

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.⁴³³ 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.⁴³⁴ 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.⁴³⁵

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.⁴³⁶

In 1997, the commission became the Ministry for the Advancement of Women, Children, and the Family (Women's Ministry).⁴³⁷ The Women's Ministry has been charged with advancing the rights and socioeconomic status of women, children, and their families.⁴³⁸ 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.⁴³⁹

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.⁴⁴¹ The policy's emphasis is on the empowerment of women to understand their health care needs and seek out appropriate services.⁴⁴²

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 1978.⁴⁴³ 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.*⁴⁴⁴

Health-sector reform in Mali has occurred with the funding and technical support of the World Bank and UNICEF.⁴⁴⁵ Indeed, the World Bank has conditioned financial support upon the government's development of a "well-defined" national health policy.⁴⁴⁶ 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.⁴⁴⁷

1. Health-Care Policy

The 1991 Sectoral Health and Population Policy Statement⁴⁴⁸ declares that it is based on the principle that health is a fundamental right for every citizen—a right

EMPOWERMENT THROUGH LAW REFORM

One of the priorities of the Women's Ministry is law reform aimed at eliminating formal discrimination against women. According to one ministry policy document, in order to promote women's equality before the law, the following steps are required: (a) reform of provisions of the Penal Code, the Nationality Code, and the Code of Marriage and Guardianship; (b) development of regulatory texts to ensure the effectiveness of legal guarantees of equality; (c) wide distribution of legal texts, as well as translation of texts into local languages; (d) promotion of legal clinics benefiting women; (e) organization of workshops on legal drafting, legal recourse, and administrative procedures in various domains; (f) creation of a committee to reflect on women's issues; and (g) development of women's capacity to be involved in local, decentralized government institutions.⁴⁴⁰

that citizens can enjoy only through the joint efforts of the government, the communities and the individual.⁴⁴⁹ The policy's main objective is to achieve optimal health for everyone as soon as possible.⁴⁵⁰ 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.⁴⁵¹ 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.⁴⁵²

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,⁴⁵³ both adopted in 1998.⁴⁵⁴ 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.⁴⁵⁵ 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.⁴⁵⁶ 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.⁴⁵⁷ 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.⁴⁵⁸ 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."⁴⁵⁹ 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."⁴⁶⁰ One of the strategies to achieve that end is "the establishment of a legal and institutional framework."⁴⁶¹ 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.⁴⁶²

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."⁴⁶³ 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.”⁴⁶⁴ Second, it advocates for the “early detection of and care for obstetrical emergencies.”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.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 FC/FGM, calling for national studies on their prevalence, increased public information on the harms they cover, 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.⁴⁶⁷

In March 2000, the government of Mali adopted the “Reproductive Health Policy and Service Protocols.”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.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.”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.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.”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.”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.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.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.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.⁴⁷⁷ The principal religions practiced in Mali are Islam (90%), traditional beliefs (9%), and Christianity (1%).⁴⁷⁸ 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%).⁴⁷⁹ French is the official language, but 80% of the population speak Bambara.⁴⁸⁰ 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.⁴⁸¹

B. GENERAL HEALTH BACKGROUND

The average life expectancy is low, at 53 years for women and 51.1 years for men in 2001.⁴⁸² Major threats to life and health include malaria, diarrhea with dehydration, respiratory disease including pneumonia, measles, and malnutrition.⁴⁸³

A mere 48% of Mali's citizens have access to safe drinking water.⁴⁸⁴ 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.⁴⁸⁵ In rural areas, only one in two people have access to safe drinking water.⁴⁸⁶ This is largely due to the fact that 53% of Mali's villages have no modern source of water.⁴⁸⁷ 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.⁴⁸⁸

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.⁴⁸⁹ Among HIV-positive adults, the number of HIV-positive women was estimated at 54,000 women.⁴⁹⁰ 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 70,000.⁴⁹¹

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.⁴⁹² 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.⁴⁹³ In 1959, French Sudan joined Senegal to form the Federation of Mali, which gained independence within the French Community on June 20, 1960.⁴⁹⁴ Senegal later withdrew from the federation, and soon after, French Sudan obtained its complete independence to become the Republic of Mali.⁴⁹⁵ Modibo Keita, who had been president of the Federation of Mali, became the first president of the new republic.⁴⁹⁶ Keita quickly proclaimed a single party system, and pursued a socialist policy that led to extensive nationalization of private property.⁴⁹⁷ Mali established close connections with the Soviet Union and other communist countries.⁴⁹⁸

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 (CMLN), a group of military officers under Lieutenant Moussa Traore, overthrew Keita's civilian government.⁴⁹⁹ The military government was ousted in 1976,⁵⁰⁰ when elections were held following the adoption of a new constitution—yet Traore remained in power, winning 99% of the vote.⁵⁰¹ 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.⁵⁰²

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.⁵⁰³ In 1994, he appointed the prime minister, Ibrahima Boubacar Keita.⁵⁰⁴ 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.⁵⁰⁵

The Constitution of the Republic of Mali proclaims Mali "an independent,

sovereign, indivisible, democratic, secular, and social republic.”⁵⁰⁶ 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.⁵⁰⁷ 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.⁵⁰⁸

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.⁵⁰⁹ 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.⁵¹⁰

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."⁵²²

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."⁵²³

- 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..."⁵²⁴

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."⁵²⁵

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."⁵²⁶

Article 24(2)(f): "States Parties ... shall take appropriate measures: To develop preventive health care, guidance for parents and family planning education and services."⁵²⁷

- Banjul Charter

Article 16(1): "Every individual shall have the right to enjoy the best attainable state of physical and mental health."⁵²⁸

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."⁵²⁹

- 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."⁵³⁰

- 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."⁵³¹

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."⁵³²
- 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...."⁵³³
- Civil and Political Rights Covenant, *Article 2(1):* "Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion...."⁵³⁴
- 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...."⁵³⁵
- 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...."⁵³⁶
- 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 declarations and conventions."⁵³⁷

Article 28: "Every individual shall have the duty to respect and consider his fellow beings without discrimination...."⁵³⁸

- American Convention, *Article 1(1)*: "The States Parties to this Convention 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...."⁵³⁹
- European Convention, *Article 14*: "The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, [or] race...."⁵⁴⁰
- 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] religion...."⁵⁴¹

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."⁵⁴²
Article 6: "Every individual shall have the right to liberty and to the security of his person."⁵⁴³
Article 9(1): "Every individual shall have the right to receive information."⁵⁴⁴
- 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."⁵⁴⁵
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 information, education and means to enable them to exercise these rights."⁵⁴⁶

- 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.”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....”⁵⁴⁸

Endnotes

- 1 See World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, 10th Revision 134 (1992) [hereinafter WHO, International Classification of Diseases].
- 2 See, e.g., Rebecca J. Cook and Bernard M. Dickens, World Health Organization, *Advancing Safe Motherhood Through Human Rights* (2001); Panos Institute, *Birth Rights: New Approaches to Safe Motherhood* (2001) [hereinafter Panos, *Birth Rights*]; Alicia Ely Yamin & Deborah P. Maine, *Maternal Mortality as a Human Rights Issue: Measuring Compliance with International Treaty Obligations*, 21 *Human Rights Quarterly* 563-607 (1999).
- 3 See Women, Law and Development International & Human Rights Watch Women's Rights Project, *Women's Human Rights: Step by Step* 139 (1997).
- 4 See WHO, International Classification of Diseases, *supra* note 1, at 134.
- 5 See United Nations Population Fund (UNFPA), *Fast Facts on Maternal Mortality and Morbidity*, available at <http://www.unfpa.org/mothers/facts.htm> (last visited Dec. 4, 2002).
- 6 See UNFPA, *Maternal Mortality Statistics by Region and by Country*, available at <http://www.unfpa.org/mothers/statsbycountry.htm> (last visited Dec. 4, 2002).
- 7 See WHO et al., *Maternal Mortality in 1995: Estimates Developed by WHO, United Nations Children's Fund (UNICEF), UNFPA 45* (2001) [hereinafter WHO et al., *Maternal Mortality in 1995*].
- 8 See République du Mali, Ministère de la Santé des Personnes Agées et de la Solidarité, *Plan Decennal de Développement Sanitaire et Social (1998-2007) [Ten-year Plan for Health and Social Development (1998-2007)]* [hereinafter *Ten-Year Health Plan*].
- 9 See WHO et al., *Maternal Mortality in 1995*, *supra* note 7, at 45. Note that the government's recently reported figure of 580 deaths per 100,000 live births appears in UNICEF's *State of the World's Children 2003*. That publication notes that governments' reported figures are periodically evaluated and adjusted by WHO and UNICEF, which accounts for some discrepancy between national and UN statistics. UNICEF, *State of the World's Children 2003*, Table 7: (Women), available at <http://www.unicef.org/sowc03/tables/table7.html> (last visited Jan. 7, 2003).
- 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] 114 (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'Economie 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."
- 12 UNICEF, WHO, UNFPA, *Guidelines for Monitoring the Availability and Use of Obstetric Services 23-39*, fig. 11 (1997).
- 13 See *Progress Toward the International Development Goals, 2000: A Better World for All*, at <http://www.paris21.org/betterworld/maternal.htm> (last visited Nov. 8, 2002).
- 14 See Safe Motherhood Inter-Agency Group, *Safe Motherhood Fact Sheet: Maternal Mortality* (1998), *citing* United Nations Children's Fund (UNICEF), *The Progress of Nations* (1996).
- 15 See Safe Motherhood Inter-Agency Group, *Safe Motherhood Fact Sheet: The Safe Motherhood Initiative* (1998), *citing* World Bank, *World Development Report 1993: Investing in Health* (1993) [hereinafter *Safe Motherhood Fact Sheet: The Safe Motherhood Initiative*].
- 16 See WHO et al., *Maternal Mortality in 1995*, *supra* note 7, at 2.
- 17 See *Safe Motherhood Fact Sheet: The Safe Motherhood Initiative*, *supra* note 15.
- 18 See World Health Organization (WHO), *Making Pregnancy Safer Initiative: Document for Discussion 3* (on file with Center for Reproductive Rights).
- 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

<http://www.unhchr.ch/pdf/report.pdf> (last visited Dec. 13, 2002).

- 23 See International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, art. 12(1), U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* Mar. 23, 1976) [hereinafter Economic, Social and Cultural Rights Covenant].
- 24 Elizabeth I. Ransom & Nancy V. Yinger, Population Reference Bureau, *Making Motherhood Safer: Overcoming Obstacles on the Pathway to Care* 3 (2002). 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.
- 25 Committee on Economic, Social and Cultural Rights (CESCR), Gen. Comment 14, *The Right to the Highest Attainable Standard of Health*, para. 12, U.N. Doc. E/C.12/2000/4 (2000) [hereinafter CESCR, Gen. Comment 14].
- 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, adjoint 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, Niéna, 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 Diamouténé 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).

- 58 See interview with hospital director, Dec. 9, 2000.
- 59 See Ten-Year Health Plan, *supra* note 8, at 31-32.
- 60 See *id.* at 32, citing Mission Xylème à Bamako, Etude sur le Financement du Système de Santé au Mali [Mission Xylème at Bamako, Study of the Financing of the Health System in Mali] (1997).
- 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, Ségou, 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 Coulibaly, *supra* note 42.
- 73 See Demographic and Health Survey, *supra* note 11, at 114; DHS 2001: Preliminary Report, *supra* note 11, at 16.
- 74 See interview with Dr. Alfani Sissoko, health administrator, Technical Council for Social Action, UNICEF, Ségou, Mali (Dec. 19, 2000).
- 75 See interview with Doyolou Dougou, *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 Dougou, *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 Dia, *supra* note 41; interview with Coumaré Fanta Coulibaly, *supra* note 42.
- 80 See interview with Diarra Assa Dia, *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 CESCR, 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 *maitresse*, 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 Traore 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 Dougou, *supra* note 35.
- 98 See interview with Traoré Oumou Touré, *supra* note 87; interview with Doyolou Dougou, *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 Malik, *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.
- 106 See interview with Bocoum Mariétou Kamissoko, regional director, Regional Management of Social Action, Ségou, Mali (Dec. 19, 2000).
- 107 See interview with Ali Ag Abdou, community development technicien, 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 Djénéba 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.*

- 115 See *id.*
- 116 See interview with Nana Kounandji, *supra* note 63.
- 117 See interview with Dr. Traoré Safoura, *supra* note 53.
- 118 See interview with Dr. Diarra Houleymata, *supra* note 92.
- 119 See interview with Dr. Anna Diop Kampo, *supra* note 61.
- 120 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).
- 121 See interview with Dr. Diarra Houleymata, *supra* note 92.
- 122 See *id.*
- 123 See interview with Dr. Anna Diop Kampo, *supra* note 61.
- 124 See interview with Bocoum Mariétou Kamissoko, *supra* note 106.
- 125 See interview with Traoré Oumou Touré, *supra* note 87; interview with Diallo Mama Diakité, CAFO, Ségou, Mali (Dec. 18, 2000).
- 126 See interview with Touré Djénéba Samaké, *supra* note 110.
- 127 See interview with Bocoum Mariétou Kamissoko, *supra* note 106.
- 128 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).
- 129 See interview with Dr. Sidibe Bintou Traore Tine, *supra* note 92.
- 130 See interview with Bocoum Mariétou Kamissoko, *supra* note 106.
- 131 See interview with Suzanne Reier, *supra* note 50.
- 132 See interview with woman in Mopti, recorded by AJM, January 2001.
- 133 CESC, Gen. Comment 14, *supra* note 25, para. 12(c).
- 134 See interview with Touré Djénéba Samaké, *supra* note 110.
- 135 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.
- 136 See group interview of 11 women, *supra* note 92; interview with Ténimbra Coulibaly, *supra* note 92.
- 137 See interview of woman in Bamako, recorded by AJM, January 2001.
- 138 See interview with Dr. Diarra Houleymata, *supra* note 92 ; interview with Diallo Mama

- Diakit , *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, S gou, Mali (Dec. 20, 2000).
- 143 See *id.*
- 144 See interview with Doyolou Dougou, *supra note* 35; interview with Abdoulaye Sissouka, *supra note* 36.
- 145 See interview with Ron  Simone Keitu, *supra note* 92; interview with Kan  Diawara, *supra note* 50; interview with Traor  Mariam Madembasy, *supra note* 128; interview with Traor  Keita, *supra note* 55.
- 146 CESCRC, Gen. Comment 14, *supra note* 25, para. 12(d).
- 147 *Id.*
- 148 See interview with Dr. Dian Sidib  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 Sidib  Karim, *supra note* 48.
- 153 See interview with Awa Diallo, *supra note* 151.
- 154 See interview with Dr. Dian Sidib  Karim, *supra note* 48.
- 155 See interview with Coumar  Fanta Coulibaly, *supra note* 42; interview with Suzanne Reier, *supra note* 50.
- 156 See interview with Coumar  Fanta Coulibaly, *supra note* 42.
- 157 See interview with Dr. Tour , *supra note* 35; interview with Ron  Simone Keitu, *supra note* 92; interview with Doyolou Dougou, *supra note* 35; interview with Kan  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 Coumar  Fanta Coulibaly, *supra note* 42.
- 160 See interview with Dr. Traor  Safoura, *supra note* 53.
- 161 See interview with Coumar  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. Sidibe Bintou Traore 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. Diarra 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.

190 Code de déontologie médicale annexé à la loi 86-35/AN.RM portant institution de l'ordre national des médecins [Medical Code of Ethics annexed to Act 86-35/AN-RM instituting the National Medical Association] of 1986, arts. 3, 4 [hereinafter Medical Code of Ethics].

191 *Id.* art. 1.

192 *See* interview with Coumaré Fanta Coulibaly, *supra* note 42.

193 Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, art. 1, U.N. Doc. A/34/46 (1979) (*entered into force* Sept. 3, 1981) [hereinafter CEDAW].

194 *See* République du Mali, Ministère de la Promotion de la Femme, de l'Enfant et de la Famille, Etude Analytique sur le Statut de la Femme et la Loi au Mali [Analytical Study on the Status of Women and the Law in Mali] 8 (2001) [hereinafter Etude Analytique sur le Statut de la Femme].

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.

- 204 See Center for Reproductive Rights & The Research, Action and Information Network for the Bodily Integrity of Women (RAINBO), *Female Genital Mutilation: A Guide to Laws and Policies Worldwide* 180 (Anika Rahman & Nahid Toubia, eds., 2000) [hereinafter *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*].
- 205 See *id.* at 4.
- 206 See Center for Reproductive Rights & Groupe de recherche femmes et lois au Sénégal (GREFELS), *Women of the World: Laws and Policies Affecting their Reproductive Lives—Francophone Africa* 144 (1999) [hereinafter Center for Reproductive Rights & GREFELS, *Women of the World*], citing Ministère de la Promotion de la Femme, de l'Enfant et de la Famille, *Plan National d'Éradication de l'Excision à l'Horizon 2007* 3 (1998) [hereinafter *Plan National d'Éradication de l'Excision*].
- 207 Republic of Mali, *Ordonnance No 02-053/P-RM du 4 juin 2002 portant creation 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.
- 209 See *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*, *supra* note 204, at 6.
- 210 See Center for Reproductive Rights & GREFELS, *Women of the World*, *supra* note 206, at 144, citing *Plan National d'Éradication de l'Excision*, *supra* note 206, at 3.
- 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).
- 213 See *Female Genital Mutilation: A Guide to Laws and Policies Worldwide*, *supra* note 204, at 7-8.

- 214 See UNICEF, *Republic of Mali, Situation Analysis of Children and Women*, 1997 69 (1997) [hereinafter *Situation Analysis of Children and Women*].
- 215 See Dep't of Gender, Women and Health, Dep't of Reproductive Health and Research, Family and Community Health, WHO, *Management of Pregnancy, Childbirth and the Postpartum Period in the Presence of Female Genital Mutilation, Report of a WHO Technical Consultation, Geneva, 15-17 October 1997* 9 (2001).
- 216 See *id.*
- 217 See interview with Coumaré Fanta Coulibaly, *supra* note 42.
- 218 See Code du Mariage et de la Tutelle Loi 62-17 AN-RM [Code of Marriage and Guardianship law 62-17 AN-RM] of 1962 [hereinafter *Code of Marriage and Guardianship*], art. 4 (parental consent is required for women under 18).
- 219 See *Demographic and Health Survey 2001*, *supra* note 11, at 85.
- 220 See *id.* at 54.
- 221 See *id.* at 55.
- 222 See Alan Guttmacher Institute (AGI), *Issues in Brief: Risks and Realities of Early Childbearing Worldwide, Early Childbearing (1997)*, available at <http://www.guttmacher.org/pubs/ib10.html#7a> (last visited Nov. 8, 2002).
- 223 See *Implementing the Safe Motherhood Action Agenda: A Resource Guide (2001)*, available at <http://www.safemotherhood.org/smguide/index.html> (last visited Nov. 19, 2002).
- 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.
- 229 See UNICEF, *State of the World's Children 2002, Table 4: Education (2002)*, available at <http://www.unicef.org/sowc02summary/table4.html> (last visited Nov. 8, 2002).
- 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.
- 232 See Bureau of Democracy, Human Rights, and Labor, U.S. Dep't of State, *Mali Country Report on Human Rights Practices for 2001*, § 6 (2002), available at <http://www.state.gov/g/drl/rls/hrrpt/2001/af/8391.htm> (last visited Nov. 8, 2002) [hereinafter

- U.S. State Dep't, Mali Country Report on Human Rights].
- 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.
- 247 See CEDAW, *supra* note 193, art. 16(1)(e); *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, Principle 8, U.N. Doc. A/CONF.171/13/Rev. 1 (1995) [hereinafter *Cairo Programme of Action*]; *Beijing Declaration and the Platform for Action, Fourth World Conference on Women*, Beijing, China, Sept. 4-15, 1995, para. 223, U.N. Doc. DPI/1766/Wom (1996) [hereinafter *Beijing Declaration and Platform for Action*].
- 248 See Universal Declaration of Human Rights, *adopted* Dec. 10, 1948, G.A. Res. 217A (III), at 71, art. 3, U.N. Doc. A/810 (1948) [hereinafter *Universal Declaration*]; International Covenant on Civil and Political Rights, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, art. 9(1), U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171

- (*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).
- 250 See Civil and Political Rights Covenant, *supra* note 248, art. 17(1); Convention on the Rights of the Child, adopted Nov. 20, 1989, G.A. Res. 44/25, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, arts. 16(1), 16(2), U.N. Doc. A/44/49, (1989) (*entered into force* Sept. 2, 1990) [hereinafter Children's Rights Convention]; *Cairo Programme of Action*, *supra* note 247, para. 7.45; *Beijing Declaration and Platform for Action*, *supra* note 247, paras. 107(f), 108(e).
- 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.
- 256 See Nils Daulaire et al., Global Health Council, Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives in the Developing World 27 (2002) [hereinafter Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives].
- 257 See *id.*
- 258 Population Information Program, Center for Communication Programs, The Johns Hopkins Bloomberg School of Public Health, "Birth Spacing: Three to Five Saves Lives," *Population Reports*, Summer 2002, p. 1.
- 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.
- 270 See AGI, *Into a New World: Young Women's Sexual and Reproductive Lives* 54 (1998).
- 271 See *Promises to Keep: The Toll of Unintended Pregnancies on Women's Lives*, *supra* note 256, at 23-27.
- 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.
- 277 2002 Reproductive Health Law, *supra* note 272, art. 14.
- 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 Dougou, *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).
- 299 African Charter on Human and Peoples' Rights, *adopted* June 27, 1981, O.A.U. Doc. CAB/LEG/67/3, rev. 5, 21 I.L.M.58 (1982) (*entered into force* Oct. 21, 1986) [hereinafter Banjul Charter]. Article 16(1) secures the right "to enjoy the best attainable state of physical and mental health." *Id.*
- 300 European Convention for the Protection of Human Rights and Fundamental Freedoms, *signed* Nov. 4, 1950, 213 U.N.T.S. 222 (*entered into force* Sept. 3, 1953) [hereinafter European Convention]. In addition, the European Social Charter guarantees all the right "to benefit from any measures enabling him to enjoy the highest possible standard of health attainable." European Social Charter, Part I, para. 11, 529 U.N.T.S. 89 (*entered into force* Feb. 26, 1965) [hereinafter European Social Charter].
- 301 American Convention on Human Rights, Nov. 22, 1969, O.A.S.T.S. No. 36, O.A.S. Off. Rec. OEA/Ser.L/V/II.23, doc. 21, rev. 6 (*entered into force* July 18, 1978) [hereinafter American Convention]. Article 17(2) of the American Convention grants the right to

marry 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 Salvador), Nov. 17, 1988, art. 10(1), O.A.S.T.S. No. 69, O.A.S. Off. Rec.

OEA/Ser.L.V/II.82 doc.6 rev.1, at 67 (1992).

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, 16/10/2000, U.N. Doc. CRC/C/15/Add.133, ¶ 54; Cambodia, 28/06/2000, U.N. Doc. 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/CO/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: Gambia, 31/05/94, U.N. Doc. E/C.12/1994/9, ¶ 16; Mali, 21/12/94, U.N. Doc. E/C.12/1994/17, ¶ 13; Peru, 16/05/97, U.N. Doc. E/C.12/Add.1/14, ¶ 16.

303 *Cairo Programme of Action*, *supra* note 247.

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

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

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

307 See Mali Const., *supra* note 305, tit. XVII, art. 119.

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

309 See Human Rights Committee, Gen. Comment 6, *The Right to Life*, para. 5 (1982) [hereinafter Human Rights Committee, Gen. Comment 6]; See also Human Rights Committee, Gen. Comment 14, *Nuclear Weapons and the Right to Life* (1984).

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 Women*, para. 10, U.N. Doc. CCPR/C/21/Rev.1/Add.10 (2000).

- 314 Tavares v. France, No. 16593/90 (Sept. 12, 1991) (unofficial translation).
- 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).
- 318 Mali Const., *supra* note 305, tit. I, art. 1.
- 319 *Id.*.
- 320 *Id.*
- 321 *Id.* tit. I, art. 16.
- 322 *Id.* prmlb.
- 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.
- 328 *See* WHO, Constitution of the World Health Organization, in BASIC DOCUMENTS, *adopted on* July 22, 1946 (*entered into force* Apr. 7, 1948).
- 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/WG.II/WP.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 fulfil 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.
- 333 CEDAW Committee, Gen. Recommendation 24, *supra* note 332, para. 17.
- 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.
- 339 *Vienna Declaration and Programme of Action of the World Conference on Human Rights*, U.N. GAOR, 24th Sess., Vienna, Austria, June 14-25, 1993, U.N.Doc. A/CONF.157/23 (1993) [hereinafter *Vienna Declaration and Programme of Action*].
- 340 *Cairo Programme of Action*, *supra* note 247, para. 8.22.
- 341 *Id.*
- 342 *Beijing Declaration and Platform for Action*, *supra* note 247.
- 343 *Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development*, U.N. GAOR, 21st Special Sess., New York, United States, June 30-July 2, 1999, para. 62(b), U.N. Doc. A/S-21/5/Add.1 (1999) [hereinafter *ICPD +5 Key Actions Document*]. This document was adopted by the G.A. on the 5th year review of the Cairo Program.
- 344 See *Mal i 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.
- 351 See Code du Travail Loi 96-020 [Labor Code law 96-020] of 1992, tit. IV, ch. II, art.

- 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.
- 355 Code Penal Loi 01-079 [Penal Code law 01-079] of 2001 [hereinafter Penal Code], art. 210.
- 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.
- 366 Code de déontologie annexé à la Loi 86-36/AN/RM portant institution de l'Ordre national des Pharmaciens [Pharmacists' Code of Ethics annexed to Act 86-36/AN-RM instituting the National Association of Pharmacists] of 1986, art. 1 [hereinafter Pharmacists' Code of Ethics].
- 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).
- 379 See CEDAW Committee, Gen. Recommendation 24, *supra* note 332, para. 21.
- 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.
- 381 See UNFPA, Technical and Policy Division Draft Report, The Sexual and Reproductive Health of Adolescents 2 (1998).
- 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, prmlble.
- 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.
- 394 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, *adopted* Dec. 10, 1984, G.A. Res. 39/46, U.N. GAOR, 39th Sess., Supp. No. 51, at 197, art. 1, U.N. Doc. A/39/51 (1984) (*entered into force* June 28, 1987).
- 395 Penal Code, *supra* note 355, art. 209.
- 396 See *id.*
- 397 *Id.*
- 398 Mali Const., *supra* note 305, tit. I, art. 17.
- 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/CM-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.

403 See Center for Reproductive Rights, *Reproductive Rights 2000: Moving Forward* 10 (2000).

404 ICPD +5 Key Actions Document, *supra* note 343, pmb1.(3); *Further actions and initiatives to implement the Beijing Declaration and the Platform for Action*, U.N. GAOR, 23rd Special Sess., New York, United States, June 5-9, 2000, para. 72(j), U.N. Doc. A/Res/S-23 (2000).

405 CEDAW, *supra* note 193, art. 16(1)(e).

406 Mali Const., *supra* note 305, tit. I, art. 1.

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.

414 Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, Maastricht, Jan. 22-26, 1997, para. 6, *available at* http://www1.umn.edu/humanrts/instree/Maastrichtguidelines_.html (last visited Oct. 23, 2002) [hereinafter Maastricht Guidelines on Violations of Economic, Social and Cultural Rights].

415 Economic, Social and Cultural Rights Covenant, *supra* note 23, art. 2(1).

416 See CEDAW Committee, Gen. Recommendation 24, *supra* note 332, para. 21.

417 Committee on Economic, Social and Cultural Rights, Gen. Comment 3, *The Nature of States Parties Obligations*, para. 9 (1990) [hereinafter CESCR, Gen. Comment 3].

418 CESCR, Gen. Comment 14, *supra* note 25, para. 43.

419 *Id.* para. 43(a)(e).

420 *Id.* para. 44(a).

- 421 See Rebecca J. Cook & Bernard M. Dickens, *supra* note 2, at 45, citing Ann Starrs, Family Care International, The Safe Motherhood Action Agenda: Priorities for the Next Decade. Report on the Safe Motherhood Technical Consultation (Colombo, Sri Lanka, 18-23 October 1997) (1998).
- 422 See Elizabeth I. Ransom & Nancy V. Yinger, Population Reference Bureau, Making Motherhood Safer: Overcoming Obstacles on the Pathway to Care 11-12 (2002).
- 423 See *id.* at 15.
- 424 See WHO, Monitoring Reproductive Health: Selecting a Short List of National and Global Indicators, WHO/RHT/HRP/97.26 at 3 (1997).
- 425 See WHO, Reproductive Health Indicators for Global Monitoring: Report of the Second Interagency Meeting, WHO/RHR/01.19 (2001), available at http://www.who.int/reproductive-health/publications/RHR_01_19/RHR_01_19_content.en.html (last visited Nov. 8, 2002).
- 426 Deborah Maine et al., UNICEF, WHO, UNFPA, Guidelines for Monitoring the Availability and Use of Obstetric Services (1997).
- 427 *Id.* at 23-39.
- 428 Alicia Ely Yamin & Deborah P. Maine, *Maternal Mortality as a Human Rights Issue supra* note 2.
- 429 Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, *supra* note 414, para. 16.
- 430 CESCR, Gen. Comment 3, *supra* note 417, para. 14.
- 431 CESCR, Gen. Comment 14, *supra* note 25, para. 39 (citations omitted).
- 432 Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, *supra* note 414, para. 19.
- 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

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.

441 Ministère de la Promotion de la Femme, de l'Enfant et de la Famille, Politiques et Plans D'action pour la Promotion de la Femme, de L'Enfant et de la Famille: 2002-2006 [Plan of Action for the Advancement of Women, Children and the Family 2002-2006].

442 *Id.*

443 See Ministère de la Santé, de la Solidarité et des Personnes Agées, Déclaration de la Politique Sectorielle de Santé et de Population [Sectoral Health and Population Policy Statement] 3 (1995) [hereinafter Sectoral Health and Population Policy Statement].

444 *Declaration of Alma-Ata, International Conference on Primary Health Care*, Alma-Ata, USSR, Sept. 6-12, 1978, para. VI (1978), *available at* <http://www.who.int/hpr/archive/docs/almaata.html> (last visited Oct. 23, 2002).

445 See Operations Evaluation Department, World Bank, *Health Care in Mali: Building on Community Involvement* 188 Précis 2-3(1999) [hereinafter World Bank, *Health Care in Mali*].

446 See *id.* at 3.

447 See *id.* at 2.

448 Sectoral Health and Population Policy Statement, *supra* note 443.

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.

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456 See World Bank, *Health Care in Mali*, *supra* note 445, at 2-3.

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

459 *Id.* at 6.

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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.

468 Division Santé Familiale et Communautaire, Direction Nationale de la Santé Publique, Ministère de la Santé, Politique et Normes des Services de Santé de la Réproduction [Reproductive Health Policy and Service Protocols] (2000) [hereinafter *Reproductive Health Policy*].

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.

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473 *See id.* at 25.

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477 *See UNFPA, State of the World Population 2001: Demographic, Social and Economic Indicators* (2002), available at <http://www.unfpa.org/swp/2001/english/indicators/indicators2.html> (last visited Nov. 8, 2002).

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- 503 See U.S. State Dep't, Mali Country Report on Human Rights, *supra* note 232.
- 504 See CIA, The World Factbook 1996: Mali, available at <http://www.umsl.edu/services/govdocs/wofact96/160.htm> (last visited Nov. 19, 2002).
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- 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).
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- 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).
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- 532 CEDAW, *supra* note 193, art. 1.
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544 *Id.* art. 9(1).

545 CEDAW, *supra* note 193, art. 10(h).

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