



**Submission by Human Rights Watch to the UN Human Rights Committee  
in advance of its adoption of the List of Issues Prior to Reporting for the Republic of  
Mozambique  
132<sup>nd</sup> session, June/July 2021**

This submission provides an overview of Human Rights Watch’s main concerns with respect to the human rights situation in Mozambique, submitted to the United Nations Human Rights Committee (“the Committee”) in advance of its review of the Republic of Mozambique in June 2021. We hope it will inform the Committee’s preparation of its list of issues prior to reporting to seek further clarity on the Mozambique government’s compliance with its obligations under the International Covenant on Civil and Political Rights (“the Covenant”). For additional information, please see Human Rights Watch country page on Mozambique:

<https://www.hrw.org/africa/mozambique>.

This submission focuses on past and recent abuses by government security forces and non-state armed groups, abuses against persons with albinism, and abuses against persons with psychosocial disabilities (mental health conditions). These abuses implicate violations of Articles 6, 7, and 9 of the Covenant.

## **Right to life (Article 6)**

### *Impunity for Past Serious Abuses*

The cases of 10 high-profile figures, including senior opposition members, state prosecutors and prominent academics, who were either killed or injured in apparently politically motivated attacks in 2016, remain unresolved. Likewise, the government provided no new information about 15 unidentified bodies found scattered under a bridge between the central provinces of Manica and Sofala in May 2016. A parliamentary commission established in June 2016 to investigate the case did not publish an account of its findings or state when it would complete its work.<sup>1</sup>

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<sup>1</sup> Human Rights Watch, *Submission to the Universal Periodic Review of Mozambique*, December 11, 2020, <https://www.hrw.org/news/2020/12/11/submission-universal-periodic-review-mozambique>.

Authorities also failed to investigate human rights abuses allegedly committed by government security forces in 2015 and 2016 in relation to clashes with armed men from the political party Renamo, such as enforced disappearances, arbitrary arrests, and property destruction. In 2016, the United Nations High Commissioner for Human Rights said at least 14 Renamo officials were killed or abducted across the country in the first quarter of 2016. Mozambique's leading human rights group, Liga dos Direitos Humanos (LDH), said that government security forces abducted and summarily executed at least 83 people in the provinces of Manica, Sofala, Tete, and Zambezia between November 2015 and December 2016. In cases investigated by Human Rights Watch, family members of "disappeared" people said that government officials had failed to provide them with information. This was despite strong evidence that security forces had detained their relatives.<sup>2</sup>

*The Human Rights Committee should urge the government of Mozambique to:*

- Conduct prompt, thorough, and impartial investigations into credible allegations of torture, enforced disappearances, and arbitrary arrests and detention, and other serious abuses by government officials and their agents, including in cases in which the victims or their families do not file an official complaint.
- Appropriately prosecute those responsible, regardless of rank, according to international fair trial standards.

### **Shackling of Persons with Psychosocial Disabilities (Articles 7, 10.1, 26)**

In Mozambique there is a widespread belief that mental health conditions are the result of possession by evil spirits or the devil, having sinned, displaying immoral behavior, or having a lack of faith.<sup>3</sup> Therefore, people first consult faith or traditional healers and often only seek medical advice as a last resort.<sup>4</sup>

People with psychosocial disabilities in Mozambique can be chained or confined in small spaces, in homes or institutions, sometimes for years at a time.<sup>5</sup> Many are held in sheds, cages,

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<sup>2</sup> Ibid.

<sup>3</sup> Human Rights Watch, *Living in Chains: Shackling of People with Psychosocial Disabilities Worldwide*, October 6, 2020, [https://www.hrw.org/sites/default/files/media\\_2020/10/global\\_shackling1020\\_web\\_2.pdf](https://www.hrw.org/sites/default/files/media_2020/10/global_shackling1020_web_2.pdf), pp. 9, 34, 43.

<sup>4</sup> Ibid., p. 9.

<sup>5</sup> Ibid., p. 39. Human Rights Watch visit to Igreja Evangelica Assembleia de Deus, Maputo, November 20, 2019.

or animal shelters and are forced to eat, sleep, urinate, and defecate in the same tiny area. This inhumane practice—called “shackling”—exists due to inadequate support and mental health services as well as widespread beliefs that stigmatize people with psychosocial disabilities.<sup>6</sup> Despite being commonly practiced, shackling remains a largely invisible problem as it occurs behind closed doors, often shrouded in secrecy, and concealed even from neighbors due to shame and stigma.<sup>7</sup>

“This is a punishment, not a treatment,” said “Carlos,” a 51-year-old man with a psychosocial disability who has been chained multiple times. “[They] are treating us as animals who are the property of their owners. No humans should be treated like this.”<sup>8</sup>

The UN Special Rapporteur on torture has noted that shackling “unequivocally amount(s) to torture even if committed by non-State actors under conditions in which the State knows or ought to know about them.”<sup>9</sup>

People with psychosocial disabilities, including children, who are shackled in homes or institutions are routinely forced to take medication or subjected to alternative “treatments” such as concoctions of “magical” herbs, fasting, vigorous massages by traditional healers, Quranic recitation in the person’s ear, singing Gospel hymns, and special baths.<sup>10</sup> “Fiera,” a 42-year-old woman with a psychosocial disability in Maputo told Human Rights Watch: “People in the neighborhood say that I’m mad. I was taken to a traditional healing center where they cut my wrists to introduce medicine and another one where a witch doctor made me take baths with chicken blood.”<sup>11</sup> “Carlos” said: “I’ve been tied many times and given bitter medicines through the nose... They give you roots, leaves as medicine. Their treatment was always unsuccessful.”<sup>12</sup>

The UN Special Rapporteur on torture has said that the prohibition against torture and ill-treatment “relates not only to public officials, such as law enforcement agents in the strictest

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<sup>6</sup> Human Rights Watch, *Living in Chains*, p. 3.

<sup>7</sup> *Ibid.*, p. 9.

<sup>8</sup> *Ibid.*, p. 7 (citing Human Rights Watch interview with Carlos [not his real name], man with a psychosocial disability, Maputo, November 20, 2019).

<sup>9</sup> UNHRC, Follow up report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment on his follow-up visit to the Republic of Ghana, Session 31, A/HRC/31/57/Add.2, February 25, 2015, <https://undocs.org/en/A/HRC/31/57/Add.2>, para. 72.

<sup>10</sup> Human Rights Watch, *Living in Chains*, pp. 51–52.

<sup>11</sup> Human Rights Watch interview with Fiera [not her real name], Maputo, Mozambique, November 20, 2019.

<sup>12</sup> Human Rights Watch, *Living in Chains*, p. 52 (citing Human Rights Watch interview with Carlos [not his real name], man with a psychosocial disability, Maputo, November 20, 2019).

sense, but may apply to doctors, health professionals and social workers, including those working in private hospitals, other institutions and detention centers.”<sup>13</sup>

Human Rights Watch documented people with psychosocial disabilities being arbitrarily detained and treated without their consent in government psychiatric hospitals.

The right to health care, particularly mental health care, on the basis of free and informed consent of the person with a real or perceived psychosocial disability is routinely ignored. Informed consent is a bedrock principle of medical ethics and international human rights law, and forcing individuals to take medicines without their knowledge or consent violates their rights.<sup>14</sup> The United Nations Special Rapporteur on torture has noted that “involuntary treatment and other psychiatric interventions in health-care facilities” can be forms of torture and ill-treatment.<sup>15</sup> In addition, the UN Special Rapporteur on violence against women has condemned forced psychiatric treatment as a form of violence.<sup>16</sup>

“Fiera,” a 42-year-old woman with a psychosocial disability who was arbitrarily detained and restrained in Maputo Central Hospital said: “When they tied me to the bed it made me feel useless. I felt like I was garbage.”<sup>17</sup> “Fiera” told Human Rights Watch that her ordeal lasted two or three days: “They tied my arms and feet to the base of the bed so I was lying on my back.... It was hard to sleep because of the position that I was restrained in. It was tight and it hurt my wrists. I had bedsores especially around my spine. I was tied all the time, even when I had to use the bathroom. They brought an iron bedpan that the male nurses would put beneath me by lifting me up. I felt uncomfortable because they were men. I wasn’t able to clean myself. I wasn’t able to even bathe until two or three days later when they untied me.”<sup>18</sup> When “Fiera” was later

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<sup>13</sup> UN General Assembly, Interim Report of the Special Rapporteur on torture and cruel, inhuman or degrading treatment or punishment, Manfred Nowak, A/63/175, July 28, 2008, <https://undocs.org/A/63/175> (accessed September 23, 2020), para. 51.

<sup>14</sup> Human Rights Watch, *Living in Chains*, pp. 52–53.

<sup>15</sup> UNHRC, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez, A/HRC/22/53, February 1, 2013, [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf) (accessed December 28, 2013), para. 64.

<sup>16</sup> UN General Assembly, Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Advancement of women, A/67/227, August 3, 2012, <http://www.ohchr.org/Documents/Issues/Women/A.67.227.pdf> (accessed December 10, 2013), pp. 10, 13.

<sup>17</sup> Human Rights Watch interview with Fiera [not her real name], Maputo, Mozambique, November 20, 2019.

<sup>18</sup> *Ibid.*

transferred to a psychiatric hospital, she was put in forced seclusion for three days. “It’s like a jail,” she said.<sup>19</sup>

*The Human Rights Committee should urge the government of Mozambique to:*

- Ban shackling in law and in policy.
- Comprehensively investigate state and private institutions in which people with psychosocial disabilities live, with the goal of stopping chaining and ending other abuses.
- Conduct regular, unannounced monitoring visits to government and private social care institutions as well as faith healing centers, with unhindered and confidential interaction with both staff and patients. The findings of these visits, redacted to protect privacy rights, should be publicly reported.
- Recognize involuntary hospitalization based on the existence of a disability as a form of discrimination and without consent of the individual as a form of arbitrary detention.
- Ban all forms of involuntary treatment without the person’s free and informed consent. Explicitly prohibit the use of seclusion and prolonged restraint. Define exceptional circumstances in which a patient may be considered temporarily unable to give free and informed consent and in such circumstances, immediate medical treatment may be administered as it would be to any other patient without a disability incapable of consenting to treatment at that moment, provided that the treatment is strictly necessary to address a life-threatening condition or a condition of similar gravity.
- Progressively develop voluntary and accessible community-based support and services, including access to mental health services, in consultation with organizations of persons with disabilities. This should include development of psychosocial support services and integration of mental health services in the primary healthcare system.

## **Right to liberty and security of the person (Article 9)**

### *Impunity for Past Serious Abuses*

Human Rights Watch documented cases of arbitrary detention and destruction of private property by government forces, as well as political killings, attacks on public transport and looting of health clinics by the Renamo political party’s armed group, between November 2015 and December 2016. Since a ceasefire was declared in December 2016, authorities have not held

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<sup>19</sup> Ibid.

anyone accountable. Impunity for serious abuses by state security forces and Renamo persisted and parliament in July 2019 approved a broad amnesty law that exempted Renamo members from prosecution for crimes committed between 2014 and 2016.<sup>20</sup>

*The Human Rights Committee should urge the government of Mozambique to:*

- Establish a national database of missing persons that includes information to help locate detainees and victims of enforced disappearances and killings, such as detailed information about the victim, known arrest and places of detention, and any investigations into the case.

### *Abuses by State Security Forces During Conflict*

Mozambique state security forces continued to be implicated in grave human rights violations during military operations in the northern Cabo Delgado province. These human rights violations included arbitrary arrests, abductions, torture, excessive use of force against civilians, intimidation, and extrajudicial executions.<sup>21</sup>

Since October 2017, Cabo Delgado has been a center of many battles between government forces and insurgents belonging to an Islamist armed group affiliated with the Islamic State, known locally as Al-Sunna wa Jama'a (ASWJ). Human Rights Watch and other organizations have documented alleged human rights abuses by both sides in Cabo Delgado, including killings, kidnappings, arbitrary detention, and torture and other ill-treatment of detainees. No one has been held to account for these abuses.<sup>22</sup>

In April 2020, the media reported that members of security forces were beating and harassing residents of Pemba, the capital of Cabo Delgado, for walking on the streets in the evenings. In May, the Catholic bishop of Pemba, Luiz Lisboa, said that security forces were using excessive force against displaced people who sought refuge in Pemba city, after their villages were attacked by insurgents. In September 2020, videos and pictures emerged showing the attempted beheading, torture, and other ill-treatment of prisoners by Mozambican soldiers in Cabo Delgado. Also in September, a video sent to Human Rights Watch showed men wearing army

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<sup>20</sup> Human Rights Watch, *Submission to the Universal Periodic Review of Mozambique*, December 11, 2020, <https://www.hrw.org/news/2020/12/11/submission-universal-periodic-review-mozambique>.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

uniforms summarily executing a naked woman near Mocimboa da Praia. The Mozambican Armed Defense Forces (FADM) released a statement calling the video footage “shocking and horrifying.” Later, the Mozambican Defense Minister Jaime Neto said that the video was doctored.<sup>23</sup>

*The Human Rights Committee should urge the government of Mozambique to:*

- Extend an invitation to the Office of the UN High Commissioner for Human Rights and a standing invitation to relevant United Nations special procedures—including the Working Group on Enforced or Involuntary Disappearances; the Special Rapporteur on extrajudicial, summary or arbitrary executions; and the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment—to visit the country to investigate and make recommendations for ensuring justice and accountability, as well as for reform of the security forces to act independently and professionally.

### *Violence Against Persons with Albinism*

Albinism is a relatively rare condition caused by a lack of melanin or pigmentation in the skin, hair, and eyes. People with albinism usually have a paler, whiter appearance than their relatives. While albinism affects one out of about every 17,000 to 20,000 people in Europe and North America, it is more widespread in Sub-Saharan Africa, with reports indicating that it affects one in 1,000 people in southern Africa, where Mozambique is located.<sup>24</sup>

In late 2014, there was a surge of attacks on people with albinism in Mozambique, including kidnapping and trafficking. At the peak in 2015, the UN Independent Expert on the enjoyment of human rights by persons with albinism received reports from nongovernmental groups of over 100 attacks that year alone.<sup>25</sup> A belief in witchcraft is one of the root causes of attacks, the independent expert said, with assailants believing that body parts from people with albinism can produce wealth and good luck.<sup>26</sup>

Although the reports of attacks and abductions have receded, the families of children with albinism still live in fear, some keeping their children out of school. One recent report of an

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<sup>23</sup> Ibid.

<sup>24</sup> Human Rights Watch, *Mozambique: Education Barriers for Children with Albinism*, June 13, 2019, <https://www.hrw.org/news/2019/06/13/mozambique-education-barriers-children-albinism>.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

attack was the abduction of an 11-year-old girl in May 2019 in Murrupula district in Nampula Province. She was later found dead with her limbs cut off.<sup>27</sup>

Joao, a 19-year-old from the Angónia district, told Human Rights Watch that around 2015 he stopped going to school for fear of being kidnapped during the long walk from home. He said people would sometimes follow him. Others would call him “money” and “business,” referring to his valuable body parts.<sup>28</sup> Joao’s family went to the police after assailants allegedly tried to recruit his friend to help abduct him.<sup>29</sup>

“My dream was to become a teacher,” he said. “It's good work. I still have the dream but I can't go to school.” Today, Joao works in the fields with his father, planting beans and corn. The work is hard and painful, because the sun hurts his skin.<sup>30</sup>

In recent years, the Mozambique government has taken important steps to protect people with albinism, including adopting a comprehensive Action Plan in 2015 to deal with violence against people with albinism. The plan includes measures to promote education and awareness of albinism among families and communities. However, human rights advocates in Maputo said that although they participated in drafting the plan, the government has left them out of implementation, reducing its effectiveness. They also remain concerned that the plan lacks a specific budget, which seriously impairs effective implementation.<sup>31</sup>

*The Human Rights Committee should urge the government of Mozambique to:*

- Implement all the recommendations outlined in the Regional Action Plan on Albinism in Africa, the first continental strategy to address violations against people with albinism. The plan, endorsed by the African Commission on Human and Peoples’ Rights in 2017, contains a series of immediate to long-term measures focused on protection, prevention, accountability, and non-discrimination.<sup>32</sup>
- Increase efforts to dispel deadly myths about albinism, including through workshops and at outdoor cinemas in the local language, particularly in rural and isolated communities—

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<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

such as those across Tete— that may not have access to television and radio due to a lack of electricity.

- Ensure that all teachers in the public education system are sensitized on albinism and trained to adequately provide for the specific needs of children with albinism. Schools should have enough resources to meet the specific needs of children with albinism, notably by providing textbooks and exams with larger fonts and assistive devices to read the blackboard.