

Mandate of the Working Group on discrimination against women and girls

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(Please use this reference in your reply)

2 February 2026

Excellency,

I have the honour to address you in my capacity as the Chair-Rapporteur of the Working Group on discrimination against women and girls, pursuant to Human Rights Council resolution 59/14.

In this connection, I would like to bring to the attention of your Excellency's Government information I have received concerning **the Medical Services Amendment Bill, 2024 (H.B. 6, 2024) approved by the National Assembly of Zimbabwe**, which, if adopted, would amend the Termination of Pregnancy Act (TPA) to significantly expand access to abortion in Zimbabwe, in line with international human rights standards.

According to information received:

Under the Termination of Pregnancy Act [chapter 15:10] (1977), abortion in Zimbabwe is prohibited except in narrow circumstances: rape, incest, or danger to the mother's life. Due to its severe restrictions on abortion, the Act has been subject to several legal challenges.

Two recent judgments from the High Court of Zimbabwe have declared multiple provisions of the TPA unconstitutional. In November 2024, the High Court declared section 2(1) of the Act unconstitutional to the extent that it fails to classify pregnancies resulting from marital rape and sexual activity with children as "unlawful intercourse." Subsequently, in November 2025, the High Court held that section 4(a) of the TPA is unconstitutional to the extent that it fails to recognize mental health as a lawful ground for termination of pregnancy.

Following these judgments, on 23 October 2025, the National Assembly approved the Medical Services Amendment Bill, 2024 (H.B. 6, 2024), which included critical amendments to the TPA, such as but not limited to: allowing girls under the age of 18 to request a termination up to twelve weeks on demand and up to 20 weeks upon justification, without parental or guardian consent; expanding access to abortion up to 20 weeks for adults in cases of threats to maternal health, including to mental health, or fetal abnormalities; and removing administrative barriers to abortion.

In order for the Bill to be enacted into law, it must be considered by the Senate and assented to by the President. Reportedly, religious groups have objected to the Bill, with religious leaders asserting that the amendments contradict the Constitution's protection of unborn life.

While we recognize that freedom of religion or belief is a fundamental human right that warrants protection, we note with concern the increasing invocation of

religious arguments to deny gender equality and sexual and reproductive health rights. In this regard, we recall the consistent position of international human rights mechanisms that freedom of religion or belief should not justify discrimination against women and girls (A/HRC/38/46). Women’s human rights are universal and inalienable and may not be subordinated to cultural, religious, or political considerations.

We wish to express our strong support for the Medical Services Amendment Bill and encourage the Government of Zimbabwe to pursue, as a matter of priority, reform of the Termination of Pregnancy Act (TPA), in line with its international human rights obligations under the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),¹ ratified by Zimbabwe on 13 May 1991, among others. We further note that barriers to accessing safe and lawful termination of pregnancy services infringe on multiple rights guaranteed under the Zimbabwe Constitution (2013), including the right to equality and non-discrimination (section 56), the right to human dignity (section 51), the right to personal security (section 52), the right to health care services, including reproductive health care (section 6), and the rights of women to equal treatment and opportunities in political, economic and social spheres (section 80). The proposed amendments represent a significant step contributing to upholding Zimbabwe’s constitutional guarantees of gender equality.

States must ensure women’s autonomous, effective, and affordable access to health services, including sexual and reproductive health care, and remove legal, institutional, and practical barriers that impede women’s enjoyment of the highest attainable standard of physical and mental health (CEDAW Committee general recommendation 24, A/HRC/32/44). By broadening the permissible grounds for termination, removing administrative barriers to access, and safeguarding privacy and consent based solely on the woman or girl concerned, the Medical Services Amendment Bill strengthens women’s and girls’ bodily autonomy and decision-making in matters affecting their health. The reform thereby advances the provision of safe, accessible, and rights-based sexual and reproductive health services, particularly for women and girls facing heightened risks of discrimination, stigma, or harm.

The Working Group on discrimination against women and girls has observed that an estimated “25 million unsafe abortions take place annually [around the globe], resulting in approximately 47,000 deaths every year, primarily in developing countries and among members of socioeconomically disadvantaged and marginalized populations” (A/HRC/47/38). It has further underscored that violations of sexual and reproductive health rights are closely linked to structural discrimination and may take many forms, including the criminalization of abortion, denial or delay of safe abortion and post-abortion care, forced continuation of pregnancy, and abuse or mistreatment of women and girls seeking sexual and reproductive health information, goods, and services. The Working Group has recommended States to decriminalize abortion and establish comprehensive legal and policy frameworks on health that affirm the right to safe and legal abortion (A/HRC/WG.11/41/1). We therefore commend Zimbabwe for

¹ E.g. Articles 2, 3, 6, 7, and 17 of the ICCPR (non-discrimination; equality; right to life; freedom from torture and other cruel, inhuman or degrading treatment or punishment; and right to privacy), article 12 of the ICESCR (right to the highest attainable standard of physical and mental health), articles 2 and 12 CEDAW (non-discrimination; equality in access to health care, including sexual and reproductive health care).

taking this important step toward reforming the TPA and encourage your Excellency's Government to expedite the adoption of the proposed amendments and to ensure their effective implementation once enacted.

As it is my responsibility, under the mandate provided to me by the Human Rights Council, to seek to clarify all cases brought to my attention, I would be grateful for your observations on the following matters:

1. Please provide any additional information and/or comment(s) you may have on the above-mentioned information, including on the process of enacting the Medical Services Amendment Bill.
2. Please provide detailed information on how your Excellency's Government intends to proceed with regard to the amendments to the TPA in view of Zimbabwe's international human rights obligations under ICESCR, ICCPR and CEDAW, among others.
3. Please provide detailed information about the measures taken, or intended to be taken, to by your Excellency's Government to ensure the rights of women and girls to sexual and reproductive health rights, including access to abortion.

This communication, as a comment on pending or recently adopted legislation, regulations or policies, and any response received from your Excellency's Government will be made public via the communications reporting [website](#) after 48 hours. They will also subsequently be made available in the usual report to be presented to the Human Rights Council.

Please accept, Excellency, the assurances of my highest consideration.

Claudia Flores
Chair-Rapporteur of the Working Group on discrimination against women and girls