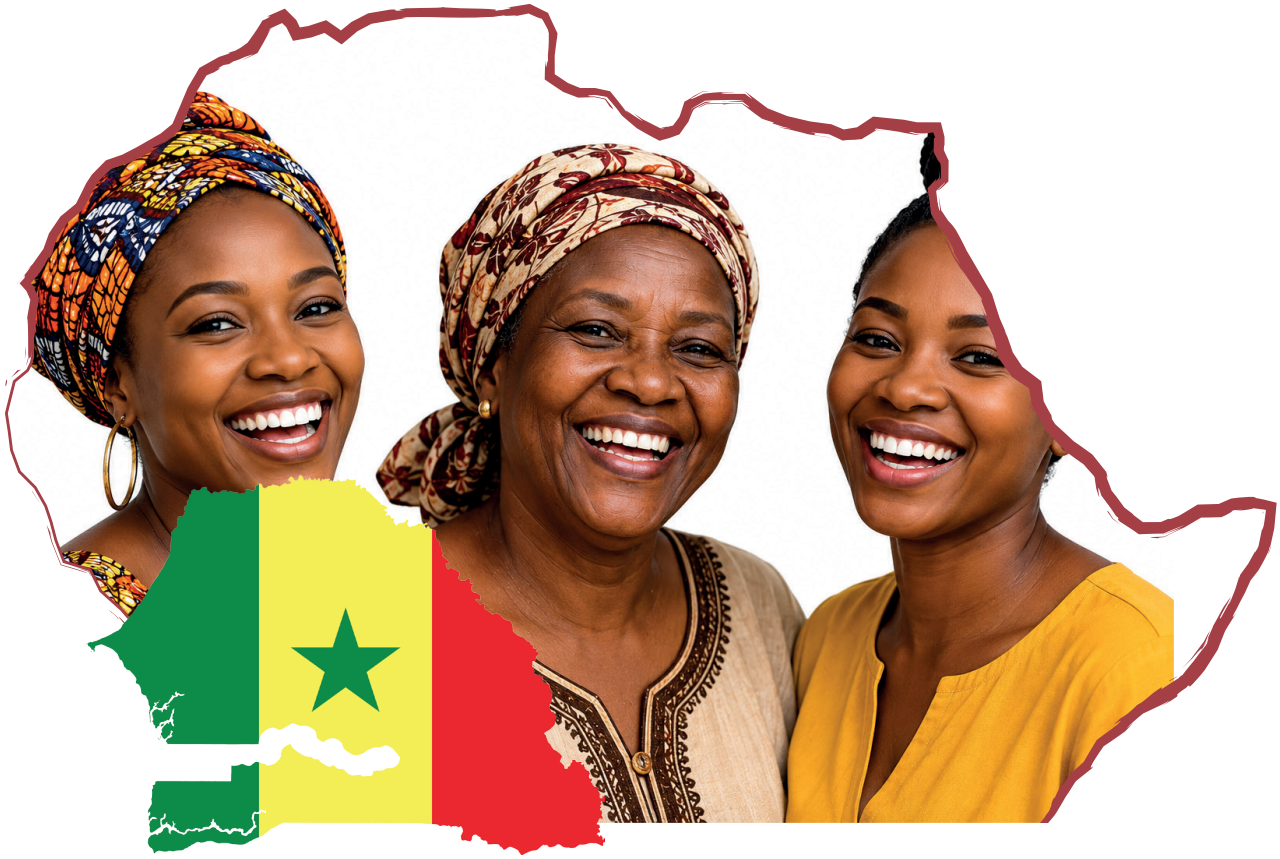

DOMESTICATION GUIDE

ADVANCING BODILY AUTONOMY & INTEGRITY IN SENEGAL

MEWC
Make Every Woman Count

SOLIDARITY FOR AFRICAN WOMEN'S RIGHTS
A force for freedom

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

Association des Juristes Sénégalaises
AJS

AKINA MAMA WA AFRIKA

DOMESTICATION GUIDE

ADVANCING BODILY AUTONOMY & INTEGRITY IN SENEGAL

MEWC
Make Every Woman Count

SOLIDARITY FOR AFRICAN WOMEN'S RIGHTS
A force for freedom

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

Association des Juristes Sénégalaises
AJS

AKINA MAMA WA AFRIKA

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

Design and Layout: James Chunguli, Crimson Communications Ltd.

Introduction

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

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

Why the Maputo Protocol Matters

At the heart of this guide are two of the Protocol's most significant provisions: Article 5 calls on states to eliminate harmful practices such as female genital mutilation/cutting (FGM/C), child marriage, and other customs that threaten the health and dignity of women and girls; while Article 14 guarantees women's reproductive health rights, including access to family planning, safe maternal care, and lawful abortion in cases of sexual assault, rape, incest, or when a pregnancy endangers a woman's mental or physical health.

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

Understanding 'Domestication'

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

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

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

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

I. Purpose of the Guide

This Domestication Guide serves as a strategic road map for translating the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa's (the Maputo Protocol's) international standards into Senegalese reality.[1] It provides a baseline for legal analysis, a toolkit for advocacy and a set of policy benchmarks to ensure the rights to bodily integrity are enforced. It focuses on the Protocol's provisions for bodily autonomy and integrity, exploring the status of domestication and advocacy strategies, with a focus on actionable recommendations to advance domestication of these rights at the national level.

Section I: Purpose of the Guide describes the contents of the guide and how to navigate it, as well as use cases.

Section II: Country Context and Legal Framework analyses Senegal's legal and political systems and its integration of the Maputo Protocol, identifying key actors in the domestication landscape.

Section III: Status of Domestication presents relevant constitutional provisions intersecting with Articles 5 and 14 of the Maputo Protocol with evidence of application in practice in accordance with the Protocol. Analyses of gaps that impede practical implementation with entry points to be leveraged contributing to effective domestication in Senegal.

Section IV: Advocacy and Lobbying Strategies presents proven approaches that have yielded tangible reforms both locally and regionally. It also discusses lessons learned, highlighting the need for inclusive, consistent engagement, and emerging innovations that offer new momentum for advocacy in-country.

Section V: Recommendations provides concrete actionable recommendations specific to various actors to accelerate progress on effective domestication.

How to Use the Guide

Different actors can leverage the guide's sections in different ways to advance coordinated advocacy, legal enforcement and resource allocation for women's rights.

- Civil society can use the guide to help them to mobilise strategically by designing evidence-based campaigns and identifying the right ministries to target.
- Parliamentarians can use the guide as a checklist for legislative reform and budget oversight on women's health and safety.
- Legal practitioners will benefit from litigation recommendations that draw on Maputo Protocol precedents to defend bodily integrity in court, and national partners can align donor funding and technical support to fill the most pressing gaps in domestication.

II. Country Context and Legal Framework

Senegal is a unitary republic located in West Africa, with an estimated population of approximately 18 million inhabitants, and operates under a presidential system of governance.[2] The country is predominantly Francophone, with French serving as the official language alongside widely spoken national languages, notably Wolof. The country is widely regarded as one of the most politically stable states in the region, characterised by a sustained commitment to democratic governance and constitutional order, including a history of peaceful political transitions.[3] At the regional and international levels, Senegal is an active member of several multilateral organisations, including the African Union (AU), the Economic Community of West African States (ECOWAS) and the International Organisation of la Francophonie.[4] The country ratified the Maputo Protocol in 2005, thereby formally committing to the promotion and protection of women's rights, including provisions related to reproductive health and bodily autonomy.[5] However, despite this formal ratification, the domestication and effective implementation of key provisions of the Protocol remain limited within the national legal and policy framework.

Legal System and Domestication of International Treaties

Drawing on the French legal tradition, Senegal has adopted the status of a monist state in matters of international law and operates under a civil law system.[6] Under Article 98 of the Constitution (22 January 2001), duly ratified treaties and agreements take precedence over national laws, subject to reciprocity.[7] This means that, in principle, international treaties become directly applicable within the domestic legal order without requiring prior transposition into national law.

Unlike in dualist systems, in which treaties must be formally incorporated into national law before producing legal effects, the monist framework theoretically facilitates the automatic domestication of international obligations.[8]

However, the application of international treaties in Senegal remains incomplete. Despite their formal supremacy, international standards are rarely invoked or applied by national courts, and their effective implementation often depends on complementary legislative and policy measures.[9] This creates a disconnection between the country's international commitments and their translation into domestic law, particularly in sensitive areas such as reproductive rights.

Key Institutional Stakeholders

The process of the domestication of the Maputo Protocol is complex, yet it involves a number of stakeholders with differing interests whose roles are both complementary and, at times, contested.[10] At the government level, three key ministries – the Ministry of Justice; the Ministry of Health; and the Ministry of Women, Family and Gender – are central to the domestication and oversight of policies aligned with international obligations.[11] The Parliament plays a paramount legislative role, particularly through its specialised parliamentary committees, which are responsible for reviewing, debating and adopting legal reforms necessary for the incorporation of international norms into domestic law.[12]

The judiciary also constitutes a crucial actor within this landscape, given its authority to interpret and apply both domestic and international law, especially within Senegal's monist legal framework.

Senegalese civil society organisations play a significant role in advocacy and awareness-raising. For example, the Task Force pour l'accès à l'avortement médicalisé en cas de viol et d'inceste (Task Force for Access to Safe Abortion in Cases of Rape and Incest) raises awareness among policymakers and informs the public about access to medical abortion in cases of rape and incest.[13] Civil society organisations such as the Task Force, the Senegalese League for Human Rights (LSDH) and the Association of Senegalese Lawyers (AJS) are active in defending women's rights in Senegal and are leading the fight, gathering evidence and promoting structural reforms in line with international standards.

Religious and cultural actors are among the most influential stakeholders in the domestication process. Senegal is a predominantly Muslim country in which two Sufi brotherhoods, the Mouridiyya and the Tijaniyya, exercise considerable social, political and moral authority that extends well beyond the mosque into family life, community norms and political decision-making.[14] Their leaders, known as *marabouts*, command deep personal loyalty and shape public attitudes on issues including gender roles and reproductive health. This influence operates as both a barrier and an entry point: while conservative interpretations have historically reinforced resistance to reproductive rights reform, there is documented precedent across the continent for faith leaders becoming effective advocates for family planning when engaged through culturally grounded, scripture-based approaches.

International organisations act as technical and financial partners, supporting local initiatives and encouraging progressive efforts.[15]

III. Status of Domestication

Legal and Policy Baseline

The right to healthcare is guaranteed to all Senegalese citizens as enshrined in Article 17 of the Constitution, which guarantees equality in access to health services and wellbeing.[16] Article 98 of the Constitution provides superiority of ratified treaties to take legal and judicial precedence over any conflicting legislations.

In 1999, Senegal became the fourth country to enact legislation prohibiting female genital mutilation/cutting (FGM/C).[17] The Penal Code criminalises the total or partial ablation, excision or any other form of female genital mutilation.[18] Senegal's anti-FGM/C stance is anchored in several global instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).[19] CEDAW served as the primary international framework urging states to eliminate FGM/C, a commitment later reinforced in Article 5(b) of the Maputo Protocol.[20] In 2000, the Senegalese government adopted the National Action Plan for the Abandonment of the Practice of Female Genital Mutilation/Cutting 2000–2005.[21] This aimed to accelerate the abandonment of FGM/C in the country

by contributing to improving general knowledge on FGM/C and women's rights, integrating lessons into formal and informal education, improving access to care for FGM/C victims and enforcing the law against FGM/C across Senegal.[21] This shows the nation's commitment to safeguarding Senegalese girls and women from FGM/C years before the establishment of the Protocol.

Senegal's Reproductive Health Law, Law No. 2005-18, recognises the right to reproductive health as a fundamental human right and is thus in alignment with Article 14 of the Protocol.[22] However, the law is still highly restrictive in relation to abortion.[23] It permits abortion only to save the mother's life. Senegalese women and girls who are impregnated as a result of rape, incest or sexual assault still do not have the right to legal abortion, contrary to the provisions of Article 14(c) of the Maputo Protocol.[24]

Amendments to the Penal Code in 1999 criminalised incest, rape, sexual harassment and FGM/C.[18]

In 1980, Senegal repealed a restrictive law enacted by the French colonial regime that had prohibited family planning.[25] In 1981, the government developed a national programme to oversee information, education, counselling support and family planning services.[26] It announced the National Population Policy in 1988, giving official and political approval to family planning programmes in Senegal.[27] Furthermore, the Population Council established its Dakar office in 1989, working with Senegal's Ministry of Health to create a model for community-based distribution of family planning services.[28] The government, following the evaluation of its population programmes, developed the first formal reproductive health programme and created a division for reproductive health in 2001 to coordinate family planning and maternal health services. The establishment of the division aligns with Article 14(2)(a) of the Protocol, which requires states to provide adequate, affordable and accessible sexual and reproductive health services. While these efforts established a foundation for family planning and reproductive health services, they were burdened by issues related to inadequate access and poor quality of services offered. The programme was also constrained by inadequate provisions relating to the protection of providers and the rights of clients.[29]

In the mid-1980s Senegal established the first National Programme for the Fight Against AIDS, restructure in December 2001 as the National Council for the Fight Against AIDS in order to facilitate a better-coordinated multisectoral approach. [30] This adopted measures to prevent the spread of HIV/AIDS, while continuously monitoring prevalence using a sentinel surveillance model. It also put in place several longstanding health policies, such as giving priority to ensuring blood safety and requiring registration and regular check-ups for sex workers.[31] Despite these interventions increasing the level of awareness among the general population, they failed to target particularly vulnerable groups such as women, creating a disparity in access to services.[32] The 2001 Reproductive Health Programme included services to fight against the spread of sexually transmitted infections (STIs) but faced shortcomings in relation to protecting people living with HIV and deliberate transmission of AIDS.[33] These challenges meant Senegal could not comprehensively fulfil the objectives of Article 14 of the Protocol aimed at championing the sexual and reproductive health rights of women.

Progress since Ratification

The Reproductive Health Law (Law No. 2005-18), enacted in 2005, made provisions for autonomy of choice for couples pertaining to family planning. Article 9 stipulates that all individuals have the right to decide whether to procreate, and on the number and spacing of children. This is in direct agreement with Article 14(1)(c) of the Maputo Protocol. Article 10 also mandates access to reproductive healthcare that is free from discrimination on the basis of sex, age, sex, marital status, or ethnic or religious background. Article 16 criminalises voluntary transmission of AIDS through unprotected sex, in line with Article 14(1)(d) of the Protocol. In cases of voluntary transmission of AIDS, the law prescribes up to five years in prison and a fine of up to FCFA 1 million where the sex was consensual, and a maximum sentence for underage defilement. These provisions came into effect shortly after ratification of the Protocol, reiterating the nation's commitment to the protection of women's reproductive rights.

The Reproductive Health Law also provided a mandate for health services, in Chapter 2 Article 4, to include guidance, information, education and research regarding family planning, a mandate provided for in Article 14(2)(a) of the Protocol, which requires State Parties to educate women on sexual and reproductive health. The law also promotes safe motherhood through monitoring pregnancy, childbirth and postpartum care. Post-natal services mandated under the legislation cover monitoring the growth and nutritional status of infants, promoting exclusive breastfeeding, good weaning practices and vaccination. The law also provides guidelines for comprehensive implementation of Article 14 of the Maputo Protocol on women's sexual and reproductive health rights.

The government has also adopted a series of national population and reproductive health policies since ratification, with the most recent being the National Reproductive Health Policy and the National Population Policy. These successive policies share common goals, including the reduction of maternal mortality rates, the expansion of family planning service coverage across the nation and a focused effort to address the specific reproductive health needs of adolescents. The integration of reproductive health into the nation's legal framework and policy guidelines has trickled down into society, gradually shaping the people's adoptive attitudes and phasing out negativity towards contraception and family planning.[34] Senegal is therefore well aligned with Article 14(1)(a) and 14(1)(b) of the Maputo Protocol on the right to control fertility and access contraceptives.

Following ratification, Senegal shifted from solely criminalising FGM/C to also building a protective ecosystem integrating judicial enforcement to legislative structures. The Reproductive Health Law codified the right to bodily integrity and mandated that the state provide medical and psychological support to FGM/C survivors. The constitutional referendum of 2016 further provided legal reinforcement through Article 7, which specifically guarantees the right to health and physical integrity, providing a higher basis for anti-FGM/C litigation. Senegal's implementation of successive national action plans has pivoted in its approach from purely legal enforcement to a community-led model officially adopting the Tostan approach, to foster voluntary abandonment of the practice.[35] The Tostan approach leveraged non-formal human rights education and community engagement,

contributing to an increased number of communities abandoning the practice of FGM/C. It recognised the importance of non-formal education delivered in national languages, using approaches based on empathy and respect to engage communities affected by the practice. Tostan used an 'organised diffusion' model whereby participating communities reached out to others in their extended social networks, raising awareness on good health practices and human rights. By 2014, Tostan programmes had reached over 1,350 Senegalese communities since 1997, with 5,935 communities publicly declaring their intention to abandon FGM/C.[36] National FGM/C prevalence saw a decline from 28.2% in 2005 to 20.1% in 2023.[37,38]

The proportion of public administrations with gender units rose from 78.12% in 2019 to 90.62% in 2020, demonstrating the systemic integration of equity principles.[39] Targeted interventions such as the Support Programme for the National Equity and Gender Equality Strategy of Senegal II (2020–2023) and the Project to Support the Monitoring and Implementation of Gender-Responsive Public Policies (2018–2021) have supported gender-sensitive policy development and introduced tools like the Women's Empowerment Index, fulfilling in part Article 5(c) of the Protocol, which requires the state to provide support to women who have been victims of any harmful practices.[40] In line with Article 5 on elimination of harmful practices, Senegal has launched a series of national action plans, with the most recent one being the National FGM Strategy 2022–2030.[41] Article 14 commitments are reflected in health-focused programmes like the National Health Development Plan 2018–2023, family planning strategies and fistula reintegration platforms. Initiatives such as the 'Ecole des Maris' strategy further engage men in promoting maternal health and gender equality, underscoring Senegal's holistic approach to fulfilling its Maputo Protocol obligations.[42]

Senegal has also made significant progress in protecting women from the intentional spread of HIV and STIs by aligning its national health laws with the Protocol's Article 14, which guarantees women the right to self-protection and health information on STIs including HIV/AIDS. A major milestone was the Reproductive Health Law, which established reproductive health as a fundamental human right. This was further reinforced by the 2010 Law on HIV/AIDS, which criminalises intentional transmission while protecting those who practise safe sex or are unaware of their status.[43] These legal advancements supported a massive scale-up of prevention of mother-to-child transmission sites, which grew in number from 404 in 2009 to over 1,000 by 2011, successfully stabilising national HIV prevalence at approximately 0.31% as of 2022.[44,45] The law on HIV/AIDS also officially introduced protections against prosecution for those who practise safe sex or were unaware of their status.[46] Senegal's adoption of its regulated sex work model has provided a health safety net through mandatory screenings leading to timely diagnosis and treatment, effectively reducing transmission.[47] The adoption of Law No. 2020-05 made amendments to the Penal Code to reclassify rape as a serious criminal offense, elevating it from its previous misdemeanour status to a crime, and increasing penalties, from a minimum of five years and up to life imprisonment in aggravated cases. This amendment demonstrated Senegal's commitment to adoption and integration of a stronger legal framework in accordance with Article 14 of the Maputo Protocol on the promotion of women's sexual and reproductive and health rights.

Gaps and Barriers

Legal and Policy Barriers

Despite Article 14(2)(c) of the Maputo Protocol mandating recognition of medical abortion in cases of sexual assault, rape and incest, the Senegalese legal framework remains in direct contradiction to this. Article 305 of the Penal Code criminalises abortion in these circumstances, with only the narrowest exception for saving a mother's life. The Penal Code prescribes imprisonment of between one and five years and a fine of between FCFA 20,000 and FCFA 100,000 for any individual who procures or attempts to procure an abortion, regardless of the woman's consent. These penalties increase to five to 10 years' imprisonment and fines up to FCFA 500,000 for those who practise it regularly.

Medical professionals, including doctors, pharmacists and students, face the same heavy prison terms as third parties (one to 10 years) if they recommend, facilitate or carry out the practice of abortion. Furthermore, the offenders shall be subject either to suspension from the exercise of their profession for at least five years or to permanent disqualification from practising it. Any individual who violates such a professional ban is subject to six months to two years in prison and a fine of up to FCFA 500,000. Additionally, Article 305bis of the Penal Code penalises the distribution of abortifacients, while Article 305a criminalises 'practices that promote abortion,' which include the distribution of information describing abortion methods, even if no abortion takes place.

A woman who performs her own abortion or consents to one is subject to an imprisonment term of between six months and two years and a fine of FCFA 20,000–100,000. While the Senegalese Code of Medical Ethics (Article 35) provides a narrow exception for therapeutic abortion to save the mother's life, it imposes an almost impossible procedural barrier: it requires the concurring opinion of three doctors and the formal submission of a protocol via registered mail to the President of the Medical Association, declaring that the abortion is necessary as the only intervention that could save the mother's life.[48] This administrative burden is so high that legal abortions are exceptionally rare, leaving even those whose lives are at risk without practical access to care.[49]

Beyond abortion, other legislative barriers further undermine bodily autonomy. Article 111 of the Family Code maintains a legal marriage age of 16 for women compared to 18 for men, a disparity that exposes young girls to early marriage and restricts their reproductive autonomy.[50]

Article 14(2)(c) of the Maputo Protocol requires all signatories including Senegal to authorise abortions in cases of rape and incest. Although Article 98 of the Constitution provides that ratified treaties take precedence over conflicting legislations, the Penal Code has not been harmonised with these international standards, and Senegalese women's lived realities make tangible the lack of actual domestication. This gap clearly illustrates a systemic failure to recognise the broader protections for physical and mental health or the rights of survivors of sexual violence guaranteed by the Protocol. More than 20 years after the ratification of the Maputo Protocol, the continued criminalisation of abortion, supported by Article 305 and its related articles, effectively blocks the transposition of the African

standard of reproductive rights into national law, leaving victims with no legal path to safe abortion.[39]

Sociocultural and Religious Barriers

Barriers to the Maputo Protocol in Senegal are rooted deeply in conservative interpretations of religious texts, which hinder full alignment. Local conservative discourse usually characterises abortion and contraception as the rejection of divine will or as a Western imposition.[51] These beliefs often equate modern contraception with promiscuity and condemn abortion as a moral transgression, even in cases of rape or incest.[52] FGM/C continues to be sustained by religious myths such as a widespread belief that it is a tool to ensure female chastity (*ghilma*) and that an uncut woman is religiously impure (*haram)* and her prayers are unacceptable to Allah.[53,54] FGM/C is also often viewed as a prerequisite for social acceptance and marriageability within certain ethnic groups.[55]

Such social norms grant men significant control over women's reproductive autonomy, leading to widespread stigma against independent family planning and safe abortion.[56] Discussion of sexual health remains largely taboo, which restricts the flow of information regarding STIs and limits the ability of youth and marginalised women to seek essential care without judgement or interference.[57,58] Senegal's national laws remain more restrictive in part because of pressure from influential religious actors, particularly the Mouridiyya and Tijaniyya brotherhoods, whose leaders view provisions on abortion and contraception as threats to traditional family values and have historically shaped legislative resistance to reform.[59] Because *marabouts* command loyalty that frequently exceeds that afforded to state institutions, their positions carry normative weight that political advocacy alone cannot easily overcome; for example, healthcare providers and rural communities often prioritise local religious and customary codes over the international legal protections afforded by the Maputo Protocol.[60] This dynamic constitutes a significant barrier to the full adoption of Articles 5 and 14 of the Protocol, and underscores the need for engagement strategies that work within religious frameworks rather than against them.

Structural and Institutional Barriers

The implementation of Articles 5 and 14 of the Maputo Protocol in Senegal is in part stifled by a critical lack of specialised training for judicial and health professionals, who often prioritise traditional mediation[61] over legal enforcement for harmful practices like FGM/C.[62] Despite the existence of local laws, widespread awareness of the Maputo Protocol is low among legal practitioners and civil society, limiting its use as a judicial tool.[63] This is compounded by an awareness gap whereby the Maputo Protocol remains largely unknown in rural areas, leaving many women unaware of their reproductive rights.[64] Structurally, severe resource constraints and high donor dependency result in inadequate funding for decentralised health facilities.[65] The absence of centralised data systems also contributes to the inefficiencies by preventing the government from effectively monitoring progress or addressing the Abuja Declaration's health financing commitments. [66,67]

Opportunities

Legal and Policy Opportunities

The contradiction between Senegal's Penal Code and Article 14(2)(c) of the Maputo Protocol, with abortion remaining criminalised even in cases of rape or incest, offers a strong entry point for legal advocacy and reform. This misalignment can be leveraged to promote model legislation, strategic litigation and judicial training that emphasise Senegal's obligations under international law.[68] Advocacy groups can frame reforms as essential for protecting survivors' rights and reducing unsafe abortion practices, while engaging parliamentarians and law reform commissions to close the gap between domestic law and ratified commitments.[69]

Sociocultural and Religious Opportunities

Deeply entrenched patriarchal norms, stigma and religious resistance highlight the need for community-level engagement and culturally sensitive advocacy. These barriers present opportunities to reframe reproductive health as a matter of dignity and public wellbeing, while mobilising faith leaders and media to shift narratives.[70]

Adoption of scripture-based advocacy has proven a successful approach in Kenya and Zambia.[71] Findings of a family planning advocacy project conducted by religious leaders affirmed that interfaith support for family planning existed through concepts of healthy timing and spacing of pregnancy to ensure healthy communities.[72] An initiative by faith-based organisations in Kenya confirmed that religious leaders could be strong advocates for family planning, with the project reaching nearly 700,000 people as compared to 87,000 persons reached through healthcare facilities.[73]

Lack of awareness among rural populations and professionals creates space for targeted education campaigns, localised knowledge products and digital platforms to popularise the Maputo Protocol in accessible languages.[74]

Structural and Institutional Opportunities

Structural gaps such as resource constraints, donor dependency and weak data systems can be transformed into opportunities for donor partnerships, decentralised health financing and improved monitoring frameworks, enabling stronger implementation of the Protocol's provisions.[75]

Challenges in institutional effectiveness provide an entry point for advancing healthcare service delivery and information systems via scaling reproductive services and adoption of inclusive models.[76] These models include adoption of the 'courtesy visits' (*visites de courtoisie*) models, whereby healthcare workers provide in-person or virtual contact with the gatekeepers of the community to reduce stigma, dispel myths and integrate post-abortion care with family planning, ensuring women have access to contraceptives after a miscarriage or abortion to prevent further unintended pregnancies.[77]

IV. Advocacy and Lobbying Strategies

To better guide the debate, it is important, on the one hand, to highlight actions taken so far and their impact and, on the other hand, to identify the limitations, to make it possible to propose approaches that can help advance the domestication of the Maputo Protocol in Senegal.

What Has Worked

We know considerable efforts have been made at national and sub-regional levels since ratification of the Protocol to promote women's rights to bodily integrity and autonomy. These efforts have helped us understand several legal aspects, particularly in countries where reform is a politically sensitive issue.

Advocacy efforts in Senegal have shown that progressive actions tend to yield more results than confrontational strategies, particularly on sensitive issues such as reproductive rights.[78] Anchoring advocacy in public health concerns, particularly maternal mortality and unsafe abortion, has proved effective in opening up political dialogue and reducing resistance among decision-makers.[79]

Furthermore, collaboration between women's rights organisations such as the International Federation for Human Rights (FIDH), the J-Guen platform and the Association of Senegalese Lawyers, manifested through meetings and awareness-raising workshops, has now enabled the state, through the Ministry of Health, to closely monitor reports on maternal mortality rates linked to clandestine abortions and the use of dangerous and unregulated methods, which lead to high rates of complications.[80] These nationwide initiatives have led to concrete progress, such as improvements in post-abortion care services.

Across Africa, and particularly in West Africa, several countries have moved beyond formal ratification of the Maputo Protocol by undertaking legal, policy and institutional reforms that align more closely with its provisions. These examples demonstrate that domestication is achievable even within a monist legal system. This is the case in Cape Verde, a country with a legal framework broadly consistent with monist traditions, where abortion is permitted on request during the early stages of pregnancy.[81] This reflects a high level of alignment with Article 14 of the Protocol and illustrates how legislative reform can eliminate contradictions between international commitments and domestic law.

Similarly, Benin undertook a landmark reform in 2021, expanding access to abortion under broader conditions, including socioeconomic distress.[82] This reform demonstrates how parliamentary engagement and sustained advocacy can translate international obligations into concrete legal change, reducing inconsistencies with the Protocol's provisions.

South Africa is seen as a shining example on the continent, having one of the most progressive legal frameworks in the world regarding abortion. A 1996 law (the Choice on Termination of Pregnancy Act)[83] relating to the right to terminate a pregnancy was enacted on 1 February 1997. This law grants women and girls the right to terminate a pregnancy on request between the 12th and 20th week.[84]

In those countries where abortion is legal and regulated, significant progress has also been made in terms of public health. There has been a marked decline in the maternal mortality rate, a reduction in the number of unsafe abortions and a decrease in hospital costs.[85] These are examples that Senegal must follow in order to uphold the rights to bodily integrity and autonomy enshrined in the Maputo Protocol.

Lessons Learned

Legal reform, while essential, cannot occur in isolation. The Senegalese context demonstrates that sociocultural and religious factors significantly shape the success or failure of advocacy and legal initiatives. Domestication requires social acceptance and institutional readiness.[86]

It is crucial to involve religious and sociocultural leaders. These actors wield considerable influence within communities; their involvement in the process of implementing the Protocol will be critical, particularly if they are trained and informed about the issues at stake.[87]

Multi-actor engagement is a key role in the process of domestication. Sustainable progress requires coordination between state institutions, civil society, health professionals and community leaders. Fragmented efforts tend to weaken advocacy impact.[88]

Strategies for Effective Domestication

Legal Advocacy and Legislative Reform

Legal measures and reforms should include strategic litigation, the drafting of model laws and sustained engagement with parliamentary committees and bodies responsible for legislative reform. Given Senegal's monist legal framework, greater use could also be made of international standards in judicial proceedings. As Joseph Faye, Secretary General of LSDH, argued during a press conference to present the findings and recommendations of a report on the implementation of the Protocol: 'In my humble opinion, if there is anything that needs to be rectified, it is the provisions of (Article 305) of the Senegalese Constitution that national judges continue to apply whilst disregarding the provisions of (Article 14) of the Maputo Protocol, thereby violating the provisions of (Article 98) of the Senegalese Constitution, which were clear in stating that duly ratified treaties take precedence over domestic law.'[89]

Reforms are needed to bring national legislation in line with Article 14(2) (c) of the Protocol. Like many African countries that have successfully taken this step, Senegal needs a proactive judicial system and a strategy aimed at incorporating international commitments into domestic law without creating additional procedural obstacles. It is necessary to draw on factual data, as well as international and constitutional standards, to conduct a robust advocacy campaign.

Furthermore, strengthening the judiciary is crucial. In a monist state such as Senegal, judges should be able to apply international law directly without major difficulties. By contrast, in South Africa, jurisdictions courts have actively relied on constitutional provisions and international human rights standards in reproductive rights cases. This demonstrates the importance of a judiciary that is both capable and willing to engage with international law.

Stakeholder Engagement and Coalition-Building

To ensure effective domestication at national level, it is not enough to focus solely on the legal framework; the issue of implementation is closely linked to politics and the sociocultural context. At this stage, it is essential to involve all stakeholders in order to build consensus around the reforms and ensure their sustainability, as FIDH and its local partners did when they gathered in Dakar to call on the Senegalese state to comply with the Maputo Protocol.[90]

First and foremost, parliamentarians play a particularly important role in this regard, as members of the legislature and leading policymakers. There is no shortage of evidence on which to base their actions. Public health takes precedence over political interests. When the legislative and judicial branches work together, a rigorous interpretation of existing and amendable laws can be envisaged.

Next come religious and community leaders, whose involvement is essential in a context such as that of Senegal. The strong influence of religion, culture and social values on public opinion slows down the implementation of international laws, hence the importance of engaging with key stakeholders.

The media's key role in this area is to help shape and inform public opinion. The communication strategy must reposition the abortion debate as a public health issue, for the wellbeing of all women.

International and national initiatives such as AU, FIDH, the Task Force, LSDH and AJS are stepping up advocacy campaigns for the implementation of Article 14 of the Maputo Protocol. They are calling for greater action on justice, health and Senegal's compliance with its international commitments.

Capacity-Building

A lack of technical expertise and institutional capacity is hampering progress in implementing the legal framework. Training for civil society actors is essential to strengthen advocacy efforts. Building their legal and political capacity in strategic communication will help accelerate the process of advocacy and the adoption of the Protocol. Similarly, healthcare staff, particularly service providers, require training to improve services and expand support.[91]

Furthermore, to ensure the correct interpretation and application of international texts within the context of national legislation, legal professionals must be trained, particularly in the application of international human rights law.

The coordination and advocacy capacities of the organisations leading the project need to be strengthened. To ensure the sustainability of the actions undertaken, stakeholders must develop a coordination plan in which a communication strategy is outlined and implemented.

New and Emerging Approaches

Advocates are increasingly deploying targeted, multi-pronged strategies to achieve domestication of the Maputo Protocol in Senegal, moving beyond general awareness-raising towards targeted strategies for concrete legal and institutional change.

The most promising approach is a treaty compliance strategy: rather than arguing for broad liberalisation of abortion, which is politically challenging in Senegal's religious-conservative climate, organisations are holding the state accountable to obligations it has already accepted. In June 2025, FIDH published a comparative policy brief on how other Protocol-ratifying states have legislated exceptions, offering Senegal a practical legislative roadmap.[92] This 'model law' approach is reinforced at the continental level by the African Commission on Human and Peoples' Rights (ACHPR), which in 2024 adopted a resolution calling for the development of a model law to guide national domestication of the Protocol.[93]

Coalition-building is another emerging lever. In 2025, Senegal's launch of the Collaborative Advocacy Action Plan (CAAP), convening 36 partners under Ministry of Health leadership, created a multi-sector platform linking health authorities, civil society and parliamentarians, providing a structural vehicle that reproductive rights advocates can work within to advance reform.[94]

Meanwhile, survivor-centred storytelling, particularly linking the criminalisation of rape victims to the abortion ban, is proving effective in reframing the issue as one of justice and public health rather than morality.[95]

Finally, sustained international monitoring remains essential. The African Commission's September 2025 statement on International Safe Abortion Day explicitly characterised access to safe abortion under Article 14 as a legal obligation, not a suggestion, lending normative weight to domestic advocacy.[96]

V. Recommendations

To align Senegal's legal framework with Articles 5 and 14 of the Maputo Protocol, practical interventions must address deep-seated cultural barriers and legal contradictions.

Government and Legislators

- Harmonise national law via amendments to Articles 305 and 305bis of the Penal Code to authorise medical abortion in accordance with the provisions of Article 14 of the Maputo Protocol.[97] In the short term, legislators can also remove the three-doctor rule to protect pregnant women's lives.
- Update the Family Code to harmonise the age of marriage to 18 for both boys and girls.
- Allocate dedicated budgets by establishing specific budget lines for reproductive, maternal, new-born, child and adolescent health)[98] to ensure services are affordable and accessible, particularly in rural areas.[99] Further, the government can improve

its anti-FGM/C strategy by ensuring strict legal enforcement is always paired with well-funded, community-led education programmes to change social norms from the ground up, rather than relying on punitive measures alone.

- Enact legislation that protects human rights defenders working towards provisions of the Protocol.[100]

Healthcare Providers

- Institutionalise rights-based training through implementing mandatory training on the African Commission's General Comment No. 2, which clarifies that healthcare providers must prioritise the woman's health over legal reporting.[101]

- Adopt the courtesy visits models to build trust between health facilities and local communities, to reassure patients that post-abortion care is a confidential right not a crime.[102]

- Health authorities have the opportunity to leverage Law No. 2005-18 as a foundational tool. By doing so, they can more heavily promote comprehensive family planning services and strategically expand the clinical capacity for essential post-abortion care.

Religious and Traditional Leaders

- Adopt scripture-based advocacy training that highlights Islamic and Christian frameworks for birth spacing and protection of the mother's life, drawing on the approach proven effective in Kenya and Zambia, where faith-based advocacy reached nearly 700,000 people.[103]

- Key champions can partner with and equip other religious leaders with evidence-based materials countering persistent myths that sustain FGM/C, including the unfounded claim that the practice is a religious obligation, and that link reproductive health to community wellbeing and the demographic dividend.[104]

- Engage the Mouridiyya and Tijaniyya brotherhoods directly, given their significant influence on public opinion, to position reproductive rights as consistent with community welfare rather than in conflict with religious values.

Civil Society and Legal Practitioners

- Pursue strategic litigation using Senegal's monist framework to its full advantage: courts are already constitutionally required under Article 98 to apply the Maputo Protocol over conflicting domestic legislation, and advocates should build a jurisprudence of necessity by citing this directly in reproductive rights cases.

- Submit shadow and alternative reports to the ACHPR, systematically documenting the gap between Senegal's ratified obligations and the lived realities created by Articles 305 and 305bis of the Penal Code.

- Conduct nationwide popularisation campaigns translating the Maputo Protocol into national languages, particularly Wolof, to address the documented awareness gap in rural communities and among legal practitioners.
- Use the CAAP multi-sector platform launched in 2025 as a structural vehicle for sustained coalition advocacy, convening parliamentarians, health authorities and civil society around shared reform milestones.
- Pursue survivor-centred storytelling that reframes the abortion ban as the criminalisation of rape and incest victims, anchoring public debate in justice and public health rather than morality, and use maternal mortality data to hold decision-makers accountable for the consequences of inaction.

Endnotes

1 AU (2003). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Adopted 11 July 2003, entered into force 25 November 2005. Available at https://au.int/en/treaties/protocol-rights-women-africa

2 Atlas Monde (n.d.). Sénégal. Available at https://www.atlas-monde.net/afrique/senegal/ [accessed 17 June 2026]

3 Ricart-Huguet, J. and Ngom, A. W. (2026). Senegal: Between Democratic Consolidation and Political Instability. Democracy in Africa. Available at https://democracyinafrica.org/senegal-between-democratic-consolidation-and-political-instability/

4 Whitlock, H. (2025). Senegal's Participation in International Organizations: A Diplomatic Perspective. Senegal Embassy, 8 April. Available at https://senegalembassy.co.uk/senegals-participation-in-international-organizations-a-diplomatic-perspective/

5 Centre for Human Rights (n.d.). Senegal. Available at https://www.maputoprotocol.up.ac.za/senegal [accessed 17 June 2026]

6 Germain, I. (2019). Dualisme ou monisme : l'Intégration du droit international. Cours-de-droit.net, 29 March. Available at https://cours-de-droit.net/integration-du-droit-international-en-droit-interne-dualisme-monisme-a121610042/

7 Senegal's Constitution of 2001 with Amendments through 2016. Available at: https://www.constituteproject.org/constitution/Senegal_2016.pdf?lang=en [accessed 2 April 2026]

8 Germain, I. (2019). Dualisme ou monisme.

9 Senegal's Constitution of 2001 with Amendments through 2016, Titre VII: Des traites internationaux.

10 La Dakarois (2025). Avortement médicalisé : Le Sénégal a ratifié le Protocole de Maputo, mais peine à l'appliquer. 21 April. Available at https://ledakarois.sn/avortement-medicalise-le-senegal-a-ratifie-le-protocole-de-maputo-mais-peine-a-lappliquer/

11 IPPF. (2024). Senegal: IPPFAR Calls on Government to Honour Maputo Protocol Obligations in Wake of Press Release. 4 July. Available at https://africa.ippf.org/media-center/senegal-ippfar-calls-government-honour-maputo-protocol-obligations-wake-press-release

12 FIDH (2025). The Maputo Protocol and Legalisation of Medical Abortion in Cases of Rape or Incest. How Can Senegal Change Its Laws? Available at https://www.fidh.org/IMG/pdf/20250922_fidh_policybrief-senegal-maputo-en.pdf

13 Teranga Times (2025). Avortement médicalisé au Sénégal : Entre ratification du Protocole de Maputo et blocages juridiques. 22 April. Available at https://www.terangatimesn.com/Avortement-medicalise-au-Senegal-Entre-ratification-du-Protocole-de-Maputo-et-blocages-juridiques_a32.html

14 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups: The Case of Women in Religion, Tradition, and Culture. Available at https://www.acdhrs.org/2024/10/the-rights-of-marginalized-and-vulnerable-groups-the-case-of-women-in-religion-tradition-and-culture/

15 SenePlus (2025). Le Sénégal invité à se conformer au Protocole de Maputo. 24 January. Available at https://www.seneplus.com/article/le-senegal-invite-se-conformer-au-protocole-de-maputo

16 Senegal's Constitution of 2001 with Amendments through 2016.

17 UNFPA Senegal (1999). Human Rights Key to Ending FGM\C Legislation is Just One Aspect of an Effective Campaign. Available at https://www.unfpa.org/sites/default/files/resource-pdf/LawSenegal.pdf

18 Penal Code 1965 (as of 1999). Available at https://ihl-databases.icrc.org/en/national-practice/penal-code-1965-1999

19 Committee on the Elimination of Discrimination Against Women (2019). Eighth Periodic Report Submitted by Senegal under Article 18 of the Convention, Due in 2019'. CEDAW/C/SEN/8, 12 December. Available at https://docs.un.org/en/CEDAW/C/SEN/8

20 Kane, Z. (2019). ***CEDAW and Senegal: Discriminations Still Persist***. Bonn: Heinrich-Böll-Stiftung. Available at https://www.boell.de/en/2019/12/10/cedaw-and-senegal-discriminations-still-persist

21 Minister of the Family, National Solidarity and Feminine Entrepreneurship (2008). Evaluation of the National Action Plan for the Abandonment of the Practice of Female Genital Mutilation. Available at https://tostan.org/wp-content/uploads/Summary_of_evaluation_of_FGC_National_Plan_Eng_REV.pdf

22 IHRDA (n.d.). Law No. 2005-18 of 5 August 2005 Relating to Reproductive Health: Explanatory Statement. Available at https://sgbv-ihrda.uwazi.io/en/entity/s7wfj2s348k?page=1 [accessed 3 April 2026]

23 Rutgers (2023). Adolescent Sexual & Reproductive Health 2023. Available at https://rutgers.international/wp-content/uploads/2023/07/Sub-Saharan-Africa-Senegal-Rutgers-ICPD-interactive.pdf

24 FIDH (2025). Legalising Abortion: What Must Senegal Do to Finally Fulfil Its International Obligations? Report, 24 June. Available at https://www.fidh.org/en/region/Africa/senegal/legalising-abortion-what-must-senegal-do-to-finally-fulfil-its [accessed 3 April 2026]

25 Sidze, E. M., Lardoux, S., Speizer, I. S. et al. (2014). Young Women's Access to and Use of Contraceptives: The Role of Providers' Restrictions in Urban Senegal. ***International Perspectives on Sexual and Reproductive Health*** 40(4). Available at https://www.guttmacher.org/journals/ipsrh/2014/young-womens-access-and-use-contraceptives-role-providers-restrictions

26 Ibid.

27 Ibid.

28 Population Council (n.d.). Senegal – Population Council. Available at https://popcouncil.org/country/senegal/ [accessed 17 April 2026]

29 IHRDA (n.d.). Law No. 2005-18 of 5 August 2005 Relating to Reproductive Health: Explanatory Statement.

30 Diof, D. (2007). *HIV/AIDS Policy in Senegal: A Civil Society Perspective*. New York: Open Society Institute. Available at https://www.opensocietyfoundations.org/publications/hivaids-policy-senegal-civil-society-perspective

31 Ibid.

32 Ibid.

33 IHRDA (n.d.). Law No. 2005-18 of 5 August 2005 Relating to Reproductive Health: Explanatory Statement.

34 UNFPA (2011). Senegal's 'Small Revolution' in Family Planning. 13 October. Available at https://www.unfpa.org/news/senegals-small-revolution-family-planning

35 Missiaen, P. (2015). Tostan's Contributions to Ending FGC Highlighted by Government and UN Agencies at National Press Conference. Tostan International, 6 February. Available at https://tostan.org/tostans-contributions-ending-fgc-highlighted-government-and-un-agencies-national-press/

36 Ibid.

37 FGM/C Research Initiative (n.d.). Senegal. Available at https://www.fgmcri.org/country/senegal/ [accessed 5 April 2026].

38 Sugou, N. F., Ba, M. F., Diongue, F. B. et al. 2025. Trends in FGM among Senegalese Women and Their Daughters: A Secondary Analysis of Senegal DHS from 2015 - 2023. *BMC Public Health* 19(25). Available at https://pmc.ncbi.nlm.nih.gov/articles/PMC12362892/

39 ACHPR (2022) Senegal: 12th, 13th, 14th & 15th, Periodic Report, 2015 - 2022. Available at https://achpr.au.int/en/state-reports/senegal-12th-13th-14th-15th-periodic-report-2015-2022

40 ACHPR (2022) Senegal: 12th, 13th, 14th & 15th, Periodic Report, 2015 - 2022.

41 WHO Regional Office for Africa (2024). Female Genital Mutilation in Senegal: A Multi-Pronged Fight for Lasting Change. 4 March. Available at https://www.afro.who.int/countries/senegal/news/female-genital-mutilation-senegal-multi-pronged-fight-lasting-change [accessed 5 April 2026]

42 Ibid.

43 HIV Justice Network (n.d.). Senegal. Available at https://www.hivjustice.net/country/sn/ [accessed 8 April 2026]

44 Diouf, O., Gueye-Gaye, A., Sarr, M. et al. (2018) Evaluation of Senegal's Prevention of Mother to Child Transmission of HIV (PMTCT) Program Data for HIV Surveillance. *BMC Infectious Diseases* 18. Available at https://doi.org/10.1186/s12879-018-3504-z

45 UNAIDS (2021). Senegal: A Success Story of AIDS Investments and Impact. 11 October. Available at https://www.unaids.org/en/resources/presscentre/featurestories/2012/october/20121011senegal

46 Diouara, A. A. M., Sané, S., Tene, S. D. et al. (2025). HIV Prevalence in Pregnant Women Attending Antenatal Consultations in Senegal in 2021. *BMC Research Notes* 18(1). Available et https://doi.org/10.1186/s13104-025-07491-x

47 Lépine, A. and Treibich, C. (2020). Risk Aversion and HIV/AIDS: Evidence from Senegalese Female Sex Workers. *Social Science & Medicine* 256: 113020. Available at https://doi.org/10.1016/j.socscimed.2020.113020

48 Safe2Choose (n.d.). Abortion in Senegal. Available at https://safe2choose.org/abortion-resources/abortion-by-country/senegal [accessed 8 April 2026]

49 Archer, N., Finden, A. and Pearson, H. (2018). The Law, Trials and Imprisonment for Abortion in Senegal. International Campaign for Women's Right to Safe Abortion Newsletter, 23 April. Available at https://www.safeabortionwomensright.org/news/senegal-the-law-trials-and-imprisonment-for-abortion/

50 Family Code, Law No. 72-61 of 12 June 1972 (as amended); Guttmacher Institute (2025). Abortion in Senegal. Factsheet, April. Available at https://www.guttmacher.org/fact-sheet/abortion-senegal

51 Diop, B. (2025). Senegal: Where Women's Bodies Belong to Everyone But Themselves. Global Voices, 27 December. Available at https://globalvoices.org/2025/12/27/senegal-where-womens-bodies-belong-to-everyone-but-themselves/

52 Silumbwe, A., Nkole, T., Munakampe, M. N. et al. (2018). Community and Health Systems Barriers and Enablers to Family Planning and Contraceptive Services Provision and Use in Kabwe District, Zambia. *BMC Health Services Research* 18. Available at https://doi.org/10.1186/s12913-018-3136-4

53 UNICEF (2023). Senegal Country Brief: Synthesis on the Likelihood of Pushback Against the Abandonment of Harmful Practices. Available at https://www.unicef.org/media/177406/file/Senegal%20Country%20Brief.pdf

54 Karaman, M. I. (2021). Female Circumcision Debate: A Muslim Surgeon's Perspective. *Turkish Journal of Urology*, 47(3): 193–198. Available at https://doi.org/10.5152/tud.2021.20546

55 WHO (2011). Sociocultural Motivations for FGM: Matrimonial Strategies, Family Motivations and Religious Justifications among the Al Pulaar and the Soninke in the River Senegal Valley. Available at https://iris.who.int/server/api/core/bitstreams/66f26f49-ec35-4d1d-8a87-4b7eec07b2a7/content

56 Fasanu, A, Adeyemo, S. C., Awodele, K et al. (2025). Perceived Barriers to Uptake of Family Planning Services

among Women of Reproductive Age in Osun State, Nigeria: Findings from a Qualitative Study. ***Cureus***, 23 April. Available at https://doi.org/10.7759/cureus.82823

57 Gizaw, A. T., Muktar, S. A., Wondimagegene, Y. et al. (2025). Barriers to Sexual and Reproductive Health Communication in Southwest Ethiopia: Perspectives Of Parents, Youths, and Teachers. ***Frontiers in Reproductive Health*** 13(7). Available at https://pmc.ncbi.nlm.nih.gov/articles/PMC12106455/

58 Burke, E., Kébé, F., Flink, I. et al. (2017). A Qualitative Study to Explore the Barriers and Enablers for Young People with Disabilities to Access Sexual And Reproductive Health Services in Senegal. ***Reproductive Health Matters*** 25(50): 43–54. Available at https://doi.org/10.1080/09688080.2017.1329607

59 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups.

60 UNICEF (2023). Senegal Country Brief.

61 Bannister, T. and Edwards. L (2024). Leveraging the Maputo Protocol: Enhancing the Police Response To Improve Access to Justice for Women. Research Paper, July. AFPOC. Available at https://apcof.org/wp-content/uploads/033-leveraging-the-maputo-protocol-enchancing-the-police-response-to-improve-access-to-justice-dr-tarryn-bannister-and-louise-edwardspdf-1.pdf

62 Van Eerdewijk, A., Kamunyu, M., Nyirinkindi, L. et al. (2018). Chapter 2: Key Findings and Conclusions. In ***State of African Women Report 2018***. Available at https://africa.ippf.org/sites/africa/files/2018-09/SOAW-Report-Chapter-2-Key-Findings-and-Conclusions.pdf

63 Lasseko-Phooko, M. (n.d.). Implementation of the Maputo Protocol: Progress and Challenges. African Law Matters. Available at https://www.africanlawmatters.com/blog/implementation-of-the-maputo-protocol [accessed 8 April 2026]

64 Bannister, T. and Edwards. L (2024). Leveraging the Maputo Protocol.

65 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups.

66 ACHPR (2014). General Comment No. 2 on Article 14.1 (a), (b), (c) and (f) and Article 14.2 (a) and (c) of the Protocol to the African Charter on Human and People's Rights of Women in Africa. Available at https://achpr.au.int/sites/default/files/files/2021-05/achprinstrgeneralcomment2rightsofwomeninafricaengpdf.pdf

67 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups.

68 UNFPA (2011). Senegal's 'Small Revolution' in Family Planning.

69 UNICEF (2023). Senegal Country Brief.

70 UNFPA (2011). Senegal's 'Small Revolution' in Family Planning.

71 Bormet, M., Kishoyian, J., Siame, Y et al. (2021). Faith-Based Advocacy for Family Planning Works: Evidence From Kenya and Zambia. ***Global Health: Science and Practice*** 9(2): 254–263. Available at https://doi.org/10.9745/ghsp-d-20-00641

72 Lasseko-Phooko, M. (n.d.). Implementation of the Maputo Protocol.

73 Ibid.

74 Bannister, T. and Edwards. L (2024). Leveraging the Maputo Protocol.

75 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups.

76 UNDP (2023). ***Shadow or Alternative Reporting on the Situation of Rights of Women and Girls in Africa***. New York: UNDP. Available at https://www.undp.org/sites/g/files/zskgke326/files/2023-08/undp-africa-training-manual-shadow-en-2023.pdf

77 OHCHR (2015). The Human Rights Council Working Group on the Issue of Discrimination against Women in Law and in Practice. 17 April. Available at https://www.ohchr.org/en/statements-and-speeches/2015/04/human-rights-council-working-group-issue-discrimination-against

78 Xibaaru (2024). Avortements clandestins : J-Gen Sénégal invite l'Etat à appliquer le protocole de Maputo. 26 June. Available at https://www.xibaaru.sn/avortements-clandestins-j-gen-senegal-invite-letat-a-appliquer-le-protocole-de-maputo/#google_vignette

79 FIDH (2025). The Maputo Protocol and Legalisation of Medical Abortion.

80 FIDH (2025). Légalisation de l'avortement : Que doit faire le Sénégal pour enfin respecter ses engagements internationaux ? Report, 24 June. Available at https://www.fidh.org/fr/regions/afrique/senegal/legalisation-de-l-avortement-que-doit-faire-le-senegal-pour-enfin

81 iPleaders (n.d.). Countries Where Abortion Is Legal. Available at https://blog.ipleaders.in/countries-where-abortion-is-legal/#Cabo_Verde (accessed 17 June 2026).

82 Safe2Choose (n.d.). Avortement au Bénin. Available at https://safe2choose.org/fr/abortion-resources/abortion-by-country/benin (accessed 17 June 2026).

83 Amnesty International (2017). South Africa: Women and Girls Risk Unsafe Abortions after Being Denied Legal Services. Press Release. Available at https://www.amnesty.org/en/latest/press-release/2017/01/south-africa-women-and-girls-risk-unsafe-abortions-after-being-denied-legal-services/.

84 Ibid.

85 Lompo, B. J. (2026). Ces pays africains où l'avortement est (partiellement) légal et ce que cela a changé. L'Etudiant Africain, 26 February. Available at https://letudiantafricain.com/blog-l%C3%A9tudiant-africain/ces-pays-africains-o%C3%B9-lavortement-est-partiellement-l%C3%A9gal-et-ce-que-cela-a-chang%C3%A9

86 La Dakarois (2025). Avortement médicalisé.

87 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups.

88 SenePlus (2025). Le Sénégal invité à se conformer au Protocole de Maputo.

89 Ibid. LE SÉNÉGAL INVITÉ À SE CONFORMER AU PROTOCOLE DE MAPUTO | SenePlus

90 Ibid.

91 PRB (2026). L'application du Protocole de Maputo peut réduire les avortements non sécurisés. Fiche d'Information. Available at https://www.prb.org/wp-content/uploads/2026/01/protocole-de-maputo-fiche-d-information.pdf

92 FIDH (2025). Legalising Abortion: What Must Senegal Do.

93 ACHPR (2024). Resolution for the Development of a Model Law on the Implementation and Domestication of the Maputo Protocol. ACHPR/Res.592 (LXXX). Available at https://achpr.au.int/en/adopted-resolutions/achpr-res592-lxxx-2024

94 Gomez Canon, D. (2025). Senegal Launches CAAP Initiative with Unified Commitment to Advance Women's, Children's and Adolescents' Health. PMNCH, 14 August. Available at https://pmnch.who.int/news-and-events/news/item/14-08-2025-senegal-launches-caap-initiative-with-unified-commitment-to-advance-women-s-children-s-and-adolescents-health

95 IPPF. (2024). Senegal: IPPFAR Calls on Government to Honour Maputo Protocol.

96 ACHPR (2025). Statement on International Safe Abortion Day. 28 September 2025. Available at https://achpr.au.int/en/news/press-releases/2025-09-28/statement-african-commission-human-and-peoples-rights-occasion

97 Lane, S. (2025). Our Rights Are Non-Negotiable: How Reservations to the Maputo Protocol Are Holding Back Women's Rights in Africa. Equality Now, 11 July. Available at https://equalitynow.org/news/press-releases/our-rights-are-non-negotiable-how-reservations-to-the-maputo-protocol-are-holding-back-womens-rights-in-africa/

98 IDRC (2023). Reproductive Health and the Fight against GBV in Senegal: Sokhna's Campaign for the Inclusion of People with Disabilities. 24 November. Available at https://idrc-crdi.ca/en/research-in-action/reproductive-health-and-fight-against-gbv-senegal-sokhnas-campaign-inclusion

99 Lawless, S. (2025). CIFF Partners with the Senegalese Ministry of Health and Public Hygiene to Boost Family Planning and Reproductive Health Access. - CIFF, 12 November. [online] CIFF. Available at: https://ciff.org/ciff-partners-with-the-senegalese-ministry-of-health-and-public-hygiene-to-boost-family-planning-and-reproductive-health-access/ https://ciff.org/africa/ciff-partners-with-the-senegalese-ministry-of-health-and-public-hygiene-to-boost-family-planning-and-reproductive-health-access/ [Accessed 9 Apr. 2026].

100 ISHR (2023). ACHPR75: Senegal Must Adopt a Law on the Protection of Human Rights Defenders. 22 May. Available at https://ishr.ch/latest-updates/achpr75-the-republic-of-senegal-is-urged-to-adopt-a-law-on-the-protection-of-human-rights-defenders-in-accordance-with-international-standards/

101 ACDHRS (2024). The Rights of Marginalized and Vulnerable Groups; Van Eerdewijk, A., Kamunyu, M., Nyirinkindi, L. et al. (2018). Chapter 2: Key Findings and Conclusions.

102 Bormet, M., Kishoyian, J., Siame, Y et al. (2021). Faith-Based Advocacy for Family Planning Works.

103 Lasseko-Phooko, M. (n.d.). Implementation of the Maputo Protocol.

104 Diop, B. (2025). Senegal: Where Women's Bodies Belong to Everyone But Themselves.


MEWC
Make Every Woman Count


SOLIDARITY FOR
AFRICAN WOMEN'S RIGHTS
A force for freedom
MOUVEMENT DE SOLIDARITÉ
POUR LES DROITS
DES FEMMES AFRICAINES
Une force pour la liberté


Association des Juristes Sénégalaises
AJS


AKINA MAMA
WA AFRIKA