

**RIGHT TO APPROPRIATE PROFESSIONAL HEALTHCARE  
IN FORMER FRENCH COLONIES IN AFRICA: *STATUS PRAESENS***

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**INTRODUCTION**

Scientific study of human rights in France is inseparable from its foreign colonies and dependent territories, including former ones, since aforesaid colonies and territories were experienced with enormous influence of the French legal system and the Continental legal tradition.

In respect to these circumstances, the most interesting is the current situation (so-called *status praesens*) of the African continent countries, as most backward in their development, most enslaved in historical retrospect and most in need of establishing civilized conditions of work, welfare and living. The subject of our attention will traditionally be the problems of the development of medical law in these countries, since it is its norms and institutions that are called upon to ensure the human right to adequate healthcare, in particular professional healthcare.

In a global context, the relevance of the research problem is mediated by the rapid industrial development of the African continent and its wealth of natural resources, on the one hand, and poverty, industrial labour, and its low productivity, on the other. These initial background create the preconditions for the advancement of aggressive countries' policies in Africa, which can be avoided by establishing appropriate national legal regulations. EU member states offer a good example for learning from, however, their experience in medical law matters is also useful in the context of reforming Ukrainian legislation.

At different times, the general issues of the subject matter were devoted to the work Yaroshenko O.M., Prylipko S.M., Kolosov I.V., Inshyn M.I., Zhernakov V.V., Stetsenko S.G., Senyuta I.A., Sereda O.H., Yakovlev O.A., Yakovleva G.O., Viennikova V.V. and so on and so forth.

At the same time, the contemporary paradigm of the right on appropriate professional healthcare in the former French colonies in Africa, especially in the circumstances of Ukrainian war, modern slavery, human trafficking and forced labour of children's spread, has received insufficient attention.

Therefore, the aims of the proposed study are:

1. studying the constitutional, legal and legislative guarantees of the human right on work and proper professional healthcare in former French colonies in Africa;

2. identification of essential, repetitive, sustainable links between medical social relations and the subject of labor law in these countries, the peculiarities of their legal culture in the field of research;

3. comparative analysis on the issues of the studied topic between these countries and Ukraine and EU.

4. derivation of positive experience to be taken into account during the reform of national labor legislation.

The object of the study will be medically-labour social relations and their legislative regulation in, separately, depending on geography position: in Algeria, Morocco and Tunisia; in Mali, Senegal and Guinea; in Gabon, CAR and Republic of Congo through the application of formal-logical, dialectical, synthesis and comparative-legal methods.

### **1. Legislative guarantees and practical embodiment of right on working healthcare in Algeria, Morocco and Tunisia**

In **Algeria** Constitution enshrines the right of all citizens to healthcare, shaping the predominantly publicly financed system<sup>1</sup>. The 2018 Health Code allows for private health institutions, which are subject to oversight from the Ministry of Health<sup>2</sup>. Algerian system incorporates medical expertise into the judicial process for legal proceedings, covering areas like forensic medicine and criminalistics<sup>3</sup>. A National Health Insurance exists to cover healthcare costs for some citizens, outlining responsibilities for providers and patients<sup>4</sup>. If more detail, Algeria's healthcare system is largely publicly funded and publicly provided. The system is organized and regulated by the Ministry of Health, Population and Hospital Reform. Public healthcare facilities include hospitals, clinics, and primary healthcare centers, and healthcare is largely financed by the government through taxes. Algeria also has a mandatory health insurance system, which covers the majority of its population. Health insurance is provided through Caisse Nationale des Assurances Sociales des Travailleurs Salariés (CNAS) for salaried workers and Caisse Nationale de Mutualité Sociale (CNMS) for non-salaried workers, such as farmers or small business owners. The health insurance system is funded through contributions from both employees and employers. The contribution is generally a percentage of the worker's salary. The social

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<sup>1</sup> Algeria – Strengthening health system governance: Towards more effective regulatory environment for improvement efficiency and quality of care. World Bank Group. URL: <https://www.documents.worldbank.org>. (Date of Access is October,8,2025).

<sup>2</sup> Law No.18-11 – Relating to Health. URL: <https://www.amepid.org/documents/algeria/law-no-18.11> (Date of Address is October,8,2025).

<sup>3</sup> Medico Legal at Algeria. URL: <https://www.lawgratis.com> (Date of Address is October,8,2025).

<sup>4</sup>Health Law in Algeria. URL: [elearning.univ-biskra.dz/moodle2024/pluginfile.php/774390/mod\\_resource/content/1/UNIT%2010%20Health%20Law%20in%20Algeria.pdf](http://elearning.univ-biskra.dz/moodle2024/pluginfile.php/774390/mod_resource/content/1/UNIT%2010%20Health%20Law%20in%20Algeria.pdf) (Date of Address is October,8,2025).

security contributions also fund pensions, family allowances, and other social services. Health insurance covers a wide range of services, including medical consultations, hospitalization, surgeries, and medications. However, co-pays may be required for some services. The government has been working to improve the scope of health insurance and reduce out-of-pocket expenses for citizens<sup>5</sup>. Some Algerian employers offer local health insurance to their employees, but the contracts generally only cover care provided in the country and limit coverage to certain establishments within their network.<sup>6</sup> Challenges faced in the Algerian healthcare system are: impact of increasing population needs, availability of Limited Resources for Advancement, uncertainty in the Impact of new Diseases, Health Systems-Related challenges, adaptation to ever-changing practices and policies in Healthcare, compliance to the standards of Healthcare Service, inefficiencies in Manpower Management, adaptation to the digitalization of Healthcare Management Systems, difficulty in Access & Availability of upgraded Biomedical Technology, unaffordable expenses by consumers, changes for better Governance<sup>7</sup>. Habchi adds this list by conclusion that social security in Algeria is now facing substantial revenue losses due to the growth of informal work and frequent delays in payments by companies. These challenges significantly hamper the ability of health insurance bodies to recover contributions owed, generating systemic gaps both in terms of benefits in kind and in the management of the collection process. It is imperative to undertake thorough audits at company level in order to carry out a comprehensive declaration of employees as well as the actual income of selfemployed workers. This issue goes beyond the simple financial dimension of recovery, but also has a crucial aspect of mutual trust between policyholders, companies and the social security system. The legitimate question arises from the point of view of insured persons and employers: why contribute when reimbursements for care in the private sector, with the exception of medicines, are not insured? This question highlights the need for a profound reassessment of the health and social security system, highlighting the need to restore participants' confidence through clarifications on benefits and a substantial improvement in the transparency of benefits<sup>8</sup>.

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<sup>5</sup> Health Care Law at Algeria. URL: <https://www.lawgratis.com/blog-detail/health-care-law-algeria> (Date of Address is October,9,2025).

<sup>6</sup> Health Insurance in Algeria. URL: <https://www.april-international.com/en/destinations/africa/health-insurance-in-algeria> (Date of Address is October,9,2025).

<sup>7</sup> HEALTHCARE SCENARIO OF ALGERIA. URL: <https://hospaccxconsulting.com/healthcare-scenario-of-algeria/> (Date of Address is October,9,2025).

<sup>8</sup> Fadia HABCHI. Health Insurance and Social Security in Algeria: Historical Trajectory and Current Challenges. URL: <https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://asjp.cerist.dz/en/downArticle/196/10/2/246757&ved=2ahUKewj62cHF6JeQAxUdBdsEHRRecMaY4ChAWegQIAxAC&usg=AOvVaw1etZW0ua39R6cmzD36JeYP> (Date of Address is October,9,2025).

In **Morocco** Constitution from 2011 established the right to healthcare access, strengthening governance and accountability<sup>9</sup>. Rashnavadi reported that 2022 framework law established key pillars for health reform, focusing on governance, human resources, infrastructure, and digital technology integration<sup>10</sup>. Compulsory health insurance system (AMO) divided on: AMO-Tadamon (for socially disadvantaged persons), AMO TNS (for self-employed individuals) and AMO Salary (for employees)<sup>11</sup>. The Medical Assistance Scheme (RAMED) provides health coverage for low-income individuals based on solidarity<sup>12</sup>. Medical malpractice falls under civil and criminal law. The statute of limitations is typically three years, and family members can file a claim on behalf of a deceased relative<sup>13,14</sup>. Zine et al. showed that legislation allows for mandatory reporting of certain diseases with an epidemic appearance and for the implementation of preventive measures, as seen during, particularly, COVID-19 pandemic<sup>15</sup>. If more detail, the mandatory health insurance scheme (AMO-Tadamon) was the subject of a social impact assessment (EIS) carried out by an independent firm, mandated by the ministries responsible for this scheme. It should be noted that AMO-Tadamon is intended for people who cannot pay the contribution fees, thus allowing them to maintain the benefits they benefited from under RAMED, while

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<sup>9</sup> The right to health in Morocco. URL: [https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://annd.org/uploads/publications/Right to health in Morocco Key issues and challenges Saad Zbiri PhD En.pdf&ved=2ahUKEwj8wly9pZ-QAxXIB9sEHVW5Fd0QFnoECAUQAaw&usg=AOvVaw2Lle2idTPoUklLz-VX2nux](https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://annd.org/uploads/publications/Right%20to%20health%20in%20Morocco%20Key%20issues%20and%20challenges%20Saad%20Zbiri%20PhD%20En.pdf&ved=2ahUKEwj8wly9pZ-QAxXIB9sEHVW5Fd0QFnoECAUQAaw&usg=AOvVaw2Lle2idTPoUklLz-VX2nux) (Date of Address is October,12,2025).

<sup>10</sup> *BABAK RASHNAVADI. MOROCCO'S HEALTHCARE SYSTEM 2025: REFORMS, INVESTMENTS, AND AN EMERGING REGIONAL HUB.* URL: [HTTPS://HOSPITALSMAGAZINE.COM/MOROCCOS-HEALTHCARE-SYSTEM-2025-REFORMS-INVESTMENTS-AND-AN-EMERGING-REGIONAL-HUB](https://hospitalismagazine.com/moroccos-healthcare-system-2025-reforms-investments-and-an-emerging-regional-hub) (DATE OF ADDRESS IS OCTOBER,12,2025).

<sup>11</sup> MOROCCO: Government Passes Bill on Compulsory Basic Health. URL: <https://ipmiglobal.com/in-focus/country-guides/morocco-government-passes-bill-on-compulsory-basic-health-insurance> (Date of Address is October,12,2025)

<sup>12</sup> CoR – Morocco Public Health. URL: <https://portal.cor.europa.eu/divisionpowers/Pages/Morocco-Public-health.aspx> (Date of Address is October,12,2025).

<sup>13</sup> The 10 best Medical Malpractice Lawyers in Morocco (2025). URL: [https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://lawzana.com/medical-malpractice-lawyers/morocco&ved=2ahUKEwirxvCDsZ-QAxXwRvEDHYGXENIQFnoECAgQAaw&usg=AOvVaw22Igt2\\_8b6aqNpf4cmbZGM](https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://lawzana.com/medical-malpractice-lawyers/morocco&ved=2ahUKEwirxvCDsZ-QAxXwRvEDHYGXENIQFnoECAgQAaw&usg=AOvVaw22Igt2_8b6aqNpf4cmbZGM) (Date of Address is October,12,2025).

<sup>14</sup> Liability and Medical Malpractice in General Medicine – Remedy Publications LLC. URL: <https://www.remedypublications.com/open-access/liability-and-medical-malpractice-in-general-medicine-9628.pdf> (Date of Address is October,12,2025).

<sup>15</sup> Zine et al. The legal keys in the management of health risks during COVID-19 pandemic in Morocco: Early focus. URL: <https://www.ejmds.com/article/the-legal-keys-in-the-management-of-health-risks-during-covid-19-pandemic-in-morocco-early-focus-12842> (Date of Address is October,12,2025).

having access to the same basket of care as private sector employees. This audit, which covered the year 2023, meets a requirement of the World Bank, which supported the project to generalize social protection in Morocco through the Emergency Response to Covid-19 project and its additional financing. The objective of this audit is to identify the benefits and risks of the scheme, assess the potential negative social impacts and propose mitigation measures with an implementation timetable. It also aims to examine the methods and tools used to identify and target the beneficiaries of the program, as well as its effects on the individuals and groups concerned. However, due to a lack of information or the complexity of certain registration procedures, some eligible people do not benefit from the scheme. As a solution, the audit performed recommends improvements to be implemented in 2025-2026, including: the digitalization of AMO-Tadamon program management, multi-channel registration for the RSU, and the deployment of multi-channel registration by the CNSS (via CNSS agencies, Edps accredited offices, the website, and the Taawidaty application)<sup>16</sup>. To counter opportunistic behavior and encourage the self-employed to pay their Social Security (CNSS) contributions on a regular basis. Persons who fail their social security contributions for a period exceeding six months are required to pay the amounts due and wait three months before being entitled for AMO TNS benefits. The AMO TNS contribution rate is 6.37 %, applicable to a flat-rate income pegged to the minimum wage, depending on the socio-professional category<sup>17</sup>. However, in 2024, the AMO program continues to expand, aiming to include more self-employed workers and informal sector employees. The government is also working to increase the efficiency of reimbursements and broaden the types of healthcare services covered. The system is designed to ensure that no Moroccan citizen is left without access to essential medical care<sup>18</sup>.

In **Tunisia** laws categorize substances and set specific rules for their handling, production and sale. Penalties exist for non-compliance.<sup>19</sup> Governed

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<sup>16</sup> Audit de l'AMO-Tadamon : cinq dysfonctionnements majeurs identifiés. URL: <https://www.fmiip.com/v2/audit-de-lamo-tadamon-cinq-dysfonctionnements-majeurs-identifies> (Date of Address is October,12,2025).

<sup>17</sup> AMO Compulsory medical insurance for the self employed A crackdown on abuse: Cration on businesses Casablanca blocks evrything. URL: <https://www.leconomiste.com/1117469-amo-compulsory-medical-insurance-self-employed-crackdown-abuse-creation-businesses> (Date of Address is October,12,2025).

<sup>18</sup> Comprehensive Guide to AMO: Morocco's Mandatory Health Insurance. URL: [https://deriak.store/en/blogs/blog-sante/guide-to-amo-moroccos-mandatory-health-insurance?srsItd=AfmBOop\\_TxJ91sLobK3CkK9En8L5rcAabc5mYc4Xv5qYbGHwosubPA6](https://deriak.store/en/blogs/blog-sante/guide-to-amo-moroccos-mandatory-health-insurance?srsItd=AfmBOop_TxJ91sLobK3CkK9En8L5rcAabc5mYc4Xv5qYbGHwosubPA6) (Date of Address is October,12,2025).

<sup>19</sup> Tunisia. Drug situation and policy. URL: <https://rm.coe.int/drug-situation-and-policy-by-pr-hajer-aounallah-skhiri-medecin-epidemi/168075f2a4> (Date of Address is October,13,2025).

by civil law, Law No. 97-65 of 1997 outlines professional liability. Patient seeking to file a claim must prove the professional breached their duty of care.<sup>20</sup> The Directorate of Medicine and Pharmacy (DMP) is responsible for controlling the creation, operation, and quality of pharmacies, laboratories and drugs<sup>21</sup>. Law No.2002-54 of June, 11, 2002, mandates authorizations for medical analysis laboratories and specifies penalties for non-compliance, such as fines and imprisonment.<sup>22</sup> The law permits first-trimester abortions in licensed facilities and public ones offer them for free. Later abortions require specific approval. The law is considered the most permissive in the region and allows for abortion on request.<sup>23</sup> The right to reproductive health is recognized, though a comprehensive strategy for universal access is still being developed.<sup>24</sup> The Tunisian Constitution recognizes the right to health and urges the state to guarantee access to high-quality healthcare for all citizens.<sup>25</sup> There is a framework for public healthcare, with a national health insurance fund (CNAM) covering a portion of expenses for many citizens. For vulnerable populations healthcare in public facilities is free of charge.<sup>26</sup> The CNAM (National Health Insurance Fund) is a new institution introduced by the health insurance reform, which aims, among other things, to unify health insurance schemes and health benefits in the country. Indeed, this is the first time that health risk management, previously carried out by the CNSS and the CNRPS, has been unified into a single fund, the CNAM. This structure will rely on its 62 regional and local centers spread throughout Tunisia.<sup>27</sup> E-CNAM

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<sup>20</sup> The 10 best Medical Malpractice Lawyers in Morocco (2025). URL: [https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://lawzana.com/medical-malpractice-lawyers/morocco&ved=2ahUKEwirxvCDsZ-QAxXwRvEDHYGXENIQFnoECAgQAw&usg=AOvVaw22Igt2\\_8b6aqNpf4cmbZGM](https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://lawzana.com/medical-malpractice-lawyers/morocco&ved=2ahUKEwirxvCDsZ-QAxXwRvEDHYGXENIQFnoECAgQAw&usg=AOvVaw22Igt2_8b6aqNpf4cmbZGM) (Date of Address is October,12,2025).

<sup>21</sup> Tunisia – AMRH – AUDA – NEPAD. URL: <https://amrh.nepad.org/amrh-countries/tunisia> (Date of Address is October,13,2025).

<sup>22</sup> Tunisia. URL: <https://bwimplementation.org/states/tunisia> (Date of Address is October,13,2025).

<sup>23</sup> Abortion in Tunisia. URL: [https://en.wikipedia.org/wiki/Abortion\\_in\\_Tunisia](https://en.wikipedia.org/wiki/Abortion_in_Tunisia) (Date of Address is October,13,2025).

<sup>24</sup> Reproductive Health Police in Tunisia: Women’s Right to Reproductive Health and Gender Empowerment – PMC. URL: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5395000> (Date of Address is October,13,2025).

<sup>25</sup> Understanding the private health sector in Tunisia. URL: <https://ccpsh.org/sites/default/files/tools/PSE%20in%20Tunisia-eng.pdf> (Date of Address is October,13,2025).

<sup>26</sup> INFORMATION PAPER on Main eHealth activities outside EU. URL: [https://health.ec.europa.eu/document/download/241bd49c-5968-43f2-b939-b9eab61b46df\\_en?filename=ev\\_20180515\\_co20\\_en.pdf](https://health.ec.europa.eu/document/download/241bd49c-5968-43f2-b939-b9eab61b46df_en?filename=ev_20180515_co20_en.pdf) (Date of Address is October,13,2025).

<sup>27</sup> Caisse Nationale d’Assurance Maladie. Portal du Gouvernement Tunisien. URL: <http://fr.tunisie.gov.tn/annuaireAdministration/471/11-caisse-nationale-d-assurance-maladie.htm> (Date of Address is October,13,2025).

is a secure responsive web platform that aims to facilitate online access to the various services provided by Tunisia's National Health Insurance Fund (Caisse nationale d'assurance maladie – CNAM) by taking a bottom-up approach. This has enabled the implementation and integration of functionalities relating to CNAM benefits via a package of quality digital services tailored to each type of user (with a space for social security beneficiaries and another for health-care providers), and it has consequently enabled these users' needs to be met. This platform thus actively helps to enhance the efficiency of the services provided and to foster a climate of digital trust between the CNAM and its various partners, as well as creating a reliable and interactive network of said partners<sup>28</sup>. At the request of the Ministry of Health, a team of health specialists from the World Bank carried out a study on health financing in Tunisia. The aforesaid technical assistance carried out a study on free medical assistance, with the following specific objectives: (i) a detailed analysis of the social health coverage scheme commonly known as "Aide médicale gratuite" or "AMG", and (ii) an analysis of the impact of a possible transfer of the management of benefits allocated under this program from the Ministry of Health to the Caisse Nationale d'Assurance Maladie (CNAM)<sup>29</sup>. Apart from this call for the harmonization of health coverage in Tunisia, it is evidently that the defragmentation of health coverage in Tunisia requires a reform of health coverage on a larger scale than a simple transfer of management of the AMG to the CNAM. Particularly, it would be necessary to define the universal essential care basket and to align not only the AMG but also the three CNAM sectors and other free care schemes with this unified care basket<sup>30</sup>.

Thus, development of medical law in former French **North African** colonies is characterized by the recent emergence of its legislative embodiment (first quarter of the XXI century); it has been strongly impacted by the Romano-Germanic Legal System: its primary source remains the normative legal act; it has deep dialectical connections with labour, civil, administrative, and criminal law, presents the previously described principle of medico-legal tetrarchy<sup>31</sup>. We confess that implementation of the experience

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<sup>28</sup> E-CNAM virtual center: Interactive online services. URL: <https://www.issa.int/gp/239924> (Date of Address is October,13,2025).

<sup>29</sup> Health financing in Tunisia: World Bank technical assistance. URL: <https://www.issa.int/gp/239924> (Date of Address is October,13,2025).

<sup>30</sup> ASSISTANCE TECHNIQUE DE LA BANQUE MONDIALE SUR LE FINANCEMENT DE LA SANTE EN TUNISIE ETUDE SUR L'ASSISTANCE MEDICALE GRATUITE. World Bank. 2016. P. 36.

<sup>31</sup> Kolosov I. V. MEDICAL LAW DEVELOPMENT ON CAPITALIST ERA (1639–1917). *Науковий вісник Міжнародного гуманітарного університету. Серія: Юриспруденція*. Вип. 58. 2022. С. 36 – 39. DOI: <https://doi.org/10.32841/2307-1745.2022.58.8>

of employee health insurance in Morocco is most beneficial for Ukraine, since the contribution rate in that country creates significantly less fiscal pressure on businesses than in Ukraine (6.37% vs 22%). At the same time, the low level of digitalization of medicine, public awareness of health insurance projects, and attempts by entrepreneurs to avoid paying medical insurance contributions still problematic for this region.

## **2. Experience of Mali, Senegal and Guinea in establish of the right on medicine and professional healthcare**

Key legal areas of medical law in **Mali** have deal with drug regulation<sup>32</sup>, clinical research<sup>33</sup>, biosafety<sup>34</sup> and abortion<sup>35</sup>. Since the issues of occupational (labor) health in Mali are still awaiting resolution, we cannot present any significant results in the context of the subject of the study, but we have a great hope that these results will be obtained in further authorial explorations. However, it is gratifying that the issues of medical abortions have been regulated in this country, since aforesaid ones directly relate with the subject of labour and social security law due to the need of social reproduction and the effective change of productive resources of society's legal regulation. In respect to these circumstances, Traoré et al. emphasized that there are challenges that society might face during advocacy, such as: lack of data on safe abortion: national level studies on abortions and its complications are not available. Only small scale studies or estimates are available. In addition, health care providers often do not register (medical) abortions for fear of being arrested. Therefore sufficient and reliable data that can be used to advocate for safe abortion lacks; inconsistency of the legal framework: the various documents describing the conditions of access to abortion services are not aligned. The 2002 RH law, the penal code and the code of ethics evoke different circumstances. This causes confusion for the different actors involved. In addition, the application decree of the 2002 RH law misses, which leaves doors open for contradictory interpretations of the law; ignorance of the law and guidelines: the various relevant actors (communities, healthcare providers, security forces) are generally unaware of the law and the guidelines on safe abortion; religious and cultural influence: the discussions and vision on safe abortions are strongly influenced by religion and culture. People are afraid of being judged and are therefore afraid to stand

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<sup>32</sup> Import unapproved medicine into Mali. URL: <https://everyone.org/guides/country?code=ML> (Date of Address is October, 15, 2025).

<sup>33</sup> Clinical Research Regulation for Mali. URL: <https://clinregs.niaid.nih.gov/country/mali> (Date of Address is October, 15, 2025).

<sup>34</sup> Mali – Biological Weapons Convention National Implementation Measures Database. URL: <https://bwcimplementation.org/states/mali> (Date of Address is October, 15, 2025).

<sup>35</sup> Abortion in Mali. URL: [https://en.wikipedia.org/wiki/Abortion\\_in\\_Mali](https://en.wikipedia.org/wiki/Abortion_in_Mali) (Date of Address is October, 15, 2025).

in front of the public to talk openly about abortion, which makes discussions difficult; the different positions in Malian society: Positions of SOMAGO's members of on safe abortion differ a lot. There are members who wish to play a role in advocacy for safe abortion while others have they do not want to be involved. In addition, several members declared that their values are not yet clarified at the abortion level. – Lack of a clear position on safe abortion: SOMAGO<sup>36</sup> does not have a clear position on safe abortion, which can limit the visibility of the society as a key player in the field of safe abortion<sup>37</sup>.

Core legal fields of medical law in **Senegal** associated with reproductive health<sup>38</sup> and female genital mutilation (FGM)<sup>39</sup>, traditional medicine integration and regulation<sup>40</sup>, public health initiatives, particularly, Sesame Plan for seniors<sup>41</sup>, digitalization<sup>42</sup>, biosafety and waste management<sup>43</sup>, harm reduction<sup>44</sup> and drug laws<sup>45</sup>. The SESAME plan aims to ensure that Senegalese people aged 60 and over receive eligible healthcare coverage at public health facilities. This coverage, which is 100% for People at Their Own Costs (PAF), only concerns the portion allocated to the patient for those benefiting from other care (IPRES, FNR). Any Senegalese person aged 60 and over who meets the following conditions is therefore eligible: – have a digital Senegalese national identity card; – respect the health pyramid: consult at the peripheral level (post office or health center) and only go to the hospital if referred or in an emergency. Any public health structure is concerned by the

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<sup>36</sup> NATIONAL SOCIETY OF GYNAECOLOGY AND OBSTETRICS IN MALI – *I.K.*

<sup>37</sup> Lalla F. Traoré, Susan Bulthuis. Mali Country Report NEEDS ASSESSMENT ON SAFE ABORTION ADVOCACY. URL: [https://www.figo.org/sites/default/files/2020-03/Mali%20Country%20Report\\_Rapport%20SOMAGO%20English%20translation.pdf](https://www.figo.org/sites/default/files/2020-03/Mali%20Country%20Report_Rapport%20SOMAGO%20English%20translation.pdf) (Date of Address is October, 15, 2025).

<sup>38</sup> Senegal – The Global Abortion Practice Database. World Health Organisation. URL: <https://abortion-policies.srhr.org> (Date of Address is October, 15, 2025).

<sup>39</sup> Senegal: the law and FGM. URL: [https://www.fgmcri.org/media/uploads/Law%20Reports/senegal\\_law\\_report\\_v2\\_\(june\\_2021\).pdf](https://www.fgmcri.org/media/uploads/Law%20Reports/senegal_law_report_v2_(june_2021).pdf) (Date of Address is October, 15, 2025).

<sup>40</sup> World in Progress: Senegal Traditional Healers. URL: <https://www.dw.com/en/world-in-progress-regulating-traditional-healers-in-senegal/audio-41108379> (Date of Address is October, 15, 2025).

<sup>41</sup> Healthcare in Senegal. URL: [https://en.wikipedia.org/wiki/Healthcare\\_in\\_Senegal](https://en.wikipedia.org/wiki/Healthcare_in_Senegal) (Date of Address is October, 15, 2025).

<sup>42</sup> Senegal Adopts Digital Health Policy, Drafts Data Law – We Are Tech Africa. URL: <https://www.wearetech.africa/en/fils-uk/news/tech/senegal-adopts-digital-health-policy-drafts-data-law> (Date of Address is October, 15, 2025).

<sup>43</sup> Senegal – Biological Weapons Convention National Implementation Measures Database. URL: <https://bwconvention.org/states/mali> (Date of Address is October, 15, 2025).

<sup>44</sup> Ba Idrissa, Ndiaye Ibrahimia, Samba Oumar Mamadou, Dieye Ndeye Awa, Dieye Maïmouna, Sylla Aïda. The Contribution of the Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD) to Senegal's HIV Program through Harm Reduction (HR) Activities. URL: <https://www.scrip.org/journal/paperinformation?paperid=141117> (Date of Address is October, 15, 2025). DOI: <https://doi.org/10.4236/ojpsych.2025.152008>

<sup>45</sup> Senegal – The Global Drug Policy Index. URL: <https://globaldrugpolicyindex.net/country-profile/senegal> (Date of Address is October, 15, 2025).

Sesame Plan, provided that they respect the health pyramid and the referral/counter-referral system, namely: – health posts and centers, which are a mandatory passage for a first-line consultation; – level 1, 2, and 3 hospitals on referral by a peripheral structure or in emergency consultation; – non-hospital public establishments for carrying out paraclinical examinations prescribed by practitioners from public health structures. The following are free for beneficiaries of the Sésame Plan: – consultations; – essential medicines (available at public health facilities, as part of the Bamako Initiative); – additional examinations; – medical-surgical procedures; – hospitalizations. The following procedures are excluded from this free service (Ministerial Order No. 2794 MSP/DS/SP of March 21, 2010, listing the treatments excluded from the Sésame Plan): – prostheses (dental, hip, etc.); – implants except ocular implants; – pacemakers; – medical evacuations abroad; – specialty medicines (from private pharmacies); – MRIs; – scanners (except emergencies); – 1st and 2nd category hospitalizations; – beauty treatments; – cosmetic surgery; – systematic check-ups<sup>46</sup>. Leye et al. presented that between 2006 and 2008, hospital attendance rates increased every year. However, attendance rates began to decrease in 2009, except in the main hospital. The state has been left with a growing debt because of issues surrounding the reimbursement of expenses related to the “Plan Sésame”. As a result, national hospitals have been forced to restrict certain services included in the “Plan Sésame” and even to withdraw free health care for the elderly. These difficulties are likely to undermine the sustainability of the “Plan Sésame”. Scholars assumed that health authorities need to audit the “Plan Sésame”, to comply with standard procedures through regular monitoring and to redefine conditions of access<sup>47</sup>. Taverne, Laborde-Balen et al. confessed that health professionals interviewed supported the principle of health coverage, but most of them had limited and sometimes imprecise knowledge of the existing schemes and the methods of access or the services covered. Their point of view about the consequences of the Plan Sésame on their practice reveals some contradictions: some complain about the increase in workload, the criticism is extended to all the free schemes which would have a negative impact on daily practice because of the increase in the number of consultations which would be linked to abuse by patients. The interviews highlight the heterogeneity of the knowledge of elderly people about the health coverage intended for them, even though the Plan Sésame has been in place for over ten

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<sup>46</sup> *PLAN SÉSAME : GRATUITÉ POUR LES PERSONNES ÂGÉES DE 60 ANS ET PLUS.* URL: [HTTPS://SENC SU.SN/CSU.PHP?PAGE=ARTICLE&ID\\_ARTICLE=9](https://sencsu.sn/csu.php?page=article&id_article=9) (DATE OF ADDRESS IS OCTOBER, 15, 2025).

<sup>47</sup> Mamadou Makhtar Mbacké Leye, Mayassine Diongue, Adama Faye, Mamadou Coumé, Abdoulaye Faye, Alioune Badara Tall, Khadim Niang, Issa Wone, Ibrahima Seck, Papa Ndiaye and Anta Tal Dia. An Analysis of Free Healthcare for the Elderly in the Context of the Sésame Program in Senegal. URL: [https://shs.cairn.info/article/E\\_S PUB\\_131\\_0101?lang=en](https://shs.cairn.info/article/E_S PUB_131_0101?lang=en) (Date of Address is October, 15, 2025). DOI: <https://doi.org/10.3917/spub.131.0101>

years. The interviews clearly show that the use of the health coverage system by the elderly depends closely on the information they have and their ability to use it, both for women and men. There is a close link between the level of social integration of people and their use of health coverage: the most socially integrated people are those who know how to use CMU services best. The use of health coverage by the elderly appears to vary according to the individual. Although Plan Sésame is defined as part of a national strategy, its implementation varies according to the health structures and the periods; in the two study sites, the range of services covered by Plan Sésame is very limited, so the coverage provided by Plan Sésame is only partial: between 30 and 50% of the medical costs; the remaining cost of a consultation for elderly patients with hypertension and/or diabetes varies between 24,000 and 28,000 CFA francs. These amounts must be put into perspective with the resources available to people. Statistical studies published in 2021 report that in Senegal the average daily expenditure is 1,390 CFA francs/person/day; and that almost 38% of the population lives on 913 CFA francs/person/day, which is the poverty line calculated in 2019. Thus, the average out-of-pocket expenses for a follow-up consultation for hypertension, diabetes or a combination of the two diseases represent 15 to 30 days of daily expenditure. While the vast majority of elderly people in Senegal do not have a retirement pension, health expenses are therefore borne by their relatives. Within households, medical expenditure for the elderly competes with basic needs, particularly food, which usually takes up more than half of household resources. This indispensable family support places the elderly in a situation of total dependence. In 2021, Plan Sésame does not yet allow for completely free care for the elderly. However, its application, even partial, has resulted in a real reduction in health care costs for the elderly. Its use remains limited due to inconsistent application by most health structures. Its impact is insufficient in view of the amounts that users have to pay in a context of social and economic vulnerability. These observations reinforce the need to work on reducing the price of medical services and strengthening the UHC, in order to improve the equity and performance of the system, and to make it fully functional in all health structures<sup>48</sup>. One more challenge, from the Snyder's, Ridde et al. viewpoint, consist in issue is that Senegal's post-independence health policy has built on the colonial model, focusing on centralized organization and regulation of health services. Modern reforms are working

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<sup>48</sup> Bernard Taverne, Gabriele Laborde-Balen, Bintou Rassoul Top, Khoudia Sow, Mamadou Coumé. Perceptions and use of Universal Health Coverage (Plan Sésame) among the elderly in Dakar (Senegal), impacts on health expenditure related to diabetes and hypertension. URL: <https://pubmed.ncbi.nlm.nih.gov/38094482/> (Date of Address is October,15,2025). DOI: <https://doi.org/10.48327/mtsi.v3i3.2023.320>

to rationalize this system with a focus on public health planning and increasing access to care<sup>49,50</sup>, but final results is looking for ahead.

**Guinea's** medical law is based on the Public Health Code and other laws that establish the rights and obligations of individuals, regulate medical practices, and ensure access to healthcare<sup>51,52,53,54</sup>. Key aspects of medical law in Guinea concerned with drug and pharmaceutical regulation<sup>55,56,57</sup>, public health<sup>58,59</sup>, FGM prohibitions<sup>60</sup>, clinical research<sup>61,62</sup> and medical

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<sup>49</sup> Francis G. Snyder. Health policy and the law in Senegal. URL: <https://www.sciencedirect.com/science/article/abs/pii/S0037785674900043> (Date of Address is October,15,2025). DOI: [https://doi.org/10.1016/0037-7856\(74\)90004-3](https://doi.org/10.1016/0037-7856(74)90004-3)

<sup>50</sup> Valery Ridde, Babacar Kane, Adama Faye. The challenges of health reform in Senegal: qualitative analysis of the departamentalization of community-based health insurance. *Journal of Community Systems for Health*,2025,2 (1). DOI: <https://doi.org/10.36368/jcsh.v2i1.1104>. hal-04938297

<sup>51</sup> GUINEA: THE LAW AND FGM. URL: [https://www.fgmcri.org/media/uploads/Law%20Reports/guinea\\_law\\_report\\_v2\\_\(july\\_2021\).pdf](https://www.fgmcri.org/media/uploads/Law%20Reports/guinea_law_report_v2_(july_2021).pdf) (Date of Address is October,16,2025).

<sup>52</sup> PUBLIC HEALTH CODE THE PRESIDENT OF THE REPUBLIC ENACTS THE LAW WHOSE CONTENT AFER DELIBERARING IT, ADOPTS. URL: <https://clingers.niaid.nih.gov/sites/default/files/documents/guinea/Guinea-PHC-GoogleTranslation.pdf> (Date of Address is October,16,2025).

<sup>53</sup> The 10 best Health Care Lawyers in Guinea (2025). URL: <https://lawzana.com/health-care-lawyers/guinea> (Date of Address is October,16,2025).

<sup>54</sup> Guinea Updates its Pharmaceutical Regulatory Law – PGM-USAID. URL: <https://www.usp-pqm.org/results/guinea-success-story> (Date of Address is October,16,2025).

<sup>55</sup> Guinea Updates its Pharmaceutical Regulatory Law – PGM-USAID. URL: <https://www.usp-pqm.org/results/guinea-success-story> (Date of Address is October,16,2025).

<sup>56</sup> Guinea Updates its Pharmaceutical Regulatory Law – PGM-USAID. URL: <https://www.usp-pqm.org/results/guinea-success-story> (Date of Address is October,16,2025).

<sup>57</sup> Guinea – ANRH. URL: <https://amrh.nepad.org/amrh-countries/guinea> (Date of Address is October,16,2025).

<sup>58</sup> PUBLIC HEALTH CODE THE PRESIDENT OF THE REPUBLIC ENACTS THE LAW WHOSE CONTENT AFER DELIBERARING IT, ADOPTS. URL: <https://clingers.niaid.nih.gov/sites/default/files/documents/guinea/Guinea-PHC-GoogleTranslation.pdf> (Date of Address is October,16,2025).

<sup>59</sup> PUBLIC HEALTH CODE THE PRESIDENT OF THE REPUBLIC ENACTS THE LAW WHOSE CONTENT AFER DELIBERARING IT, ADOPTS. URL: <https://clingers.niaid.nih.gov/sites/default/files/documents/guinea/Guinea-PHC-GoogleTranslation.pdf> (Date of Address is October,16,2025).

<sup>60</sup> GUINEA: THE LAW AND FGM. URL: [https://www.fgmcri.org/media/uploads/Law%20Reports/guinea\\_law\\_report\\_v2\\_\(july\\_2021\).pdf](https://www.fgmcri.org/media/uploads/Law%20Reports/guinea_law_report_v2_(july_2021).pdf) (Date of Address is October,16,2025).

<sup>61</sup> Clinical Research Regulation for Guinea. URL: <https://clinregs.niaid.nih.gov/country/guinea> (Date of Address is October,16,2025).

<sup>62</sup> GUINEA: THE LAW AND FGM. URL: [https://www.fgmcri.org/media/uploads/Law%20Reports/guinea\\_law\\_report\\_v2\\_\(july\\_2021\).pdf](https://www.fgmcri.org/media/uploads/Law%20Reports/guinea_law_report_v2_(july_2021).pdf) (Date of Address is October,16,2025).

negligence<sup>63</sup>. In Guinea some patients' rights are recognized and guaranteed, e.g. confidentiality<sup>64</sup>, consent<sup>65</sup> and safety<sup>66</sup>. Again, due to absence of the occupational (labour) health's issues in Guinea are still awaiting resolution, we, unfortunately, cannot present any significant results in the context of the subject of the study, but we have a great hope that these results will be obtained in further authorial explorations. However, it is hopeful that the issues of FGM prohibition have been regulated in this country, since aforesaid ones directly relate with the subject of labour law due to the need of female labour protection. By the way, a new UN report says that, despite being forbidden by national and international law, female genital mutilation and/or excision shows no sign of abating in Guinea: 97 per cent of women and girls aged 15 to 49 years in Guinea have undergone female genital mutilation and/or excision. According to a recent study, 69 percent of women aged 20 to 24 were excised before the age of 10. In Guinea, FGM/E is mostly seen as an initiation rite and groups of girls from multiple families are often excised together, either at home or in camps. However the report shows an increasing trend towards individual excisions, due to financial constraints and out of fear of legal sanctions, especially when it comes to excising infants or very young girls. Although FGM/E is usually carried out by traditional excision practitioners, there is also a growing trend towards its medicalization, despite a 2010 decree specifically prohibiting public or private health institutions from practising it. Whereas in most countries where FGM/E is still occurring, women and girls seem to be largely in favour of its abolition, in Guinea the number of women supporting it has increased. A study by the Institut national de la statistique showed that the proportion of women and girls in favour of it rose from 65 percent in 1999 to 76 percent in 2012<sup>67</sup>.

Thus, development of medical law in former French **West African** colonies is characterized by the recent emergence of its legislative embodiment (first quarter of the XXI century) to; it has been strongly impacted both: by the Romano-Germanic Legal System and traditional law.

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<sup>63</sup> The Landscape of the Legal Aspects of Informed Consent for Medical Treatment in Papua New Guinea. URL: [https://www.researchgate.net/publication/338698015\\_The\\_Landscape\\_of\\_the\\_Legal\\_Aspects\\_of\\_Informed\\_Consent\\_for\\_Medical\\_Treatment\\_in\\_Papua\\_New\\_Guinea](https://www.researchgate.net/publication/338698015_The_Landscape_of_the_Legal_Aspects_of_Informed_Consent_for_Medical_Treatment_in_Papua_New_Guinea) (Date of Address is October,16,2025).

<sup>64</sup> The 10 best Health Care Lawyers in Guinea (2025). URL: <https://lawzana.com/health-care-lawyers/guinea> (Date of Address is October,16,2025).

<sup>65</sup> The 10 best Health Care Lawyers in Guinea (2025). URL: <https://lawzana.com/health-care-lawyers/guinea> (Date of Address is October,16,2025).

<sup>66</sup> The 10 best Health Care Lawyers in Guinea (2025). URL: <https://lawzana.com/health-care-lawyers/guinea> (Date of Address is October,16,2025).

<sup>67</sup> Female Genital Mutilation in Guinea on the rise – Zeid. URL: <https://www.ohchr.org/en/press-releases/2016/04/female-genital-mutilation-guinea-rise-zeid> (Date of Address is October,16,2025).

Absence of professional healthcare's legal guarantees and presence of some medico-social insurance's legal institutes attested that these former French colonies are in the medico-legal triad<sup>68</sup> stage and, in compare with **North** ones, nearer to the Middle Ages level of public development, which create in Africa the **geographic medico-labour asymmetry**.

### **3. Gabon, CAR and Republic of Congo on the way of the medically-labor problem resolving**

Medical law in **Gabon** involves strict regulations on drugs and medical devices through the National Agency for Health Products Control (ANSSA), which requires registration, approval and quality control. Healthcare access is regulated by the government, with the National Health Insurance Fund (CNAMGS) providing coverage and doctors must be registered with the Gabonese National Medical Association. Gabon is also working with regional and continental bodies like the AU to harmonize its systems for medicines<sup>69,70,71,72,73,74</sup>. In Gabon all pharmaceutical products and medical devices must be registered and approved by the ANSSA<sup>75</sup>. The ANSSA issues licenses for manufactures, importers, and storage facilities for medicines<sup>76</sup>. Only licensed importers can bring medicines into the country, though certain exceptions exist for non-governmental organizations and special

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<sup>68</sup> Kolosov I.V. EUROPEAN MEDICAL LAW DEVELOPMENT ON MIDDLE AGES AND RENAISSANCE. *Нове українське право. Випуск 6, присвячений євроінтеграційній тематиці*. Т. 1. 2022. С. 179-184. DOI: <https://doi.org/10.51989/NUL.2022.6.1.25>

<sup>69</sup> The 10 best Health insurance Lawyers in Gabon (2025). URL: <https://lawzana.com/health-insurance-lawyers/gabon> (Date of Address is October,17,2025).

<sup>70</sup> Gabon – AMRH – AUDA – NEPAD. URL: <https://amrh.nepad.org/amrh-countries/gabon> (Date of Address is October,17,2025).

<sup>71</sup> African Medicines Regulatory Harmonisation (ANRH)-Gabon. URL: <https://nepad-aws.assyst-uc.com/nepad-oncontinent/african-medicines-regulatory-harmonisation-amrh-gabon> (Date of Address is October,17,2025).

<sup>72</sup> Gabon – Licensing Requirements for Professional Services. URL: <https://www.trade.gov/country-commercial-guides/gabon-licensing-requirements-professional-services> (Date of Address is October,17,2025).

<sup>73</sup> Gabon Republic signs Treaty for the Establishment of the African. URL: <https://au.int/en/pressreleases/20200420/gabon-republic-signs-treaty-establishment-african-medicine-agency-ama> (Date of Address is October,17,2025).

<sup>74</sup> The 10 best Drugs & Medical Devices Lawyers in Gabon (2025). URL: <https://lawzana.com/drugs-medical-devices-lawyers/gabon> (Date of Address is October,17,2025).

<sup>75</sup> The 10 best Drugs & Medical Devices Lawyers in Gabon (2025). URL: <https://lawzana.com/drugs-medical-devices-lawyers/gabon> (Date of Address is October,17,2025).

<sup>76</sup> Gabon – AMRH – AUDA – NEPAD. URL: <https://amrh.nepad.org/amrh-countries/gabon> (Date of Address is October,17,2025).

prescriptions<sup>77</sup>. The ANSSA and other bodies monitor the quality, safety, and efficacy of medical products<sup>78</sup>. Doctors must be registered with the Gabonese National Medical Association to practice. The practice of medicine is subject to the laws and professional standards of Gabon<sup>79</sup>. Government regulates health insurance to ensure broad access to care<sup>80</sup>. This is the primary provider of health insurance, covering both public and private sector employees and their dependents for various medical services<sup>81</sup>. Gabon's strategy aims for universal health coverage, with high coverage of maternal care and substantial coverage for other areas, co-pays cover remaining costs<sup>82</sup>. Gabon also has signed the treaty for the establishment of the AMA, which will act as a continental regulatory body<sup>83</sup>. Moreover, Gabon is participating in regional efforts to harmonize its medical products regulatory system with other countries of Central Africa<sup>84</sup>. However, Gabon's legal system is based on French Civil Law<sup>85</sup>. Moving to Gabon offers a unique experience in Central Africa, with its rich biodiversity and cultural contrasts. For expats, integrating into this new environment also means securing solid health coverage that meets the country's specific needs. With a developing healthcare system and a range of care options, choosing the right health insurance is essential to access quality care and enjoy a worry-free stay. For expats in Gabon, health coverage is crucial, whether for routine consultations, hospital care, or potential medical evacuations to neighboring countries. The question of finding suitable insurance arises as soon as you arrive and depends on

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<sup>77</sup> Gabon – AMRH – AUDA – NEPAD. URL: <https://amrh.nepad.org/amrh-countries/gabon> (Date of Address is October,17,2025).

<sup>78</sup> Gabon – AMRH – AUDA – NEPAD. URL: <https://amrh.nepad.org/amrh-countries/gabon> (Date of Address is October,17,2025); see also The 10 best Drugs & Medical Devices Lawyers in Gabon (2025). URL: <https://lawzana.com/drugs-medical-devices-lawyers/gabon> (Date of Address is October,17,2025).

<sup>79</sup> Gabon – Licensing Requirements for Professional Services. URL: <https://www.trade.gov/country-commercial-guides/gabon-licensing-requirements-professional-services> (Date of Address is October,17,2025).

<sup>80</sup> The 10 best Health insurance Lawyers in Gabon (2025). URL: <https://lawzana.com/health-insurance-lawyers/gabon> (Date of Address is October,17,2025).

<sup>81</sup> The 10 best Health insurance Lawyers in Gabon (2025). URL: <https://lawzana.com/health-insurance-lawyers/gabon> (Date of Address is October,17,2025).

<sup>82</sup> What to Know about Healthcare in Gabon – The Borgen Project. URL: <https://borgenproject.org/healthcare-in-gabon> (Date of Address is October,17,2025).

<sup>83</sup> Gabon Republic signs Treaty for the Establishment of the African. URL: <https://au.int/en/pressreleases/20200420/gabon-republic-signs-treaty-establishment-african-medicine-agency-ama> (Date of Address is October,17,2025).

<sup>84</sup> African Medicines Regulatory Harmonisation (ANRH)-Gabon. URL: <https://nepad-aws.assyst-uc.com/nepad-oncontinent/african-medicines-regulatory-harmonisation-amrh-gabon> (Date of Address is October,17,2025).

<sup>85</sup> 2022 Investment Climate Statements: Gabon. URL: <https://www.state.gov/reports/2022-investment-climate-statements/gabon> (Date of Address is October,17,2025).

individual needs for medical care, available healthcare in Gabon, and the potential need for treatment abroad. Gabon has a growing healthcare system structured around mandatory insurance for private and public sector employees, managed by the National Health Insurance and Social Security Fund (CNAMGS). While this coverage is widespread, it doesn't always guarantee access to the highest quality care, especially for specialized treatments. The country's public hospitals face logistical challenges and patient overload, which can limit service accessibility and quality. To address these limitations, many expats opt for private insurance, which allows access to private healthcare facilities or consideration of medical evacuation for complex health issues. In this context, international insurance offers an advantage, as it covers not only healthcare expenses in Gabon but also treatment abroad, an appreciated flexibility when it comes to specialized treatment needs. Local insurance options in Gabon generally provide basic coverage at an affordable cost, which may meet primary healthcare needs. However, they don't always cover complex care or evacuation to other countries, a limitation expats should consider. Such plans are often suited to those relying on standard care in Gabonese facilities. Conversely, international insurance offers extensive coverage tailored to expats needing access to quality care worldwide. With international insurance, you can freely choose your healthcare provider, access private clinics, or plan a medical evacuation to a specialized care facility. This flexibility offers comfort and security in a country where healthcare options are still developing<sup>86</sup>. Thanks to its forestry and oil resources, Gabon has the highest human development index in sub-Saharan Africa and is one of the most prosperous countries on the continent<sup>87</sup>.

In **Central African Republic (CAR)** medical law is defined by a mix of national legislation and international agreements, addressing patient rights, public health policy, and specific medical issues like abortion and FGM. Key laws include a 1989 act on the general principles of public health and the 2006 Reproductive Health Law. The country also faces significant challenges in implementing and enforcing these laws due to conflict, under-resourced

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<sup>86</sup> Health insurance in Gabon. URL: <https://www.april-international.com/en/destinations/africa/health-insurance-in-gabon> (Date of Address is October,17,2025).

<sup>87</sup> Gabon Insurance. URL: <https://www.mondassur.com/en/visas-and-health-in-gabon> (Date of Address is October,17,2025).

healthcare systems, and a weak judicial system<sup>88,89,90,91,92,93,94</sup>. The 1989 Public Health Act establishes the right to health, but with the condition that citizens must make financial contributions for public health services<sup>95</sup>. Citizens are entitled to a free choice of physician, subject to the financial contribution condition<sup>96</sup>. The government sets general health policy, determines the organization of public and private health services and works to improve public health<sup>97</sup>. The 2016 Constitution ensures that detainees have the right to be examined and treated by a doctor of their choice<sup>98</sup>. Abortion is permitted to preserve a woman's life and health, in cases of rape, incest, or fetal impairment, according to the 2006 Reproductive Health Law and the 2010 Penal Code<sup>99</sup>. Legislation exists to prohibit FGM/C, though effective enforcement is challenged by a weak judicial system and a need for greater

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<sup>88</sup> Country Profile: Central African Republic – The Global Abortion Policies Database. URL: <https://abortion-policies.srhr.org/country/central-african-republic> (Date of Address is October,18,2025).

<sup>89</sup> Central African Republic – Center for Reproductive Rights. URL: <https://reproductiverights.org/maps/country/central-african-republic> (Date of Address is October,18,2025).

<sup>90</sup> CENTRAL AFRICAN REPUBLIC: THE LAW AND THE FGM/C. URL: [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/CAR/car\\_1aw\\_report\\_v2\\_\(september\\_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/CAR/car_1aw_report_v2_(september_2024).pdf) (Date of Address is October,18,2025).

<sup>91</sup> Health – Central African Republic travel advice. URL: <https://www.gov.uk/foreign-travel-advice/central-african-republic/health> (Date of Address is October,18,2025).

<sup>92</sup> Filling the gaps in health care access in Bambari, Central African Republic. URL: <https://www.doctorswithoutborders.org/latest/filling-gaps-health-care-access-bambari-central-african-republic> (Date of Address is October,18,2025).

<sup>93</sup> Act No. 1989.003 of 23 March 1989 fixing the general principles of public health in the Central African Republic. URL: <https://pubmed.ncbi.nlm.nih.gov/12344262> (Date of Address is October,18,2025).

<sup>94</sup> Health Care Law at Central African Republic. URL: <https://lawgratis.com/blog-detail/health-care-law-at-central-african-republic> (Date of Address is October,18,2025).

<sup>95</sup> Act No. 1989.003 of 23 March 1989 fixing the general principles of public health in the Central African Republic. URL: <https://pubmed.ncbi.nlm.nih.gov/12344262> (Date of Address is October,18,2025).

<sup>96</sup> Act No. 1989.003 of 23 March 1989 fixing the general principles of public health in the Central African Republic. URL: <https://pubmed.ncbi.nlm.nih.gov/12344262> (Date of Address is October,18,2025).

<sup>97</sup> Act No. 1989.003 of 23 March 1989 fixing the general principles of public health in the Central African Republic. URL: <https://pubmed.ncbi.nlm.nih.gov/12344262> (Date of Address is October,18,2025).

<sup>98</sup> Central African Republic 2016 – Constitue Project. URL: [https://www.constituteproject.org/constitution/Central\\_African\\_Republic\\_2016](https://www.constituteproject.org/constitution/Central_African_Republic_2016) (Date of Address is October,18,2025).

<sup>99</sup> Country Profile: Central African Republic – The Global Abortion Policies Database. URL: <https://abortion-policies.srhr.org/country/central-african-republic> (Date of Address is October,18,2025); see also Central African Republic – Center for Reproductive Rights. URL: <https://reproductiverights.org/maps/country/central-african-republic> (Date of Address is October,18,2025).

community awareness<sup>100</sup>. National guidelines exist that provide clinical recommendations for abortion, aligning with the laws<sup>101</sup>. The judicial and healthcare systems are often under-resourced, which hinders the full implementation. Ongoing conflict and instability severely limit access to healthcare, especially in rural areas. CAR has a need for capacity building by strengthening the medico-legal system, providing training for judges and police and raising public awareness are crucial steps for effective implementation, especially for laws like the one against FGM/C<sup>102</sup>. So as in Mali and Guinea, we constitute the absence of the occupational (labour) health's issues in CAR (geographic medico-labour asymmetry internal phenomenon in compare with Gabon) which still awaiting its resolution, consequently, we cannot present any significant results in the context of the subject of the study, but we have a great hope that these results will be obtained in further authorial explorations. However, it is very hopeful that the issues of FGM/C and abortion prohibition have been regulated in this country, since aforesaid ones directly relate with the subject of labour law due to the need of female labour protection.

In **Republic of Congo** medical law covers healthcare delivery, professional regulation and patient rights with varying legal frameworks between the two countries, though both face challenges like outdated laws,

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<sup>100</sup> CENTRAL AFRICAN REPUBLIC: THE LAW AND THE FGM/C. URL: [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/CAR/car\\_1aw\\_report\\_v2\\_\(september\\_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/CAR/car_1aw_report_v2_(september_2024).pdf) (Date of Address is October,18,2025).

<sup>101</sup> Country Profile: Central African Republic – The Global Abortion Policies Database. URL: <https://abortion-policies.srhr.org/country/central-african-republic> (Date of Address is October,18,2025).

<sup>102</sup> CENTRAL AFRICAN REPUBLIC: THE LAW AND THE FGM/C. URL: [https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/CAR/car\\_1aw\\_report\\_v2\\_\(september\\_2024\).pdf](https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/CAR/car_1aw_report_v2_(september_2024).pdf) (Date of Address is October,18,2025); see also: Health – Central African Republic travel advice. URL: <https://www.gov.uk/foreign-travel-advice/central-african-republic/health> (Date of Address is October,18,2025); Filling the gaps in health care access in Bambari, Central African Republic. URL: <https://www.doctorswithoutborders.org/latest/filling-gaps-health-care-access-bambari-central-african-republic> (Date of Address is October,18,2025); Health Care Law at Central African Republic. URL: <https://lawgratis.com/blog-detail/health-care-law-at-central-african-republic> (Date of Address is October,18,2025).

insufficient infrastructure and limited access for care<sup>103,104,105,106,107</sup>. Laws aim to regulate the delivery of healthcare services, the medical workforce and patient rights<sup>108,109</sup>. There is an increasing focus on patient rights, including the right to be involved in care decisions, though the practice of obtaining informed consent can be inconsistent<sup>110,111</sup>. Regulations cover the liability of healthcare professionals and medical malpractice<sup>112</sup>. Laws address public health concerns, such as mandatory vaccinations and the organization of

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<sup>103</sup> The Republic of Congo has signed the MEDICRIME Convention – Human Rights and Rule of Law. URL: [https://www.coe.int/en/web/medicrime/home/-/asset\\_publisher/BOCEbDYmX51/content/the-republic-of-the-congo-signs-the-medicrime-convention](https://www.coe.int/en/web/medicrime/home/-/asset_publisher/BOCEbDYmX51/content/the-republic-of-the-congo-signs-the-medicrime-convention) (Date of Address is October,19,2025).

<sup>104</sup> Abortion in the Democratic Republic of Congo. URL: [https://en.wikipedia.org/wiki/Abortion\\_in\\_the\\_Democratic\\_Republic\\_of\\_the\\_Congo](https://en.wikipedia.org/wiki/Abortion_in_the_Democratic_Republic_of_the_Congo) (Date of Address is October,19,2025).

<sup>105</sup> DRC: Health-care system on verge of collapse in North and South Kivu. URL: <https://www.icrc.org/en/news-release/drc-health-care-system-verge-collapse-north-south-kivu> (Date of Address is October,19,2025).

<sup>106</sup> Baudouin Wikha Tshibinda. Guarantee mechanisms of “rights-claims” recognized by the constitution: right to health; state obligation (President, Executive, National Assembly, Judiciary). URL: <https://www.hamann-legal.de/upload/4Baudouin.pdf> (Date of Address is October,19,2025).

<sup>107</sup> Health Care Law in Congo. URL: <https://lawgratis.com/blog-detail/health-care-law-at-congo> (Date of Address is October,19,2025).

<sup>108</sup> Health Care Law in Congo. URL: <https://lawgratis.com/blog-detail/health-care-law-at-congo> (Date of Address is October,19,2025).

<sup>109</sup> Law No. 18/035 of December 13,2018 Establishing the Fundamental Principles relating to the Organization of Public Health. URL: <https://ampeid.org/documents/democratic-republic-of-the-congo/law-no-18-035-of-december-13-2018-establishing-the-fundamental-principles-relating-to-the-organization-of-public-health> (Date of Address is October,19,2025).

<sup>110</sup> Doudou Nzaumvila, Patrick Ntoto, Indiran Govender, Philip Iukanu, Landu Niati, Didier Sanduku, Tombo Bongongo. Knowledge and practices of seeking informed consent for medical examinations and procedures by health workers in the Democratic Republic of Congo. URL: <https://pubmed.ncbi.nlm.nih.gov/34394330> (Date of Address is October,19,2025). DOI: <https://doi.org/10.4314/ahs.v21i1.58>

<sup>111</sup> Akondji Bainakofota Deiudonne, Angoyo Manvota Jacques, Menga Nongo Jose & Assani Ramazani Raymond. Medical malpractice, liability of healthcare professionals and patient protection in the democratic republic of Congo from 2015 to 2019. URL: [https://www.researchgate.net/publication/381845469\\_Medical\\_malpractice\\_liability\\_of\\_healthcare\\_professionals\\_and\\_patient\\_protection\\_in\\_the\\_democratic\\_republic\\_of\\_Congo\\_from\\_2015\\_to\\_2019](https://www.researchgate.net/publication/381845469_Medical_malpractice_liability_of_healthcare_professionals_and_patient_protection_in_the_democratic_republic_of_Congo_from_2015_to_2019) (Date of Address is October,19,2025). DOI: <https://doi.org/10/30574/wjarr.2024.22.3.1300>

<sup>112</sup> Health Care Law in Congo. URL: <https://lawgratis.com/blog-detail/health-care-law-at-congo> (Date of Address is October,19,2025); see also: and Akondji Bainakofota Deiudonne, Angoyo Manvota Jacques, Menga Nongo Jose & Assani Ramazani Raymond. Medical malpractice, liability of healthcare professionals and patient protection in the democratic republic of Congo from 2015 to 2019. URL: [https://www.researchgate.net/publication/381845469\\_Medical\\_malpractice\\_liability\\_of\\_healthcare\\_professionals\\_and\\_patient\\_protection\\_in\\_the\\_democratic\\_republic\\_of\\_Congo\\_from\\_2015\\_to\\_2019](https://www.researchgate.net/publication/381845469_Medical_malpractice_liability_of_healthcare_professionals_and_patient_protection_in_the_democratic_republic_of_Congo_from_2015_to_2019) (Date of Address is October,19,2025). DOI: <https://doi.org/10/30574/wjarr.2024.22.3.1300>.

emergency responses<sup>113</sup>. Republic of Congo has laws and participates in regional initiatives to combat counterfeit medical products and ensure quality standards<sup>114,115</sup>. At the same time, in Republic of Congo many legal texts are old and sometimes unclear, leading to duplication of services and confusion in the healthcare sector<sup>116</sup>. The healthcare infrastructure is often dilapidated, with insufficient facilities and resources<sup>117</sup>. Severe limitations on access to medical facilities persist, especially in conflict zones, which has been exacerbated by insecurity, looting and financial strain<sup>118,119,120</sup>. Laws are not always consistently enforced, particularly regarding issues like informed consent and abortion access<sup>121</sup>. Republic of Congo has signed the MEDICRIME Convention, which criminalizes the manufacturing, supplying

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<sup>113</sup> Law No. 18/035 of December 13,2018 Establishing the Fundamental Principles relating to the Organization of Public Health. URL: <https://ampeid.org/documents/democratic-republic-of-the-congo/law-no-18-035-of-december-13-2018-establishing-the-fundamental-principles-relating-to-the-organization-of-public-health> (Date of Address is October,19,2025).

<sup>114</sup> African Medicines Regulatory Harmonization (AMRH) – AUDA – NEPAD. URL: <https://www.nepad.org/programme-details/998> (Date of Address is October,19,2025).

<sup>115</sup> The Republic of Congo has signed the MEDICRIME Convention – Human Rights and Rule of Law. URL: [https://www.coe.int/en/web/medicrime/home/-/asset\\_publisher/BOCEbdYmX51/content/the-republic-of-the-congo-signs-the-medicrime-convention](https://www.coe.int/en/web/medicrime/home/-/asset_publisher/BOCEbdYmX51/content/the-republic-of-the-congo-signs-the-medicrime-convention) (Date of Address is October,19,2025).

<sup>116</sup> Baudouin Wikha Tshibinda. Guarantee mechanisms of “rights-claims” recognized by the constitution: right to health; state obligation (President, Executive, National Assembly, Judiciary). URL: <https://www.hamann-legal.de/upload/4Baudouin.pdf> (Date of Address is October,19,2025).

<sup>117</sup> Baudouin Wikha Tshibinda. Guarantee mechanisms of “rights-claims” recognized by the constitution: right to health; state obligation (President, Executive, National Assembly, Judiciary). URL: <https://www.hamann-legal.de/upload/4Baudouin.pdf> (Date of Address is October,19,2025).

<sup>118</sup> DRC: Health-care system on verge of collapse in North and South Kivu. URL: <https://www.icrc.org/en/news-release/drc-health-care-system-verge-collapse-north-south-kivu> (Date of Address is October,19,2025).

<sup>119</sup> Democratic Republic of the Congo: Health care increasingly difficult to access in North and South Kivu. URL: <https://www.icrc.org/en/news-release/democratic-republic-congo-health-care-difficult-access> (Date of Address is October,20,2025).

<sup>120</sup> DRC: Health-care system on verge of collapse in North and South Kivu. URL: <https://www.icrc.org/en/news-release/drc-health-care-system-verge-collapse-north-south-kivu> (Date of Address is October,19,2025).

<sup>121</sup> Baudouin Wikha Tshibinda. Guarantee mechanisms of “rights-claims” recognized by the constitution: right to health; state obligation (President, Executive, National Assembly, Judiciary). URL: <https://www.hamann-legal.de/upload/4Baudouin.pdf> (Date of Address is October,19,2025); see also: Doudou Nzaumvila, Patrick Ntotolo, Indiran Govender, Philip Iukanu, Landu Niati, Didier Sanduku, Tombo Bongongo. Knowledge and practices of seeking informed consent for medical examinations and procedures by health workers in the Democratic Republic of Congo. URL: <https://pubmed.ncbi.nlm.nih.gov/34394330> (Date of Address is October,19,2025). DOI: <https://doi.org/10.4314/ahs.v21i1.58>

and trafficking of counterfeit medical products<sup>122</sup>. In summary, medical law in the Republic of Congo is a complex and evolving area shaped by a history of French colonial era legislation and post-independence challenges. While efforts are being made to align with international standards, there are still significant gaps in implementation and a need for modernization of the legal framework<sup>123</sup>.

Summarizing the presented material on the former French colonies of Central Africa and the region as a whole, we note, presumably, its significant backwardness in matters of ensuring the right to professional healthcare compared with EU countries and, particularly, France. Firstly, this is explained by the brutal colonial policy of previous years, the low level of legal awareness of the population, technological development and so on and so forth. At the same time, former North African colonies, including Gabon and Senegal, are demonstrating significant progress in areas such as compulsory health insurance for workers, women's labor, maternity protection, and so on. Medical law in aforesaid states has deep dialectical connections with labour, civil, administrative, and criminal law, presents the previously described principle of medico-legal tetrarchy. However, in other African ones absence of professional healthcare's legal guarantees and presence of some medico-social insurance's legal institutes attested that these former French colonies are in the medico-legal triad stage and, in compare with North ones, nearer to the Middle Ages level of public development. This phenomenon, which we have named, has a complex internal structure and reaches its maximum in West Africa, while Central Africa, represented by Gabon, is practically no different from the developed North. Notwithstanding, only Central African countries, among the former French colonies, have the most eager to cooperate with EU countries and international humanitarian organizations, which gives reason to estimate their potential for further legal development as high. In general, Africa, as a resource-rich region, needs to consolidate the efforts of the civilized community in matters of legal regulation of medical and labor relations in order to increase labor productivity in these countries, the level of labor protection, and reduce their dependence on export orientation and external donors such as Russia. In modern conditions, the problems of Africa

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<sup>122</sup> The Republic of Congo has signed the MEDICRIME Convention – Human Rights and Rule of Law. URL: [https://www.coe.int/en/web/medicrime/home/-/asset\\_publisher/BOCEcbDYmX51/content/the-republic-of-the-congo-signs-the-medicrime-convention](https://www.coe.int/en/web/medicrime/home/-/asset_publisher/BOCEcbDYmX51/content/the-republic-of-the-congo-signs-the-medicrime-convention) (Date of Address is October,19,2025).

<sup>123</sup> Baudouin Wikha Tshibinda. Guarantee mechanisms of “rights-claims” recognized by the constitution: right to health; state obligation (President, Executive, National Assembly, Judiciary). URL: <https://www.hamann-legal.de/upload/4Baudouin.pdf> (Date of Address is October,19,2025); see also: Health Care Law in Congo. URL: <https://lawgratis.com/blog-detail/health-care-law-at-congo> (Date of Address is October,19,2025).

and its relations with the EU can become one of the guarantees of security for all humanity.

## CONCLUSIONS

1. Development of medical law in former French **North African** colonies is characterized by the recent emergence of its legislative embodiment (first quarter of the XXI century); it has been strongly impacted by the Romano-Germanic Legal System: its primary source remains the normative legal act; it has deep dialectical connections with labour, civil, administrative, and criminal law, presents the previously described principle of medico-legal tetrarchy. We confess that implementation of the experience of employee health insurance in Morocco is most beneficial for Ukraine, since the contribution rate in that country creates significantly less fiscal pressure on businesses than in Ukraine (6.37% vs 22%). At the same time, the low level of digitalization of medicine, public awareness of health insurance projects, and attempts by entrepreneurs to avoid paying medical insurance contributions still problematic for this region.

2. In **West African** ones absence of professional healthcare's legal guarantees and presence of some medico-social insurance's legal institutes attested that these former French colonies are in the medico-legal triad stage and, in compare with **North** ones, nearer to the Middle Ages level of public development, which create in Africa the *geographic medico-labour asymmetry – such a legal and socio-cultural phenomenon, leads to a different attitude towards the law and social relations subject ought to regulation, particularly, in the field of labor and medicine, and which, under equal initial conditions of governance, gives rise to uneven legal regulation depending on the external conditions of the state's existence (geography, climate, etc.)*.

3. **Central African** ones' law development feels strong French Civil Law impact. Geographic medico-labour asymmetry in this region complicated by internal appearance (Gabon vs CAR and Republic of Congo), which attests its complexity and need of further investigations. Notwithstanding, only Central African countries, among the former French colonies, have the most eager to cooperate with EU countries and international humanitarian organizations, which gives reason to estimate their potential for further legal development as high.

## SUMMARY

Scientific study of human rights in France is inseparable from its foreign colonies and dependent territories, including former ones, since aforesaid colonies and territories were experienced with enormous influence of the French legal system and the Continental legal tradition. In global context,

relevance of the research problem is mediated by the rapid industrial development of the African continent and its wealth of natural resources, on the one hand, and poverty, industrial labour, and its low productivity, on the other. These initial background create the preconditions for the advancement of aggressive countries' policies in Africa, which can be avoided by establishing appropriate national legal regulations. EU member states offer a good example for learning from, however, their experience in medical law matters is also useful in the context of reforming Ukrainian legislation. Development of medical law in former French North African colonies is characterized by the recent emergence of its legislative embodiment (first quarter of the XXI century); it has been strongly impacted by the Romano-Germanic Legal System: its primary source remains the normative legal act; it has deep dialectical connections with labour, civil, administrative, and criminal law, presents the previously described principle of medico-legal tetrarchy. We confess that implementation of the experience of employee health insurance in Morocco is most beneficial for Ukraine, since the contribution rate in that country creates significantly less fiscal pressure on businesses than in Ukraine (6.37% vs 22%). At the same time, the low level of digitalization of medicine, public awareness of health insurance projects, and attempts by entrepreneurs to avoid paying medical insurance contributions still problematic for this region. In West African ones absence of professional healthcare's legal guarantees and presence of some medico-social insurance's legal institutes attested that these former French colonies are in the medico-legal triad stage and, in compare with North ones, nearer to the Middle Ages level of public development, which create in Africa the geographic medico-labour asymmetry. Central African ones' law development feels strong French Civil Law impact. Geographic medico-labour asymmetry in this region complicated by internal appearance (Gabon vs CAR and Republic of Congo), which attests its complexity and need of further investigations.

**Key words:** France, colonies, Africa, professional healthcare, medical law, labour law, geographic medico-labour asymmetry, Romano-Germanic Legal System, human rights, French Civil Law.

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