



Health. Access. Rights.

P.O. Box 9990 | Chapel Hill, NC 27515 USA

Tel: 919.967.7052 / 800.334.8446 | Fax: 919.929.0258

info@ipas.org | www.ipas.org

29 January 2014

Committee on the Elimination of Discrimination against Women
Office of the High Commissioner for Human Rights
Geneva, Switzerland

RE: Supplementary information on Sierra Leone scheduled for review by the CEDAW Committee during its fifty-seventh session in February 2014

Dear Committee Members:

This shadow letter is intended to complement the periodic report submitted by the State of Sierra Leone for your consideration during the 57th session of the Committee on the Elimination of Discrimination Against Women. Our aim is to provide information about Sierra Leone's violations of CEDAW that result from the State's antiquated and restrictive abortion law, which was enacted in 1861.

The Reproductive Health Partners Advocacy Network, a group of civil society organisations, has worked intensively with government to increase and implement the exercise of women's sexual and reproductive rights and to reduce maternal mortality due to the risks of unsafe abortions.

The abortion law in Sierra Leone criminalizes abortion in all cases without exception. The restrictive law violates Article 2(f) of the Convention, which requires State Parties to "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women." Both women seeking abortion and abortion providers are criminalized. CEDAW General Comment 24 on Women and Health states, "When possible, legislation criminalizing abortion should be amended, in order to withdraw punitive measures imposed on women who undergo abortion."

Due to the restrictive law, safe abortion is inaccessible in Sierra Leone, in violation of Article 12 of the Convention (the rights of women to nondiscrimination in health care) and Article 16(e) (the rights of women to decide freely and responsibly on the number and spacing of their children). Without access to safe abortion, women in Sierra Leone risk their health and lives through unsafe abortion. Unsafe abortion accounts for 10% of maternal death in Sierra Leone (SLMoHS 2013).

We hope that the above information will be useful for your review of the State of Sierra Leone's compliance with the CEDAW Convention.

Very sincerely,



Valerie Tucker, Director, Ipas Sierra Leone
For and On behalf of
Reproductive Health Partners Network Sierra Leone

Background information

Sierra Leone has the fourth-highest maternal mortality in the world, due in part to the large number of unsafe abortions which take place in the country each year (SLMoHS 2013). A major contributor to the high rates of unsafe abortion is the Offenses Against the Persons Act sections 58 and 59, which criminalizes abortion in nearly all cases. We applaud the government for the launch of the National SRHR Policy and the Reduction of Teenage Pregnancy Strategy, which notes that unsafe abortions are a cause for concern. However, until the abortion law is revised, rates of death and injury from unsafe abortion will remain high.

According to a strategic assessment produced by Ministry of Health and Sanitation in collaboration with Ipas in 2013, sexual violence is one of the major causes of unwanted pregnancies and unsafe abortion. However, abortion in Sierra Leone remains illegal in cases of rape. The report of the State party identifies several measures it has taken to address the high levels of sexual violence in the country, particularly setting up Family Support Units (FSUs) at 41 police stations across the country. However, the report goes on to indicate that these FSUs lack the financial and technical support they need to operate efficiently. Other significant causes of unwanted pregnancy and unsafe abortion include extramarital pregnancies, the refusal of the male partners to take responsibility for pregnancies, and lack of access to information about contraceptives (a further violation of Article 16).

As written, the current law governing abortions makes no exceptions for any indication, which is a clear violation of women's right to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to

We commend the government of Sierra Leone for initiating a process to review the restrictive law. The Sierra Leone Law Review Commission completed a drafted bill on abortion in 2012. We are concerned, however, that the draft bill has not moved forward from the Commission to Parliament.

The revised law on abortion must not include provisions that limit the type of provider that can legally provide abortion. Authorization of only medical doctors to provide abortion would violate Articles 12 and 14(2)(b) (access to health care for rural women). According to the World Health Organization, safe abortion can be provided by a range of trained health care professionals, including nurses and midwives. Given the limited supply of doctors throughout the country, vulnerable women—in particular young women, poor women and women living in rural area—are more likely to obtain needed abortion through illegal and unsafe methods.

As acknowledged by the Ministry of Health in the National SRHR Policy and the Reduction of Teenage Pregnancy Strategy, adolescents in particular suffer from lack of access to reproductive health services. The draft bill should ensure that adolescent girls are able to consent to confidential abortion care, without requirements of parental authorization. Such requirements can deter adolescent girls from seeking safe services, in violation of Article 12 of the Convention.

Also in violation of Article 12 of the Convention, misoprostol for maternal health reasons has not been approved and remains unavailable in the public health sector. Misoprostol is a life-saving drug and is on the WHO essential drug list and therefore should be made available to women in Sierra Leone.

We request that the Committee pose the following questions to the State of Sierra Leone during the 57th session of the Committee on the Elimination of Discrimination Against Women:

1. What steps will the State take to ensure that the draft bill on abortion moves forward toward approval as law?
2. How will the State ensure a revised law allows a broad base of health care providers to perform abortion services?
4. How will the State ensure that minors seeking abortion are able to access the services confidentially, without involvement by a parent or guardian?
5. What steps will the State take to ensure that post-abortion and safe abortion care are integrated into its free health-care program?

exercise these rights as guaranteed in Article 16 of the Convention. Additionally, as found by the strategic assessment, a major cause of unwanted pregnancy is lack of access to and information about contraceptives, a further violation of Article 16 of the convention.

Restrictions on the type of health care provider that can provide abortion would be a contributor to lack of access to services, particularly for vulnerable women. Sierra Leone has only 0.016 physicians per 1,000 people, but 0.168 nurses and midwives for 1,000 people (World Bank 2010) – women can better access services from nurses and midwives than doctors.

Rural women also lack access to treatment for complications from unsafe abortion. A large majority of post-abortion cases are treated at facilities in urban areas, despite two-thirds of the population living in rural areas. We applaud the State for acknowledging illegal abortion as a cause of maternal mortality and note their plan for training an increased number of medical providers.

Article 2 of the Convention requires States to eradicate discrimination against women through legislative measures. The provisions governing abortion in the law of Sierra Leone remain from the 1861 English Act, a holdover from colonial times, which became part of the laws of Sierra Leone by virtue of section 74 of the Courts Act in 1965. The law violates Articles 2, 12, 14, and 16 of the Convention and must be changed.

References

Sierra Leone Ministry of Health and Sanitation. (2013). *Unsafe Abortion in Sierra Leone: A report of Community and Health System Assessments*. Freetown: Ipas.

World Bank Data. (2010). Retrieved from <http://data.worldbank.org/>