

Policy Change for Women's Rights:

A CASE STUDY OF THE DOMESTICATION OF THE MAPUTO PROTOCOL IN THE DEMOCRATIC REPUBLIC OF THE CONGO

Introduction

Women in sub-Saharan Africa are at the greatest risk globally for an unplanned pregnancy to end in an unsafe abortion. In 2019, 92% of women of reproductive age in Africa lived in one of the 43 countries in the region where access to abortion is restricted or penalized. Restricting abortion does not reduce the number of abortions; rather, it renders them more likely to be clandestine and unsafe. An estimated 6.2 million unsafe abortions are performed in sub-Saharan Africa each year, accounting for 77% of abortions in the region.¹

The only African judicial instrument regarding the right to access safe abortion is the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, better known as the Maputo Protocol, after the Mozambican capital where it was adopted by the African Commission on Human and Peoples' Rights in 2003. While several sub-Saharan African countries have ratified the Protocol,

as of 2020 only seven countries have pursued legal reform to harmonize their laws with the criteria for access to safe abortion under the Maputo Protocol.²

In 2018, the Democratic Republic of the Congo (DRC) published the Maputo Protocol in its official gazette, rendering the Protocol superior to national laws. Alongside other steps such as the 2018 publication of a circular guaranteeing access to abortion care in alignment with the Protocol and the 2020 validation of progressive standards and guidelines for the implementation of the Protocol's directives, this move marked the DRC as the first country in Francophone Africa to make sweeping changes to broaden access to abortion care for its population to date.³ This policy change represents a decisive step toward wide-scale improvements in sexual and reproductive health and rights for the millions of women in the DRC.

Further, it serves as an example of collaboration amongst civil society members, state actors, international organizations, and human rights defenders toward positive changes to policy with enormous implications for the health, rights, and development of the Congolese people.

With over ten years of policy advocacy, and in the face of considerable challenges and constant opposition, local actors in the DRC succeeded in advancing a significant policy change to improve the rights and access to health care of the country's women and girls. The course of this policy advocacy can serve as an example for other actors across the region facing similar challenges or contexts. The policy process of the DRC presents a recent case, which has not yet been documented in detail for use in learning around policy change. It must also be noted that there is a general scarcity of documented case studies of policy change processes related to sexual and reproductive health and rights from the Central African region or the francophone Africa region. This case study documents the process of domestication of the Maputo Protocol in the DRC in order to outline the elements that contributed to this policy change and to underscore the political process, with the intent to serve as an example for other countries who wish to follow the DRC's path to expanded rights.

I. Framework

The reference framework for this case study was proposed by Jeremy Shiffman, a political science researcher and academic, who, in 2013, posited the existence of systematic elements that combine to focus political decisionmakers' attention on certain public health questions at the expense of others.⁴ Shiffman cites nine factors, which he groups in three categories.

The first category is **mechanisms led by international organizations**, including promotion of norms by international actors and the provision of resources (financial, technical, and others).

The second category, **advocacy by national actors**, entails:

- Cohesion of the political community, including networks of civil society actors, professional associations, non-governmental organizations, and government entities, pursuing a common goal.
- The presence of political entrepreneurs, such as influential individuals within the political sphere.
- Credible indicators and data to demonstrate the extent of the problem and motivate action.
- Focusing events (events or occurrences at a large scale that draw focus to the question, such as conferences, discoveries, or crises).
- Policy alternatives, such as clear, feasible, and action-oriented proposals for political decisionmakers.

The final category, **national political environment**, is composed of the elements of political transition, defined as major changes in the political ecosystem that can motivate changes in government priorities, and competition with other health priorities in the same domain.

The confluence of these three categories opens a window of opportunity for policy change. These elements draw attention to the topic, while the political community is engaged and organized as a cohesive whole, armed with pertinent messages and actionable policy recommendations based on credible evidence to inform decision-making. When these conditions occur together, they foster an enabling environment for policy change.

This case study demonstrates how each of these elements was or was not present, and to what extent, in the domestication of the Maputo Protocol in the DRC, and their roles in policy and advocacy outcomes to expand access to safe abortion in the country.

II. Context

The DRC is an immense country sharing borders with Angola, Burundi, Central African Republic, Congo-Brazzaville, Rwanda, South Sudan, Tanzania, Uganda, and Zambia.

The DRC's population is large, young, and rapidly growing. With an estimated population of 92.5 million inhabitants in 2021, the DRC is the fourth most-populous country in Africa, and is estimated to grow at a rate of 129% between 2021 and 2050.⁵ It also has one of the world's highest fertility rates, with 6.2 births per woman in 2020, and 16% of births were to mothers ages 15-19.⁶

The DRC's high fertility rate is associated with a low contraceptive prevalence, high incidence of sexual violence, and low access to accurate information on sexual and reproductive health. In 2021, only 18% of married women of reproductive age used modern contraceptive methods, with 69% of women of reproductive age with unmet contraceptive needs.⁷ As a result, many women and girls are at risk of unplanned pregnancy.

In the DRC, sexual violence has been used as a weapon in war for nearly 20 years. In the eastern region of the country, 40% of women report having survived some form of sexual violence, primarily perpetrated by combatants from different groups, including army personnel.⁸ Furthermore, 17% of rape survivors report suffering an unwanted pregnancy resultant from the rape.⁹

Maternal mortality in the DRC is among the highest in the world. It is estimated at 846 maternal deaths per 100,000 live births, according to the country's most recent Demographic and Health Survey, conducted in 2014.¹⁰ Among the factors contributing to maternal mortality, unsafe abortion plays a major role, contributing to an estimated 9% of maternal deaths in sub-Saharan Africa.¹¹

In the absence of national studies of abortion incidence, partial studies and observations from rates of post-abortion care in clinics can be extrapolated to help understand the prevalence of unsafe abortion in the DRC and its contribution to maternal mortality. A study in 2017 estimated that 56 abortions per 1,000 women took place in Kinshasa, the capital, in 2016, a significantly higher rate than the rest of Central Africa, where there were an estimated 35 abortions per 1,000 women.¹²

After more than a decade of civil war and major political turbulence, with drastic consequences for the health system and family planning efforts, there has been increased attention to the question of reducing maternal mortality. The DRC considers reducing maternal mortality and increasing the contraceptive prevalence rate among its key health priorities to reduce its fertility rate and benefit from a demographic transition.

However, prior to 2018, the DRC's legal framework contained internal contradictions around access to sexual and reproductive health care, especially on the topic of abortion. The country had signed and ratified the Maputo Protocol in 2008, but this was not sufficient to bring it into force over national law. Existing texts dating, in some cases, from prior to 1960 during the time of Belgian colonial rule criminalized abortion. The Congolese Penal Code penalizes abortion in all forms.¹³ However, the Code of Medical Ethics allows for certain therapeutic abortions, per the doctor's discretion.¹⁴ Nevertheless, with regards to this second instance, it is impossible to ensure quality, standardized care, as the conditions outlined by law are so restrictive that it is nearly impossible to meet them in the timeframe necessary to avoid putting the life of the woman at risk. Advocacy was needed to clarify and update the status of abortion care in the DRC.

Over the past 15 years, the DRC has made noteworthy progress in improving access to sexual and reproductive health care, in investing

in family planning, and in reforming its legal framework, including through the publication of the Maputo Protocol in 2018. Article 14 of the Maputo Protocol guarantees “the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus.”¹⁵ The Maputo Protocol’s publication in the official gazette rendered the text superior to national law, thus legalizing access to abortion care under the conditions outlined in the Protocol.

This case study aims to document the process of domestication of the Maputo Protocol in the DRC, with the goal of exploring how the nine systemic elements identified by Shiffman contributed to this policy change.

This case study can provide a model to other countries seeking to expand access to safe abortion care to women and girls, as well as offer a resource to researchers and advocates in related fields.

III. Methodology

This case study made use of diverse documentary resources. First, the writers undertook a review of published literature and reports from national and international institutions, including laws, policies, guidance documents, and national commitments. The literature review contextualized the problem and the situation in the DRC in order to inform the interviews.

We conducted interviews with 10 resource persons, including representatives from the DRC’s Ministry of Public Health and the Ministry of Gender, Family, and Children, as well as members of the monitoring committee for the application of the Maputo Protocol as well as abortion rights advocates in the DRC. These interviews allowed us to gather the experience of key actors and identify pertinent documents to allow a deeper analysis of the Maputo Protocol domestication process.

Finally, we conducted a virtual discussion workshop with a group of actors spanning civil society, government, international organizations, and researchers working to expand access to safe abortion care in the DRC. This exchange allowed us to verify and confirm information gathered throughout the course of this study.

IV. The Domestication of the Maputo Protocol in the DRC Applied to Shiffman’s Framework for Public Health Policy Change

— A. Reforms for Sexual and Reproductive Health and the Ratification Without Reserve of the Maputo Protocol

Political transitions, as well as the influence of international stakeholders promoting adherence to human rights norms and development through the reduction of maternal mortality, created conditions for mobilization around sexual and reproductive health and rights in the DRC in the early 2000s.

In 2003, the DRC was struggling to emerge from nearly 20 years of armed conflict and form a unified national government tasked with establishing a democratic transition in the country. This transition period was marked by a progressive return to legitimacy, with preparations for the first free, democratic, and transparent elections in the DRC’s history and the rekindling of long-abandoned relationships with international donors after years of political instability. The government was also engaged in recommitment to international, bilateral, and multilateral cooperation.

Between 2003 and 2013, the country engaged in several internal legislative reforms. These included notably the adoption of a new constitution in 2005 that formalized gender parity, and two laws against sexual violence, long weaponized in war during decades of conflict in the DRC. According to Dr.

Jean-Claude Mulunda, DRC country director for the international organization Ipas, “the country ranked, in the early 2000s, among those contributing substantially to figures of violence against women, most notably with the use of rape as a war tactic. In order to provide justice to these women, the Congolese government at the time needed to take a number of measures, to show that it supported these women, and that it wasn’t on the side of their attackers. In adhering to certain international and even internal conventions, and in passing laws such as the law passed by the government concerning sexual violence, it clearly demonstrated its position.”¹⁶

The government ushered in numerous initiatives to attain the fifth Millennium Development Goal, associated with maternal health, in order to reduce maternal mortality to 322 maternal deaths per 100,000 live births by 2015. Reproductive health is also at the heart of a national policy with nine components, including family planning and the prevention and treatment of complications tied to unsafe abortion.

In 2006, the government received a mandate from Parliament to adhere to the Maputo Protocol. In 2008, the DRC ratified the Protocol without reserve, despite strong opposition from the Catholic Church among others.¹⁷

After the ratification of the Maputo Protocol, the DRC, with support from the international community, invested in access to family planning following results from the initial Demographic and Health Surveys conducted in the country in 2009 and 2014, showing extremely elevated maternal mortality rates. The DRC developed a National Multisectoral Strategic Plan for Family Planning (2014-2020). In addition, in 2013, the country joined Family Planning 2020 (FP2020), a global partnership seeking to empower women and girls by investing in rights-based family planning. The budget allocated to health increased from 5.8% in 2012 to 9% in 2016, and a specific allocation for the purchase of contraceptive commodities

in the internal governmental budget was included in the work plan for the national strategic plan.¹⁸

— B. The 2018 Framework Law on Reproductive Health: Abortion Progress Blocked

Although the DRC had signed and ratified the Maputo Protocol in 2008, and despite the fact that the national policy on reproductive health included the prevention and treatment of abortion-related complications, the question of abortion access remained marginalized in conversations around maternal mortality.¹⁹

The lack of reliable evidence to determine the incidence of abortion and its contribution to maternal mortality, as well as the focus on family planning as a national priority, contributed to delay progress on abortion policy change.

Starting in 2014, several national organizations and their international partners began to reflect on building a coalition to reposition the abortion question among the strategies for reducing maternal mortality. The Coalition Against Unwanted Pregnancy (*Coalition de lutte contre les grossesses non désirées* – CGND) formed in 2016 with financial and technical support from Pathfinder International, Médecins du Monde France, International Rescue Committee, and CARE International to create improved collaboration among the country’s civil society actors. The Coalition decided to pursue integration of the Maputo Protocol into national law as its policy objective. As recalled by Huguette Sakina Kasongo, member of the Coalition, “under the Coalition, we organized trainings to clarify our values with regards to safe abortion, developed arguments to respond to sociocultural, legal, and public health considerations, and we developed a strategic advocacy plan for this end.”²⁰

One year prior to the Coalition’s founding, in 2015, a proposed reproductive health law was drafted with the support of national parliamentary deputies attuned to health issues. This

proposed law was ultimately combined with another proposed law on public health aiming to update various colonial-era regulations across the health sector.²¹ Legal reform presented the opportunity to lift restrictions around safe abortion care, and CGND and other partners, including Ipas, launched an effort to promote inclusion of the Maputo Protocol's language on abortion access in the proposed law. This proposition proved controversial and did not receive much support from allies in Parliament, during a tense electoral period already disturbed by troubles around a potential illegal change to the constitution in favor of the outgoing president.

In 2018, the public health law was passed without dispositions to include the Maputo Protocol's expansion of access to abortion care for women and girls, and activists came together with the CGND and other coalitions across the country, including Coalition Article 14 in eastern DRC, to decide on another advocacy strategy. In analyzing different sources of evidence, from reports published by the Ministry of Public Health and an analysis conducted by constitutional law scholars, the activists decided to advance an advocacy effort to publish the Maputo Protocol in the official gazette, which would allow the DRC to break with the contradictory provisions of the penal code and renew its international commitments and priorities as defined by the government.²²

— C. A Shift in Strategy: The Maputo Protocol as a Lever of National Policy Change

Elements such as the cohesion of the policy community created by the CGND, acting with international organizations, and the focusing event of the omission of abortion access from the health law played an important role in the decision to fight for publishing the Maputo Protocol in the official gazette, shifting the advocacy target audience away from Parliament and toward officials charged with publication of the gazette. In addition, several

studies were published around the incidence of unsafe abortion in the country, contributing credible indicators to give weight to the push for abortion advocacy.

At a time when most of the activities organized by civil society were focused on including the Maputo Protocol's Article 14 in the national reproductive health law, international partners including Pathfinder International commissioned a legal analysis by constitutional scholars. Around this time, a new international actor specifically focused on expanding access to safe abortion, Ipas, opened an office and began supplying financial and technical support to the government and civil society in the DRC, including supporting the constitutional analysis. This analysis showed that, as a country with a monist constitution, the DRC recognizes all international treaties that are duly signed, ratified, and published in the official gazette as superior to the laws of the nation. The analysis further showed that, rather than attempting to sway the 251 parliamentarians necessary for a vote to change national law, civil society could strategically pivot to pursue publication of the Maputo Protocol in the official gazette and would have only a handful of officials to influence for this outcome.²³ Following the failure to incorporate dispositions of Article 14 in the public health law, safe abortion advocates (including Coalition members AFIA MAMA, Si Jeunesse Savait, Association pour le Bien-Être Familiale – Naissance Désirable, and le Cadre Permanent de Concertation de la Femme Congolaise) mobilized around an alternative advocacy strategy.

Studies and research were conducted by both state entities and non-governmental organizations engaged in advancing access to abortion care for Congolese women. The Ministry of Public Health undertook a 2017 study on the basis of existing clinical data. This study reviewed the existing services offered for both contraception and abortion in the health care system, with the surprising finding that nearly

a quarter (24.2%) of health centers surveyed across the country reported offering abortion services (including therapeutic abortion).²⁴ Another 2017 study in collaboration between the Guttmacher Institute and the School of Public Health at the University of Kinshasa estimated that, for Kinshasa in 2016, 56 abortions were performed for every 1,000 women of reproductive age, revealing abortion to be a frequent practice in the capital.²⁵ These two studies offered credible evidence to support advocacy for the Maputo Protocol's publication.

The official gazette is a service directly linked to the Office of the President, under influence of the Superior Magisterial Court, otherwise known as the Constitutional Court. An analysis supported by Ipas indicated that the Constitutional Court is positioned as an entry point for advocacy and sensitization to exercise influence on the presidency for publication of the Protocol. Over a period of three months, with the Ministry of Public Health, Ipas organized values clarification and attitude transformation sessions to build champions within the Constitutional Court, capable of exerting influence with the presidency to advance the Protocol's publication.

According to Dr. Franck Akamba, safe abortion advocate with the CGND, "Building a technical body comprised of magistrates, health professionals from the General Secretariat for Health, media professionals, and civil society organizations to support the application of the Maputo Protocol was a decisive step."²⁶

These meetings and workshops with judicial actors and high magistrates yielded a number of policy recommendations, including the request of a constitutional review of the Maputo Protocol by the Constitutional Court. In another recommendation, the Constitutional Court created a monitoring committee composed of high magistrates and Ministry of Public Health officials to oversee the implementation of the Maputo Protocol.

— D. The Maputo Protocol's Publication in the Official Gazette

As the Constitutional Court issued a positive opinion in favor of the constitutionality of the Maputo Protocol at the end of 2017, no legal obstacles remained for the Superior Magisterial Court to move ahead with the official gazette. In indicating that the Protocol had been duly ratified by the head of state, and in requesting a ruling from the judges of the Constitutional Court to demonstrate that no other constitutional arguments existed to block the publication, the champions within the Ministry of Public Health and the Constitutional Court obtained authorization for the publication of the Protocol. Finally, the Maputo Protocol was published in the official gazette on March 14, 2018, rendering it superior to Congolese national law.²⁷

A month following the publication, the monitoring committee distributed a circular addressed to judicial officials at all levels of the court system in the DRC requiring immediate compliance with the Maputo Protocol, without awaiting revision of the national laws outlawing abortion access in the country.²⁸ This circular represented an important legal measure to protect and clarify the rights of women seeking abortion services as well as providers offering safe abortion care.

The circular ordered all jurisdictions and military and civil offices to respect the rights of women who are victims of sexual assault, rape, or incest, and those whose lives or health are at risk from pregnancy-related causes to freely seek access to abortion care. Public, private, and faith-based health centers were obliged to render care accessible, without stigma, under these circumstances.²⁹ While awaiting wider dissemination and awareness-raising of the Maputo Protocol by the Ministry of Public Health, the circular served to inform jurisdictions that the Maputo Protocol had entered into force as a legal instrument in the country, and that the courts could no longer arrest or penalize women seeking abortions under its indications. At the same time, the circular instructed the Ministry of Public Health to take all measures necessary to render safe abortion services accessible in the country.

However, this work was not an end in and of itself. To apply the Maputo Protocol, the Ministry of Public Health needed to produce standards and guidelines so that providers could refer to a guidance framework for the provision of care. In effect, even if the Maputo Protocol authorized safe abortion, the practice of abortion care provision was required to be conducted according to specific norms which, at the time, were not yet developed. As a result, the Ministry needed to take all necessary measures for abortion care in the country to be safely practiced, without risking maternal mortality or morbidity for women seeking services. An informational letter from the Secretary General for Health launched work on the development of standards and guidelines for comprehensive abortion care.

— E. From Publication to Implementation: Elaboration of Standards and Guidelines

After spending 10 years advocating for the publication of the Maputo Protocol, the activist community feared a long road ahead to arrive at the elaboration of standards and guidelines to inform implementation of the Protocol. The civil society actors also felt the need to continue to advance rollout of the provisions in the Maputo Protocol after the work they had begun. The Ministry of Gender, Family, and Children, a sizeable ally who had for years sponsored celebration of International Safe Abortion Day, launched a campaign in July 2018 for the nationwide application of the Maputo Protocol. In addition, since publication of the Protocol in the official gazette, the Constitutional Court wrote to the Ministry of Public Health instructing them to compile standards and guidelines according to their constitutional responsibility to apply the Protocol, according to the framework for comprehensive abortion care laid out by the World Health Organization. With financial and technical support from Ipas and other national and international partners, the Ministry of Public Health wrote *Standards and Guidelines for Women-Centered Comprehensive Abortion Care in DRC*, ultimately

approved by the Ministry's ethics committee and adopted in December 2020, less than two years after the publication of the Maputo Protocol.³⁰

— F. Next Steps: Harmonizing the Legal Framework, Community Sensitization, Service Availability, and Data Collection

The publication of the Maputo Protocol and the validation of the *Standards and Guidelines for Woman-Centered Comprehensive Abortion Care* effectively expanded access to safe abortion care for women and girls in the DRC. However, there still remains the process of harmonizing national laws, including the penal code and the code of medical ethics, with the Maputo Protocol to ensure clarity in the legal framework. In addition, through engagement at the community level and among decisionmakers, there is important work to be done to ensure dissemination and awareness-raising around the legality of abortion, and destigmatization of abortion at all levels of society. The Ministry of Public Health, the Ministry of Gender, Family, and Children, and the CGND all have a detailed roadmap to realize these steps.

In a country as large as the DRC, these last steps require additional resources to continue the movement for making access to safe abortion a reality. Tools for provision of care, as well as manuals guiding clinical data collection are in development with the Ministry of Public Health, who, once these tools are validated, will organize capacity strengthening for providers and distribute tools across the country's health zones. Clinical data collection tools such as DHIS2 at the global level and the *Système National d'Information Sanitaire (SINS)* at the country level, which contain indicators for post-abortion care, will need to be updated to permit tracking and quality assessment of safe abortion care.

In addition, specialized units should be put in place across the judicial system to investigate accusations linked to safe abortion access, as outlined in the action plan for the implementation of the Maputo Protocol by the monitoring committee.³¹

Table 1: Shiffman's Policy Change Framework

FACTOR	STATUS BEFORE 2018	STATUS IN 2021
Mechanisms Led by International Organizations		
Norm Promotion	Reduction in maternal mortality did not include mortality associated with unsafe abortion. Sexual and reproductive health focused on family planning.	In the DRC, there is wider recognition of the role of unsafe abortion in contributing to maternal mortality, and safe abortion care is included as part of comprehensive sexual and reproductive health care.
Resource Provision	Bilateral donors, multilateral partners such as the World Bank and United Nations agencies, and private foundations are present in the DRC, but fund areas tangentially related to abortion, such as the reduction of maternal mortality and sexual violence, family planning, and post-abortion care.	Bilateral, multilateral, and private foundation partners directly fund issues related to safe abortion (including advocacy, standards and guidelines, service delivery, community engagement and awareness-raising activities).
Advocacy by National Actors		
Policy Community Cohesion	Activists worked in isolation for several years, during which they lacked funding, and activities decreased.	Activists create funded coalitions to advance advocacy for the implementation of the Maputo Protocol.
Political Entrepreneurship	There was not a case of political entrepreneurship related to the domestication of the Maputo Protocol in DRC.	
Credible Indicators	Few studies or data exist on the practice of abortion in the DRC.	There are several scientifically rigorous studies, undertaken by local and international organizations with the support of international universities or research institutions.
Focusing Events	International Safe Abortion Day (September 28) is not widely observed.	September 28 is regularly celebrated each year with high-level guests, with community activists more widely visible
Other Policy Alternatives	Attempts to revise national laws through Parliament to include the Maputo Protocol conclude in a 2018 reproductive health law that does not include abortion provisions.	Publication of the Maputo Protocol in the official gazette introduces the Protocol into the country's judicial framework, with the Ministry of Public Health's development of <i>Standards and Guidelines</i> and the circular ensuring legal protection to women and providers even as the national legal framework (penal code, code of medical ethics, and reproductive health law) is harmonized with the Maputo Protocol.
National Political Environment		
Political Transitions	Health authorities in the country were subject to regular turnover, making it difficult to put forward champions for a common strategy for domestication of the Maputo Protocol.	Since June 2018, a new Secretary General is in place at the Ministry of Public Health. He previously served as cabinet director for the Minister of Health, and he supports domestication of the Maputo Protocol.
Competing Health Priorities	Family planning was a leading topic mobilizing government attention and international donors, notably in relation to the country's commitment to the FP2020 initiative.	Safe abortion care is better integrated among the country's health priorities.

In the DRC, nearly all elements of Shiffman's theoretic framework combined to contribute to policy change. Above all, the cohesion of the policy community, the influence of international norms, and the support from financial and technical partners, as well as the production of credible indicators, facilitated the domestication of the

Maputo Protocol in the DRC. Among the factors, political entrepreneurship was perhaps the least present in the DRC case. However, we see that policy change doesn't require the presence of all factors in order to create a window of opportunity; a confluence of factors at the right moment can create an enabling environment for policy change.

Conclusion

The DRC's success in advancing policy change around access to safe abortion hinged on the convergence of several key factors, which created a window of opportunity in which national actors advanced policy change for access to safe abortion. Key elements to this policy success included understanding the national context in order to seize existing opportunities, securing technical and financial assistance from donors engaged in the country's health issues, and coordination of action among local activists in the form of a coalition.

Several lessons can be drawn from the DRC example. Mobilization of funds and international influence opened up high-level discussions with the government, during the country's post-conflict transition toward a more stable democracy, drawing the link between access to reproductive health care and maternal mortality, especially as a result from gender-based violence in the eastern DRC. Publication of new research, including that led by the Ministry of Public Health and the University of Kinshasa with the support of international actors, brought clarity to the national situation, indicating that abortion was already widely practiced in the country, but under unsafe conditions which contributed to increased mortality and morbidity. Building champions within bodies such as the Constitutional Court

and the Ministry of Public Health, through the coordinated action of civil society and underpinned by international actors, ensured the strength and sustainability of the movement from within the heart of government, with a leadership of conviction and clarified values. Finally, key constitutional analyses allowed DRC actors to use the Constitution as a powerful tool to advance the publication of the Maputo Protocol in the official gazette, with the understanding of the importance of this step for changing the country's legal framework.

To ensure the future of access to sexual and reproductive health and rights in the DRC, particular attention must be paid to the various roadmaps and action plans developed by key stakeholders. The government will require continued support to pursue data collection for a full understanding of the impact of the Maputo Protocol's domestication on health indicators, and to continue to improve service quality and accessibility. Today, the government is positioned to take the lead to fully realize access to safe abortion care through the Maputo Protocol across all the country's health zones.

This case is an example for abortion advocates across the continent who wish to use the Maputo Protocol as a choice instrument for advancing access to abortion in their countries.

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