POLICY BRIEF

Impact on African Women's Bodily Autonomy and Integrity of Non-Ratification of and Reservations to the Maputo Protocol

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

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Executive Summary

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, known as the Maputo Protocol, is the most comprehensive legally binding instrument for women's rights on the continent. It is also the first international treaty to explicitly recognise the right to abortion under specific circumstances. And yet, 20 years after its adoption, its promise remains unfulfilled. Nine African Union (AU) Member States have yet to ratify it, and eight maintain reservations on key provisions, most critically on Article 14 regarding health and reproductive rights.

Together, these legal gaps leave millions of African women and girls without the protections they deserve. They send a political message: women's rights are negotiable. Meanwhile, the human cost of this inaction is severe. Unsafe abortions account for approximately 15,000 preventable deaths annually in sub-Saharan Africa.[1] In Kenya alone, an estimated 2,600 women die each year as a direct consequence of the government's reservation to the Maputo Protocol's provision on medical abortion.[2]

Reservations fracture the legal environment across the continent. They disproportionately harm survivors of gender-based violence, adolescent girls, women with disabilities and other marginalised groups. This harm is being compounded by an intensifying anti-rights backlash that threatens to erode the gains we have already made.

This brief is addressed to non-governmental organisations, human rights institutions (HRIs), activists and political actors advocating for the universal ratification of the Maputo Protocol and the lifting of reservations. It maps the current landscape of non-ratification and reservations; analyses their legal and human consequences; and draws on what has worked, including Rwanda's withdrawal of its reservation to Article 14(2)(c) in 2012 and SOAWR's ratification missions, to make the case for urgent action. It calls on non-ratifying states to ratify without delay; on reserving states to initiate formal processes to withdraw their reservations, beginning with Article 14(2)(c); on the AU and regional bodies to reinstate accountability mechanisms and accelerate the implementation of the African Commission's Advocacy Framework for Withdrawing Reservations; and on civil society, HRIs and activists to intensify strategic litigation, coalition-building and public advocacy to hold governments to their commitments.

1. Introduction and Context

1.1. The Maputo Protocol: A Continental Framework for Bodily Autonomy and Integrity

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) is a legally binding treaty that "ensures that the rights of women are promoted, realised and protected in order to enable them to fully enjoy all their human rights."[3] It is considered one of the world's most comprehensive and progressive frameworks for ensuring the equality and non-discrimination of women and girls.[4]

The Maputo Protocol guarantees a woman's right to make decisions about bodily autonomy, integrity and family relations. It guarantees the right to health, including sexual and reproductive healthcare and access to contraception, and obligates states to provide reproductive healthcare services.[5]

The Maputo Protocol is the very first international treaty to recognise the right to abortion under certain conditions, "in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus."[6] Under the Protocol, states are obligated to remove barriers to safe abortion services.

Full ratification can help prevent gender-based violence, encourage women's participation in economic and political opportunities and make it possible to hold policymakers accountable for their actions.[7]

1.2. The Problem of Selective Commitments

Despite the robust provisions of the Maputo Protocol, several states have ratified the treaty with reservations, particularly concerning reproductive health and rights. When states refuse to ratify the Protocol or enter reservations, they hinder progress towards gender equity. In doing so, they weaken the level of human rights protection available to women and girls.

Reservations can enable states to avoid implementing key reforms. Meanwhile, non-ratifying states operate under no obligation to prioritise or fund sexual and reproductive healthcare. Allowing states to selectively choose which rights they will uphold entrenches vast legal disparities across Africa: a woman may enjoy strong legal protection in one country, only to find her rights severely curtailed across the border.

2. The Current Landscape

The Maputo Protocol remains one of the most widely ratified instruments in the African Union (AU). Out of the 55 AU Member States, as of May 2026:[8]

- 46 states have ratified the treaty.
- 7 states have signed but not yet ratified: Burundi, Chad, Eritrea, Madagascar, Niger, Somalia and Sudan.
- 2 states have neither signed nor ratified: Egypt and Morocco.

Of the reservations entered to the Maputo Protocol, the majority relate to Article 14 on abortion and Article 6 on marriage. These reservations are often rooted in religious beliefs, conservative political movements or deeply ingrained cultural norms that contribute to stigma around family planning, reproductive rights and inheritance.[9] In many cases, such arguments are framed in terms of "family" or "African" values, despite evidence of their impact on women's health, autonomy and rights.

3. The Human Cost

3.1. Public Health Impact

When women lack access to safe, legal abortion services, their lives are directly endangered. Very few abortions in Africa are conducted safely. Procedures performed in unsanitary conditions by unqualified providers carry a high risk of fatality, especially for adolescent girls.[4]

In 2023, approximately 87% of global maternal deaths, or 225,000 fatalities, occurred in sub-Saharan Africa and southern Asia. Sub-Saharan Africa alone accounted for about 70% of these deaths (182,000).[10] Unsafe abortions drive a significant portion of this preventable mortality. Roughly 99% of all abortions in Africa are unsafe, and the continent has the world's highest risk of maternal death as a result of this procedure, with one death for every 150 unsafe abortions.[11]

3.2. Socioeconomic Consequences

Denying reproductive autonomy severely limits a woman's access to education and economic opportunities. Reservations to provisions on medical abortion and the minimum age of marriage, as enshrined in Article 14 and Article 6 of the Maputo

Protocol, respectively, disproportionately impact young girls by perpetuating cycles of early pregnancy and educational exclusion. Reservations leave women and girls vulnerable, not only physically but also economically, and can exacerbate precarious economic situations. They limit women and girls' access to economic rights, including the rights to an equitable income distribution, employment and training opportunities.[12] Young women who have given birth are often prohibited from returning to school.

3.3. Undermining Human Dignity

The right to dignity is not peripheral to the Maputo Protocol; it is foundational to it. The Protocol's Preamble explicitly recognises that "the rights of women are human rights," and Article 3 guarantees every woman the right to the dignity inherent to every human being.[13] When states do not enshrine these rights, or they enter reservations that strip away legal protections, they do not simply create a policy gap; they embed unequal protections for women and girls in law.

The impacts of this fall hardest on those who are already most vulnerable. Survivors of gender-based violence, women in rural and remote areas, women with disabilities, adolescent girls and LGBTIQ+ individuals already face compounding structural barriers when attempting to access even the most basic reproductive healthcare.[14] These are not peripheral groups; in many African contexts, they constitute many of the women who most urgently need the Protocol's protections. For a survivor of rape who cannot access a legal abortion because of a state's reservation to Article 14(2)(c), or a child who cannot seek state protection from female genital mutilation/cutting owing to a lack of ratification, the non-ratification or reservation does not constitute a mere abstract legal gap. It represents a denial of their human rights, upheld by their own government.

3.4. The Anti-Rights Backlash

Across the continent, we are currently witnessing an intensifying backlash against the principles of gender equality. This is not a random or isolated phenomenon; rather, it manifests as a coordinated and organised rollback of crucial sexual and reproductive health protections that have been hard won. In light of this growing opposition, the push for universal ratification of existing protections such as the Maputo Protocol and the lifting of any reservations that weaken them has become an urgent and non-negotiable priority. States must take decisive action now to secure and actively defend these essential legal frameworks before the fundamental rights of individuals, particularly women and girls, are eroded any further.

4. The Case for Universal Ratification

4.1. The Nine Remaining States

Nine AU Member States have yet to ratify the Maputo Protocol: Burundi, Chad, Eritrea, Madagascar, Niger, Somalia and Sudan have signed but not ratified, while Egypt and Morocco have neither signed nor ratified. While these states often acknowledge the importance of women's rights in general, we identify several specific political, legal and social barriers to ratification, drawing on findings and stakeholder engagements from SOAWR's ratification missions conducted between 2019 and 2025.[15]

Opposition to some provisions: The most consistent barrier relates to religious and political resistance to Article 14 on reproductive health rights. Sudan has explicitly stalled ratification citing opposition to certain provisions, with Article 14 being "the most controversial."[16] Burundi has raised concerns around Articles 14 and 21. In several states, well-funded anti-rights movements frame the Protocol's provisions as contrary to cultural and family values.

Political instability: Coups, conflicts and shifting governmental priorities have repeatedly derailed ratification. Sudan's advocacy efforts have been suspended since the outbreak of war in 2023. Chad deprioritised ratification in favour of drafting a new constitution. Burundi has historically restricted civil society and resisted external advocacy, at times prohibiting official ratification efforts entirely. As of April 2026, Madagascar, Niger and Sudan have suspended AU membership pending restoration of civilian-led transitional authority.

Administrative and legal barriers: Egypt and Madagascar have experienced loss of official documentation, stalling the formal process. Morocco has indicated political will to ratify but is prioritising harmonisation of its Family Code with the Protocol's provisions first.

Government resistance and inaction: In several countries, delays stem not necessarily from lack of capacity or funding but from ministerial-level resistance. For example, verbal commitments made during advocacy missions, including by Egypt and Madagascar in 2022, have repeatedly not translated into concrete action. In Madagascar, limited public awareness of the Protocol's practical benefits has precluded the domestic pressure needed to prompt government action.

4.2. Why Universal Ratification Matters

Bringing these final states on board is vital because over 150 million African women and girls currently live outside the protective legal framework of the Maputo Protocol.[17] Universal ratification matters because it:

1. **Establishes a continental standard:** Universal ratification would make the Protocol the undisputed standard for women's rights across Africa. Failure by some states to ratify the treaty limits its impact, creating legal loopholes that allow discrimination to persist.
2. **Creates legal recourse:** Without ratification, a country is not legally bound by the Protocol's provisions. Ratification establishes legal accountability and allows women to seek recourse for previously denied rights, especially concerning sexual and reproductive health, cultural participation, inheritance, sustainable development and protection from practices like female genital mutilation/cutting.
3. **Ends impunity:** Ratification is the first step towards state accountability. It allows the African Commission on Human and Peoples' Rights (ACHPR) to monitor state progress through periodic reports. It also enables civil society to submit shadow reports to challenge official narratives. These accountability mechanisms are crucial in challenging the impunity that too often accompanies violations of women's rights.
4. **Shifts budgets:** The Protocol includes unique mandates, like Article 10(3), which requires states to cut military spending to fund social development and promote women's rights. For states that have not ratified the treaty, doing so would create a legal basis to demand that national budgets better reflect the needs of women and girls.
5. **Empowers grassroots agency:** The Protocol provides a clear blueprint and a powerful tool for national women's rights organisations, enabling them to effectively advocate for and demand domestic law reform and implementation. It strengthens the ability of women at the grassroots level to claim their rights and participate as active stakeholders in their own countries.

4.3. What Has Worked

Several strategies have successfully advanced the ratification of the Maputo Protocol. Public accountability efforts and peer influence within the AU have been particularly effective. For example, an AU Assembly scorecard that colour-coded Member States by their ratification status created diplomatic pressure and competition among Heads of State, leading to immediate action.

Similarly, the act of listing in the ACHPR annual reports states that had ratified but not yet deposited their instruments created reputational pressure that accelerated the completion of outstanding procedural steps.

More broadly, several factors have driven progress. Sustained engagement with AU institutions has enabled women's rights organisations to influence decision-

making and support high-level advocacy. At the national level, consistent follow-up and technical assistance have been crucial in supporting governments to navigate the legal and administrative processes required for ratification, while evidence-based advocacy has helped in aligning the Protocol with domestic laws. Furthermore, the strategic use of media, public events and coalition-building has kept ratification as a political priority, making it difficult to postpone.

The most recent ratifications of the Maputo Protocol were by Botswana (2023), South Sudan (2023) and Central African Republic (2025).

Ratification in Action: Recent SOAWR Coalition Initiatives

The "provocation" in Botswana

Following a SOAWR joint mission in December 2022, the Botswana Minister for Gender attended the Maputo At 20 celebrations in Nairobi. During a workshop, a SOAWR leader noted that some states remained hesitant to ratify the treaty because of concerns about its legal implications. This unintended "provocation" prompted the Minister to publicly declare that Botswana was not afraid and would ratify the Protocol by the end of the month – a promise the government made good on in December 2023.

Coalition-building in South Sudan

Led by SOAWR member organisation STEWARDWOMEN, a national coalition of civil society organisations (the Coalition of Civil Society Organisations on the Ratification of the Maputo Protocol in South Sudan) was trained in lobbying and advocacy. These organisations then conducted massive popularisation on the issue via radio talk shows and public events like International Women's Day. This grassroots demand, combined with high-level meetings with the Ministry of Gender and the AU mission, led to the successful deposit of ratification instruments on 7 June 2023.

Solving the "lost document" crisis in Central African Republic

Although Central African Republic ratified the treaty in 2012, the instruments were never deposited because the original document was lost during political upheaval in the country. In June 2025, a SOAWR strategic mission worked with the AU Office of the Legal Counsel to identify a solution: the current president signed a letter of certification confirming the original ratification. This coordination allowed the country to officially deposit its instrument on 29 July 2025, becoming the 46th state to join.

5. The Case for Lifting Reservations

5.1. Loopholes and Limitations: States' Reservations to the Maputo Protocol

As of April 2026, eight AU Member States (Algeria, Ethiopia, Kenya, Mauritius, Namibia, Sahrawi Arab Democratic Republic [SADR], South Africa and Uganda) have reservations to 13 articles of the Maputo Protocol, while Cameroon, Ethiopia and South Africa have submitted interpretative declarations.

Article 14, concerning health and reproductive rights, is a key area of reservation, with five states (Algeria, Kenya, Mauritius, SADR and Uganda) objecting, particularly to Article 14(2)(c) on medical abortion. These reservations are often justified on the basis of conflicts with domestic laws or moral, cultural and religious norms. For example, Kenya and Uganda have cited incompatibility of the article with their national reproductive health laws. Mauritius has limited its acceptance of medical abortion provisions to align with existing legal restrictions. SADR has broadly framed its reservations as necessary to maintain consistency with Islamic law and its constitution.

Article 6 on marriage is the provision subject to the greatest number of reservations, with six states (Algeria, Ethiopia, Mauritius, Namibia, SADR and South Africa) citing the need to protect domestic legal and customary systems.

Additional reservations have been made to other provisions, including those related to judicial separation (Article 7(a)), the reduction of military expenditure (Article 10(3)) and inheritance rights (Article 21(1)). These reservations often reflect concerns about aligning the Protocol with domestic laws and policy priorities.

Cameroon has issued a broad interpretative declaration, stating that the Protocol should not be interpreted to endorse practices inconsistent with its national moral and cultural values, such as abortion beyond therapeutic necessity, homosexuality, female genital mutilation/cutting or prostitution.

In total, approximately 20 other single reservations and interpretative declarations are spread across numerous articles, including Articles 1, 2, 4, 7, 8, 9, 11, 12, 13, 19, 27 and 31.

A full table listing all the reservations, interpretative declarations and cited reasons can be found in the Annex.

5.2. How Reservations Undermine Rights in Practice

Under international law, reservations are not meant to be permanent. According to the Vienna Convention on the Law of Treaties, a state can withdraw a reservation at any time.[18] Furthermore, the African Commission's Advocacy Framework for Withdrawing Reservations states that reservations should be treated as temporary measures. States are obligated to resolve the issues that led to the reservation and withdraw it promptly.[19] Therefore, the fact that eight states continue to hold reservations, and some have done so for over a decade, is not just a legal and moral failing, it is a political choice for which millions of African women and girls continue to pay with their health, safety and lives.

Reservations to the Maputo Protocol create legal loopholes that allow states to avoid their obligations, perpetuating discrimination and denying women and girls their rights.[20] In countries that maintain reservations, women are prevented from fully exercising the rights guaranteed to them under the Protocol. This limitation on their fundamental rights creates a significant barrier to equality. The situation is further aggravated and becomes even more complex when gender intersects with other aspects of identity, such as age, disability, ethnicity or indigeneity, compounding the disadvantages these women face.[21]

These reservations have severe, tangible consequences. For instance, Kenya's reservation against medical abortion leads to an estimated 2,600 maternal deaths annually from unsafe procedures.[22] Uganda's reservation against medical abortion in cases of rape compels survivors to carry pregnancies to term, exposing them to serious physical and mental health consequences, including the risk of death from haemorrhage, infection and sepsis from unsterilised instruments.[23] Other examples include:

Algeria: Reservations to Article 6 entrench sexism in nationality laws, denying women basic rights and reinforcing outdated gender norms.[24]

Ethiopia: A reservation to Article 27, which confers jurisdiction on the African Court, denies women in the country the option of seeking effective regional remedies for rights violations, undermining the Protocol's core enforcement mechanism.[25]

Mauritius: A reservation against positive discrimination contributes to low female representation in science, technology, engineering and mathematics doctoral programmes (only 5%), despite high female enrolment in higher education more broadly.[26]

Cameroon: An interpretative declaration on Article 14, which functions like a reservation, provides political justification to avoid implementing provisions related to medical abortion and constrains practitioners and judges who might otherwise invoke the Maputo Protocol directly.

What Has Worked: The Rwanda Precedent

International law states that reservations should be temporary measures, not permanent. Rwanda exemplified this principle in 2012 when it lifted its reservation to Article 14(2)(c) of the Maputo Protocol, and reformed its penal code, legalising abortion to save a woman's life or protect her physical or mental health, or in instances when a pregnancy has resulted from rape, incest or forced marriage. This legal reform triggered broader systemic changes, including progressive family planning policies and a cultural shift that destigmatised conversations around sexual and reproductive health.

Both the penal code revision and lifting of the reservation were key outcomes of strategic advocacy efforts of SOAWR Members, including the Great Lakes Initiative for Human Rights and Development (GLIHD) Rwanda, the Centre for Human Rights, the University of Pretoria and the Centre for Reproductive Rights, among other women's rights and health organisations.

Since then, Rwanda has also adopted Law n°21/05/2016 of 20/05/2016 relating to human reproductive health; the Reproductive, Maternal, Newborn, Child and Adolescent Health Policy (2018); the National Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan (2018–2024); and Article 148 of the Law determining offences and penalties in general, n°68/2018 of 30/08/2018, criminalises the denial of freedom to practice family planning.[27]

6. Recommendations

The following recommendations are directed at the key actors with the power to close the ratification and reservations gap.

To non-ratifying AU Member States:

- Ratify the Maputo Protocol immediately, without reservations. Political instability and constitutional reform processes are precisely the moments when robust legal protections for women and girls are most needed.
- Resolve administrative barriers urgently. Follow Central African Republic's model and use letters of certification to bypass lost documentation.

To states with reservations:

- Initiate formal processes to withdraw existing reservations, starting with Article 14(2)(c) on medical abortion, which carries the most severe consequences for women's lives.
- Prioritise the reform of domestic laws that conflict with the Protocol, establishing clear timelines for legislative updates and subsequent reservation withdrawals.
- Educate health workers, civil servants and legal practitioners on their obligations under the Protocol.

To international partners and institutions:

- Provide targeted technical and financial backing to states undertaking legal reforms, using the Rwanda model as a blueprint for success.
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee should use its concluding observations to urge states with parallel reservations to both CEDAW and the Maputo Protocol, such as Algeria, Ethiopia and Mauritius, to harmonise their obligations and withdraw their reservations to both treaties.

To the AU and regional bodies:

- The African Commission on Human and Peoples' Rights (ACHPR) must accelerate implementation of its Advocacy Framework for Withdrawing Reservations and consistently use country-specific observations to demand clear timelines for withdrawal.

- The AU Commission's Women, Gender and Youth Directorate should:
    - Use the reporting process of the Solemn Declaration on Gender Equality in Africa to publicly track states' commitments to withdraw reservations and encourage non-ratifying states to accede.
    - Reinstate and strengthen accountability tools like the ratification scorecard, which has proven effective in generating political will and peer pressure.
- The AU Assembly should make ratification and reservation status a standing agenda item at all its summits.
- The Regional Economic Communities should use their legislative and judicial authority to encourage member states to withdraw reservations, adopt relevant model laws and incorporate Maputo Protocol compliance into regional gender frameworks and peer reviews.
- The Pan-African Parliament should pass resolutions calling on states to withdraw their reservations. It should also integrate guidance on reservation withdrawal into the Model Law on the Implementation and Domestication of the Maputo Protocol, which is currently being developed with the Special Rapporteur.

To civil society, human rights institutions and activists:

- Document and expose the human cost of reservations. Combine quantitative data on maternal mortality with powerful survivor testimonies to shift public discourse.
- Launch strategic litigation before domestic courts and regional tribunals to challenge the validity of specific reservations and establish progressive legal precedents.
- Build broad, inclusive coalitions that engage faith leaders, parliamentarians and health professionals to frame reproductive rights within shared community values.
- Use public events like AU Summits, International Women's Day, the Maputo Protocol's anniversary and national reform processes to create political pressure that governments cannot easily ignore.
- National human rights institutions should leverage their independent status to issue formal recommendations on withdrawing reservations, following the example of the Kenya National Commission on Human Rights in 2021, and collaborate with civil society on research, litigation and advocacy.

Annex: Reservations and Interpretive Declarations to the Maputo Protocol

Article	AU Member States that have reservations	AU Member States that have interpretative declarations	Reason/s given, if any[27]
Article 1: Definitions	-	South Africa 1(f)	*
Article 2: Elimination of Discrimination Against Women	SADR 2(1)(c)	-	Contravenes Islamic law
Article 4: The Rights to Life, Integrity and Security	Mauritius 4(2)(k) South Africa 4(j)	Ethiopia 4(2)	**South Africa:** domestic laws are superior to the norms established in the Protocol –i.e., the death penalty was already abolished
Article 5: Elimination of Harmful Practices	-	Cameroon General	Emphasises that ratification should not be interpreted as endorsement of practices or behaviours that it considers inconsistent with African ethical and moral values, including homosexuality, FGM, non-therapeutic abortion and prostitution
Article 6: Marriage	Algeria Ethiopia 6(c), (d), (f) Mauritius 6(c)[28] Namibia 6(d) SADR 6(a), (b), (c), (e) South Africa 6(d), (h)	Ethiopia 6(b), (j)	**SADR on 6(a), (b), (c), (e):** provisions contravene Islamic law **South Africa on 6(h):** the Protocol subjugates the equal rights of men and women with respect to the nationality of their children to national legislation and national security interests, thereby removing inherent rights of citizenship and nationality from children **Ethiopia and South Africa on 6(d):** based on the concern that a marriage should not be deemed invalid simply because it has not been recorded **Namibia on 6(d):** makes the withdrawal of its reservation on Article 6(d) (on recording of marriages) contingent on the enactment of legislation on the recording and registration of customary marriages **Ethiopia on 6(j):** purports to restrict the provision to domestic legislation, under which income acquired during marriage is common property of the spouses and is managed and disposed by their joint decision

Article	AU Member States that have reservations	AU Member States that have interpretative declarations	Reason/s given, if any[27]
Article 7: Separation, Divorce and Annulment of Marriage	Algeria Ethiopia 7(a) SADR 7(b), (d)	Ethiopia 7(d)	**Ethiopia:** restricts Article 7(a) (judicial-order separation) to cases where domestic law already allows separation by agreement, and maintains this reservation, telling the Commission it strengthens rather than weakens women's protections. **SADR:** both provisions contravene Islamic law
Article 8: Access to Justice and Equal Protection before the Law	SADR 8(d), (e)	-	**SADR on 8(e):** provision contravenes Islamic law
Article 9: Right to Participation in the Political and Decision-Making Process	Mauritius	-	*
Article 10: Right to Peace	Ethiopia 10(3) Kenya 10(3) Mauritius 10(2)(d)	-	*
Article 11: Protection of Women in Armed Conflicts	Mauritius 11(3)	-	*
Article 12: Right to Education and Training	Mauritius 12(2)	-	Mauritius' constitution does not recognise positive discrimination
Article 13: Economic and Social Welfare Rights	-	Ethiopia 13(i)	*
Article 14: Health and Reproductive Rights	Algeria Kenya 14(2)(c) Mauritius 14(2)(c) SADR 14(1)(a), (b), (c), 14(2)(c) Uganda 14(1)(a), 14(2)(c)	Ethiopia 14(1)(b)	**Kenya and Uganda on 14(2)(c):** the provision is inconsistent with domestic legislation on health and reproductive rights. **Mauritius:** makes a reservation on Article 14(2)(c) (on medical abortion) where a pregnancy has exceeded 14 weeks **SADR:** all four provisions contravene Islamic law

Article	AU Member States that have reservations	AU Member States that have interpretative declarations	Reason/s given, if any[27]
Article 19: Right to Sustainable Development	SADR 19(a)	-	*
Article 21: Right to Inheritance	Ethiopia 21(1) SADR	-	**Ethiopia:** subjects application of the provision in the Protocol to domestic law, so a spouse inherits from their deceased spouse as a legatee by will **SADR:** contravenes Islamic law
Article 27: Interpretation	Ethiopia	-	*
Article 31: Status of the Present Protocol	-	South Africa	To clarify that that its Bill of Rights offers more favourable protection to South African women than the Protocol[29]

* The Special Rapporteur on the Rights of Women in Africa finds that "Some State Parties to the Maputo Protocol either do not provide any reasons for their reservations, or they provide overly ambiguous or unclear reasons. This is the case with: Algeria's reservations on Articles 6 (marriage, 7 (divorce, separation and annulment) and 14 (sexual and reproductive health); Mauritius's reservations on Article 4(2)(k) (equal rights to access refugee status), Article 9 (participation in political and decision-making process), and Article 11(3) (protecting asylum-seeking women etc from violence); Ethiopia's reservation to Article 6(c) (monogamy preferred form of marriage), Article 6(f) (retention of maiden name), Article 10(3) (reduction of military expenditure), and Article 27 (interpretation); Kenya's reservation to Article 10(3) (reduction of military expenditure); and Uganda's reservation to Article 14(1)(a) (control of fertility)." A separate study on South Africa's reservations and interpretative declarations concluded that the state's interpretative declaration on Article 1(f) was "ambiguous" in its reasoning.[30]

Endnotes

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15 Between 2019 and 2025, the SOAWR Coalition conducted a series of high-level ratification and advocacy missions to non-ratified states, often in partnership with the AU and other regional bodies:

- **Sudan and Madagascar (late 2019 and early 2020):** While both governments reiterated commitments to ratify at the time, follow-up missions were delayed by the COVID-19 pandemic and political instability.
- **South Sudan (May 2022):** Led by member organisation STEWARDWOMEN, this mission focused on lobbying high-level delegates and raising awareness ahead of the official AU mission.
- **Egypt (October 2022):** A joint mission with the AU Women, Gender and Youth Directorate (AU-WGYD) met with Members of Parliament and the President of the National Council for Women.
- **Morocco (1–4 November 2022):** The delegation paid courtesy calls to the Minister of Solidarity, Social Integration and Family and the National Human Rights Council to discuss the Protocol in light of revisions to Morocco's Family Code.
- **Botswana (December 2022):** SOAWR, represented by FEMNET, coordinated a joint mission with the AU and the Special Rapporteur on the Rights of Women in Africa to appeal for ratification following Botswana's prior accession to CEDAW.

- **Burundi (8 December 2023):** SOAWR members Equality Now and Kadirat accompanied CAFOB (the Collective of Associations and Women's NGOs of Burundi, a Burundian member) to meet with the Permanent Secretary of the Ministry of Foreign Affairs to discuss the Protocol's compliance with national laws.
- **Addis Ababa Embassy visits (11–14 December 2023):** A delegation of five SOAWR members visited the Embassies of seven non-ratified countries in Ethiopia – Central African Republic, Chad, Egypt, Eritrea, Madagascar, Niger and Somalia – to engage their Ambassadors to the AU.
- **Morocco (February 2024):** A multifaceted mission involving Jossour FFM (Moroccan Women's Forum), Kadirat and Equality Now met with Morocco's National Human Rights Commission and political party leaders to chart a collaborative pathway towards ratification.
- **Niger (28 November 2024):** A SOAWR delegation met with the Ambassador of Niger to Ethiopia, and received reassurances of the government's commitment to ratify the Protocol.
- **Central African Republic (25 June 2025):** Members of the Central Africa Cluster, alongside Rwandan member GLIHD (Great Lakes Initiative for Human Rights and Development), held a strategic mission in Bangui to solve the "lost document" crisis. This mission directly led to Central African Republic depositing its instrument of ratification on 29 July 2025.

16 The president of the Permanent Commission for Human Rights at the Sudanese Ministry of Foreign Affairs, as reported in Ferris, D. and Oliviera, M. (eds) (2025). Endline Evaluation of the SOAWR Coalition's Movement Building for Collaborative Advocacy on the Maputo Protocol. SOAWR Coalition, 29 September.

17 Data sourced from World Bank Population, Female (SP.POP.TOTL.FE.IN) indicator (latest available data by country, 2020–2023).

18 Vienna Convention on the Law of Treaties 1969. Article 22. Available at https://legal.un.org/ilc/texts/instruments/english/conventions/1_1_1969.pdf

19 ACHPR (2025). Draft Advocacy Framework. Paras 44 and 57.

20 ACHPR (2025). Draft Advocacy Framework. Para. 7.

21 Ibid.

22 Nyokabi, D. and Karugu, G. (2025). Our Rights Are Non-Negotiable.

23 ACHPR (2025). Draft Advocacy Framework. Para. 8; Kayondo, S. P. (2023). Implementing the Maputo Protocol in Uganda. World Congress of Gynecology and Obstetrics, 7 July. Available at https://www.figo.org/maputo-protocol-at-20/simon-kayondo

24 Equality Now. (2022). The State We're In: Ending Sexism in Nationality Laws. Page. 17. Available at https://equalitynow.storage.googleapis.com/wp-content/uploads/2022/07/06182936/The-State-Were-In-2022-Equality-Now-EN-Online.pdf

25 ACHPR (2025). Draft Advocacy Framework. Para. 52.

26 Madhoua, M., Fowdar, K., Modi, D. and Moosun, B. (2019). STEM Education in the Republic of Mauritius: A Gender Perspective. Proceedings of SMTE Conference: 10 24. Page 13. Available at https://www.repository.mu/mrc/op/op.DownloadFromOutside.php?documentid=876&version=1

27 ACHPR (2025). Draft Advocacy Framework.

28 Mauritius "declines to enforce Article 6(c) of the Protocol (on monogamy as the preferred form of marriage) where the provision is incompatible with provisions of domestic laws… It should, however, be noted that Mauritius reported to the African Commission that it had withdrawn its reservation to Article 6(b) of the Maputo Protocol on 3 March 2023 and that it deposited its notice of withdrawal on 12 May 2023. The reportedly withdrawn reservation was not previously recorded as a reservation, and it is not clear whether the withdrawn reservation is rather in respect of Article 6(c)." As reported in ACHPR (2025). Draft Advocacy Framework. Para. 37.

29 Mujuzi, J. D. (2008). The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa: South Africa's Reservations and Interpretative Declarations. Page 58. Available at https://www.saflii.org/za/journals/LDD/2008/12.pdf

30 Mujuzi, J. D. (2008). South Africa's Reservations and Interpretative Declarations. Page 59.

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AKINA MAMA WA AFRIKA