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The Honorable Minister, Ministry of Health Kigali, Rwanda

Dear Honorable Minister Madame Gashumba.

Re: Request to remove barriers for adolescents to access sexual and reproductive health services in Rwanda

Rwanda has successfully hosted the 2018 International Conference on Family Planning (ICFP) during which our country's exemplary achievements in the area of family planning were highlighted. However, like many countries we were also challenged to do more and in particular for most at-risk population groups, especially adolescents. Specifically, the recommendation was to invest earlier on in the lives of adolescents, in order to achieve more economic and health returns. This prompted us to look at the Rwandan context, and seek action. It is in this context that We the Undersigned Civil Society Organizations, private sector organizations, and concerned individuals would like to request that the Ministry of Health initiates a revision of the following articles in these two Laws: The Law N⁰ 21/2016 of 20/05/2016 relating to Human Reproductive Health and the Law N⁰ 49/2012 Of 22/01/2013 Establishing Medical Professional Liability Insurance.

Specifically, we are requesting changes with regards to two articles:

- Article 11 of the Medical Professional Liability Insurance law that stipulates that "The health professional who intends to provide healthcare services to a minor or an incapable person must endeavor to inform his/her parents or his/her representative or his/her guardian and obtain their prior consent¹.
- Article 7 in the Human Reproductive Health law that stipulates that "Subject to provisions
 of other laws, every person having attained the majority age has the right to decide for
 oneself in relation to human reproductive health issues"²

These provisions represent an incredible barrier for adolescents in accessing critical sexual and reproductive health (SRH) services essential in preventing teenage pregnancies and sexually

¹ The Law N° 49/2012 of 22/01/2013 Establishing medical Professional liability Insurance art 11.

² The Law N° 21/2016 of 20/05/2016 relating to Human Reproductive Health

transmitted infections (including HIV/AIDS). This issue has already been voiced by health partners before, and most recently in the latest National Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCAH) policy. Additionally, the most recent Family Planning Barrier Study also found that religious and cultural beliefs, rumors, and lack of communication are key barriers to family planning uptake particularly in areas where family planning programs are driven by faith based organizations.

We fully understand and support the protection of adolescents. However, the confidentiality needed in accessing SRH services makes the aforementioned provisions a barrier for adolescents in seeking information, commodities, and treatment in order to make the right choice and be healthy. The requirement to seek consent from a parent or guardian for SRH service, which are considered taboo in our culture, makes it nearly impossible for adolescents to use and benefit existing SRH services. This situation is alarming as it exposes adolescents to teenage pregnancy and sexually transmitted infections and therefor requires urgent action. This is why we would like to request that these two laws be revised and that consent be removed for adolescents in accessing SRH services.

Additionally, the proposed request will allow the harmonization with many international conventions and protocols signed by Rwanda and also follow recommendations from the most recent FP2020 report. In particular, we feel that the current legal environment for adolescents does not align with the articles below from various conventions and international agreements:

- "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services." (Article 24, Convention on the Rights of Child)
- "States parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children" (Article 24, Convention on the Rights of Child)
- "States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted. This includes: the right to choose any method of contraception; the right to self-protection and to be protected against sexually transmitted infections, including HIV/AIDS." (Article 14, Maputo Protocol)

Furthermore, in 2016, the committee on the Rights of the Child released the guidelines below on how states can support adolescent sexual reproductive health in alignment with the Convention on the Rights of the Child:

- Recognizes that states should remove parental authorization requirements for SRH info and services
- Urges states to consider introducing a presumption of capacity for adolescents seeking preventative and time-sensitive SRH commodities and services
- Calls on states to take into account the need to balance protection and evolving capacities in defining the legal age for sexual consent and avoid criminalizing adolescents of similar ages for factually consensual and non-exploitative sexual activity

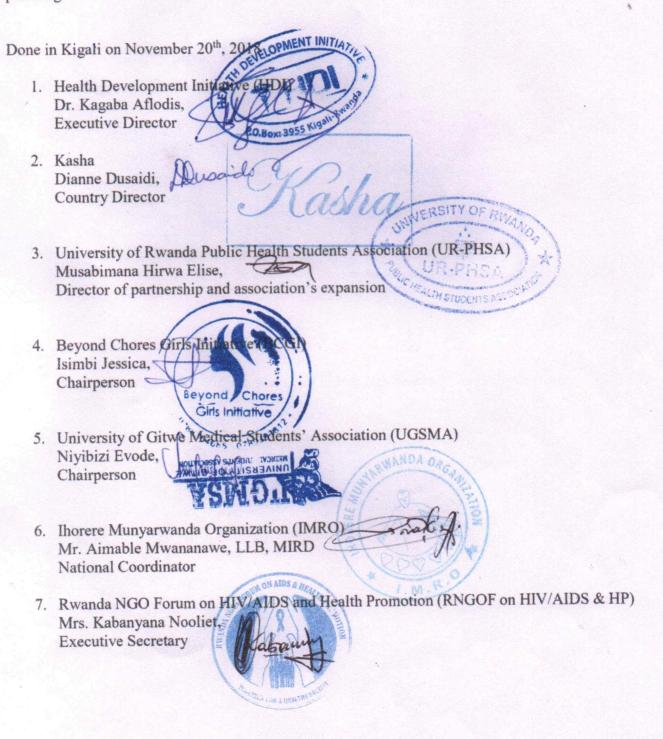
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 Calls for age-appropriate, comprehensive and inclusive sexual and reproductive health education, based on scientific evidence and human rights standards and developed with adolescents to be part of the mandatory school curriculum and reach out-of-school adolescents

In conclusion, Rwanda has made remarkable progress in the sector of health, which is acknowledged at the global level. This was achieved by implementing inclusive and participatory programs that benefit the majority of the population. As we continue to work on improving SRH in Rwanda, we believe that a supportive legal environment for adolescents to access SRH services is vital in achieving the country's overarching health goals including those related to family planning.



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8. Medical Students' Association of Rwanda (MEDAR)
Ukuri Sincere Josue,
Vice-president, Internal affairs

9. Sustainable Health Enterprises (SHE)
Ariane Dusenge,
Health and Hygiene Manager

10. Kigali Hope Association Muramira Viateur, Executive Director

11. Medical Students for Choice RWANG Jules Iradukunda

12. Generation Rise Caroline Numuhire, Executive Director

Coordinator

13. Concerned individual signatures are attached



Sincerely,

CC:

- Minister of State for Health in charge of Public Health and Primary Health Care.

nda@gn.ail.c

- Director general, RBC

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