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**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of
the High Commissioner and the Secretary General**

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

High-level panel on the multisectoral prevention of and response, including the global response, to female genital mutilation

Report of the United Nations High Commissioner for Human Rights

Summary

The present report is submitted pursuant to Human Rights Council resolution 44/16. It provides a summary of the high-level panel discussion on the multisectoral prevention of and response, including the global response, to female genital mutilation, held on 23 June 2021 at the forty-seventh session of the Council. The panel discussion addressed emerging patterns and concerns regarding the practice of female genital mutilation, highlighted some of the promising practices identified in the development of gender-responsive and rights-based interventions, and suggested ways to ensure sustainable action at all levels, including in the context of global pandemics.



I. Introduction

1. Pursuant to its resolution 44/16, the Human Rights Council held, on 23 June 2021, a high-level panel on the multisectoral prevention of and response, including the global response, to female genital mutilation. In the same resolution, the Council also requested the United Nations High Commissioner for Human Rights to prepare a summary report on the panel discussion, to be submitted to the Council at its fiftieth session. The webcast of the high-level panel discussion is archived and can be viewed online.¹

2. The high-level panel discussion was chaired by the President of the Human Rights Council, Nazhat Shameem Khan. Opening statements were made by the United Nations High Commissioner for Human Rights, Michelle Bachelet; and by the Minister for Women, National Solidarity, Family and Humanitarian Action of Burkina Faso, Hélène Marie Laurence Ilboudo, speaking on behalf of the President of Burkina Faso and African Union Champion for the promotion of the elimination of female genital mutilation, Roch Marc Christian Kaboré. The high-level panel was moderated by the Director of the End FGM European Network, Anna Widegren. The panellists were the Executive Director of the United Nations Population Fund (UNFPA), Natalia Kanem; the Director of the UNFPA Geneva Office, Monica Ferro; the Commissioner for Social Affairs of the African Union Commission, Amira Elfadil Mohammed Elfadil; and the Commissioner at the National Commission on Violence against Women (Komnas Perempuan) of Indonesia, Bahrul Fuad.

II. Opening statements and remarks

3. In her opening remarks, the High Commissioner for Human Rights noted that female genital mutilation was a serious human rights violation that affected women and girls all over the world and that could be present in more than 90 countries. She mentioned that prior to the coronavirus disease (COVID-19) pandemic, it was estimated that there were more than 200 million girls and women alive who had previously undergone female genital mutilation and that at least 4 million girls were at risk every year. She added that secondary education reduced the risk of female genital mutilation, but that due to the consequences of the pandemic, an additional 20 million girls might never return to secondary school. The High Commissioner further elaborated that unless the prevention and elimination of that harmful practice was prioritized and integrated into COVID-19 national response plans and humanitarian actions, many girls would be at a higher risk of undergoing female genital mutilation by 2030.

4. She further noted that intersecting forms of discrimination, such as those based on gender and disability, might put some women and girls at additional risk. In addition to the human rights violations, including mental and physical harm, the High Commissioner noted that the negative economic impact of female genital mutilation on countries was also very high. Without firm action, the costs could soar by 2050, as populations grow and as more girls undergo the procedure. While recognizing that efforts had been made to prevent and eliminate female genital mutilation in many countries, she pointed out that progress to eliminate the practice by 2030 had already been too slow prior to the pandemic, and that the pandemic had further hampered the efforts. The loss of jobs and income, school closures, and changing priorities of frontline professionals, policymakers and donors, had been leading to heightened risks of female genital mutilation. The High Commissioner also referred to the need to strengthen partnerships, prioritize a multi-stakeholder and a multidisciplinary rights-based and gender-responsive approach involving, first and foremost, girls and women themselves. She called for more engagement with traditional and religious leaders; relevant professional groups, such as health, education and social workers; and political, judicial, law enforcement, immigration and other authorities. She further called for engagement with communities to collectively explore and find ways to fulfil their values, without causing harm and violating the human rights of women and girls.

¹ See <http://webtv.un.org>.

5. The High Commissioner then highlighted that a comprehensive and multidisciplinary approach meant that it was necessary to take into consideration how the practice was linked to discriminatory gender norms and stereotypes, as well as intersecting forms of discrimination and other root causes of gender inequality. She emphasized that responses had to be coordinated across sectors, involve public and private stakeholders and be properly funded with public and private investments. She added that a comprehensive approach also meant that girls and women must have access to information, education, health care, social services and justice. She also noted that it was necessary to have laws and programmes that included strong accountability mechanisms, with the contribution of national human rights institutions, as well as national, regional and global accountability bodies.

6. The High Commissioner shared some of the promising practices seen in many countries. One example was the action plan of Burkina Faso, which convened 13 ministries, women's groups, religious and community leaders, law enforcement officials and the judiciary to oversee the implementation of the law to eradicate female genital mutilation. In the United Republic of Tanzania, at least six ministerial departments took actions to address the practice, under the coordination of the offices of the Prime Minister and the President. She observed that international cooperation was another essential element in the response to female genital mutilation. In that regard, the High Commissioner welcomed the 2019 regional interministerial declaration and action plan between Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania to tackle transnational and cross-border female genital mutilation in East Africa. She further commended the African Union's continental efforts to end female genital mutilation as good practices.

7. The High Commissioner recalled that female genital mutilation could be prevented and stopped. The silence must be broken, all voices heard and all realities known. The High Commissioner concluded by emphasizing that the high-level panel provided a critical forum to highlight best practices, amplify them and encourage new commitments and joint actions against the dreadful practice.

8. The Minister for Women, National Solidarity, Family and Humanitarian Action of Burkina Faso recalled that the Human Rights Council had adopted its resolution 44/16 under the leadership of Burkina Faso. She noted that considerable progress had been made in several African countries, notably the establishment of a legal and institutional framework for the prevention of female genital mutilation. Despite that encouraging progress, according to the World Health Organization, more than 50 million girls under the age of 15 were at risk of being subjected to female genital mutilation by 2030 if the international community did not take firm action now. She urged all to act with determination at all levels, and in perfect synergy, to end female genital mutilation and achieve the goal of zero tolerance of the practice by 2030.

9. She further stressed that the current context marked by the COVID-19 pandemic exposed girls and women to greater risks. She therefore made a solemn appeal to all actors, including States, leaders, technical and financial partners, and actors from the global community, to comply with the requirements of Council resolution 44/16 by mobilizing financial resources and allocating them to the prevention and elimination of female genital mutilation. They should also implement global initiatives to promote the participation of concerned people in coordinated and complementary actions for the achievement of zero tolerance to female genital mutilation by 2030.

III. Contributions of the panellists

10. In her introductory remarks, the Director of the End FGM European Network, who served as the moderator, explained that in Europe, there were over 600,000 female genital mutilation survivors, and a further 190,000 girls and women who were at risk of undergoing the harmful practice in 17 European countries alone. She noted that global figures were only based on prevalence estimates from 31 countries, despite female genital mutilation being present in over 90 countries, as shown in a global report released by the End FGM European

Network in 2020.² She added that a fundamental element in achieving a comprehensive, coordinated and human rights-based approach to ending female genital mutilation and supporting survivors was the establishment of multi-stakeholder platforms, to coordinate the work among the different sectors at the policy and service-provision levels, in order to effectively build bridges among all relevant actors, including governmental bodies, civil society, professionals and, most importantly, affected communities. She underscored that such multi-agency coordination mechanisms must be owned and led by Governments in order to connect sectors, on a horizontal axis, and ensure multi-layered interventions, such as connecting different levels of governance, including national, regional and local levels, on a vertical axis. She also stressed that promoting integrated policies was a key strategy to combating gender-based violence in line with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. That Convention was the first legally binding instrument recognizing that female genital mutilation was a European issue.

11. The Director of the End FGM European Network mentioned that the organization was committed to ensuring that, at the European Union level, the upcoming European Union recommendation on harmful practices, which would focus on pre-emptive measures, education, strengthening public services, prevention and support measures, capacity-building of professionals and victim-centred access to justice, would promote multi-stakeholder coordination mechanisms to achieve a more effective impact at the national level. She highlighted that a study conducted of 14 European countries, which looked at laws, policies, services and data collection pertaining to female genital mutilation, had identified a mixed panorama in relation to the existence of a multi-agency coordination mechanism dedicated to tackling female genital mutilation. While some countries had fully functioning inter-agency coordination mechanisms, including Finland, Germany, the Netherlands, Portugal and Sweden, others had none, or only had some at the subnational level. Finally, she called upon the Council of Europe and the European Union to play a greater role in promoting the harmonization of policies at national level, to ensure a comprehensive and holistic approach to female genital mutilation in all European States.

12. The Executive Director of UNFPA noted that in Council resolution 44/16, female genital mutilation was addressed as a human rights violation and a form of gender-based violence. She mentioned the estimate of 3.9 million girls mutilated each year, which could rise to 4.6 million by 2030 if current efforts were not accelerated. She said that there had been progress, albeit uneven, and evidence of an overall decline in prevalence in Africa, which was particularly visible in Burkina Faso, Egypt, Ethiopia, Kenya, Liberia, Togo and the United Republic of Tanzania. She added that as the COVID-19 pandemic had shuttered schools and disrupted programmes, 2 million additional cases of female genital mutilation could occur over the next decade. She mentioned that far from dampening the ambition of the Joint Programme on the Elimination of Female Genital Mutilation of UNFPA and the United Nations Children's Fund (UNICEF), the pandemic had sharpened their resolve. As a result, in 2020, more than 430,748 women and girls received health services, and tens of thousands accessed social and legal services, thanks to the UNFPA-UNICEF Joint Programme. The Joint Programme also worked to integrate female genital mutilation prevention and protection services into COVID-19 pandemic response plans.

13. She emphasized that as of 2020, 14 of the 17 countries covered by the Joint Programme had adopted legislation criminalizing the practice, most recently the Sudan. These laws had resulted in numerous arrests and convictions and acted as a powerful deterrent. She then stressed that ending that deeply rooted practice would require more than law enforcement and would demand a concerted effort to mobilize stakeholders in the education, health, social protection, justice, public information, development planning, finance, gender equality and other sectors.

14. She highlighted that parliamentarians, national human rights institutions, civil society organizations, women and youth activists and human rights defenders all needed to be empowered to monitor and advance efforts to drive effective change. She added that

² End FGM European Network and others, "[Female genital mutilation/cutting: a call for a global response](#)", March 2020.

meaningful civic engagement depended upon transparent access to public information. She referred to an initiative called U-Report, in Uganda, which had equipped tens of thousands of women, young people and activists with relevant, real-time information, using mobile technology. She concluded by expressing her appreciation for Human Rights Council resolution 44/16, which had inspired regional organizations and individual Member States to adopt a comprehensive approach to accountability. She noted that there was a need to build on the vision and guidance of the resolution to strengthen collective action to achieve Sustainable Development Goal target 5.3 and end female genital mutilation and all harmful practices, by matching political will with structures that could mobilize all actors, especially women and girls at risk and survivors, as drivers of social change.

15. The Commissioner for Social Affairs of the African Union Commission observed that the human rights nexus was critical in accelerating the elimination of female genital mutilation. In that regard, the African Union Commission had launched the Saleema Initiative on Female Genital Mutilation in 2019, with the aim of mobilizing continental resources, action, monitoring, reporting and accountability. She noted that in African Union Assembly Decision 737 of 2019, the African Union Commission was requested to put in place an accountability framework, facilitating wide-scale monitoring and reporting. She added that the Commission was currently designing technical and legal guidance for member States. She stressed that while reflecting on global efforts – including Human Rights Council resolution 44/16 and the recently launched primer on conducting national level inquiries on female genital mutilation³ – the Commission would look to expand on policy and political action, strengthen partnerships and continue to grow and expand work that mobilized member States to deliver on commitments to end gender-based violence and protect girls and women's human rights. She noted that reinforcing such partnerships and fostering accountability were tenets of the organization's approach, which had reached out to young people and women, including survivors, to engage with stakeholders at the grass-roots level and improve coordination. She mentioned that the Commission had also worked to put young survivors of female genital mutilation at the heart of its response, notably by ensuring their participation in high-level political forums of the African Union.

16. She concluded by saying that the African Union Commission's comparative advantage was in its convening power, its legislative and policy platforms and its ability to facilitate stakeholder engagement from across its 55 member States in executing the mandate to transform lives, communities and prospects of the African continent. Investments, such as the Spotlight Initiative regional programme in Africa, were lending critical capacity and support needed to move the mandate forward, with a focus on addressing gender-based violence and harmful practices and strengthening human rights.

17. The Commissioner at the National Commission on Violence against Women of Indonesia noted that the practice of female genital mutilation was highly prevalent in Indonesia, with more than half of the cases occurring before girls reached the age of 4 months. He said that it was viewed as a religious requirement and a rite of passage, which, combined with medicalization, had resulted in great harm to girls. He added that the National Commission had conducted three studies on female genital mutilation practices in Indonesia for evidence-based advocacy. A study found that 53 per cent of the respondents reported bleeding, 52 per cent reported reduced sex drive and 2 per cent reported infertility. Furthermore, it found that girls experienced prolonged trauma as a result of female genital mutilation. Economically, the rituals that occur in several areas also contributed to additional household expenses. He mentioned that in follow-up to these findings, they increased dialogue and built strategic partnerships with religious and traditional leaders, and strengthened the capacities of representatives of ministerial departments to enhance their understanding of the drivers of the practice. They had also set up an advocacy consortium consisting of religious leaders, academics and civil society organizations. As a result of such advocacy, the Ministry of Women Empowerment and Child Protection had developed advocacy guidelines for the elimination of female genital mutilation targeted at young people, religious leaders and families in Indonesia.

³ UNFPA, "Conducting public inquiries to eliminate female genital mutilation", September 2020.

18. He highlighted that through that collective effort, the Ministry of Women Empowerment and Child Protection, along with other line ministries, had developed a multisectoral road map for the elimination of female genital mutilation for 2030 in Indonesia, which clearly outlined the roles of each sector, and held them accountable for their commitments. He concluded by underscoring the remaining challenges, such as the collection of accurate data, which was particularly important, given that female genital mutilation was practised on young children and that accounts were based on secondary reports from parents or family members. He mentioned that the Government of Indonesia had planned to continue mobilizing and strengthening advocacy consortiums and expanding the number of ministries and experts involved in the prevention and elimination of female genital mutilation.

IV. Summary of the discussion

19. During the interactive discussion, several speakers took the floor, including to deliver joint statements, one of which was co-sponsored by about 145 delegations.⁴ The following Member States took the floor: Angola, Austria, Belgium,⁵ Cameroon,⁶ Egypt,⁷ Ethiopia, Ghana, Iraq, Italy, Kenya, Mauritania, Monaco, Namibia, Niger, Norway,⁸ Portugal,⁹ Senegal, South Africa, Sudan, Switzerland and United Republic of Tanzania. The following delegations could not speak owing to lack of time: Cambodia, Ecuador, France, Israel, United Kingdom of Great Britain and Northern Ireland and United States of America.

20. The United Nations Entity for Gender Equality and the Empowerment of Women and the European Union also took the floor. The following civil society organizations made statements: Asian-Pacific Resource and Research Centre for Women, Defence for Children International, Genève pour les droits de l'homme: formation internationale, International Planned Parenthood Federation, Rencontre africaine pour la défense des droits de l'homme.

⁴ Statements are available on the extranet of the Human Rights Council (<https://hrcmeetings.ohchr.org/HRCSessions/RegularSessions/47session/Pages/Statements.aspx?SessionId=43&MeetingDate=23/06/2021%2000:00:00>).

⁵ Also on behalf of the member States of the International Organization of la Francophonie.

⁶ Also on behalf of the Group of African States.

⁷ Also on behalf of a cross-regional group (Afghanistan, Albania, Algeria, Andorra, Angola, Argentina, Australia, Austria, Azerbaijan, Bahrain, Bangladesh, Belgium, Benin, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cameroon, Canada, the Central African Republic, Chad, Chile, China, Colombia, Comoros, the Congo, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czechia, the Democratic Republic of Congo, Denmark, Djibouti, Ecuador, Egypt, Equatorial Guinea, Eritrea, Estonia, Eswatini, Ethiopia, Fiji, Finland, France, Gabon, the Gambia, Germany, Ghana, Greece, Guinea, Guinea-Bissau, Guyana, Hungary, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kuwait, Kyrgyzstan, Latvia, Lebanon, Lesotho, Liberia, Libya, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Montenegro, Morocco, Mozambique, Namibia, the Netherlands, New Zealand, the Niger, Nigeria, Norway, Oman, Pakistan, Panama, Paraguay, Poland, Portugal, Qatar, the Republic of Moldova, Romania, Rwanda, Sao Tome and Principe, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Slovakia, Slovenia, Somalia, South Africa, South Korea, South Sudan, Spain, Sri Lanka, the Sudan, Suriname, Sweden, Switzerland, the Syrian Arab Republic, Tajikistan, Togo, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United Republic of Tanzania, the United States of America, Uruguay, Uzbekistan, Venezuela (Bolivarian Republic of), Yemen, Zambia and Zimbabwe, as well as the State of Palestine, UNFPA and UNICEF); and on behalf of the Group of Arab States.

⁸ On behalf of the Nordic and Baltic countries (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden).

⁹ On behalf of the Community of Portuguese-speaking Countries (Angola, Brazil, Cabo Verde, Mozambique, Portugal and Timor-Leste).

A. Female genital mutilation: a global concern exacerbated by the pandemic and economic shocks

21. Speakers said that there was growing evidence that female genital mutilation took place in all regions of the world: Africa, Asia, the Middle East, Latin America, Europe and North America, including among indigenous and diaspora communities. It was mentioned that the exact number of girls and women who had undergone female genital mutilation in those places remained unknown because of gaps in data.

22. Speakers noted the combined factors of vulnerability – age, gender, literacy and poverty status – that reinforced the practice of female genital mutilation in affected populations. They emphasized that female genital mutilation was a harmful and deadly practice that had to be eliminated, outlining the wide variety of laws, practices and policies their Governments took to eradicate it. They said that female genital mutilation was an impediment to the full realization of gender equality and the empowerment of women and girls and that it continued to be destructive to the collective attainment of the Sustainable Development Goals on gender equality and the full implementation of fundamental human rights.

23. Most speakers highlighted how the practice was further compounded in certain contexts by new emerging forms, such as its medicalization. As of 2020, of the roughly 200 million girls and women alive who had previously undergone female genital mutilation, approximately one in four of them, or 52 million, had been cut by health personnel. Speakers underscored that the medicalization of the practice did not diminish the harms to human rights or eliminate the health risks, as it removed and damaged healthy, normal tissue and interfered with the natural functions of a girl's body. Rather, they recognized that it contributed to an increased prevalence and risk for women and girls affected by the harmful practice.

24. Several speakers pointed out that female genital mutilation had been exacerbated by the COVID-19 pandemic. They said that most national humanitarian and COVID-19 response plans did not initially include female genital mutilation prevention and response interventions, as they were not considered life-saving or essential to the resilience of girls and women. At the same time, the response to COVID-19 had generated innovative ways to use information technology for outreach, monitoring and learning. As the global community increasingly faces protracted crises, speakers emphasized the need for increasing direct investments and a stronger commitment to ensure that humanitarian preparedness and response plans included the integration of interventions to prevent and respond to female genital mutilation. It was said that humanitarian actors needed to take greater ownership of Sustainable Development Goal target 5.3, by recognizing the key role of the elimination of female genital mutilation in achieving equitable social and economic development, and ensuring that no girl was left behind, including in humanitarian and recovery contexts.

25. Another trend mentioned by speakers was transnational and cross-border female genital mutilation that had undermined decades of efforts to eliminate the practice. This occurs when families from countries that outlaw female genital mutilation travel to countries that have not outlawed it or do not have extraterritorial jurisdiction in prosecuting female genital mutilation cases based on existing criminal legislation.

26. Several speakers referred to the significant economic burden that treating female genital mutilation placed on health systems and national budgets, which could amount to approximately \$1.4 billion per year globally. In 2020, the World Health Organization launched a tool to calculate the cost of health care for women living with conditions caused by female genital mutilation.¹⁰ It shows that if female genital mutilation were abandoned, the associated savings in health costs would be more than 60 per cent by 2050. This economic argument, which is based on data available for 27 of the 30 countries where the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation has statistics, was mentioned as a further reason to end the practice.

¹⁰ See <https://srhr.org/fgmcost/>.

B. Progress and challenges in efforts to eliminate female genital mutilation

27. In their interventions, delegations reported on examples of progress made in accordance with Human Rights Council resolution 44/16, in which the Council encouraged States, *inter alia*, to put in place national coordination mechanisms and called upon them to take comprehensive, multisectoral and rights-based measures to eliminate female genital mutilation. These initiatives involve the engagement and coordination of stakeholders from various government sectors and civil society organizations, along with United Nations entities. In the United Republic of Tanzania, the Government pursued its commitments to eliminate female genital mutilation through the implementation of a national plan of action to end violence against women for 2018–2022, and the work of gender and children’s desks set up in all police stations in the country, which monitored cases of female genital mutilation and conducted joint community sensitization efforts with the Ministry of Health, Community Development, Gender and Children. In Ghana, several governmental entities jointly worked towards the eradication of the practice, in particular the Ministry of Gender, Children and Social Protection and the Domestic Violence Unit of the National Police, which worked alongside support centres, active hotlines and a mobile app to assist victims of reported cases of female genital mutilation. Kenya established a board to fight female genital mutilation, with a view to upholding the dignity and strengthening the empowerment of girls and women in Kenya through the coordination of initiatives, awareness-raising and advocacy against female genital mutilation. Kenya also reported progress in eliminating the practice, with a gradual decline of 4.3 per cent per year among women aged 15–49, which was supported by legal, institutional and political actions conducted by the State and by non-State entities.

28. Further examples of progress shared by delegates included a report made by the Niger, which indicated that national prevalence of female genital mutilation had fallen from 5 per cent in 1998 to 2.2 per cent in 2006 and 2 per cent in 2012, according to the results of the Demographic Health and Nutrition Surveys. The decrease was attributed to legislative and institutional measures. These results followed the adoption, in June 2003, of a law criminalizing and punishing the perpetrators of female genital mutilation; a national strategy for the prevention of and response to gender-based violence; awareness-raising activities aimed at the population; and the creation of a coordination unit for actions to combat female genital mutilation. Burkina Faso also reported on progress made, including through the establishment of a legal and institutional framework for the prevention and prohibition of female genital mutilation. Austria stated its strengthened commitment to ending the practice since 2018, through the criminalization of female genital mutilation, financial support to provide comprehensive information to girls on their sexual and reproductive health and rights, and increased resources for development cooperation. The Sudan mentioned that the mobilization of all sectors had culminated in July 2020, with the adoption of a law criminalizing female genital mutilation.

29. Switzerland noted that in 2016, it had set up a network against female genital mutilation, focusing on information, counselling, prevention and training, with a view to an integrated and multidisciplinary approach based on pillars such as collaboration, criminal prosecution and medical care. Regional and cantonal contact points for victims and survivors of female genital mutilation had also been set up. In 2021, France launched a European online knowledge platform dedicated to ending female genital mutilation, aimed at increasing knowledge and awareness of the practice.

30. Ethiopia noted a significant decrease in female genital mutilation prevalence rates in the country, due *inter alia* to the work of a national alliance to end early child marriage and female genital mutilation, along with the efforts of the Inter-Religious Council, civil society organizations and traditional community leaders. Egypt reported on its efforts to expand its legislation in 2021 to prevent female genital mutilation, including provisions that criminalized and increased sanctions against the practice. The new amendments addressed medicalization of female genital mutilation. Doctors and other medical professionals found to be involved in the practice were subject to a ban from practising their profession for up to five years. In Liberia, in February 2022, the Government placed a moratorium on female genital mutilation practices for three years until a regulatory mechanism could be put in place, following an executive order issued in 2018 to prohibit female genital mutilation. Iraq noted

that its domestic law considered female genital mutilation to be a violation of women's rights and was punishable by imprisonment for perpetrators, with aggravated penalties for health personnel. Recognizing the importance of cooperation for its eradication, Iraq reported that its cooperation programme involved the Women's Council and different ministerial departments, including labour, justice and health, with a dedicated role for each sector, particularly in the Kurdistan region. The United Nations Entity for Gender Equality and the Empowerment of Women stated that it had established a cooperation framework with the Council of Traditional Leaders of Africa to shift norms that supported harmful practices by 2030.

31. Several speakers pointed out the essential role of civil society organizations, women's organizations and young advocates as agents of change. In that connection, in Liberia, joint efforts from the European Union Spotlight Initiative, UNICEF and Defence for Children International trained 300 girls on the prevention of and response to harmful practices in Montserrado and Grand Cape Mount counties. In "Somaliland", in Somalia, the International Planned Parenthood Federation provided counselling and clinical services related to female genital mutilation to 1,000 girls and reached out to another 1,000 parents and young people through school programmes relating to the harmful impact of the practice. Speakers also referred to several other initiatives in Africa, Asia and North America.¹¹

32. Some speakers underlined the contribution of national human rights institutions, notably the protection mandate performed through their monitoring role. In 2020, UNFPA launched a primer for the conducting of public inquiries by national human rights institutions to eliminate female genital mutilation.¹²

33. International and regional cooperation were noted as other essential elements to prevent and respond to female genital mutilation. Some speakers highlighted the role of regional organizations in ensuring adoption of sound policy and increased collaboration across countries and between continents. In 2012, the Parliamentary Assembly of International Organization of la Francophonie adopted a resolution against female genital mutilation and a strategy for promoting equality between men and women that condemns harmful practices. Portugal highlighted the commitment of the Community of Portuguese-speaking Countries to gender equality and the eradication of all forms of violence against women and girls, including female genital mutilation. This commitment is reflected in its constituent declaration and in the final declaration of the eighth Parliamentary Assembly of the Community of Portuguese-speaking Countries on combating all forms of violence against women and girls, adopted on 11 January 2019.

34. Speakers agreed on the importance of providing adequate financial resources to pursue elimination efforts. Several delegations reiterated their commitments to fight against the practice within their borders and through their cooperation and development policies. Cambodia referred to a national cash flow programme developed to support women and implement their national action and strategic plans on women's rights. The Italian Agency for Development Cooperation has made the fight against female genital mutilation a priority since 2004, with more than 25 million euros invested, including in the Joint Programme on the Elimination of Female Genital Mutilation. France reported that it had provided more than 6.2 million euros between 2020 and 2022 to the Global Survivors Fund. France would continue to fund initiatives on sexual and reproductive health of women, adolescents and children in West and Central Africa, and had also invested in sexual and reproductive health and rights under the Action Coalitions of the Generation Equality Forum in 2021. The United States has contributed more than \$25 million to help end female genital mutilation worldwide, while strengthening its prohibitive legal framework. Through its Spotlight Initiative, the European Union has provided more than 250 million euros in funding for programmes in Africa on the elimination of sexual gender-based violence and harmful practices, including female genital mutilation.

¹¹ See for instance, interventions from International Plan Parenthood Federation, Asian Pacific Resources and Research Center for Women and Defence for Children International (available at <https://hrcmeetings.ohchr.org/HRCSessions/RegularSessions/47session/Pages/Statements.aspx?SessionId=43&MeetingDate=23/06/2021%2000:00:00>).

¹² UNFPA, "Conducting public inquiries to eliminate female genital mutilation".

35. The challenges highlighted in Council resolution 44/16 were echoed by some of the delegates, including the negative impact of the COVID-19 pandemic on the ability to maintain progress and achieve the Sustainable Development Goals. Speakers felt that continued vigilance was essential to eliminate the practice and contribute to the achievement of Sustainable Development Goal target 5.3 by 2030. The lack of effective measures to prosecute perpetrators and to provide victims and survivors of female genital mutilation with access to remedies and redress, health care and services, mental health and psychosocial counselling, legal assistance and socioeconomic reintegration services was consistently highlighted, as was the need to address the lack of action in the design, implementation and monitoring of policies, programmes and services that ensure the full, equal, active and meaningful participation of women and girls who were at risk of or who had undergone female genital mutilation.

C. Transforming commitments into actions for sustainable results

36. Speakers discussed the need to ensure long-term and sustained impact of interventions beyond immediate changes in knowledge and attitudes. Some speakers emphasized that sustainable change required complex rights-based, gender-responsive and culturally sensitive interventions at different levels and within various sectors. This would mean taking into consideration the three following elements: adoption of laws and policies, which included strong accountability mechanisms; provision of coordinated, accessible and high-quality responses for girls and women who had been subjected to the practice; and comprehensive prevention strategies that addressed social norms, gender roles and stereotypes, unequal power relations between men and women and discrimination against women and girls. Such actions must be adaptive and contextualized, with the goal of total abandonment of the practice.

1. Expanding global and national partnerships with a view to building cross-sectoral response

37. Speakers acknowledged the need for anchoring actions in global and regional initiatives to accelerate the elimination of female genital mutilation. Such initiatives include the report of the Secretary-General entitled “Our Common Agenda” and his call to action for human rights; the Action Coalition of the Generation Equality Forum on gender-based violence and bodily autonomy and sexual and reproductive health and rights; the Summit on the International Conference on Population and Development, held in Nairobi in 2019; the 2019 Ouagadougou call to action on eliminating female genital mutilation; and the 2019 Cairo call to action for the elimination of child marriage and female genital mutilation in Africa.

38. Speakers noted that implementing the goals set out in the Programme of Action of the International Conference on Population and Development, which are aimed at empowering women and girls, their families, communities and societies at large, was necessary for the achievement of the Sustainable Development Goals by 2030. Speakers made reference to the Nairobi Summit of the International Conference on Population and Development. At the Summit, 250 stakeholders, including States and civil society organizations, committed to addressing gender-based violence and the harmful practices of child, early and forced marriages and female genital mutilation, by adopting an integrated approach to accelerate progress. Speakers concurred that continuous and intense global and multisectoral mobilization were essential to prevent and eradicate harmful practices.

39. Regarding the combating of the medicalization of female genital mutilation, speakers recommended that actions be aligned with the global strategy to stop health-care providers from performing female genital mutilation, recognizing that raising awareness about its harmful health consequences would not be sufficient to eradicate the practice.¹³

¹³ World Health Organization and others, “Global strategy to stop health-care providers from performing female genital mutilation” (2010).

40. Speakers highlighted that in 2021, numerous stakeholders made commitments under the Action Coalition of the Generation Equality Forum on gender-based violence, which promotes non-discriminatory and legal and policy frameworks against gender-based violence and harmful practices. Such stakeholders included Governments, international and regional organizations, thousands of feminist activists, leaders of grass-roots, indigenous and community-based organizations, youth leaders and representatives from private foundations and the private sector. Through an emphasis on partnerships, the Action Coalitions of the Generation Equality Forum mobilized Governments, civil society, international organizations, philanthropic organizations and the private sector to deliver, by 2026, transformational progress towards the elimination and prevention of gender-based violence through four concrete actions: creating enabling policy, legal and resource environments; scaling up evidence-driven prevention programming; scaling up comprehensive, accessible and quality services for survivors; and enabling and empowering autonomous girl-led and women's rights organizations to exercise their expertise.¹⁴

2. Adoption and implementation of laws, policies and plans

41. Speakers highlighted that all actions had to be integrated into national development, human rights and public health priorities, and into more general efforts to combat violence against women and girls. Solutions to end female genital mutilation practices must encompass prevention, protection and care, not only at the family level but also at the institutional and societal levels, which would require the commitment of Governments, the United Nations system, civil society and all sectors.

42. Speakers underscored that a comprehensive approach to ending female genital mutilation meant access to information, education, health care and social services, as well as justice for girls and women at risk and for survivors. They further stressed the need to ensure that national action plans and strategies were adequately resourced and timelines for goals were established, with clear targets and indicators for the effective monitoring, impact assessment and coordination of programmes among all relevant stakeholders. They called for constructive reflection and strategies for financing innovative, concerted and complementary actions.

43. Speakers stressed the necessity to focus on the prevention of female genital mutilation, by engaging traditional and religious leaders; relevant professional groups, such as health, education and social workers; and authorities in various sectors, including the political, judicial, law enforcement and immigration sectors. Engaging with communities to collectively explore and find ways to respect their values without causing harm and violating the human rights of women and girls was also outlined. This would require coordination strategies, both horizontal and vertical. Horizontal coordination strategies include the participation of entities across sectors, including education, health, justice, social welfare, law enforcement, immigration and asylum, and communications and media sectors. Vertical coordination brings together stakeholders at the national, subnational and local levels, including parliamentarians, national human rights institutions, traditional community leaders and religious authorities, health-care providers, civil society, human rights groups, youth organizations, parents, legal guardians and families, as well as women and girls, and men and boys. Speakers also emphasized the need for States to adopt and expedite the implementation of laws, policies and programmes that protected and enabled the enjoyment by women and girls of all their human rights and fundamental freedoms, including regarding sexual and reproductive health and rights, as a critical part of strategies to end female genital mutilation.

44. In the context of the COVID-19 pandemic, speakers urged States to cooperate and develop new strategies, taking into consideration the impact of the COVID-19 pandemic by raising awareness; adopting national action plans and measures to criminalize such practices; and ensuring reparations and full remedy for victims of female genital mutilation. In relation to the cross-border practice of female genital mutilation, delegates encouraged States that had prohibited the practice to take deliberate measures to discourage their citizens from

¹⁴ Generation Equality Forum, "[Actions Coalitions: a global acceleration plan for gender equality](#)" (2021).

undertaking female genital mutilation procedures in countries that allowed the harmful practice, including through the adoption of subregional laws and policies.

3. Empowerment of women, girls, communities and other stakeholders to change harmful social and gender norms

45. Speakers emphasized that only change coming from within communities would be sustainable. Some speakers called upon all stakeholders, including States, leaders, and technical and financial partners, to promote the participation of concerned people, including through global intergovernmental initiatives. Speakers stressed that efforts to eliminate the practice of female genital mutilation and to ensure that no one was left behind should target women and girls who are most at risk and who face multiple and intersecting forms of discrimination, including refugee and migrant women and girls, women and girls living in rural and remote communities and young girls. Efforts to combat female genital mutilation should also focus on and recognize the central role of women as agents of change.

46. Speakers added that key steps towards the effective prevention of and enhanced response to female genital mutilation included increasing access to information, education, awareness-raising campaigns and training of professionals from various sectors. These efforts include informing girls of their right to decide about their bodies and informing boys of the negative consequences of female genital mutilation on the health and well-being of girls and women. They stressed that research evidenced that communication on the harmful consequences of the practice remained a catalyst for deconstructing sociocultural resistance to ending female genital mutilation. It was recommended that State entities pay further attention to the specific needs of women and girls, in particular those in vulnerable situations, in terms of, inter alia, accessibility and adequacy of information, the ability to access essential health-care and other services, such as safe spaces, shelters and other social protection services.

47. Regarding efforts to counter medicalization, speakers mentioned that strengthening the understanding and knowledge of ministries of health, health-care providers and their professional associations and unions, as agents of change, would contribute to halt the practice. This should include: the elaboration of health policies and protocols advocating for the elimination of the practice, whether performed in the community, in medicalized settings or in corporate settings; the integration of content on prevention and management of health complications in the curricula of health-care, education and training institutions; the empowerment of health-care workers to take action to prevent and end female genital mutilation and provide support to affected girls and women; and strengthened coordination between legal and health systems, health regulatory bodies and health-care personnel, in order to enforce health professional codes of conduct and laws against the practice. Speakers also said that the creation of networks between professional associations and unions of specific sectors, such as health-care service providers, and religious leaders could facilitate the deconstruction of perceptions of female genital mutilation as “a religious practice” and challenge the harmful social norms perpetuating it.

48. Regarding the consequences of the COVID-19 pandemic, delegates recalled the critical role of women and women’s organizations in managing and mitigating crises. Speakers urged their equal and meaningful inclusion in the design, implementation, funding and monitoring of the response to crises at local, national, regional and international levels. They recommended that affected States provide additional funding, particularly to grass-roots organizations working to end female genital mutilation; and provide capacity-building and technical assistance to support and expand the activities and new initiatives of these organizations, ensuring that the issue of female genital mutilation was integrated as a priority into crisis response and recovery plans. They said that sexual and reproductive health-care services should be declared essential to ensure service delivery during emergencies. Access to such services must be universal, and so should access to comprehensive sexuality education.

4. Strengthening accountability systems at all levels

49. At the global level, speakers suggested that a comprehensive approach to accountability be taken to strengthen collective action to achieve Sustainable Development

Goal target 5.3. At the national level, speakers mentioned the need to strengthen reporting to and collaboration with United Nations and regional human rights organs, to support States in the fulfilment of their international obligations, including on progress at country level, identifying the communities most affected and addressing challenges. Speakers emphasized that in addition to legal and administrative protection, empowering and enabling other forms of accountability mechanisms were key to monitor and report on Governments' efforts to eliminate female genital mutilation. Such mechanisms include parliamentary groups, national human rights institutions and community-led accountability mechanisms. They also mentioned the development of protocols and codes of conduct to increase, for example, the accountability of health-care providers who perform female genital mutilation.

50. Speakers stressed that establishing and strengthening monitoring systems, including data collection, would help track emerging issues, such as the medicalization and cross-border practice of female genital mutilation. Delegates emphasized the essential role of the State in collecting data to provide national estimates of the prevalence and impact of female genital mutilation in their country, as well as in supporting relevant entities to assess the impact of programmes and crises, such as the COVID-19 pandemic, on the practice. Speakers also highlighted the importance of supporting community-led data collection, monitoring and reporting efforts to eliminate the practice. Speakers also called upon Governments to increase the role of State entities and sectors involved in the prevention and elimination of female genital mutilation.

V. Conclusions

51. The panel discussion revealed that more needed to be done to eradicate female genital mutilation, assist victims and survivors and provide appropriate services and support. The panel noted that traditional, religious or cultural reasons could no longer be used as excuses for the persistence of female genital mutilation. It agreed on the need to refer to Human Rights Council resolution 44/16 to strengthen collective action to achieve target 5.3 of the Sustainable Development Goals and end female genital mutilation and all harmful practices. Delegates called upon States and all stakeholders to comply with the requirements of Council resolution 44/16 to mobilize actors at all levels for effective impact.

52. Greater recognition of the need to link the achievement of target 5.3 of the Sustainable Development Goals to global, regional and national initiatives was a necessary step in accelerating the elimination of female genital mutilation. The panel underscored that all States must make the fight against female genital mutilation their priority, including by integrating it into national development priorities, with solutions that encompassed comprehensive policies and strategies designed to rehabilitate and meet the needs of survivors of female genital mutilation.

53. Direct engagement of all stakeholders, particularly at the family and community levels, would accelerate progress. Governments, United Nations entities, civil society and all sectors must commit to disseminating knowledge and ensuring the meaningful participation of institutions and societies at large. These efforts must include the involvement of traditional leaders; communities; families; girls and women; relevant professional groups, including health, education and social workers; civil society; national human rights institutions; and authorities in various sectors, including political, judicial, legislative and law enforcement, and immigration sectors. Finally, coordinated interventions were considered crucial to prevent and end female genital mutilation.