UNIVERSAL PERIODIC REVIEW – FOURTH CYCLE

Submission to the 53rd session of the Human Rights Council's Universal Periodic Review Working Group

October-November 2026, Geneva, Switzerland

ESWATINI

The Center for Family and Human Rights (C-Fam) is a nongovernmental organization that was founded in 1997 and has held Special Consultative Status with the UN Economic and Social Council since 2014. We are headquartered in New York and Washington, D.C., and are a nonprofit, nonpartisan research and advocacy organization that is dedicated to reestablishing a proper understanding of international law, protecting national sovereignty, and the dignity of the human person.

757 Third Avenue, Suite 2119, New York NY, NY 10017 212-754-5948 | fax 212-754-9291 | info@c-fam.org | www.c-fam.org

INTRODUCTION

1. In 2020, the ministers and high representatives of 34 countries met to launch the Geneva Consensus Declaration (GCD), in which they committed to promoting four objectives: improve women's health, protect human life, strengthen the family as the basic unit of society, and defend the sovereignty of nations concerning their laws and policies to protect life.[1] Eswatini was one of the original signatories of the GCD. This report focuses on Eswatini and its fulfillment of its commitments to human rights in the context of the four pillars of the GCD.

THE GENEVA CONSENSUS DECLARATION

2. The language of the GCD is drawn exclusively from documents agreed by consensus, including core UN human rights treaties, the founding documents of the UN such as the Universal Declaration of Human Rights (UDHR), and major meeting outcomes such as the Beijing Declaration, and Platform for Action and the Programme of Action of the International Conference on Population Development.

PROTECTING WOMEN'S HEALTH

3. At the 1994 International Conference on Population and Development (ICPD), nations pledged "to enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."[2] This commitment is echoed in the GCD, alongside reaffirmations of the importance of women's equal rights and their contributions to society, both in terms of education, employment, and civic engagement and through the family. The unique and essential role of women as mothers was recognized in the Beijing Declaration and Platform for Action adopted at the 1995 UN Fourth World Conference on Women.[3] Both of these landmark conferences, as well as the subsequent Millennium Development Goals and Sustainable Development Goals, include commitments to reduce maternal and child mortality, and while significant progress has been made around the world, critical gaps remain, especially for those in the poorest, most remote, and resource-deprived areas.
4. According to the Maternal Mortality Estimation Inter-Agency Group (MMEIG), Eswatini has seen a significant reduction in its maternal mortality ratio from 588 to 240 deaths per 100,000 live births between 2000 and 2020.[4] Additionally, there has been a further decline in institutional maternal mortality from 140 to 75 per 100, 000 live births in 2024.[5] One important factor in this reduction is that 93% of women deliver in health faculties, while about 99% of pregnant women attend at least one antenatal care visit, exemplifying increased access to healthcare. Among sub-Saharan African countries, which as a region have the highest global maternal deaths, Eswatini demonstrates an above average maternal health outcome, but this has plateaued in recent years. According to the World Health Organization (WHO), Eswatini has 5.57 medical doctors per 10,000 people.[6] By comparison, the global average is 17 doctors per 10,000, and the average in sub-Saharan Africa is 2.3.
5. According to the World Bank, girls complete lower secondary school at a higher rate than boys, (72.2% of girls and 62.9%, respectively) and adult literacy among women in

Eswatini remains slightly lower than that of men (90.4% and 91.1%, respectively).[7] However, in both measurements, Eswatini is higher than the sub-Saharan African average and higher than the average of lower middle-income countries.

6. Eswatini has made significant progress in expanding access to healthcare and HIV services, but gains have begun to plateau due to systemic challenges like limited health system capacity and complications like hemorrhage and hypertension. The country faces one of the world's highest adult HIV prevalence rates at about 23% as of 2024, which places additional strain on the healthcare system and increases risks during pregnancy and childbirth.[8] Despite this, Eswatini has achieved high levels of HIV testing and treatment coverage, with a large proportion of people living with HIV on antiretroviral therapy. Current priorities include sustaining long-term treatment, reducing new infections, and strengthening healthcare infrastructure. Continued efforts are focused on prevention and community-based care to maintain progress and reduce transmission. The latest data show a decline in vertical HIV transmission to 1.34% at 18–24 months in 2024, down from 4.91% in 2020. The government has introduced new antiretroviral treatments for women, developed new training materials for youth, and has reached nearly 540,000 young people through social media health campaigns.[9]
7. Abortion is illegal in Eswatini, but is permitted only on medical or therapeutic grounds, including cases where the pregnancy endangers the woman's life or health, poses serious mental health risks, involves severe fetal abnormalities, or results from rape, incest, or unlawful sexual intercourse with a mentally incapacitated female, with a doctor's certification required. The Constitution of Eswatini protects the right to life, allowing exceptions only in strictly defined circumstances.[10] Public opinion in Eswatini is largely opposed to abortion, viewing it as culturally and religiously taboo and equivalent to murder, though abortions do occur frequently. Complications of abortion are a leading cause of maternal deaths, and the provision of post-abortion care for women suffering complications is often inadequate.[11]
8. Saving the lives of mothers and children in Eswatini through proven, non-controversial health practices is broadly acceptable and aligns with local moral and religious values. Expanding maternal and child health care—especially emergency obstetric and neonatal services—requires resources and political commitment but would reduce mortality and improve health outcomes. Further gains could come from better nutrition for expectant mothers and improved access to care in rural areas. Such a strategy would be in line with Eswatini's efforts to achieve its Sustainable Development Goals targets, in keeping with its human rights obligations, and consistent with its affirmation of the Geneva Consensus Declaration. All women, including mothers giving birth and those injured by abortion, will benefit from more robust healthcare systems with more providers and expanded services.

PROTECTING HUMAN LIFE

9. As mentioned previously, abortion is considered taboo in Eswatini and public opinion does not favor liberalizing the restrictions in the Penal Code concerning abortion.
10. In the third UPR cycle, Iceland recommended that Eswatini "decriminalize abortion and guarantee the provision of, and access to, comprehensive sexual and reproductive health services and goods, including safe abortion and post-abortion care, and modern

contraceptives." This recommendation was marked as "noted" by Eswatini. Similar recommendations from the Netherlands and South Africa—urging broader decriminalization and repeal of restrictive laws—were also "noted." Mexico recommended "decriminalizing the voluntary interruption of pregnancy" in cases of rape, incest, serious fetal malformation, or risks to the health or life of the pregnant woman, and guaranteeing access to sexual and reproductive health services, which Eswatini marked as "supported."[12]

11. Eswatini's policy responses are consistent with its human rights obligations as set out in the binding human rights treaties ratified by Eswatini as well as other international agreements. The 1994 International Conference on Population and Development (ICPD), as quoted in the GCD, states 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." The standard set at the ICPD has been repeatedly reaffirmed by international consensus, including at the adoption of the Sustainable Development Goals. No global human rights treaty ratified by Eswatini assets a human right to abortion, or could reasonably be interpreted as including such a right.
12. As a signatory to the Geneva Consensus Declaration, Eswatini has expressed its position that abortion is not an international human right. It is therefore consistent with this position that Eswatini and other members of the Geneva Consensus Declaration coalition reject any and all UPR recommendations to liberalize their abortion laws, as such recommendations are not only inconsistent with national laws and priorities but also outside the scope of internationally agreed human rights standards and obligations. While Eswatini supported the recommendation to decriminalize abortion in specific cases that align with its national policies, this reflects its priorities as a sovereign nation and does not reflect, or give support to, any international human rights obligation.

SUPPORT FOR THE FAMILY

13. The GCD reaffirms the obligations of States regarding the family enshrined in international law, including the definition of the family as "the natural and fundamental group unit of society" and the recognition that it is "entitled to protection by society and the State." Signatories to the GCD further committed to "support the role of the family as foundational to society and as a source of health, support, and care."[13] The Constitution of Eswatini includes this language, which comes from the Universal Declaration of Human Rights, and adds that "the State shall make reasonable provision for the welfare and maintenance of the aged and shall protect the family and recognise the significant role of the family in society." It states that "men and women of marriageable age have a right to marry and found a family."[14]
14. Eswatini's Constitution does not mention sexual orientation or gender identity, either positively or negatively. Colonial-era common law criminalizes same-sex relations between men, though the law is said to be unenforced and there are no clear penalties.[15] As summarized in the Family Articles, a project of the coalition Civil Society for the Family, the right to found a family is based on the union of a man and a woman, and "Relations between individuals of the same sex and other social and legal arrangements that are neither equivalent nor analogous to the family are not entitled to the protections singularly reserved for the family in international law and policy."[16]

15. All human beings possess the same fundamental human rights by their inherent dignity and worth, including the right to equal protection of the law without any discrimination.[17] Individuals who identify as lesbian, gay, bisexual, transgender, queer, etc., are protected from violence and discrimination to the same extent as any individual under the equal protection principle in human rights law. However, they are not entitled to special protections based on their sexual preferences and subjective gender identity as such.

NATIONAL SOVEREIGNTY

16. As stated in the GCD, about the legal status of abortion and the protection of the unborn, it is a matter of longstanding consensus that "each nation has the sovereign right to implement programs and activities consistent with their laws and policies." However, opposition to this sovereign right of countries has become increasingly commonplace in those parts of the United Nations system governed more by expert opinion or bureaucratic oversight than by the standard of negotiated consensus. There is no global mandate to pressure countries to liberalize their abortion laws or expand the categories for non-discrimination as a matter of international human rights law about, for example, sexual orientation or gender identity, and to the extent that mandate-holders engage in such behavior, they do so *ultra vires*.
17. Nevertheless, the frequency of such pressure has only increased toward countries whose laws restrict abortion to protect the unborn, or which maintain a traditional view of marriage and the family, in line with the human rights obligations expressed in the binding treaties they have ratified. Such nonbinding opinions have been elevated in many parts of the UN, although they have never been accepted nor adopted by consensus in the General Assembly.
18. The GCD, by anchoring its every assertion in a document adopted by consensus, reaffirms the centrality of the family, the rights of women and children and the fact that these rights are not upheld by abortion, and the importance of national sovereignty, especially in those places where global consensus does not exist.
19. Unlike other UN human rights mechanisms, the UPR provides a space for sovereign nations to speak to each other and provide encouragement to fulfill their human rights obligations. To the extent that this venue has been used to exert further pressure on countries to liberalize their abortion laws or redefine the family as a matter of national law and policy, global consensus on these matters must be upheld and promoted in the UPR as well, particularly by those countries that have already taken a stand in this regard by signing the GCD.

CONCLUDING RECOMMENDATIONS

20. We encourage Eswatini to continue protecting the natural family and marriage, formed by a husband and a wife, as the natural and fundamental unit of society.
21. Eswatini should continue to improve maternal and child health outcomes, including by increased investment in the training and provision of medical professionals and expanding access to skilled birth attendants, nutrition, and accessible services for those in rural and remote areas, and ensure availability of antiretroviral treatments for women

with HIV. Following Eswatini's commitments in the Geneva Consensus Declaration, this does not require the inclusion of abortion.

22. Eswatini should ensure that women who suffer from complications of abortion, including illegal abortion, should receive high-quality, post-abortion care.
23. Eswatini should continue to assert the fact that abortion is not a human right in the context of multilateral negotiations, as well as in the Universal Periodic Review, following the Geneva Consensus Declaration, and continue to call on its fellow signatories to do likewise. Likewise, Eswatini should continue to advocate for the protection and respect for all human life, from conception to natural death.

---

[1] Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family, 2020. Available at: https://undocs.org/en/A/75/626

[2] United Nations International Conference on Population and Development. (1994). "Programme of Action of the International Conference on Population Development," Cairo.

[3] United Nations Fourth World Conference on Women. (1995). "Beijing Declaration and Platform for Action" (Annex II, Paragraph 29). Beijing.

[4] World Health Organization, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Trends in maternal mortality 2000 to 2020. Available at: https://www.who.int/publications/i/item/9789240068759

[5] World Health Organization. 93% of Eswatini mothers deliver in health facilities, attended by skilled personnel. April 7, 2025. Available at: https://www.afro.who.int/countries/eswatini/news/3-eswatini-mothers-deliver-health-facilities-attended-skilled-personnel

[6] World Health Organization, The Global Health Observatory. Indicator: Medical Doctors (per 10,000 population.). Available at: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)

[7] The World Bank, Gender Data Portal: Eswatini. Available at: https://genderdata.worldbank.org/en/economies/eswatini

[8] World Health Organization Global Health Observatory. Indicator: HIV – Prevalence of HIV among adults aged 15 to 49 (%). Available at: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-hiv-among-adults-aged-15-to-49-(-)

[9] UNAIDS. Eswatini: Key Results in 2022-2023. Available at: http://open.unaids.org/countries/eswatini

[10] Constitution of Eswatini (Swaziland), 2005. Constitution Project. Available at: https://www.constituteproject.org/constitution/Swaziland_2005

[11] World Health Organization. Eswatini Health Report: Strategic Assessment on Unintended Pregnancies, Contraception and Post Abortion Care. June 2023. Available at: https://www.afro.who.int/publications/strategic-assessment-unintended-pregnancies-contraception-and-post-abortion-care

[12] Human Rights Council. Report of the Working Group on the Universal Periodic Review: Eswatini. January 7, 2022. Available at: https://undocs.org/A/HRC/49/14 Addendum with responses available at: https://undocs.org/A/HRC/49/14/Add.1

[13] Geneva Consensus Declaration, ibid.

[14] Constitution of Eswatini, ibid.

[15] Human Dignity Trust. Eswatini country profile. December 17, 2024. Available at: https://www.humandignitytrust.org/country-profile/eswatini/

[16] Civil Society for the Family. The Family Articles. Available at: https://civilsocietyforthefamily.org/

[17] United Nations. Universal Declaration of Human Rights. 1948. Available at: https://www.un.org/en/about-us/universal-declaration-of-human-rights