- Discuté et identifié les opportunités et les obstacles pour fournir un avortement sécurisédans le pays sur la base de la présentation de la thématique et de l'expérience personnelle.
- Exploré les valeurs personnelles et professionnelles liées à l'avortement et les activités identifiées pour améliorer l'accès à l'avortement sécurisé et les soins post-avortement basés sur l'éthique professionnelle.
- Exploré les implications de la loi et des politiques nationales sur l'avortement pour l'accès à l'avortement sécurisé.
- La capacité d'expliquer le concept, les niveaux de plaidoyer et d'identifier les défis et les barrières de plaidoyer pour l'avortement.
- Identifié les forces et les faiblesses de l'association nationale en matièred'avortement.
- Formulé des points d'action pour un programme de plaidoyer pour l'avortement.

Day 1: 26 April	

8.30– 9.10	Introduction: Welcome and prayers President society Getting to know each other, expectations, purpose, objectives, agenda, facilitator's participant roles, group norms, evaluation process, housekeeping
9.10-10.20	Presentation preliminary country results; validation of analysis; dialogue about reasons for abortion and what needs to improve to meet women's need for safe and legal abortion
10.20-10.35	Break
10.35 -11.00	Presentation and discussion results of group work dialogues
11.00-11.30	Implications of national abortion laws on access to safe abortion.
11.30-12.30	Share positions and personal beliefs and discuss professional responsibilities
12.30-13.30	Lunch
13.30-14.00	What is advocacy: concept, levels and challenges
14.00 -14.30	*Advocacy perspective, risks and benefits in advocacy (shortened)*
14.30-15.00	Roles in advocacy
15.00-15.15	Break
15.15 -16.00	Roles in advocacy continued
16.00-16.25	*Power dimensions in advocacy*
16.25-17.15	Advocate for safe abortion care
17.15-17.30	Evaluation of the day
Day 2: 27 April	
8.30-9.00	Welcome and prayers Recap of day 1 by 2 volunteer participants identified day before
9.00-10.00	Social networks and reaching different audiences
10.00-10.30	Break
10.30-11.00	Address parked issues (none parked)
11.00-12.30	Presentation of achievements weaknesses barriers and opportunities of abortion project. Then: strengths, weaknesses, opportunities and threats of the national association for abortion advocacy.
12.30-13.00	Lunch
13.00-15.00	Develop an action plan for abortion advocacy in small groups
15.00-15.15	Break
15.15 -16.00	Continue develop action plan
16.30-17.00	Presentation and discussion action plans in plenary
17.00-17.30	Evaluation and goodbye

Annex 3: Mapping of actors

Actor	Organization/group/person
Partners	Ministry of Health: Mother and Child Health Program Learned Society (SIP Ivorian Society of Pediatrics) Order of doctors SYNACASS-CI (Union of Senior Health Professional) NGOs (AIBEF) ASAPSU Association des Sages-Femmes (ASFI)''Association of Midwives (ASFI)'' Laboratoire pharmaceutique ''Pharmaceutical laboratory''
Potential partners	CommissionMédical a la AssembléNational"Medical Committee to the National Assembly'' Learned society Ministry of Women and Children Ministry of Human Rights Organizations advocating for civil rights (Human Rights Watch, WHO, UNICEF) National Assembly Traditional Chef SENATE Population, and leader (eg, artists, comedians etc) Media
Opponents	Religious Communities Religious organizations Some political parties Civil Society / population NGO (Women's Association) Traditionnal Chiefs

Annex 4: Analysis of Strengths, Weaknesses, Opportunities and Threats

Strengths	Weaknesses
Recognized Learned Society Scientific expertise Members present all over the national territory privileged Intermediary of the Ministry of Health Well structured, Good relationship with other learned societies Partnerships with several organizations Advisor to the Ministry of Health (National mother and child health program)	Financial problems (budget limitation) Problem with communication networks (internal and external) Difficulty to publish Actions dependent on decision-making bodies No uniform protocols for all gynaecologists Few implication of gynaecologists Few members of the younger generation No decentralization Meetings and congresses more spaced and not frequent Lack of equipment Lack of involvement of socio-cultural life actors
Opportunities	**Threats**
Opportunity to exchange with other learned societies and partners Communication with civil society and health professionals Participation in decision-making To explore: social networks	Absence of standardized care procedures at national level Financial obstacle Hostility of religious leaders and civil society Unfavorable health or governmental policy Disagreement of some other learned societies Lack of dissemination of health policies developed by SOGOCI

Annex 5: Country action plan

A preliminary country action plan will come in a separate file in excel format.

Annex 6: Overview of outcome online survey

The summary of responses to the online survey comes in an additional file, in PowerPoint format.