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# Reproductive Justice Litigation Baraza 2026

NEWS LETTER

*"Age as a Determinant of Sexual Reproductive Health and Rights."*

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Hon. Sleiman Kwidin

## No One Should Be Left Behind in Reproductive Health Care

BY KUDA PEMBERE

**Government** is stepping up efforts to ensure equitable access to sexual and reproductive health services for adolescents, older persons, people living with disabilities and communities in remote areas, Health and Child Care Deputy Minister Hon. Sleiman Kwidini has said.

Kwidini made the remarks while officiating at the Fourth Annual Reproductive Health Litigation Baraza, which Zimbabwe is hosting for the first time.

He said adolescent pregnancy remains one of the country's major reproductive health challenges and requires a coordinated, multi-sectoral response.

"Adolescent pregnancy remains a significant concern, with nearly one in four... ***Page 4***


# Age Should Not Decide Bodily Autonomy, Dr. Tlaleng Mofokeng Tells Baraza

**BY MICHAEL GWARISA**

**HARARE** – Former United Nations Special Rapporteur on the Right to Health, Dr. Tlaleng Mofokeng, has challenged African governments and courts to dismantle laws that use rigid age limits to determine access to sexual and reproductive health services, arguing that such laws continue to deny justice to both adolescents and older women.

Delivering the keynote address at the 4th Annual Reproductive Justice Litigation Baraza in Harare, Dr. Mofokeng said age should not be treated as a simple legal threshold that determines whether a person can make decisions about their own body.

"I have sat across from adolescent patients treated by the law as simultaneously too young to consent to the care they needed, and old enough to be married, to give birth, or to be criminalised for the sex they had," she said.

She argued that the same legal contradictions continue to affect older women, whose sexual and reproductive health needs often disappear from policy once they reach menopause or old age. Drawing on Zimbabwe's landmark Mudzuru Constitutional Court judgment, which outlawed child marriage by setting 18 as the minimum age for marriage, Dr. Mofokeng said the case demonstrated that laws must focus on protecting people rather than imposing arbitrary restrictions on bodily autonomy.

While acknowledging that age-based protections are sometimes necessary, she warned that a single birthday should never become the sole measure of a person's capacity to make health decisions.

Dr. Mofokeng introduced the concept of "chronological slippage"—the tendency of legal systems to reduce a person's evolving capacity, voice and healthcare needs into a simplistic child-versus-adult binary.

She argued that this approach has been used across the continent to deny adolescents access to contraception, comprehensive sexuality education and post-abortion care while also neglecting the sexual and reproductive health needs of older people.

Citing Zimbabwe's adolescent birth rate and high levels of child marriage across Africa, Dr. Mofokeng said the evidence shows that rigid age barriers have failed to protect the very young people they were intended to safeguard.

Instead, she called for legal frameworks grounded in dignity, bodily autonomy and an individual's evolving capacity rather than fixed age thresholds.

She further challenged the growing narrative that restrictive sexual and reproductive health laws reflect authentic African values, arguing that many of the continent's age-based restrictions originated in colonial legal systems and have since been repackaged as cultural norms.

Dr. Tlaleng Mofokeng

Closing her address, Dr. Mofokeng urged lawyers, judges and human rights advocates to champion a life-course approach to reproductive justice that recognises the rights of everyone—from adolescent girls to elderly widows.

"The same chronological slippage that treats sixteen as too young treats sixty as too old to need sexual and reproductive health counselling, STI screening or protection from sexual violence," she said, urging delegates to identify and challenge age-based discrimination wherever it appears.


# Zimbabwe's Reproductive Rights Cases Offer Legal Lessons for Africa

**BY KUDA PEMBERE**

**Zimbabwe's** growing body of court decisions on adolescent sexual and reproductive health rights is providing a legal model for other African countries, reproductive justice experts attending the Fourth Annual Reproductive Health Litigation Baraza have said.

Speaking to journalists on the sidelines of the Baraza in Harare, former United Nations Special Rapporteur on the Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, Dr Tlaleng Mofokeng, said African countries were making progress at different speeds, with Zimbabwe standing out in several respects.

"There are definitely pockets of excellence everywhere and, in Zimbabwe, for example, you do have some cases and jurisprudence that have affirmed the rights of children to self-determination and autonomy. We also find that age as a determinant has an impact on maternal mortality," she said.

Dr Mofokeng said Zimbabwe's legal developments illustrate how courts can strengthen reproductive justice by interpreting laws through a human rights lens.

As Zimbabwe awaits Constitutional Court judgments arising from two High Court rulings, she said the country has an opportunity to further develop legal protections for adolescents and survivors seeking reproductive health services.

"This city is writing the next chapter. Two High Court rulings, still awaiting Constitutional Court confirmation, extend access to safe abortion for adolescents and survivors while confronting the same rigid thinking around legal capacity that also appears in cases involving mental illness rather than age.

"The pattern is the same. A rigid, unexamined marker of capacity, whether it is a birthday in one matter or a diagnosis in another, is being asked to do the work that should instead be done through an honest, individualised assessment of need.

"This is not unique to Zimbabwe. Kenya, Malawi, Zambia and Nigeria are producing similar jurisprudence from different perspectives. This Baraza exists to connect what each country is discovering separately and to build a continental argument for advancing reproductive justice," she said.

Dr Mofokeng said progressive jurisprudence has practical implications for public health, particularly in reducing unsafe pregnancies and unsafe abortions.

"It has an impact on the ability of countries to prevent unsafe pregnancies and unsafe abortions. It is equally important to recognise that inequalities within countries are just as significant as inequalities between countries.
"Zimbabwe is well placed to advance human rights and evidence-based policymaking.

As we await the Constitutional Court judgments, we hope they will strengthen the protection of women and girls' rights.

"It is also important for Africa to recognise that anti-human rights, anti-gender and anti-sexual and reproductive health rights movements are well funded and increasingly influencing politics and legislatures across the continent. We must remain vigilant and continue advocating against harmful external and internal influences," she said.

Sharon Leni of Afya na Haki said Zimbabwe's experience demonstrates how strategic litigation can advance reproductive justice through the courts.

"I would like to focus on the positive narratives already emerging from the continent. Zimbabwe, where we are holding this year's Baraza, has organisations such as Women and Law in Southern Africa and the Community Working Group on Health that have successfully litigated progressive cases advancing reproductive justice.

...FROM PAGE 1

## No One Should Be Left Behind in Reproductive Health Care

women giving birth before the age of 18. Addressing this requires a coordinated response that extends beyond the health sector to include education, social protection and the meaningful participation of young people themselves.

"At the same time, we must ensure older persons are not overlooked. This includes access to cancer screening, menopause management, mental health services and protection from abuse. A truly inclusive health system responds to people's changing needs throughout their lives," he said.

Kwidini said Government must also prioritise people facing multiple forms of exclusion. "We must also pay greater attention to those experiencing multiple forms of exclusion, including people living with disabilities and those in remote communities," he said.

The Baraza is being held under the theme, "Age as a Determinant of Sexual and Reproductive Health and Rights."

Kwidini said the theme highlights that sexual and reproductive health and rights extend across every stage of life.

"Age influences health needs, access to services and the barriers people encounter throughout their lives. While much attention is rightly given to adolescents, we must recognize the needs of adults and older persons.

Reproductive justice is a life-course issue, and our policies, laws and health systems must respond accordingly. "The Government of Zimbabwe remains committed to ensuring that every citizen and permanent resident has access to equitable, affordable and quality health care through the primary health care approach.

"We continue to strengthen health infrastructure, expand community-based services, improve digital health systems, invest in our health workforce and ensure the availability of essential medicines. These investments are producing measurable results.

"Zimbabwe has reduced maternal mortality from 651 deaths per 100,000 live births in 2015 to approximately 212 deaths per 100,000 live births, according to the latest figures. This achievement reflects sustained investment in emergency obstetric care, skilled birth attendants and strengthened community health systems.

"While we celebrate this progress, we recognize that every preventable maternal death is one too many, and we remain committed to further improving outcomes," he said.

Kwidini said Government is also transforming service delivery through the Together 4 SRHR initiative, which integrates sexual and reproductive health services, HIV prevention and treatment, and care for survivors of sexual and gender-based violence.

"We are also transforming service delivery. Through initiatives such as the Together 4 SRHR initiative, Zimbabwe is advancing integrated, people-centred care by bringing sexual and reproductive health services, HIV prevention and treatment, and services for survivors of sexual and gender-based violence under one roof. This approach has improved efficiency, reduced waiting times and enhanced the quality of care for the people we serve," he said.

He said Government has also strengthened adolescent-friendly health services while working with traditional leaders to eliminate child marriages through the Not In My Village Campaign.

## Brain Maturity Should Shape Sexual and Reproductive Health Laws, Experts Say

**Legal** frameworks governing sexual and reproductive health rights should take into account the science of brain development rather than relying solely on chronological age, delegates at the 4th Annual Reproductive Justice Litigation Baraza heard.

Delivering a thought-provoking presentation on mental capacity and evolving capacities, Prof. Seggane Musisi, Professor of Psychiatry at Makerere University said the human brain develops gradually, with higher executive functions continuing to mature well into a person's late twenties. While instinctive behaviours emerge naturally, he argued that reasoning, judgement and decision-making develop progressively as individuals interact with their environment.

"We have been hearing a lot of legalese," he said. "Mental capacity is the ability of the brain to order and direct the course of action. The brain develops over time until it reaches maturity."

Professor Musisi stressed that age-related competencies evolve rather than appearing suddenly at a fixed birthday, making the relationship between age and legal capacity more nuanced than often portrayed.

He also distinguished between nature and nurture, arguing that while biology provides the foundation for development, culture, education, parenting, religion and lived experiences all influence how the brain matures.

The presentation challenged policymakers and legal practitioners to consider scientific evidence when developing legislation affecting adolescents and young adults.

Delegates noted that understanding evolving capacities is essential in balancing the protection of children with recognition of their growing autonomy, particularly in accessing sexual and reproductive health services.


**Prof. Seggane Musisi**


# Age of Consent Reforms Must Balance Protection and Access to Care, Baraza Hears

**Age** of consent laws should protect children from sexual exploitation while safeguarding their access to essential sexual and reproductive health services, delegates at the 4th Annual Reproductive Justice Litigation Baraza heard during a presentation that challenged colonial legacies embedded in law and research.

Dr. Patience Ndhlovu, Head of Policy, Research and Advocacy at the Law Society of Zimbabwe, argued that Zimbabwe's legal reforms must be accompanied by evidence-based research, decolonised knowledge production and timely implementation if they are to deliver meaningful reproductive justice.

Addressing participants, Dr. Ndhlovu said research has a critical role to play in informing judicial decisions, but warned that much of the knowledge generated in Africa continues to be extracted without benefiting the communities that contribute to it.

"I think yesterday and today we have heard the importance of research into the work that the judiciary does," she said.

"Lawyers and practitioners need to bring statistics and evidence-based research into the work that judicial officers do in adjudicating cases."

Drawing from her own experiences, she reflected on clinical research conducted in Zimbabwe through international collaborations and questioned whether participating communities ever gained access to the findings generated from their involvement.

"When knowledge is disconnected from the lives that produce it, there's a problem," she said, arguing that African women and girls have too often been treated as sites of data extraction rather than co-producers of knowledge.

Dr. Ndhlovu linked these historical patterns to the colonial origins of age of consent laws, saying many legal and health systems continue to regulate young people's reproductive choices using frameworks inherited from colonial administrations.

She called for research approaches that recognise African experiences and values, urging institutions to move beyond simply collecting information to ensuring communities own, understand and benefit from the knowledge they help generate.
"Reclaiming sovereignty and decoloniality means critical interrogation of the process through which research is produced, validated and disseminated," she said. "We need to define and control the narrative."


**Dr. Patience Ndhlovu**

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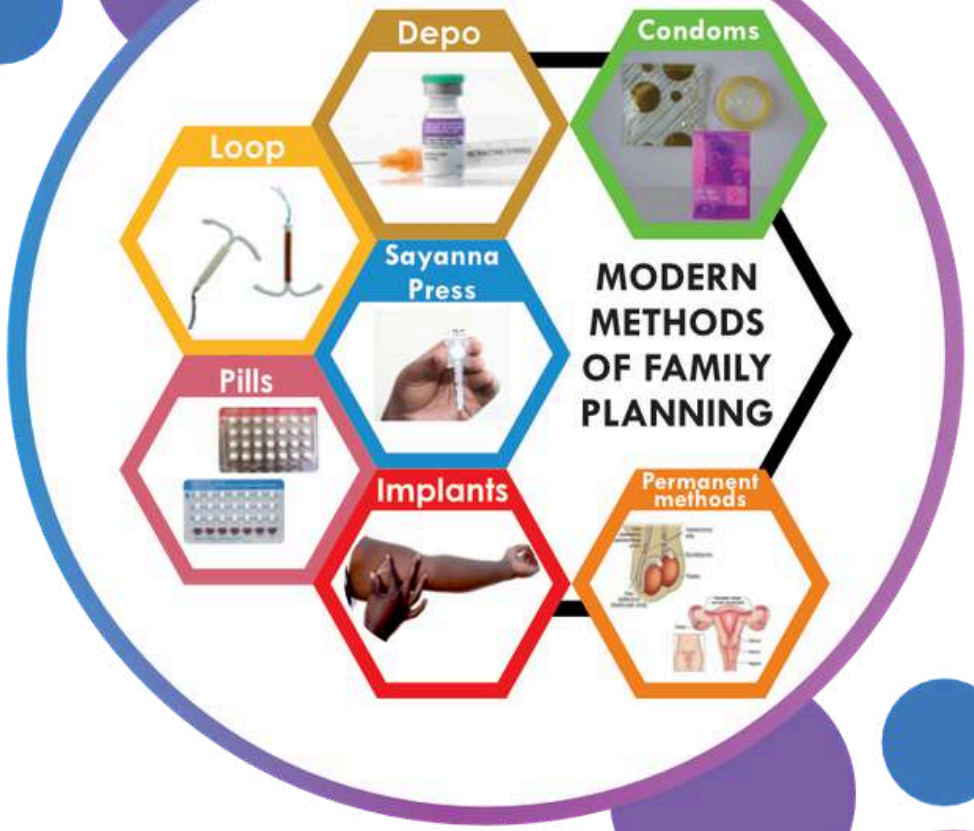


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# 'Our Struggles Are the Same': Brazilian Advocate Says Africa and Latin America Share a Common Fight for Reproductive Justice

By Michael Gwarisa

**The** barriers preventing girls and women from accessing safe abortion are not unique to Africa. They are part of a global struggle rooted in the same systems of control, according to Brazilian reproductive rights advocate Leticia Vella, who says Brazil's experience mirrors many of the challenges being confronted across the African continent.

Addressing delegates at the 4th Annual Reproductive Justice Litigation Baraza, Vella, from Coletivo Feminista Sexualidade e Saúde in Brazil, said she immediately recognised striking similarities between the reproductive justice battles in Brazil and those unfolding in Africa.

"When I saw the main theme of the Baraza, I immediately thought it would be really nice for the Brazilian movement to listen to your experience because we are facing similar problems in Brazil, especially when we talk about sexual and reproductive health and rights, and the rights of children and adolescents," she said.

Her remarks came in response to a question comparing a landmark Brazilian case before the United Nations Committee on the Rights of the Child with Africa's own debates around consent, age of consent laws and children's autonomy.

Vella described a deeply conservative environment where abortion remains criminalised except in three circumstances, including pregnancies resulting from rape. While Brazil has strong constitutional protections for children, she said those rights are frequently undermined by a deeply paternalistic culture and growing political opposition to reproductive rights.

"Our culture is really paternalistic. Our civil code still says that children must obey their parents," she noted.

She explained that Brazil's feminist movement deliberately shifted its legal strategy to focus on individual cases involving girls who had been denied access to lawful abortion. The approach gave rise to the national Children, Not Mothers campaign, which now unites 28 organisations working on women's, children's and human rights.

"We had the idea that bringing real stories to society is capable of moving people's emotions and helping us change the ideas that many people have about abortion," Vella said.

One of those stories has now become an international human rights case.
Vella recounted the ordeal of a Black girl who became pregnant at just 10 years old after being repeatedly raped by a family member. She was never informed that Brazilian law entitled her to a legal abortion. Forced into motherhood, she left school and experienced severe psychological trauma.

A year later, after becoming pregnant again through continued sexual abuse, she decided to seek a legal abortion after finally learning about her rights. However, her mother, influenced by anti-abortion organisations, opposed the procedure.

"The far-right movement in Brazil understood that our laws do not fully respect children and adolescents' autonomy. When they become aware of a case, it is common that they go after the parents to convince them not to give permission for the child to access the procedure," Vella explained.

The case eventually reached the courts, but the overwhelming pressure led the girl to abandon her request for an abortion. She gave birth and placed the baby up for adoption.


Leticia Vella

Today, she lives in a state shelter with her child after being removed from her family.

The case has since been taken to the UN Committee on the Rights of the Child, where an unexpected legal question emerged: whether the girl's consent had been obtained before lawyers represented her internationally.

Vella said her organisation had anticipated that concern.

"If we are defending her right to autonomy, we need to hear whether she wants her case to be judged by an international committee," she said.

However, because the girl is under state protection, lawyers have been unable to access her. They have asked the UN Committee to order provisional measures allowing them to meet her before the case proceeds.

Beyond litigation, Vella said the movement has also sought lasting policy reforms by documenting the barriers girls face when seeking legal abortion. That evidence helped secure a resolution through Brazil's National Council for the Rights of Children and Adolescents reinforcing children's autonomy, evolving capacities and access to sexual and reproductive health services without parental consent.

For Baraza delegates, Vella's message was clear: despite different continents and legal systems, the fight for reproductive justice is remarkably similar.

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Theme:

**Age as a Determinant of Sexual Reproductive Health and Rights**

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**3rd – 7th** August 2026

**Harare** - Zimbabwe

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# Culture Is No Excuse for Discrimination, Baraza Told

**By Michael Gwarisa**

**Efforts** to deny women and girls their sexual and reproductive health rights by hiding behind claims of "African culture" are a dangerous distortion of the continent's values and legal commitments, human rights lawyer and gender expert Mosupatsila Mothohabononoe Nare has said.

Speaking during the 4th Annual Reproductive Justice Litigation Baraza, Nare challenged growing attempts to portray the Maputo Protocol as a foreign document that conflicts with African traditions. Instead, she argued that the landmark treaty is an authentically African instrument designed by African states to address the realities and injustices faced by women across the continent.

"The Maputo Protocol is itself an authentically African instrument negotiated and adopted by African states to respond to African challenges," she said, dismissing claims that provisions protecting women's reproductive rights are imported Western ideas.

Nare, who supports the mandate of the African Commission's Special Rapporteur on the Rights of Women in Africa, said the notion of "cultural authenticity" is increasingly being weaponised to justify discrimination against women, particularly in debates around bodily autonomy, equality and access to sexual and reproductive health services.

She argued that while Africa's rich cultural heritage deserves protection, culture cannot be used to preserve harmful practices simply because they have existed for generations.
"Genuine cultural authenticity is about preserving Africa's rich identities, values and traditions, but it cannot mean preserving practices that violate the dignity, equality and rights of women and girls," she said.

According to Nare, the Maputo Protocol strikes a careful balance by protecting culture while requiring governments to eliminate harmful practices that undermine women's rights. She highlighted Articles 2, 4 and 5, which require states to end discrimination, violence and harmful practices, alongside Article 17, which guarantees women's right to participate in and shape their cultural life.

"The Protocol is not anti-culture," she stressed. "Rather, it seeks to ensure that culture evolves in a manner that is consistent with human dignity, equality and the rights of women."

To reinforce her argument, Nare cited the landmark Senate Masupha and Others v Kingdom of Lesotho case, where the African Commission ruled that customary laws excluding first-born daughters from inheriting chieftainship could not be justified solely on the basis of tradition. The decision affirmed that cultural institutions remain subject to human rights standards and that discrimination cannot be defended as custom.

She said the ruling carries an important lesson for reproductive justice advocates across Africa: tradition should never become a shield for denying women equal rights.

"The Protocol does not reject African culture," Nare concluded. "It rejects the misuse of culture to justify discrimination. The challenge before us is to ensure that our cultures continue to evolve while affirming the equal dignity and rights of every woman in Africa."

# 'We Don't Stop Having Sex at 50': Experts Demand Menopause and Older Women's Sexual Health Be Put on Africa's SRHR Agenda

**By Michael Gwarisa**

**Women** do not lose their sexuality when they reach menopause or turn 50, yet Africa's sexual and reproductive health systems continue to treat them as though they no longer exist, reproductive health experts warned during a panel discussion at the 4th Annual Reproductive Justice Litigation Baraza.

Speaking during the session on "Older Persons, Sexuality, and the Right to Reproductive Health Across the Life Course," the panellists called for an urgent shift in policies, healthcare systems and research to recognise the sexual and reproductive health rights of older women, arguing that menopause remains one of the most neglected issues in public health.

Opening the discussion, researcher Saruh Rusike challenged the widespread assumption that older people are no longer sexually active.

"If you are 50 in this room, your data is not captured anywhere," she said. "There is a whole category of women who are left out in data, in policy and in the healthcare system. We are having sex at 50. Your sexual feelings do not fade away simply because you turned 50."

Rusike argued that society continues to value women primarily for their reproductive capacity, leaving them invisible once they are no longer fertile. Building on that point, Dr. Mildred Mushunje said menopause has long been neglected because health systems focus almost exclusively on women's reproductive years.

"When you look at the focus of our policies, the focus of our data, the focus of what we budget for, it is for our ability to reproduce. Once we are no longer fertile, that changes," she said.

She explained that menopause brings dozens of physical and psychological symptoms, including hot flashes, insomnia and vaginal dryness, yet women are often told to endure the suffering in silence. "We have normalised women's suffering," Mushunje said. "You go into a health facility and tell your provider what you are feeling, and they may laugh or tell you that is the normal way a woman is supposed to experience ageing."


Dr. Mildred Mushunje

Presenting findings from the ongoing Tamira Study, Rusike said many frontline healthcare workers lack the training needed to recognise or manage menopause, resulting in women being repeatedly misdiagnosed.

"It's a system failure. It's not a healthcare professional failure," she said. "Healthcare professionals themselves are also transitioning to menopause and do not know what to do with the symptoms."

The panel also challenged colonial narratives that portray ageing as the end of sexuality. Dr. Mildred Mushunje said African communities historically recognised older people's intimacy, fertility and knowledge, but colonial influences pushed older people to the margins of society.

"Traditionally, sexuality did not end with youth," she said. "Older people were custodians of knowledge, including knowledge around fertility, sexuality and reproductive health."

Closing the discussion, Evelyne Opondo, Executive Director of the International Center for Research on Women (ICRW) Africa, urged governments to generate menopause-specific data, integrate menopause care into primary healthcare and train frontline providers.

"If that data is missing, it means it is not getting into policy, it is not getting into clinical guidelines, it is not being budgeted for and it is not being programmed anywhere," Opondo warned, calling on organisations working in sexual and reproductive health to include menopause as a core part of their advocacy.

# Age Alone Does Not Determine Capacity to Consent, Forensic Psychiatrist Says

**By Staff Reporter**

**A** person's ability to make informed decisions about sexual and reproductive health cannot be determined by age alone, according to forensic psychiatrist Dr. Simba Mazorodze, Psychiatrist, who called for individual assessments of mental capacity.

Speaking during the Baraza panel on age as a determinant of sexual and reproductive health rights, Dr Mazorodze explained that mental capacity is assessed using established clinical principles rather than relying solely on a person's age.

He said psychiatrists examine whether an individual understands information presented to them, appreciates its implications, can reason through available choices and communicate a decision.

"When we talk of capacity, there are four basic factors that we look at," he explained.

To illustrate the point, Dr Mazorodze contrasted a 17-year-old who fully understands the consequences of unprotected sexual intercourse with an adult living with a severe intellectual disability who may be unable to appreciate similar information.

The comparison, he said, demonstrates why chronological age should not be viewed as the only determinant of decision-making ability.

Drawing from his work in forensic psychiatry, Mazorodze said mental capacity assessments are routinely conducted in criminal proceedings involving both victims and accused persons to determine their competence to make decisions or provide reliable evidence.

He noted that these principles are equally important when healthcare providers assess an individual's ability to consent to treatment or access sexual and reproductive health services.
The discussion highlighted the need for legal systems to accommodate the diverse realities of people living with intellectual disabilities or mental illness while ensuring that adolescents capable of making informed decisions are not unnecessarily denied healthcare.

Participants agreed that laws and policies should strike an appropriate balance between protecting vulnerable individuals and respecting personal autonomy.

## Africa's Ageing Population Faces Growing Crisis as Family Support Declines

Africa's rapidly changing social structures are leaving many older people vulnerable as traditional family systems that once cared for the elderly continue to weaken, Prof. Seggane Musisi has warned.
Addressing delegates at the Reproductive Justice Litigation Baraza, the professor said ageing is accompanied by gradual changes in brain function that may reduce an individual's ability to make informed decisions.
He explained that while brain connections strengthen during childhood and early adulthood, they eventually begin to decline with age.

"By the time you are my age, you have lost quite a few neurons," he remarked, noting that protecting older persons should become an important public policy priority.
Professor Musisi expressed concern that migration to urban centres and overseas has eroded traditional African systems in which extended families cared for older relatives within their communities.
He said many elderly people are now left isolated as they lose the mental capacity to manage their affairs or access healthcare independently.
The professor contrasted modern care arrangements with traditional African societies, where older persons remained integrated within families and communities."

Delegates heard that protecting the rights of older persons should form part of broader discussions on sexual and reproductive health, mental capacity and access to healthcare.
Participants also highlighted the need for stronger social protection systems, community support programmes and health .

# From Courtrooms to Communities: Communicating Reproductive Justice

**By Tinashe Madamombe**

*Communications Officer, RAES*


**One** reflection stayed with me throughout the Reproductive Justice Litigation Baraza: achieving justice requires us to bridge the gap between courts, laws and communities.

Some panellists spoke about the importance of "learning the language of the courts" when litigating. Lawyers must understand how to frame an issue in a way that courts can hear, interpret and act upon. Legal arguments require the right evidence, terminology and remedies.

But communities do not necessarily speak the language of affidavits, statutes and judgments. They speak through lived experiences: being turned away from a clinic, struggling to understand what services are available, needing permission to make a decision about one's own health, or discovering that a right recognised in law remains inaccessible in practice.

This is where strategic communication becomes essential to litigation and broader advocacy. Strategic communication translates between these worlds. It helps courts understand the human consequences of the laws before them, while helping communities understand what those laws and judgments mean for their lives. It can make legal contradictions visible, turn complex judgments into accessible information and build support for the implementation of legal reforms.

Zimbabwe's laws concerning adolescents and sexual and reproductive health illustrate why this bridge matters.

A girl may be considered too young to independently access certain sexual and reproductive health services, yet if she becomes pregnant, she may be expected to carry that pregnancy, give birth and assume responsibility for another child. She can be treated as old enough for motherhood, but too young for reproductive agency.

The contradictions continue within Zimbabwe's restrictive abortion framework.

Termination of pregnancy is permitted only in limited circumstances, including where the pregnancy poses a serious threat to physical health or results from unlawful intercourse.

Even where a woman or girl legally qualifies, multiple institutional processes can stand between the right recognised on paper and the care she needs.

Litigation can challenge such contradictions. It can clarify a right, remove an unjust restriction or require the state to act. But a judgment alone does not guarantee that the girl or woman seeking care knows what has changed—or that the healthcare provider attending to her understands their responsibilities.At the Baraza, RAES emphasised the importance of leading with storytelling when communicating and advocating for legal and policy change. This is not about adding a human-interest story after the legal argument has already been made. Stories can help define the issue from the beginning.

A law may appear neutral until we hear from the people navigating it. A court process may seem accessible until we follow the journey of someone trying to use it. A judgment may be celebrated as a victory, while the person at the centre of it continues to face stigma, misinformation or institutional barriers.

Storytelling gives legal debates a human face. It helps audiences understand not only what a law says, but also what that law does. However, storytelling must be approached responsibly. Women and girls should not be presented only through violation, suffering or vulnerability to make a case emotionally compelling.

Their stories should recognise their agency, dignity and knowledge of their own lives. The people most affected by a law should be participants in shaping its narrative—not merely evidence used to support someone else's argument.

Strategic communication should therefore be considered throughout the litigation journey: before a case is filed, while it is before the courts and after a judgment is delivered. It can help identify the narratives surrounding an issue, prepare communities for possible outcomes, counter misinformation and explain what a decision means in practical terms. Learning the language of the courts is necessary for successful litigation. But achieving reproductive justice also requires courts and legal advocates to understand the language of communities.

The courtroom may determine what the law means. Strategic communication helps ensure that meaning travels beyond the courtroom —to the policymaker responsible for reform, the healthcare worker responsible for implementation and, most importantly, the woman or girl whose life the law affects.

# Women's Action Group: Breaking Barriers, Advancing Reproductive Justice in Zimbabwe

**By Staff Reporter**

**For** many women and girls in Zimbabwe, making decisions about their reproductive health is not always simple. Restrictive laws, limited information, stigma, violence, and fear can prevent them from accessing the care and support they need. Women's Action Group (WAG) is working to change this reality.

WAG advances reproductive justice by promoting bodily autonomy and integrity and defending the right of every woman and girl to make informed decisions about her body, sexuality, and reproductive health. At the heart of this work is the belief that everyone should be able to exercise their rights with dignity and live free from violence, coercion, stigma, and discrimination.

A key focus of WAG's work is advancing access to safe termination of pregnancy.

Mrs. Loveness Rukuni, WAG Executive Director at the Baraza

WAG has lobbied policymakers and advocated for the review of Zimbabwe's Termination of Pregnancy (ToP) Act to address restrictive barriers and improve access to safe, legal, and quality services.

At community level, WAG raises awareness about the current provisions of the ToP Act and the availability of post-abortion care.

This information enables women and girls to understand their rights, seek timely services, and access care without fear or shame. WAG has worked with health workers, parliamentarians, and communities in Bulawayo, Masvingo, and Gweru to strengthen knowledge of safe abortion and post-abortion care.

WAG is also changing the way reproductive health is discussed in the media. Through strategic partnerships with media organisations, WAG has supported the development and publication of articles featuring real-life stories about abortion and exposing the dangers of restrictive laws. These stories challenge stigma, counter misinformation, and encourage informed public dialogue. WAG's work also responds to gender-based violence, which directly affects reproductive autonomy and access to healthcare. Through information, counselling, referrals, and advocacy support, WAG helps survivors claim their rights and access appropriate services.

Through advocacy, community engagement, media work, and partnerships, WAG is helping build a Zimbabwe where women and girls can make informed reproductive choices and access safe, respectful healthcare with dignity, autonomy, and freedom.

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# The Age That Determines Who Gets Care

**Across** Eastern and Southern Africa, the same adolescent may have different rights to access health services simply by crossing a border. A youth-led regional movement is challenging governments to confront a fundamental question: at what age should a young person's right to make decisions about their own health begin?
Imagine a sixteen-year-old arriving alone at a public health clinic.

She asks for an HIV test. The nurse wants to help. National health policy encourages adolescent-friendly services, yet another legal provision points in a different direction. Is parental consent required? Could providing the service expose the provider to legal risk? Faced with uncertainty, the nurse hesitates. The young person leaves without the care she came to seek.

Although hypothetical, this scenario reflects situations familiar to many health providers across Eastern and Southern Africa. For countless adolescents, access to health care is shaped not only by the availability of services, but by whether age-related laws, policies and professional guidance speak with one clear voice.

Across Zimbabwe, Kenya, Uganda, Malawi and Zambia, different legal instruments often prescribe different ages for accessing HIV testing, contraception, treatment for sexually transmitted infections, confidential counselling, mental health services and other forms of care. These differences rarely stem from a single policy decision. Instead, they accumulated over time as statutes, regulations and policies were developed independently for different purposes. The result is uncertainty for providers and unequal access for adolescents.

Recognising that this challenge extends beyond national borders, Youth Advocates Zimbabwe is leading the Step Up 4 Adolescents SRHR Access Campaign, a regional initiative working across the five countries to strengthen legal coherence around adolescents' access to health services. Rather than beginning with predetermined legal solutions, the campaign began by listening. Through a human-centred design process, adolescents shared how they had encountered barriers to care. Those experiences were then examined alongside consultations with health professionals, Ministries of Health, legal experts and civil society organisations to understand how fragmented legal frameworks shape decisions in practice.

These conversations have informed the development of the Consent to Access Model Law Guidelines, a regional resource designed to help countries review and harmonise age-related legal provisions while respecting their constitutional frameworks, public health priorities and national contexts. The Guidelines do not seek identical laws across the region. They seek coherence within each country.

Young people attending the Baraza take a break from the sessions

That distinction matters.
"In several of our countries, a girl can independently consent to an HIV test, yet be told she needs parental consent to access contraception in the next room," says Tatenda Songore, Executive Director of Youth Advocates Zimbabwe. "Those are not competing values. They are laws that were never designed to work together."

For judges, legislators, policymakers and health professionals, legal coherence is more than a technical exercise. Where laws are clear, providers can act with confidence, adolescents can access services without unnecessary barriers, and courts are less likely to confront disputes arising from conflicting legal standards. Effective adolescent-friendly health services depend not only on capable health systems, but also on legal frameworks that are clear, consistent and practical.

With countries across the region reviewing adolescent health policies and expanding youth-friendly services, ensuring that laws provide clear and consistent guidance has become increasingly urgent.
As the Consent to Access Model Law Guidelines move toward regional validation, they represent more than another legal reference document. They reflect a growing recognition that lasting reform is achieved through dialogue, evidence and collaboration between governments, legal professionals, health practitioners and young people themselves.

The Reproductive Justice Litigation Baraza 2026 provides an opportunity to advance that conversation. It reminds us that the law shapes health long before a case reaches a courtroom, and that the strongest legal systems are those that prevent avoidable harm through legal clarity, rather than addressing it only after rights have already been denied.

"When age becomes the reason a young person is turned away, the law becomes part of the health system. Changing the law then becomes part of improving health."


# Selmor Mtukudzi Ignites Baraza Dinner

**By Staff Reporter**

**The** fourth Annual Reproductive Justice Litigation Baraza closed one of its most memorable evenings on a high note as Zimbabwean music sensation Selmor Mtukudzi delivered an electrifying performance that had delegates on their feet in celebration.

The daughter of the late music legend Dr Oliver "Tuku" Mtukudzi, Selmor brought warmth, energy and a distinctly Zimbabwean sound to the gala dinner, providing a fitting soundtrack to an event that had spent days tackling some of Africa's most pressing reproductive justice challenges.

Performing a selection of her popular songs alongside timeless classics associated with her father's rich musical legacy, Selmor captivated an audience of judges, lawyers, activists, academics and development partners from across the continent. Delegates sang along, danced and celebrated, exchanging courtroom arguments and policy debates for an evening of music, laughter and fellowship.

The gala served as more than just entertainment. It was a moment to recognise individuals whose work has advanced human rights and reproductive justice across Africa.

Among those honoured was prominent Zimbabwean lawyer and former Finance Minister Tendai Biti, who received special recognition for his unwavering commitment to constitutionalism, human rights and strategic litigation that has strengthened reproductive justice advocacy in Zimbabwe and beyond.

Organisers praised Biti for consistently standing with movements defending the rights of women and girls and for supporting legal efforts aimed at expanding access to justice and protecting fundamental freedoms.

The awards ceremony highlighted the Baraza's broader mission of celebrating legal excellence while building solidarity amon Tg practitioners committed to advancing reproductive justice through the courts.

As the evening drew to a close, Selmor's powerful performance transformed the venue into a celebration of resilience, culture and hope—an uplifting finale that reminded delegates that the struggle for justice is sustained not only in courtrooms but also through the power of music, community and shared purpose.

The gala dinner provided a memorable conclusion to another successful Reproductive Justice Litigation Baraza, leaving delegates inspired both by the conversations they had shared and the celebration that brought them together.

# Escaping Child Marriage: Girl's Journey from a Shrine to Survival

By Kuda Pembere

At 15, while many girls are navigating high school and dreaming about the future, Anna Masango's (Real name protected) childhood ended abruptly. She left behind her school uniform to become the fifth wife of a 37-year-old man, exchanging classrooms for the responsibilities of marriage and motherhood.

Due for her second delivery in labour at an apostolic shrine, her desperate pleas for medical attention were dismissed as normal childbirth pains, a decision that nearly claimed her life.

Today, six years later, Anna's story lays bare the human cost of child marriage and the barriers many adolescent girls continue to face in accessing life-saving sexual and reproductive health services in Zimbabwe, despite progress in reducing maternal deaths.

Marriage is widely regarded as a sacred institution, but when entered into too early, it can rob children of their education, health and future.

At a time when much attention is focused on why many young men are delaying marriage, 21-year-old Anna reflects on how marriage came far too soon for her. At just 15, she was pulled out of school and married to a man old enough to be her father.

The man was 37 years old. She became his fifth wife.

"I am Anna Moyo. I am 21 years old, but I was married at the age of 15. The man who married me was 37 years old. I was wife number five," she recalls.

Growing up in Marange, where sections of the apostolic faith are deeply rooted, Anna's first pregnancy and childbirth followed religious customs rather than conventional medical care.

She delivered her baby at a chitsidzo, a designated area within the church shrine where women give birth under the supervision of church-appointed midwives.

"There are nurses there, but you stay in tents. They give you a small space to set up your tent. When labour starts, you go to the nurse and they help you deliver," she explains.

What should have been a joyful moment nearly became fatal.

As complications developed during pregnancy, Anna repeatedly told the chitsidzo leader that she was seriously ill. Her concerns were brushed aside.

"Compared to the chitsidzo, I think the hospital is much better because there are skilled attendants and the environment is safer.


"I became very sick. I kept telling the head of the chitsidzo that I wasn't feeling well, but she dismissed it, saying women about to give birth usually experience diarrhoea.

"I didn't know any better. Eventually I called my mother, who came for me and took me to hospital."

Looking back, Vongai believes many adolescent girls within conservative apostolic communities remain trapped between religious doctrine and the need for essential healthcare.

"Some sections of the apostolic sect are strongly opposed to clinics and hospitals. Because of that, it becomes almost impossible for adolescents to access sexual and reproductive health services," she says.

Her experience reflects a much broader national challenge.

Adolescents account for approximately a quarter of maternal deaths in Zimbabwe. Teenage pregnancies remain widespread, driven by child marriage, poverty and persistent gaps in adolescent-friendly sexual and reproductive health services.

The consequences are often severe, ranging from pregnancy complications to unsafe deliveries and interrupted education.

Teenage pregnancy has emerged as both a public health and social crisis. National prevalence has climbed to 24 percent from 9 percent in 2016, underscoring the urgent need for comprehensive interventions.

Delivering the keynote address at the Fourth Annual Reproductive Health Litigation Baraza, sexual and reproductive health and rights advocate Dr Tlaleng Mofokeng said Zimbabwe continues to record one of the region's highest adolescent birth rates.

"Zimbabwe's own numbers make the point: an adolescent birth rate of 93 per 1,000 women aged 15 to 19, more than double the global average, with real but fragile progress down from 108 in 2019.

"Across the wider region, UNICEF data shows 130 million African women and girls were married before their eighteenth birthday, the highest regional burden anywhere in the world, with nine of the ten highest child marriage rates on earth on this continent.

"These numbers are not an argument for a stricter wall at eighteen.

"They are an argument that a wall drawn at a single birthday has failed, for decades, to protect the very girls it claims to protect, while simultaneously being used to deny adolescents contraception, post-abortion care and basic information about their own bodies.

"A legal instrument that fails at protection and succeeds at exclusion is not a protective instrument. It is a sorting instrument, and this Baraza's task is to say so, in pleadings, plainly."

While advocates continue to call for reforms, Government says significant investments are being made to... *Page 18*

# About the Baraza


Launched in August 2023 by Afya na Haki (Ahaki), the Baraza initiative is a platform designed to advance reproductive justice across Africa through strategic litigation. It brings together legal professionals, civil society organizations, healthcare providers, and academics to confront the legal and systemic barriers that deny vulnerable and marginalized communities including women and girls reproductive justice. The Baraza offers a space for collaboration, knowledge sharing, and strategy development, focused on dismantling discriminatory laws, harmful cultural practices, and legal frameworks that perpetuate inequality.

It works to enforce existing legal protections where they exist and confront restrictive, punitive systems by making them adaptable to the realities of affected communities and the broader African context.

Born out of the urgent need to address structural issues undermining reproductive justice, the Baraza equips stakeholders with the tools, knowledge, and networks necessary to drive systemic change. Recognizing that legal protections often remain under-enforced; the initiative aims to bridge this gap by creating a unified litigation agenda for reproductive justice. Drawing on successful legal strategies from the Global South, the Baraza adapts these approaches to the African context, empowering advocates to challenge systemic inequalities and reshape legal frameworks. Through this platform, Ahaki is building a robust network of committed advocates, working collectively to ensure reproductive justice becomes a lived reality for all.

## OBJECTIVES

- To bring together reproductive justice actors across Africa to develop litigation strategies.
- To strengthen the capacity of stakeholders to engage in strategic litigation that promotes reproductive justice.
- To share knowledge and best practices in reproductive justice litigation.
- To build a network of legal advocates committed to advancing reproductive justice through legal action.


# Escaping Child Marriage: Girl's Journey from a Shrine to Survival

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improve maternal and adolescent health services.

Officially opening the Fourth Annual Reproductive Health Litigation Baraza, Health and Child Care Deputy Minister Hon. Sleiman Kwidini said Zimbabwe has made notable progress in reducing maternal mortality through investments in skilled birth attendants, emergency obstetric care and stronger community health systems.

"Zimbabwe has reduced maternal mortality from 651 deaths per 100,000 live births in 2015 to approximately 212. This achievement reflects sustained investment in emergency obstetric care, skilled birth attendants and strengthened community health systems.

"While we celebrate this progress, we recognise that every preventable maternal death is one too many, and we remain committed to further improving outcomes."

He said Government is integrating sexual and reproductive health services with HIV services and care for survivors of sexual and gender-based violence through initiatives such as Together for HR.

"This approach has improved efficiency, reduced waiting times and enhanced the quality of care for the people we serve."

Recognising that adolescents require specialised care, Government has also expanded youth-friendly health services across the country.

"More than 5,000 healthcare workers have been trained to provide respectful, youth-friendly care, helping to reduce bias and create an environment where young people can seek services with confidence.

"Beyond our health facilities, we work with communities and traditional leaders through initiatives like the Not In My Village campaign to address child marriage and early pregnancies."

For Anna, however, the statistics and policy commitments remain deeply personal.

Her story is a reminder that behind every percentage point is a young girl whose childhood may be cut short by early marriage, whose education is interrupted, and whose life may depend on whether she can reach skilled healthcare in time.

As Zimbabwe works to expand adolescent-friendly reproductive health services, advocates say lasting progress will require more than stronger health systems. It will also demand confronting the cultural, religious and social norms that continue to place thousands of girls at risk.

# 'The Work Starts Now': Reproductive Justice Baraza Ends with Call to Turn Dialogue into Action

**By Michael Gwarisa**

**The** Fourth Reproductive Justice Litigation Baraza concluded in Harare with a strong call for governments, legal practitioners, civil society organisations and communities to turn discussions into concrete action that advances sexual and reproductive health and rights across Africa.

Closing the four-day gathering, Zimbabwe National Family Planning Council (ZNFPC) Chief Executive Officer Farai Machinga said reproductive justice must be viewed beyond the courtroom. "Reproductive justice is not merely a legal concept but it is a matter of human dignity, equity, inclusion and sustainable development," Machinga said.

He urged delegates to ensure the conference leaves a lasting impact.

"The real success of this Baraza will not be measured by the quality of our presentations... but by the policies we reform, the laws we strengthen, the health systems we improve, the partnerships we sustain and ultimately the lives we transform," he said.

Professor Ben Twinomugisha of AHAKI called for African-led solutions rooted in Ubuntu, while urging greater involvement of lawmakers in future Barazas.

"Just talking is not enough. We have to do something to make sure that whatever it is that we have come up with goes forward," he said. Women and Law in Southern Africa (WLSA) Zimbabwe National Director Isheanesu Chirisa said the conference should be viewed as the beginning rather than the end of the movement.

"The Baraza starts today. We now need to litigate, advocate, organise, document, and build more," she said.

Community Working Group on Health Team Leader Nonjabulo Mahlangu said litigation only achieves its purpose when it improves people's lives.

"A judgment is not the end of the journey. It matters when it changes how a mother accesses care, how a young person is treated by the state and how people are able to realise their rights," she said, urging delegates to keep communities at the centre of reproductive justice efforts.

The Baraza sought to develop practical legal strategies to address age-related barriers to sexual and reproductive health and rights while strengthening litigation approaches, policy recommendations and partnerships among legal practitioners, researchers, courts and civil society organisations.

Participants took part in keynote presentations, judicial dialogues, panel discussions, research presentations and practitioner roundtables. One of the highlights was a youth-led pre-conference moot court, where law students and young people debated real reproductive justice cases through simulated court proceedings. Documentary screenings, storytelling sessions and South-to-South learning exchanges also formed part of the programme.

ZNFPC) Chief Executive Officer Farai Machinga

# BARAZA DINNER IN PICTURES