Committee on the Elimination of Discrimination against Women

Inquiry concerning Mali under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women

Report of the Committee

I. Introduction

1. On 25 October 2011, the Committee on the Elimination of Discrimination against Women received information from three organizations[[1]](#footnote-1) pursuant to article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women. The sources state that Mali is committing grave and systematic violations of rights under the Convention because it has failed to fulfil its duty to protect women and girls in its territory against female genital mutilation and its duty to prosecute and punish those who carry out such mutilation.

2. Mali ratified the Convention without reservation on 10 September 1985 and acceded to the Optional Protocol on 5 December 2000.

II. Submission of information by the sources

3. The sources assert that the State party is failing in its obligation to protect women and girls from the harmful practice of genital mutilation, and they emphasize the serious physical and psychological effects, including the risk of death of the victim and the possibility of complications in childbirth. They submit that the State party has not taken appropriate steps to adopt appropriate laws to prohibit female genital mutilation and punish the perpetrators and remove the social and cultural obstacles to the elimination of such mutilation. They claim that female genital mutilation constitutes a systematic violation of articles 2, 5, 10 and 12 of the Convention.

4. On the basis of the national demographic health surveys of 2005 and 2015, the sources assert that female genital mutilation is a widespread practice in Malian society, except in the northern regions. They state that many religious leaders defend such mutilation, and that it is practised in the name of cultural tradition.

5. The sources state that, since 2002, when conservative religious leaders blocked the adoption of a bill prohibiting female genital mutilation, the Government has been reluctant to commit itself to adopting laws on the subject and has claimed that criminalization would have the effect of making the practice clandestine.

6. According to the sources, the action taken by the State party has not led to a significant reduction in the practice. The initiatives undertaken since 1996, which have been focused on raising awareness concerning the elimination of female genital mutilation, have not been backed up by a clear position taken by the authorities on the harmful nature of the practice.

III. Procedural history

7. On 19 August 2015, the Committee invited the State party to submit observations on the information received by the Committee, pursuant to article 8 of the Optional Protocol. No such observations having been received, two experts from the Committee’s Working Group on Inquiries under the Optional Protocol held a meeting with the delegation of Mali at the time of consideration of the State party’s report in July 2016 and subsequently with the Permanent Representative of Mali to the United Nations Office and other international organizations in Geneva in October 2016.

8. In the absence of observations from the State party, the Working Group on Inquiries, between the Committee’s sixty-third and sixty-fourth sessions, considered all the information received. It found the allegations to be reliable and indicative of grave or systematic violations of rights under the Convention. At its sixty-seventh session, the Committee designated three experts to conduct an inquiry and on 29 July 2017 decided to request the State party’s consent for a visit to its territory. On 26 June 2018, the State party gave its consent to a visit.

9. During the visit, which took place from 2 to 14 December 2018, the designated experts met the Prime Minister, the First Lady and the Minister for the Advancement of Women, Children and Families, and also representatives of the Ministry of Solidarity and Humanitarian Action, the Ministry of Public Health, the Ministry of Religious Affairs and Worship, the Ministry of Justice and Human Rights, the National Human Rights Commission and the National Assembly. All those cited above, including the First Lady, demonstrated significant awareness regarding female genital mutilation. Both in Bamako and in Mopti, they met representatives of civil society, lawyers, religious and community leaders, practitioners of female genital mutilation, women who had been subjected to genital mutilation and a woman fighting to protect her daughter from such mutilation. They also met representatives of the regional council and the governorate in Mopti.

IV. Scope of the report

10. The Committee has defined female genital mutilation as the practice of “partially or wholly removing the external female genitalia or otherwise injuring the female genital organs for non-medical or non-health reasons”.[[2]](#footnote-2)

11. The present report contains a description of the context and prevalence of the types of female genital mutilation[[3]](#footnote-3) in the State party and provides information on policies and programmes implemented to prevent them and on attempts to prohibit them by law. It identifies the violations of obligations of the State party arising from ratification of the Convention that the continuation of that practice represents and includes recommendations for the State party.

V. General background to the inquiry

12. The confidential inquiry was conducted in a positive spirit on the part of the authorities but also in the context of a political and security crisis, namely the State absence from certain areas, cases of human rights violations, particularly in the north and centre of the country, and an extension of the state of emergency until 31 October 2019. The current situation is also characterized by poor social indicators: in 2018 the United Nations Development Programme ranked Mali as 182nd out of 189 countries[[4]](#footnote-4) for the Human Development Index, and in 2017 the literacy rate was 24.6 per cent for women, compared with 44.8 per cent for men.[[5]](#footnote-5) It is further characterized by an upsurge in gender-based violence against women, low representation and participation of women in decision-making forums, and the absence of women from the peace process and the process of national reconciliation that has begun, even though consecutive national action plans for the implementation of Security Council resolution [1325 (2000)](https://undocs.org/en/S/RES/1325%20(2000)) have been adopted.

13. The mandate of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), which has been operating since 2013 to support efforts to consolidate peace and establish the rule of law in Mali, has been extended by the Security Council, in its resolution [2480 (2019)](https://undocs.org/en/S/RES/2480%20(2019)), until 30 June 2020.

VI. Regulatory framework

14. The Constitution of 25 February 1992 prohibits discrimination on the basis of sex (art. 2) and guarantees the right to life, security and integrity of the person (art. 1). The Constitution also provides that duly ratified treaties take precedence over national laws (art. 116).

15. Although Mali ratified the Convention without reservation, which made its implementation part of the State party’s national obligations, Act No. 2001-79 of 20 August 2001 (the Criminal Code) does not criminalize female genital mutilation. In addition, the lawyers whom the experts met stated that, while certain provisions of the Criminal Code relating to assault, violence and torture (arts. 202, 208 and 209) may be invoked for cases of female genital mutilation, the courts are constrained by the principle of the strict application of criminal law that prohibits them from punishing acts that are not expressly criminalized under the law. Moreover, during the inquiry, the designated experts did not receive any reports of complaints filed and penalties imposed in cases of female genital mutilation on the basis of the Criminal Code.

16. Act No. 02-044 of 24 June 2002 on reproductive health, which covers treatment of the effects of excision (art. 7), does not criminalize female genital mutilation, even though it contains criminal provisions (title 3). As to Circular No. 99-0019 of the Minister of Health, Older Persons and Solidarity of 7 January 1999, although it prohibits the practice of excision in health-care facilities, it is not aimed at criminalizing female genital mutilation and does not provide for any punishment, not even for health workers.[[6]](#footnote-6) Furthermore, according to several interviewees and the Ministry for the Advancement of Women, Children and Families,[[7]](#footnote-7) the circular is not strictly applied.

17. Mali has ratified without reservation the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol), article 5 (b) of which establishes an obligation on States parties to prohibit all forms of female genital mutilation through legislative measures backed by sanctions.

VII. Findings of fact

A. Persistence and contextualization of the practice of female genital mutilation

1. Prevalence and characteristics

18. The Committee notes that the prevalence of female genital mutilation remains very high in Mali. According to the multiple indicator cluster survey of 2015, it stands at 82.7 per cent among women aged from 15 to 49 years and 76.4 per cent among girls aged from 0 to 14 years.[[8]](#footnote-8) Although the designated experts note a drop of 8.7 per cent among women aged from 15 to 49 years between 2012/13 and 2015,[[9]](#footnote-9) the prevalence among girls aged from 0 to 14 years increased by 7.4 per cent during the same period.[[10]](#footnote-10) The prevalence among girls was the highest in West Africa in 2017[[11]](#footnote-11) and exceeded the subregional average of 25.4 per cent.[[12]](#footnote-12)

19. Only the data for 2012–2013 allow for a detailed analysis of the practice. The figures show that the proportion of women who have been subjected to female genital mutilation varies only slightly between urban and rural areas (1.3 per cent) or with the socioeconomic status of the victim (2 per cent) or region (6.4 per cent).[[13]](#footnote-13) The Committee also notes the limited impact of socioeconomic status (2.7 per cent variation), the place of residence (3.3 per cent), age (4.8 per cent), region (7.7 per cent) and level of education (9.7 per cent) on the belief that the practice should continue.[[14]](#footnote-14) The figures show, however, variations of more than 36 per cent among ethnic groups and 27 per cent among religions.[[15]](#footnote-15) They also show that the proportion of women who believe that female genital mutilation is a religious requirement is highest in the ethnic groups in which the prevalence of the practice is highest.[[16]](#footnote-16)

20. The type of female genital mutilation most widely practised in the State party is type II, commonly known as “excision” (48.9 per cent of women aged from 15 to 49 years).[[17]](#footnote-17) Nicking without removal of flesh (type IV) affects 14.6 per cent of women, and infibulation (type III) 10.6 per cent.[[18]](#footnote-18) In total, 73 per cent of women state that they were subjected to genital mutilation in early childhood and only 0.4 per cent at the age of 15 years or over.[[19]](#footnote-19) Furthermore, victims are being subjected to female genital mutilation at a younger age. It should also be emphasized that 90.9 per cent of women aged from 15 to 49 years and 97.8 per cent of girls aged from 0 to 14 years who have been subjected to genital mutilation state that a traditional practitioner carried out the mutilation, and that for 0.7 per cent of women aged from 15 to 49 years and 2 per cent of girls aged from 0 to 14 years the person who carried out the mutilation was a health-care professional.[[20]](#footnote-20)

2. Sociocultural context and gender stereotyping

21. In the State party, 71 per cent of women and 66 per cent of men aged from 15 to 49 years state that female genital mutilation is a practice required by religion.[[21]](#footnote-21) Religious leaders, during a debate on the subject of female genital mutilation in Mopti in 2010, condemned the most severe forms of excision and affirmed their willingness to debate the issue further with stakeholders. The representatives of the authorities whom the experts met in Bamako and of the National Human Rights Commission, however, emphasized the socioeconomic nature of the practice. Nonetheless, the Committee notes the persistence among religious leaders of a tendency to defend female genital mutilation and assert the mandatory nature of the practice. It also notes that the lack of knowledge of religious texts has an impact on the belief in a link between the practice and religion.

22. In Mopti, religious leaders said that female genital mutilation was a way of controlling women’s sexual activity. In Bamako, one non-governmental organization (NGO) and one victim said that a girl who had not undergone genital mutilation was seen as bringing shame on the family, and there is a belief in some quarters that having sexual relations with a woman who has not undergone genital mutilation causes impotence in the man.

23. One victim whom the designated experts met in Bamako explained that, once she had undergone genital mutilation, her family had welcomed her as a “woman”. The religious leaders whom the experts met in Mopti also said that genital mutilation was necessary in order to purify a woman in preparation for marriage. One NGO with which the experts held a meeting in Bamako confirmed that families feared that their daughters would not find a husband if they had not undergone genital mutilation.

24. The victims and NGOs with which the experts held meetings in Bamako and Mopti and the representatives of the authorities whom they met in Mopti said that the majority of practitioners belonged to the blacksmiths’ caste and that they had an important status in society. The victims and NGOs said that practitioners could not relinquish their social position by individual decision. However, a practitioner who stopped practising could no longer transmit the practice.

25. The representatives of the authorities whom the experts met in Mopti and Bamako, and one NGO and one victim whom they met in Bamako, confirmed that the head of the extended family, usually a man, was the one who decided whether the girls were to be subjected to genital mutilation, highlighting the fact that his authority took precedence over that of the parents, who generally went along with the decision.

3. Circumstances of female genital mutilation

26. The victims and the practitioner whom the experts met in Bamako said that only the practitioner and her assistant were present when mutilation was carried out. In urban areas, mutilation is performed individually, often in a concealed courtyard or in a home’s washroom. In rural areas, celebrations are organized for group mutilations, which are carried out in conjunction with the festivities; the noise thus covers the cries of the victims. The group mutilations present a heightened risk of disease transmission, since the same cutting tool is used for several girls.

27. The Committee notes that the silence surrounding female genital mutilation and its harmful effects persists even within mother-daughter relationships. Two victims whom the experts met in Bamako who had suffered the effects of genital mutilation said that they felt too embarrassed to ask their daughters whether they were experiencing similar suffering. One lawyer and one victim whom the experts met in Bamako also said that such silence would impede the reporting of the perpetrators of the mutilation, even if a law prohibiting female genital mutilation were adopted.

4. Economic dimension

28. The practitioner whom the experts met in Bamako said that performing a group mutilation of around 17 girls enabled her to cover her food needs for a whole year. Furthermore, the NGOs with which they held meetings in Bamako said that the practice of female genital mutilation was also lucrative for fetishists who were said to sell the cut genital parts and to use them to make traditional remedies. The representatives of the authorities in Mopti, and also the NGOs with which the experts held meetings in Mopti and Bamako, said that practitioners would not stop their practice while a demand for their services existed.

5. Physical, psychological and social consequences and medical context

29. In their joint statement, the United Nations agencies drew a distinction between immediate and long-term health risks.[[22]](#footnote-22) In Bamako and Mopti, victims and NGOs confirmed that victims suffered immediate and long-term physical effects, such as temporary and chronic pain, difficulty urinating, infections and cysts, problems in childbirth and pain during sexual intercourse. The women and girls with whom the experts spoke made very little reference to the psychological effects. Only two victims whom they met in Bamako also spoke openly about the lack of sexual pleasure. That reticence with regard to the impact on sexual health could be explained by the taboo surrounding sexuality.

30. The victims whom the experts met in Bamako said that their wounds reopened during childbirth and closed again afterwards. In Bamako, one NGO representative also said that, at the time of marriage, the victim’s scar was opened to allow sexual intercourse to take place and closed again later. One victim in Bamako also said that, following genital mutilation, her wound had been closed in a cruel and rudimentary way, including with staples, which had forced her to undergo a painful subsequent intervention to have them removed. She said that the intervention had been as traumatizing an experience for her as the initial mutilation, and that it had been repeated after she gave birth. The Committee notes that victims suffer throughout their lives from the effects of genital mutilation, which in most cases was carried out at a young age.

31. Practitioners are aware that their actions can result in death. The practitioner whom the experts met in Bamako acknowledged that two girls had died following the procedure that she performed.

32. In Mopti, religious leaders supported the medicalization of female genital mutilation. Indeed, they wanted it to be carried out by health professionals, as in their opinion that would avoid harmful effects. That trend towards medicalization was also mentioned by the Special Adviser of the Ministry for the Advancement of Women, Children and Families and by some NGOs.

6. Transnational nature of the practice

33. The Committee notes the efforts made by the State party as part of the joint project promoting the elimination of the cross-border practice of gender-based violence, including female genital mutilation and early marriage, in Mali and Burkina Faso. However, the NGOs with which meetings were held in Bamako and Mopti said that girls from countries neighbouring Mali that had adopted laws prohibiting female genital mutilation, such as Burkina Faso, Benin, Guinea and Togo, continued to be taken to Mali to undergo genital mutilation.

B. Limited impact of national policies and programmes to prevent female genital mutilation

34. The Committee notes that the State party has made many efforts to prevent female genital mutilation, including through the implementation of policies and programmes and the establishment of structures and bodies. The measures are essentially focused on prevention and raising awareness of the harmful effects of such mutilation on women’s health. For example, in 1999 Mali established a national committee to prevent practices harmful to the health of women and children and in 2002 introduced a national programme to combat excision. The programme is mainly responsible for coordination, monitoring and evaluation of policy and strategies to prevent female genital mutilation. According to the State party, the programme, which has a budget of 120 million CFA francs, has made it possible to deal with more than 1,080 cases of complications from female genital mutilation and has led to the abandonment of the practice by more than 8,000 practitioners in almost 1,200 villages, with the support of some religious leaders.

35. A national policy for the elimination of female genital mutilation was drawn up in 2010, together with national action plans for the periods 2010–2014 and 2015–2019. The Ministry for the Advancement of Women, Children and Families also developed a strategic communication plan for the elimination of female genital mutilation for the period 2016–2018 and a holistic national communication strategy on gender-based violence for 2018–2027, which includes the issue of female genital mutilation. Several public awareness campaigns against such mutilation have also been conducted, and schools are provided with model lessons on the practice.

36. The designated experts note that NGOs are particularly active in efforts to prevent female genital mutilation, including with regard to raising awareness. MINUSMA, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Office of the United Nations High Commissioner for Human Rights and certain United Nations agencies, such as the United Nations Population Fund and the United Nations Children’s Fund, also provide support for the efforts.

37. The Committee notes that the policies and programmes implemented have not yielded significant results. Several NGOs lamented the ineffectiveness of the national programme to combat excision, and the United Nations agencies with which meetings were held said that the programmes in place, and particularly those intended to support victims, were inadequate despite the efforts made and the support of the international community. In addition, persons suffering from the harmful effects of female genital mutilation have to pay for care services in public hospitals, whereas the same care is provided free of charge in centres operated by NGOs. Furthermore, United Nations agencies stated that it was difficult to verify to what extent public statements on the elimination of female genital mutilation in villages, as reported by the programme, reflected reality.

38. The Committee notes that the national programme to combat excision is short of human, material and financial resources. It also notes a lack of coordination in the implementation of programmes to prevent female genital mutilation, an absence of sustained measures and a disconnect between the central and local authorities. For example, in Mopti the governorate appeared to be unaware of all the activities carried out under the programme. Similarly, in Bamako one NGO said that activities under the programme were limited to the capital. The lack of adequate representation of the programme at the local level prevents regular follow-up. The Committee also notes that there has been no evaluation of the effectiveness and impact of the measures implemented or of the social cost of female genital mutilation and its impact on the country’s development.

39. The Committee notes that awareness-raising efforts are not sufficiently targeted at those who are resistant, in particular religious leaders opposed to the elimination of female genital mutilation. Furthermore, the geographical coverage of awareness-raising measures remains limited, and the State party’s awareness-raising activities amount to attempts to mitigate the harmful effects of female genital mutilation rather than to prevent them. In addition, activities aimed at raising awareness of female genital mutilation are not always backed up by reporting on the rights of women.

40. Public awareness concerning the harmful effects of female genital mutilation remains very low. Indeed, 75.2 per cent of women aged from 15 to 49 years are in favour of the practice,[[23]](#footnote-23) and 70 per cent of the population say that they want the practice to be maintained.[[24]](#footnote-24) Moreover, the discriminatory gender stereotypes and prejudices that are at the root of the practice have not been the subject of targeted awareness-raising and prevention measures in order to bring about a change in behaviour. Furthermore, only 15.7 per cent of women were aware of the harmful impact of female genital mutilation on their health.[[25]](#footnote-25)

C. Lack of a legal framework criminalizing female genital mutilation

1. Failed legislative attempts and preliminary bill on gender-based violence, including female genital mutilation

41. In 2002, the Minister of Health and the Minister for the Advancement of Women, Children and Families proposed a preliminary bill against excision that was rejected by Muslim religious leaders in the parliament. In 2009, another bill was proposed by the Government and supported by a large group of parliamentarians, but also failed to be adopted, owing to the opposition of certain religious leaders.

42. Subsequently, discussions concerning the adoption of a law against female genital mutilation were somewhat overshadowed by disputes regarding the reform of the Family Code in 2009. In 2017, a preliminary bill on the prevention and punishment of gender-based violence and the provision of assistance for victims, criminalizing female genital mutilation, was drafted by the Ministry of Justice and subsequently passed on to the Ministry for the Advancement of Women, Children and Families. The text included female genital mutilation within a more comprehensive regulatory framework relating to gender-based violence, unlike previous texts that had been focused on the practice of excision.

43. According to the National Human Rights Commission and NGOs, the process of drafting the bill was inclusive. Indeed, the Ministry of Justice, the Ministry for the Advancement of Women, Children and Families, NGOs, women’s groups, parliamentarians and various United Nations agencies contributed to it. Despite the consensus of stakeholders, the bill on gender-based violence, including female genital mutilation, has not yet been adopted. On another note, the designated experts heard from several interviewees about the Spotlight Initiative, which is aimed at providing financial support for the efforts of Mali to prevent gender-based violence.

44. Under the preliminary bill on gender-based violence, female genital mutilation is defined as any procedure involving partial or total injury to or removal of the external female genitalia and any other mutilation of the female genital organs for non-medical reasons.

45. With regard to the applicable penalties, the preliminary bill stipulates that anyone who carries out, facilitates or is complicit in female genital mutilation or who fails to assist a woman or girl undergoing genital mutilation shall be punished by a term of imprisonment of from 5 to 10 years and may be fined a sum of from 3 million to 5 million CFA francs. Anyone who is aware that such a crime is about to be committed and who fails to notify the authorities shall be punished by a term of imprisonment of from six months to two years or may be fined a sum of from 500,000 to 1 million CFA francs. Under the preliminary bill, the death of the victim, complications of female genital mutilation and the regular or commercial practice of female genital mutilation shall constitute aggravating circumstances. Lastly, the limitation period for public prosecution provided for in the preliminary bill is 30 years from the date on which the crime was committed.

46. Most countries in West Africa, including Benin, Burkina Faso, Côte d’Ivoire, the Gambia, Ghana, Guinea, Guinea-Bissau, Mauritania, the Niger, Nigeria, Senegal and Togo, have adopted laws prohibiting female genital mutilation. According to the Office of the United Nations High Commissioner for Human Rights, research indicates significant reductions in prevalence where States have enacted and enforced criminal sanctions against female genital mutilation ([A/HRC/29/20](https://undocs.org/en/A/HRC/29/20) and [A/HRC/29/20/Corr.1](https://undocs.org/en/A/HRC/29/20/Corr.1), para. 13). However, some authorities have indicated that the adoption of a law would have the effect of making the practice clandestine.

2. Resistance from religious leaders and insufficient political will

(a) Opposition from religious leaders

47. Most government counterparts, NGOs and United Nations agencies indicated that opposition from religious leaders was one of the main obstacles to the adoption of the preliminary bill on gender-based violence, under which female genital mutilation is prohibited. In 2016, the Ministry for the Advancement of Women, Children and Families identified the High Islamic Council, the Malian Association for the Unity and Progress of Islam and the Malian Association of Qur’anic Schools as some of the forces opposed to the adoption of a law against gender-based violence, including female genital mutilation. Nevertheless, according to some observers, the ability of religious leaders to influence political decisions should not be overstated.

48. While some religious leaders supported the adoption of a law, those whom the experts met in Mopti stressed the importance of avoiding legislative intervention in religious matters and for the purpose of regulating community behaviour. One religious leader warned that the adoption of the law could lead to dysfunction within the country. The religious and community leaders whom the experts met in Bamako also deplored the lack of consultation with religious leaders and said that efforts to prevent female genital mutilation constituted an attack on their religion and culture.

49. According to the Ministry of Religious Affairs and Worship, the involvement and support of religious leaders are necessary conditions for the adoption of the preliminary bill on gender-based violence, including female genital mutilation.

(b) Insufficient political will

50. According to several interviewees, there is a lack of real political will in the State party to move the bill forward. By way of comparison, those interviewees emphasized that the Government had passed a law in 2015 instituting temporary special measures for the promotion of gender equality in access to appointed and elected office and had done so despite opposition from religious leaders. Similarly, the Government has worked closely with religious leaders on the law on HIV/AIDS.

51. Despite the assurances provided by various ministries, including the Ministry for the Advancement of Women, Children and Families, the Ministry of Justice and the Ministry of Religious Affairs and Worship, that the law will be adopted in 2019, the Committee notes that no political decision has been taken by the Prime Minister to place the preliminary bill on the agenda of the Council of Ministers, and no legislative timetable has been set for its adoption by the current legislature.

52. In the light of that information, the Committee notes that there is a lack of political will on the part of the State party to adopt as a matter of priority the law against gender-based violence criminalizing female genital mutilation.

VIII. Legal findings

A. Obligations of the State party under the Convention in relation to female genital mutilation

53. Under the Convention and joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, female genital mutilation is a harmful practice and a form of gender-based violence[[26]](#footnote-26) that constitutes discrimination against women. That practice is a violation of the rights of women and girls under the Convention, namely the right to live free from gender-based violence, prejudice and harmful customary practices, the right of access to justice, the right to health and the right to enter into marriage.[[27]](#footnote-27)

54. Under article 2 of the Convention, States parties have an obligation not to cause discrimination against women through acts or omissions and to respond actively to such discrimination, regardless of whether such acts or omissions are perpetrated by the State party or by private actors.[[28]](#footnote-28) Discrimination can occur through the failure of States parties to take the legislative measures necessary to ensure the full realization of women’s rights.[[29]](#footnote-29) States parties have a due diligence obligation to adopt and implement laws to respond effectively to any resistance to the elimination of discrimination that gives rise to harmful practices and violence against women.[[30]](#footnote-30) As stated in paragraph 13 of joint general recommendation No. 31/general comment No. 18, States parties should explicitly prohibit by law and adequately sanction or criminalize harmful practices.

55. In accordance with article 2 (c) and (e) of the Convention, States parties have an obligation to exercise due diligence to eliminate discrimination against women by non-State actors, including in the family and in the community. They also have an obligation to take all appropriate measures to prevent, investigate, prosecute, punish and provide reparations for acts or omissions by non-State actors that result in gender-based violence against women, including female genital mutilation.[[31]](#footnote-31) States parties are therefore held responsible if they fail to take such measures. In addition, under article 2 (c),[[32]](#footnote-32) States parties must adopt measures to ensure that women are able to make complaints about violations of their rights under the Convention. They must ensure that victims of female genital mutilation have recourse to affordable, accessible and timely remedies, with free legal aid as necessary. States parties must provide access to appropriate reparations for victims and provide the means for recovery and reintegration.[[33]](#footnote-33) They must also set up legal literacy programmes that empower victims to claim their rights without fear.[[34]](#footnote-34)

56. Under articles 2 (f), 5 (a), and 16 (1) (a), read in conjunction with article 5 (a), States parties are required to eliminate prejudices, stereotypes and customs that subordinate women to men and create gender inequality, which are at the root of female genital mutilation. They are also required to protect all women, including those who have not been subjected to genital mutilation, from the gender bias and stereotypes that make such mutilation a condition for marriage, thus depriving them of equality with men in the enjoyment of the right to enter into marriage. In addition, under article 2 of the Convention, read in the light of general recommendation No. 28 (2010) of the Committee on the core obligations of States parties under article 2 of the Convention and joint general recommendation No. 31 /general comment No. 18, States parties must take measures to modify social and cultural patterns of conduct that are based on the idea of the inferiority of women and girls.[[35]](#footnote-35)

57. Article 12 (1) of the Convention guarantees women the right to health, including sexual and reproductive health, and requires States parties to take all appropriate measures to ensure that they have access to health-care services. Under that article, read together with articles 2 and 3, States parties are required to take all appropriate measures to eliminate discrimination against women in the field of health care by any person, organization or enterprise, in order to ensure the full development of women on a basis of equality with men. Also under that article, States parties have an obligation to remedy any social practice that has a negative effect on women’s health and to ensure access to health-care services, including those related to sexual and reproductive health. Such care should also be of high quality and affordable.[[36]](#footnote-36)

58. States parties should ensure that women and girls have access to health-care services that are delivered with respect for their autonomy and their right to give their fully informed consent.[[37]](#footnote-37) In its recent jurisprudence, the Committee has moreover pointed out that, under articles 12 and 5 (a) of the Convention, States parties are required to eliminate practices that have a negative impact on women’s capacity to make free and informed choices about their health care ([CEDAW/C/OP.8/GBR/1](https://undocs.org/en/CEDAW/C/OP.8/GBR/1), para. 55) and that a lack of respect for such choices constitutes discrimination, which is contrary to article 1 of the Convention.[[38]](#footnote-38)

59. The Committee recalls that the obligations of States parties under the Convention do not cease in periods of armed conflict or in states of emergency resulting from political events.[[39]](#footnote-39) Consequently, the security crisis and the state of emergency that have been in place since 2015 do not relieve Mali of its obligations under the Convention.

B. Violations of rights under the Convention

1. Right to live free from gender-based violence

(a) Inadequate legal framework

60. The Committee notes the absence of a law criminalizing female genital mutilation; it also notes that the preliminary bill on the prevention and punishment of gender-based violence and the provision of assistance for victims, criminalizing such mutilation, has not yet been adopted and that such mutilation is not an offence under the Criminal Code. The Committee further notes that Act No. 02-044 on reproductive health, which includes a reference to female genital mutilation, and Circular No. 99-0019 prohibiting female genital mutilation in health-care facilities are not aimed at criminalizing such mutilation. The Committee notes that the failure of the State party to adopt a law criminalizing female genital mutilation deprives victims of effective legal protection against the practice, exposes Malian girls and girls in the subregion to the risk of being subjected to such mutilation and prevents the success of measures taken in the subregion to eradicate that practice.

(b) Insufficient awareness-raising measures

61. The Committee notes the efforts made by the State party to raise public awareness of the harmful effects of female genital mutilation. However, it notes that the efforts have not been sufficient, effective and within a reasonable time frame to alter people’s behaviour and counter the discriminatory gender beliefs and stereotypes that underlie the practice, which are deeply entrenched.

(c) Findings

62. In the light of the foregoing, the Committee finds that the State party is in violation of article 2 (a) and (b), read in conjunction with articles 5 (a) and 12, of the Convention for failing to act with due diligence to adopt a law prohibiting female genital mutilation and ensure, through the law, the practical application of the principle of equality of men and women, thus violating the right of Malian women and women in the subregion to live free from discrimination and gender-based violence.

2. Right of equal access to justice

(a) Lack of effective remedies for victims

63. The Committee recalls that, as stated in paragraph 23 of its general recommendation No. 33 (2015) on women’s access to justice, a lack of due diligence in the prevention, investigation, prosecution, punishment and provision of remedies for violations of women’s rights results in contempt of obligations to ensure that women have equal access to justice.

64. Without a law that punishes female genital mutilation, it is impossible to achieve access to justice for women and girls who are victims of the harmful practice. Indeed, in the absence of such a law, victims are deprived of effective remedies and are unable to file a complaint, to see their cases investigated and the perpetrators prosecuted and punished, and to receive appropriate reparation for the harm done to them as a result of female genital mutilation.

65. Although, as indicated during the inquiry, victims may file a complaint of female genital mutilation before the courts on the basis of the provisions of the Criminal Code relating to assault, violence and torture, the Committee considers that that does not mean that the State party provides effective remedies to enable women to exercise their right of access to justice. The Committee notes the difficulties faced by the courts in summoning and punishing perpetrators of female genital mutilation for assault, violence or torture, since they are subject to the principle of the strict application of criminal law governing positive law. The Committee notes the absence of investigations, prosecutions and punishment, as well as reparation by the State party, whether on the basis of a law criminalizing female genital mutilation, or for assault, violence or torture on the basis of the Criminal Code, which constitutes a breach of its due diligence obligation. That is in spite of the fact that, under paragraph 14 (e) of general recommendation No. 33, the provision of remedies requires that justice systems provide women with viable protection and meaningful redress for any harm that they may suffer. Moreover, according to the jurisprudence of the Human Rights Committee, if States parties fail to make reparation to individuals whose rights have been violated, the obligation to provide an effective remedy is not discharged.[[40]](#footnote-40)

66. The Committee also notes that practitioners take advantage of the absence of criminal laws to practise female genital mutilation without any action by the State party to investigate, prosecute or punish the perpetrators, who include the practitioners and the family members of the victims; the decision to perform the procedure is generally made within the family. The Committee notes the absence of a legal culture for filing complaints about female genital mutilation: most women decline to report such acts and the perpetrators often carry them out at the family’s request.

(b) Findings

67. In the light of the foregoing, the Committee finds that the State party is in violation of articles 2 (c) and (e) of the Convention, because it has failed to exercise due diligence to investigate, prosecute and punish the perpetrators, provide victims with effective remedies and compensate them with appropriate reparation, thus depriving them of the right of access to justice on an equal basis.

3. Right to health

(a) Violation of the right of women to health, including sexual and reproductive health

68. The Committee notes that female genital mutilation causes significant harm to the life, health and development of the victims and that such mutilation undermines the full enjoyment by women and girls of the right to health, including sexual and reproductive health, in the short term and the long term. The Committee also notes that the State party has failed to take the measures necessary to protect women and girls from those discriminatory acts, irrespective of whether the mutilation is carried out by health workers or private parties. Moreover, the Committee notes that the State party has failed to guarantee victims of female genital mutilation access to adequate and affordable health care, including sexual and reproductive health care.

(b) Violation of the autonomy of women and girls

69. The Committee notes the violation of women’s autonomy, decision-making ability and respect for their physical integrity. It also notes that women who wish to position themselves against female genital mutilation are not allowed to make that decision. It further notes the general lack of knowledge of the serious and irreversible consequences of female genital mutilation among Malian society.

70. The Committee notes that genital mutilation is practised exclusively on women and girls and that the consequences, including pain and trauma, are experienced throughout their lives, hindering their full development on an equal basis with men in terms of health, particularly sexual and reproductive health.

(c) Findings

71. The Committee finds that the State party is in violation of the following articles of the Convention:

(a) Article 12 (1), in the light of:

(i) The fact that female genital mutilation constitutes a violation of women’s right to health, including sexual and reproductive health;

(ii) The inadequacy of health care for victims;

(b) Article 12 (1), read in conjunction with articles 1 and 2, given that female genital mutilation is discriminatory to women and girls because it limits their full enjoyment of the right to health, including sexual and reproductive health;

(c) Article 12 (1), read in conjunction with articles 1, 2 and 3, in the light of:

(i) The fact that female genital mutilation places restrictions on the full development of girls and women on a basis of equality with men;

(ii) The insufficiency of measures taken in exercise of due diligence to protect girls from countries of the subregion from the female genital mutilation practised in its territory and to address the trade dimension that has emerged as a result of the practice.

4. Right to enter into marriage

(a) Violation of the right to enter into marriage

72. The Committee notes that, owing to the social acceptance of female genital mutilation, the prevalence of gender biases and stereotypes relating to women and girls who have not undergone female genital mutilation and the pressure on families to subject their daughters to genital mutilation to ensure that they can marry, the practice is considered a condition for marriage. It also notes that no such condition is imposed on men to allow them to marry. The Committee also notes that the State party has not taken sufficient measures to prevent that type of discrimination, which has a negative impact on women’s right to marry on an equal basis with men.

(b) Findings

73. In the light of the foregoing, the Committee finds that the State party is in violation of article 5 (a), read in conjunction with articles 2 and 16 (1), owing to the ineffectiveness of the measures taken to change behaviour and respond effectively to discriminatory gender stereotypes that perpetuate the social, cultural and religious legitimization of female genital mutilation and obstruct its elimination, and the ineffectiveness of the measures taken to modify social and cultural patterns of conduct, eliminate the practice of female genital mutilation and guarantee equality with men in the enjoyment of the right to enter into marriage.

C. Principal findings of violations under the Convention

74. In the light of the foregoing, and given that the context of political and security crisis does not relieve the State party of its obligations, the Committee finds that the State party has violated the following articles of the Convention: article 2 (a), (b), (c) and (e); article 5 (a), read in conjunction with articles 2, 3 and 4 (1); article 12 (1), read in conjunction with articles 1, 2, 3 and 5 (a); and article 16 (1) (a), read in conjunction with article 5 (a). Those articles should be read in conjunction with the following general recommendations of the Committee: general recommendation No. 14 (1990) on female circumcision, general recommendation No. 21 (1994) on equality in marriage and family relations, general recommendation No. 24 (1999) on women and health, general recommendation No. 28, general recommendation No. 30 (2013) on women in conflict prevention, conflict and post-conflict situations, joint general recommendation No. 31/general comment No. 18, general recommendation No. 33 and general recommendation No. 35 (2017) on gender-based violence against women, updating general recommendation No. 19.

D. Grave or systematic nature of the violations

75. Pursuant to article 8 of the Optional Protocol and rule 83 of its rules of procedure, the Committee must assess whether the violations of rights are grave or systematic.

76. The Committee considers violations to be “grave” if they are likely to produce substantial harm to victims. A determination regarding the gravity of violations must take into account the scale, prevalence, nature and impact of the violations found.

77. The term “systematic” refers to the organized nature of the acts leading to the violations and the improbability of their random occurrence. The Committee has stressed that a systematic denial of equal rights for women can take place either deliberately, namely with the State party’s intent of committing those acts, or as a result of discriminatory laws or policies, with or without such purpose. The systematic nature of violations can also be assessed in the light of the presence of a significant and persistent pattern of acts that do not result from a random occurrence.

78. The Committee evaluates the gravity of the violations committed in the State party in the light of the numerous and repeated instances of considerable suffering inflicted on women and girls from a very young age. It notes that the harmful practice of female genital mutilation has serious effects on physical and psychological health, including sexual and reproductive health, and affects the victim’s development both immediately and throughout her life. Lastly, it notes that female genital mutilation can result in the victim’s death.

79. The systematic nature of the violations involving female genital mutilation perpetrated in the State party stems from the fact that the practice is extensive and persistent, which demonstrates that that violation of women’s rights is not a random phenomenon. Indeed, as at 2015, 82.7 per cent of women aged from 15 to 49 years and 76.4 per cent of girls aged from 0 to 14 years had undergone female genital mutilation. The systematic nature also stems from the fact that the State party deliberately has not prohibited the practice, impeding victims’ access to justice and allowing it to continue with complete impunity. While the State party acknowledges the magnitude of the harmful practice, it has not made systematic efforts: (a) to raise awareness, within a reasonable period, among target populations and the general public of the harmful effects on the physical and psychological health of women and girls; (b) to eliminate discriminatory gender stereotypes that legitimize the practice; (c) to change the traditional attitudes underlying that form of gender-based violence; and (d) to prevent the stigmatization of women and girls who have not undergone female genital mutilation.

80. The Committee finds that the State party is responsible for the following:

(a) Grave violations of rights under the Convention, considering the discriminatory nature of female genital mutilation and the failure to fulfil its obligation to protect the majority of women and girls from female genital mutilation and ensure that they have appropriate access to health care and justice, thereby exposing them to severe physical and psychological suffering, impeding investigations and obstructing victims’ access to remedies;

(b) Systematic violations of rights under the Convention, considering that the State party has knowingly omitted to take effective measures to:

(i) Criminalize and prohibit female genital mutilation and ensure that the crime is punished by severe penalties;

(ii) Provide for measures, including legislative measures, to protect, care for and rehabilitate victims of female genital mutilation;

(iii) Counter negative cultural attitudes and social norms that legitimize female genital mutilation and the stigmatization of women and girls who do not agree to such mutilation.

IX. Recommendations

A. Measures for the protection and effective recognition of the rights of women

81. **In order to stop the widespread harmful practice, protect victims, put an end to impunity and comply with the obligations undertaken by the State party, and bearing in mind the political urgency to adopt the law in the light of the progress made in other countries of the subregion, the strategic dimension of the law in combating gender-based violence, the irreversible and serious suffering of the victims, which amounts to torture, and the harm that girls in the subregion face, the Committee recommends that the State party take the following measures:**

(a) **Adopt, without delay, the draft bill on the prevention and punishment of gender-based violence and the provision of assistance to victims that criminalizes female genital mutilation, within a stipulated time frame and in line with the Committee’s previous recommendations (**[**CEDAW/C/MLI/CO/6-7**](https://undocs.org/en/CEDAW/C/MLI/CO/6-7)**, para. 20, and** [**CEDAW/C/MLI/CO/5**](https://undocs.org/en/CEDAW/C/MLI/CO/5)**, para. 24), in line with Goal 5 of the Sustainable Development Goals (target 5.3) and the 25-year review of the implementation of the Beijing Declaration and Platform for Action;**

(b) **Ensure that the adoption by the parliament of the law is accompanied by the following measures:**

(i) **Development of a strategic plan for implementing the law and establishment of a national coordination mechanism for the application of the plan, in which the stakeholders would include the relevant ministries, parliamentarians, religious and community leaders, representatives of local authorities, the National Human Rights Commission, civil society, NGOs, United Nations agencies and victims;**

(ii) **Preparation of a communication strategy on the law, adapted to the country’s regions, languages and localities, with the aim of raising awareness of the law and ensuring its effective implementation;**

(iii) **Preparation by the National Human Rights Commission of an annual assessment report to monitor the implementation of the law;**

(c) **Mobilize regional and international technical assistance for implementation of the law and its monitoring, including through the Spotlight Initiative;**

(d) **Make the adoption of the law, as a measure to support the social and political empowerment of women, a key element in the peace process, in the recovery of the State and the restoration of the rule of law, so as to promote State stability, security and State-building, in accordance with the Convention, the Committee’s general recommendation No. 30, which provides that women’s rights cannot be separated from security issues, and Security Council resolution** [**1325 (2000)**](https://undocs.org/en/S/RES/1325%20(2000)) **on women and peace and security;**

(e) **Strengthen the capacity of the Ministry for the Advancement of Women, Children and Families to ensure the coordination, decentralization, implementation and monitoring of the measures taken.**

B. Access to justice

82. **The Committee recommends that the State party:**

(a) **Ensure the systematic training and build the capacity of magistrates and criminal investigation officers with regard to issues relating to female genital mutilation in the light of the Convention and of the Maputo Protocol;**

(b) **Provide those working in the judiciary and the criminal justice system, as well as other law enforcement officials, with sufficient resources to combat impunity in cases involving female genital mutilation;**

(c) **Ensure that victims and at-risk women can file complaints and report the perpetrators of female genital mutilation, including heads of household, practitioners and their assistants, such as by establishing a free helpline to provide victims with advice and information;**

(d) **Implement Circular No. 99-0019 of the Minister of Health, Older Persons and Solidarity of 7 January 1999, including by raising the awareness of health workers regarding its contents and punishing those who do not comply with it, including their managers;**

(e) **Require professionals and institutions working with women and girls to immediately report cases of female genital mutilation and cases in which there is a risk that such mutilation may be carried out, while protecting the confidentiality of those reporting such cases.**

C. Provision of assistance to victims

83. **The Committee recommends that the State party:**

(a) **Systematically provide appropriate specialized care to victims of female genital mutilation and ensure that it is affordable and geographically and physically accessible;**

(b) **Strengthen the capacity of health-care professionals, border guards, teachers and service providers working with women and girls on matters relating to women’s rights, including their right not to be subjected to discrimination and their right to health, and on the harmful effects of female genital mutilation and assistance tools, in the light of the World Health Organization guidelines on the management of health complications resulting from female genital mutilation;**

(c) **Establish and financially support the operation of shelters for victims and girls who are at risk of being subjected to genital mutilation and are seeking refuge, including centres operated by women’s associations;**

(d) **Guarantee financial support for NGOs involved in implementing the national policy for the elimination of female genital mutilation and the action plans on female genital mutilation and cooperate with NGOs to monitor the implementation of statements on the elimination of female genital mutilation.**

D. Participation and involvement of religious and community leaders

84. **The Committee recommends that the State party:**

(a) **Intensify dialogue on female genital mutilation with religious and community leaders, including Muslim religious leaders, and ensure that they are consulted and effectively involved in the development and implementation of programmes and policies to prevent female genital mutilation, as well as in the process of adopting the law on gender-based violence criminalizing female genital mutilation;**

(b) **Conduct training sessions for religious and community leaders on women’s rights and the principles of non-discrimination and gender equality, as guaranteed under the Convention, including in the light of the relevant religious provisions, in collaboration with the Ministry of Religious Affairs and Worship, the National Human Rights Commission, United Nations agencies and civil society;**

(c) **Support the Ministry of Religious Affairs and Worship with regard to the adoption of a public statement by Malian religious readers in support of eliminating female genital mutilation and the organization, in Mali, of a forum for religious leaders on the topic of female genital mutilation with the participation of countries that have formally declared that practice to be contrary to religion, based on the model of the symposium organized by religious leaders in Mauritania in 2011, in order to bring about a change in the perception of female genital mutilation by religious leaders;**

(d) **Support religious and community leaders in their efforts to eliminate female genital mutilation, including through financial support, and increase the human, financial and material resources of the Ministry of Religious Affairs and Worship.**

E. Measures aimed at practitioners

85. **The Committee recommends that the State party:**

(a) **Step up efforts to eliminate female genital mutilation by targeting practitioners and helping them to find alternative sources of income, including by providing them with training, as well as support for employment and the establishment of businesses;**

(b) **Promote positive rites of passage other than genital mutilation for marking a girl’s entry into adulthood, with a central role for practitioners who have stopped practising female genital mutilation, following the example of similar ceremonies instituted in the Gambia, Kenya and the United Republic of Tanzania.**

F. Prevention and awareness-raising

86. **The Committee recommends that the State party:**

(a) **Establish permanent regional branches of the national programme to combat female genital mutilation with the technical, human and financial resources necessary to ensure effective oversight of activities, including those designed to challenge and change the cultural and social attitudes and the traditions and customs on which female genital mutilation is based;**

(b) **Allocate sufficient technical, human and financial resources to awareness-raising campaigns in the national languages of Mali and in a manner targeted at rural and urban populations, as well as the Malian diaspora, with a focus on the harmful effects of female genital mutilation and on women’s rights, including the right to health and the right for them to give or withhold their informed consent to any procedure that has an impact on their health;**

(c) **Carry out small-scale awareness-raising campaigns, especially at the local level, aimed at heads of household and community leaders and projecting a positive image of married and unmarried women who have not undergone female genital mutilation, including through intergenerational dialogue and with the support of traditional communicators;**

(d) **Strengthen measures to eliminate gender stereotypes and change patterns of conduct, prevent the stigmatization of women and girls who have not undergone female genital mutilation and eliminate discrimination against them, in particular regarding the right to enter into marriage on a basis of equality of men and women;**

(e) **Integrate female genital mutilation into formal and non-formal education, so that the topic is openly discussed without stigma to enable girls and women to receive accurate information on the detrimental and harmful effects of the practice, and guarantee that women and girls in Mali have access to education as an essential tool towards gender equality, women’s empowerment and personal development;**

(f) **Take the steps necessary to restructure the network of NGOs working to prevent female genital mutilation, including financial support, in preparation for the application of the law on gender-based violence, including female genital mutilation, once it has been adopted;**

(g) **Increase support for NGOs that are working to prevent female genital mutilation so that they can establish a network of groups for prevention and early warning;**

(h) **Strengthen collaboration with countries of the subregion to prevent female genital mutilation and protect and assist victims, including through joint projects promoting the elimination of the cross-border practice of female genital mutilation.**

G. Data collection

87. **The Committee recommends that the State party:**

(a) **Intensify the collection of quantitative and qualitative data on female genital mutilation, disaggregated by age, sex, ethnicity, religion and region, and make such collection systematic;**

(b) **Compile good practices in relation to the prevention, criminalization and elimination of female genital mutilation, especially in West Africa, and disseminate them among practitioners;**

(c) **Establish a data system to assess:**

(i) **The effectiveness of measures carried out to eliminate female genital mutilation;**

(ii) **The impact of such measures on the transnational dimension of the practice;**

(iii) **The social cost of female genital mutilation and its impact on the country’s economic and social development.**

1. Only one of the three organizations, Equality Now, agreed to the disclosure of its name. [↑](#footnote-ref-1)
2. Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, para. 19. [↑](#footnote-ref-2)
3. Female genital mutilation is classified into four types (see World Health Organization, *Eliminating Female Genital Mutilation: An Interagency Statement – UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO* (Geneva, 2008)). [↑](#footnote-ref-3)
4. United Nations Development Programme, *Human Development Indices and Indicators: 2018 Statistical Update* (New York, 2018), figure 1. [↑](#footnote-ref-4)
5. Mali National Statistics Institute, *Enquête modulaire et permanente auprès des ménages (EMOP)* (August 2017), pp. 11 and 37. Available at [www.instat-mali.org/contenu/eq/rana17pas1\_eq.pdf](http://www.instat-mali.org/contenu/eq/rana17pas1_eq.pdf). [↑](#footnote-ref-5)
6. Mali, Ministry for the Advancement of Women, Children and Families and national programme to combat excision, *Analyse critique des acteurs d’influence à l’accélération de l’abandon de la pratique des MGF/excision au Mali*, April 2016, p. 34. [↑](#footnote-ref-6)
7. Mali, Ministry for the Advancement of Women, Children and Families*, « Yéélén »: stratégie nationale de communication holistique sur les violences basées sur le genre (2018–2027)*, p. 63. [↑](#footnote-ref-7)
8. Mali, National Statistics Institute, *Enquête par grappes à indicateurs multiples (MICS) au Mali: rapport final, 2015* (Bamako, 2015), p. 17. [↑](#footnote-ref-8)
9. Ibid. and Mali, National Statistics Institute, *Mali: enquête par grappes à indicateurs multiples (MICS), rapport final, 2012–2013*. [↑](#footnote-ref-9)
10. Mali, Planning and Statistics Unit and others, *Enquête démographique et de santé (EDSM-V): 2012–2013*, May 2014, p. 291. Among girls aged from 0 to 14 years, around 7 in 10 had been subjected to female genital mutilation (69 per cent). [↑](#footnote-ref-10)
11. Ngianga-Bakwin Kandala and others, “Secular trends in the prevalence of female genital mutilation/cutting among girls: a systematic analysis”, *BMJ Global Health*, vol. 3, No. 5 (2018), p. 4. In 2017, the highest rates of prevalence in West Africa were in Mali (72.59 per cent), Mauritania (61.20 per cent) and the Gambia (53.43 per cent). [↑](#footnote-ref-11)
12. Ibid., p. 3. [↑](#footnote-ref-12)
13. Mali, Planning and Statistics Unit and others, *Enquête démographique et de santé (EDSM-V): 2012–2013*, table 18.2. [↑](#footnote-ref-13)
14. Ibid., table 18.9. [↑](#footnote-ref-14)
15. Ibid., table 18.2. [↑](#footnote-ref-15)
16. Ibid., table 18.8. [↑](#footnote-ref-16)
17. Ibid., table 18.2. [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. Ibid., table 18.3. [↑](#footnote-ref-19)
20. Ibid., table 18.7. [↑](#footnote-ref-20)
21. Ibid., table 18.8. [↑](#footnote-ref-21)
22. World Health Organization, *Eliminating Female Genital Mutilation*, annex 5. [↑](#footnote-ref-22)
23. Mali, National Statistics Institute, *Enquête par grappes à indicateurs multiples (MICS) au Mali: rapport final – 2015* (Bamako, 2015), p. 17. [↑](#footnote-ref-23)
24. Mali, Ministry for the Advancement of Women, Children and Families, *« Yéélen »*, p. 64. [↑](#footnote-ref-24)
25. Ibid. [↑](#footnote-ref-25)
26. General recommendation No. 35 (2017) on gender-based violence, updating general recommendation No. 19, para. 14; and general recommendation No. 19 (1992) on violence against women, paras. 19 and 20. [↑](#footnote-ref-26)
27. Joint general recommendation No. 31/general comment No. 18, paras. 15 and 19. [↑](#footnote-ref-27)
28. General recommendation No. 28 (2010) on the core obligations of States parties under article 2 of the Convention, para. 10. [↑](#footnote-ref-28)
29. Ibid. [↑](#footnote-ref-29)
30. General recommendation No. 35, para. 24 (b), and joint general recommendation No. 31/general comment No. 18, paras. 31 and 41. [↑](#footnote-ref-30)
31. General recommendation No. 35, para. 24 (b), general recommendation No. 28, paras. 36 and 37, and joint general recommendation No. 31/general comment No. 18, para. 11. [↑](#footnote-ref-31)
32. Interpreted in the light of general recommendation No. 28, paras. 34 and 36. [↑](#footnote-ref-32)
33. Joint general recommendation No. 31/general comment No. 18, para. 13. [↑](#footnote-ref-33)
34. General recommendation No. 33 (2015) on women’s access to justice, para. 33 (c). [↑](#footnote-ref-34)
35. Joint general recommendation No. 31/general comment No. 18, para. 31, and general recommendation No. 28 (2010), para. 29. [↑](#footnote-ref-35)
36. General recommendation No. 24 (1999) on women and health, para. 29. [↑](#footnote-ref-36)
37. Ibid., paras. 22 and 31 (e). [↑](#footnote-ref-37)
38. See Committee on the Elimination of Discrimination against Women, “Statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights: beyond 2014 ICPD review”. Available at [https://www.ohchr.org/Documents/  
    HRBodies/CEDAW/Statements/SRHR26Feb2014.pdf](https://www.ohchr.org/Documents/HRBodies/CEDAW/Statements/SRHR26Feb2014.pdf). [↑](#footnote-ref-38)
39. General recommendation No. 28, para. 11. [↑](#footnote-ref-39)
40. General comment No. 20 (1992) of the Human Rights Committee on the prohibition of torture, or other cruel, inhuman or degrading treatment or punishment, para. 15, and general comment No. 31 [80] (2004) of the Human Rights Committee on the nature of the general legal obligation imposed on States parties to the Covenant, para. 16. [↑](#footnote-ref-40)