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PARAGUAY

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.

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 Since Paraguay is one of the original signatories of the GCD, this report focuses on Paraguay's 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 MATERNAL 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 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. Over the past 24 years, Paraguay has experienced a 35.8% increase in population size, from over 5.1 million in 2000 to over 6.9 million in 2024.⁴ Based on maternal mortality estimates by the World Bank Group, the maternal mortality ratio in Paraguay "has improved from 237 in 2000 to 58 in 2023,"⁵ a rate that is below the regional average. Paraguay, having achieved the SDG 3.1 target of 70 maternal deaths per 100,000 births, has established a new goal of reducing maternal mortality to 40 deaths per 100,000 births by 2030.⁶ With increased investments in maternal health, Paraguay is on track to achieve this goal.
5. Data shows that in 2020, 91.2% of births were attended by skilled birth personnel," a figure that, while still high compared to many other developing countries, is lower than the regional average.⁷ Additionally, in 2019, 82.3% of pregnant people had four or more consultations for antenatal care, an increase from the 2009 percentage of 67.8.⁸ Despite the significant improvement, the percentage is still slightly lower than the regional average, which was counted at 88% in 2021.⁹
6. Geographic barriers also make it less likely for women in the remote areas of Paraguay to access quality health care. For instance, in the case of the Chaco region,

“[t]he population is dispersed throughout the territory in small settlements on the riverbanks of rivers. Road access and communications are challenging, especially in times of floods or extreme drought.”¹⁰ Without road access and other proper transport, women in regions such as Chaco cannot access health facilities promptly.

7. Additionally, Paraguay also faces a rise in non-communicable diseases, along with persistent “challenges derived from communicable, maternal, neonatal and nutritional conditions.”¹¹ The indigenous population in Paraguay is especially susceptible to being affected by non-communicable diseases, including obesity, diabetes, and high blood pressure,¹² all of which can complicate pregnancies.
8. Paraguay has made efforts to expand access to basic health care throughout the country, focusing on the most vulnerable. “Since 2008, Paraguay has embarked on a vast expansion of its primary care network through centers known as Unidades de Salud de la Familia (USF), which offer an array of services, including prenatal care” and “are designed to serve between 3,500 and 5,000 people each in the country’s most excluded or high-poverty areas.” Paraguay’s National Health Policy prioritizes the “strengthening of primary care centers, primarily through expanding and reinforcing the network of USF [...] so as to achieve universal obstetric and neonatal care.”¹³
9. Paraguay can achieve significant improvements in maternal health by expanding access to primary healthcare, reducing the cost of out-of-pocket expenses, and investing in key infrastructure, especially in remote areas, which would make it easier for pregnant women to reach hospitals when in need. Paraguay is on track to achieve its goal of reducing maternal mortality to 40 deaths per 10,000 births while also continuing to use its laws to protect the lives of the unborn.

PROTECTING HUMAN LIFE

10. According to Paraguay’s Penal Code, abortion is outlawed except to save the life of the mother.¹⁴ Paraguay’s social and cultural opposition to abortion is in line with the 1994 International Conference on Population and Development (ICPD) flagging the importance of mitigating the harmful effects of abortion on women while asserting 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.”¹⁵
11. In its previous UPR sessions, Paraguay has received recommendations urging the liberalization of its abortion laws, all of which were marked as “noted” rather than “supported.”
12. Abortion is not an international human right, and therefore maintaining legislation that protects unborn life and rejecting any pressure to legalize abortion is consistent with the scope of internationally agreed human rights standards and obligations.

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.”¹⁶ The Constitution of Paraguay states that “The family is the foundation of society. Its complete [integral] protection will be promoted and guaranteed. It includes the stable union of a man and a woman, the children, and the community formed with anyone of their progenitors and their descendants.” It acknowledges that in founding a family, the man and woman have the same rights and obligations.¹⁷

14. In Paraguay, there is no recognition of same-sex marriage, and civil unions are only recognized between men and women. The Constitution of Paraguay states that “The union in matrimony of a man and a woman is one of the fundamental components in the formation of a family” and that “The unions of fact between a man and a woman, without legal impediments to contract matrimony, that meet the conditions of stability and singularity, produce similar effects to a matrimony, within the conditions established by the law.”¹⁸ This position of Paraguay reflects the fact that same-sex marriage is not a subject on which global consensus exists; nor is it included as a right in any binding international legal instrument to which Paraguay is a party. As summarized in the Family Articles, a project of the coalition Civil Society for the Family, the right to create 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.”¹⁹
15. In its third Universal Periodic Review, Paraguay received over a dozen recommendations to include sexual orientation and gender identity as grounds for non-discrimination, all of which were marked as “supported.”
16. 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.²⁰ 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

17. 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 concerning, for example, sexual orientation or gender identity, and to the extent that mandate-holders engage in such behavior, they do so *ultra vires*.
18. 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.

19. Unlike other UN human rights mechanisms, the Universal Periodic Review 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 Universal Periodic Review as well.

CONCLUDING RECOMMENDATIONS

20. We encourage Paraguay to continue protecting the natural family and marriage, formed by a husband and a wife, as the fundamental unit of society.
21. Paraguay should continue to improve maternal health outcomes, including by ensuring adequate and affordable maternal health care, by continuing to invest in infrastructure, and by ensuring pregnant women in remote areas have access to adequate antenatal care. Paraguay should continue to expand programs aimed at making primary healthcare more accessible, including by reducing out-of-pocket costs. Following Paraguay's commitments to protect life in the womb, this does not require the inclusion of abortion in essential health services.
22. We encourage Paraguay to consider, when responding to recommendations made in the Universal Periodic Review, not only whether the recommendation is in line with Paraguay's legislative and policy priorities as a sovereign country, but also whether the recommendation is consistent with existing international human rights standards or instead seeks to create novel ones by repeated assertion. In the latter case, Paraguay might mark the recommendation as "noted" with an explanatory note stating that the recommendation aligns with Paraguay's priorities but is not an appropriate matter for an international human rights forum.
23. Paraguay 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 call on its fellow signatories to do likewise.

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 Pan-American Health Organization. Paraguay – Country Profile. September 15, 2024. Available at <https://hia.paho.org/en/country-profiles/paraguay>

⁵ The World Bank, Gender Data Portal: Paraguay. Available at <https://genderdata.worldbank.org/en/economics/paraguay>

⁶ Organisation for Economic Co-operation and Development. Multi-dimensional Review of Paraguay: Volume 2. In-depth Analysis and Recommendations, OECD Development Pathways, OECD Publishing, Paris, 2018. Available at <https://doi.org/10.1787/9789264306202-en>.

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- ⁷ The World Bank, Gender Data Portal: Births attended by skilled health staff (% of total) Available at <https://genderdata.worldbank.org/en/indicator/sh-sta-brtc-zs>
- ⁸ Pan-American Health Organization, Paraguay profile, *ibid*.
- ⁹ Pan-American Health Organization. Fact Sheet: Access to Antenatal and Delivery Care. December 1, 2022. Available at <https://www.paho.org/en/documents/fact-sheet-access-antenatal-and-delivery-care>.
- ¹⁰ United Nations Office for South-South Cooperation. Increasing healthcare access for rural and indigenous women and children in Paraguay's remote Chaco region. August 3, 2023. Available at <https://unsouthsouth.org/2023/08/03/increasing-healthcare-access-in-chaco-region/>
- ¹¹ Organisation for Economic Co-operation and Development, *ibid*.
- ¹² Pan-American Health Organization. Expanding Indigenous Peoples' access to quality primary health care in Paraguay. July 2025. Available at <https://www.paho.org/en/stories/expanding-indigenous-peoples-access-quality-primary-health-care-paraguay>
- ¹³ Hurst, Kyle.
Geospatial Methods to Reduce Maternal Mortality in Paraguay. University of California San Diego, SDG Policy Initiative Student Blog. March 23, 2021. Available at <https://sdgpolicyinitiative.org/paraguay-student-blog/>
- ¹⁴ International Committee of the Red Cross. International Humanitarian Law Databases. Paraguay – Penal Code 1997. Available at <https://ihl-databases.icrc.org/en/national-practice/penal-code-1997-0>
- ¹⁵ United Nations International Conference on Population and Development, *ibid*.
- ¹⁶ Geneva Consensus Declaration, *ibid*.
- ¹⁷ Constitution of Paraguay, 1992 (rev. 2011). English translation by Maria del Carmen Gress, William S. Hein & Co., 2012. Available at https://www.constituteproject.org/constitution/Paraguay_2011
- ¹⁸ Constitution of Paraguay, *ibid*.
- ¹⁹ Civil Society for the Family. The Family Articles. Available at <https://civilsocietyforthefamily.org/>
- ²⁰ United Nations. Universal Declaration of Human Rights. 1948. Available at <https://www.un.org/en/about-us/universal-declaration-of-human-rights>