CENTER FOR REPRODUCTIVE RIGHTS

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Committee on the Elimination of Discrimination against Women
Human Rights Treaties Division
Office of the United Nations High Commission for Human Rights
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Supplementary information on Rwanda scheduled for review by the Committee on the Elimination of Discrimination against Women during its 66th Session

Honorable Committee Members:

The Center for Reproductive Rights (the Center) hopes to further the work of the Committee on the Elimination of Discrimination against Women (the Committee) by providing independent information on Rwanda. The letter highlights: lack of access to maternal health care services; high rate of unsafe abortion and lack of post-abortion care; aggressive enforcement of laws prohibiting abortion and addresses the list of issues and questions raised by the Committee during its 66th pre-sessional working group.

I. LACK OF ACCESS TO MATERNAL HEALTH SERVICES

During the 2009 review of Rwanda, the Committee recommended the government put in place a "strategic plan to reduce maternal mortality."[1] In its current report to the Committee, the government has highlighted various initiatives being implemented to address the issue.[2] These efforts have resulted in a significant reduction of the maternal mortality ratio (MMR) from 1,071 deaths per 100,000 live births in 2000 to 210 deaths per 100,000 live births in 2015.[3] However, the MMR remains high compared to the goal of reducing the MMR to less than 70 per 100,000 live births under the Sustainable Development Goals[4] and problems with accessing maternal health services remain.

[1] CEDAW Committee, *Concluding Observations: Rwanda*, para. 35, 36, U.N. Doc. CEDAW/C/RWA/CO/6 (2009); *See* similar recommendations CESCR Committee, *Concluding Observations: Rwanda*, para. 26, U.N. Doc. E/C.12/RWA/CO/2-4 (2013); CRC Committee, *Concluding Observations: Rwanda,* para. 48, 49 U.N. Doc. CRC/C/15/Add.234 (2004).
[2] CEDAW Committee, *Consideration of reports submitted by States parties under article 18 of the Convention: Seventh to ninth periodic reports of States parties due in 2014: Rwanda,* para, 33, 56, U.N. Doc. CEDAW/C/RWA/7-9 (2015) [hereinafter Periodic Report of State Parties: Rwanda].
[3] Committee on the Elimination of Discrimination Against Women (CEDAW Committee), *Responses to the list of issues and questions with regard to the consideration of the seventh to ninth periodic reports; Rwanda,* para. 6 U.N. Doc. CEDAW/C/RWA/Q/7-9/Add.1 (2016).
[4] UN General Assembly, *Transforming our world : the 2030 Agenda for Sustainable Development*, A/RES/70/1 (2015)

Rwanda's 2015 Demographic Health Survey (2015 RDHS) shows that more than half of women do not attend[5] the minimum four antenatal visits as recommended by the WHO.[6] Also, while 91% of women delivered with the assistance of a skilled provider, only 18% received this care from doctors,[7] 55% did not attend postnatal checkup,[8] even though "a large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery."[9]

Rwandan women and girls often encounter significant barriers in accessing services. Approximately 23% of patients need to walk for an hour or more than five kilometers to reach the nearest health care facility.[10] According to the latest available data from the Ministry of Health, Rwanda has a total of 709 doctors working in private and public health facilities, amounting to approximately one doctor per 15,810 people[11] and 35 obstetricians and gynecologists.[12] There are approximately only 8,895 nurses and midwives serving a population of approximately 12 million people.[13] Lack of access to health professionals is exacerbated as 40% of patients have to travel more than an hour to reach a health care facility.[14] Despite an increase in the number of health facilities, there are only 46 full-service hospitals.[15]

II. LACK OF ACCESS TO SAFE ABORTION AND POST-ABORTION CARE

Multiple Treaty Monitoring Bodies have expressed concern over the restrictive law on abortion in Rwanda and its aggressive enforcement.[16] In 2009, the Committee expressed concern that "abortion is a punishable offence under Rwandan law" and recommended that the state remove

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[5] National Institute of Statistics of Rwanda, et.al., *Rwanda Demographic Health Survey 2014-2015: Key Findings* 8 (2015) *available at* http://dhsprogram.com/pubs/pdf/SR229/SR229.pdf [hereinafter 2015 RDHS: Key Findings].

[6] WHO, GLOBAL HEALTH OBSERVATORY, *Antenatal care, available at* http://www.who.int/pmnch/media/publications/aonsectionIII_2.pdf (last visited Jan 16, 2016).

[7] National Institute of Statistics of Rwanda et.al., *Rwanda Demographic and Health Survey 2014-2015* 121 (2016) *available at* http://dhsprogram.com/pubs/pdf/FR316/FR316.pdf [hereinafter 2015 RDHS].

[8] *Id.*

[9] *Id.*, at 122.

[10] *See* THE WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD, RWANDA STRATEGIC PLAN 2010-2013 AND YEAR ONE OPERATIONAL PLAN 9 (2010) [hereinafter WHITE RIBBON ALLIANCE, RWANDA STRATEGIC PLAN 2010-2013] *available at* http://www.heart-resources.org/wp-content/uploads/2012/05/275007_RW-Consultancy-to-Finalise-the-Strategic-Plan-for-White-Ribbon-Alliance-Rwanda-2010-2013_Strategic-Plan.pdf.

[11] MINISTRY OF HEALTH RWANDA, *Rwanda Annual Health Statistics Booklet* 20 (2014), *available at* http://moh.gov.rw/fileadmin/templates/HMIS_Docs/MOH_Statistical_Booklet_2014.pdf.

[12] UNFPA ET. AL, THE STATE OF THE WORLD'S MIDWIFERY 2014: A UNIVERSAL PATHWAY. A WOMAN'S RIGHT TO HEALTH 158 (2014) *available at* http://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf.

[13] *Id.*

[14] PMNCH ET AL., SUCCESS FACTORS FOR WOMEN'S AND CHILDREN'S HEALTH 23 (2014), *available at* http://www.who.int/pmnch/knowledge/publications/rwanda_country_report.pdf [hereinafter PMNCH, SUCCESS FACTORS].

[15] Human Rights Committee, *Consideration of reports submitted by States parties under article 40 of the Covenant – Fourth periodic reports of States parties due in April 2013: Rwanda*, para. 6, U.N. Doc. CCPR/C/RWA/4 (2014) [hereinafter *Consideration of reports*] *available at* http://ccprcentre.org/doc/2014/07/CCPRCRWA4_E.pdf

[16] In 2016, the Human Rights Committee, expressed concern over "the burdensome requirements for seeking permission to undergo abortion, namely, a court order recognizing rape, forced marriage or incest and the authorization of two doctors in the case of jeopardy to the health of the pregnant woman or the fetus." The Human Rights Committee further recommended that the state revise its laws "to ensure that women are not prompted by legal obstacles to resort to clandestine abortions that put their lives and health at risks." Human Rights Committee, *Concluding Observations on the fourth periodic report of Rwanda*, para. 17, U.N.Doc. CCPR/C/RWA.CO/4 (2016).

punitive measures imposed on women who undergo abortion.[17] In the current LOIs the Committee asked the government **to inform it about (a) efforts made to raise awareness of the Penal code provisions on abortion; (b) the progress made in repealing provisions of the code hindering access to abortion; and (c) the development of clear guidelines to improve the accessibility and availability of safe abortion services.**[18] In its current report, the government has stated that the law on abortion has improved since it "provides an exemption from criminal liability for abortion in particular instances."[19] **In response to the LOIs, the government cited** regular awareness campaigns,[20] trainings for health service providers in 15 hospitals,[21] and guidelines which are being developed to determine the operation of exemptions for abortion in the Penal Code.[22]

However, despite the expanded exceptions for permissible abortions, the law requires a "competent Court" to certify that a woman has become pregnant as a result of rape, incest, or forced marriage.[23] This creates a barrier because stigma, fear, and family pressure prevent many women and girls from reporting incest or sexual violence and engaging with the justice system. Those requiring termination of a pregnancy have a limited window in which to obtain these services and court proceedings are often cumbersome and ineffective in these time-sensitive contexts.

The law also requires that a medical doctor seek the "advice of another doctor" when possible before providing an abortion based on the health and life exceptions to avoid criminal liability.[24] This requirement for the involvement of multiple doctors is particularly onerous in a country such as Rwanda with a limited number of doctors, as previously noted.[25] The WHO has made clear that mid-level providers can safely and beneficially provide first-trimester abortion services.[26]

In June 2016, the President signed a law intended to govern reproductive health issues.[27] Although some problematic provisions have been removed, the law still contains concerning provisions and makes important omissions. For instance, the law leaves out services such as ante and postnatal care and abortion services which are essential to preventing maternal mortality and

[17] CEDAW Committee, *Concluding Observations: Rwanda*, paras. 35, 36 U.N. Doc. CEDAW/C/RWA/CO/6 (2009).
[18] CEDAW Committee, *Consideration of reports submitted by States parties under article 18 of the Convention on the Elimation of All Forms of Discrimination against Women*, para. 17 U.N. Doc. CEDAW/C/RWA/Q/7-9 (2016).
[19] Periodic Report of State Parties : Rwanda, *supra* note 2, para. 33.
[20] CEDAW Committee, *Responses to the list of issues and questions with regard to the consideration of the seventh to ninth periodic reports; Rwanda, para. 69 U.N. Doc. CEDAW/C/RWA/Q/7-9/Add.1 (2016).*
[21] *Id.*, para. 70
[22] *Id.*, para. 72
[23] The Penal Code (2012), GOVERNMENT GAZETTE [REPUBLIC OF RWANDA], arts. 164-166 [hereinafter Penal Code].
[24] When the procedure is allowed, that is to save the life of the woman, protect her health, or when the pregnancy is a result of rape, incest, or forced marriage. Penal Code, *supra* note 23, arts. 164-166.
[25] Fred Ndoli, *Number of doctors to double by 2017,* THE NEW TIMES (Mar. 19, 2011), http://www.newtimes.co.rw/section/article/2011-03-19/29442/.
[26] *See* Marge Berer, *Provision of Abortion by Mid-Level Providers: International Policy, Practice and Perspectives*, 87 BULLETIN OF THE WHO 58 (2009), *available at* http://www.who.int/bulletin/volumes/87/1/07-050138/en/.
[27] Law N° 21/05/2016 of 20/05/2016 Relating to Human Reproductive Health, Republic of Rwanda Official Gazette N° 23 of 06/062016, art. 1.

morbidity. It also gives the right to decide on one's reproductive health only to persons who have attained majority age[28] which under Rwanda law can either be 18 or 21,[29] thereby denying adolescents their right to make decisions about their reproductive health. In their recent General Comment on Adolescents, the UN Committee on the Rights of the Child recognizes that adolescents must have access to sexual and reproductive health services and information without third party consent.[30]

Aggressive enforcement of the laws on abortion

The criminalization of abortion in Rwanda has great implications. While the revised Penal code reduced the penalty for a woman that induces her own abortion or consents to an abortion from 2-5 years[31] to 1-3 years, the penalty is still heavy,[32] and the law is aggressively enforced, resulting in the frequent arrest, prosecution, and imprisonment of women and girls for procuring an unlawful abortion.[33] Research published in 2015 revealed that from July 2013 to April 2014, 313 women were imprisoned in five prisons for illegal abortions amounting to almost a quarter of the total female prisoners in these prisons.[34] In December 2016 the President pardoned 16 girls and 48 women who had been convicted of committing illegal abortion.[35] The Rwanda Law Reform Commission also proposed that the law on abortion be reformed to "allow easy approval of abortion without a woman having to go through rigorous court procedures."[36] However, the Commission should present the proposed amendments to the parliament soon in order to prevent further harm.

Rwanda's criminalization of abortion continues to heavily stigmatize women seeking access to abortion-related services. One immediate consequence is that women are forced to seek

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[28] *Id*., art. 7.

[29] In Rwanda, while the civil code puts the age of majority to be 21, other laws such as the Child Law and the Law on the Prevention and Punishment of Gender-based-Violence specify 18 as the age of majority: Christine Umubyeyi, *Access to Justice in Civil Matter: A Critical Analysis of Legal Representation of Minors Under Guardianship in Rwanda* 12-13 (2011) *available at* http://repository.up.ac.za/bitstream/handle/2263/18653/Umubyeyi_Acces%282011%29.pdf?sequence=1.

[30] Committee on the Rights of the Child General comment No. 20 (2016) on the implementation of the rights of the child during adolescence U.N. Doc. CRC/G/GC/20 (2016) *available at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGC%2f20&Lang=en*

[31] United Nations, Rwanda: Abortion Policy (2002) *available at* http://www.un.org/esa/population/publications/abortion/.

[32] Pursuant to the Penal Code, a person might face imprisonment of anywhere from one year up to twenty years and fine of 50,000 to 2,000,000 Rwandan francs as criminal liability for abortion; *see* Penal Code, *supra* note 23, arts. 162-164.

[33] *See, e.g.*, IPAS, WHEN ABORTION IS A CRIME: RWANDA (2015) *available at* http://www.glihd.org/wp-content/uploads/2015/10/STUDY-WHEN-ABORTION-IS-A-CRIME-RWANDA.pdf [hereinafter IPAS, WHEN ABORTION IS A CRIME: RWANDA]; *See also* ASSOCIATION RWANDAISE POUR LE BIEN-ÊTRE FAMILIAL (ARBEF), ABORTION AND YOUNG PEOPLE IN RWANDA (2012) (unpublished research) (on file with the Center for Reproductive Rights) [hereinafter ABORTION IN RWANDA].

[34] IPAS, WHEN ABORTION IS A CRIME: RWANDA, *supra* note 33, at 8.

[35] Ivan R. Mugisha, *President Kagame Pardon of Convicts Revives Debate on Abortion*, THE EASTAFRICAN, Dec. 20, 2016, http://www.theeastafrican.co.ke/news/Kagame-pardon-of-convicts-revives-debate-on-abortion-/2558-3492444-3lex6mz/index.html.

[36] Anton Tashobya, *Civil Society Welcomes Presidential Pardon of Abortion Convicts*, THE NEW TIMES, Dec. 12, 2016, http://www.newtimes.co.rw/section/article/2016-12-12/206185/.

clandestine abortions, often having to travel long distances almost always exposing themselves to unsafe abortion. Many interviewees in a study on abortion in Rwanda traveled to the Democratic Republic of Congo or Uganda to access abortion.[37]

Forty-seven percent (nearly half) of all pregnancies in Rwanda are unintended and 22% of the country's unintended pregnancies result in induced abortions.[38] Many of these women and adolescent girls seek out clandestine and unsafe abortions due to the restrictive abortion law.[39] Overall, half of all abortions in Rwanda are performed by untrained individuals and are considered to be very high risk, with poor rural women being the most likely to go to untrained providers or self-induce.[40] Consequently, approximately 40% of abortions in Rwanda result in complications and require medical treatment.[41] Approximately 26,000 women each year are treated for abortion complications, with about 17,000 (65%) of these complications likely resulting from induced abortions .[42] Contraception is a vital tool for preventing unplanned and unwanted pregnancies yet only 28% of women use a modern contraceptive method.[43] This low usage can be attributed to misconceptions around contraception, and the limited number of health care facilities that provide contraceptives.[44] The government must take measures to reduce unwanted pregnancies by making contraceptives accessible and raising awareness on family planning.

Post-Abortion Care

It has been recognized that post-abortion care (PAC)[45] should be integrated with other available maternal health services.[46] However, fear of prosecution deters Rwandan women and girls from seeking necessary care after procuring unsafe abortions.[47] About 30% of those who experience complications are ultimately unable to access PAC and treatment at health centers.[48]

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[37] ABORTION IN RWANDA, *supra note 33* at 9.

[38] BASINGA ET AL, UNINTENDED PREGNANCY AND INDUCED ABORTION IN RWANDA 19 (2012) [hereinafter BASINGA, UNINTENDED PREGNANCY].

[39] *See, e.g.*, ABORTION IN RWANDA, *supra* note 33.

[40] GUTTMACHER INSTITUTE, FACT SHEET: ABORTION IN RWANDA, (Apr. 2013) *available at* www.guttmacher.org/pubs/FB-Abortion-in-Rwanda.html.

[41] *Id*.

[42] BASINGA, UNINTENDED PREGNANCY, *supra* note 38, at 5.

[43] 2015 RDHS, *supra* note 7, at 85. Tbl. 6

[44] Many religiously affiliated health care facilities do not offer contraception and they make up about 40% of all health care facilities in Rwanda: Dieudonné Muhoza Ndaruhuye et al., *Demand and Unmet Need for Means of Family Limitation in Rwanda*, 35(3) Int'l Perspectives on Sexual & Reproductive Health 122 (Sept. 2009): Julie Sol, *Family Planning in Rwanda – How a Taboo Topic Became Priority Number One*, 22 (2008), *available at* http://www.intrahealth.org/files/media/5/fp_in_Rwanda.pdf.

[45] Post-abortion care (PAC) encompasses a set of interventions to respond to the needs of women and girls who have miscarried or induced an abortion. Sneha Barot, *Implementing Postabortion Care Programs in the Developing World: Ongoing Challenges* 17 GUTTMACHER POLICY REVIEW 1 (2014), *available at* http://www.guttmacher.org/pubs/gpr/17/1/gpr170122.html.

[46] BASINGA, UNINTENDED PREGNANCY, *supra* note 38, at 24.

[47] *Id.* (UNINTENDED PREGNANCY)

[48] BASINGA ET AL., ABORTION INCIDENCE AND POSTABORTION CARE IN RWANDA 43 STUDIES IN FAMILY PLANNING 11, 16 (2012) [hereinafter BASINGA, ABORTION INCIDENCE AND POSTABORTION CARE IN RWANDA].

For those that seek care, barriers to access to quality care include inadequate equipment and medical supplies in health care facilities and insufficient training of health care providers.[49] As of 2010, just 10% of all health facilities in Rwanda had the equipment for the recommended method of PAC, and almost 40% of those few equipped facilities lacked trained staff to use the equipment, leaving only about 6% of all the country's facilities having both the equipment and trained staff to provide the service.[50]

The demand for PAC services also results in significant costs for individuals and the Rwandan health system as a whole. A 2014 study estimated that the annual average cost of PAC per person in Rwanda is USD 93, while the national cost is USD 1.7 million per year.[51] "Improving access to safe abortion would reduce the need for PAC and enhance Rwanda's ability to provide sufficient access to PAC services.

In 2012, Rwanda released its first National Comprehensive Treatment Protocol for PAC Services.[52] However the ongoing lack of adequate access to PAC is particularly dismal given that 20% of women in Rwanda will, during their reproductive years, need medical care for abortion-related complications.[53]

III. SEXUAL AND PHYSICAL VIOLENCE AGAINST WOMEN AND GIRLS

In its 2009 Concluding Observations, the Committee expressed concern regarding "the prevalence of different forms of violence against women, in particular sexual violence and domestic violence" and the lack of information on the extent of the problem. [54]

In the LOIs, the Committee requested that the government **provide information on the development of a national management information system designed to capture all data from various entry points in the reporting and referral process of cases of gender-based violence and how the systematization, collation and coordination of these data are ensured.**[55] In its response the government admitted that **some challenges remain on GBV data collection, hosting and sharing.**[56]

Despite this, studies show that Rwanda "continues to have one of the highest incidences of gender-based and domestic violence in Africa."[57] The 2015 RDHS reported that, 44% of all women between the ages of 15 and 49 have experienced physical or sexual violence at least once

[49] BASINGA, UNINTENDED PREGNANCY, *supra* note 38, at 22; BASINGA, ABORTION INCIDENCE AND POSTABORTION CARE IN RWANDA, *supra* note 48, at 19.
[50] BASINGA, UNINTENDED PREGNANCY, *supra* note 38, at 18.
[51] Michael Vlassoff et. al., *The health system cost of post-abortion care in Rwanda*, 30 HEALTH POLICY AND PLANNING 228-229 (2014).
[52] BASINGA, UNINTENDED PREGNANCY, *supra* note 38, at 25.
[53] BASINGA, ABORTION INCIDENCE AND POSTABORTION CARE IN RWANDA, *supra* note 48, at 13.
[54] CEDAW Committee, *Concluding Observations*: *Rwanda*, para. 25, U.N. Doc. CEDAW/C/RWA/CO/6 (2009).
[55] CEDAW Committee, *List of issues and questions in relation to the combined seventh to ninth periodic reports of Rwanda*, para. 9 U.N. Doc. CEDAW/C/RWA/Q/7-9 (2016).
[56] CEDAW Committee, *Responses to the list of issues and questions with regard to the consideration of the seventh to ninth periodic reports; Rwanda, para. 49 UN Doc. CEDAW/C/RWA/Q/7-9/Add.1 (2016)*
[57] Nishtha Chugh, *A Drive to Beat Rwanda's Gender-Based Violence*, THE GUARDIAN (Nov. 22, 2013), http://www.theguardian.com/global-development-professionals-network/2013/nov/22/rwanda-gender-based-violence.

in their lifetime.[58] Thirty-seven percent of ever married women between the ages of 15 and 49 reported that they had been abused by their current husband or partner.[59] The report also indicated that 22% of women age 15-49 had experienced sexual violence during their lifetime. Women's experience of physical violence is highest in the lowest wealth quintile (43.7%) and is lowest in the highest wealth quintile (29.9%).[60]

Rwanda also suffers from a prevalence of sexual and physical violence against children. In 2009 there were 1,570 cases of child rape recorded. The Rwanda National Police also report that there were 863 cases of violence against children reported between January and July 2012. A June 2011 survey found that over 600 children were sexually, physically, and psychologically abused in the previous two years across the country. Those incidents resulted in at least 110 pregnancies. These statistics are probably an underestimate, since GBV, particularly sexual violence, tends to be under-reported.

IV. RECOMMENDATIONS

We hope that the Committee will consider addressing the following recommendations to the government of Rwanda:

1. The government should continue its efforts to reduce the high rate of MMR and improve access to maternal health information and services. Such measures should include increasing the number of health care facilities equipped and staffed to handle basic and emergency obstetric care, especially in low-income and rural areas, and increasing the number of skilled health care providers able to offer quality and convenient antenatal care and post-natal care, as well as skilled assistance during childbirth.

2. The government should ensure that women and girls have access to safe abortion services, and that its abortion law is in line with its obligations under international and regional treaties including the removal of third party recommendations as a requirement for legal abortion from the Penal Code. The government should consider pardoning all the women imprisoned for abortion and addressing the heavy penalties for illegal abortions in the Penal Code. In addition the government should ensure access to a wide range of family planning services and information including emergency contraception to prevent unwanted pregnancy.

3. The Government should continue to implement measures to address the high GBV and provide victims with the necessary medical and legal services. It should also take all steps necessary to prevent, investigate, and prosecute incidents of violence against women and girls. Further, the government should gather data on the issue to monitor and evaluate the effectiveness of the different initiatives its implementing.

[58] 2015 RDHS, *supra* note 7, at 276.
[59] 2015 RDHS, *supra* note 7 at 282.
[60] 2015 RDHS, *supra* note 7, at 270.