



NGO: EUROPEAN CENTRE FOR LAW AND JUSTICE (ECLJ)

**UNIVERSAL PERIODIC REVIEW
45TH SESSION
2023**

**STATUS OF HUMAN RIGHTS IN THE REPUBLIC OF CONGO
FOR THE 45TH SESSION OF THE
UNIVERSAL PERIODIC REVIEW**

www.ECLJ.org
4, quai Koch
67000 Strasbourg, France
Phone: +33 (0)3.88.24.94.40

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Introduction

1. The European Centre for Law and Justice (ECLJ) is an international, non-governmental organization dedicated to promoting and protecting human rights around the world. The ECLJ holds Special Consultative status before the United Nations Economic and Social Council. The purpose of this report is to raise concerns regarding human rights violations in the Republic of Congo (Congo) for the 45th Session of the Universal Periodic Review (UPR).

Background

2. Congo is located in central Africa and has a population of approximately 5.6 million people.¹ The majority of the country's population belongs to different Christian denominations.² Approximately 33.1% of the population identify as Roman Catholic, 22.3% belong to Awakening Churches/Christian Revival movement, 19.8% identify as Protestant, 11.3% belong to no religion, 8.1% identify as other, 2.2% as Salutiste, 1.6% as Muslim, and 1.5% as Kimbangusite.³

3. Congo's last review was held on November 14, 2018.⁴ As a result of the review, Congo received 194 recommendations, 188 of which Congo accepted.⁵ There were no recommendations made regarding abortion or religious freedom.⁶

Legal Framework

4. Article 8 of Congo's Constitution states that "[t]he human person is sacred and has the right to life."⁷ This right to life is also enshrined in Congo's law that prohibits abortion altogether.⁸

5. Furthermore, Congo is a party to the International Covenant on Civil and Political Rights (ICCPR).⁹ Article 6 of the ICCPR states that "[e]very human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life."¹⁰ Congo also has a responsibility to uphold pro-life principles enshrined in other international agreements such as the U.N. Charter, the Universal Declaration of Human Rights (UDHR), and the 1994 Cairo Conference on Population and Development.

Abortion

6. Countries in Sub-Saharan Africa, which includes Congo, have been expanding access to abortion since the turn of the millennium. In fact, since 2000, twenty-one countries in Sub-Saharan Africa have expanded access to abortion.¹¹ Unsurprisingly, this has led to a drastic increase in the number of abortions being carried out across the region.¹² Between 1995 and 1999, there were approximately 4.3 million abortions carried out annually in the region.¹³

Between 2015 and 2019, abortions nearly doubled, and that trend has continued with eight million abortions being carried out annually in Sub-Saharan Africa.¹⁴ Thankfully, Congo has remained steadfast in protecting both the life of the preborn baby and the mother.

7. On October 22, 2020, Congo signed on to the Geneva Consensus Declaration on Promoting Women’s Health and Strengthening the Family.¹⁵ The purpose of this document is stated in this Declaration to:

3. *Reaffirm* the inherent “dignity and worth of the human person,” that “every human being has the inherent right to life,” and the commitment “to enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant”;

4. *Emphasize* that “in no case should abortion be promoted as a method of family planning” and that “any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process”;

...

- ✓ Improve and secure access to health and development gains for women, including sexual and reproductive health, which must always promote optimal health, the highest attainable standard of health, without including abortion;
- ✓ Reaffirm that there is no international right to abortion, nor any international obligation on the part of States to finance or facilitate abortion, consistent with the long-standing international consensus that each nation has the sovereign right to implement programs and activities consistent with their laws and policies;¹⁶

8. These principles are also enshrined in numerous international documents. In fact, since the 1994 Cairo Conference on Population and Development, U.N. Member States have had an affirmative commitment to “reduce the recourse to abortion”¹⁷ and to “take appropriate steps to help women avoid abortion, *which in no case should be promoted as a method of family planning.*”¹⁸ “Family planning” simply means planning when you will have children, as well as how many. However, once a human child is conceived, ending his or her life does not remain in the ambit of “family planning,” it becomes murder. As such, abortion should not be used for, nor is it in fact, a part of “family planning,” as the Cairo Conference correctly affirmed. Additionally, the UDHR states that “recognition of the inherent dignity and of the equal and inalienable rights of *all* members of the human family is the foundation of freedom, justice and peace in the world,” and provides that “[e]veryone has the right to life”¹⁹ Again, Article 6 of the ICCPR likewise states that “[e]very human being has the inherent right to life. This right shall be protected by law.”²⁰ Similarly, the preamble to the United Nations Charter states that “the peoples of the United Nations determined . . . to reaffirm faith in fundamental human rights, in the dignity and worth of the human person”²¹ Clearly, Congo’s law on abortion fulfills its obligations under these international documents as the law recognizes the dignity of the human life of both the mother and the preborn baby.

9. Further, many U.N. Member States have affirmed along with Congo, that there is no international right to abortion. This can be seen practically when looking at the abortion laws of U.N. Member States. Currently, out of the 193 U.N. Member States, a majority (109) of

them have strict limits on abortion.²² Even in the additional sixty-seven countries that have varying gestational limits for on-demand abortions, the majority of these (fifty-two) have a gestational limit of twelve weeks or less, while some allow only up to fourteen weeks, or somewhere in between.²³

10. It should also be noted that Congo’s law also protects the mother, as it has been documented that abortions can have lasting and severe impacts on the health of the mother. One 2023 study examined data from Nigeria and the Central African Republic and documented the complications caused by abortions in these countries.²⁴ This study analyzed data from 520 women in Nigerian hospitals and 548 women in Central African Republic hospitals and found that 19.8% of the women studied in Nigeria and 6.2% of women studied in the Central African Republic were classified as having “severe maternal outcomes” as defined as near-miss cases and deaths.²⁵ Further, a staggering 47.1% of the women studied in Nigeria and 44.5% of the women studied in the Central African Republic faced potentially life-threatening complications.²⁶ The study also found that the most common abortion-related complications were bleeding and hemorrhaging.²⁷

11. Further, these complications have also been noted in the World Health Organization’s pro-abortion guidelines.²⁸ For example, abortion can result in the perforation of the uterus or the laceration of the cervix.²⁹ Abortion also deprives women of the health benefits that come from continuing pregnancy, such as the elimination of the protective effect a full-term pregnancy has against breast cancer.³⁰ Abortion can also mask other dangerous symptoms like an undiagnosed ectopic pregnancy.³¹ Furthermore, women who have undergone abortions have also been reported to experience negative psychological side effects, from shame to drug abuse to suicidal thoughts.³² All of these reasons contribute to the negative and even devastating effects abortion has on both the mother and the preborn baby.

Recommendations

12. We are encouraged that despite many countries in the region expanding access to abortion, Congo has remained committed to promoting life and upholding protections for preborn babies and their mothers. As many countries have expanded access to abortion, it is unavoidable that Congo will face external pressure to reform its law and expand access to abortion. We want to encourage Congo that its practice to protect human life is not only moral but also consistent with a majority of the countries, as well as international law. Hence, Congo should remain steadfast in protecting life, upholding its laws, and not succumb to any pressure to open its doors to an immoral and brutal practice.

¹ *Congo, Republic of the*, THE WORLD FACTBOOK, <https://www.cia.gov/the-world-factbook/countries/congo-republic-of-the/> (June 22, 2023).

² *Id.*

³ *Id.*

⁴ *Universal Periodic Review - Congo*, OHCHR, <https://www.ohchr.org/en/hr-bodies/upr/cg-index> (last visited June 29, 2023).

⁵ *Congo Infographic 31st*, OHCHR, https://www.ohchr.org/sites/default/files/lib-docs/HRBodies/UPR/Documents/Session31/CG/CONGO_Infographic_31st.pdf (last visited June 29, 2023).

⁶ OHCHR, UPR of Republic of the Congo (3rd Cycle – 31st Session): Thematic List of Recommendations, <https://www.ohchr.org/sites/default/files/lib->

docs/HRBodies/UPR/Documents/Session31/CG/MatriceRecommendationsCongo.docx (last visited June 29, 2023).

⁷ CONSTITUTION OF THE REPUBLIC OF THE CONGO 2015, art. 8, https://www.constituteproject.org/constitution/Congo_2015.pdf?lang=en.

⁸ *The World's Abortion Laws*, CTR. FOR REPROD. RTS. (Sep. 27, 2022), https://reproductiverights.org/wp-content/uploads/2022/09/WALM_20220927_V1.pdf.

⁹ *Ratification Status for Congo*, OHCHR, https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=14&Lang=EN (last visited June 29, 2023).

¹⁰ International Covenant on Civil and Political Rights art. 6, *adopted* Dec. 16, 1966, 999 U.N.T.S. 171, <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights> [hereinafter ICCPR].

¹¹ *From Unsafe to Safe Abortion in Sub-Saharan Africa: Slow But Steady Progress*, GUTTMACHER INSTITUTE, <https://www.guttmacher.org/report/from-unsafe-to-safe-abortion-in-sub-Saharan-africa> (last visited June 29, 2023).

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family*, U.N. Doc. A/75/626 (Dec. 7, 2020), <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N20/344/30/PDF/N2034430.pdf?OpenElement>.

¹⁶ *Id.*

¹⁷ International Conference on Population and Development, *Report of the International Conference on Population and Development*, ¶ 8.25, U.N. Doc. A/CONF/F.171/13/Rev.1, https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf.

¹⁸ *Id.* ¶ 7.24 (emphasis added).

¹⁹ G.A. Res. 217 (III) A, Universal Declaration of Human Rights, pmbl., art. 3 (Dec. 10, 1948) (emphasis added).

²⁰ ICCPR art. 6, *supra* note 10.

²¹ U.N. Charter pmbl.

²² *The World's Abortion Laws*, CTR. FOR REPROD. RTS. (Sep. 27, 2022), https://reproductiverights.org/wp-content/uploads/2022/09/WALM_20220927_V1.pdf.

²³ *Id.*

²⁴ Estelle Pasquier et. al, *High Severity of Abortion Complications in Fragile and Conflict-Affected Settings: a Cross-Sectional Study in Two Referral Hospitals in Sub-Saharan Africa (AMoCo Study)*, BMC PREGNANCY & CHILDBIRTH, Mar. 4, 2023, <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-023-05427-6>.

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

²⁸ *Abortion Care Guideline*, WORLD HEALTH ORGANIZATION & HUMAN REPRODUCTION PROGRAMME 79 (Mar. 8, 2022), <https://www.who.int/publications/i/item/9789240039483>.

²⁹ *Women's Right to Know: Abortion & Pregnancy Risks*, LA. DEP'T OF HEALTH, <https://ldh.la.gov/page/915> (last visited May 11, 2023).

³⁰ See Justin D. Heminger, *Big Abortion: What the Antiabortion Movement Can Learn from Big Tobacco*, 54 CATH. U.L. REV. 1273, 1288-89, 1290 n.119 (2005).

³¹ See generally *Physical Effects of Abortion: Fact Sheets, News, Articles, Links to Published Studies and More*, THE UNCHOICE, www.theunchoice.com/physical.htm (last visited July 5, 2023) (listing sequelae and referencing sources).

³² Priscilla K. Coleman et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences*, 22 J. OF AM. PHYSICIANS & SURGEONS 113, 116-17 (2017), <https://www.jpands.org/vol22no4/coleman.pdf>.