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SOUTH SUDAN

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 South Sudan was one of the original signatories of the GCD. This report focuses on South Sudan 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 and Development (ICPD).

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), South Sudan has seen a significant reduction in its maternal mortality ratio from 1658 to 729 deaths per 100,000 live births between 2000 and 2020.⁴ In 2023, according to the World Bank, the number had fallen to 692.⁵ However, maternal and newborn health conditions in South Sudan remain extremely fragile, as limited access to skilled care, insufficient emergency obstetric services, and shortages of trained healthcare workers continue to contribute to one of the world's highest maternal mortality rates. Weak health infrastructure and low rates of facility-based deliveries further increase the risk of preventable maternal and newborn deaths, particularly in underserved and vulnerable communities.⁶ According to the World Health Organization (WHO), South Sudan has only 1.49 medical doctors per 10,000 people.⁷ By comparison, the global average is 17 doctors per 10,000.
5. South Sudan has low literacy rates, with under 30 percent literacy among women over 15.⁸ The number of out-of-school children increased significantly from 2.2 million in

2018 to 2.8 million in 2021, while the return of refugees from neighboring countries, particularly Uganda, further strained already limited school infrastructure and educational resources.⁹

6. South Sudan continued to expand HIV prevention, testing, and treatment services during 2022–2023 despite ongoing humanitarian pressures and the regional effects of the conflict in neighboring Sudan. The country introduced rapid dual HIV and syphilis testing to support the elimination of vertical transmission, while community and international initiatives strengthened access to HIV services, particularly for Sudanese refugees. However, South Sudan’s HIV response remains vulnerable due to ongoing instability, weak healthcare infrastructure, and displacement.¹⁰
7. Abortion is generally criminalized in South Sudan and subject to criminal penalties, except where the procedure is performed in “good faith for the purpose of saving the life of the pregnant woman,” according to Sections 216–218 of the Penal Code Act, 2008.¹¹

PROTECTING HUMAN LIFE

8. Abortion remains highly restricted in South Sudan, and public attitudes toward abortion are generally shaped by conservative cultural and religious norms, resulting in limited support for liberalizing existing restrictions.¹²
9. South Sudan’s policy responses are consistent with its human rights obligations as set out in the binding human rights treaties ratified by South Sudan as well as other international agreements. The 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 South Sudan asserts a human right to abortion, or could reasonably be interpreted as including such a right.
10. As a signatory to the Geneva Consensus Declaration, South Sudan has expressed its position that abortion is not an international human right. It is therefore consistent with this position that South Sudan and other members of the GCD 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.

SUPPORT FOR THE FAMILY

11. 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
12. The Constitution of South Sudan explicitly defines the family as “the natural and fundamental unit of society” and provides that it shall be protected by law (Paragraph 39, Sec. 1, 2). It further assigns that all levels of government have an affirmative duty to promote the welfare of the family and enact legislation necessary for its protection.

Regarding the right to found a family, the constitution makes clear what it defines as a family by specifying that “every person of marriageable age shall have the right to marry a person of the opposite sex and to found a family according to their respective family laws, and no marriage shall be entered into without the free and full consent of the man and woman intending to marry.”¹⁴

13. Homosexual behavior is illegal in South Sudan. The Penal Code criminalizes “carnal intercourse against the order of nature” as well as men dressing as women in public.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.¹⁶ 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.
14. In its previous cycles of the UPR, South Sudan has received four recommendations to repeal its provisions in the Penal Code criminalizing homosexual behavior.^{17,18} All of these recommendations were marked as noted by South Sudan.
15. This consistent position of South Sudan reflects the fact that these issues are not subjects on which global consensus exists; nor are they included as rights in any binding international legal instrument to which South Sudan is a party. 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.”¹⁹

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 South Sudan to continue protecting the natural family and marriage, formed by a husband and a wife, as the natural and fundamental unit of society.
21. South Sudan 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. Following South Sudan's commitments in the Geneva Consensus Declaration, this does not require the inclusion of abortion.
22. South Sudan 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, South Sudan 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 and 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 The World Bank, Gender Data Portal: South Sudan. Available at <https://genderdata.worldbank.org/en/economies/south-sudan>

⁶ World Health Organization "Saving lives and safeguarding mothers during childbirth in South Sudan: a midwife's poignant recollection." April 7, 2025. Available at <https://www.afro.who.int/countries/south-sudan/news/saving-lives-and-safeguarding-mothers-during-childbirth-south-sudan-midwives-poignant-recollection>

⁷ World Health Organization, The Global Health Observatory. Indicator: Medical Doctors (per 10,000 population.). Accessed May 2026, Sudan. [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population))

⁸ UNESCO. "Advancing women's literacy for leadership and peacebuilding in South Sudan's security sector. November 25, 2025. Available at <https://www.unesco.org/en/articles/advancing-womens-literacy-leadership-and-peacebuilding-south-sudans-security-sector>

⁹ UNICEF. Education in South Sudan: Briefing Note. 2021. Available at https://www.unicef.org/southsudan/media/9296/file/Education%20Briefing%20Note_2021%20Q4.pdf

¹⁰ UNAIDS. Country profile: South Sudan. Available at <https://www.unaids.org/en/regionscountries/countries/southsudan>

¹¹ WIPO Lex. The Penal Code Act, 2008, South Sudan. Available at <https://wipo.lex-res.wipo.int/edocs/lexdocs/laws/en/ss/ss014en.pdf>

¹² Casey SE, Isa GP, Isumbisho Mazambi E, Giuffrida MM, Jayne Kulkarni M, Perera SM. Community perceptions of the impact of war on unintended pregnancy and induced abortion in Protection of Civilian sites in Juba, South Sudan. *Glob Public Health*. 2022 Aug-Sep;17(9):2176-2189. doi: 10.1080/17441692.2021.1959939. Epub 2021 Jul 29. PMID: 34323171.

¹³ Geneva Consensus Declaration, *ibid*.

¹⁴ Government of South Sudan. South Sudan 2011 (rev. 2013). Available at https://www.constituteproject.org/constitution/South_Sudan_2013

¹⁵ WIPO Lex. The Penal Code Act, 2008, South Sudan, *ibid*.

¹⁶ United Nations. Universal Declaration of Human Rights. 1948. Available at <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

¹⁷ United Nations General Assembly; Report of the Working Group on the Universal Periodic Review: South Sudan. December 28, 2016. Available at <https://undocs.org/A/HRC/34/13>

¹⁸ United Nations General Assembly; Report of the Working Group on the Universal Periodic Review: South Sudan. March 28, 2022. Available at <https://undocs.org/A/HRC/50/14>

¹⁹ Civil Society for the Family. The Family Articles. Available at <https://civilsocietyforthefamily.org/>