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SIERRA LEONE

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Introduction

1. ADF International is a global alliance-building legal organization that advocates for religious freedom, life, and marriage and family before national and international institutions. As well as having ECOSOC consultative status with the United Nations (registered name “Alliance Defending Freedom”), ADF International has accreditation with the European Commission and Parliament, the Fundamental Rights Agency of the European Union, the Organization for Security and Co-operation in Europe, and the Organization of American States.
2. This report highlights Sierra Leone’s relatively high degree of religious freedom but urges the government to ensure that people who convert to Christianity are protected. It also explains why Sierra Leone should resist calls to legalize abortion, and how international law does not justify a so-called right to abortion. Finally, the report details how Sierra Leone must improve maternal health.

(a) Religious freedom

3. Sierra Leone has a high level of freedom of religion. Article 24 of the Constitution guarantees freedom of religion, in line with article 18 of the International Covenant on Civil and Political Rights (ICCPR), and articles 25 and 26 guarantee freedom of expression and freedom of assembly, respectively. Sierra Leone is 77 percent Muslim and 21 percent Christian, according to the Inter-Religious Council of Sierra Leone.¹ The Special Rapporteur on freedom of religion or belief, Heiner Bielefeldt, has noted that there is a high degree of tolerance between Muslims and Christians.² He reports that there is peaceful coexistence, and religious conversion is permitted and practised. As such, Sierra Leone can serve as a model for other countries in the region that do not enjoy the same level of religious freedom.
4. However, the Voice of the Martyrs, a Christian organization that reports on persecution of Christians around the world, has reported that Christians, particularly those who convert from Islam, are being attacked by two Islamic groups, the Terbilics and the Is-bolas. Some Christians have been stoned and poisoned, and pastors have been beaten and churches destroyed.³ Christians who evangelize in villages are opposed by radical Muslims and practitioners of local animist religions.⁴
5. In order to comply with ICCPR article 18, the government of Sierra Leone must guarantee that Christians are free to profess and practise their faith everywhere in the country, including in predominantly Muslim villages. While the country’s spirit of religious tolerance is commendable, such tolerance must allow for discussion of

¹ US STATE DEP’T, SIERRA LEONE 2013 INTERNATIONAL RELIGIOUS FREEDOM REPORT 1 (2014), *available at* <http://www.state.gov/documents/organization/222305.pdf>.

² U.N. Office of the High Commissioner for Human Rights, Statement at the conclusion of the visit to Sierra Leone by the Special Rapporteur on freedom of religion or belief, Mr. Heiner Bielefeldt, 5 July 2013, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=13506&>.

³ Voice of the Martyrs, Prayer Map, <http://www.persecution.com/public/prayermap.aspx?clickfrom=%3d6d61696e5f6d656e75>.

⁴ Voice of the Martyrs, *Sierra Leone: “We Won’t Leave Christ”*, http://www.persecution.com/public/newsroom.aspx?story_ID=%3d363835.

truth claims and criticism of other religions and beliefs – as protected by ICCPR article 19’s guarantee of freedom of expression – and for evangelism. Sierra Leone also must ensure that perpetrators of crimes against Christians are brought to justice.

(b) Abortion

6. A pro-abortion organization estimates that 40,000 women and girls had abortions in Sierra Leone in 2011,⁵ many of which led to serious complications, including death.
7. The Offences Against the Person Act of 1861 prohibits the performance of abortions in Sierra Leone. However, under the criminal law principle of necessity, abortion is permitted to save the life of the mother or to preserve her physical or mental health.⁶ This is not stated in law and has not been tried in court, but is generally recognized.
8. Some NGOs and “health experts” have called for the legalization of abortion in Sierra Leone, and many say that international law justifies or even requires it. Sierra Leone, in response to these calls, has indicated that it plans to loosen restrictions on abortion, with a draft bill before the Parliament that has not yet been voted on.⁷ Further, in 2013, the First Lady, Sia Nyama Koroma said, “Safe, legal abortion would preserve women’s health and save their lives.”⁸
9. However, Sierra Leone must not bow to pressure imposed by false claims that its international obligations require abortion legalization. Instead, international law recognizes the right to life of the unborn.

The right to life in international law

10. A so-called international “right to abortion” is incompatible with various provisions of international human rights treaties, in particular provisions on the right to life.
11. Article 6(1) of the ICCPR states, “Every human being has the inherent right to life.” The ICCPR’s prohibition of the death penalty for pregnant women implicitly recognizes the right to life of the unborn. Although the ICCPR allows for the death penalty to be imposed on both adult men and women, it explicitly prohibits applying the death penalty to pregnant women. Article 6(5) states, “Sentence of death shall not be imposed for crimes committed by persons below eighteen years of age and *shall not be carried out on pregnant women.*” This clause must be understood as recognizing the unborn’s distinct identity from the mother and protecting the unborn’s right to life.

⁵ *SIERRA LEONE: Shifting tide on abortion law*, IRIN NEWS, 27 Nov. 2012, <http://www.irinnews.org/report/96907/sierra-leone-shifting-tide-on-abortion-law>.

⁶ U.N. Population Division, Department of Economic and Social Affairs, *Abortion Policies: A Global Review*, 2002, www.un.org/esa/population/publications/abortion/index.htm.

⁷ See U.N. Office of the High Commissioner for Human Rights, *Human Rights Committee considers the report of Sierra Leone*, 12 Mar. 2014, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=14359&LangID=E#sthash.NAafInJ6.9GxP2DOv.dpuf>.

⁸ Ipas, *Ministry of Health and Sanitation and Ipas report on unsafe abortion in Sierra Leone finds support from nation’s First Lady*, 22 Apr. 2013, <http://www.ipas.org/en/News/2013/April/Ministry-of-Health-and-Sanitation-and-Ipas-report-on-unsafe-abortion-in-Sierra-Leone-finds.aspx>.

12. As the *travaux préparatoires*⁹ of the ICCPR explicitly state, “The principal reason for providing in paragraph 4 [now Article 6(5)] of the original text that the death sentence should not be carried out on pregnant women was to *save the life of an innocent unborn child*.”¹⁰ Similarly, the Secretary General report of 1955 notes that the intention of the paragraph “was inspired by humanitarian considerations and by *consideration for the interests of the unborn child*[.]”¹¹
13. The protection of unborn life is also found through an ordinary reading of the language in the preamble of the Convention on the Rights of the Child (CRC). The preamble states, “[T]he child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, *before as well as after birth*.”
14. Article 1 of the CRC defines a child as “every human being below the age of eighteen years.” This provides an upper limit as to who is a child, but does not provide a lower limit on when the status of “child” attaches. Moreover, Article 6 of the CRC holds, “States Parties recognize that every child has the inherent right to life. States Parties shall ensure to the maximum extent possible the survival and development of the child.” Viewed in the context of the preamble, both Articles 1 and 6 of the CRC indicate recognition of, and protection for, unborn life.

Legalizing abortion does not make it safe

15. Legalizing abortion does not guarantee that it becomes safe. A report by the Guttmacher Institute states, “Changing the law [. . .] is no guarantee that unsafe abortion will cease to exist.”¹² The medical infrastructure in Sierra Leone is poor, with an inadequate number of trained health professionals and unsanitary, poorly equipped health facilities. Women who receive abortions will still face poor conditions, the same ones faced by women who give birth and deal with similar complications, such as bleeding and infection. Providing more access to abortion will mean more women will suffer from abortion complications.
16. Further, abortion can never be safe because it takes the life of the unborn child, and harms the mother through the loss of her child.

Reducing recourse to abortion

17. Sierra Leone must focus on introducing measures to reduce recourse to abortion, instead of focusing on legalizing it, in line with paragraph 8.25 of the Programme of Action of the International Conference on Population and Development. Measures to reduce abortion include improving access to education, which empowers women

⁹ In accordance with the Article 32 of the Vienna Convention, the *travaux préparatoires* are considered to be a “supplementary means of interpretation.”

¹⁰ A/3764 § 18. Report of the Third Committee to the 12th Session of the General Assembly, 5 December 1957.

¹¹ A/2929, Chapter VI, §10. Report of the Secretary-General to the 10th Session of the General Assembly, 1 July 1955.

¹² See Susan A. Cohen, *Facts and Consequences: Legality, Incidence and Safety of Abortion Worldwide*, GUTTMACHER POL’Y REV. (2009), available at <http://www.guttmacher.org/pubs/gpr/12/4/gpr120402.html>.

and leads to social and economic development, as well as facilitating healthy decision-making.

18. Sierra Leone must also focus on helping women get through pregnancy and childbirth safely, rather than helping women end their pregnancies. Given the maternal health crisis in Sierra Leone, resources must focus on improving conditions for pregnant women, women undergoing childbirth, and postpartum women.

(c) Maternal health

19. Sierra Leone is estimated to have the highest maternal mortality ratio (MMR) in the world at 1100 deaths per 100,000 live births.¹³ The lifetime risk of maternal death, or the probability that a 15-year-old woman will die from a maternal cause at some point in her life, is 1 in 21.¹⁴ Every maternal death is a tragedy. It devastates the woman's family, in particular the woman's children, and affects the entire community socially and economically. The high number of maternal deaths in Sierra Leone is a human rights crisis.

Necessary maternal health interventions

20. Almost all maternal deaths are preventable,¹⁵ particularly when skilled birth attendants are present to manage complications and the necessary drugs are available, such as oxytocin (to prevent hemorrhage) and magnesium sulfate (to treat pre-eclampsia).
21. Sierra Leone has promised free health care to pregnant women, new mothers, and young children,¹⁶ but many women are still asked to pay for health services that should be free, and the health care system is plagued with problems.¹⁷ Problems include a lack of drugs and poor infrastructure, such as no electricity or running water and inaccessibility of hospitals due to weather conditions.¹⁸
22. Sierra Leone must also focus on providing prenatal care. The World Health Organization (WHO) recommends a minimum of four prenatal visits with trained health workers, in order to prevent, detect, and treat any health problems.¹⁹ According to the Demographic and Health Survey, 76 percent of women in Sierra Leone had at least four prenatal visits.²⁰

¹³ WHO ET AL., TRENDS IN MATERNAL MORTALITY 1990-2013 34, available at http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1.

¹⁴ *Id.*

¹⁵ World Health Organization, Fact Sheet No. 348, Maternal mortality, <http://www.who.int/mediacentre/factsheets/fs348/en/>.

¹⁶ *Mothers and infants to get free health care in Sierra Leone*, 375 LANCET 882, 882 (2010), available at <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2810%2960371-6.pdf>.

¹⁷ Amy Maxmen, *Sierra Leone's free health-care initiative: work in progress*, 381 LANCET 191, available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60074-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60074-4/fulltext).

¹⁸ *Id.*

¹⁹ World Health Organization, Antenatal care, http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/.

²⁰ SIERRA LEONE DEMOGRAPHIC AND HEALTH SURVEY (2013), available at <http://dhsprogram.com/pubs/pdf/FR297/FR297.pdf>. Statistics are from the DHS unless otherwise noted.

23. The WHO states, “Most obstetric complications could be prevented or managed if women had access to skilled birth attendant – doctor, nurse, midwife – during childbirth.”²¹ SBAs are trained to recognize and manage complications, and to refer women to higher levels of care if necessary. According to UNFPA, only 24 percent of the need for SBAs in Sierra Leone is met.²² Only six in ten births are attended by an SBA, including only 53 percent of births in rural areas, only 54 percent of births to mothers with no education, and only 51 percent of births to women in the lowest wealth quintile. Most women who gave birth in a rural setting did not access an SBA. The population of Sierra Leone is expected to increase from 6 million in 2012 to 8.1 million in 2030. It must prepare to respond to an estimated 400,000 pregnancies per year by 2030, 67 percent of which will be in rural settings.
24. Women must also receive postnatal care. 73 percent of women received postnatal care within two days of delivery. One in five did not receive any postnatal care, including 22.5 percent of mothers with no education and 25.6 percent of mothers in the lowest wealth quintile.
25. Sierra Leone must recognize the barriers to adequate health care during pregnancy, childbirth, and the postnatal period, including poverty, distance, lack of information, inadequate services, and cultural practices. 72 percent of women in Sierra Leone reported that there was at least one barrier, such as needing permission to go for treatment, not wanting to go alone, and in particular getting money for treatment and distance to a health facility, in getting care for a health concern.

(d) Recommendations

26. Given the push in Sierra Leone for abortion and the unavailability of good health care for women, ADF International recommends the following:
- Recognize that the liberalization of abortion laws is not required by international law;
 - Recognize that the legalization of abortion in a country with such a high maternal mortality ratio and poor health care system infrastructure will not make abortion safe, and protect the women of Sierra Leone by resisting pressure to legalize it;
 - Replace the abortion bill before Parliament with a bill focusing on providing women with accessible quality health care during pregnancy, labour, and the postpartum period;
 - Improve the health care system infrastructure and eliminate user fees for pregnant women, mothers of infants, and young children.

²¹ World Health Organization, Skilled attendants at birth, http://www.who.int/gho/maternal_health/skilled_care/skilled_birth_attendance_text/en/.

²² UNFPA, THE STATE OF THE WORLD'S MIDWIFERY: SIERRA LEONE COUNTRY BRIEF 2014 164 (2014), http://www.mamaye.org/sites/default/files/evidence/EN_SOWMR2014_Sierra%20Leone.pdf.