



# Convention on the Elimination of All Forms of Discrimination against Women

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## Committee on the Elimination of Discrimination against Women Forty-seventh session

### Summary record of the 946th meeting

Held at the Palais des Nations, Geneva, on Tuesday, 5 October 2010, at 3 p.m.

*Chairperson:* Ms. Gabr

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*The meeting was called to order at 3 p.m.*

**Consideration of reports submitted by States parties under article 18 of the Convention** (*continued*)

*Sixth periodic report of Burkina Faso* (continued) (CEDAW/C/BFA/6; CEDAW/C/BFA/Q/6 and Add.1)

1. *At the invitation of the Chairperson, the members of the delegation of Burkina Faso took places at the Committee table.*

2. **Ms. Dermé Traoré** (Burkina Faso), replying to a question raised by Ms. Murillo de la Vega at the previous meeting, said that the provisions of the Personal and Family Code governing nationality issues were in conformity with article 9 of the Convention. In legal terms, there was a distinction between internally displaced persons and immigrants, who, for a variety of reasons, had left their homeland. The latter did not lose their nationality and, during their stay in Burkina Faso, their rights as refugees were recognized under the relevant international agreements. However, children born in the country of unknown parents, including immigrants, were granted the nationality of Burkina Faso. In addition, under article 143 of the Personal and Family Code, children whose parents had died were granted the nationality of Burkina Faso. Immigrants who decided not to return to their homeland could apply for naturalization. The fairly lengthy application procedures were handled by a special department in the Ministry of Justice and included character checks.

*Articles 10 to 14*

3. **Ms. Šimonović** asked what programmes and policies had been devised to combat the high maternal mortality rates. She requested clearer information on which health services were subsidized and which were provided free of charge, since emergency services provided free of charge could save lives.

4. With regard to young girls, she enquired what measures existed, criminal or other, to protect them against forced and early marriage and whether the problem of obstetric fistula was addressed.

5. She would welcome more information on abortion, in particular whether it was a criminal offence, for the patient and the practitioner. She asked what steps were being taken to improve health-care facilities in rural areas.

6. **Ms. Arocha Domínguez** said it was regrettable that the information on maternal mortality provided in the sixth periodic report (CEDAW/C/BFA/6) was not up to date. She presumed that such information was available, since all Member States had to report to the United Nations General Assembly on the reduction of their maternal mortality rates, as part of progress towards the achievement of the Millennium Development Goals. She would therefore like to know what impact the measures introduced to lower the maternal mortality rate had had in Burkina Faso over the last two years. Noting that the maternal mortality rate in the Sahel region was particularly high, she asked whether special measures had been adopted to address the problem there.

7. **Ms. Rasekh** said that, while the State party had been frank in its report concerning the shortcomings of its reproductive health services, it had provided scant and sometimes contradictory information on the subject in its written responses (CEDAW/C/BFA/Q/6/Add.1). For example, reference had been made in paragraph 139 of the report to the goal of reducing maternal and neonatal mortality by 30 per cent by 2008 under the relevant strategic plan, yet no up-to-date information had been furnished in that connection. Had that goal actually been met?

8. According to the report received from Amnesty International, from 1995 to 2000, approximately 5,000 women had died of unwanted pregnancies in Burkina Faso. What steps was the Government taking to ensure access to health-care services that would lower the maternal mortality rate? The State party had referred to a lack of political will and to the absence of partner support. Did “partner” refer to international organizations? Mention had also been made of men’s reluctance to become involved in such matters. What specific measures were being adopted to raise awareness among men and ensure their greater involvement?

9. She enquired what programmes were being implemented to prevent HIV infection among women and whether financial and other support was provided by international organizations to that end. She requested clarification of the reference in the report to the unmet sexual health needs of the elderly and asked for information on the programme for the elderly.

10. There were clearly great disparities between health-care services in the urban and rural areas. What measures was the Government adopting to redress those disparities? She would have welcomed statistics on the prevalence of malnutrition and tuberculosis among women, which were important risk factors for maternal mortality and morbidity.

11. **Ms. Pimentel** wondered how the statement in paragraph 140 of the report that family planning was recognized as an essential means of maintaining the health and well-being of women could be reconciled with the fact that 75 per cent of women in Burkina Faso claimed that they did not decide on health matters. She requested the delegation to provide more information on family planning and how it related to the role women played in the family and in society in Burkina Faso.

12. She drew attention to a publication by the United Nations Educational, Scientific and Cultural Organization (UNESCO), *International Technical Guidance on Sexuality Education*, which was interesting, since it focused on sexual education, not from the biological standpoint, but in terms of an education for life and citizenship.

13. **Ms. Coker-Appiah** asked whether any studies had been undertaken to establish why HIV/AIDs was more prevalent among women than men in Burkina Faso, bearing in mind that studies conducted elsewhere showed that social factors increased women’s vulnerability to the disease. The Government might wish to consider reviewing its current HIV/AIDS prevention strategy, since following the ABC strategy (Abstinence, Be faithful, use a Condom) was clearly not working.

14. **Ms. Yoda Konkobo** (Burkina Faso) said that, first of all, she wished to clear up a misunderstanding. There was no lack of political will on the part of the Government concerning reproductive health matters. That was evident from the fact that it allocated approximately 18 per cent of the national budget to the health and education sectors respectively – a very large sum for a developing country. It could be asserted, however, that its efforts did not attain the desired results. Moreover, the current rate of demographic growth was 3.5 per cent, while the rate of economic growth was approximately 5 per cent. If the two rates converged there was the risk of economic collapse; the Government was thus well aware of the need to implement family planning measures.

15. HIV/AIDS was more prevalent among women in general, since owing to their physical make-up they were more susceptible to the disease. In Burkina Faso, however, social factors must also be taken into account, such as the difficulty women had in negotiating sexual relations. It was also true that HIV/AIDS was more prevalent among younger women in Burkina Faso, which meant that it was not only a public health issue, but an economic one too.

16. **Mr. Naré** (Burkina Faso) said that, although from 1998 to 2006 the maternal mortality rate in Burkina Faso had fallen to approximately 300 deaths per 100,000 live births, women continued to die during childbirth and pregnancy for a variety of reasons, including haemorrhage, infection and complications arising from abortions. Those were the direct causes of maternal mortality familiar to all countries in the region. Nonetheless, there were also indirect causes, known in Burkina Faso as the three delay factors.

17. The first was the delay in the decision to consult health specialists, often owing to ignorance and financial constraints. The second was the transport delay – the poor road network and shortage of means of transport that hindered access to health-care facilities. The third was the delay at the health-care facilities due to inadequate financial, human or other resources. The Government was making an effort to deal with those three problems by raising public awareness of health risks, improving the road and providing health-care facilities with ambulances, and stepping up the training and supervision of health-care staff.

18. Burkina Faso's health policies focused on health promotion for vulnerable groups. Various programmes had been devised, including three new programmes which would benefit women and children aimed, respectively, at reducing the risks of maternal mortality, enhancing family planning and preventing mother-to-child transmission of HIV.

19. The system of State subsidies introduced in 2006 had greatly reduced medical fees for deliveries, emergency and antenatal care, contributing to a parallel reduction in home births and a wider use of health-care facilities. The State funded around 95 per cent of the subsidies, which covered medicines, consultations and transportation (i.e. ambulances), and a total of 8 billion CFA francs had been distributed under the scheme to date. Preventive health care for pregnant women and children under 5 had also been free since 2002.

20. Those measures had helped bring about a significant fall in maternal mortality between 2005 and 2009, as was borne out by recent statistics which could be made available to the Committee. However, progress at the national level was not reflected in the Sahel region, where cultural and social pressures kept the rate exceptionally high. That area was therefore a particular focus of Government action. In partnership with the United Nations Population Fund (UNFPA) and other organizations, the authorities were working to upgrade the skills and equipment available locally, besides running awareness-raising campaigns to sensitize the local population to the risks and encourage them to use health-care services.

21. Burkina Faso was among those countries that had achieved the 15 per cent target for health-care expenditure as a percentage of the national budget set under the Maputo Plan of Action – a clear demonstration of its political will to improve the nation's health.

22. The Amnesty International report on maternal mortality was based on research conducted in 2008 in Burkina Faso among the general public and among health experts into maternal health services, the causes of mortality and disciplinary sanctions for staff responsible. The Ministry of Health had had the opportunity to propose changes to the report before its publication. The lessons to be drawn from the report were that maternal mortality was a real problem, some of its causes were avoidable and certain factors aggravated the situation.

23. However, the report did not adequately acknowledge the Government's efforts to combat maternal mortality. In addition, the qualitative methodology limited the scientific value of the report and substantiating information was sometimes missing. Nonetheless, the report had been accorded due weight in policy development and representatives of Amnesty International had met with members of the Ministry of Health to discuss the various factors contributing to the high rate of maternal mortality. Those discussions had led to an undertaking from the Head of State to eliminate the principal factor identified — the financial obstacles — and to the drafting of an advocacy document proposing free health

care for all. Pursuant to that document, which had been adopted by the Council of Ministers on 8 September 2010, Caesarean deliveries and laparotomies, family planning services, care relating to natural childbirth and its complications would be free of charge as of 2011, 2012 and 2013, respectively.

24. Those financial measures were being supplemented by a communication campaign to encourage a change of behaviour among men, including, in particular, a wider acceptance of women's need for medical care. Community, religious and political leaders were being urged to contribute to that initiative.

25. Following a successful pilot phase launched in 2002, the programme for the prevention of mother-to-child transmission of HIV was now available, without charge, in all health-care centres.

26. As far as the unmet sexual health needs of women were concerned, a study carried out in 2001 showed that 29 per cent of their needs in terms of family planning and obstetrics were unmet for a variety of reasons. Efforts would need to be deployed to remedy the situation.

27. Lastly, he informed Committee members that up-to-date statistics for malnutrition and tuberculosis were now available. The tuberculosis figures revealed a very considerable improvement in the success of treatment between 2005 and 2008, although the success rate remained below the 85 per cent target.

28. **The Chairperson** said that the up-to-date statistics referred to must be distributed as soon as possible: it was not possible for the Committee to comment upon data that it did not have to hand.

29. **Ms. Yoda Konkobo** (Burkina Faso), referring to the policy to combat HIV/AIDS, said that Burkina Faso had adopted legislation specifically outlawing intentional transmission and that free antiretroviral treatment had been introduced in 2010. Funding remained a problem, and to that end the Government had applied to the Global Fund to Fight AIDS, Tuberculosis and Malaria for assistance. It was currently awaiting a response. Although the incidence of HIV/AIDS had dropped, the Government was not complacent and would continue its efforts in that area.

30. **Ms. Patten** voiced concern that, while the report was very candid in its acknowledgement of the continuing disparity between women and men in public and private-sector employment, detailed information about the State party's efforts to redress the inequalities was lacking. Despite references to the review of the Labour Code in 2004, there was no indication of the impact of the revised legislation. Since substantive equality was as important as formal equality, such details were essential to a proper assessment of the situation.

31. Also needed were details of any steps taken to ensure equal access to effective job training and retraining. With private-sector employers frequently citing men's more specialized skills and greater availability to justify their preference for male employees, wider access to training was vital. Information about steps taken to address the occupational segregation described in the report and initiatives aimed at ensuring a minimum level of social and legal protection for the large number of women working in the informal economy would also be appreciated, as would details of any Government efforts to close the pay gap and address wage discrimination.

32. **Ms. Murillo de la Vega** noted that the women of Burkina Faso worked hard from a very young age, but rarely enjoyed satisfactory working conditions and were often exposed to abuse. Increased funding and improved legislation were required to address that situation. Communication campaigns alone were insufficient. In that context, she would appreciate information about the impact of recent legislation introducing a system of

parental and family benefits that were vitally needed in a country with no basic, universal social security provision. She also enquired about the success of the programme to combat the worst forms of child labour, and the availability of family support schemes, including childcare facilities, which might allow women the time to broaden their horizons. It was clear that a great deal of female talent was going to waste; positive discrimination and affirmative action on the part of the Government was therefore essential.

33. **Ms. Yoda Konkobo** (Burkina Faso) wished to emphasize that the principle of equal pay for equal work was very much in force in Burkina Faso, and that there was no wage disparity. In addition, the Personal and Family Code gave women the right to exercise any profession of their choosing, with or without spousal consent. The occupational segregation described in the report was attributable first and foremost to the poverty that excluded women from higher education by forcing them to remain carers and homemakers. It was not therefore a problem unique to Burkina Faso, or even to Africa. Furthermore, in recent years, the Government had made huge efforts to attract women into non-traditional areas of work, including scientific disciplines, and numerous women's associations had been established to encourage and support girls looking to pursue a career in those fields.

34. **The Chairperson** requested clarification: did equal pay for equal work really exist in the private sector, where it was more difficult to enforce, as well as in the public sector?

35. **Ms. Yoda Konkobo** (Burkina Faso) said that in the private sector the concept was a principle rather than a reality.

36. **Ms. Ouedraogo** (Burkina Faso) explained that the informal economy was regulated and supervised by the Ministry of Youth and Employment. She herself was attached to the Ministry of Labour and Social Security, which was responsible for application of the Labour Code in the formal economy. However, she would endeavour to cover the informal economy in her response.

37. Discrimination on the grounds of sex, age or any other criteria was prohibited under the Labour Code and also under the Constitution. Ministry of Labour inspectors were responsible for ensuring proper application of the Code's provisions. Where wage disparities were identified and could be proven, for example, through an examination of payslips, employers may be disciplined or fined. However, because employers did not always fully understand the provisions, educational and awareness-raising measures may be used prior to disciplinary action. Where discrimination existed, various avenues of redress were open to female victims. Firstly, a complaint may be lodged with the General Labour Inspectorate, which would hear both parties and attempt to reconcile their differences. If victims were not satisfied with the outcome of that process, they could appeal to the labour courts.

38. The Labour Code had been amended to include a reference to sexual harassment in the workplace, of which many women were victims. Further modifications had been made in consultation with employers and trade unions in order to protect pregnant women at work and to safeguard their employment. The Ministry of Youth and Employment was responsible for training workers in the informal sector, including women. The Ministry of Labour and Social Security trained staff representing both trade unions and employers in order to improve dialogue in the private sector. Social security coverage in Burkina Faso was somewhat restricted, although the Government had put in place an additional scheme in order to extend coverage to workers in the informal sector and the self-employed. A project concerning voluntary sickness insurance was being piloted.

39. The introduction of legislation was an achievement in itself, although political will was required to ensure its implementation. Concerning social protection, the amount of family allowance per child had doubled and, as noted in the periodic report, numerous other pieces of legislation had been introduced. The International Programme on the Elimination

of Child Labour (IPEC) had been put into effect in Burkina Faso over the past 10 years. Furthermore, following ratification of the International Labour Organization (ILO) Convention concerning Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (No. 182) of 1999, all children working in mines and in all forms of forced labour had been identified and withdrawn from that work and either reintegrated in the school system or offered vocational training. Crèches were provided by the State and by private associations, enabling some women to go out to work.

40. **Ms. Yoda Konkobo** (Burkina Faso), responding to a question by **the Chairperson**, said that the Ministry of Social Services and National Solidarity was responsible for preschool care, including the provision of crèches.

41. **Ms. Murillo de la Vega** said that the delegation's statement that women no longer needed to ask for their husband's permission in order to seek medical care represented progress. She wished to know whether similar steps had been taken in relation to women's access to loans, not only through microfinance, but also through traditional banking channels. She asked whether women had access to social security and sickness insurance schemes, even if their occupation was to care for their home and children. Lastly, she enquired on what basis women had access to land ownership.

42. **Ms. Zou Xiaoqiao**, noting that more than 80 per cent of the population of Burkina Faso lived in rural areas and that poverty among rural women was a significant problem, asked what specific measures had been taken to assist women under the strategic framework for combating poverty and how many rural women and their families had benefited. Referring to the statement in paragraph 114 of the written responses that, according to a national policy on land security in rural areas, 30 per cent of rural land accrued to women, she asked how the figure had been arrived at, why it was not higher, and what the results of adopting that policy had been. She asked whether a comparative study on violence, including domestic violence, against women in rural and urban areas had been conducted or was planned.

43. **Ms. Patten** asked whether there had been any evaluation of the gender and agriculture development plan and the Action Plan to Finance the Rural Economy and whether they had helped to alleviate the problems listed in paragraph 186 of the periodic report. She enquired what efforts had been undertaken to ensure that rural women participated in developing economic and agricultural policies and whether their contribution was taken into account when calculating Gross National Product. She sought the delegation's comments on reports received that women had been more seriously affected by the recent floods in Burkina Faso than men. Rural women were the primary producers of food in the agricultural sector which was highly exposed to the risks of climate change, yet their limited access to resources and decision-making processes increased their vulnerability. She asked whether the Government was mainstreaming gender into its climate-related policies and incorporating gender into financing mechanisms to ensure equitable access to resources, as well as providing support and capacity-building for women at risk.

44. **Ms. Yoda Konkobo** (Burkina Faso) said that women had been accorded 30 per cent ownership of Government-administered land at their own request. Women tended to receive loans from microfinance institutions since they were unable to fulfil the conditions imposed by banks, which required guarantees and proof of a regular income. Most women successfully repaid their microfinance loans and many were subsequently granted larger loans with which to expand their businesses.

45. **Mr. Zango** (Burkina Faso) said that the four major areas of focus of the strategic framework for combating poverty were: accelerating growth based on fairness; guaranteeing access to basic social services; expanding employment and income-generating

activities; and promoting good governance. The strategy had been revised in 2003 in order to better reflect women's concerns. Furthermore, the Government was developing a new strategy for accelerated growth and sustainable development, to be finalized by the end of 2010, which would take into account issues affecting women.

46. In response to a question from **the Chairperson** concerning the responsibility of the State for discrimination in the private sector, he explained that guidelines were being drawn up with the help of UNFPA and external consultants. Subsequently, ministries would use the guidelines to review all Government policies, including those affecting the private sector, in order to ensure that women's issues were taken into account.

47. **Ms. Dermé Traoré** (Burkina Faso) said that international, regional and national laws guaranteed the rights of men and women to own land and property in Burkina Faso. Traditionally, land ownership had been established without written agreements or laws: people had settled the land at will. However, with a growing population and finite resources, including land, the Government had drawn up a national policy and legislation on land security. The law included measures to ensure that women had access to land ownership and that they received technical assistance to help them improve land productivity.

48. **Ms. Yoda Konkobo** (Burkina Faso) said that certain press reports concerning events following recent floods in Burkina Faso had been regrettable and inaccurate. The Government had been obliged to help some 300,000 people in a state of distress within a short space of time and it had responded as best it could in a difficult situation. There had been no discrimination and the heads of households, whether men or women, had been treated in the same way. Combating the effects of climate change was a global problem on which the Ministry of the Environment in Burkina Faso had taken action. The Government was aware that women were obliged to travel increasingly longer distances in search of firewood to use for cooking and other household purposes and it had introduced an extensive national reforestation campaign in response.

49. **Ms. Halperin-Kaddari** said that, although progress had been made during the reporting period, formal and informal gender discrimination were still present in some areas of family relations and family law. The question of the minimum age of marriage, which had been raised by the Committee in its concluding comments in 2005 (A/60/38), had still not been addressed: under the formal law it remained 17 years for girls and 20 years for boys, with the possibility that a dispensation could be granted to allow girls as young as 15 years to marry. In paragraph 121 of its written responses (CEDAW/C/BFA/Q/6/Add.1), the delegation had noted that there were many proposals to harmonize the age of marriage, but that no specific action had been taken. She wished to know what prevented the Government from introducing the necessary reforms.

50. Although paragraph 128 of the written responses stated that only marriages celebrated in front of a registrar were valid and capable of giving rise to claims, it was her understanding that the majority of people in Burkina Faso, especially in rural areas, did not take part in a civil ceremony, but married in accordance with customary or religious practice.

51. She requested clarification on reports of the reluctance, or even refusal, of law enforcement officers to enforce judicial decrees concerning community property in divorce settlements. She wished to know whether they received training on gender issues and whether there were any women law enforcement officers. Regarding polygamy, she asked whether the practice was expressly permitted under Burkina Faso law, which would be in breach of article 16 of the Convention and the Committee's general recommendation No. 21.



52. **Ms. Patten** asked whether there was general support for a revision of the Personal and Family Code to address polygamy and harmonize the age of marriage. As for dispute settlement methods, she said that family mediation might be inappropriate in cases of domestic violence, since it might fail to take into account the dynamics of power relations between men and women. She asked whether legislation had been passed to protect and safeguard the family unit, so as to prevent alternative dispute settlement methods from interfering in family matters, and to ensure that legal guarantees were in place in compliance with article 16 of the Convention. She asked for further information on the use of alternative dispute settlement methods in cases involving the custody of children or alimony.

53. **Ms. Yoda Konkobo** (Burkina Faso) said that, due to time constraints, the Personal and Family Code had not yet been revised to address gender discrimination, including harmonizing the age of marriage and prohibiting polygamy. Regarding women's entitlement to a share of community property in cases of divorce, the Code was clear that a woman must opt, at the time of marriage, either for community or separate property. The only type of marriage officially recognized in law was civil marriage.

54. **Ms. Dermé Traoré** (Burkina Faso) said that women's rights were protected only under a civil marriage and the Government had therefore conducted a campaign to encourage civil marriage and birth registration in rural areas. In divorce proceedings, community property was liquidated by a notary and details submitted to the court bailiff, but, in the event of a dispute over the division of marital assets, the judge handling the case intervened. No special mediation courts existed, but judges played a mediatory role in disputes between couples; however, should those efforts fail, the judge could grant a divorce and deal with associated issues such as custody of children and alimony.

55. **Ms. Ouattara** (Burkina Faso) said that a deadline of 2012 had been set for the revision of the Personal and Family Code to harmonize the age of marriage. However, the Criminal Code contained provisions expressly prohibiting early and forced marriage.

56. **Ms. Traoré Sedogo** (Burkina Faso) said that the Government had taken steps to promote and raise awareness of civil marriage, but that a key obstacle had been the high proportion of the population without birth certificates. The relevant ministerial departments were working together to encourage all Burkina Faso citizens to register in order to acquire civil status.

57. **Ms. Dermé Traoré** (Burkina Faso) said that, although contrary to the Convention, polygamy was tolerated in Burkina Faso society because it was an accepted traditional practice. The Government was working closely with the people to develop legislation and change attitudes towards polygamy, but it was fruitless to introduce laws that were unlikely to be implemented.

58. **Ms. Yoda Konkobo** (Burkina Faso) said that attitudes would not change overnight; however, as a first step, it had been agreed that legislation should specify monogamy as the preferred option, namely polygamy should be the exception rather than the rule.

59. **Ms. Halperin-Kaddari** asked whether the provisions of the Criminal Code expressly prohibiting early or forced marriage were actually being enforced.

60. **Ms. Pimentel** asked whether a study had been carried out on the link between maternal mortality and illegal abortion. Had Burkina Faso used the Committee's general recommendations, and in particular general recommendation No. 24, as the basis for formulating its health sector public policies and training programmes for trainers?

61. **Ms. Dermé Traoré** (Burkina Faso), referring to early and forced marriages, said that underage civil marriages were prohibited, and religious or customary marriages were not legally recognized. Moreover, the early and forced marriage of minors was treated as

abduction and penalized accordingly under the Criminal Code. As it was often a case of ignorance, the Government was working in partnership with civil society organizations to raise awareness among parents of the serious social, psychological and physical impact on the girls involved and to encourage them to send their daughters back to school.

62. **Mr. Naré** (Burkina Faso) said that studies carried out in two of Burkina Faso's largest cities had revealed that almost half the cases of maternal mortality were linked to illegal abortion, many of which involved adolescents. The Ministry of Health had developed a strategic plan focusing on preventing illegal abortion, which included a programme to set up youth centres with the support of NGOs.

63. **Ms. Pimentel** said that the Committee's 25 general recommendations should help States parties to draft public policies and legislation. She reiterated her question on whether Burkina Faso had used general recommendation No. 24 as the basis for formulating its health policies.

64. **Ms. Šimonović** requested clarification on the steps Burkina Faso intended to take to prevent early and forced religious or customary marriages taking place with parental consent, aside from measures already in place under the Criminal Code for cases involving abduction.

65. **Ms. Yoda Konkobo** (Burkina Faso) said that parental consent to the marriage of girls as young as 10 years old was considered unacceptable and the perpetrators would be brought to justice.

66. She thanked the Committee members for their patience and the interest they had shown in women's rights in Burkina Faso. The State party had noted the Committee's concerns and would spare no effort in guaranteeing the full enjoyment of women's rights. Burkina Faso was determined to continue its endeavours and to cooperate with the Committee to implement its recommendations. She reaffirmed the need for bilateral and multilateral cooperation to help overcome the obstacles to implementation of the Convention and to make women's rights truly effective. She assured the Committee that there was political resolve at the highest level, a culture of peace and determination among the women of Burkina Faso to create a more democratic and prosperous society.

67. **The Chairperson**, thanking the delegation for its frankness and enthusiasm, said that, while the Committee could not offer a miraculous solution, its concluding comments would help in the quest to guarantee women's rights. She hoped that, on its return to Burkina Faso, the delegation would disseminate the concluding comments widely so as to provide a road map for the future, including for the implementation of the Convention, which was crucial to guaranteeing women's rights. The Committee understood the technical and financial difficulties Burkina Faso faced as a developing country, compounded by unacceptable traditional practices, such as female genital mutilation, which she urged the State party to combat. She reiterated the need for international support and the development of a national plan to combat problems in the health sector, not least maternal and neonatal mortality among women and children and regional inequities.

*The meeting rose at 5.10 p.m.*