CAMEROON DOMESTICATION GUIDE

MAPUTO PROTOCOL

Article 14

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SOLIDARITY FOR AFRICAN WOMEN'S RIGHTS
A force for freedom

MOUVEMENT DE SOLIDARITÉ POUR LES DROITS DES FEMMES AFRICAINES
Une force pour la liberté

WCIC
Women's Counselling and Information Centre

AKINA MAMA WA AFRIKA

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Produced and Published by Make Every Woman Count
Email: info@mewc.org Website: www.mewc.org

Design and Layout: James Chunguli, Crimson Communications Ltd.

Introduction

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, widely known as the Maputo Protocol, stands as one of the most progressive human rights instruments in the world. Adopted by the African Union in 2003, it sets out a bold vision for the dignity, equality, and bodily autonomy of women and girls across the continent. For the millions of women it seeks to protect, the Protocol is more than a legal text. It is a promise.

This guide is produced by **Make Every Woman Count (MEWC)** and the **Solidarity for African Women's Rights Coalition (SOAWR)**. It offers a practical path from international and regional commitment to national reality grounding the Protocol's standards in the specific legal, political, and social context of this country.

Why the Maputo Protocol Matters

At the heart of this guide is one of the Protocol's most significant provisions: Article 14 guarantees women's reproductive health rights, including access to family planning, safe maternal care, and lawful abortion in cases of sexual assault, rape, incest, or when a pregnancy endangers a woman's mental or physical health.

This article addresses some of the biggest threats women face: preventable maternal deaths, unsafe abortions, gender-based violence, and barriers that deny women control over their own bodies. The Protocol frames these issues not as matters of charity or moral debate, but as enforceable human rights.

Understanding 'Domestication'

A treaty only changes lives when its standards reach the people it protects. Domestication is the process of translating international obligations into national law, policy, and practice so that rights become enforceable in domestic courts and through everyday government services. How this happens depends on a country's legal system:

In monist states, ratified treaties are, in principle, directly applicable and take precedence over national law. Yet in practice, domestic courts and institutions rarely apply these standards, leaving a gap between theory and reality.

In dualist states, treaties do not become law on ratification alone. They require a deliberate act of Parliament to be incorporated and enforced. Until that happens, the Protocol's promises remain aspirational.

In both systems, domestication is the bridge between commitment and lived experience. Closing that gap is the central purpose of this guide.

I. Purpose of This Guide and How to Use It

This Domestication Guide is designed to support advocates, parliamentarians, civil society organisations, legal practitioners and policymakers working to advance the full domestication of Article 14 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) in Cameroon, with a particular focus on Article 14(2)(c) concerning reproductive rights and access to safe abortion.

The Maputo Protocol, adopted by the African Union (AU) on 11 July 2003 and in force since 25 November 2005, is widely regarded as the most progressive legal instrument for women's rights in Africa.[1] Cameroon signed the Protocol on 25 July 2006 and ratified it on 13 September 2012.[2]

Article 14(1) guarantees women's right to health, including sexual and reproductive health. Under Article 14(2), State Parties must take specific measures, including (a) providing adequate, affordable and accessible health services; (b) establishing and strengthening pre-natal, delivery and post-natal health and nutritional services for women; and (c) authorising medical abortion in cases of sexual assault, rape and incest and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus. The African Commission's General Comment No. 2 (2014) provides authoritative interpretive guidance on these obligations.

II. Country Context and Legal Framework

Cameroon is a unitary republic in Central Africa with a population of approximately 28 million, governed under a presidential system.[3] It is officially bilingual (French and English), reflecting the union of former French and British Cameroon in 1961.[4] The country is a member of the AU, the Economic Community of Central African States (ECCAS) and the Commonwealth.[5]

Legal System and Domestication of International Treaties

Cameroon is a monist state. In a monist system, international treaties become part of domestic law automatically upon ratification and publication, because international law has a hierarchically superior status to internal law.[6] This is in contrast to the situation in dualist systems, such as Nigeria's and Uganda's, where a treaty requires a distinct Act of Parliament to have domestic legal force. Article 45 of the Constitution of Cameroon (Law N°96/06 of 18 January 1996, as amended in 2008) provides that 'duly approved or ratified treaties and international agreements shall, following their publication, override national laws.'[7] Furthermore, the Constitution's Preamble declares that 'every person has the right to life and to physical and moral integrity,' providing a domestic constitutional anchor for the bodily autonomy and integrity rights enshrined in Article 14.[8] Therefore, the key question for Cameroon regarding the domestication of Article 14 of the Maputo Protocol is whether it is effectively applied in courtrooms, health facilities, policy documents and public institutions.

Key Institutional Stakeholders

The domestication landscape in Cameroon involves several key actors. The National Assembly and Senate house the Parliamentarians' Network for Gender Advancement, which provides an institutional vehicle for gender legislation.[9] The Ministry of Public Health, the Ministry of Women's Empowerment and the Family and the Ministry of Justice each hold implementation responsibilities under Article 14. Furthermore, the Ministry of Finance must be actively involved in the process to ensure the proper allocation of adequate financial resources. Without this crucial involvement and the necessary budgetary provisions, there will be no funds to carry out the domestication of the Maputo Protocol. The judiciary has the constitutional power to apply the Protocol directly under Article 45. The Bar Association and civil society, led by organisations including the Women's Counselling and Information Centre (WCIC), a SOAWR member of professional jurists; the Society of Gynaecologists and Obstetricians of Cameroon (SOGOC); Women for a Change, Cameroon (WFAC); Réseau des femmes leaders pour le développement (RFLD); and the Cameroon National Association for Family Welfare (CAMNAFAW), are also involved. Faith-based institutions and traditional authorities also exercise significant influence over public attitudes towards reproductive rights.[10]

III. Status of Domestication

The Legal and Policy Baseline

The Maputo Protocol entered Cameroonian law upon ratification and publication. As a result, all provisions of Article 14 are legally binding on Cameroonian courts, health facilities and public authorities under Article 45 of the Constitution. No further implementing legislation is required for the Protocol to take effect, which should reassure stakeholders that the legal framework is clear and accessible for action.

Cameroon signed the Protocol on 25 July 2006, ratified it on 13 September 2012 and deposited its instrument of ratification with the AU on 28 December 2012.[11] The Protocol entered into force for Cameroon on 28 December 2012. It was subsequently published in the Official Gazette of the Republic of Cameroon, giving it the force of domestic law superior to national legislation under Article 45 of the Constitution, as mentioned earlier.

The Interpretative Declaration on Article 14

At the time of accession, Cameroon issued an interpretative declaration stating that the Protocol 'should in no way be construed as endorsement, encouragement or promotion of … abortion (except therapeutic abortion)' and that any interpretation 'justifying such practices cannot be applied against the Government of Cameroon.'[12] The International Commission of Jurists (ICJ), in its 2025 submission to the African Commission, has confirmed that Cameroon entered an interpretative declaration, not a reservation. The distinction is legally fundamental: a reservation modifies or excludes the legal effect of a treaty provision, whereas an interpretative declaration 'does not purport to exclude or modify the legal effects of a treaty.'[13] The ICJ has therefore concluded that this declaration

'has no legal effect whatsoever and Cameroon remains bound by Article 14 in the same manner as any other State Party.'[14]

Cameroonian courts must apply Article 14(2)(c) directly, without needing any legislative reform. Advocacy to have the declaration withdrawn is nonetheless important, as the ICJ notes, because it represents an 'unfortunate expression of what State practices are likely to continue.'[15] In this respect, the African Commission on Human and Peoples' Rights (ACHPR's) own Draft Advocacy Framework (May 2025) describes Cameroon's declaration as one 'which seems to have the legal effect of a reservation.'[16] This characterisation reflects the political reality in which the declaration operates in practice, underscoring the urgency of its withdrawal.

When Cameroon ratified the Maputo Protocol in 2012, this was amid organised opposition from the Catholic clergy, whose bishops publicly denounced Article 14 as endorsing both abortion and homosexuality.[17] At the time of ratification, the Minister for Women's Empowerment clarified that, 'under the current state of national legislation, neither abortion nor homosexuality is allowed,' and the government framed the declaration as a shield against misinterpretation rather than as a legal opt-out.[18] In practice, however, the declaration provides political justification for ministries and health authorities to decline implementation of Article 14(2)(c) provisions, and it creates a negative effect on practitioners and judges who might otherwise invoke the Maputo Protocol directly.

Progress since Ratification

The 2016 Penal Code (Law No. 2016/007) represented a significant advance in relation to the protection of bodily autonomy and integrity.[19] Section 277-1 criminalises female genital mutilation/cutting (FGM/C). Section 277-2 criminalises interference with the natural growth of organs, including the practice of breast ironing, a specific form of bodily harm practised against girls. The Penal Code is among the first in the region to explicitly prohibit it.[20] Section 356 also criminalises forced marriage, protecting women's autonomy to choose whether and whom to marry. The expulsion of a spouse from the marital home, sexual harassment and the rape-then-marry exemption were all removed or newly criminalised.[21]

In Cameroon's institutional framework, there is no designated authority to domesticate and implement the Maputo Protocol.[22] However, the government has established an institutional framework for the protection and promotion of women's and girls' rights and the elimination of all forms of discrimination against women and girls.[23] The Ministry of Women's Empowerment and the Family was created in 2004, replacing the former Ministry of Women Affairs (created in 1997) and Ministry of Social Affairs and Women's Affairs (created in 1988).[24]

The decree establishing the Ministry of Women's Empowerment and the Family (Decree 2012/0638 of 21 December 2012 on the Organisation of the Ministry of Women's Empowerment and the Family) provides for the creation of the Directorate for the Promotion and Protection of the Family and the Rights of the Child.[25] In 2019, 10 reception centres for women in distress were established within the Centres de promotion de la famille et de la femme (CPFF), and 10 gender desks were created in police stations.[26] In 2020, the Parliamentarians' Network for

Gender Advancement was launched.[27] The 2015 National Gender Policy provided a framework for gender equality across sectors, representing progress towards Article 14(1) obligations.[28] The adoption in 2010 of a National Plan of Action for the Elimination of Female Genital Mutilation is an example of a measure put in place to give effect to the Maputo Protocol.[29]

Regarding justice proceedings involving the Maputo Protocol, a few court cases have based their decisions on its provisions, particularly Article 14. For example, in the case *The People and Crédit du Sahel SA, Mora Branch v Mrs Apsatou Salki Bouba Bebe*, the Mora High Court evoked both Article 24 and Article 14 of the Protocol to release the pregnant accused.[30] The case involved the release of a pregnant woman who had been detained. No further reporting on the case is available apart from these details.[31]

However, since ratification in 2012, the most sustained progress on Article 14 domestication in practice has come from civil society rather than government.[32] SOGOC's Advocacy for Comprehensive Abortion Care (ACAC) project brought together health providers, legal practitioners, journalists, religious leaders and community organisations in a structured, multisector coalition.[33] SOGOC created a clinical referral pathway document for managing pregnancies from rape, which is now used by many institutions across the country, and held Values Clarification and Attitude Transformation (VCAT) workshops that clearly changed healthcare providers' willingness to use existing legal exceptions.[34]

WFAC is an important organisation leading in creating spaces where women and girls engage policymakers on Maputo Protocol implementation.[35] In 2025, an International Federation of Gynaecology and Obstetrics (FIGO)-led peer learning initiative linking Benin, Cameroon and Togo demonstrated the strongest sign of political will to date: Cameroonian government representatives and parliamentarians participated in formal reform discussions and expressed a desire to align the national legal framework with the Protocol.

From 2017 to 2019, WCIC organised four seminars in collaboration with the Ministry of Justice, focused on reinforcing the capacity of prosecutors and attorneys on the applicability of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Maputo Protocol. Article 14 of the Maputo Protocol was mentioned regularly during the seminars, together with Article 45 of the Cameroon Constitution.[36] WCIC is committed to reminding justice actors in Cameroon who are still hesitant that these instruments are an integral part of internal law, and that they have to be invoked when national provisions are discriminatory against women without the adoption of special measures for their domestication.

Gaps and Barriers

Legal and Policy Gaps and Barriers

The central legal gap in Cameroon is the continued operation of Penal Code sections 337–339, which criminalise abortions and conflict with Article 14(2)(c) of the Maputo Protocol, even though the Protocol takes legal precedence under Article 45. The Penal Code provides for imprisonment of 15 days to one year for a woman who procures her abortion and one to five years for anyone who assists.[37] Exceptions exist only where the

mother's health is in grave danger or where pregnancy results from rape, with the latter requiring written certification from the public prosecutor that this is a 'good case.'[38] The grounds recognised by Article 14(2)(c) – incest, foetal abnormality and threats to mental health – are absent from the Penal Code. The prosecution certification requirement for rape-related abortion functions as a *de facto* barrier: survivors in conflict-affected, rural or economically marginalised settings face severe practical difficulties in accessing justice institutions, let alone obtaining timely written certification.

This barrier, combined with the interpretative declaration on Article 14(2)(c), is reinforced by the structural challenges of Cameroon's judiciary, which operates within the executive orbit: the Supreme Court is housed within the Ministry of Justice, and judicial appointments are made by the president, creating structural disincentives for independent application of treaty obligations.[39] ACHPR General Comment No. 2, paragraph 50, explicitly requires states to establish accountability mechanisms, develop implementation standards and guidelines, and create accessible and timely redress mechanisms for women whose sexual and reproductive rights have been violated.[40] Cameroon has not met any of these requirements. Cameroon's interpretative declaration, while lacking legal effect, sustains the same practical harm. ACHPR Resolution 632 (March 2025) calls on states to withdraw such instruments, and the ICJ's January 2025 submission, specifically analysing Cameroon's declaration, provides the normative framework for advocating the formal removal of the declaration.[41]

Sociocultural and Religious Gaps and Barriers

Stigma around abortion is pervasive. Research confirms that women routinely seek abortions in secrecy, with social pressure and shame as primary drivers of clandestine practice, even where legal exceptions exist.[42] Conservative religious and community institutions exert significant influence on political will and public demand for reform. These actors can create mobilisable opposition to legislative change, especially when reform conflicts with religious doctrine. Low public awareness that Article 14(2)(c) rights are already part of Cameroonian domestic law means women and healthcare providers rarely seek to invoke them.[43]

The ongoing conflict in Cameroon's North West and South West regions significantly compounds these barriers.[44] Dufferen OCHA reports confirm that women in affected areas face disproportionate gender-based violence and forced displacement, and they systematically experience exclusion from peace and decision-making processes.[45]

Institutional and Structural Gaps and Barriers

Many healthcare providers, legal practitioners and civil servants are unaware that the Maputo Protocol forms part of domestic law with precedence over the Penal Code. A FIGO/SOGOC needs assessment specifically identified widespread ignorance of when abortion was lawful, even among the medical profession.[46]

Cameroon's maternal mortality ratio remains among the highest in the African region.[47] Family planning provision has improved in absolute terms but falls significantly short of meeting demonstrated demand. A 2014 Guttmacher Institute analysis estimated that meeting even half the unmet need for modern contraception in Cameroon would prevent

187,000 unplanned pregnancies, 65,000 unsafe abortions and 600 maternal deaths annually.[48]

Cameroon's own periodic report to the African Commission acknowledges a dual tendency in judicial practice: some judges treat ratified conventions as part of the 'block of constitutionality' and refer them to the constitutional judge, whereas others apply them directly, depending on whether they are considered self-executing.[49] This structural ambiguity means that, even in a monist system, the path from treaty ratification to courtroom application is far from automatic.[50] No structured training programme for judges or practitioners on direct treaty application exists. Cameroon's courts have invoked the Maputo Protocol in proceedings involving the rights of detained pregnant women and succession matters, but no domestic judgement has yet applied Article 14(2)(c) directly.[51]

Civil society coordination remains a challenge. The FIGO/SOGOC needs assessment specifically identified fragmentation among CAMNAFAW, SOGOC, WFAC, RFLD and WCIC as a barrier to effective joint advocacy.[52] The document identifies the need for more networking and collaboration between the local organisations as key to improving advocacy and safe and legal abortion needs and services.[53]

Opportunities

The interpretative declaration's legal nullity represents an opportunity. The ICJ's authoritative confirmation that Cameroon's declaration has no legal effect provides a powerful tool for practitioners and advocates seeking to invoke Article 14(2)(c) directly in courts or policy settings.[54]

ACHPR Resolution 632 (March 2025) and the ACHPR Advocacy Framework on Reservations provide a formal normative platform for campaigning to have the declaration withdrawn. Two African precedents confirm that withdrawal is achievable and consequential: The Gambia withdrew its blanket reservations to Articles 5, 6, 7 and 14 of the Maputo Protocol in 2006, following sustained civil society advocacy timed to coincide with The Gambia's hosting of the AU Summit.[55] Rwanda withdrew its reservation to Article 14(2)(c) in 2012 following advocacy by national and international civil society, after which it enacted legislation permitting abortion on socioeconomic grounds and in cases of sexual assault and health risk.[56] Cameroon's declaration is weaker than a reservation in legal terms, meaning the procedural bar to withdrawal is lower still. The ACHPR's evolutive and universalist approach to treaty interpretation further means regional human rights bodies increasingly read the Maputo Protocol expansively, further strengthening the normative case for withdrawal.[57]

Democratic Republic of Congo's (DRC's) domestication of the treaty also offers a model. After ratifying the Protocol without reservations in 2009, DRC published it in its official legal gazette in 2018 and endorsed national abortion care guidelines in 2020.[58]

Civil society connection and collaboration constitute an important opportunity to enhance the effectiveness of advocacy for the domestication of the Maputo Protocol. WCIC's membership in SOAWR connects Cameroonian practitioners to shadow reporting infrastructure, judicial training resources and the continental advocacy network.

IV. Advocacy and Lobbying Strategies

What Has Worked

Within Cameroon

- SOGOC's ACAC project has demonstrated the value of sustained, multi-sector engagement. The project focuses on advocating for comprehensive abortion care to diminish maternal mortality. It is aimed at reproductive health policymakers, the Ministry of Public Health, the Ministry of Women's Empowerment and Family, lawmakers and civil society organisations. Its referral pathway document for rape-related abortion has reduced administrative bottlenecks within the existing legal framework.[59]
- VCAT workshops have demonstrably shifted healthcare providers' attitudes and willingness to implement existing legal exceptions, showing that provider-level change is both achievable and impactful.[60]
- The 2019 decision of the Supreme Court on the application of the CEDAW, replacing Articles 1421 and 2135 of the Cameroon Civil Code.
- RFLD's March 2023 advocacy meeting in Yaoundé built domestic momentum and connected Cameroonian advocates to the SOAWR continental network.[61]

Within the Central African region

- On 25 June 2025, a Maputo Protocol ratification mission to Central African Republic (CAR) was spearheaded by SOAWR member WCIC. This was composed of professional jurists and contributed to CAR becoming the 46th AU State Party to the Protocol.[62] WCIC's leadership of the CAR ratification mission in June 2025 has elevated Cameroon's standing in Central Africa's Maputo Protocol advocacy.
- DRC's step-by-step domestication pathway is the most relevant Central African model. Cameroon and DRC share a Francophone legal tradition, a monist constitutional framework and a context of widespread conflict-related sexual violence.
- Rwanda's experience of progressively strengthening its reproductive health framework offers lessons on sustaining political will and civil society engagement over time.[63]

Lessons Learned

Procedural barriers can be as challenging as legal barriers. The prosecution certification requirement in Cameroon is a key example of a barrier to women's reproductive rights. Future reforms need to address both law content and procedural hurdles.

If judiciary actors are unfamiliar with the treaty, international law, women's rights jurisprudence or the arguments being advanced, strategic litigation will not be effective. To achieve real change, direct litigation must be paired with efforts to build judicial capacity and reform the rules governing who can bring a case.

A civil society that is fragmented has less impact. Investing in coordination between groups like CAMNAFAW, SOGOC and others is just as important as advocating for specific issues.

Engaging religious and community leaders is crucial. As SOGOC's work shows, including faith leaders in coalitions builds more durable and effective partnerships.

Gaps in state reporting weaken accountability: With few states submitting official reports, the 'shadow reporting' by civil society organisations is a vital tool for holding governments to account.

Strategies for Effective Domestication

Legal Advocacy and Reform

- Campaign for formal withdrawal of the interpretative declaration through notification to the AU Commission under Article 30 of the Protocol, framed simultaneously as a constitutional consistency requirement under Article 45, a public health imperative and a commitment to continental solidarity under ACHPR Resolution 632.
- Pursue Penal Code reform to bring sections 337–339 into full conformity with Article 14(2)(c), adding incest, foetal abnormality and mental health grounds, and replacing the prosecution certification requirement with an accessible medical certification process.
- Use the ICJ's January 2025 submission to the ACHPR as a litigation and advocacy resource, particularly its confirmation that the declaration 'has no legal effect' and that Cameroon is bound by Article 14 in full.
- Engage with the ACHPR Advocacy Framework on Reservations, participating in the consultation process established following Resolution 632.

Stakeholder Engagement and Coalition Building

- Strengthen the Parliamentarians' Network for Gender Advancement by establishing a cross-party working group on Article 14 domestication, connecting members to SOAWR's regional parliamentary network for peer learning from DRC and Rwanda.
- Develop a unified civil society advocacy position among CAMNAFAW, SOGOC, WFAC, RFLD, WCIC and broader women's networks (the South West North West Women's Taskforce, SNWOT, the Cameroon Women's Peace Movement, CAWOPEM) for the current legislative reform window.
- Develop targeted outreach strategies for conflict-affected women in Anglophone regions and for indigenous women, for whom procedural barriers, displacement and economic dependency compound issues raised by the country's restrictive legal framework.[64]
- Engage with SOAWR's continental mechanisms, including submissions to ACHPR Ordinary Sessions, to ensure Cameroon's Article 14 implementation gap is formally recorded in concluding observations.

Capacity-Building

- Deliver structured training for judges and legal practitioners on direct treaty application under Article 45 of the Constitution.
- Scale up VCAT workshops for healthcare providers nationally, with dedicated outreach to providers in Anglophone conflict-affected regions and rural health facilities, to reduce stigma and improve the implementation of existing legal exceptions.
- Direct the Ministry of Health to formally adopt and distribute the SOGOC referral pathway document for rape-related abortion.
- Use SOAWR's shadow reporting capacity-building programme to train Cameroonian civil society organisations, particularly WCIC, in structured alternative reporting to the ACHPR.

New and Emerging Approaches

- Digital and bilingual campaigning: Targeted campaigns in English and French, communicating the existing lawful grounds for abortion under Penal Code sections 337-339, can reduce the harm caused by misinformation even before legislative reform is achieved.[65]
- The ICJ submission as a public advocacy tool: The ICJ's authoritative confirmation that Cameroon's declaration lacks legal effect is a communications asset. Its findings should be widely disseminated among parliamentarians, judges, health ministries and the media.
- Peer-learning exchanges with DRC and other countries in the Central African region: Formal bilateral exchange with DRC-based Ipas and FIGO-affiliated organisations. Organisations placed in different countries would Exchange best practices, advicay tools and relegant judicial and legale progressi made in theu territories.
- Bar association guidance notes: Produce accessible practice guidance on locus standi under the monist framework, building on SOAWR's *A Guide to Using the Protocol for Legal Action*.

V. Next Steps and Actionable Recommendations

For Parliamentarians and Policymakers

- Initiate the formal process of withdrawing Cameroon's interpretative declaration on Article 14(2)(c) referencing ACHPR Resolution 632 (2025) and the constitutional obligation under Article 45 of the Constitution.
- Introduce a bill amending Penal Code sections 337–339 to bring them into full conformity with Article 14(2)(c), adding incest, foetal abnormality and mental health grounds and replacing the prosecution certification requirement with an accessible process.

- Direct the Ministry of Health to formally adopt and nationally distribute the SOGOC referral pathway document, integrating it into clinical training curricula and health facility protocols.[66]
- In line with ACHPR General Comment No. 2, paragraphs 46, 48 and 50, establish a legal and institutional environment conducive to women's exercise of reproductive rights. This requires reviewing and removing restrictive administrative procedures under Penal Code sections 337–339; issuing a formal directive prohibiting health facilities and providers from denying access to lawful abortion services on grounds of third-party authorisation requirements; and creating an accessible, timely accountability mechanism through which women whose reproductive rights have been violated may seek redress.
- Commission official nationwide data collection on unsafe abortion incidence and its contribution to maternal mortality, for inclusion in Cameroon's next periodic report to the ACHPR and the CEDAW Committee.
- Strengthen the Parliamentarians' Network for Gender Advancement.
- Ensure budget allocations for health, gender and justice reflect obligations under Articles 14(2)(a) and (b), including investment in pre- and post-natal care, family planning services and survivor support infrastructure.

For Civil Society and Activists

- Present a unified advocacy position, coordinated among CAMNAFAW, SOGOC, WFAC, RFLD, WCIC, the Think Tank Group, SNWOT and CAWOPEM, to parliamentarians and government.
- Submit a structured alternative report to the ACHPR using SOAWR's shadow reporting programme, documenting the legal nullity of the interpretative declaration and Cameroon's obligations under Article 14 in full.
- Widely disseminate the ICJ's January 2025 submission to the ACHPR, particularly its finding that the declaration 'has no legal effect,' among practitioners, health workers, parliamentarians and media.
- Scale up VCAT workshops nationally and launch bilingual public awareness campaigns communicating existing lawful grounds for abortion, to reduce the harm caused by misinformation in the interim period before legislative reform.
- Engage traditional and religious leaders proactively, building on the ACAC multi-stakeholder model, to generate community-level support for reform and reduce mobilisable opposition.
- Develop targeted service access strategies for conflict-affected women in Anglophone regions and for Indigenous women.

For the Judiciary

- In proceedings involving denial of access to lawful abortion, invoke Article 45's treaty superiority clause together with Article 14(2)(c) and ACHPR General Comment No. 2 (2014). The ICJ's authoritative confirmation that the interpretative declaration has no legal effect removes any arguable basis for courts to decline direct application.

- Bar associations should develop and publish accessible practice guidance on locus standi under the monist framework, reducing the barriers that have so far prevented Article 14 from being litigated.

- Judicial training institutions should incorporate ACHPR General Comment No. 2 on Article 14 into continuing legal education curricula as a standard interpretive instrument, applicable without domestic legislative reform. In line with General Comment No. 2, para. 49, training must specifically cover the obligation to ensure that judges, magistrates and judicial police officers are sensitised to women's right to access safe abortion services and post-abortion care within the bounds of the Protocol and that they do not arrest, charge or prosecute women for having sought those services.

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