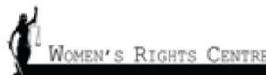


November 2021

Universal Periodic Review of the Republic of Suriname



Stichting Lobi Health Center



STATEMENT

**UPR Pre-session on Suriname
Geneva, October 7, 2021**

Delivered by: Stichting Lobi Health Center



**Domestic stakeholders' contributions to the
39th session of the Universal Periodic Review
of the Human Rights Council on the status of
human rights in the Republic of Suriname**

STATEMENT
UPR Pre-session on Suriname. Geneva, October 7, 2021
Delivered by: Stichting Lobi Health Center (Lobi)

1- Presentation of the Organizations

This statement is based on the joint stakeholders' submission by Stichting Lobi Health Center, Women's Rights Centre and Stichting PAREA, all national not-for-profit, independent organizations. My presentation will focus on the sections for which Stichting Lobi Health Center, as the leading Sexual and Reproductive Health and Rights (SRHR) organization in Suriname, was the main responsible organization. Stichting Lobi Health Center was founded in 1968 and was recognized as the Family Planning organization by the Ministry of Health in 1987. In 2006, Lobi became an accredited member of the International Planned Parenthood Federation (IPPF).

2- National consultations for the drafting of the national report

Two (2) consultations with relevant stakeholders were held in the process of drafting the national report. One in advance to the draft report and the other one in advance to the final report.

3- Plan of the Statement

This statement addresses the following overarching themes: (1) Sexual and Reproductive Health and Rights, (2) Comprehensive Sexuality Education, (3) Cervical Cancer and (4) Decriminalization of abortion

4- Statement

I. Sexual and Reproductive Health and Rights, Comprehensive Sexuality Education, Cervical Cancer and Decriminalization of abortion

A. Follow-up to the previous review

Suriname has received recommendations on or related to the themes: '*sexual and reproductive health and rights*', '*comprehensive sexuality education*', '*cervical cancer*' and '*decriminalization of abortion*' at the previous cycles of the UPR. Despite, noting, for example, the recommendation to design and implement measures to ensure access to education and medical services in the area of sexual and reproductive health that are appropriate for each age group (Colombia; Trinidad and Tobago), Suriname fell short in effective implementation of the recommendations it supported and noted.

In the period under review, on the theme of Sexual and Reproductive Health and Rights, Suriname lacked the necessary enabling environment to ensure sustainable development and comprehensive sexual and reproductive health for all. This was due to the restrictive cultural and gender perceptions held by individuals in leadership positions on sexuality and sexual identities, the failure to internalize reformed SRHR oriented laws, and the inability of healthcare workers, social workers, teachers and police officers, to effectively apply a SRHR perspective or approach to their work. Although a new national policy on SRHR was established by the MOH in 2019, no actions were taken to implement this policy.

On the theme of Comprehensive Sexuality Education, the Multiple Indicator Cluster Survey (MICS) 2018 study revealed the unmet need for family planning among youth aged 15 to 19 years, which highlights the need for structural integration of Comprehensive Sexuality Education (CSE) in the national curriculum. Also in 2018, the Lobi negotiated a draft Memorandum of Understanding (MoU) with the Ministry of Education on integrating CSE as a pilot in the curriculum of seven schools in areas where teenage pregnancies were prominent. Unfortunately, the finalization of the MoU was halted and consequently the implementation of the pilot.

On the theme of Cervical Cancer, Suriname had no national comprehensive cervical cancer screening program that includes a budgeted national cervical cancer control policy, despite that Cervical cancer was the second most common cancer and the leading cause of death amongst women with cancer in Suriname. The Surinamese National Cancer Control Plan 2019-2028 in its current situation analyses found an estimated cervical cancer screening coverage of less than 20%. Amongst the women

diagnosed with cervical cancer 80% are diagnosed in a late stage, of whom 50% had no prior preventive screening.

On the theme of Decriminalization of abortion Suriname continued to apply a criminal law approach to abortion, making it illegal, regardless of the risk to the pregnant women's life, pregnancy in the case of rape or incest, or fetal malformation incompatible with life. Consequently, Suriname remained one of the less than 20 countries in the world with such inhuman criminal standards that are coercive in reproductive decision making and therewith violating international human rights law and standards. Due to its illegality abortions are not adequately registered, but the annual estimated numbers range between 5.000 and 10.000. Abortions are not covered by health insurance packages, also due to its illegal status. This causes adverse financial affects hampering access to safe abortion services, including effective pre- and post-abortion counselling services aimed at harm reduction and future unwanted pregnancies as an integrated part of comprehensive SRHR-policies.

B. New developments since the previous review

In the period under review there is no significant progress to be reported on the themes Sexual and Reproductive Health and Right, Comprehensive Sexuality Education, Cervical Cancer and Decriminalization of abortion.

C. Recommendations

We therefore strongly propose to make Sexual and Reproductive Health and Rights (SRHR), Comprehensive Sexuality Education (CSE), Cervical Cancer and Decriminalization of abortion prominent themes during the review of Suriname and recommend that States urge Suriname to:

1. Develop and implement with strategic SRHR partners a budgeted national SRHR-policy 2021-2025 to guarantee timely access to sexual and reproductive health services amongst which the full range of family planning services, and health education of adolescents including information and counselling on all methods of family planning
2. Draft and submit State-reports on the availability, accessibility, acceptability, adaptability, and quality of family planning services in Suriname.
3. Pursue partnerships (PPPs) with civil society stakeholders with expertise and experience, to develop and implement a comprehensive national policy, to integrate age appropriate CSE in the national education curriculum at the different school levels, and in programmes targeting out of school adolescents.
4. Develop and implement a comprehensive budgeted national cervical cancer control program that ensures a continuum of effective healthcare services (prevention, screening, treatment, and palliative care) whilst considering the social determinants of health.
5. Establish a Public Private Partnership with Lobi, as leading organization in the field of cervical cancer screening, to develop and implement a cervical cancer policy that progressively meets the AAAQ-standards (Availability, Accessibility, Acceptability and Quality).
6. Start decriminalizing abortion by revising Article 309 of the Penal Code from a human rights perspective, based on readily available data on the severe impact of the exclusively applied criminal approach on women's/girls' right to health
7. Establish Public Private Partnerships with key non-governmental organizations in the field of SRHR to ensure the Availability, Accessibility, Acceptability and Quality of SRHR services.

Thank you for your attention.