Kadja's Story

No Support in the Village

Kadja was my older sister. She died two years ago. She wasn't even 20 years old. She was married in the village to our cousin, the son of our aunt. She was only 14 years old when she married but all the girls in our community marry very young. Kadja worked in the fields with other family members. She was a great cook like all the other women. Four years after she got married, she still didn't have any children. In the beginning, people spoke behind her back, but after a while, they made fun of her, saying that she would never have any children and that her husband had better remarry. On the advice of his mother, her husband became engaged to another girl from the village. That's when we started to notice that my sister was pregnant.

As the pregnancy advanced, my sister's husband wanted her to rest but our aunt refused, saying that Kadja was not the only woman who ever got pregnant. One day, her husband decided to relieve her from her duty of finding firewood for cooking and went to cut the wood himself. While he was out, he was bitten by a poisonous snake. He died that evening. The family held my sister and her baby responsible. Everyone, including our own relatives, cut her off. But my mother and I made sure that Kadja had enough to eat.

One day her water broke while she was splitting wood. She carried on as if nothing happened because she didn't understand what this meant. A relative told us that she was there when Kadja's water broke but did nothing. A couple of days later, Kadja had horrible pains. We did not take her to the hospital, which was far from the village. She died two days later, without anyone trying anything to save her.

I think that the baby died inside her. My mother said that this must have been meant to be, but deep down she has never accepted it and she still suffers a lot. She only had the two of us children. I've been married for three years. My mother encouraged me to leave the village to come to the capital Bamako for domestic work. My wife came to meet me here a year ago. I have no desire to go back to the village.
Chapter III: National Policy Framework

As discussed in Chapter I, maternal mortality in Mali occurs against a backdrop of pervasive discrimination against women and dramatic shortcomings in the country’s health-care infrastructure. These realities pose significant challenges for those working to make pregnancy and childbirth safer in Mali. The government of Mali has not turned a blind eye to these challenges. In accordance with its international and national obligations, discussed in Chapter II, the government's policies and institutions recognize the need to improve women’s status and increase access to health care.

Comprehensive policies are among the primary expressions of government commitment to meeting the needs of its constituents. Policies, unlike laws, are adopted by the executive branch of government. They make broad commitments for action, articulate necessary steps, and divide tasks among governmental actors. Governments can and should be held accountable politically for noncompliance with their own policy commitments. Malian women’s status and health, including their high risk of maternal mortality, have been addressed both directly and indirectly in national policies. This chapter examines the policy instruments and institutions that have been created to promote women’s advancement and ensure wider access to health care. When considered in light of the findings of Chapter I, it is apparent that a number of these policy measures need to be reinforced with sustained government commitment to implementation. Furthermore, certain elements of government policy may themselves increase the risks associated with pregnancy and childbirth for many women.

A. WOMEN’S EMPOWERMENT

The government’s primary policy objectives with regard to the advancement of women are as follows: the harmonization of domestic and international law regarding women’s rights; the elimination of discriminatory domestic laws; and the elimination of practices that are harmful to women. These objectives have been outlined in a series of national policies adopted over the last ten years. The discussion in Chapter I makes clear that these policy goals are appropriate in light of the cur-
rent legal and social status of women in Mali. It is also evident that greater efforts are needed to implement these initiatives.

With Mali’s transition to democracy during the early 1990s, political will to improve the status of women led to preparations for the creation of a national policy for the advancement of women. In 1993, the Commission for the Advancement of Women (Women’s Commission) was created to oversee the development of such a policy and to coordinate efforts to that end among the relevant governmental and non-governmental actors.

In 1996, in collaboration with women’s NGOs and other technical consultants, the Women’s Commission developed a Plan of Action for the Advancement of Women 1996–2000. With the goal of bringing the reality of Malian women’s lives into conformity with international standards for women’s equality, the Plan of Action recommends the following steps: (a) the elimination of laws and policies that discriminate against girls; (b) the guarantee of non-discrimination and equality before the law and in practice; (c) ensuring the enforcement of positive legal norms upholding the equality of men and women; (d) promoting awareness of women’s rights; (e) taking concerted measures to prevent and eliminate violence against women; and (f) protecting women living in situations of armed conflict, as well as the victims of such conflicts.

In 1997, the commission became the Ministry for the Advancement of Women, Children, and the Family (Women’s Ministry). The Women’s Ministry has been charged with advancing the rights and socioeconomic status of women, children, and their families. The Women’s Ministry has operations at the national, regional and sub-regional levels. The national office conducts studies relating to women’s status, intervenes to address discrimination against women, coordinates government activities related to women’s advancement, ensures that all government policies reflect a gender perspective, and monitors and evaluates the activities of non-governmental organizations involved in promoting women’s rights.

The Policy and Plan of Action for the Advancement of Women, Children and the Family (2002-2006), adopted by the Women’s Ministry in 2002, emphasizes women’s health as a priority for women’s advancement. Stating that “maternal health is a measure of the level of social justice and respect for women’s rights in society,” it sets objectives and strategies for improving women’s access and recourse
to reproductive health care. The policy’s emphasis is on the empowerment of women to understand their health care needs and seek out appropriate services.

Though such formal expressions of commitment are the first steps toward meaningful improvements in women’s lives, they require follow-up and financial backing to reach the women they are intended to benefit. To date, financial support for these policies has been weak.

Policies for women’s advancement must be accompanied by concerted efforts in other sectors, such as that of health care. The next sub-section addresses government efforts to promote women’s access to needed health care, looking first at broad health policy goals and then at measures aimed at promoting reproductive health.

B. WOMEN’S HEALTH, INCLUDING REPRODUCTIVE HEALTH

Mali’s health-care strategy is based upon the primary health-care concept adopted at the International Conference on Primary Health Care at Alma-Ata in 1978. At that conference, governments agreed upon the following:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

Health-sector reform in Mali has occurred with the funding and technical support of the World Bank and UNICEF. Indeed, the World Bank has conditioned financial support upon the government’s development of a “well-defined” national health policy. While Mali’s health-care policy itself was crafted largely within the Ministry of Health, the World Bank and other international donors have encouraged Mali to adopt a system aimed at community participation and cost recovery.

1. Health-Care Policy

The 1991 Sectoral Health and Population Policy Statement declares that it is based on the principle that health is a fundamental right for every citizen—a right
that citizens can enjoy only through the joint efforts of the government, the communities and the individual. The policy’s main objective is to achieve optimal health for everyone as soon as possible. Three objectives are given priority in the immediate term: reducing maternal and infant mortality and morbidity; extending health-care coverage; and integrating the public health policy into the socioeconomic development of the country and making the health-care system viable and efficient. In 1993, the government adopted a policy of “national solidarity” that complements health-sector reform by promoting measures to end the exclusion and marginalization of disadvantaged and impoverished groups.

Mali’s health-sector reform strategy is elaborated upon in the Ten-Year Health Plan and the Five-Year Program for Health and Social Development, both adopted in 1998. Under the current policy approach, as described in the Ten-Year Health Plan, responsibility for delivery of primary care has been shifted away from the state and placed in community organizations run by local residents. The community health centers created under this policy are intended to provide a minimum package of services, including pre- and postnatal care, family planning, and child-birth services. Individuals can participate in the management of the community health centers through the boards of community health associations. To promote a
system of cost-recovery, user fees have been instituted in these health-care facilities. Chapter I reveals that these measures have yet to yield gains for women’s health. Indeed, much of the material and personnel shortages experienced by the community health centers are attributable to the government’s lack of support for these facilities. Similarly, the imposition of user fees has made health care less accessible for many women while apparently doing little to ensure availability or quality of care.

Further action is also needed to realize another goal of health-sector reform: making essential medications more available. Efforts to that end have included the increased distribution of generic drugs and greater freedom for the private sector in the sale and import of drugs. Despite these policy initiatives, Chapter I reveals that medications remain out of reach for many pregnant women who cannot afford to pay for them.

2. Respect for Reproductive Health and Rights
The commitment to reproductive health is reflected in the Ten-Year Health Plan. Its preamble calls for “energetic and supported action to prevent thousands of women from suffering from the effects of pregnancies that are poorly monitored or assisted during their critical phases.” While the government’s policy statements are strong and reflect a human rights approach to reproductive health, the discussion in Chapter I makes clear that these provisions are, to date, largely aspirational. The following subsection outlines Mali’s major policy provisions relating to women’s reproductive and, more specifically, maternal health.

The Ten-Year Health Plan specifically calls for “promotion of the conditions of family life.” One of the strategies to achieve that end is “the establishment of a legal and institutional framework.” Echoing the policy priorities of the Women’s Ministry, the Ten-Year Health Plan calls for a review of the Marriage and Guardianship Code to bring it into conformity with the Children’s Rights Convention and CEDAW. The Ten-Year Health Plan also prioritizes the development of a new Family Code.

To further the objective described as “reduction of morbidity and mortality related to priority illnesses,” the Ten-Year Health Plan calls for the “reduction of morbidity and mortality related to reproductive health problems.” The plan takes two
key strategic approaches to this problem. First, it calls for the “improvement of quality of and access to reproductive health care.”\textsuperscript{464} Second, it advocates for the “early detection of and care for obstetrical emergencies.”\textsuperscript{465} Strategies address the reproductive health-care knowledge of national officials and health-care providers and include numerous activities that aim to promote women’s empowerment and broaden their understanding of their own reproductive health needs.\textsuperscript{466} For example, the Ten-Year Health Plan calls for the creation of educational centers for young people and adolescents and encourages the greater integration of reproductive health care into such facilities, as well as in schools. The plan also supports community-based contraception distribution and social marketing programs, and it calls for their expansion. Finally, it encourages greater participation of women in addressing issues of maternal-child health and the health of the broader community. Significantly, the Ten-Year Health Plan targets practices that are harmful to women, including FGM, calling for national studies on their prevalence, increased public information on the harms they cause, the participation of NGOs and women’s groups in fighting the practice, and training health personnel to care for women who have been subjected to these practices.\textsuperscript{467}

In March 2000, the government of Mali adopted the “Reproductive Health Policy and Service Protocols.”\textsuperscript{468} The policy identifies the elements of essential reproductive health care and the service protocols outline minimum standards for the delivery of care. The Reproductive Health Policy adopts the definition of “reproductive health” appearing in the Cairo Programme.\textsuperscript{469} Among other reproductive rights guarantees, the document affirms that “people have the right to access health services that enable women to carry out pregnancy and delivery, providing couples every opportunity to have a healthy child.”\textsuperscript{470}

The Reproductive Health Policy identifies the following elements of reproductive health care:

- Pre-, peri-, and postnatal care;
- Family planning (including contraception, prevention and treatment of infertility, and education on family life and population);
- Post-abortion care;
- Prevention and treatment of STIs, including HIV/AIDS;
- A “gender and health” approach to care;
• Reproductive health care for young adults; and
• Child survival.

The Reproductive Health Policy defines each element listed above, describes its objectives, names its beneficiaries and providers, and lists the services associated with each element and the locations at which these services may be delivered. The policy also states the strategies for ensuring access to these services and names the actors—including government ministries and NGOs—responsible for developing and implementing policies for their delivery. The Reproductive Health Policy identifies four “common elements”: the prevention of infection, use of IEC programs, management of reproductive health-care services, and training of reproductive health personnel.\textsuperscript{471}

In many places, the Reproductive Health Policy reflects a human rights approach to reproductive health. For example, its definition of “family planning,” which includes education, the means to regulate fertility, and care for reproductive health disorders, states that implicit in this definition is recognition of each individual and couple’s “freedom, responsibility and right to the information necessary to choose the measure or means of regulating his or her fertility.”\textsuperscript{472}

The human rights perspective is most evident in the Reproductive Health Policy’s reference to the “gender and health” approach to care. This approach is defined as “the group of measures aimed at promoting the full actualization of men and women.”\textsuperscript{473} The approach emphasizes responsible decision-making in the areas of sexuality and reproduction, access to reproductive health information and services for those desiring it, and the right to have control over one’s body.\textsuperscript{474} The objectives of these measures are to make reproductive health-care services available; sensitize the community regarding the nature of relationships between men and women and mutual respect between the sexes; sensitize the community regarding practices that are harmful to the health of women and girls; identify complications tied to these harmful practices; ensure that care is available to treat the complications resulting from these practices; and promote the development of responsible sexuality. Harmful practices are defined to include scarifications, tattooing, forced-feeding, FC/FGM, levirate marriages (the requirement that a widow marry her husband’s
brother), nutritional taboos, violence against women, use of noxious products as aphrodisiacs, depigmentation, practices that humiliate women during difficult deliveries, infanticide of motherless babies and babies born outside of marriage, ablation of the uvula, filing of teeth, starvation diet prior to marriage, and bloodletting.\footnote{475}

The policy calls for the use of radio, television, information sessions in neighborhoods and schools, training of reproductive health NGOs, use of peer educators, involvement of artists, and collaboration with the Ministry for the Promotion of Women, Children, and the Family.\footnote{476}

The policies adopted by the government of Mali reflect a rights-based approach to women’s empowerment and health, particularly their reproductive health. While this approach is somewhat undermined by broader initiatives related to the delivery of primary health care, the current policy framework provides a strong basis for government accountability for ensuring women’s right to survive pregnancy and childbirth. As Chapter I reveals, the principles defined in national policies—as well as in binding international and national laws—have yet to be realized in practice.
Conclusion

This report has focused on the extremely high risks facing women who become pregnant and give birth in Mali. Our fact-finding reveals that numerous factors contribute to maternal death in Mali, including inadequate health-care facilities, women’s low social status, and cultural practices that are harmful to women’s health. Binding international and national legal instruments require the government of Mali to take action to address each of these factors. While legal and policy reform are needed to address shortcomings in the delivery of health care, to promote the vindication of women’s equality, and to guarantee women’s reproductive decision-making, lasting change cannot be achieved through laws and policies alone. The Malian government, the international community, and civil society must focus more effort on changing societal perceptions of women’s value and roles—through leadership, education and outreach—in order to ensure that all Malian women may survive pregnancy and childbirth.


Appendix A: National Context

A. SOCIAL AND DEMOGRAPHIC CONTEXT
Mali is a landlocked country in West Africa, sharing borders with Algeria, Niger, Burkina Faso, Côte d’Ivoire, Guinea, Senegal, and Mauritania. Mali’s total population is 11.7 million. The principal religions practiced in Mali are Islam (90%), traditional beliefs (9%), and Christianity (1%). While there are 20 ethnic groups, the principal ones are the Mende (50%), the Peul (17%), the Voltaic (12%), the Songhai (6%), the Tuareg and the Moors (10%). French is the official language, but 80% of the population speak Bambara. Administratively, Mali is divided into eight regions in addition to the District of Bamako. With the recent decentralization, the country also has 56 circles comprising 703 communes (urban and rural), including 11,540 villages and divisions.

B. GENERAL HEALTH BACKGROUND
The average life expectancy is low, at 53 years for women and 51.1 years for men in 2001. Major threats to life and health include malaria, diarrhea with dehydration, respiratory disease including pneumonia, measles, and malnutrition. A mere 48% of Mali’s citizens have access to safe drinking water. The problem affects those living in both rural and urban areas. In urban areas, access to a potable water supply remains a problem for 45% of the population, as people rely on water sources and wells that are of questionable quality and may run dry for five to six months during the year. In rural areas, only one in two people have access to safe drinking water. This is largely due to the fact that 53% of Mali’s villages have no modern source of water. Despite the health risks, residents of these villages must resort to wells, catch basins, surface water, and irrigation canals as their primary sources of water.

The spread of HIV/AIDS is of growing concern in Mali. In 2001, the number of HIV-positive adults was estimated at 100,000, or 1.7% of the population. Among HIV-positive adults, the number of HIV-positive women was estimated at 54,000 women. Mali recorded 13,000 HIV-positive children, and the number of children orphaned due to AIDS since the beginning of the epidemic was estimated at 70,000.
C. POLITICAL BACKGROUND

The Republic of Mali (Mali), a constitutional democracy, adopted its most recent constitution in 1991, with a few minor amendments the following year. Since Mali’s transition to independence in 1960, there have been three political regimes.

The first regime had its roots in the period immediately preceding independence. In 1958, Mali—then called French Sudan—became a member of the French Community and, as such, enjoyed complete internal autonomy while still under colonial authority. In 1959, French Sudan joined Senegal to form the Federation of Mali, which gained independence within the French Community on June 20, 1960. Senegal later withdrew from the federation, and soon after, French Sudan obtained its complete independence to become the Republic of Mali. Modibo Keita, who had been president of the Federation of Mali, became the first president of the new republic. Keita quickly proclaimed a single party system, and pursued a socialist policy that led to extensive nationalization of private property. Mali established close connections with the Soviet Union and other communist countries.

These ties to more powerful nations could not, however, prevent an economic deterioration that led to political agitation. In 1968, the Military Committee for National Liberation (CM LN), a group of military officers under Lieutenant Moussa Traore, overthrew Keita’s civilian government. The military government was ousted in 1976, when elections were held following the adoption of a new constitution—yet Traore remained in power, winning 99% of the vote. His presidency came to an end only in 1991, when strong protest movements and civil unrest weakened his regime, and another military coup overthrew him.

The Transition Committee for the People’s Welfare, under the leadership of Lieutenant Colonel Amadou Toumani Toure, ran the country from March 1991 until June 1992. At that time, President Alpha Oumar Konare, who was democratically elected, took office; he was reelected in May 1997, and is now in his second term. In 1994, he appointed the prime minister, Ibrahima Boubacar Keita. Although there are many political parties that operate freely in Mali, it is the party in power, the Alliance for Democracy in Mali (ADEMA), that dominates the National Assembly.

The Constitution of the Republic of Mali proclaims Mali “an independent,
sovereign, indivisible, democratic, secular, and social republic.” The Constitution establishes three branches of government: the executive, the legislative, and the judicial.

D. SOURCES OF LAW
Laws that affect women’s legal status in Mali—including their reproductive rights—derive from a variety of sources, both international and domestic.

1. International Sources of Law
In Mali, as soon as legally ratified or endorsed treaties or agreements are issued they override national laws as long as, in cases of bilateral agreements, they are also enforced by the other party. Mali is a signatory to, inter alia, the Banjul Charter, the Civil and Political Rights Covenant, the Economic, Social, and Cultural Rights Covenant, the Children’s Rights Convention, and CEDAW.

2. Domestic Sources of Law
Mali’s legal system is a civil law system, and statutory law is the main source of law. The Constitution protects certain fundamental human rights and civil liberties. Despite the abolition of the customary courts at the beginning of the 1960s, the adoption of new legislative acts and the reorganization of the legal system resulted in the incorporation of customary principles and Shari’a law into national statutory law that are applicable throughout the country. In fact, some laws have a strong customary basis, and lawsuits related to inheritance are always decided by judges, assisted by magistrate’s assistants who assess the customs of the parties. The executive authority has enacted most statutory laws since 1969, either by decree or by executive order.
Appendix B: Text of International Human Rights Instruments

RIGHT TO LIFE

- Universal Declaration of Human Rights, Article 3: “Everyone has the right to life…”511
- Civil and Political Rights Covenant, Article 6: “Every human being has the inherent right to life.”512
- Children’s Rights Convention, Article 6: “States Parties recognize that every child has the inherent right to life.”513
- Banjul Charter, Article 4: “Every human being shall be entitled to respect for his life...”514
- European Convention, Article 2: “Everyone's right to life shall be protected by law.”515
- American Convention, Article 4: “Every person has the right to have his life respected.”516
- Cairo Programme, Principle 1: “Everyone has the right to life...”517

RIGHT TO HEALTH

- Universal Declaration of Human Rights:
  Article 25(1): “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family...”518
  Article 25(2): Motherhood ... [is] entitled to special care and assistance.519
- Economic, Social and Cultural Rights Covenant:
  Article 10(2): “Special protection should be accorded to mothers during a reasonable period before and after childbirth.”520
  Article 12: “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”521
CEDAW:
Article 12(1): “States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”
Article 12(2): “States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”

Children's Rights Convention:
Article 24(1): “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health....”
Article 24(2)(d),(f): “States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: (d) To ensure appropriate pre-natal and post-natal health care for mothers; (f) To develop preventive health care, guidance for parents and family planning education and services.”
Article 24(3): “States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.”
Article 24(2)(f): “States Parties shall take appropriate measures: To develop preventive health care, guidance for parents and family planning education and services.”

Banjul Charter
Article 16(1): “Every individual shall have the right to enjoy the best attainable state of physical and mental health.”
Article 16(2): “States Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick.”

Beijing Platform:
Paragraph 107(c): Recommends that governments “...remove all barriers
to women’s health services and provide a broad range of health-care services.”

- **Cairo Programme:**
  Paragraph 7.2: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

**RIGHT TO NON-DISCRIMINATION**

- **CEDAW, Article 1:** “... the term ‘discrimination against women’ shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”
- **United Nations Charter, Articles 1 and 55:** One of the purposes of the organization is to promote “respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion....”
- **Civil and Political Rights Covenant, Article 2(1):** “Each State Party to the present Covenant undertakes to respect and to ensure the rights recognized in the present Covenant will be exercised without discrimination of any kind, such as race, color, sex, language, religion, political or other opinion....”
- **Economic, Social and Cultural Rights Covenant, Article 2(2):** “The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, [or] language....”
- **Children’s Rights Convention, Article 2(1):** “States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind....”
- **Banjul Charter, Article 18(3):** “The State shall ensure the elimination of
every discrimination against women and also ensure the protection of the
rights of the woman and the child as stipulated in international declara-
tions and conventions.”

Article 28: “Every individual shall have the duty to respect and consider
his fellow beings without discrimination…”

- American Convention, Article 1(1): “The States Parties to this Conven-
tion undertake to respect the rights and freedoms recognized herein and to
ensure to all persons subject to their jurisdiction the free and full exercise
of those rights and freedoms, without discrimination for reasons of race,
color, [or] sex….”

- European Convention, Article 14: “The enjoyment of the rights and free-
doms set forth in this Convention shall be secured without discrimination
on any ground such as sex, [or] race….”

- Cairo Programme, Principle 1: “Everyone is entitled to all the rights and
freedoms set forth in the Universal Declaration of Human Rights, without
distinction of any kind, such as race, colour, sex, language, [or] reli-
gion….”

**RIGHT TO REPRODUCTIVE SELF-DETERMINATION**

- Banjul Charter, Article 4: “Human beings are inviolable. Every human
being shall be entitled to respect for … the integrity of his person.”

- Article 6: “Every individual shall have the right to liberty and to the securi-
ty of his person.”

- Article 9(1): “Every individual shall have the right to receive
information.”

- CEDAW, Article 10(h): “States Parties shall … ensure … access to specific
educational information to help to ensure the health and well-being of
families, including information and advice on family planning.”

- Article 16(1)(e): “States Parties shall … ensure, on a basis of equality of
men and women: The same rights to decide freely and responsibly on the
number and spacing of their children and to have access to the informa-
tion, education and means to enable them to exercise these rights.”
• Cairo Programme, Paragraph 7.3: Recognizes “the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so ... It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.”\textsuperscript{547}

Paragraph 7.12: “The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods...”\textsuperscript{548}
Endnotes

4 See WHO, International Classification of Diseases, supra note 1, at 134.
10 See id.
11 See Cellule de Planification et de Statistique, Ministère de la Santé, Direction Nationale de la Statistique et de l'Informatique, Enquête Démographique et de Santé: Mali 2001 [Demographic and Health Survey: Mali 2001] 14 (2002) [hereinafter Demographic and Health Survey 2001]. Following the internationally accepted definition, the term “skilled attendant” is understood here to refer to doctors, midwives and nurses. See WHO et al., Maternal Mortality in 1995, supra note 7, at 24. An additional 16% of births are assisted by auxiliary health care providers or matrones. See Cellule de Planification et de Statistique Ministère de la Santé & Direction Nationale de la Statistique et de l'Informatique Ministère de l'Économie et des Finances, Demographic and Health Survey 2001: Preliminary Report 16 (2001) [hereinafter DHS 2001: Preliminary Report]. Note that providers in the latter category have varying degrees of skill and some may, in practical terms, have qualifications comparable to those of “skilled attendants.”


19 See WHO et al., Maternal Mortality in 1995, supra note 7, at 45.

20 See Demographic and Health Survey 2001, supra note 11, at 53, 85.

21 See id. Demographic and Health Survey 2001, supra note 11, at 222.

22 See United Nations High Commissioner for Human Rights (UNHCHR), Status of Ratification of the Principal International Human Rights Treaties, available at


Note that this publication highlights the dangers of unsafe abortion and calls for post-abortion care, without endorsing safe abortion services as a component of basic maternal health care.


26 Id. CESCR, Gen. Comment 14, para. 12(a).

27 Id.

28 See Demographic and Health Survey 2001, supra note 11, at 107.

29 Id. at 118.

30 Id. at 114.

31 Operations Evaluation Department, World Bank, Health Care in Mali: Building on Community Involvement 188 Précis 3 (1999) [hereinafter World Bank, Health Care in Mali].

32 See Ten-Year Health Plan, supra note 8, at 24.

33 See id. at 22-24.

34 See id. at 24.

35 See interview with Dr. Attaher Touré, Division of Family Health, Ministry of Health, Bamako, Mali (Dec. 11 2000); interview with Doyolou Dougon, registered nurse and head, Loulouni Medical Post, Loulouni, Mali (Dec. 14, 2000); interview with Dr. Sidi Kokaina, adjoin to the regional health director, Regional Health Hospital, Sikasso, Mali (Dec. 15, 2000); interview with Dr. Sylvain Keita, Commune IV, Bamako, Mali, (Dec. 8, 2000).

36 See interview with Dr. Sidi Kokaina, supra note 35; interview with Dr. Abdoulaye Sissouka, director, Nianankoro Fomba Hospital, Ségou, Mali (Dec. 19, 2000); interview with Dr. Keita, supra note 35.

37 See interview with Abdoulaye Sanogo, health technician, Niena, Mali (Dec. 16, 2000).
38 See Demographic and Health Survey, supra note 11, at 289-90.
39 See Id.
40 See Id.
41 See interview with Diarra Assa Dia, president, Order of Midwives, Bamako, Mali (Dec. 6, 2000); interview with Doyolou Dougon, supra note 35; interview with Abdoulaye Sanogo, supra note 37; interview with Abdoulaye Sissouka, supra note 36; interview with Dr. Keita, supra note 35.
42 See interview with Coumaré Fanta Coulibaly, Djoliba Center, Bamako, Mali (Dec. 8, 2000); interview with Dr. Keita, supra note 35.
43 See interview with Dr. Traoré Ousmane, ASDAP, Bamako, Mali (Dec. 7, 2000); interview with Dr. Bouaré Malik, Markala Hospital, Markala, Mali (Dec. 20, 2000).
44 See interview with Doyolou Dougon, supra note 35.
45 Id.
46 See interview with Dr. Keita, supra note 35.
47 See interview with Dr. Traoré Ousmane, supra note 43; interview with Coumaré Fanta Coulibaly, supra note 42; interview with Dr. Touré, supra note 35.
48 See interview with Dr. Dian Sidibé Karim, Division of Family Health, Ministry of Health, Bamako, Mali (Dec. 11, 2000); interview with Dr. Bouaré Malik, supra note 43.
49 See interview with Dr. Traoré Ousmane, supra note 43.
50 See id; interview with Suzanne Reier, director, John Snow, Inc./PDY, Bamako, Mali (Dec. 12, 2000); interview with Diamaouténé Marie Laurence Sanfaré, regional midwife, Regional Health Hospital, Sikasso, (Dec. 14, 2000); interview with Kané Diawara, president, Order of Midwives, Ségou, Mali (Dec. 18, 2000).
51 See interview with Dr. Traoré Ousmane, supra note 43.
52 See interview with Dr. Keita, supra note 35.
53 See interview with Dr. Traoré Safoura, Division of Family Health, Ministry of Health, Bamako, Mali (Dec. 7, 2000).
54 See interview with Abdoulaye Sissouka, supra note 36.
55 See interview with Traoré Keita, midwife, Maternity Ward, Markala Hospital, (Dec. 20, 2000).
56 See interview with Abdoulaye Sissouka, supra note 36.
57 See interview with Mme. Boi, midwife, Nianankoro Fomba Regional Hospital, Ségou, Mali, (Dec. 19, 2000).
See interview with hospital director, Dec. 9, 2000.

59 See Ten-Year Health Plan, supra note 8, at 31-32.


61 See interview with Dr. Anna Diop Kampo, pediatrician/gynecologist, private clinic, Sikasso, Mali (Dec. 14, 2000).

62 See id.

63 See interview with Nana Kounandji, midwife maîtresse, Séguéla, Mali (Dec. 18, 2000).

64 See Ten-Year Health Plan, supra note 8, at 32.

65 See interview with Dr. Traoré Safoura, supra note 53.

66 See Ten-Year Health Plan, supra note 8, at 32.

67 See interview with Dr. Traoré Safoura, supra note 53; interview with Dr. Sidi Kokaina, supra note 35; interview with Dr. Keita, supra note 35.

68 Ten-Year Health Plan, supra note 8, at 66.

69 See id.

70 See id.

71 See interview with Dr. Traoré Ousmane, supra note 43; interview with Dr. Sidi Kokaina, supra note 35.

72 See interview with Coumaré Fanta Coulilaly, supra note 42.

73 See Demographic and Health Survey, supra note 11, at 114; DHS 2001: Preliminary Report, supra note 11, at 16.


75 See interview with Doyolou Dougon, supra note 35.

76 See interview with Abdoulaye Sanogo, supra note 37.

77 See interview with Dr. Dian Sidibé Karim, supra note 48; interview with Doyolou Dougon, supra note 35.

78 See interview with Abdoulaye Sanogo, supra note 37; interview with Abdoulaye Sissouka, supra note 36.

79 See interview with Diarra Assa Diallo, supra note 41; interview with Coumaré Fanta Coulilaly, supra note 42.

80 See interview with Diarra Assa Diallo, supra note 41.
81 See interview with Doyolou Dougon, supra note 35; interview with Abdoulaye Sissouka, supra note 36; interview with Dr. Alfani Sissoko, supra note 74.
82 See interview with Diamouténé Marie Laurence Sanfaré, supra note 50.
83 See interview with Abdoulaye Sissouka, supra note 36.
84 CESC R, Gen. Comment 14, supra note 25, para. 12(b).
85 Id.
86 Id.
87 See interview with Diarra Assa Dia, supra note 41; interview with Traoré Oumou Touré, executive secretary, Coalition of Women’s NGOs and Associations of Mali, Bamako, Mali (Dec. 6, 2000).
88 See interview with Traoré Oumou Touré, supra note 87; interview with Kané Diawara, supra note 50.
89 See interview with Hadja Assa Diallo, president, Action Committee for the Rights of Women and Children (CADEF), Bamako, Mali (Dec. 5, 2000).
90 See interview with Dr. Traoré Ousmane, supra note 43; interview with Dr. Traoré Safoura, supra note 53.
91 See interviews conducted in Bamako, Mopti and Ségou, recorded by AJM, January 2001.
92 See interview with Coumaré Fanta Coulibaly, supra note 42; interview with Dr. Dian Sidibé Karim, supra note 48; interview with Dr. Diarra Houleymata, training adviser, Child Follow-up/PCIME, John Snow, Inc./PDY, Bamako, Mali (Dec. 12, 2000); interview with Roné Simone Keitu, midwife maîtresse, Maternity Ward, Sikasso hospital, Sikasso, Mali (Dec. 14, 2000); interview with Doyolou Dougon, supra note 35; interview with Diamouténé Marie Laurence Sanfaré, supra note 50; Group interview with 11 women, Sikasso, Mali (Dec. 15, 2000); interview with Ténimbra Coulibaly, health technician, registered nurse, Sikasso, Mali (Dec. 15, 2000); interview with Diarra Kadiatou Samoura, regional director, Ministry for the Promotion of Women, Children, and the Family, Ségou, Mali, (Dec. 18, 2000); interview with Dr. Sidibe Bintou Traoré Tine, obstetrician/gynecologist, head of gynecology and obstetrics, Nianankoro Fomba Regional Hospital, Ségou, Mali (Dec. 18, 2000); interview with Nana Kounandji, supra note 63; interview with Mme. Boi, supra note 57; interview with Hadja Assa Diallo, supra note 89.
93 See group interview with 11 women, supra note 92.
94 See interview with Traoré Keita, supra note 55.
95 See interview with Mme. Boi, supra note 57.
96 See interview with Dr. Traoré Ousmane, supra note 43; interview with Dr. Touré, supra note 35.
97 See interview with Doyolou Dougon, supra note 35.
98 See interview with Traoré Oumou Touré, supra note 87; interview with Doyolou Dougon, supra note 35; interview with Diarra Kadiatou Samoura, supra note 92; interview with Nana Kounandji, supra note 63; interview with Mme. Boi, supra note 57.
99 See interview with Diarra Kadiatou Samoura, supra note 92; interview with Dr. Bouaré Malick, supra note 43; interview with Dr. Aminata Traoré, Support Project against Practices that are Harmful to the Health of Women and Children, Bamako, Mali (Dec. 7, 2000); interview with Dr. Keita, supra note 35.
100 See interview with Diarra Assa Dia, supra note 41; interview with Roné Simone Keitu, supra note 92; interview with Dr. Alfani Sissoko, supra note 74.
101 See interview with Dr. Aminata Traoré, supra note 99.
102 See interview with Dr. Alfani Sissoko, supra note 74; interview with Dr. Keita, supra note 35.
103 See interview with Dr. Traoré Ousmane, supra note 43; interview with Roné Simone Keitu, supra note 92; interview with Mme. Boi, supra note 57.
104 See interview with Diarra Kadiatou Samoura, supra note 92.
105 See interview with Dr. Diarra Houleymata, supra note 92.
107 See interview with Ali Ag Abdou, community development technician, Ségou, Mali (Dec. 18, 2000).
108 See interview with Bocoum Mariétou Kamissoko, supra note 106.
109 Demographic and Health Survey 2001, supra note 11, at 28.
110 See interview with Salif Coulibaly, USAID, Bamako, Mali (Dec. 12, 2000); interview with Bocoum Mariétou Kamissoko, supra note 106; interview with Touré Djenéba Samaké, vice president, Health, Social Affairs, and Solidarity Commission, Bamako, Mali (Dec. 8, 2000).
111 See interview with Dr. Diarra Houleymata, supra note 92.
112 See id.; interview with Bocoum Mariétou Kamissoko, supra note 106.
113 See group interview with 11 women, supra note 92.
114 See id.
See id.

See interview with Nana Kounandji, supra note 63.

See interview with Dr. Traoré Safoura, supra note 53.

See interview with Dr. Diarra Houleymata, supra note 92.

See interview with Dr. Anna Diop Kampo, supra note 61.

See interview with Suzanne Reier, supra note 50; interview with René Rovira, social marketing adviser, distribution system, John Snow, Inc./PDY, Bamako, Mali (Dec. 12, 2000).

See interview with Dr. Diarra Houleymata, supra note 92.

See id.

See interview with Dr. Anna Diop Kampo, supra note 61.

See interview with Bocoum Mariétou Kamissoko, supra note 106.

See interview with Traoré Oumou Touré, supra note 87; Interview with Diallo Mama Diakité, CAF O, Ségou, Mali (Dec. 18, 2000).

See interview with Touré Djénéba Samaké, supra note 110.

See interview with Bocoum Mariétou Kamissoko, supra note 106.

See interview with Dr. Sidibe Bintou Traore Tine, supra note 92; Group interview with midwives from the Mayaboly Pregnancy Clinic, Ségou, Mali (Dec. 20, 2000); interview with Traoré Mariam Madembasy, health aide, Markala Hospital, Markala, Mali (Dec. 20, 2000).

See interview with Dr. Sidibe Bintou Traore Tine, supra note 92.

See interview with Bocoum Mariétou Kamissoko, supra note 106.

See interview with Suzanne Reier, supra note 50.

See interview with woman in Mopti, recorded by AJM, January 2001.

See interview with Touré Djénéba Samaké, supra note 110.

See interview with Fatoumata Siré Diakité, Association for the Progress and Defense of Women's Rights in Mali (APDF), Bamako; interview with Touré Djénéba Samaké, supra note 110.

See group interview of 11 women, supra note 92; interview with Ténimbra Coulibaly, supra note 92.

See interview of woman in Bamako, recorded by AJM, January 2001.

See interview with Dr. Diarra Houleymata, supra note 92; interview with Diallo Mama ...
Diakité, supra note 125.
139 See group interview with 11 women, supra note 92.
140 See id.
141 See interview with Dr. Anna Diop Kampo, supra note 61.
142 See interview with NGO worker, Ségou, Mali (Dec. 20, 2000).
143 See id.
144 See interview with Doyolou Dougon, supra note 35; interview with Abdoulaye Sissouka, supra note 36.
145 See interview with Roné Simone Keitu, supra note 92; interview with Kané Diawara, supra note 50; interview with Traoré Mariam Madembasy, supra note 128; interview with Traoré Keita, supra note 55.
146 CESCR, Gen. Comment 14, supra note 25, para. 12(d).
147 Id.
148 See interview with Dr. Dian Sidibé Karim, supra note 48.
149 See id.
150 See id.
151 See interview with Awa Diallo, midwife, Division of Family Health, Ministry of Health, Bamako, Mali (Dec. 7, 2000).
152 See interview with Dr. Dian Sidibé Karim, supra note 48.
153 See interview with Awa Diallo, supra note 151.
154 See interview with Dr. Dian Sidibé Karim, supra note 48.
155 See interview with Coumaré Fanta Coulibaly, supra note 42; interview with Suzanne Reier, supra note 50.
156 See interview with Coumaré Fanta Coulibaly, supra note 42.
157 See interview with Dr. Touré, supra note 35; interview with Roné Simone Keitu, supra note 92; interview with Doyolou Dougon, supra note 35; interview with Kané Diawara, supra note 50; interview with Ali Ag Abdou, supra note 107.
158 See interview with Diarra Assa Dia, supra note 41.
159 See interview with Coumaré Fanta Coulibaly, supra note 42.
160 See interview with Dr. Traoré Safoura, supra note 53.
161 See interview with Coumaré Fanta Coulibaly, supra note 42.
162 See interview with Abdoulaye Sanogo, supra note 37.
163 See Ann Starrs, Family Care International, The Safe Motherhood Action
Agenda: Priorities for the Next Decade 29-3 (1998); See Ten-Year Health Plan, supra note 8, at 65-66.

164 See interview with Roné Simone Keitu, supra note 92; interview with Dr. Sidi Kokaina, supra note 35.

165 See interview with Dr. Touré, supra note 35; interview with Diallo Mama Diakité, supra note 125; interview with Kané Diawara, supra note 50.

166 See interview with Dr. Traoré Ousmane, supra note 43; interview with Dr. Traoré Safoura, supra note 53; interview with Coumaré Fanta Coulibaly, supra note 42.

167 See interview with Diarra Assa Dia, supra note 41; interview with Dr. Traoré Ousmane, supra note 43.

168 See interview with Dr. Anna Diop Kampo, supra note 61.

169 See interview with Dr. Traoré Ousmane, supra note 43; interview with Dr. Traoré Safoura, supra note 53.

170 See interview with Dr. Traoré Safoura, supra note 53; interview with Diarra Kadiatou Samoura, supra note 92.

171 See interview with Dr. Touré, supra note 35.

172 See interview with Doyolou Dougon, supra note 35; interview with Abdoulaye Sanogo, supra note 37; Dr. Sidibé Bintou Traoré Tine, supra note 92; interview with Nana Kounandji, supra note 63; interview with Traoré Keita, supra note 55.

173 See interview with Nana Kounandji, supra note 53.

174 See interview with Kané Diawara, supra note 50; interview with Mme. Boi, supra note 57.

175 See interview with Diarra Assa Dia, supra note 41; interview with Dr. Anna Diop Kampo, supra note 61; group interview with 11 women, supra note 92; interview with Traoré Mariam Madembasy, supra note 128.

176 See interview with Traoré Oumou Touré, supra note 87.

177 See interview with Coumaré Fanta Coulibaly, supra note 42; interview with Dr. Aminata Traoré, supra note 99.

178 See interview with Dr. Aminata Traoré, supra note 99.

179 See id.

180 See interview with Traoré Oumou Touré, supra note 87; group interview with 11 women, supra note 92.

181 See id.
182 See id.
183 See interview with Ténimbra Coulibaly, supra note 92.
184 See interview with Dr. Anna Diop Kampo, supra note 61.
185 See interview with Dr. Dioara Houleymata, supra note 92.
186 See interview with Dr. Anna Diop Kampo, supra note 61.
187 See id.; Group interview of 11 women, supra note 92.
188 See interview with Touré Djénéba Samaké, supra note 110.
189 See interview with Dr. Sidi Kokaina, supra note 35.
191 Id. art. 1.
192 See interview with Coumaré Fanta Coulibaly, supra note 42.
195 CEDAW, supra note 193, art. 5(a).
196 See interview with Lamine Traoré, Support Project against Practices that are Harmful to the Health of Women and Children, Bamako, Mali (Dec. 6, 2000).
197 See id.
198 See Etude Analytique sur le Statut de la Femme, supra note 194, at 116.
199 See id. at 33.
200 See id.
201 See interview with Ahmed Ben Mohammed, social administrator, Ségou, Mali (Dec. 18, 2000).
202 See interview with Ali Ag Abdou, supra note 107.
203 See interview with Ahmed Ben Mohammed, supra note 201; interview with Ali Ag Abdou, supra note 107.

205 See id. at 4.


207 Republic of Mali, Ordonnance N° 02-053/P-RM du 4 juin 2002 portant création du programme national de lutte contre la pratique de l'excision [Executive Order of June 4, 2002 Creating a National Program to Stop Excision].

208 Demographic and Health Survey 2001, supra note 11, at 222.


211 See id.

212 See Heidi Jones et al., Female Genital Cutting Practices in Burkina Faso and Mali and their Negative Health Outcomes 30 Studies in Family Planning 219 (1999). A more recent study in Nigeria confirmed this conclusion, although it found no difference in the likelihood of complications between those with Type I and Type II FC/FGM. See U. Larsen & F. E. Okonofua, Female Circumcision and Obstetric Complications 77 Int'l J. of Gynecology & Obstetrics 255-265 (2002). But see Tracy Slanger et al., The Impact of Female Genital Cutting on First Delivery in Southwest Nigeria, 33 Studies in Family Planning 173-184 2002 (finding no clear link between the practice of FC/FGM and complications during delivery).

216 See id.
217 See interview with Coumaré Fanta Coulibaly, supra note 42.
219 See Demographic and Health Survey 2001, supra note 11, at 85.
220 See id. at 54.
221 See id. at 55.
224 See Code of Marriage and Guardianship, supra note 218, art. 34.
225 See id. art. 32.
226 See Demographic and Health Survey 2001, supra note 11, at 84, 212.
227 See Code of Marriage and Guardianship, supra note 218, art. 7.
228 See id. art. 36.
230 See Etude Analytique sur le Statut de la Femme, supra note 194, at 9.
231 See Demographic and Health Survey 2001, supra note 11, at 34.
233 See Situation Analysis of Children and Women, supra note 214, at 118.
234 See id. at 117.
235 See Association pour le Progrès et la Défense des Droits des Femmes Maliennes (APDF), La Situation de la Femme Malienne: Cadre de Vie, Problèmes, Promotion, Organisations 73 (2000).
236 See interview with Lamine Traoré, supra note 196.
237 Code of Marriage and Guardianship, supra note 218, art. 3.
238 See interview with Traoré Oumou Touré, supra note 87; interview with Lamine Traoré, supra note 196.
239 See interview with Traoré Oumou Touré, supra note 87; interview with Coulibaly Siga Keita, secretary, the Environment and Income Generating Activities, Bamako, Mali (Dec. 6, 2000).
240 See interview with Lamine Traoré, supra note 196.
241 See interview with Hadja Assa Diallo, supra note 89; interview with Lamine Traoré, supra note 196.
242 See interview with Coumaré Fanta Coulibaly, supra note 42; interview with Abdoulaye Sanogo, supra note 37; interview with Diallo Mama Diakité, supra note 125.
243 See interview with Diarra Assa Dia, supra note 41.
244 See interview with Dr. Aminata Traoré, supra note 99.
245 See interview with Fatoumata Siré Diakité, supra note 135; interview with Lamine Traoré, supra note 196.
246 See interview with Lamine Traoré, supra note 196.
(entered into force Mar. 23, 1976) [hereinafter Civil and Political Rights Covenant]; Cairo Programme of Action, supra note 247, paras. 7.3, 7.15, 8.34; Beijing Declaration and Platform for Action, supra note 247, paras. 96, 107, 108.

249 See Universal Declaration, supra note 248, art. 3; Civil and Political Rights Covenant, supra note 248, art. 9(1).


251 See interview with Diarra Assa Dia, supra note 41; interview with Traoré Oumou Touré, supra note 87; interview with Dr. Traoré Ousmane, supra note 43; interview with Diamouténé Marie Laurence Sanfaré, supra note 50; interview with Diallo Mama Diakité, supra note 125; interview with Ahmed Ben Mohammed, supra note 201; interview with Ali Ag Abdou, supra note 107.

252 See Demographic and Health Survey 2001, supra note 11, at 44.

253 See id.

254 See id.

255 See id. at 52.


257 See id.


259 See interview with Touré Djénéba Samaké, supra note 110; interview with Hadja Assa Diallo, supra note 89; interview with Dr. Keita, supra note 35; interview with Dr. Alfani Sissoko, supra note 74.

260 See interview with Hadja Assa Diallo, supra note 39.

261 See interview with Dr. Traoré Ousmane, supra note 43.
262 See group interview with midwives from the Mayaboly Pregnancy Clinic, supra note 128.
263 See interview with Fatoumata Siré Diakité, supra note 135.
264 See interview with Hadja Assa Diallo, supra note 89.
265 See interview with Lamine Traoré, supra note 196.
266 See Promises to Keep: The Toll of Unintended Pregnancies on Women’s Lives, supra note 256, at 42.
267 See Demographic and Health Survey 2001, supra note 11, at 63.
268 Id. at 61.
269 See Situation Analysis of Children and Women, supra note 214 at 62, 64.
272 See Loi No. 01-044 du 24 juin 2002 relative à la santé de la reproduction [Reproductive Health Care law 01-044], art. 13 [hereinafter 2002 Reproductive Health Law].
273 Ten-Year Health Plan, supra note 8, at 18.
274 See interview of woman in Mopti, recorded by AJM, January 2001.
275 See interview with NGO worker, supra note 142.
276 See interview with Hadja Assa Diallo, supra note 89.
278 See interview with Dr. Sidi Kokaina, supra note 35.
279 See interview with Dr. Traoré Ousmane, supra note 43; interview with Dr. Traoré Safoura, supra note 53; interview with Coumaré Fanta Coulibaly, supra note 42; interview with Dr. Dian Sidibé Karim, supra note 48; interview with Dr. Diarra Houleymata, supra note 92; interview with Roné Simone Keitu, supra note 92; interview with Doyolou Dougon, supra note 35; interview with Diamouténé Marie Laurence Sanfaré, supra note 50; interview with Abdoulaye Sanogo, supra note 37; interview with Dr. Sidibe Bintou Traore Tine, supra note 92; interview with Nana Kounandji, supra note 63; interview with Mme. Boi, supra note 57.
280 See interview with Coumaré Fanta Coulibaly, supra note 42; interview with Fatoumata Siré Diakité, supra note 135.
281 See interview with Dr. Traoré Safoura, supra note 53; interview with Diamouténé Marie
Laurence Sanfaré, supra note 50.

282 See interview with Diamouténé Marie Laurence Sanfaré, supra note 50.

283 See interview with Coumaré Fanta Coulibaly, supra note 42.

284 See interview with woman in Bamako, recorded by AJM, January 2001.

285 See interview with Dr. Keita, supra note 35.

286 See interview with Diallo Mama Diakité, supra note 125; interview with Abdoulaye Sissouka, supra note 36; interview with Mme. Boi, supra note 57.

287 See interview with Abdoulaye Sissouka, supra note 36.

288 See interview with Mme. Boi, supra note 57.

289 See id.

290 See interview with Lamine Traoré, supra note 196.

291 See id.

292 See interview with woman in Bamako, recorded by AJM, January 2001.

293 For example the Cairo Programme of Action and the Beijing Platform for Action explicitly recognize the responsibility of governments to deal with Safe Motherhood.

294 Universal Declaration, supra note 248.

295 Civil and Political Rights Covenant, supra note 248.

296 Economic, Social and Cultural Rights Covenant, supra note 23.

297 Children's Rights Convention, supra note 250, art. 24(2)(d).

298 CEDAW, supra note 193, arts. 12(2), 14(2)(b).


mary and found a family. The Additional Protocol to the American Convention grants
the “right to health, understood to mean the enjoyment of the highest level of physical,
mental and social well-being.” Additional Protocol to the American Convention on
Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San

302 See, e.g., Committee on the Elimination of Discrimination against Women (CEDAW
Committee), Concluding Observations on: Colombia, 04/02/99, U.N. Doc. A/54/38, ¶ 393;
Dominican Republic, 14/05/98, U.N. Doc. A/53/38, ¶ 337; Madagascar, 12/04/94,
U.N. Doc. A/49/38, ¶ 244; Committee on the Rights of the Child, Concluding
Observations on: Bangladesh, 18/06/97, U.N. Doc. CRC/C/15/Add.74, ¶ 20; Burundi,
CRC/C/15/Add.128, ¶ 52; Human Rights Committee, Concluding Observations on:
Mongolia, 27/03/2000, U.N. Doc. CCPR/C/79/Add.120, ¶ 8(b); Peru, 15/11/2000, U.N.
Doc. CCPR/C/70/PER, ¶ 20; Senegal, 19/11/97, U.N. Doc. CCPR/C/79/Add 82, ¶ 12;
Committee on Economic, Social and Cultural Rights, Concluding Observations on:

303 Cairo Programme of Action, supra note 247.

304 Beijing Declaration and Platform for Action, supra note 247.

305 See Mali Con st., tit. XIV, art. 116, in Constitutions of the Countries of the
World: Mali (Albert P. Blaustein & Gisbert H. Flanz, eds.) [hereinafter Mali Con st. ]

306 Etude Analytique sur le Statut de la Femme, supra note 194, at 21.

307 See Mali Con st., supra note 305, tit. XVII, art. 119.

308 Etude Analytique sur le Statut de la Femme, supra note 194, at 28.

[hereinafter Human Rights Committee, Gen. Comment 6]; See also Human Rights

310 Human Rights Committee, Gen. Comment 6, supra note 309, para. 5.

311 Universal Declaration, supra note 248, art. 25

312 Economic, Social and Cultural Rights Covenant, supra note 23, art. 10(2)

313 Human Rights Committee, Gen. Comment 28, Equality of Rights between Men and
315 Id.
316 Cairo Programme of Action, supra note 247, princ. 1.
317 Id. para. 8.21; Beijing Declaration and Platform for Action, supra note 247, para. 107(i).
319 Id.
320 Id.
321 Id. tit. I, art. 16.
322 Id. prmble.
323 Id. tit. I, art. 2.
324 Id. tit. I, art. 1.
325 Id. tit. I, art. 4.
326 Id. tit. I, art. 6.
327 Economic, Social and Cultural Rights Covenant, supra note 23, art. 12. See also Banjul Charter, supra note 299, art. 16.
329 CESCR, Gen. Comment 14, supra note 25, para. 9.
330 Id. para. 12.
331 Universal Declaration, supra note 248, art. 25 “motherhood...[is] entitled to special care and protection.” The Universal Declaration, strictly speaking, is not a binding treaty. Nevertheless it has normative character and is considered to be part of customary international law; T. Buergental, International Human Rights 36 (2d ed. 1995). Economic, Social and Cultural Rights Covenant, supra note 23, art. 12, defines the right to health; CEDAW, supra note 193, art. 12(2); African Charter on the Rights and Welfare of the Child, art. 14(2)(e), O.A.U. Doc. CAB/LEG/24.9/49 (1990) (entered into force Nov. 29, 1999) [hereinafter African Charter on the Rights of the Child].
332 Committee on the Elimination of Discrimination Against Women (CEDAW Committee), Gen. Recommendation 24, Women and Health, para. 2, U.N. Doc. CEDAW/C/1991/WR.G.1I/WR.P.2/Rev.1 (1999) [hereinafter CEDAW Committee, Gen. Recommendation 24]. It was hoped that this General Recommendation would specify the complete, minimal content that would fulfill the right to health from a woman’s perspective. While not as strong as it could have been on all aspects of reproductive rights,
most notably abortion, it does go a long way toward mandating those medical services which making motherhood safe requires. See introduction, para. 2.


334 Id. para. 8(2). Para. 17 also restates that "the duty to fulfil [sic] rights places an obligation on States parties to take appropriate legislative, judicial, administrative and budgetary, economic measures to the maximum extent of their available resources to ensure that women realize their rights to health care. Studies such as those which emphasize that high maternal mortality and morbidity rates worldwide... provide an important indication for States parties of possible [sic] breaches of their duties to ensure women's access to health care" (emphasis added).

335 Id. para. 27.

336 Children’s Rights Convention, supra note 250, art. 24(2)(d).

337 Economic, Social and Cultural Rights Covenant, supra note 23, art. 12(d).

338 See Banjul Charter, supra note 299, art. 16.


340 Cairo Programme of Action, supra note 247, para. 8.22.

341 Id.

342 Beijing Declaration and Platform for Action, supra note 247.


344 See Mali Const., supra note 305, tit. I, art. 16.

345 2002 Reproductive Health Law, supra note 272.

346 Id. art. 1.

347 Id.

348 Id. art. 2.

349 Id. art. 4.

350 Id. art. 7.

179 [hereinafter Labor Code law 96-020].
352 Id. tit. IV, ch. II, art. 182.
353 Id. tit. IV, ch. II, art. 184.
354 Id. tit. IV, ch. II, art. 185.
356 See id. art. 213.
357 See id.
358 Medical Code of Ethics, supra note 190, art. 1.
359 See id. art. 2.
360 See id. art. 3.
361 See id. art. 4.
362 See id. art. 7.
363 See id. art. 10.
364 See id. art. 21.
365 See id. art. 21, para. 3.
367 Id. art. 2.
368 Id. art. 3.
369 Id. art. 4.
370 Id. art. 11.
371 Universal Declaration, supra note 248, art. 7; Civil and Political Rights Covenant, supra note 248, arts. 2(1), 3; Economic, Social and Cultural Rights Covenant, supra note 23, art. 3; CEDAW, supra note 193, art. 1; Banjul Charter, supra note 299, arts. 3, 18(3).
372 CEDAW, supra note 193, art. 1.
373 Universal Declaration, supra note 248.
374 CEDAW, supra note 193, para. 12.1.
375 Cairo Programme of Action, supra note 247, paras. 7.5, 7.23; Beijing Declaration and Platform for Action, supra note 247, paras. 92, 94, 95, 104, 107(c)(e)(g).
376 CEDAW, supra note 193, arts. 2(f), 5.
377 Panos, Birth Rights, supra note 2, at 14.
378 CEDAW, supra note 193, art. 14(2)(b).
380 Cairo Programme of Action, supra note 247, princ. 8, paras. 3.17, 7.6, 8.3(a), 8.4, 8.6; Beijing Declaration and Platform for Action, supra note 247, paras. 30, 46, 57, 93, 106, 107 (e)(i)(y), 272.
382 Children's Rights Convention, supra note 250, art. 1.
383 Id. art. 24(1).
384 Cairo Programme of Action, supra note 247, ch. VII, § E.
385 Children's Rights Convention, supra note 250, art. 24(3). See also African Charter on the Rights of the Child, supra note 331, art. 21(1) that requires governments “to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child ….” and the American Convention, supra note 301, art. 19 that states “[e]very minor has the right to the measures of protection required by his condition as a minor on the part of his family, society and the state.”
386 African Charter on the Rights of the Child, supra note 331, art. 21(1).
387 Id. art. 21(1)(a)(b).
388 Id. art. 21(2).
389 Mali Const., supra note 305, prmble.
390 Id. tit. I, art. 2.
391 Id.
392 See Demographic and Health Survey 2001, supra note 11, at 221.
393 Penal Code, supra note 355, art. 207.
395 Penal Code, supra note 355, art. 209.
396 See id.
397 Id.
399 Labor Code law 96-020, supra note 351, tit. I, art. 4.
400 See id. tit. III, ch. I, art. 95.
401 See Ordre 77-71/C M-LN of 1977, concerning the general civil service statute.
402 See American Convention, supra note 301, art. 1; European Convention, supra note 300, art. 8; Banjul Charter, supra note 299, art. 4.
405 CEDAW, supra note 193, art. 16(1)(e).
407 Id. tit. I, art. 4.
408 Id. tit. I, art. 6.
409 Id.
410 2002 Reproductive Health Law, supra note 272, art.13. It is noteworthy, though, that this law expands the grounds upon which abortion is legal to explicitly include circumstances in which the life of the woman is endangered and in cases of rape and incest. Id.
411 Id. art. 14.
412 Id. art. 3.
413 Id. arts. 8, 14.
415 Economic, Social and Cultural Rights Covenant, supra note 23, art.2(1).
418 CESCR, Gen. Comment 14, supra note 25, para. 43.
419 Id. para. 43(a)(e).
420 Id. para. 44(a).


423 See id. at 15.


427 Id. at 23-39.


429 Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, supra note 414, para. 16.


431 CESCR, Gen. Comment 14, supra note 25, para. 39 (citations omitted).


433 See *Etude Analytique sur le Statut de la Femme*, supra note 194, at 10.

434 See id.

435 See id.

436 See id. at 11.

437 See id. at 12.

438 See id.

439 See id. at 12-13.

440 Programmes Orientations, Axes Stratégiques et Actions Prioritaires, *Première Surviving Pregnancy and Childbirth in Mali* 129
partie, Programme de Promotion de la Femme, Le Document de Politique de Promotion de la Femme (1997), quoted in Etude Analytique sur le Statut de la Femme, supra note 194, at 17.


442 Id.


446 See id. at 3.

447 See id. at 2.


449 Id. at 1.

450 Id. at 2.

451 Id.

452 See Ten-Year Health Plan, supra note 8, at 40-44.

453 See Demographic and Health Survey, supra note 11, at 5.

454 Ten-Year Health Plan, supra note 8, at 90-91.


457 See id. at 3.

458 Ten-Year Health Plan, supra note 8, at 90-91.

459 Id. at 6.

460 Id. at 96.
461 See id. at 97.
462 Id.
463 Id. at 90.
464 Id.
465 Id. at 91.
466 Id. at 90-91.
467 Id. at 91.


469 Cairo Programme of Action, supra note 247, para. 7.2. “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” Id. Reproductive Health Policy, supra note 468, at 14.

470 Reproductive Health Policy, supra note 468, at 14.
471 Id. at 29-32.
472 Id. at 20.
473 See id. at 25.
474 See id.
475 See id.
476 See at id. 26.


479 See id.
480 See id.
481 See Etude Analytique sur le Statut de la Femme, supra note 194, at 6.
483 See Ten-Year Health Plan, supra note 8, at 17-18.
484 See Situation Analysis of Children and Women in Mali, supra note 214, at 47.
485 See id. at 49.
486 See id. at 47.
487 See id.
488 See id.
490 See id. at 2.
491 See id.
494 See id.
495 See id.
496 See id.
497 See id.
498 See id.
499 See id.
500 See id.
501 See id.
506 Mali Const., supra note 305, tit. II, art. 25.
507 See id. tit XIV, art. 116.
510 See id.
511 Universal Declaration, supra note 248, art. 3.
512 Civil and Political Rights Covenant, supra note 248, art. 6.
513 Children's Rights Convention, supra note 250, art. 6.
514 Banjul Charter, supra note 299, art. 4.
515 European Convention, supra note 300, art. 2.
516 American Convention, supra note 301, art. 4.
517 Cairo Programme of Action, supra note 247, princ. 1.
518 Universal Declaration, supra note 248, art. 25(1).
519 Id. art. 25(2).
520 Economic, Social and Cultural Rights Covenant, supra note 23, art. 10(2).
521 Id. art. 12.
522 CEDAW, supra note 193, art. 12(1).
523 Id. art. 12(2).
524 Children's Rights Convention, supra note 250, art. 24(1).
525 Id. art. 24(2)(d)(f).
526 Id. art. 24(3).
527 Id. art. 24(2)(f).
528 Banjul Charter, supra note 299, art. 16(1).
529 Id. art. 16(2).
530 Beijing Declaration and Platform for Action, supra note 247, para. 107(c).
531 Cairo Programme of Action, supra note 247, para. 7.2.
532 CEDAW, supra note 193, art. 1.
533 U.N. Charter, arts. 1, 55.
534 Civil and Political Rights Covenant, supra note 248, art. 2(1).
535 Economic, Social and Cultural Rights Covenant, supra note 23, art. 2(2).
536 Children's Rights Convention, supra note 250, art. 2(1).
537 Banjul Charter, supra note 299, art. 18(3).
538 Id. art. 28.
539 American Convention, supra note 301, art. 1(1).
540 European Convention, supra note 300, art. 14.
541 Cairo Programme of Action, supra note 247, princ. 1.
542 Banjul Charter, supra note 299, art. 4.
543 Id. art. 6.
544 Id. art. 9(1).
545 CEDAW, supra note 193, art. 10(h).
546 Id. art. 16(1).
547 Cairo Programme of Action, supra note 247, para. 7.3.
548 Id. para. 7.12.