



Working Paper

Navigating the politics of backlash: abortion rights and the Safe Motherhood Bill in Sierra Leone



ODI Global



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Abstract

In 2024, Sierra Leone's Government, led by President Julius Maada Bio, revived a stalled attempt to legalise induced abortion as part of a broader initiative to promote safe motherhood, spearheaded by the Ministry of Health. The process of building public and stakeholder support for the new Safe Motherhood and Reproductive Health Bill initiative continues, in recognition of the wider social sensitivity around the issue and potential political risks associated with advancing abortion rights.

This report analyses the events and stakeholder motivations that led to the presentation of the bill. It lays out the current political considerations influencing the trajectory of this attempt at reform and closes with some reflections on what may lie ahead. ODI Global has conducted this analysis to support international development actors in developing a politically informed analysis of sexual and reproductive health and rights (SRHR) policy initiatives that may enhance the effectiveness of their assistance.

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Abbreviations and acronyms

CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
FEMNET	African Women’s Development and Communication Network
FGM	female genital mutilation
GEWE	Gender Equality and Women’s Empowerment (Act)
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IRC SL	Inter-Religious Council of Sierra Leone
LGBTQI+	lesbian, gay, bisexual, transgender, queer and intersex. The plus sign represents people who identify using other terms.
MP	Member of Parliament
NGO	non-governmental organisation
PARHA	People’s Alliance for Reproductive Health Advocacy
SMB	Safe Motherhood and Reproductive Health Bill
SRHR	sexual and reproductive health and rights
UN	United Nations
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

Overview

In 2024, the Government of Sierra Leone introduced the Safe Motherhood and Reproductive Health Bill, which aims to improve access to family planning, decrease teenage pregnancy, broaden access to HIV/AIDS treatment, and provide access to safe termination of pregnancy up to 14 weeks of gestation and in instances of rape, incest, or risk to mother or child (CARL-SL, 2023; Law Commission, 2024). The original draft bill was approved by President Julius Maada Bio and the Cabinet. However, the legalisation of induced abortion for the first time in Sierra Leone is controversial. There has been significant opposition to the bill, and the provisions related to abortion have since been modified in response to concerns raised primarily by religious leaders and organisations. The proposed amendments restrict access to safe termination to conditions where the life or physical safety of the pregnant woman or adolescent girl is at risk, the foetus is not viable, or the pregnancy is a result of sexual violence. Some women's rights advocates argue that these revisions render the bill incapable of offering women and girls access to safe abortion services. Other advocates believe that the bill is still an essential first step towards the incremental achievement of women's rights (interview 4). Currently, the bill lingers in Parliament, with no debate scheduled. Support among parliamentarians remains mixed and public opinion is divided.

This working paper, through a light-touch political economy analysis, explores the developments of this policy initiative, outlining key events, the motivations and influences of key stakeholders, and what may lie ahead. The analysis is based on a review of secondary scholarly and grey literature, some media sources, and seven background interviews with representatives from civil society, research and donor stakeholder groups.

Background

Sierra Leone's teenage pregnancy rates and maternal mortality ratio are among the highest in the world (CARL-SL, 2023; WHO, 2025). Its current abortion laws only permit a woman to terminate a pregnancy to save her life. The high incidence of both sexual violence and unwanted pregnancies pushes women and girls to use unsafe abortion providers, often resulting in complications. Unmarried girls and women in rural areas are at particular risk of post-abortion complications. Even those who qualify for a legal abortion find it difficult to locate a healthcare provider (CARL-SL, 2023).

Patriarchal social norms entrench practices that normalise subordination of women and girls through domestic abuse, female genital mutilation, child marriage and bride price (Ajayi, 2024). Social stigma has created cultures of silence around critical sexual and reproductive health and rights (SRHR) issues. Stigma prevents those in need from seeking care and prevents service providers from discussing contraception and sexual health with adolescent girls (CARL-SL, 2023; interview 1).

A previous Safe Abortion Bill was tabled in Parliament in 2015 as a private member's bill, supported by high-profile gender and reproductive rights advocates. However, the bill failed to achieve sufficient public support and, although Parliament passed the bill unanimously, President Ernest Bai Koroma refused to sign it into law. In 2022, a new government led by President Bio's Sierra Leone People's Party revived the initiative to decriminalise abortion, leading to the introduction of the 2024 Safe Motherhood Bill.

Stakeholders and motivations

The coalition pushing for legalising abortion has been broadly consistent over the past decade, comprising women's rights groups, international advocacy organisations, United Nations (UN) agencies and bilateral aid organisations. Sierra Leone has a vibrant feminist and SRHR advocacy community and civil society organisations have been key to ensuring abortion reform remains on the policy agenda.

President Bio has demonstrated his personal commitment to improving gender policies and outcomes in Sierra Leone. To avoid the mistakes of the 2015 reform attempt, which was perceived by many as being led by external, not domestic, stakeholders, President Bio has situated abortion reform within a wider range of maternal health reforms and placed the bill under the leadership of the Ministry of Health. This has allowed him to build a slightly different coalition of stakeholders, shifting ownership of the bill away from feminists and international advocates and placing the abortion issue within a less socially and politically contentious maternal and child health initiative. To bring in a wider range of stakeholders, the government has also conducted a public campaign, with media outreach and town hall meetings in all 16 districts.

The most vocal actors and organisations opposed to abortion law reform in Sierra Leone are Muslim and Christian religious organisations. The Inter-Religious Council of Sierra Leone (IRCSL), formed during the civil war to build Muslim-Christian cooperation and mediate between the government and rebels during the peace process, has been an influential opponent of both the 2015 and 2024 bill.

Christian far-right groups from the United States (US) are believed to have increasing influence on political stakeholders and the impact of the new US administration on advancing the interests of Christian faith-based groups in Sierra Leone should not be underestimated. The Mormon Church currently funds initiatives in West African countries that include high-profile conferences to promote the heterosexual family norm, restrict the rights of LGBTQI+ people and oppose the right to safe abortion. First Lady Fatima Bio's deepening association with the Mormon Church may undermine the President's progressive gender legacy (Church of Jesus Christ of Latter-day Saints, 2024).

Current political considerations

In advancing the Safe Motherhood Bill, the government is navigating a number of domestic, regional and global political considerations. At the domestic level, President Bio is in a strong position to push for the bill and contend with possible backlash before the next election cycle in 2028. However, ongoing challenges have restricted the government's room to manoeuvre, and President Bio is tackling cost-of-living pressures, political unrest and dissatisfaction with some steps he has taken to control the media (International Monetary Fund, 2024).

There are also funding challenges, with Sierra Leone's health sector highly dependent on donor support. Total US government assistance to Sierra Leone fell from \$105 million in 2024 to \$15.7 million in 2025 (ForeignAssistance.gov, 2025). While data is not yet publicly available on the consequences of the changed funding environment, indications are that the burden of implementation will increasingly rest on domestic resource generation.

The Mormon Church funded the Seventh Annual Strengthening Families Conference in Freetown in June 2025, promoting pro-natalist values and opposition to abortion even if the woman's life is at risk. Its 'family values' discourse aligns with the language of 'African values' which has come to increasing prominence in the region among opponents of LGBTQI+ rights and gender equality. President Bio's government distanced itself from the event and feminist mobilisation may have succeeded in curbing its influence on public discourse.

Globally, cuts in international development assistance have curtailed the funding and survival of key stakeholders that supported the bill. Global right-wing political forces are accelerating, and the US Government has readopted the Geneva Consensus Declaration, which specifically denounces the right to abortion and other sexual and reproductive rights. Questions remain what impact these shifts will have on Sierra Leone's domestic policy agendas.

Conclusion

There are three likely outcomes of the current initiative to legalise abortion in Sierra Leone. One outcome is that the bill is put to a vote but does not pass, due to the influence of US anti-abortion politics and parliamentarians' fear of local backlash. A second possible outcome is that President Bio decides not to put the bill to a vote or delay a decision. The government appears to be following this path at present, but it may change course if the political and public support becomes more favourable. The third potential outcome is that the bill does pass. Even though many feminist groups will remain unhappy with the compromised bill, it will remain a positive, if watered down, complement to President Bio's broader commitment to gender equality policy initiatives.

If it does become law, the Safe Motherhood Bill will still face considerable challenges in implementation. There is a looming funding crisis within the UN agencies that traditionally support sexual and reproductive health programmes. The government will need to prioritise the provision of safe motherhood services from within its own resources, and advocate for other powerful allied states to step in. International stakeholders in support of SRHR in Sierra Leone have a vital role to play and governments which advocate for gender equality must demonstrate political allyship. This political support will reinforce the progressive voices within the country and the region and counter the influence of oppositional stakeholders.

1 Introduction

1.1 Purpose of the research

Sierra Leone (a West African country with a population of 7.5 million) has an ambitious policy programme to advance gender equality and address sexual and reproductive health challenges faced by the country's women and girls. In 2024, the current government, led by President Julius Maada Bio, led an initiative to promote safe motherhood. This is motivated by high rates of maternal mortality and teen pregnancies (CARL-SL, 2023).

The new Safe Motherhood and Reproductive Health Bill – often referred to as the Safe Motherhood Bill (SMB) – is a comprehensive law to improve access to family planning, decrease teenage pregnancy, broaden access to HIV/AIDS treatment, and permit safe and legal abortion under certain circumstances (ibid.). The most controversial part of the bill is the legalisation of induced abortion for the first time in Sierra Leone. The draft bill provides access to safe termination of pregnancy up to 14 weeks of gestation and in instances of rape, incest, or risk to mother or child (Law Commission, 2024).

The process of building public and stakeholder support for this reform is still ongoing, in recognition of the wider social sensitivity around the issue and potential political risks associated with advancing abortion rights. This report explores how this policy initiative occurred and what may lie ahead.

The research is motivated by concern about the growing backlash to gender equality globally and attacks on sexual and reproductive rights (UN Women, 2025). The political momentum against gender progress is further reinforced by the new United States (US) Government (The White House, 2025a; UNFPA, 2025a). It has been driven over the past decades by actors, working inside and outside their governments, who fund initiatives to roll back gender equality policies and programmes around the world, often using religion to justify their approach (Flood et al., 2018; Corredor, 2019; Shameem, 2021). Sexual and reproductive health and rights (SRHR) – such as the right to abortion, comprehensive sexuality education in schools, and access to sexual and reproductive healthcare services – are a common target for these actors, both in western contexts (Datta, 2021) and across the African continent (Okech, 2023; Judge, 2024; Otieno and Makabira, 2024). Contemporary global shifts considerably increase the political risks for governments who attempt to advance progressive policies domestically.

Related to these developments, the rollback of multilateral and bilateral funds for sexual and reproductive rights deepens the vulnerability of communities reliant on outside funds for service provision (NL Times, 2025; The White House, 2025b; UNFPA, 2025a). The shrinking pool of aid places further strain on all stakeholders committed to SRHR and gender equality, pushing them to consider how to enhance the effectiveness of their support.

ODI Global has conducted the following research to support international development actors in developing a politically informed analysis of three SRHR policy initiatives that will have critical consequences for gender equality across the African continent: abortion rights in Sierra Leone, female genital mutilation (FGM) in The Gambia, and LGBTQ+ rights in Kenya.

1.2 Methods

The following analysis is based on a review of secondary scholarly and grey literature. It draws on some media sources when referring to recent events. The research benefited from seven background interviews with representatives from civil society, research and donor stakeholder groups who remain anonymous. They were selected because they have a broad overview of the Sierra Leonian context, as recommended for the methodology of a light-touch political economy analysis (DFID, 2009; Menochal et al., 2018). Efforts to interview politicians were not successful. The interviews were not intended to represent all stakeholder categories.

Key informants were asked about political, economic and social considerations that shaped public and policy-makers' perceptions of the initiative, possible incentives and motivations of stakeholders related to the SMB, and current contestations related to the policy process. Their insights were used to triangulate the information drawn from the literature and media sources.

This report begins with a background chapter introducing salient sociopolitical factors that set the stage for advancing the policy initiative or potentially hindering its progress. Next, the report provides a historical perspective on the policy and legal landscape of abortion law reform. It then introduces the key stakeholders engaged in the initiative and explores their possible motivations. The report then proceeds to lay out the current political considerations influencing the trajectory of this attempt at reform and closes with some reflections on what may lie ahead.

2 Background

This chapter highlights the key foundational factors in the Sierra Leonean context that both motivate and circumscribe the space for policy reform to legalise induced abortion. Section 2.1 focuses on evidence of the low sexual and reproductive health status of women and girls, which is a source of concern among most stakeholders, domestic and international. Section 2.2 discusses the social stigma related to accessing sexual and reproductive healthcare, particularly for low-income women and unmarried girls, and the challenges of norm change. Section 2.3 highlights where political and other opportunities for lifting some stigmas have emerged.

2.1 The sexual and reproductive health status of women and girls

The sexual and reproductive health indicators in Sierra Leone are highly concerning to all stakeholders engaged in policy-making or advocacy on related issues (see Table 1). The country has one of the highest rates of teenage pregnancy in the world (CARL-SL, 2023). There are high rates of gender-based violence. An estimated one-third of girls are married under the legal age of 18 (Statistics Sierra Leone and ICF, 2020). It has one of the highest maternal mortality ratios globally – 443 per 100,000 live births – although this has declined from a high of 717 per 100,000 live births in 2019 (CARL-SL, 2023; WHO, 2025). Sierra Leone is also one among five countries where FGM is not criminalised (Dyer, 2024).

Table 1 Human development and gender indicators, Sierra Leone

Indicator	Data	Year	Source
GDP per capita (current US\$)	758	2023	a
Child marriage: current marital status (young women, 15–24 years) married or living in union (%)	30.4	2019	b
Maternal mortality ratio per 100,000 live births	443	2023	b
Abortion: average annual no. of abortions per 1,000 women (15–49 years), 2015–2019	44.2	2021	c
Teenage pregnancy: women (15–19 years) who have begun childbearing (%)	21.3	2019	b
Female genital mutilation: percentage of women who experienced FGM	83	2019	b
Gender-based violence: sexual violence (women, aged 15–49 years, ever experienced, %)	7.4	2019	b
Physical violence (women, aged 15–49, ever experienced since age 15, %)	60.7	2019	b
Democracy Index overall score (0–10)	4.32	2023	d
Freedom House overall score (/100)	59	2025	e

Sources: (a) World Bank Open Data (2025); (b) WHO (2024); (c) APHRC (2022); (d) Economic Intelligence Unit (2024); (e) Freedom House (2025).

The current abortion law and social stigma restricts access, particularly among poor women and teenage girls, to safe induced abortion services at health centres, medical abortion pills available at pharmacies, and timely post-abortion care if needed (Obure et al., 2024). The complications that result from women turning to unsafe abortions place a significant cost burden on public health systems if women do seek treatment (Paul et al., 2015). The high incidence of both sexual violence and unwanted pregnancies pushes women and girls to use unsafe abortion providers, in the absence of safe, accessible and legal services (Ipas, 2015). This contributes to high rates of maternal mortality (CARL-SL, 2023).

A commonly cited figure in Sierra Leone is that 10% of maternal mortality, as recorded in a hospital-based study, is caused by unsafe abortion (Paul et al., 2015). This high rate of mortality is used by government and reproductive health advocacy groups to argue for expanded safe service provision (Mangwana et al., n.d.). While policy-makers are particularly concerned about high rates of teen pregnancies, the demand for safe services cuts across age groups. Older and married women, working women, and those with primary education are more likely to end an unwanted pregnancy (Sesay et al., 2023).

Table 2 Abortion: key national indicators

Indicator	No.	Data period	Sample	Source
Rate of induced abortion	44.2	2021	Per 1,000 women of reproductive age	APHRC (2022)
Number of post-abortion complications	27,476	2021	Estimated national level	APHRC (2022)
Number of induced abortions	91,494	2021	Estimated national level	APHRC (2022)
Percentage of women of reproductive age who had induced abortions	9%	2013 and 2019 Demographic and Health Survey Data	Percentage	Sesay et al. (2023)
Share of unintended pregnancies ending in abortion	51%	2015–2019	Average annual no. per 1,000 women aged 15–49	Guttmacher Institute (2022)

2.2 Social stigma and sexual and reproductive health

Patriarchal social norms, including those which privilege female virginity and marital fidelity, sustain gender inequality in Sierra Leone (Sow, 2003). These norms entrench practices that normalise subordination of women and girls through domestic abuse, FGM, child marriage and bride price (Ajayi, 2024). Historically, social stigma has perpetuated these norms by creating cultures of silence around critical SRHR issues, such as gender-based violence, contraceptive-use and induced abortion, preventing women and girls from sharing their experiences with others (ibid). The Bondo secret society of women, which practises FGM and to which most women are initiated, has been critiqued for operating as a closed space which perpetuates patriarchal norms around female sexuality (Ibrahim, 2019).

Thus, public debate about how to develop appropriate policies and programmes is stifled (CARL-SL, 2023). The stigma associated with accessing sexual and reproductive health services prevents those in need, such as pregnant teenagers, from seeking care, and undermines the development of comprehensive client-centred service provision (ibid.). Stigma also prevents service providers from discussing contraception and SRHR with adolescent girls, making it more challenging to address the problem of unsafe abortion-related complications (interview 1).

Feminist advocacy challenges these social norms and pushes for expanded sexual and reproductive rights and access to more services for women and girls. Stakeholders opposed to these changes often frame feminists and their allies as culturally aberrant, socially deviant and undermining tradition (Ajayi, 2024). The normative legacy of British colonial rule in West Africa itself brought a distinct gendered division of roles, based on European Christian values, that removed women from community and public decision-making and continues to circumscribe the definition of an ‘ideal woman’ in postcolonial societies (Steggstra, 2009). The Christian Church in Sierra Leone remains strongly opposed to abortion, thus perpetuating the stigma (interview 1).

Faith leaders may reinforce stigmas related to sexual and reproductive health through their influence on public policy (see Section 4.2). The two largest ethnic groups (the Mende and the Temnes) are Sunnis; in total, 77% of the overall population is Muslim (US Department of State, 2022). Christians comprise 22% of the population, representing Protestant and Catholic denominations, Greek Orthodox Christians, Jehovah’s Witnesses, Seventh-day Adventists, Mormons and a growing minority of Evangelical Christians. Even though it is a secular state, religious leaders retain a prominent role in peace-building, conflict resolution and ensuring interfaith harmony.

2.3 Ruptures and opportunities for norm change

National crises, such as the civil war (1991–2002), have had significant impact on social life, including gender norms. During the protracted civil war, the Revolutionary United Front rebels fought against a government perceived to be weak and ineffective, and tried with Liberian and Libyan support to win control over vast diamond fields (Mullins, 2023). After numerous failed attempts to broker peace agreements, the government regained its authority and ended the conflict. Millions had been displaced and an estimated 250,000 women and girls had been raped and abducted (Abdullah et al., 2006). Leading perpetrators of the extreme levels of violence and brutality were successfully prosecuted for war crimes (Mullins, 2023).

The conflict led to both ruptures and opportunities for social change and gender equality (Abdullah et al., 2006; Tripp, 2015). Women played a key role in the peace process. They began to speak out about their experience of sexual violence during the conflict, along with Liberian women who shared similar stories (Abdullah et al., 2006). The Truth and Reconciliation Commission encouraged women to participate, with leading lawyer and women’s right advocate Yasmin Jusu-Sheriff as its Executive Secretary (Truth and Reconciliation Commission, 2004).

Women activists who engaged in the post-conflict reconstruction process and debates expected that the government would prioritise addressing their issues and provide the resources needed to strengthen reproductive health services. They identified contradictions in the colonial-era law on abortion that contributed to unsafe terminations and morbidity. Still, the government did not prioritise this issue because it was so controversial (interview 1).

In February 2019, after a series of high-profile sexual assaults on children, President Bio declared a state of emergency on sexual and gender-based violence. This led to an increase in penalties for rape and other violations (BBC, 2019; Ajayi, 2024). At the community level, awareness of sexual and gender-based violence has increased, with more women providing each other with peer support and speaking out to advocate for justice and local legal reform (interview 3).

Attitudes towards FGM have also been changing in recent years, providing another indicator of norm change around sexual and reproductive rights. Among younger age groups, FGM and child marriage rates are reducing. A new practice of ‘bloodless’ Bondo that does not involve cutting, led by the feminist group Amazonian Initiative Movement, is emerging and has gained the support of other advocacy groups, such as the non-governmental organisation (NGO) Purposeful (Forum News Sierra Leone, 2023; Ajayi, 2024).

In this context of shifting social norms, there is a growing tension between the historically normative discourse stigmatising abortion and the reality of widespread induced abortions taking place in practice. Table 3 provides national prevalence data, although there are strong regional variations (APHRC, 2022).

Table 3 Induced abortion: key national-level indicators (2022)

Incidence of induced abortion	Unintended pregnancies	Induced abortions resulting from unintended pregnancies
44.2 abortions per 1,000 women of reproductive age (15–29 years)	38% of total pregnancies	63% of total unintended pregnancies
Post-abortion complication treatment rate	Post-abortion complications due to induced abortions (total number)	Induced abortions as proportion of all pregnancy outcomes
13.3 per 1,000 women of reproductive age	27,476	21%

Source: APHRC (2022).

As indicated in Section 2.1, abortion-related morbidity and mortality rates are high. As one advocate recalls:

‘Everybody knows that abortion goes on. It’s just that most of the time it’s unsafe. And ... everybody knows where to go if they need an abortion’. (interview 2)

This may include unqualified backstreet providers, traditional healers, pharmacists and health professionals working illegally (Ibrahim, 2022: 197). In a recent survey of 513 women who sought treatment for post-abortion complications, 35% had experienced severe complications, near miss or death. Lack of money and fear of others finding out about the abortion were among the reasons women delayed seeking healthcare once they realised they had complications (Küng et al., 2025).

3 The legal and policy framework for abortion law reform

Sierra Leone's abortion laws only permit a woman to terminate a pregnancy to save her life (CARL-SL, 2023). The law is based on The Offences Against the Person Act of 1861, introduced during British colonial rule (see Figure 1). Under its provisions, even women and girls who qualify for a legal abortion find it difficult to locate a healthcare provider. Medical abortifacients, under the 2001 Pharmacy and Drugs Act, are also prohibited, and the prescription, sale and use of such products are criminalised (ibid.).

The threat of prosecution leads women to delay seeking care in the event of post-abortion complications, while health service providers are reluctant to provide treatment (Paul et al., 2015). Women and girls still obtain abortions, albeit illegally, often resulting in complications from unsafe services. Unmarried girls and women in rural areas are at particular risk of post-abortion complications (CARL-SL, 2023).

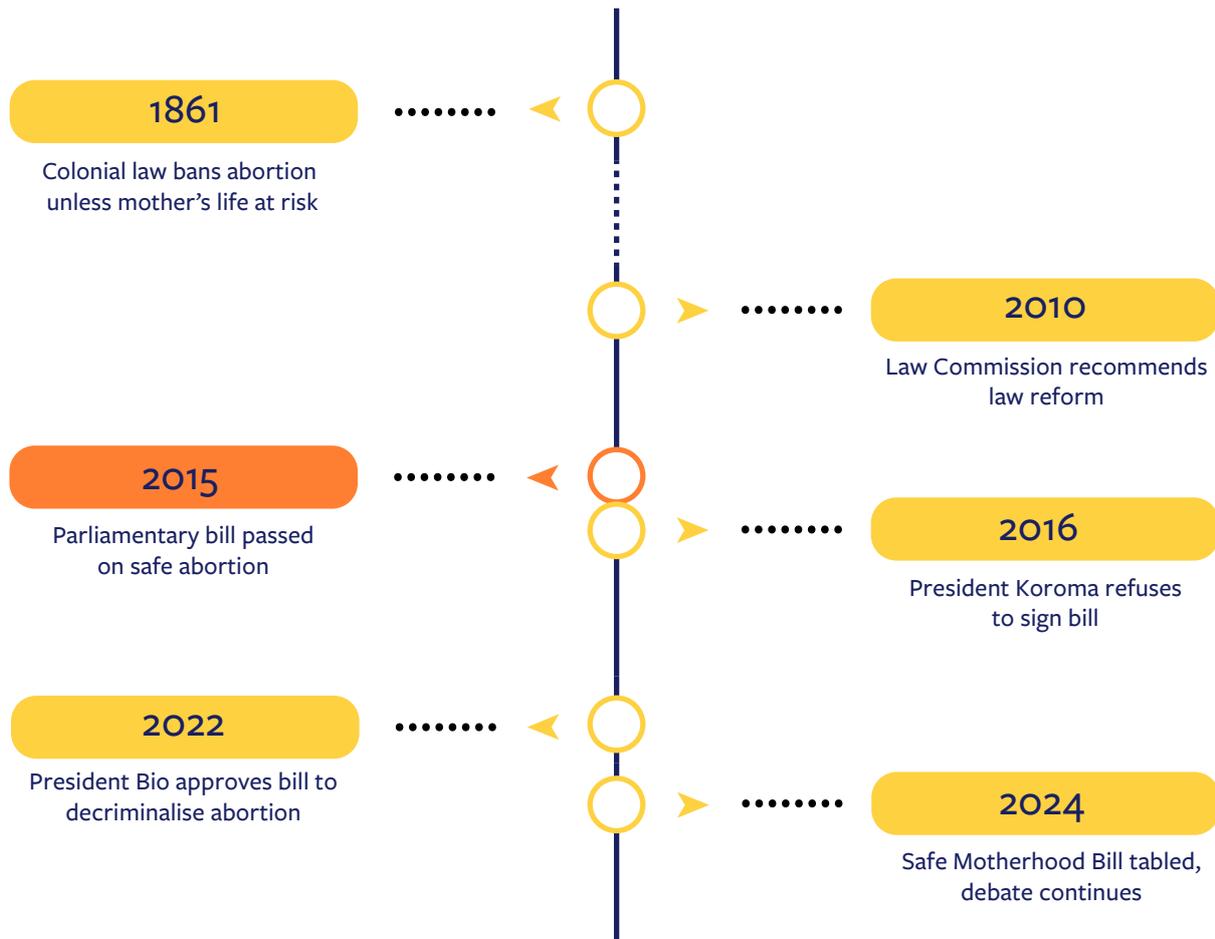
The government has other legal commitments which can support it to advance policy reform. Sierra Leone is a signatory to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the 1994 Programme of Action from the International Conference on Population and Development, and the African Union Women's Protocol ('the Maputo Protocol'), which calls for improved access to safe abortion (ibid.). The government initiated efforts to reform abortion laws in 2007, likely in response to growing concerns about the links between maternal mortality rates and induced abortions, and high rates of adolescent pregnancies. The Law Reform Commission led a review resulting in a 2010 recommendation for reform and drafted a revised law, based on British law, permitting abortion on broad socioeconomic grounds (Center for Reproductive Rights and LAWYERS, 2014).

While this draft did not make it to a parliamentary vote, the reform initiative gained momentum from women's rights groups and health professionals after further research, conducted by Ipas and the Ministry of Health, determined the economic cost of unsafe abortion. The study found the government spent \$231,000 to treat women with post-abortion complications in public hospitals alone, a cost which could be halved with safe service provision (Paul et al., 2015). In December 2015, a Safe Abortion Bill was tabled in Parliament as a private member's bill, citing high maternal morbidity and mortality rates, and unwanted pregnancies from sexual violence. The bill permitted access to abortion in the first 14 weeks of pregnancy, and up to 24 weeks in cases of rape, incest or risk to the health of the foetus or mother (Africanews, 2016; Cole, 2017).

Parliament passed this first version of the bill unanimously (Kelly, 2025). However, President Ernest Bai Koroma (2007–2018) of the All People's Congress party refused to sign it into law. In early 2016, he sent it back to Parliament requesting further review and stating that the bill

expanded beyond the legal requirements of the Maputo Protocol. When it passed for the second time, he still refused to sign it, suggesting it be put to a referendum instead (the reasons for his refusal are discussed in Section 4.2) (BBC, 2016). The timeline of these key policy moments is shown in Figure 1.

Figure 1 Timeline of key policy moments on abortion law reform in Sierra Leone



In 2022, a new government led by President Bio's Sierra Leone People's Party revived the initiative to decriminalise abortion (see Section 3.1). This time it was led by the Ministry of Health.

The new Safe Motherhood and Reproductive Health Bill (SMB) situates abortion within a broader framing of maternal health and related service provision, in an attempt to secure broader stakeholder support than the 2015 bill (see Section 4.1 for more details on the significance of this broader framing). The original draft bill was approved by the President and the Cabinet. It was praised for striking the right balance between policy and norms and providing 'a comprehensive strategy' to increase access to services, build health infrastructure and protect health service providers, and ensure funding to the sector (Tondoneh, 2025). Others criticised it for being vague on detail and for not addressing other issues that progressive activists had hoped would be included, such as ending FGM, providing comprehensive sexuality education and securing LGBTQI+ rights (CARL-SL, 2023; Kamara, 2024).

Table 4 What is in the 2024 Safe Motherhood Bill?

Purpose	
‘[T]o provide for safe motherhood and reproductive health care throughout Sierra Leone, to set the standards for reproductive health care, to provide for the right to make decisions regarding safe motherhood and reproductive health and to provide for other related matters.’	
Services	
The bill outlines a range of services under the ‘safe motherhood’ umbrella: pre-conception care; ante-natal, delivery and post-natal care; adolescent-friendly services; prevention and treatment of HIV and sexually transmitted infections; sexual and gender-based violence-related services; reproductive cancer care; fertility and family planning services; safe pregnancy terminations; emergency referrals; and treatment for childhood illnesses.	
Abortion-related provisions	
2024 draft (a)	2025 proposed amended draft (b)
Safe termination of pregnancy where: (i) the age of the pregnancy is 14 weeks or less (ii) the continued pregnancy will endanger the life of a pregnant woman or adolescent girl (iii) the termination of pregnancy is necessary to prevent injury to the physical or mental health of a pregnant woman or adolescent girl (iv) there is malformation of the foetus which will affect its viability or which is incompatible with life (v) the pregnancy is a result of sexual penetration, rape or incest (vi) it prevents and treats the complications of unsafe termination of pregnancy; and obstetric fistula.	Safe termination of pregnancy where: (i) continued pregnancy endangers the life of pregnant women or adolescent girl (ii) there is a malformation of foetus which will affect its viability or which is incompatible with life (iii) termination is necessary to prevent injury to the physical health of a pregnant woman or adolescent girl (iv) pregnancy is a result of sexual penetration, rape or incest.
Conditions: provided that the requirements in (ii), (iii) and (iv) are based on advice of a certified medical practitioner and, for (v), there is reasonable grounds determined by police investigations and legal advice.	Conditions: provided that the requirements in (i), (ii) and (iii) are based on advice of a certified medical practitioner and, in (iv), there are reasonable grounds based on police report or other appropriate authority.

Sources: (a) Law Commission (2024); (b) Ministry of Health (2025).

The original bill has since been modified in response to concerns raised by religious leaders (Osborne et al., 2025). The details of these contestations are discussed in Section 4.2. The proposed amendments, which have not yet been passed in Parliament, restrict access to safe termination to conditions where the life or physical safety of the pregnant woman or adolescent girl is at risk, the foetus is not viable, or the pregnancy is a result of sexual violence. The language of the amended bill is less inclusive, removing reference to discrimination based on gender and sexual identity, and removing penalties for a reproductive health professional who may refuse to provide termination of pregnancies based on grounds of religion or conscience (Ministry of Health, 2025). The amended bill further requires consent for minors to be provided by a parent or guardian and promotes shared decision-making for married couples by allowing a partner (with consent) to accompany their spouse for treatment and access relevant information (Ministry of Information and Civic Education, 2025).

3.1 The Safe Motherhood Bill in the context of gender equality policies

The SMB initiative is one key component of the current government’s broader agenda to achieve gender equality reforms, with numerous policies and national strategies in place to address gender inequalities. A 2018 population policy expanded the focus on sexual and reproductive health, including adolescent pregnancy, the expanding youth population and education for all. A national strategy (2025–2030) aims to reduce adolescent pregnancy and child marriage, supported by a 2020 national male involvement strategy to address sexual and gender-based violence, encouraging men and boys to be agents of change. Finally, a 2021 ‘Radical Inclusion Policy’ aims to bring marginalised students back into education, including teenage mothers. These policies and strategies were supported by ambitious legal reforms (see Table 5).

Table 5 Gender equality laws and policies in Sierra Leone (2018–2024)

Policy	Purpose
2019 Sexual Offences (Amendment) Act	Increase maximum penalty for rape and sexual assault of a child from minimum of 15 years to life imprisonment.
2021 Radical Inclusion Policy	Bring marginalised students back into education, including teenage mothers.
2024 Safe Motherhood and Reproductive Health Bill [draft]	Coordinate all SRHR interventions to strengthen outcomes across the sector. Parliamentary approval is pending.
2024 Gender Equality and Women’s Empowerment Law	Promote gender equity by providing gender mainstreaming and equality across sectors, including quotas for women in public and private sector jobs and expanded economic opportunities.
2024 Prohibition of Child Marriage Act	Reduce high incidence of underage marriage, and support girls who are victims of child marriage and who become pregnant as a result of sexual violence.
2025 Child Rights Act	Remove all exceptions to the prohibition of marriage under age 18. Law was passed by Parliament but without the provision criminalising FGM for girls under 18 years.

Sources: CARL-SL (2023) ; Ajayi (2024); Ministry of Basic and Senior Secondary Education (2021).

In 2023, the Gender Equality and Women’s Empowerment Act (GEWE) succeeded after a well-crafted strategy to build political and public support (Kayembe, 2023). This was soon followed by a bill to criminalise child marriage and provide enhanced support services to those affected (Save the Children, 2024). The Child Rights Act was approved by Parliament without criminalising FGM, as many advocates had hoped to see (Bah, 2025). This bill was believed by some gender advocates to be an essential first step, after which the SMB passage would become possible (interview 3). The ongoing and unresolved debate over the SMB, which has continued into 2025, thus merits a closer look at the key stakeholders in the process.

4 Key stakeholders and motivations

This chapter introduces those stakeholders who have played a significant role in advancing or restricting policy initiatives around legalising pregnancy termination in Sierra Leone over the past decade. They are likely to remain influential as the political debate intensifies. If abortion is legalised, they will influence the successful implementation of the new law. Section 4.1 begins by outlining the actors and organisations which support legalisation – first those who supported the 2015 attempt and then those who support the SMB. Next, Section 4.2 outlines the stakeholders in opposition to legalisation.

4.1 Actors and organisations in support of legalising abortion

The coalition pushing for legalising abortion has been broadly consistent over the past decade, comprising women’s rights groups, international advocacy organisations, United Nations (UN) agencies and bilateral aid organisations.

The 2015 attempt to reform abortion laws

As discussed in Chapter 3, there were significant attempts at abortion policy reform from 2007 onwards, culminating in the tabling of the Safe Abortion Bill in 2015. The stakeholders behind this (ultimately unsuccessful) initiative included high-profile gender and SRHR advocates. It was led by the Gender Adviser to President Koroma and women’s rights activist Naasu Fofanah, officials from the Ministries of Health and Justice, the international abortion advocacy organisation Ipas, which drafted the Safe Abortion Bill, and the parliamentarian Hon. Isata Kabia, who introduced it as a private member’s bill (Cole, 2017). Feminist groups strongly welcomed the initiative. The African Women’s Development and Communication Network (FEMNET) launched an online petition to urge members of parliament (MPs) to sign the bill into law and ‘begin saving lives now’ (FEMNET, 2016; Ford and Fofana, 2016).

The 2015 attempt was opposed by religious and traditional leaders, politicians, Christian and Muslim women’s faith-based organisations, many women among the public, and even some within the women’s movement itself. As scholar Aisha Ibrahim argues, between 2007 and 2012, the women’s movement was able to successfully advocate for policy reforms to secure the criminalisation of domestic violence, secure inheritance rights and advance protections from sexual violence, yet because the abortion law reform invoked religious identity, it divided the movement (Ibrahim, 2022).

In retrospect, advocates from civil society organisations recognise that the initiative failed to achieve sufficient public support (Ibrahim, 2022; interviews). The weaknesses in building political and public support for the reform may have contributed to a perception that the policy initiative was led by external, not domestic, stakeholders (interviews). While the international NGO Ipas,

which works on abortion rights globally, strongly advocated for a law that met international standards, the draft was not comprehensively debated by Sierra Leonean women's groups (interviews). It lacked community support, such as that of paramount chiefs, and of cultural, youth and local religious leaders (Ibrahim, 2022).

The rift within the women's movement on one of the most contentious issues related to gender equality, that of securing a woman's right to bodily autonomy and integrity, provided an opportunity for oppositional stakeholders. They exploited the rift, using arguments for rights of women to protect their religious doctrine and the rights of the foetus, to effectively use the discourse of rights against women's own interests (ibid.).

The broad opposition to the 2015 bill underscored the disjuncture between public discourse and the reality of abortion practices in communities. It stymied the government's initiative to provide safe and legal abortion services and divided the public on a highly emotive and contentious issue. Consequently, it would be almost a decade before any attempt at further reform of abortion laws.

The 2024 initiative

The next policy initiative was a careful attempt not to repeat the mistakes of 2015. As activists noted, adequate consideration for related issues, such as the protection of doctors, safe motherhood and other women's rights more broadly may have helped to win broader support for the first initiative (interviews), and it appears that the 2024 SMB was an attempt to do just that. This time around, the government tried to build a strong stakeholder coalition of official support and broaden the support of stakeholders outside of government.

President Bio has demonstrated his personal commitment to improving gender policies and outcomes in Sierra Leone (as seen in Table 5). He was willing to move on reforms such as the GEWE Act, which activists had advocated for, and has tackled more contentious issues such as pregnant adolescent girls' school attendance, child marriage and, now, the attempt to decriminalise abortion. These efforts have enhanced his credentials as genuinely committed to gender equality. As one leading feminist said, he is 'upholding the status of a women's rights president, a women's rights activist' (interview 6). She added that the current moment presents a historic opportunity to achieve further progress that must not be lost.

President Bio's commitment to gender equality has generated good effect both domestically and internationally. Speaking at the 10th 'Africa Conference on Sexual Health and Rights' in 2022, he said:

'At a time in the world when sexual and reproductive health rights for the women are either being overturned or threatened, we are proud that Sierra Leone can once again lead with progressive reform'. (Africanews and Reuters, 2022)

The event was hosted by the feminist organisation Purposeful and convened by the African Federation for Sexual Health and Rights in partnership with the Sierra Leonean Government, international organisations (including the UN Population Fund (UNFPA), Plan International, Ipas and global feminist groups), and other national governments (including the British and Irish governments). President Bio's push for reproductive rights and decriminalising abortion at that time was interpreted as an effort to show leadership on gender in Africa, in deliberate contrast to the US Supreme Court decision ending women's constitutional right to abortion (News24, 2022). It is possible that winning the support of the international community, and aid agencies, through progressive gender policy initiatives is a useful government strategy to shore up its support (interview 5).

Domestically, President Bio has directly backed the revived initiative to legalise abortion, this time situating it within a wider range of maternal health reforms as part of the SMB. This has allowed him to build a slightly different coalition of stakeholders to support the bill, placing the Ministry of Health at the forefront of building support. This is a shift from the previous government's abortion bill, which was led by the Gender Adviser. When engaging with parliamentarians, the current government's officials are thus able to frame the SMB as an initiative to reduce infant mortality and improve maternal health outcomes (Parliament of Sierra Leone, 2024).

This shift has moved ownership of the bill away from feminists and international advocates for abortion rights and placed the abortion issue within a less socially and politically contentious maternal and child health initiative. Framing abortion care as part of a broader initiative to promote safe motherhood and save lives is an attempt to secure broader stakeholder support and avoid the pitfalls of the 2015 bill (interview 4).

Senior government stakeholders in ministries not directly involved with health or gender also support the President's gender progressive policies. A new generation of youth advocates now hold influential positions. Among them is the trailblazing David Moinina Sengeh, now Chief Minister of Sierra Leone, who led the government's Radical Inclusion Policy to bring marginalised children back into school, including currently pregnant girls or those who are parents already (Ministry of Basic and Senior Secondary Education, 2021). The Minister of Information and Civic Education, Chernor Bah, who supports the SMB, is a former leader of Purposeful and leading global advocate for the rights of girls and young people (Mansfield, 2024).

Persistent poor SRHR indicators, in particular high maternal mortality and teen pregnancy rates, have driven the government to collaborate closely with leading international stakeholders, such as the World Health Organization (WHO) and UNFPA. These international organisations are closely involved in funding and supporting SRHR programmes in Sierra Leone. Nevertheless, they are not at the forefront of public support for the SMB, out of concern for appearing to impose 'western' values on the country.

To bring in a wider range of stakeholders, the government has also attempted to build meaningful public support for the bill. This includes a public campaign, launched at the end of 2024, to garner support for the Cabinet-approved SMB. The campaign was run in collaboration with the Ministry of Health, the Ministry of Information and Civic Education, other government departments, parliamentarians, civil society and international agencies. Costing \$1.4 million, it was intended to raise public awareness, widen stakeholder engagement and increase civic participation in the legislative process (Ministry of Health, n.d.). It involved media outreach and town hall meetings in all 16 district headquarters, to expand support for the law reform among traditional, religious and local leaders, healthcare workers, and grassroots women’s and youth groups (ibid.).

Stakeholder support for abortion reform among civil society organisations has been key to ensuring it remains on the policy agenda (see Table 6). Sierra Leone has a vibrant feminist and SRHR advocacy community, with many organisations mobilised around issues related to gender-based violence.

Table 6 Key stakeholders who support legalising abortion

Organisation or network	Activity
Government	
President Bio (Sierra Leone People’s Party)	Political support, without speaking out publicly in favour of the SMB.
Ministries: Health and Sanitation; Information and Civic Education	Vocal, public support, engaging with the media and parliamentarians.
Domestic and regional organisations	
African Women’s Development and Communication Network (FEMNET)	Supported the 2015 bill.
African Commission on Human and Peoples’ Rights, an organ of the African Union	Has campaigned in African countries to decriminalise abortions.
The 50/50 Group	Prominent advocate for the 2015 bill, acted as the hub for civil society coalition meetings and presented the position paper on the bill to parliamentarians.
People’s Alliance for Reproductive Health Advocacy (PARHA)	Actively campaigned for the passing of the 2015 bill and a consistent advocate in the struggle for SRHR.
Purposeful	Prominent advocates for the 2024 SMB; organised international sexual health and rights conference in Sierra Leone in 2022.
Not in My Name	Anti-FGM coalition.
LAWYERS (Legal Access Through Women Yearning for Equality Rights and Social Justice)	Consulted by Ministry of Health to draft the SMB.
Forum Against Harmful Practices	Anti-FGM group.

International SRHR NGOs

Ipas	Supported and drafted the 2015 bill.
Marie Stopes Society	Supported the 2015 bill. Works with civil society organisation coalitions, e.g. PARHA, and government to win political and public support for the SMB.
Planned Parenthood Sierra Leone	Has worked closely with women's groups since the end of the civil war to advocate for reform.

International aid agencies

UN (including UNFPA, UN Women, WHO and the Human Rights Council)	Supported the GEWE Act and the SMB.
Bilateral donor agencies, including Irish Aid and UK Foreign, Commonwealth & Development Office	Supported the GEWE Act.

This includes the People's Alliance for Reproductive Health Advocacy (PARHA), an umbrella group comprising over 30 organisations and activists supporting the government's efforts to legalise abortion. It tries to be as inclusive as possible, bringing in religious leaders, sex workers, people with disabilities and others. In 2015, PARHA tried to engage with the Inter-Religious Council of Sierra Leone (IRCSSL), which was formed in 1997 to build Muslim–Christian cooperation and mediate between the government and rebels to support the peace process (Conteh, 2006). During that first attempt to reform the abortion law, PARHA met with mixed responses from IRCSSL's leading members, who had limited understanding of issues related to sexual and reproductive health (interview 2).

Possibly in recognition of these stakeholders' ongoing interest in the issue, when the government established a task force to work with parliamentarians on the draft SMB, it included both UNFPA and Purposeful. This technical working group is now tasked with engaging with diverse stakeholder groups across government (including law and health department officials), health providers and civil society to provide input on the draft.

Finally, some supporters of the original draft of the SMB believe that young people are increasingly supportive of legalising abortion rights. The current legal ban has not prevented widespread practice of induced abortions. Because access to safe services is so limited, there is some level of public support for the provision of medical abortions and sound post-abortion care services in the context of a safe motherhood approach (interviews 4 and 5).

4.2 Actors and organisations opposed to legalising abortion

Gender equality policy-making that involves religious doctrine is more contentious than other areas of gender equality policy reform (Htun and Weldon, 2018). The most vocal actors and organisations opposed to abortion law reform in Sierra Leone are Muslim and Christian religious

organisations. Their leaders cite the traditional and religious values of the Muslim (77%) and Christian (22%) populations to argue against it. That is, they say that Islamic jurisprudence and Biblical interpretations forbid a woman to voluntarily end her pregnancy.

Organised religious groups prior to the 2024 Safe Motherhood Bill

Faith-based women's groups diverged from many other women's organisations on the issue of legalising abortion soon after law reform was first suggested during the post-conflict reconstruction of the country. The ongoing opposition has included many religious groups within the women's movement, such as the Young Women's Christian Association, Catholic Women's Association and the Federation of Muslim Women's Associations (interviews; Ibrahim, 2022). IRCSL objected to the first abortion bill on the grounds that it violated divine injunctions of both Islam and Christianity, undermined 'fundamental cultural and religious values', and promoted a culture of death while elevating individual choice and freedom over the 'moral imperative of human conscience' (Ford and Fofana, 2016).

IRCSL's objections indicated a unanimity of gate-keepers' opposition to the bill on doctrinal grounds, as represented by the Imam of Freetown, Sheikh Abu Bakarr Conteh, and the President of Sierra Leone's Pentecostal churches, the Right Reverend Archibald Cole (Ford and Fofana, 2016; Ibrahim, 2022). The Reverend asserted that the pro-reform stakeholders, such as Ipas, were an 'abomination to our culture' (Cole, 2017). The Catholic Church, which holds some sway over public opinion, was able to shame politicians into stating their opposition to the 2015 bill after priests personally lobbied them. This increased the political risks for President Koroma of signing the bill into law (interview 1).

At that time, IRCSL had significant political influence and credibility due to its role in the peace process that ended Sierra Leone's civil war in 2001. Even though the war was not caused by religious divides, religion – including traditional religious practice – was invoked by leaders to protect fighters and communities alike and help to forge peace. IRCSL's insistence that Parliament revise the abortion bill delayed and ultimately stalled the reform process (Cole, 2017).

When President Koroma refused to sign the first abortion bill in 2016, the media suggested that he had succumbed to pressure from religious leaders (Ford and Fofana, 2016). He sent the draft for review after it was tabled for the first time, calling for a consultation to take place with both religious and women's groups. After he refused to sign it for a second time, he said a national referendum should be held on the issue (BBC, 2016). The referendum did not take place. President Koroma may have been concerned that progressing this contentious initiative could negatively impact his chances of re-election in future elections (Fofana, 2016).

Organised religious groups in 2025

Some advocates were hopeful that the IRCSL may enjoy less influence on policy processes than in 2015, perhaps because the public memory of its role in the post-conflict peace process has dimmed (interviews 1 and 6). Some observers thought that IRCSL would be more open to considering the SMB because the draft as presented placed restrictions on the provision of abortion, i.e., at less than 14 weeks gestation, and only when continued pregnancy endangers the life of the pregnant woman or adolescent girl, to prevent injury to her physical, mental or social well-being (Law Commission, 2024).

But soon feminists warned of a repeat of 2015, with attempts to block the reform, alleging that IRCSL is coming under the influence of Christian far-right groups from the US (Bangura, 2025). IRCSL protested outside Parliament alongside Christian groups, such as members of the Flaming Evangelical Church, during the SMB's first reading. It promoted 'rights of the unborn child' framings and showed images of babies being killed (Mansaray, 2024). These Christian groups opposed to the SMB include the Pentecostal Church and other Evangelical groups in Sierra Leone. They are referred to as 'born agains', opposed to abortion and against sex outside of marriage and diversity of family formations (Bangura, 2025; interview 6). The Catholic Church also stated its concerns about the bill, specifically its attempt to legalise abortion (Conteh, 2024), as did the Pentecostal Church (Barrie, 2025).

Following a meeting between officials from the Ministry of Health and women parliamentarians to discuss the SMB, the IRCSL released a statement proclaiming that the government's plans to legalise abortion were 'clearly forbidden', a violation of the country's own laws to protect the sanctity of life and in grave contravention of religious teachings (Aineah, 2024). After the SMB's second reading in Parliament in December 2024, the Speaker stayed the debate and ordered the Legislative Committee to continue its nationwide consultative process with stakeholders. Media reports suggested that IRCSL was key among the stakeholders he had in mind (Sesay, 2024). The Council of Churches in Sierra Leone added its support to the suspension of the parliamentary debate (Jalloh, 2024).

Senior government ministers met with IRCSL leaders to seek a compromise solution, offering to limit the conditions for legal termination (SierraleoNews, 2025). The combined criticism from IRCSL, other religious groups and some key ruling party members, led the government to draft a revised version of the SMB (Kelly, 2025). The Ministry of Health soon promoted its amended bill in the media, highlighting that religious leaders were pleased with their accommodation to 'religious sensibilities'.

Notably, despite IRCL's opposition to the legalisation of abortion, it pushes for progress in other areas related to sexual and reproductive rights. For example, it runs a sensitisation campaign to end FGM, early child marriages and teen pregnancies (Istanbul Process 16/18, n.d.). It is nonetheless unable to push the government to ban FGM, suggesting limits to its influence on

policy. Curbing the widespread practice of FGM remains a highly contentious policy debate that carries greater political risks, and is therefore of less priority than the SMB or the GEWE Act for the current government (interviews 1 and 5; Ajayi, 2024). Politicians fund FGM initiation ceremonies, and women cutters in turn exercise political influence through the Sowe Council by lending their support to MPs (interview 5; Ibrahim, 2019).

Table 7 Religious/faith-based organisations opposed to the Safe Motherhood Bill

Organisation or network	Activity
IRCSL	Successfully blocked the 2015 bill; opposed to the SMB; includes both Muslim and Christian organisations.
Africa Christian Professionals Forum	Requested government to withdraw the draft SMB in December 2024, arguing it violates constitutional guarantee of right to life and international law obligations (Isenja, 2024).
Council of Churches Sierra Leone	Called for further consultations after the SMB was presented to Parliament in December 2024 (Jalloh, 2024).
Family Watch International	Supports the ‘families’ agenda across West Africa and hosts conferences. Opposes efforts across Africa to remove abortion bans.
Church of Jesus Christ of Latter-day Saints (Mormon Church)	Funded the ‘Seventh Annual Strengthening Families Conference’ in Freetown in June 2025.
Pentecostal Fellowship Church	One of the strongest voices against legalisation; was present in Parliament during SMB’s first reading.

There are also newer oppositional stakeholders with financial resources to influence the policy landscape, including US Evangelical churches and the Mormon Church, who are expanding their influence across the continent (Ipas, 2022; Lavin and Norris, 2022). Relatedly, the impact of the new US administration on advancing the interests of Christian faith-based groups in Sierra Leone should not be underestimated.

During his first term in office (2017–2021), US President Donald Trump reinstated the ‘global gag rule’, defunding any programmes or services around the world that directly or indirectly promoted women’s right to abortion, with negative consequences for women’s reproductive health in African contexts (Brooks et al., 2023). Upon assuming the presidency again in 2025, President Trump reasserted his support for Christian organisations, including their position on sexual and reproductive rights and opposition to abortion rights, through an executive order promising to eradicate anti-Christian bias (The White House, 2025b), and through freezing funding from the US Agency for International Development (USAID) altogether (The White House, 2025c). The US rejoined the Geneva Consensus Declaration, an alternative ‘pro-life’ women’s health framework crafted by Valerie Huber of the Institute for Women’s Health, to acclaim from transnational anti-abortion NGOs such as the Alliance for Defending Freedom (McLatchie, 2025). It also withdrew its membership from the WHO, threatening efforts to support maternal and child health and combat disease across Africa (Finch and Gostin, 2025).

The Mormon Church currently funds initiatives in West African countries that include high-profile conferences to promote the heterosexual family norm, restrict the rights of LGBTQI+ people and oppose the right to safe abortion (interview 6). The ‘Strengthening Families Conference’, well-resourced by the Mormon Church, promotes ‘ideal’ family norms which include pro-natalist values and opposition to abortion, even if the mother’s life is at risk. Feminists noted its impact in Côte d’Ivoire in June 2024 (News-Africa, 2024). They expressed concern that the June 2025 conference in Sierra Leone may reinforce negative attitudes among the public, and politicians, against sexual diversity and SRHR, citing other examples from the region (interview 6).

The First Lady Fatima Bio’s deepening association with the Mormon Church may undermine the President’s progressive gender legacy (Church of Jesus Christ of Latter-day Saints, 2024). She has strongly supported some gender equality reforms, including leading a ‘Hands Off Our Girls’ campaign against gender-based violence, advocating for menstrual hygiene and opposing child marriage (Office Of The First Lady, n.d.). However, she also supports the ‘Strengthening Families Conference’ and does not have a strong public position against FGM (Williams, 2019).

5 Current political considerations

The discussion now turns to the main political considerations which the government is navigating as it advances the SMB. Domestically, it faces significant challenges, seeking to avoid the mistakes of the 2015 policy reform attempt and contend with the oppositional influence of religious leaders and new stakeholders to abortion law reform while simultaneously struggling to fund the health sector. Regionally, the growing voice of Christian groups promoting family values in opposition to SRHR is a concern. Finally, the global turn away from funding SRHR and providing gender equality with political backing may politically isolate Sierra Leone and make it difficult to implement the SMB if it does indeed come to pass.

5.1 Domestic

President Bio is deploying progressive gender equality policies and programmes to shape his legacy as a politician and African leader. After being re-elected in 2023, his policy initiatives to achieve progress on gender have gained pace. He is also in a strong position to push for the SMB and contend with possible backlash before the next election cycle in 2028 (interviews).

Ongoing challenges to the government have restricted its room to manoeuvre on more contentious policy issues. President Bio is already tackling cost-of-living pressures, political unrest, which led to a failed coup attempt in November 2023, and dissatisfaction with some steps he has taken to control the media (through the 2021 Cyber Security and Crime Act) and quell dissent (through the use of the 1965 Public Order Act) (International Monetary Fund, 2024).

Sierra Leone's health sector is highly dependent on donor support, as is all its social spending. This prompted concerns in 2024 about improving efficiencies (Duarte et al., 2024). Total US Government assistance to Sierra Leone fell from \$105 million in 2024 to \$15.7 million in 2025. In a shock to the sector, US Government support for health and population has shrunk from \$55 to \$12 million (ForeignAssistance.gov, 2025). With the collapse of USAID, the HIV/AIDS response programme and primary care service provision will be grievously affected unless other donors step in (Kardas-Nelson, 2025).

Opposition to abortion law reform crosses the political party divisions. Those parliamentarians opposed to legalising abortion use primarily faith-based reasoning shared by Christians and Muslims, and organised religious stakeholders are also still opposed to legalising abortion. The current SMB initiative appears designed with these challenges in mind and represents a well-considered shift in strategy, directly addressing some of the weaknesses of the 2015 initiative.

This time around, the bill enjoys stronger high-level political support from the President, who, unlike his predecessor, is not currently close to an electoral cycle in which he fears risking religious leaders' support and an attendant loss of votes. The current political moment is an unequalled

opportunity to achieve abortion law reform by taking advantage of the President's support and building upon the years of advocacy with political and other stakeholders, ongoing since the 2015 initiative. Feminists express a sense of urgency that this historic opportunity must not be lost (interview 6).

Those government officials pushing the reform enjoy more experience and influence than those behind the 2015 attempt. The government has adopted an inter-ministerial approach, led by the Ministry of Health and including the Ministries of Youth Affairs, and Information and Civic Education. They act as public advocates for the SMB, and collaborate with international stakeholders, who also advocate for its passage (UNFPA, 2025b).

This time the legalisation of pregnancy termination is framed as a health, not gender, initiative. It is nested within a broader policy initiative to achieve safe motherhood, not as a stand-alone abortion reform. The new bill has been crafted cognisant that the social stigma against abortion remains, with a 'default' opposition to legalisation despite its widespread practice (interview 1). 'People just don't like the word abortion', reflected one person closely involved in the 2015 initiative (interview 2). A strategic decision was made to remove the word 'abortion' and replace it with 'termination' within the text. These adjustments may serve the purpose of appealing more broadly to lawmakers and curbing strong oppositional stakeholders (interview 5).

Greater attention and resources have been spent on building community support across the country and making the new bill responsive to local concerns (Osborne et al., 2025). This time there have been eight more years of quiet consultations, conducted away from the limelight to avoid attracting the unwanted attention of groups opposed to the SMB. Even so, when it was tabled in Parliament, a few hundred opposition actors gathered in the building to protest and launched a media blitz to air their opposition, taking the pro-reform stakeholders by surprise (interview 6).

The additional consultations and a more inclusive process have expanded stakeholder support and momentum in support of the bill (Osborne et al., 2025). Religious leaders were consulted, and a compromise on language may have been one of the outcomes of these discussions. When the Cabinet approved the bill, it took many by surprise because the government had strategically kept the process away from the public eye and out of the purview of unrelated government departments (interview 3). Soon after, the President stated that a nationwide sensitisation process would be required before the bill could be tabled for its first reading in Parliament (interview 4).

Support among MPs is mixed. The deputy opposition leader and member of the All People's Congress party said MPs with Christian values will not support the bill, claiming that the Speaker of Parliament will oppose its passage (Barrie, 2025). In an event organised by the Ministry of Health with women parliamentarians, senior MPs such as Hon. Veronica Sesay and Hon. Bernadette Wuyatta Songa spoke in favour of the SMB and legalising abortion under certain conditions (Parliament of Sierra Leone, 2024).

Advocacy work with legislative committees and parliamentarians is underway behind the scenes to educate men about the issues (interview 2). Radio and media campaigns are discussing the SMB. Consultations around the initiative have taken place in every district of the country. Communities continue to hold conservative views – such as opposing legalising abortion despite accepting that it is widely practised, or refusing to state their support for the reform initiative publicly (interview 2). Some details of the bill, including girls' access, need public discussion to be resolved and to ensure that the bill, if passed, is successfully implemented (interview 1).

The President has urged the public and politicians to accept the revised bill, amid rumours that some of his own parliamentarians do not support the SMB (Kelly, 2025). This led to revisions in the draft of the bill so that it now only allows abortion if the pregnancy endangers the life of the pregnant woman/girl, the foetus is not viable, the termination is necessary to prevent injury to the pregnant woman/girl, or the pregnancy is the result of rape or incest (see Table 4 in Chapter 3). Some argue that these revisions render the bill incapable of offering women and girls the access to the safe abortion services they need (interview 6). President Bio's strategy has demonstrated, though, that the government is open to dialogue and compromise with religious opposition (Osborne et al., 2025).

An analysis of the GEWE Act's implementation provides some insights into how the viability of the SMB is currently being assessed. The GEWE Act lays out ambitious reforms to enhance women's inclusion in public institutions and political representation, but its success has been hampered by resource constraints, uneven political party commitment, inadequate public awareness, and weak monitoring and accountability (IGR, 2025). The SMB lays out an ambitious maternal and reproductive health framework, but it, too, will require political and public support, and vital financial resources to ensure it is a success. While data is not yet publicly available on the consequences of the changed funding environment for international support to gender and health programmes in Sierra Leone, indications are that the burden of implementation will increasingly rest on domestic resource generation.

Yet, despite these challenges in implementation, progressive stakeholders maintain that passage of the SMB is still critical, although they may not agree on the reasons why. One feminist leader said that legalising abortion without restrictive conditions, as per the original draft of the bill, is essential for upholding the state's commitment to sexual and reproductive rights and cementing President Bio's legacy as an African leader who stood by his country's commitments under the Maputo Protocol (interview 6). A representative of an international organisation agreed but is willing to support the amended draft, which restricts access to safe abortion services, as an essential first step towards the incremental achievement of women's rights in a social, political and cultural environment that is not yet ready to move further (interview 4).

5.2 Regional

If Sierra Leone legalises abortion, even with constrained access to safe services, this will signal to other countries in the region that Sierra Leone is moving ahead with its commitments to gender equality. Considering the emerging new oppositional stakeholders active in the region and across Africa, successful passage of the SMB will send a strong signal that the government is holding its ground. Nonetheless, the compromises in the revised draft (see Section 5.1 and Table 2), may not be enough to counter the opposition.

Specifically, the government must be cognisant of the rising influence of the Christian right on SRHR issues in the region (Asante, 2020; Coleman et al., 2023; APO Group, 2024). US Evangelical churches and the Mormon Church are expanding their influence across the continent. They have significant financial resources to influence the policy landscape (Ipas, 2022; Lavin and Norris, 2022), with more room to act as traditional aid flows begin to decrease.

First Lady Bio gave the keynote address at the ‘Seventh Strengthening Families Conference’ held in June 2025 in Freetown, where she was recognised for her contributions to women’s empowerment and child protection – the two themes of the event. Sharon Slater, President of Family Watch International and global advocate against comprehensive sexuality education and LGBTQI+ rights, attended in person and spoke about the need to raise awareness among both parents and children about ‘emerging ideologies’ related to gender.

Even though the Freetown event carefully avoided discussion of abortion, the documents of conferences organised by proponents of ‘family values’ and hosted by Christian organisations in Africa clearly state their opposition to it. Purposeful, the feminist advocacy NGO, publicly raised concerns that the discourse of ‘family values’ on display in Freetown risked undermining the country’s hard-won gains towards gender equality, including the SMB, the GEWE Act and other policy initiatives. It further asked the public to consider that communities in Nigeria, Ghana and Côte d’Ivoire had warned them about the detrimental impact of these conferences (Purposeful, 2025).

Indeed, just the month before, in May 2025, a ‘Pan-African Conference on Family Values’ in Nairobi rejected the ‘normalization of abortion as a right’, stating that this contravened the constitutional right to life and customary norms (Africa Christian Professionals Forum, 2025). In another May event, Entebbe, Uganda, hosted the ‘Third African Regional Inter-Parliamentary Conference on Family Values and Sovereignty’, co-convened by Uganda’s First Lady and the Speaker of Parliament, with senior officials joining from an expanded group of African countries, with delegations from Ghana, Gabon, Nigeria and The Gambia. Sharon Slater of Family Watch International spoke. The conference drafted a pan-African charter on family values, which stated that human rights-based policies, including in the areas of SRHR and comprehensive sexuality education, and the rights of LGBTQI+ people, were an ‘affront’ to ‘African family values, sovereignty and cultures’ (Strategic Issues and Research Council, 2025: 9).

The coalition of stakeholders behind these conferences indicates the dynamic of organised religious opposition to sexual and reproductive rights, including but not limited to abortion, is shifting under the influence of Christian anti-gender organisations based in the US and joined by political influence from key western states. These governments now include the US, Russia and Hungary, all of whom have demonstrated interest in the rollback of sexual and reproductive health rights and programmes (Datta, 2021; McEwen, 2023). The next ‘Pan-African Families Conference’ will be held in Cape Town, South Africa, in 2027. First ladies have lent their support to these conferences, including Janet Museveni (Uganda), Rachel Ruto (Kenya) and now Fatima Bio, suggesting a trend of high-level political support away from SRHR is gaining pace across the continent.

Feminist groups in Sierra Leone mobilised the media and raised public awareness about the potential negative influence of the ‘Strengthening Families Conference’. Feminists collaborated to make a strong case to resist the political anti-rights influence, arguing:

‘Under the guise of ‘family values’, they peddle powerful lies and are pushing a flagrant far-right agenda across Africa’. (Nkansa et al., 2025: 4)

The Outer Caucus, a group of individual activists, educators, anti-FGM advocates and survivors, came together to push against the infiltration of the ‘Strengthening Families Conference’ on public and political discourse (interview 6).

Concerns remain at home about the influence that the conference organisers extend over MPs in Freetown. It is rumoured they provided financial incentives to MPs to attend. Such tactics, if proven correct, echo allegations about the Christian far-right influence in Uganda and Kenya (Browne, 2025; interview 6). These rumours are significant in the context of public perception that there is a high level of corruption among the powerful elite in the country, including among MPs (Afrobarometer, 2025).

Notably, President Bio declined to attend the conference. This lack of endorsement by Sierra Leone’s political leadership may have been unexpected for the organisers, who possibly hoped its deliberations would trigger a rejection of the SMB. Instead, the bill lingers in Parliament, but with no debate scheduled.

5.3 Global

Two major but interrelated shifts in the global context are likely to impact the future and success of the SMB. First, the cuts in international development assistance have curtailed the funding and survival of key stakeholders that supported the bill. UNFPA has lost, as a result, an average of \$180 million per year (UNFPA, n.d., 2025a) and the WHO has lost 21% of its total budget (Cullinan, 2025). International advocacy and service provision NGOs that support safe abortion provision are also affected by the broader cuts in international assistance (Sisic and Binisik, 2025).

Second, the Sierra Leonian Government must navigate the acceleration of right-wing political forces globally with a shared goal of limiting or rolling back gains in sexual and reproductive rights (Corredor, 2019; Datta, 2021, 2025). The roadmap for what may lie ahead is indicated by Project 2025, the blueprint of action for the US Government, now the most powerful political force against SRHR. Project 2025 was produced by the right-wing think-tank the Heritage Foundation in collaboration with extreme Christian and conservative groups. Its plan, to curtail the reach and scope of USAID, disrupt the multilateralism underpinning the global world order, and defund family planning and related service provision has already come to pass (Harper, 2024). The US Government has proactively readopted the Geneva Consensus Declaration, a manifesto supported by Project 2025, which specifically denounces the right to abortion and other SRHR. The number of states which have adopted it rose from 32 in 2020 to 42 by 2024 (Ipas, 2024). Sixteen African states are signatories, including The Gambia, Niger and Senegal, indicating growing alignment among West African governments .

Questions remain what impact these shifts will have on Sierra Leone's domestic policy agendas. The final section concludes this report by suggesting possible outcomes for the SMB.

6 Possible outcomes

The SMB's passage into law, and successful implementation, cannot be assumed despite support by the current political leadership. Discussions are ongoing, with one media report noting the country 'has been torn apart by debate' (Kelly, 2025). There are three likely outcomes of the initiative to legalise abortion given the current global and national political context. One outcome is that the President gains progressive domestic support, and African and international acclaim, for attempting to pass the SMB. However, it does not pass because parliamentarians are both emboldened by the resurgent US anti-abortion politics and increasingly scared of a local backlash led by religious organisations. In this scenario, the President does not whip his MPs to vote in favour if they strongly resist, thus reducing the political backlash he would face.

A second outcome is a repeat of the 2015 process, with the President taking a decision either not to put the SMB to a vote or to delay a decision on the initiative, citing inadequate public engagement and cross-stakeholder support as the main reason. In this scenario, the government buys itself time to assess the global political realignment underway in the wake of US leadership to regress sexual and reproductive rights around the world, and its impact on the traditional oppositional actors within Sierra Leone. A delay would also buy time for the Ministry of Health to examine avenues for funding in the aftermath of reduced flows from the international community. The current delays, and evidence of compromise restricting the right to abortion, could indicate that the government is attempting to reduce the political risk of passing the original SMB, which had a larger scope and ambition. It appears the government is following this path at present, but it may change course if the political and public support becomes more favourable.

The third potential outcome is that the government and Parliament may decide the SMB enjoys enough public support to pass, as it only provides restricted access to abortion. The reduced dependency on US government assistance, even in a shrinking global funding context, may spur the political leadership to move ahead with this policy reform, freed from US influence to curb sexual and reproductive rights and services. This allows President Bio to seal his legacy as a leader committed to advancing gender equality at home, signalling leadership on contentious issues visible across the region and internationally. Even though many feminist groups will remain unhappy with the compromised bill, taken in the context of President Bio's entire range of gender equality policy initiatives, the SMB will remain a positive, if watered down, complement to this broader commitment.

If it does become law, the SMB will still face considerable challenges in implementation. Sierra Leone's health sector remains highly dependent on international assistance. It will be extremely costly to improve the maternal mortality rate and reduce teen pregnancies through the successful implementation of the SMB, requiring widespread provision of services and increased access among women and girls in a global environment of reduced aid contributions. With the US withdrawal from its leadership in global health support, there is a looming funding crisis within the

UN agencies that traditionally support sexual and reproductive health programmes and policies in Sierra Leone. The government will need to prioritise the provision of safe motherhood services from within its own resources, and advocate for other powerful allied states to step in and support women's health programming.

International stakeholders in support of SRHR in Sierra Leone have a vital role to play at a sensitive political and economic turning point for the government's gender equality agenda. Funding and programme support from international aid agencies and advocacy/service providers will be essential for the successful implementation of the government's ambitious agenda to secure safe motherhood and reproductive health for all in Sierra Leone. Governments which advocate for gender equality must demonstrate political allyship to support rights-based frameworks in Sierra Leone. This political support will reinforce the progressive voices within the country and the region and counter the influence of oppositional stakeholders.

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Annex 1 List of key informants

Interview 1 Leading feminist and human rights advocate in Sierra Leone

Interview 2 Representative of an international advocacy NGO

Interview 3 Representative of a bilateral aid agency

Interview 4 Representative of a multilateral organisation

Interview 5 Sierra Leonian journalist

Interview 6 Representative of a national feminist organisation



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