

## **Human Rights Council 40th Session**

## Item 3: Interactive Dialogue Special Rapporteurs on the situation of Human Rights Defenders and Torture

Thank you, Mr. President. Action Canada makes this statement on behalf of the Sexual Rights Initiative and the Coalition of African Lesbians.

We welcome the report of the Special Rapporteur on the situation of Human Rights Defenders and its thematic focus on the situation of Women Human Rights Defenders. As highlighted by the Special Rapporteur, we are particularly concerned about the withdrawal by the African Commission on Human and Peoples' Rights of the Coalition of African Lesbians' Observer status, an action which significantly curtails the right of marginalised women to participate in public life, to enjoy their freedoms of expression and association, and to meaningfully contribute to building the Africa we want.

We are further concerned by the ramifications of the African Commission's decision in light of ongoing African Union reforms, and are concerned by what it signifies for the independence of the African Human Rights system, which is meant to act as a check to State power. States and institutions continue to weaponise ideas of "traditional values" and of "culture", as a means of justifying the ongoing exclusion and expulsion of marginalised WHRDs whose feminist work is deemed deviant for challenging patriarchy, heteronormativity, and neoliberal capitalism through sexual and women's rights advocacy, from key political and civil spaces on the continent.

We welcome the Special Rapporteur's recognition of the multiple, differentiated risks WHRDs experience as a result of interlocking systems of oppression, which are co-constituting. The disdain for women who "fight for their rights" coupled with the mainstreaming of regressive ideas on the humanity of women which relegate women *solely* to the private sphere, family and procreation, has contributed to the creation of hostile environments for WHRDs, which is exacerbated by States' distrust, harassment, arbitrary detention, and subjection to inhumane and degrading treatment of those who would hold them accountable. The recent death in unclear circumstances of Caroline

Mwatha, a prominent Kenyan WHRD whose work focused on extra-judicial killings by the Kenyan State through its policing system, provides an important illustration not only of the dire risks many WHRDs in Africa take on as a given in their work, but also of the way in which conversations about women's agency, the right to and access to abortion continue to be mired in shame, stigma, and outright denial of women's bodily autonomy.

We also acknowledge the report of the Special Rapporteur on torture which examines the patterns of interaction between corruption and torture. We especially note the recognition that the negative impact of corruption disproportionately affects vulnerable persons.

It is the case, as it has been noted in several reports, that corruption affects health and healthcare systems such that the delivery of high quality effective health care is significantly hampered and in some cases simply not possible. This in turn negatively impacts the delivery of sexual and reproductive health care in several ways which violate women's right to be free from torture and cruel, inhuman, or degrading treatment. Women, particularly poor women, experience both verbal and physical abuse in healthcare facilities when they are most vulnerable and in need of sexual and reproductive care. This also includes the denial of abortion and post-abortion care at the healthcare facilities.

The guarantee of sexual and reproductive rights are fundamental to women's and girl's rights to be free from torture and other ill-treatment. It is recognized widely that sexual violence can rise to the level of torture and ill-treatment. It is also understood that the mental and physical trauma caused by depriving women of their reproductive rights may also constitute a violation of the right to be free from torture and other ill-treatment. Corruption's impact on the delivery of health care services and consequently of sexual and reproductive health care therefore becomes a contributing factor to the denial of women's right to be free from torture and ill-treatment.

We call upon States to recognise the importance of the meaningful political participation of WHRDs in all institutions and at all levels, to address barriers to participation in public life for WHRDs, and to prioritise the creation of human rights institutions that are fit for purpose. We also call upon States to recognize women's torture and cruel, inhuman, or degrading treatment that results from the denial of sexual and reproductive health and rights and the role of corruption in this denial of rights. We further call upon States to ensure the adoption of a gendered approach to strengthening the protection of women from torture.