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# **REPORT ON MATERNAL MORTALITY**

**Authored by  
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Maternal Mortality Subcommittee**

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## **INTRODUCTION**

This report provides an overview of laws and policies relating to maternal health and mortality in four African countries: Algeria, Ethiopia, Rwanda, and Sierra Leone. We chose countries that are geographically, religiously, and legally diverse from one another. For each country, we provide basic facts; information about its legal system; provisions of its Constitution that pertain to women's rights; details about specific legislation bearing on maternal health; and a list of relevant international treaties to which it is a party. We hope that non-governmental and/or advocacy organizations working for increased access to maternal health care across the continent will find the information contained herein useful in their work.

# ALGERIA

## I. Country Facts

The People's Democratic Republic of Algeria is a Northern African state with a population of 39,542,166.<sup>1</sup>



The official language of Algeria is Arabic, although Berber and French are also used. Islam is the religion of state. A majority of Algerians are Sunni Muslims.

Algeria's ratio of males to females is 1.03.<sup>2</sup> The life expectancy at birth is 76.59 years.<sup>3</sup> Algeria's birthrate is 23.67 births/1,000 population and its fertility rate is 2.78 children.<sup>4</sup> The Maternal Mortality Ratio, defined as Maternal Deaths per 100,000 live births, is 140.<sup>5</sup>

## II. Overview of the Legal System

Algeria is a democratic republic with a presidential model of government. President Abdelaziz Bouteflika was elected in 1999 and has held the office ever since. Algeria is a member of the African Union, the Arab League, OPEC and the United Nations ("UN"), and is a founding member of the Arab Maghreb Union.

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<sup>1</sup> CIA World Factbook.

<sup>2</sup> *Id.*

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

Islamic law and French statutory law were applied in Algeria until its independence from France in 1962. After gaining independence, the Algerian judicial system was reorganized and new civil and criminal codes were enacted.

The parliament is responsible for civil and criminal legislation. The powerful executive branch sees to the implementation of the law. The courts make decisions on civil and criminal cases.

A Family Code based on the Maliki school of Islam, one of four major schools of religious law within Sunni Islam, was enacted in 1984.

### **III. Laws Specific to Maternal Health**

Abortion is permitted to save the life of the woman, to preserve physical health, or to preserve mental health. Specifically, the Algerian Criminal Code of June 8, 1966 (Articles 304-313) bans abortion unless it is performed as an indispensable measure to save the life of the mother. The Public Health Code of 1976 (Ordinance No. 76-79 of October 1976, Articles 28 and 414) specifies that abortion is lawful when performed before fetal viability as an essential therapeutic measure to save the life of the mother or to safeguard her endangered health. The Law on the Protection and Promotion of Public Health (Act No. 85-05 of February 1985, Article 72) permits abortion as an essential measure to preserve a woman's mental state when it is seriously jeopardized. Legal abortions must be performed by physicians or surgeons in specialized institutions.

Abortion is not permitted in cases of rape, incest, fetal impairment, economic or social reasons, or on request. A woman inducing or agreeing to the inducement of her own abortion is subject to imprisonment (6 to 24 months) and a fine. The person who performs the abortion is subject to imprisonment (1 to 5 years) and a fine. If that person is a medical practitioner, he or she can be suspended from practicing.

Article 310 of the Penal Code makes it a crime to advocate abortion or to "provoke" an abortion by speech, writing or advertisement, punishable by imprisonment for up to three years. This provision can severely hinder advocacy for women's rights via the liberalization of abortion laws.

The Ministry of Health reportedly issued instructions in 1998 to allow abortion for women pregnant as a result of rape by armed groups during the internal armed conflict under certain conditions. These instructions were not released, and it is unclear as to whether or not they were implemented.

### **IV. International Obligations**

Algeria's lack of laws protecting against sexual violence perpetuates deep-rooted gender inequities. Moreover, many policies in Algeria are in direct violation of sexual and reproductive rights provided by international treaties to which Algeria is a party, including:

- **The Covenant on Economic, Social and Cultural Rights:**

- Article 2.2: The States Parties to the . . . Covenant undertake to guarantee that the rights enunciated in the . . . Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, . . . national or social origin, property, birth or other status.
  - Article 3: The States Parties to the . . . Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant.
  - Article 10.2: Special protection should be accorded to mothers during a reasonable period before and after childbirth.<sup>6</sup>
  - Article 12.1: The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
  - Article 12.2: The steps to be taken by the States Parties to . . . achieve the full realization of this right shall include those necessary for . . . (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.<sup>7</sup>
  - In its General Comment No. 16, the Committee on the Economic, Social, and Cultural Rights stated that Article 12 of the Covenant “requires States parties to undertake steps towards the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The implementation of Article 3 in relation to Article 12 requires, at a minimum, the removal of legal and other obstacles that prevent men and women from accessing and benefiting from healthcare on a basis of equality. This includes, *inter alia*, . . . the removal of legal restrictions on reproductive health provisions . . . and the provision of adequate training for health care workers to deal with women’s health issues.”
- **The Convention on the Elimination of All Forms of Discrimination Against Women:**
    - Article 1: The term “discrimination against women” shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, . . . on a basis of equality of men and women, of human rights and fundamental freedoms.
    - Article 2: States Parties . . . agree to . . . a policy of eliminating discrimination against women and . . . undertake: (b) To adopt . . . legislative and other measures. . . prohibiting all discrimination against women; (c) To establish legal protection of the rights of women on an equal basis with men . . . ; (e) To take all appropriate measures to eliminate discrimination against women by any person . .

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<sup>6</sup> This can be interpreted to afford a woman proper post-abortion care.

<sup>7</sup> This may imply entitlement to post abortion care, which, if lacking, could lead to death or serious injury.

. . . ; and (f) To take all appropriate measures, including legislation, to modify or abolish existing laws, . . . customs and practices which constitute discrimination against women.”<sup>8</sup>

- Article 3: States Parties shall take . . . measures . . . to ensure the full development and advancement of women . . . guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men.
- Article 5: States Parties shall take all appropriate measures: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices . . . and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women;
- Article 10: States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men . . . and in particular to ensure, on a basis of equality of men and women: . . . (h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.
- Article 12: 1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. 2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period.<sup>9</sup>
- Article 16: States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: . . . (e) The same rights 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 exercise these rights.
- The Committee on the Elimination of All Forms of Discrimination Against Women has raised concerns about the lack of accessibility of safe abortion, particularly in cases of rape. The Committee has also raised concerns about the lack of accessibility of safe abortion.

- **The Covenant on Civil and Political Rights:**

- Article 2.1: Each State Party . . . undertakes to respect and ensure to all individuals . . . the rights recognized in the . . . Covenant, without distinction of

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<sup>8</sup> Article 2 (f) can be interpreted to mean that a State Party has an obligation to abolish restrictions on abortion since women who have to undergo unsafe abortions suffer discrimination with respect to equal access to quality healthcare.

<sup>9</sup> This Article can be interpreted to mean that women are entitled to post abortion care.

any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

- Article 7: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.<sup>10</sup>
  - Article 9.1: Everyone has the right to liberty and security of person.
  - Article 17.1: No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home . . . nor to unlawful attacks on his honor and reputation.
  - Article 17.2: Everyone has the right to protection of the law against such interference or attacks.<sup>11</sup>
  - Article 24.1: Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor.
  - Article 26: All persons are equal before the law and are entitled . . . to the equal protection of the law. . . the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion . . . national or social origin, property, birth or other status.
  - The United Nations Human Rights Committee (which monitors implementation of the Covenant on Civil and Political Rights) has urged states parties to revise laws and prevent women from resorting to clandestine abortions, and recommended that state parties liberalize its abortion laws.
- **The Convention Against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment:**
    - Article 1: “torture” means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

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<sup>10</sup> It can be argued that this obligation implies that only safe abortions be performed since unsafe abortions often lead to illness, inhuman treatment or even death.

<sup>11</sup> Article 17 establishes a right to privacy, under which U.S. cases such as *Roe v. Wade* have found the right to abortion exists.

- The United Nations Committee Against Torture<sup>12</sup> has expressed concern regarding legislation that severely restricts access to voluntary abortion, even in cases of rape, which leads to unnecessary deaths of women.

## V. Other Policy Issues and Concerns

The government views the fertility level as being too high, and is seeking intervention measures to lower it. After a population explosion in the 1980s, the Algerian Government began providing family planning services in government maternal and child health centers.<sup>13</sup> The program, which was referred to as “birth spacing” rather than “birth control,” emphasized how smaller families are preferable for the health and wellness of the mother and children. All health care, including contraception, is provided free of charge in public health facilities. Oral contraceptives are available at pharmacies by prescription.

Notably, however, while Algerian law permits abortion in certain circumstances—i.e., to save the life of the woman or to preserve her physical health or mental health—it does not allow (and, indeed, criminalizes) abortion in cases of rape, incest, fetal impairment, economic or social reasons, or any other reason. The failure of Algerian law to permit abortions even for survivors of sexual abuse effectively discriminates against women: in a society where rape is nearly impossible to prove in a court of law and where victims of sexual abuse may face fines, imprisonment and social stigma for engaging in sexual relations outside of marriage, it is no wonder that many unmarried pregnant women resort to illegal and unsafe abortions. Moreover, children of women who become pregnant as a result of rape or incest also face discrimination for being born outside of a legal marriage—yet another reason why Algerian women may be driven to seek unsafe abortions.

Furthermore, Algeria places significant obstacles to the formation, registration and funding of associations, including women’s rights organizations. The government introduced a law in January 2012 that imposed additional restrictions on civil society groups, including human rights NGOs. This law (Law 12-06) grants the state greater control over these civil society groups to deny or withdraw official registration if they are challenging “national constants and values,” public order, or “morality.” Members of unregistered or suspended associations may face imprisonment for up to six months and a fine. This law also heavily restricts the receipt of foreign funding (from private foundations or foreign government aid agencies) by Algerian associations, which could significantly impede the operations of women’s rights organizations providing support for women and children victims of violence.

## VI. Conclusion

Access to abortion is limited in Algeria. This, in turn, severely limits the ability of Algerian women to exercise human rights and fundamental freedoms guaranteed to them by international treaties to which Algeria is a party including, *inter alia*, the equal rights of men and women to economic, social and cultural rights, access to healthcare services including those related to

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<sup>12</sup> <http://www.ohchr.org/en/ProfessionalInterest/pages/cat.aspx>

<sup>13</sup> Family Planning, Algeria, <http://countrystudies.us/algeria/61.htm>.



family planning, freedom from discrimination, the right to liberty and security of person, and freedom from arbitrary or unlawful interference with privacy, family and home. Women's rights are further curtailed by the patriarchal Family Code, which discriminates against women in matters of marriage, divorce, and child custody and guardianship. Such legal prohibitions have an impact on sex education and safe sex practices, leading, in turn, to more unwanted pregnancies.

# **ETHIOPIA**

## **I. Country Facts**

Ethiopia is located in the sub-Saharan region of East Africa, known as the Horn of Africa, where the economy depends largely on coffee export and unofficial cross-border trade of livestock. As classified by the World Bank, Ethiopia is a “low income” nation with a gross national income the equivalent of \$550 US Dollars per person.<sup>14</sup> With a population of approximately 100 million, about half are women, 58.9 percent of whom are literate.<sup>15</sup>



The UN has identified Ethiopia as a nation where women and girls are disadvantaged in several areas, including healthcare. The UN’s “Leave No Women Behind” program has, as one of its main objectives, improvement of access to and demand for integrated reproductive healthcare.<sup>16</sup> Ethiopia is a young, “fertile” nation, with approximately 64 percent of its population under the age of 24 and an estimated 2015 fertility rate of 5.51 children. Accordingly, consideration of the access that Ethiopian women have to quality healthcare seems especially relevant. Twenty-nine percent of Ethiopian women use a method of contraception, 43 percent of women receive antenatal care with at least one visit, and 19 percent receive antenatal care with at least four visits. The maternal mortality rate in Ethiopia is 353 deaths per 100,000 live births.<sup>17</sup> Abortion,

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<sup>14</sup> The World Bank, *Working for a World Free of Poverty* available at <http://data.worldbank.org/country/ethiopia>

<sup>15</sup> Unicef Info by Country-Ethiopia, available at [http://www.unicef.org/infobycountry/ethiopia\\_statistics.html#117](http://www.unicef.org/infobycountry/ethiopia_statistics.html#117).

<sup>16</sup> UN, *Leave No Women Behind Programme Report* available at [http://www.unwomen.org/mdgf/downloads/MDG-F\\_Ethiopia\\_B.pdf](http://www.unwomen.org/mdgf/downloads/MDG-F_Ethiopia_B.pdf)

<sup>17</sup> CIA World Factbook

with some exceptions, is prohibited in Ethiopia. Unsafe abortion is one of the largest contributing factors to the Ethiopian maternal death rate.<sup>18</sup>

## II. Legal System

The Constitution is the supreme law of the land in Ethiopia. The Federal Legislature, established by the Constitution, is comprised of two-houses; the House of Peoples' Representatives and the House of Federation.

- **Statutory Law:** During the period between 1957 and 1965, six comprehensive legal codes were enacted in Ethiopia. A new Penal Code was introduced in 1957, which largely drew upon its counterpart in Switzerland. In the 1960s, in rapid succession, a large body of law was introduced into Ethiopia, in the form of five codes. First, the Civil, Commercial and Maritime Codes in 1960, followed by the Criminal Procedure Code in 1961, and finally, the Civil Procedure Code in 1965. All of the six codes were promulgated in the form of proclamations as extraordinary issues in the *Negarit Gazette*, the official legal gazette in place for the publication of Ethiopian laws since 1942. In addition, a Revised Family Code, which has been in force only within the federal jurisdiction, and a Criminal Code, which has been in force throughout the federation, have been promulgated in the form of proclamations in 2000 and 2005, respectively.
- **Customary law:** Customary courts are not established by law. They are, however, recognized by law. The authority of these courts stems from tradition and local customs. These courts have evolved from traditional elder councils, which do not have legal authority but carry moral force and still operate widely as primary decision-makers in rural areas throughout Ethiopia. A few examples of customary courts are the Shemagelle in Amhara, the Bayito and Abo Gereb in Tigray, and the Luba Basa in Oromia. The choice whether to take a dispute to regular courts or to one of those non-official forums is entirely left to the parties.<sup>19</sup>

## III. Constitution

Ethiopia is unique among African nations as it is Africa's oldest independent country. Ethiopia's young legal system reflects its history of multiple foreign invasions, multiple coup d'états, and decades of internal political dissent. In the 1930s, amidst the pressure of European-driven African modernization, Ethiopian Emperor Selassie called for the drafting of the country's first constitution, modeled, at least in some aspects (such as separation of church and state), after the U.S. Constitution. However, the years that followed were plagued by internal strife. The lack of an organized political structure led a group of low-ranking military officers called the *Derg* to assume power in 1974. The *Derg* suspended the constitution that same year. The *Derg* era was characterized by corruption and massive human rights violations, symbolized in part by the great famine of the mid-1980s. When the *Derg* ended in 1991, a national conference established Ethiopia's first charter, which served as an interim constitution. In 1994, the newly elected

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<sup>18</sup> IRIN humanitarian news and analysis: *Ethiopia's Game Changing Abortion Law*, available at <http://www.irinnews.org/report/100463/ethiopia-s-game-changing-abortion-law>

<sup>19</sup> New York University Law, Hauser Global Law School Program. GlobalLex, *Introduction to the Ethiopian Legal System and Legal Research*, available at <http://www.nyulawglobal.org/globalex/Ethiopia.html>

federal parliament ratified the Constitution of the Federal Democratic Republic of Ethiopia (“FDRE Constitution”).<sup>20</sup>

The following are provisions of the FDRE Constitution relating to women’s rights:<sup>21</sup>

- **Article 10, Human and Democratic Rights:** Human and democratic rights of citizens and peoples shall be respected.
- **Article 14, Rights to life, the Security of Person and Liberty:** Every person has the inviolable and inalienable right to life, the security of person and liberty.
- **Article 18, Prohibition against Inhuman Treatment:** Everyone has the right to protection against cruel, inhuman or degrading treatment or punishment.
- **Article 24, Right to Honour and Reputation:** Everyone has the right to respect for his human dignity, reputation and honour.
- **Article 35, Rights of Women:** The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited. To prevent harm arising from pregnancy and childbirth and in order to safeguard their health, women have the right of access to family planning education and information, and the capability to benefit thereby.
- **Article 41, Economic, Social and Cultural Rights:** The State has the obligation to allocate progressively increasing funds to promote access to health, education and other social services.
- **Article 90, Social Objectives:** To the extent the country’s resources permit, policies shall aim to provide all Ethiopians access to public health and education, clean water, housing, food and social security.

#### **IV. Laws Specific to Maternal Health**

The 1930 Ethiopian Penal Code was absolute in outlawing abortion and allowed for no exceptions. Abortion or consent to abortion was punishable by imprisonment or fines. The revised criminal code of 2004 (effective in 2005) now permits abortion in certain narrowly-defined circumstances.

The Criminal Code of the Federal Democratic Republic of Ethiopia as related to abortion law reads as follows:<sup>22</sup>

#### **Section II Crimes against Life Unborn; Abortion**

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<sup>20</sup> International Institute for Democracy and Electoral Assistance, *available at* <http://www.constitutionnet.org/country/constitutional-history-ethiopia>

<sup>21</sup> University of Pennsylvania – African Studies Center, *available at* [http://www.africa.upenn.edu/Hornet/Ethiopian\\_Constitution.html](http://www.africa.upenn.edu/Hornet/Ethiopian_Constitution.html)

<sup>22</sup> Harvard Cyber Law: Ethiopia, *available at* <http://cyber.law.harvard.edu/population/abortion/Ethiopia.abo.html>

**Article 545. Principle.**

(1) The intentional termination of a pregnancy, at whatever stage or however effected, is punishable according to the following provisions, except as otherwise provided under Article 551.

(2) The nature and extent of the punishment given for intentional abortion shall be determined according to whether it is procured by the pregnant woman herself or by another, and in the latter case according to whether or not the pregnant woman gave her consent.

**Article 546. Abortion Procured by the Pregnant Woman.**

(1) A pregnant woman who intentionally procures her own abortion is punishable with simple imprisonment.

(2) Any other person who procured for her the means of, or aids her in the abortion, shall be punishable as a principal criminal or an accomplice, with simple imprisonment.

**Article 547. Abortion Procured by Another.**

(1) Whoever contrary to the law performs an abortion on another, or assists in the commission of the crime, is punishable with simple imprisonment.

(2) Rigorous imprisonment shall be from three years to ten years, where the intervention was effected against the will of the pregnant woman, or where she was incapable of giving her consent, or where such consent was extorted by threat, coercion or deceit, or where she was incapable of realizing the significance of her actions.

(3) A pregnant woman who consents to an act of abortion except as is otherwise permitted by law, is punishable with simple imprisonment.

**Article 548. Aggravated Cases.**

Where abortion is performed apart from the circumstances provided by law the punishment shall be aggravated as follows:

(1) in cases where the criminal has acted for gain, or made a profession of abortion (Art. 92), he is punishable with fine in addition to the penalties prescribed in Article 547 above;

(2) in cases where the crime is committed by a person who has no proper medical profession, the punishment shall be simple imprisonment for not less than one year, and fine;

(3) in cases where the crime is committed by a professional, in particular, by a doctor, pharmacist, midwife, or nurse practicing his profession, the Court shall, in addition to simple imprisonment and fine, order prohibition of practice, either for a limited period, or, where the crime is repeatedly committed, for life (Art. 123).

**Article 549. Attempt to Procure an Abortion on a Non-Pregnant Woman.**

The general provisions relating to crimes impossible of completion (Art. 29) shall apply in the case of attempt to procure an abortion on a woman wrongly supposed to be pregnant.

**Article 550. Extenuating Circumstances.**

Subject to the provision of Article 551 below, the Court shall mitigate the punishment under Article 180, where the pregnancy has been terminated on account of an extreme poverty.

**Article 551. Cases where Terminating Pregnancy is Allowed by Law.**

(1) Termination of pregnancy by a recognized medical institution within the period permitted by the profession is not punishable where:

- a) the pregnancy is the result of rape or incest; or
- b) the continuance of the pregnancy endangers the life of the mother or the child or the health of the mother or where the birth of the child is a risk to the life or health of the mother; or
- c) where the child has an incurable and serious deformity; or
- d) where the pregnant woman, owing to a physical or mental deficiency she suffers from or her minority, is physically as well as mentally unfit to bring up the child.

(2) In the case of grave and imminent danger which can be averted only by an immediate intervention, an act of terminating pregnancy in accordance with the provision of Article 75 of this Code is not punishable.

**V. International Obligations**

Ethiopia has ratified and/or acceded to nine international conventions, including several that have specific provisions applicable here. These include:

- The International Covenant on Economic, Social and Cultural Rights
- The Convention on the Elimination of All Forms of Discrimination against Women
- The International Covenant on Civil and Political Rights
- Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment

See Algeria, above, for specific relevant provisions.

**VI. Conclusion**

Ethiopia has made progress with respect to providing access to reproductive healthcare and abortion services for women. Whereas just ten years ago the ban on abortion was absolute, today Ethiopian women have access to abortion services in certain limited circumstances, i.e., where (1) the pregnancy is a result of rape or incest; (2) the pregnancy will endanger the life of the mother; (3) the pregnancy will result in an incurable or serious deformity of the child; or (4) the mother is physically and mentally unfit to take proper care of the child.<sup>23</sup>

Despite the above advances, in light of its high maternal mortality rate, Ethiopia must do more to expand access to safe and legal abortion services and to provide adequate information and education on family planning, especially to women in rural areas. Ethiopia's domestic laws and policies with respect to reproductive health services and abortion belie its stated commitment,

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<sup>23</sup> Article 551(2) also provides: "In the case of grave or imminent danger which can be averted only by an immediate intervention, an act of terminating pregnancy in accordance with the provision of Article 75 of this Code is not punishable."

under various international treaties, to uphold human rights and fundamental freedoms for both men and women.

# RWANDA

## I. Country Facts

Rwanda is a land-locked country located in east/central Africa with a population of about 12 million.<sup>24</sup>



Over 60 percent of its population is under 25 years of age, and the median age is about 19.<sup>25</sup> Rwanda ranks 30th in the world in terms of birthrate, with 33.75 births per 1,000 people.<sup>26</sup> Women have, on average, 4.53 children each—the 27th highest fertility rate in the world.<sup>27</sup> The adolescent fertility rate is 27 per 1,000 women/girls aged 15-19.<sup>28</sup> This rate has been steadily declining over the last few years; it was 32/1,000 in 2011, 30/1,000 in 2012, and 28/1,000 in 2013.<sup>29</sup> The infant mortality rate is 58.19 per 1000 live births, 23rd highest in the world.<sup>30</sup>

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<sup>24</sup> CIA World Factbook: Rwanda (available at <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>).

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

<sup>28</sup> The World Bank, Maternal Mortality Ratio Table (available at <http://data.worldbank.org/indicator/SH.STA.MMRT>).

<sup>29</sup> *Id.*

<sup>30</sup> CIA World Factbook.



The maternal mortality rate has been slowly but steadily declining over the last few years in Rwanda.<sup>31</sup> Although it is still very high—290 per 100,000 births in 2015—it has improved every year since 2011.<sup>32</sup> It was 361 in 2011, 336 in 2012, 318 in 2013, and 304 in 2014.<sup>33</sup> This decline is likely due in part to a trend toward increased antenatal consultations.<sup>34</sup> The rate increased from 82.4 percent in 2000 to 94 percent in 2005.<sup>35</sup> Women in rural areas or with less education are less likely to obtain such care; for example, in 2005 only 6 percent of illiterate women had antenatal consultations.<sup>36</sup> The physician density rate in Rwanda is only .06 per 1000 people, and the hospital bed density rate is 1.6 beds per 1000 people.<sup>37</sup>

The CIA World Factbook reports that Rwanda's contraceptive prevalence rate is 51.6 percent; however, a 2000 survey found that only 24 percent of women used any contraceptive method.<sup>38</sup> The Rwandan government also reported that in 2005, 3 percent of women and 5 percent of men used condoms.<sup>39</sup> In general, contraception use rates varied across different regions in the country (27 percent in urban areas versus 11 percent in rural areas) and according to the level of education (34 percent of literate women versus 8 percent illiterate women).<sup>40</sup>

## II. Legal System

Rwanda has a mixed legal system of civil law, based on German and Belgian models, and customary law.<sup>41</sup> However, in recent years, it has been attempting to incorporate some common law aspects into its system, particularly in commercial matters.<sup>42</sup> Its bicameral parliament consists of a 26-seat Senate and 80-seat Chamber of Deputies.<sup>43</sup> Its Supreme Court reviews legislation passed by its parliament.<sup>44</sup> The Constitution, adopted in 2003, is the supreme law of the land.<sup>45</sup>

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<sup>31</sup> World Bank, Maternal Mortality Ratio Table.

<sup>32</sup> *Id.*

<sup>33</sup> *Id.*

<sup>34</sup> Republic of Rwanda, Minister in the Prime Minister's Office in Charge of Family and Gender Promotion, Single Report Equal to Fourth, Fifth and Sixth Reports on the Implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (1994-2005) (hereinafter Rwanda CEDAW Report).

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> CIA World Factbook.

<sup>38</sup> Rwanda CEDAW Report.

<sup>39</sup> *Id.*

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

<sup>42</sup> See Prof. William E. Kosar, Rwanda's Transition from Civil to Common Law, Ontario Bar Association, Vol. 16, No. 3 (July 2013)

<sup>43</sup> CIA World Factbook.

<sup>44</sup> *Id.*

<sup>45</sup> See Rwanda's Constitution of 2003.

### III. Constitution<sup>46</sup>

There are several articles in Rwanda's Constitution that can provide a legal basis for increased access to maternal health services. These include:

- Article 9, 4<sup>o</sup>: “The State of Rwanda commits itself to conform to . . . and to promote and enforce the respect [of] . . . [the fundamental principle of] building a State governed by the rule of law, . . . equality of all Rwandans and between women and men....”
- Article 11: “All Rwandans are . . . free and equal in rights and duties. Discrimination of whatever kind based on, *inter alia*, ethnic origin, tribe, clan, colour, sex, region, social origin, religion or faith, opinion, economic status, culture, language, social status, physical or mental disability or any other form of discrimination is prohibited and punishable by law.”
- Article 16: “All human beings are equal before the law. They shall enjoy, without any discrimination, equal protection of the law.”
- Article 22: “The private life, family, home or correspondence of a person shall not be subjected to arbitrary interference; his or her honour and good reputation shall be respected. . . . Confidentiality of correspondence and communication shall not be subject to waiver except in circumstances and in accordance with procedures determined by law.”
- Article 26: “. . . Parties to a marriage have equal rights and duties upon and during the subsistence of a marriage and at the time of divorce....”
- Article 27: “. . . The State shall put in place appropriate legislation and institutions for the protection of the family and the mother and child in particular in order to ensure that the family flourishes.”
- Article 41: “All citizens have the rights and duties relating to health. The State has the duty of mobilizing the population for activities aimed at promoting good health and to assist in the implementation of these activities.”

### IV. Laws Specific to Maternal Health

Abortion was generally illegal in Rwanda until 1977.<sup>47</sup> There were no exceptions contained in the Criminal Code's prohibition on abortion (Ordinance 43/Just. of May 18, 1970);<sup>48</sup> an abortion

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<sup>46</sup>[http://www.minijust.gov.rw/fileadmin/Law\\_and\\_Regulations/Official\\_Gazette\\_no\\_Special\\_of\\_24.12.2015\\_2\\_1\\_.pdf](http://www.minijust.gov.rw/fileadmin/Law_and_Regulations/Official_Gazette_no_Special_of_24.12.2015_2_1_.pdf).

<sup>47</sup> Rwanda: Abortion Policy, Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (hereinafter UN Rwanda Abortion Facts).

<sup>48</sup> The Criminal Code was based on the 1940 Penal Code of the Belgian Congo.

could be carried out only under general criminal law principles of necessity to save the life of the pregnant woman.<sup>49</sup>

In 1977, Rwanda enacted a new Penal Code (Law 21-77 of August 18, 1977) that “liberalized to some degree the performance of abortions.”<sup>50</sup> Construed as protection of the rights of the child against violence, the Code allowed for abortion only if the life of the mother were in danger.<sup>51</sup> In 2012, additional reforms were made, allowing for abortion in cases of rape, incest, forced marriage, or deformity of the fetus.<sup>52</sup>

Currently, Rwandan law requires two medical opinions in order to obtain an abortion.<sup>53</sup> In addition, a judge must approve the abortion.<sup>54</sup> The abortion procedure must be performed by a State physician or physician approved by the State, in a public hospital or a private hospital approved by the State.<sup>55</sup>

Abortion under any circumstances other than those delineated above is punishable by imprisonment. Any person who induces an abortion with the woman’s consent is subject to two to five years’ imprisonment; the penalty is 5-10 years’ imprisonment if the woman does not consent.<sup>56</sup> A health professional who performs an abortion is subject to suspension from practicing his or her profession for one to five years or, in the case of repeat offenders, for life.<sup>57</sup> A woman who induces her own abortion or consents to an abortion is subject to two to five years’ imprisonment.<sup>58</sup> Advertising abortion means is also a crime.<sup>59</sup>

## V. International Obligations

Rwanda has ratified and/or has acceded to the following relevant international conventions:

- The International Covenant on Economic, Social and Cultural Rights
- The Convention on the Elimination of All Forms of Discrimination against Women
- The International Covenant on Civil and Political Rights
- Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment

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<sup>49</sup> UN Rwanda Abortion Facts.

<sup>50</sup> *Id.*

<sup>51</sup> *Id.*; see also Rwanda CEDAW Report.

<sup>52</sup> Rwanda CEDAW Report, *supra* note 8; Katy Migiro, *Rwandan Rape Survivors Jailed for Abortion Despite Law Meant to Help Them*, Reuters (Sept. 24, 2015); Donah Mbabazi, *Why Are More Women Opting for Illegal Abortion?*, New Times (August 6, 2015).

<sup>53</sup> UN Rwanda Abortion Facts.

<sup>54</sup> Migiro, *supra*.

<sup>55</sup> UN Rwanda Abortion Facts.

<sup>56</sup> *Id.*

<sup>57</sup> *Id.*

<sup>58</sup> *Id.*

<sup>59</sup> Rwanda CEDAW Report.

See Algeria, above, for specific relevant provisions.

Rwanda is also party to the Protocol to the African Charter on Human and Peoples' Rights on The Rights of Women in Africa (Maputo Protocol). However, Rwanda holds a reservation to Article 14, which pertains to pregnancy termination. Article 14 states:

Article 14(1)(a) guarantees women the right to control their fertility, Article 14(1)(b) gives women the right to decide whether to have children..., and (2)(c) authorizes abortion in cases of sexual assault, rape, incest or where the pregnancy endangers the mental and physical health of the mother or the foetus.

In so doing, Rwanda has expressly rejected any commitment to uphold a woman's right to personal autonomy over reproductive decisions, even where the pregnancy endangers her physical or mental health.

## **VI. Recent Policy Developments and Debates**

The 2012 reforms to abortion law followed a years-long campaign by women's health advocates calling for the decriminalization of abortion. A 2012 study<sup>60</sup> estimating that 60,000 abortions occurred per year in Rwanda immediately preceded the reforms and sparked vigorous debate.<sup>61</sup> According to the study, one in 40 women aged 15-44 had an abortion per year, a rate of 25 abortions per 1,000 women of reproductive age.<sup>62</sup> The study also found that modern contraceptive use in Rwanda was growing, but 47 percent of all pregnancies in the country were still unintended.<sup>63</sup>

Almost "all of these abortions were clandestine procedures that are highly likely to be unsafe."<sup>64</sup> Abortion procedures in Rwanda commonly "involve[d] ingesting dangerous substances or inserting sharp objects into the body to end a pregnancy."<sup>65</sup> More than 40 percent of women who had an abortion suffered complications that required medical treatment.<sup>66</sup> The study further concluded that approximately 20 percent of Rwandan women will require treatment for complications from an unsafe abortion at some point in their lifetime.<sup>67</sup>

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<sup>60</sup> The study was conducted by the National University of Rwanda's School of Public Health and the U.S.-based Guttmacher Institute in collaboration with the Ministry of Health.

<sup>61</sup> See Dave Jenkins, *Pro-Life Virtues – Truth, Forgiveness, and Compassion*, All Africa (April 23, 2012).

<sup>62</sup> *Id.* This is lower than the abortion rate for Sub-Saharan Africa as a whole (31 per 1,000) and for Eastern Africa (36 per 1,000). Gustavo Suarez, *First-Ever National Study on Abortion in Rwanda Released*, Guttmacher Institute (March 26, 2012).

<sup>63</sup> Jenkins, *supra*.

<sup>64</sup> See Suarez, *supra*.

<sup>65</sup> *Id.*

<sup>66</sup> Jenkins, *supra*.

<sup>67</sup> See Suarez, *supra*.

The study also shed light on the poor quality of post-abortion care throughout Rwanda's healthcare system. Although 92 percent of health facilities in the country provided some form of treatment for abortion complications, "the majority d[id] not use techniques recommended by the World Health Organization."<sup>68</sup>

The authors of the study made specific recommendations for the improvement of maternal health in Rwanda. They principally recommended that Rwanda formulate policies to meet the need for modern contraception.<sup>69</sup> They also recommended expanded and improved post-abortion care.<sup>70</sup>

The study garnered attention for maternal health and abortion in Rwanda. Shortly after its publication, Rwandan Minister of Health Dr. Agnes Binagwaho said:

Reducing maternal mortality and ill-health is a priority for Rwanda. These important findings will help us better address the issue and improve the health and well-being of Rwandan women and their families. The fact that so many women are suffering complications from unsafe abortion and that so many are not receiving the care they need is very concerning. It is clearly an issue we must address.

Accordingly, the Criminal Code was reformed to increase the circumstances under which abortion was legal.

However, in August 2015, the Kigali New Times reported many women still seek illegal abortions even in situations where they could legally obtain an abortion.<sup>71</sup> This is because of the numerous hurdles to legal abortion, such as the requirement that a judge approve the procedure.<sup>72</sup> Women or girls who had been raped were particularly unlikely to seek an abortion through the onerous legal process.<sup>73</sup>

Between July 2012 to June 2014, 2,644 cases were referred for pregnancy termination.<sup>74</sup> Most cases were due to medical conditions, fetal impairment, or health of the mother; there was only one case of a pregnancy legally terminated due to pregnancy after rape.<sup>75</sup>

Another study found that many women who may have been eligible for legal abortions failed to go through legal channels because they either did not know the laws or could not afford a

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<sup>68</sup> *Id.* Unsafe abortion is also a substantial drain on the health care system.

<sup>69</sup> *See Suarez, supra.*

<sup>70</sup> *Id.*

<sup>71</sup> Mbabazi, *supra.*

<sup>72</sup> *Id.*

<sup>73</sup> *Id.*

<sup>74</sup> *Id.*

<sup>75</sup> *Id.*

lawyer.<sup>76</sup> The researchers found that 24 percent of 1,306 female prisoners in five Rwandan jails were charged with illegal abortions.<sup>77</sup> Some were serving 15-year sentences.<sup>78</sup>

Even so, there is resistance to further reform or liberalization. Ministry of Gender and Family Promotion Legal advisor Jean d'Amour Bizimana defended the process for obtaining a legal abortion recently:

It's a long process but it was put in place to prevent abuse, for example rape is a crime, so through that process you get evidence about the crime. If they make it open, one can wake up in the morning after realizing they are pregnant and falsely claim they were raped.<sup>79</sup>

## VII. Conclusion

Rwanda has made some progress toward providing access to reproductive healthcare for women. Rwandan women today have access to abortion services where (1) the pregnancy is a result of rape, incest, or forced marriage; (2) the pregnancy will endanger the life of the mother; or (3) the pregnancy will result in an incurable or serious deformity of the child. Still, safe, legal abortion is inaccessible outside of the listed circumstances, and procedural hurdles discourage even those who could obtain legal abortion from doing so.

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<sup>76</sup> Migiro, *supra* note 28.

<sup>77</sup> *Id.*

<sup>78</sup> *Id.*

<sup>79</sup> Donah Mbabazi, *Why Are More Women Opting for Illegal Abortion?*, New Times (August 6, 2015).

# **SIERRA LEONE**

## **I. Country Facts**

Sierra Leone is a West African country with a population of 5,879,089.<sup>80</sup>



It has a birthrate of 37.03 births per 1,000 people, and infant mortality rate of 71.68 deaths per 1,000 live births, and a fertility rate of 4.8 children per woman.<sup>81</sup> Its contraceptive prevalence rate is 16.6 percent.<sup>82</sup> It suffers one of the highest mortality rates in the world: 1,360 deaths per 100,000 live births.<sup>83</sup> Complications of induced abortions are the biggest cause of maternal mortality in Sierra Leone.

## **II. Legal System**

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<sup>80</sup> CIA World Factbook.

<sup>81</sup> *Id.*

<sup>82</sup> *Id.*

<sup>83</sup> *Id.*; see also Amnesty International, *Sierra Leone Human Rights, Maternal Mortality in Sierra Leone*, Annual Report, 2013, available at <http://www.amnestyusa.org/our-work/countries/africa/sierra-leone>; *Sierra Leone: Shifting tide on abortion law*, November 27, 2012, available at <http://irinnews.org/report/96907/sierra-leone-shifting-tide-on-abortion-law>; Center for Reproductive Rights, Shadow Letter to CEDAW Secretariat. January 24, 2014, available at <http://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/CEDAW%20Shadow%20Letter%20on%20Sierra%20Leone%2057th%20Session%202014.pdf>; University of Minnesota, Human Rights Library, available at <http://www1.umn.edu/humanrts/research/ratification-sierraleone.html>.

Sierra Leone's legal system is two-tiered, comprising common law based on the British system and local customary law.<sup>84</sup> Because of Sierra Leone's history as a British colony, much of its legal system derives from Great Britain.

**Common Law:** Common law includes decisions by judges of Sierra Leone. Section 74 of the Courts Act of 1965 also provides specifically that common law enforced in England shall also always apply in Sierra Leone;<sup>85</sup> it was introduced to work alongside customary law and statutory law.

**Customary law:** Customary laws are the rules of law applicable to particular communities in Sierra Leone. It derives from the community's acceptance of the laws as a binding obligation under them. Such laws are largely unwritten. Section 76(1) of the 1991 Constitution states that customary law shall not prevail if it is in conflict with natural law, equity, or good conscience.

**Statutory Law:** Statutory law in Sierra Leone is in two categories: those adopted from England, and those enacted by the Sierra Leone Parliament. Those that are adopted are the statutes handed over by the British government, such as the Offences Against the Persons Act of 1816.<sup>86</sup>

### III. Constitution<sup>87</sup>

The following are the relevant provisions of the Constitution of 1991 relating to women's rights:

- **CHAPTER III, Article 15. Fundamental human rights and freedom of the individual:** Whereas every person in Sierra Leone is entitled to the fundamental human rights and freedoms of the individual, . . . whatever his race, tribe, place of origin, political opinion, colour, creed or sex . . . to . . . life, liberty, security of person, . . . and the protection of law; . . . respect for private and family life.
- **Article 20. Protection from inhuman treatment:** No person shall be subject to any form of torture . . . or other treatment which is inhuman and degrading.
- **Article 27. Protection from discrimination:** No law shall make provision which is discriminatory . . . (2) no person shall be treated in a discriminatory manner acting by virtue of any law . . . (3) In this section the expression "discriminatory" means affording different treatment to different persons attributable wholly or mainly to their respective descriptions by race, tribe, sex, place of origin, . . . whereby persons of one such description are subjected to disabilities or restriction to which persons of another description are not made subject.

However, despite the above provisions, women continue to experience discriminatory practices.<sup>88</sup> Their rights are largely contingent on customary law and the ethnic group to which

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<sup>84</sup> [http://www.nyulawglobal.org/globalex/Sierra\\_Leone.htm](http://www.nyulawglobal.org/globalex/Sierra_Leone.htm).

<sup>85</sup> *Id.*

<sup>86</sup> *Id.*

<sup>87</sup> The Constitution of Sierra Leone, 1991, (Act No. 6 of 1991). Available at [www.sierra-leone.org/Laws/constitution1991.pdf](http://www.sierra-leone.org/Laws/constitution1991.pdf).



they belong. Although the law bans discrimination based on race, tribe, sex, and several other attributes, prejudice is widespread and customary laws enshrine various forms of discrimination, particularly against women.

#### IV. Laws Specific to Maternal Health

Historically, the Offences Against the Person Act of 1861,<sup>89</sup> adopted from English law, made all abortions illegal in Sierra Leone. Section 58 stated “Every woman, being with child, who, with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony, and being convicted thereof shall be liable to be kept in penal servitude for life.”

The British Abortion Act of 1967<sup>90</sup> modified that law by providing for medical termination of a pregnancy in certain limited circumstances. The statute provides, in pertinent part:

- (1) Subject to the provisions of this section, a person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith—
  - (a) that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk . . . of injury to the physical or mental health of the pregnant woman or any existing children of her family; or
  - (b) that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
  - (c) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
  - (d) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. [...]
  
- (4) . . . [S]o much of subsection (1) as relates to the opinion of two registered medical practitioners, shall not apply to the termination of a pregnancy by a registered medical practitioner in a case where he is of the opinion, formed in good faith, that the termination is

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<sup>88</sup> Amnesty International (2010), State of the world’s Human Rights, London: Amnesty International, *available at* <https://www.amnesty.org/en/documents/pol10/001/2010/en/>.

<sup>89</sup> The English Offences Act of 1861 *available at* <http://www.legislation.gov.uk/ukpga/Vict/24-25/100/contents>.

<sup>86</sup>The Abortion Act of 1867 *available at* <http://www.legislation.gov.uk/ukpga/1967/87/section/1>.

immediately necessary to save the life or to prevent grave permanent injury to the physical or mental health of the pregnant woman.

Notably, since Sierra Leone law is based on English common law, it should have followed the holding of the 1938 English case *Rex v. Bourne*<sup>91</sup>—which held that an abortion for health reasons is lawful—even before the British Abortion Act of 1967 was passed.

Despite the fact that abortion is legal in certain limited circumstances in Sierra Leone, the requirement that a woman obtain the approval of two doctors in order to obtain a legal abortion is, in many cases, an insurmountable burden. Women, particularly in rural villages, rarely see a medical professional, much less have access to multiple doctors. Such onerous procedural requirements mean that, effectively, even women who otherwise meet the criteria for a legal abortion must resort to unsafe and illegal abortions, which has led to maternal deaths.<sup>92</sup>

A bill passed by the Sierra Leone Parliament would allow women to terminate a pregnancy in any circumstances up to 12 weeks and, in cases of incest, rape and fetal impairment, up to 24 weeks, but the President has refused to sign it. He has referred it to the Constitutional Review Committee, which is currently reviewing the constitution.<sup>93</sup>

## V. International Obligations

Sierra Leone has ratified and or acceded to the following relevant conventions and treaties:

- The International Covenant on Economic, Social and Cultural Rights (ICESC). Sierra Leone acceded to the ICESC on August 23, 1996.
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Sierra Leone ratified CEDAW on November 11, 1998.
- International Covenant on Civil and Political Rights (ICCPR). Sierra Leone ratified the ICCPR on August 23, 1996.
- Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT). Sierra Leone ratified CAT on April 25, 2001.
- Protocol to the African Charter on Human and Peoples' Rights on the Right of Women in Africa, Article 14, Health and Reproductive Rights, section 1. a) and b) (Maputo Protocol).<sup>94</sup> Sierra Leone ratified the Protocol on July 2, 2015, and did not reserve on Article 14.

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<sup>87</sup>*R v. Bourne* (1939) 1 K.B.,687; (1938) 3 All E.R. 615.

<sup>92</sup> BBC, *Sierra Leone abortion bill blocked by President Bai Koroma again*, March 12, 2016, available at <http://www.bbc.com/news/world-africa-35793186>.

<sup>93</sup> *Id.*

<sup>94</sup> Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, available at <http://www.achpr.org/instruments/women-protocol/>.

See Algeria, above, pages 3 through 9, for specific relevant provisions of ICESCR, CEDAW, ICCPR, and CAT. See Rwanda, above, page 16, for relevant provisions of the Maputo Protocol.

## **VI. Conclusion**

Unlike Rwanda, which made an express reservation with respect to Article 14 of the Maputo Protocol, Sierra Leone made no such reservation. Therefore, under the Protocol to the African Charter on Human and Peoples' Rights on the Right of Women in Africa, women in Sierra Leone should have the right to safe and legal abortion services. However, they are effectively prevented from obtaining such services, even under the limited circumstances under which abortion is permitted, because of the onerous procedural requirements involved. Absent widespread availability of safe and legal abortion services, women are forced to seek illegal abortions, which often lead to health problems and contribute to the high incidence of maternal mortality. Furthermore, nothing in the law requires health facilities to treat complications from abortions, which further increases maternal mortality rates.

Despite its titular adherence to multiple international treaties under which it has pledged to uphold human rights and fundamental freedoms, including equal social, political and cultural rights for men and women, Sierra Leone is not living up to its obligations under international law, particularly with respect to the Maputo Protocol which authorizes a woman to "control (her) fertility."