FOREWORD

There is one barrier to health access and a major impediment to national and regional development across the globe that could be removed within a few days if only the policy decisions would be made. The removal of this barrier would promote gender equality, help end child marriage, reduce teenage pregnancy and girl dropout rates from secondary school, lower HIV incidence rates, and achieve the prerequisite for the demographic dividend. Let me explain.

As the Sustainable Development Goals (SDGs) become the world’s compass towards development and a better life for all people on the planet, sub-Saharan Africa faces a potential demographic disaster that could undermine many of the SDGs.

Many sub-Saharan countries have some of the highest fertility rates in the world which, if unaltered, will see those countries’ population, rising from 17 million to 43 million by 2050. Another country’s population that is currently at 27 million will more than double to 65 million by 2050, with yet another going from 53 million to 137 million. Not one of these countries will have reached the population turnaround required as an inescapable prerequisite for achieving a demographic dividend by 2050.

With increases like these on the same available land area, with the same or less access to drinking water, potentially less arable land available due to global warming, and services and GDP increasing at a far slower rate than population, it will be impossible to achieve the SDGs and improbable to even maintain the human development index achieved thus far by 2017. These are not scenarios or ‘maybes’. This is the inevitable future of the region unless something significant, such as the fertility rates, changes. Slowing and reversing population acceleration is essential to development in sub-Saharan Africa.

And yet, the world has a dark and shameful history of ‘population control’, legislating women’s rights to decide on having children away and forcing and coercing sterilisation. These restrictions on agency and autonomy have no place in a democratic, sustainable development world in the 21st century and the vast majority of nations achieving the demographic dividend have not resorted to such dark methods.

Increasing gender equality, keeping girls in safe schools for longer, reducing sexual and gender based violence, and increasing the sexual and reproductive health knowledge of young people are also factors. And of course, it is the increased access to modern contraceptives and women making choices about their own reproductive health that have turned the tide.

So this research report turns its attention to this access to modern contraceptive methods, as well as all other sexual and reproductive health (SRH) services. There are many barriers for adolescents around the globe - the majority of citizens in many countries – to access SRH services. Distance from services, lack of transport, lack of available commodities, poverty, inherited beliefs, harmful practices, and hostile staff attitudes can all be barriers to access. But only one barrier is self-inflicted by countries. And this barrier could disappear tomorrow, creating massive access for adolescents. It is the barrier of legal restrictions on adolescents’ access to SRH. The majority of countries in the region have placed arbitrary legal barriers to adolescent access by creating policies or laws with a number of parental consent and other restrictions, preventing adolescents from initiating their own healthcare.

In some cases, these have been gradually added to laws or policies with well-intentioned reasons to protect adolescents. In many cases, however, they reflect an idealised view of what older people think younger people should or should not be doing. Primarily, these idealised views revolve around sex. Older people, sometimes forgetting their own youth, think that the best protection for younger people is to abstain from sex until they are, perhaps 16, or even 18. Reality is, in many cases different, and by ignoring reality and locking adolescents out of the health system when it comes to sexual and reproductive health and rights (SRHR), adults are doing irreparable damage to their children and other children, as well as directly contributing to a looming demographic disaster for their nation.
Because this seems so obvious, recent global guidelines have called on countries to examine their current policies and consider revising them to reduce age-related barriers to access and uptake of all SRH services. To assist in this process, the SRHR Africa Trust (SAT) in collaboration with the Thomson Reuters Foundation, 20 global law firms, and UNICEF, has reviewed Age of Consent laws in 22 countries: Botswana, Kenya, Ivory Coast, Malawi, Morocco, Nigeria, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe, Brazil, Jamaica, India, Indonesia, Thailand, Vietnam, Canada, United Kingdom, France, Sweden, and Ukraine. The range of countries was chosen to highlight a spread of geography, cultures, development status, nonachievement, in-transition and achievement of the demographic dividend, and adolescent health outcomes. In addition, SAT and UNICEF also undertook an Ethical, Cultural and Social review in nine countries (seven being from the 22 countries above, plus two others - Uganda and Philippines) to look at ethical cultural and social barriers impacting adolescent access to health and services including SRH services.

The data revealed some game-changing recommendations apparent to SAT:

1. Desexualise SRHR services and treat them as you would any other health system access;
2. Base both access and restriction decisions on child and adolescent development, competence and maturity to make decisions about their own health;
3. Do not make the age of sexual consent older than 16 years, and do not distinguish between young men and young women;
4. Have statutory rape provisions in place to protect adolescents from predatory adults;
5. Put ‘close in age’ exceptions to the age of sexual consent in place so that young adolescents having consensual sex with one another do not have to go to jail – a travesty affecting young men aged 13-16 years.

We offer this report and its insights to policymakers, legislators, development agencies, international cooperating partners, and activists wherever they may be. A thinking and action tool is currently being designed to accompany this report. If you wish to receive it or an electronic copy of this report, please send an e-mail to ageofconsent@satregional.org. Please also feel free to share ways in which you may have used this report or the action tool to create positive change with us and with one another.

Our hope is that these resources will create dialogue and action that will remove all legal barriers to adolescent access to SRH services and allow attention and resources to focus on the remaining and more intractable barriers.

Jonathan Gunthorp

Executive Director - SAT
ACKNOWLEDGEMENT

The SRHR Africa Trust (SAT) wishes to acknowledge the individuals, organisations, and law firms that contributed to this report through their expertise, co-operation, and hard work.

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SAT also wishes to thank civil society organisations and partners who attended the Age of Consent Validation Meeting that met to discuss and validate the draft Advocacy Toolkit. The meeting critically reviewed the draft reports, analysing the data collected for its accuracy and merits.

SAT is grateful to UNICEF for co-funding the review of the Age of Consent laws, policy frameworks, Ethical, Social, and Cultural (ESC) impacts on sexual reproductive health and rights (SRHR) and HIV.

Last but not least, SAT thanks TrustLaw at the Thomson Reuters Foundation for their continued collaboration with SAT on health and rights and for brokering the partnerships between SAT and the law firms. TrustLaw is the Thomson Reuters Foundation’s global pro bono legal programme, connecting law firms and corporate legal teams around the world with high impact NGOs and social enterprises working to create social and environmental change.
DISCLAIMER

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It has been prepared as a work of comparative legal review only and does not represent legal advice in respect of the laws of Cote d'Ivoire. It does not purport to be complete or apply to any particular factual or legal circumstances. It does not constitute, and must not be relied or acted upon as legal advice or create an attorney-client relationship with any person or entity.

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IVORY COAST

AGE OF CONSENT
LEGAL REVIEW
### ACRONYMS

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>EHP</td>
<td>Essential Health Package</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>HCT</td>
<td>HIV Counselling and Testing</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HPV</td>
<td>Human Papillomavirus</td>
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<td>MMC</td>
<td>Medical Male Circumcision</td>
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<td>MPR</td>
<td>Multiple-perpetrator Rape</td>
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<td>MSP</td>
<td>Multiple Sexual Partners</td>
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<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>PLWHIV</td>
<td>People Living with HIV</td>
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<td>PEP</td>
<td>Post-exposure Prophylaxis</td>
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<td>PrEP</td>
<td>Pre-exposure Prophylaxis</td>
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<td>SRHS</td>
<td>Sexual and Reproductive Health Services</td>
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<td>UNAIDS</td>
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EXECUTIVE SUMMARY

The Age of Consent to sexual intercourse in Cote d’Ivoire is 21 years and sexual intercourse with a person under the age of 16 years is illegal.

The country does not have an express definition of statutory rape. It is considered an aggravating circumstance in a rape case that carries a penalty of life imprisonment.

The Age of Consent to access HIV testing is 16 years and persons under the age of 16 years require parental consent to access HIV testing. The law allows doctors to report the HIV status of patients who are under 21 years to his/her parents.

Due to the fact that Cote d’Ivoire does not have a specific Age of Consent for access to contraception services and commodities, the legal age of majority applies. This also applies to access to other services such as Antiretroviral Therapy (ART).

For Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) and access without the specific rules, the age of majority applies unless the patient is a girl of childbearing age.

Abortion is permitted in very limited circumstances. There is no policy or law on Antenatal Care (ANC). The default legal position on the Age of Consent of 21 years applies. In practice, however, girls receive ANC without parental consent.

In Cote d’Ivoire, girls under 15 years old can be given the Human Papillomavirus (HPV) vaccine at schools or with the consent of their parents.
Chapter One: Introduction

The world’s attention has moved beyond HIV and AIDS, yet it remains the leading killer of adolescents in Southern Africa, presenting a major impediment to healthy communities and a significant factor in the health and status of women and girls in the region.

According to a report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) on prevention of HIV (2013), Eastern and Southern Africa is home to half the world’s population living with HIV, even if the region is only 5% of the world’s population. Today the region continues to be the most infected and affected by the HIV/AIDS epidemic, with 48% of the world’s new HIV infections among adults, 55% among children, and 48% of AIDS-related deaths.

Research conducted in many parts of the world shows that several legal and human rights barriers hinder access to, and uptake of, HIV services for adolescents. Key among these barriers are Age of Consent legislation and policies. Recent global guidelines have, therefore, explicitly called on countries to examine their current policies and consider revising them to reduce age-related barriers to access and uptake of the overall SRH services, HIV Counselling and Testing (HCT) and to linkages to prevention, treatment, and care.

HIV is the most severe in the Southern Africa sub-region which includes Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe, with each having an adult HIV prevalence of over 10%. UNAIDS reports that Swaziland has the highest HIV prevalence in the world (26.0%), followed by Botswana (23.4%).

In 2011, there was an estimated 1.2 million adolescents aged 10-19 years old living with HIV, more than half of all HIV positive adolescents globally. Eastern and Southern Africa now have 10.5 million children who have lost one or both parents to AIDS.

The risk of becoming infected with HIV is higher for girls and young women and currently, HIV prevalence among young women aged 15-24 years stands at 4.8%, which is two and a half times higher than among men of the same age. In Swaziland, 15.6% of young women are HIV positive, compared to 6.5% of young men.

The advocacy campaign ‘All in To #EndAdolescentAIDS’ was launched as a global platform for action and collaboration for social change in February 2015 by global leaders and civil society partners. This global agenda provides opportunities for ensuring that existing and new strategies and programmes on HIV prevention, treatment and care are effectively implemented to benefit young people. These include the 2012 guidance on Pre-exposure Oral Prophylaxis (PrEP) for serodiscordant couples, men, and transgender women who have sex with men at high risk of HIV transmission, as well as the 2013 guidance for HCT and care for adolescents living with HIV and young key population policy briefs.

All in To #EndAdolescentAIDS works through four workstreams. As part of workstream 1, global partners have prioritised joint action to take stock of the current situation in countries with respect to Age of Consent for services including HIV by carrying out a systematic desk review of Age of Consent laws and a mapping of the processes led and outcome of reforms undertaken by countries to address this barrier. Through the All in To #EndAdolescentAIDS, many agencies, and global partners including the United Nations Development Programmes (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the PACT and AIDS Alliance have already initiated actions on data collection to inform their policy advocacy efforts globally and specifically within the 25 focus countries. This review will inform the development of a source or toolkit for learning on this theme and capacity building of experts and policymakers worldwide.

Why Age of Consent review?

Several global bodies, including UNICEF and WHO, are currently undertaking a number of initiatives to change the global guidelines with regard to adolescent access to a range of HIV prevention services, including Age of Consent and informed consent, confidentiality, availability, accessibility, and acceptability. Adherence and quality must inform these services.
The SRHR Africa Trust (SAT) in collaboration with UNICEF worked with participating local law firms, and a consultant to conduct the Age of Consent research. The three areas of the research included the following:

1. Age of Consent legal review
2. Ethical, Social, Cultural (ESC) desktop review
3. Youth attitudes survey

Therefore, the main goal of the project was to conduct research on “Age of Consent” laws, regulations, and policies, as well as ESC factors, in relation to adolescents. This entailed collecting country experiences to address Age of Consent laws / polices and ESC factors that serve as potential barriers to adolescents accessing SRH services, including HIV prevention, care and treatment. The research explored implications for expanding SRHR services and HCT in adolescents aged 10-19 years.

Methodology

The Cote d’Ivoire legal review was prepared by SAT and is based on research conducted by John W. Ffooks & Co Law Firm in Cote d’Ivoire. The legal review focuses on the laws and policy support around the Age of Consent in relation to the various aspects relating to SRHR. The review looks at all the relevant national laws (including nationally recognised customary or religious laws), regulations, and policies exploring the ages for girls and boys separately, where relevant, including where contradictions in laws, policies, and regulations on these issues exist.

The review specifically looked at the following:

1. Age of Consent to sexual intercourse including the age for statutory rape
2. Age of Consent to access modern contraceptives, with and without parental consent
3. Age of access to emergency contraceptives, with and without parental consent
4. Policy framework and legislation enabling or disenabling access to Pre-exposure Prophylaxis (PrEP) including Age of Consent, with and without parental consent
5. Policy framework and legislation enabling or disenabling access to Post exposure Prophylaxis including Age of Consent, with and without parental consent
6. Policy framework and legislation enabling or disenabling access to safe abortions and postabortion care including Age of Consent, with and without parental consent
7. Policy framework and legislation enabling or disenabling access to Antenatal Care (ANC) including Age of Consent, with and without parental consent
8. Policy framework and legislation enabling or disenabling access to HPV vaccines, and cervical cancer screening and treatment, including Age of Consent, with and without parental consent
9. Age of Consent to access HIV testing without parental consent.
Chapter Two: Age of Consent to sexual intercourse

There is no legislation in Cote d’Ivoire that clearly states the Age of Consent. As such, the only way to be sure that an individual can legally consent to sexual intercourse is once that individual has reached the legal age of majority of 21 years old.

Legislation and policy framework

*Article 488 of the Civil Code: Majority is set at 21 years old.*

**Definition of statutory rape**

There is no definition of statutory rape per se. However, statutory rape is considered an aggravating circumstance in a rape case that carries a penalty of life imprisonment. Statutory rape occurs when the victim is a minor aged 15 years or younger, regardless of whether he/she consented to sex.

The age of majority (and, therefore, the age at which a person is considered legally capable of giving his/her consent to sex) is 21 years. The law does not address the question whether a victim aged between 16 and 20 years would be capable of giving his/her consent to sex and, therefore, whether sex with a person in this age range would constitute an offence of statutory rape.

Legislation and policy framework on statutory rape

*Criminal Code (Article 354). The Criminal Code does not define/describe the offence of rape. There is only one provision of the Criminal Code that relates to rape and it only states the penalties (i.e. Article 354). Pursuant to Article 354 of the Criminal Code, rape carries a penalty of an imprisonment of five (5) to twenty (20) years. Please note that rape carries a penalty of life imprisonment if (i) the perpetrator, while raping, is helped by one or more individuals, or (ii) the perpetrator is the father, an ascendant or an individual that has authority over the victim, if these individuals are in charge of the education, the intellectual or professional formation of the said victim, or (iii) if the victim is a fifteen (15) year old minor.*

*There is no other legislation or case law that defines rape. However, in practice, rape is understood to consist of sex in the absence of consent. This is the definition of rape widely accepted in Ivory Coast. The position as to statutory rape is based on the penalty applied under Article 354(iii) of the Criminal Code, but is not codified in law.*

**Exceptions on Age of Consent - For example ‘gay sex’**

There is no exceptions to gay sex and there is no specific piece of legislation on the issue.
Chapter Three: Access to contraception services and commodities

Cote d’Ivoire does not have a specified Age of Consent for access to contraception services, commodities, and emergency contraception, such as the morning-after pill. Girls of childbearing age (meaning girls that are normally able to give birth to children) are entitled to receive advice, information, and adequate services to enable them to make decisions to protect their own health but this does not include decisions about contraceptives.

In the absence of specific rules, a young person can probably receive contraceptives without parental consent at the age of 21 years. There is no specific piece of legislation or guidance on contraceptives.

Legislation and policy framework

Article 41 Law No 2014-430 of 14 July 2014 on prevention, protection and repression relating to the fight against HIV and AIDS:

Women and girls of childbearing age or pregnant should benefit from guidance, information, and adequate services enabling them to make fully informed and voluntary decisions on all matters relating to their own health and pregnancy, including:

- an HIV test;
- options to protect their health due to their serological status;
- options to prevent the transmission of HIV to their babies before, during, and after birth.
Chapter Four: Age of Consent and HIV testing

The Age of Consent for HIV testing is age 16 years without parental consent. Any person above 16 years can access HIV Counselling and Testing (HCT) without parental consent. Parental consent is required for children under 16 years old.

Legislation and policy framework

Article 4 of Law No 2014-430 of 14 July 2014 on prevention, protection, and repression relating to the fight against HIV and AIDS:

For any persons under 16 years old, the consent of their parents or legal representative is required for the HIV test.

Age of Consent to report HIV status directly to adolescents

The legislation does not provide a specific age at which the HIV status is reported directly to an adolescent.

The Law No 2014-430 of 14 July 2014 on prevention, protection, and repression relating to the fight against HIV and AIDS provides in its article 15 that doctors can freely report the child's HIV status to his/her parents or legal representatives. This article does not provide a specific age at which the HIV status is reported to an adolescent.

Article 15 of Law No 2014-430 of 14 July 2014 on prevention, protection and repression relating to the fight against HIV and AIDS

The communication by a doctor of the HIV status of a minor to her/his parents/legal representatives is not illegal.
Chapter Five: Age of Consent and access to Antiretroviral Therapy (ART)

The legislation on HIV in Cote d'Ivoire indicates that all individuals that live with HIV have the right to access treatment. ART is not specifically mentioned in the legislation but would likely be included in ‘treatment’. The legislation does not deal with the Age of Consent to treatment. In the absence of specific rules, the Age of Consent is the legal age of majority 21 years.

Legislation and policy framework

Article 26 of Law No 2014-430 of 14 July 2014 on prevention, protection, and repression relating to the fight against HIV and AIDS

Every individual living with HIV must have the ability to benefit from comprehensive care provided by the State including, notably, by having access to prevention, treatment, care, and support services under the best conditions.
Chapter Six: Age of consent and access to Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP)

Ivorian law does not specifically address the use of both HIV Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis in Cote d’Ivoire. However, the Government is obliged to provide prevention, treatment, care, and support services to individuals. The legislation does not clearly stipulate or define the Age of Consent at which young people are legally able to access both Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP). However, the age of majority is fixed at 21 years. Parents have the legal right to make medical decisions for their minor children.

However, girls of childbearing age are entitled to receive advice, information, and adequate services to enable them to take decisions to protect their own health. The relevant legislation is silent when it comes to the meaning of 'childbearing age'. As such, one can assume that if a child, regardless of her age (i.e. this includes girls under the age of 21 years), can bear a child of her own, she will fall within the category of individuals that are of childbearing age and can make decisions about their health without parental consent.

As mentioned above the Age of Consent to sexual intercourse is set at 21 years old. Women that are 21 years old (or older) do not need parental consent to access PrEP and PEP. For girls under the age of 21 years, the relevant legislation is silent. Consequently, parental consent may be required in order for them to access PEP, unless they are of childbearing age.

Legislation and policy framework on PrEP

There is no specific legislation enabling the use of PreP in Cote d’Ivoire. However, the legislation on HIV in Cote d’Ivoire indicates that all individuals that live with HIV have the right to access treatment. This probably includes PrEP even though individuals seeking PrEP would not be diagnosed with HIV. This law does not deal with the Age of Consent to treatment.

*Article 26 of Law No 2014-430 of 14 July 2014 on prevention, protection, and repression relating to the fight against HIV and AIDS*

*Article 4 Law No. 70-483 dated 03 August 1970 relating to Minors/ Article 41 Law No 2014-430 of 14 July 2014 on prevention, protection, and repression relating to the fight against HIV and AIDS.*

Legislation and policy framework on access to PEP

The legislation does not clearly stipulate or define the age at which young people are legally able to access PEP. However, the age of majority is fixed at 21 years old. Parents have the legal right to make medical decisions for their minor children.

However, girls of childbearing age are entitled to receive advice, information, and adequate services to enable them to take decisions to protect their own health. The relevant legislation is silent when it comes to the meaning of 'childbearing age'. As such, one can assume that if a child, regardless of her age (i.e. this includes girls under the age of 21 years), can bear a child of her own, she will fall within the category of individuals that are of childbearing age and can make decisions about their health without parental consent.

As mentioned the Age of Consent to sexual intercourse is set at 21 years old. Women that are 21 years old (or older) do not need parental consent access to PEP. For girls under the age of 21 years, the relevant legislation is silent. Consequently, parental consent may be required in order for them to access PEP, unless they are of childbearing age.
Article 4 Law No. 70-483 dated 03 August 1970 relating to Minors:

Parental authority involves in particular the following rights and obligations in respect of minors:

- ensure their custody and specially fix their residence;
- provide for their maintenance (health care), education, and ensure their surveillance;
- take a measure of educational assistance;
- manage their property;
- administer and dispose of their property;
- consent to their marriage, adoption, their emancipation;
- for the surviving parents, choose a guardian for the case of death.

The specified relevant section is Article 4 Law No. 70-483 dated 03 August 1970 relating to Minors: Parental authority involves in particular the following rights and obligations in respect of minors:

- ensure their custody and specially fix their residence;
- provide for their maintenance (health care), education, and ensure their surveillance;
- make a measure of educational assistance; manage their property;
- administer and dispose of their property;
- consent to their marriage, adoption, their emancipation;
- for the surviving parents, choose a guardian for the case of death.

Article 41 Law No. 2014-430 of 14 July 2014 on prevention, protection, and repression relating to the fight against HIV and AIDS:

Women and girls of childbearing age or pregnant should benefit from guidance, information, and adequate services enabling them to make fully informed and voluntary decisions on all matters relating to their own health and pregnancy, including:

- an HIV test;
- options to protect their health due to their serological status;
- options to prevent the transmission of HIV to their babies before, during, and after birth.

There is no specific legislation enabling the use of PEP in Cote d’Ivoire. However, the legislation on HIV in Cote d’Ivoire indicates that all individuals that live with HIV have the right to access treatment. This probably includes PEP. This law does not deal with the Age of Consent to treatment.
Chapter Seven: Age of Consent and access to safe abortions and/or postabortion care

The Criminal Code prohibits abortion in Article 366, however, abortion is allowed in certain cases, such as rape, fetal deformities and serious diseases of the fetus, or to save a woman's life. There is no specific legislation disenabling access to postabortion care in Cote d'Ivoire. Postabortion care facilities are difficult to find in Cote d'Ivoire but some private entities have initiated projects to improve access to postabortion care.

Legislation and policy framework

Article 366 of the Criminal Code stipulates that whoever, by food, drink, medicine, surgical procedures, violence, or any other means, procures or attempts to procure an abortion of a pregnant woman, whether or not with her consent, will be punished by imprisonment of one to five years and a fine of 150,000 (US$240) to 1,500,000CFA Francs (US$380).

The exception to Article 366 is provided in the Article 367 which states that abortion is not illegal if it is required to save the woman’s life.
Chapter Eight: Age of Consent on access to Antenatal Care (ANC)

The Age of Consent on access to Antenatal Care (ANC) is not stipulated and there is no legislation that clearly states the Age of Consent for access to ANC. In the absence of specific rules, the default legal position on the Age of Consent is 21 years. In practice, pregnant girls can receive ANC without the consent of their parents as many young pregnant girls go to health facilities to benefit from ANC.

Legislation and policy framework

There is no specific piece of legislation or guidance on the subject. There is no particular legislation or policy to suggest that pregnant girls can receive ANC without parental consent. However, our understanding of the situation in practice is derived from reports from various sources including government employees, civil society representatives, and doctors.
Chapter Nine: Access to HPV vaccines and cervical cancer screening and treatment

Ivorian law does not specifically deal with access to the Human Papillomavirus (HPV) vaccine, and cervical cancer screening and treatment. However, young girls under 15 years old can be given the HPV vaccine at schools or with the consent of their parents. HPV vaccines are administered in schools or through health facilities.

Legislation and policy framework

There is no formal policy with regard to the provision of the HPV vaccine to young girls, with or without parental consent. However, as a matter of practice (being indicative of policy), since 2015, the Ivorian Government has administrated the HPV vaccine to young girls under the age of 15 years. It is a vaccination campaign initiated by the Ivorian government under a GAVI Alliance programme, ‘Vaccine Support MenA.’
Chapter Ten: Contradictions and inconsistencies

Without specific legislation dealing with access to contraceptive services in Cote d’Ivoire, most women do not have access to contraceptives. Consequently, many young girls choose abortion (even though it is illegal) to avoid pregnancy.

There is no Ivorian legislation that clearly states the Age of Consent to sexual intercourse. As such, the only way to be sure that an individual can legally consent to sexual intercourse is once that individual has reached majority i.e. 21 years old. However, it is possible that women/girls under the age of 21 years have sexual intercourse (in theory illegally) and become pregnant. This is the reason why young girls choose abortion (even though it is illegal) to avoid pregnancy.
Chapter Eleven: Recommended intervention on legal and policy framework

<table>
<thead>
<tr>
<th>Area</th>
<th>Category of regulation</th>
<th>Required intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of consent to sexual intercourse</td>
<td>L</td>
<td>LR</td>
</tr>
<tr>
<td>Definition of statutory rape</td>
<td>L</td>
<td>LR</td>
</tr>
<tr>
<td>Exceptions on Age of Consent - For example ‘gay sex’</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Young people’s access to contraceptive services</td>
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<td>There is no specific piece of legislation or guidance on contraceptives.</td>
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<tr>
<td>Young people’s access to emergency contraceptives</td>
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</tr>
<tr>
<td>Policy framework and legislation on access to Antiretroviral Therapy (ART)</td>
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<td>LR</td>
</tr>
<tr>
<td>Policy and legislation on young people’s access to PEP</td>
<td>L</td>
<td>LR</td>
</tr>
<tr>
<td>Prohibition on young people accessing PEP where it is offered</td>
<td>L</td>
<td>LR</td>
</tr>
<tr>
<td>Policy framework and on access to Antenatal Care (ANC)</td>
<td></td>
<td>LR</td>
</tr>
<tr>
<td>Policy framework and legislation on access to HPV vaccines and clinical cancer screening and treatment</td>
<td>P</td>
<td>LR</td>
</tr>
<tr>
<td>Policy framework and/or legislation on access to safe abortions and/or postabortion care</td>
<td>L</td>
<td>LR</td>
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</tbody>
</table>
### Chapter Eleven: Recommended intervention on legal and policy framework (cont.)

<table>
<thead>
<tr>
<th>Area</th>
<th>Category of regulation</th>
<th>Required intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Consent to access HIV testing without parental consent</td>
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<td>LR</td>
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<tr>
<td>Legal and policy framework on the Age of Consent HIV status will be reported directly to an adolescent</td>
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<td>LR</td>
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<tr>
<td>Addressing of various policy and legislation inconsistencies</td>
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<tr>
<td>Legislation enabling PEP use in the country</td>
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<td>LR</td>
</tr>
<tr>
<td>Access to PrEP</td>
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<td>LR</td>
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<tr>
<td>Young people’s access to PrEP</td>
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<td>LR</td>
</tr>
<tr>
<td>Legislation policy on PrEP use in the country</td>
<td>L</td>
<td>LR</td>
</tr>
</tbody>
</table>
Annex

KEY QUESTIONS FOR THE LEGAL REVIEW

1. At what age may sex between consenting individuals legally take place? (Age of Consent to sexual intercourse) Indicate if there are different ages for males and females?
2. Is there a definition of statutory rape? Please define.
3. Are there exceptions to question (1)?, For example gay sex?
4. May a young person access emergency contraceptives (e.g. the ‘Morning-after pill) At what age? Please specify if there are different ages with and without parental consent.
5. At what age may a young person access contraceptive services including contraceptive commodities? Please specify with and without parental consent if the answers are different
6. policy framework and legislation enabling or disenabling access to Antiretroviral Therapy therapy (ART), including Age of Consent, with and without parental consent.
7. Specify whether there is any prohibition on HIV Post-exposure Prophylaxis (PEP), including Age of Consent, with and without parental consent.
8. If there is no prohibition in question 7, would young people be legally able to access PEP if it was offered? At what ages? Please specify if there are different ages with and without parental consent.
9. Is there any legislation or policy specifically enabling PEP use in the country? Please specify if it deals with Ages of Consent, and give details.
10. Specify whether there is any prohibition on HIV Pre-exposure Prophylaxis (PrEP), including Age of Consent with, and without parental consent.
11. If there is no prohibition in question 10, would young people be legally able to access PreP if it was offered? At what ages? Please specify if there are different ages with and without parental consent.
12. Is there any legislation or policy specifically enabling PrEP use in the country? Please specify if it deals with Ages of Consent and give details.
13. Please state whether there is policy framework and/or legislation enabling or disenabling access to safe abortions and/or postabortion care, including Age of Consent, with and without parental consent.
14. policy framework and legislation enabling or disenabling access to Antenatal Care (ANC), including Age of Consent, with and without parental consent.
15. policy framework and legislation enabling or disenabling access to HPV vaccines and cervical cancer screening and treatment, including Age of Consent, with and without parental consent.
16. What is the Age of Consent to access HIV testing without parental consent?
17. What is the Age of Consent at which the HIV status will be reported directly to an adolescent and legal/policy requirements to report the status to her/his parents?
18. Please explain any inconsistencies between the answers above.