



# HUMAN RIGHTS COUNCIL - 47<sup>th</sup> SESSION

## High-level Panel on Prevention of and Response to Female Genital Mutilation (23 June 2021)

- The panel follows resolution [A/HRC/RES/44/16](#) adopted by the HRC on 17 July 2020.
- Panel chair: **H.E Ms. Nazhat Shameen Khan**, President of the Human Rights Council
- Moderator: **Ms. Ana Widegreen**, Director of End FGM European Network

### Opening Statement

***Ms. Michelle Bachelet, UN High Commissioner for Human Rights:***

**FGM is a human rights violation which is present in more than 90 countries.** With the COVID-19 pandemic the risk for FGM has increased as 20 million girls are at risk of not going back to school. Therefore, the prevention and elimination of this harmful practice has to be prioritized and integrated into COVID-19 national response plans and humanitarian actions.

Even before COVID-19, the progress to eliminate the practice by 2030 was already too slow. Hence, there is a need to strengthen **partnerships as well as prioritize a multi-stakeholder and a multidisciplinary rights-based and gender responsive approach involving girls and women themselves.** This approach must take into consideration how the practice is **linked to discriminatory gender norms and stereotypes, as well as intersecting forms of discrimination and other root causes of gender inequality.** It should allow that girls and women have access to information, education, healthcare and social services, as well as justice. Additionally, mainstreaming the prevention of FGM has to be done by **engaging all types of stakeholders including religious leaders, professional groups and communities.** Countries should follow **Burkina Faso, Tanzania and the African Union's best practices in eliminating FGM.** International cooperation is also an essential mechanism to respond to FGM. An example of this is the Regional Inter-Ministerial Declaration and Action Plan between **Ethiopia, Kenya, Somalia, Tanzania, and Uganda** to tackle transnational and cross border FGM in East Africa.

### Statements by the Panellists:

***Moderator - Ms. Anna Widegren, Director of End FGM European Network:***

In Europe there are over 600,000 FGM survivors, as well as 190,000 girls and women who are at risk of undergoing the harmful practice. **These numbers contribute to at least 200 million women and girls affected by FGM worldwide.** In order to combat it, it is necessary to establish **multi-stakeholder platforms to coordinate the work among different sectors at policy and service-provision level,** in order to effectively build bridges among all relevant actors, including governmental bodies, civil society, professionals and affected communities. The **EU Recommendations on Harmful Practices** will promote multi-stakeholder coordination mechanisms to achieve a more effective impact at the national level.

A study conducted on 14 European countries shows there is a **great variety of scenarios around the existence of a multi-agency coordination mechanism dedicated to tackling FGM at national level.** While some countries have fully functioning inter-agency coordination mechanisms such as the **Netherlands, Portugal, Sweden, Germany and Finland,** others do not have them at all like **Italy, France, Switzerland, Ireland, Greece and Cyprus,** or it depends on the subnational level which is the case of **UK, Belgium and Spain.** The **Council of Europe and the European Union** play a **key role** in pushing for the harmonisation of policies at national levels to guarantee an equally **comprehensive and holistic approach to FGM in all European states.**

***H.E. Ms. Helène Marie Laurence Ilboudo, Minister for Women, National Solidarity, Family and Humanitarian Action of Burkina Faso:***



According to the WHO, more than 200 million women and girls have unfortunately already undergone genital mutilation, and more than 50 million girls under the age of 15 are at risk of being. The COVID 19 pandemic has exposed more girls and women to the risk of the practice. Therefore, States should include actions to fight against FGM as priorities in their national projects and programs.

The African Union's Saleema initiative and its five-year action plan 2019-2023 is a great example of a multisectoral approach. States must redouble their vigilance and efforts so that security, humanitarian and health crises do not distract them from the issue of protecting the rights of women and girls. Finally, it is important that **all actors, including States, leaders, technical and financial partners, actors in the community world**, comply with the requirements of this Resolution by engaging in the **mobilization of sufficient financial resources** and by allocating them to the prevention and elimination of female genital mutilation; and by **taking global inter-organizational initiatives** that promote the participation of concerned people.

*H.E. Ms. Amira Elfadil, Commissioner for Health, Humanitarian Affairs and Social Development:*

The human rights nexus with FMG is critical in accelerating the elimination of the issue, particularly as organizations and countries seek to significantly enhance political accountability. The African Union Commission has already developed a programme that has garnered more political will, visibility and interest from stakeholders and partners, as well as a harmful practices accountability framework that facilitates widescale monitoring and reporting.

The African Union's Member States must **strengthen their reporting mechanisms, remain accountable to regional human rights organs and deliver on agreed standards and practices**, giving the Commission important information and evidence on progress in countries and of the communities. Finally, everyone is invited to work alongside the AU's Saleema Initiative to bring about a coordinated and accelerated continental momentum to protect children and girls from FGM.

*Mr. Bahrul Fuad, Commissioner at the National Commission on Violence against Women (Komnas Perempuan) of Indonesia:*

The practice of FGM/C is highly prevalent in Indonesia. More than half of the FGM/C practices occur before girls reach 4 months of age. Additionally, **medicalization of FGM/C has resulted in greater harm to girls due to the use of more invasive surgical techniques**. A country study found out that girls experienced prolonged trauma as a result of FGM/C. Also, that FGM/C rituals that occur in several areas contribute to additional household expenses.

Measures to combat it should include **building dialogue and strategic partnerships with religious and traditional leaders, enhancing ministries' capacities by equipping them with comprehensive understanding of the drivers of FGM/C practices**, setting up advocacy consortiums, developing advocacy guidelines, multisectoral 2030 Road Maps that outline the roles of each sector, and education programmes targeted at health workers in collaboration with Midwifery Associations and religious leaders. **Finally, a big challenge remains regarding gathering data on FGM/C practices.**

*Ms. Natalia Kanem, Executive Director of the United Nations Population Fund (UNFPA):*

There is evidence of an overall decline in FGM prevalence in Africa. This is particularly visible in Burkina Faso, Egypt, Ethiopia, Kenya, Liberia, Tanzania and Togo. Despite this progress, the absolute number of girls at risk continues to climb with population growth and COVID-19's impact on schools' closure and disruption. Female genital mutilation is grounded in a multiplicity of social, cultural, and economic factors, intersectional discrimination, and negative gender stereotypes. **Addressing this complex web requires political will.**

Thanks to UNFPA Joint Programme, in 2020, more than four hundred and thirty thousand (430,748) women and girls received health services, and tens of thousands accessed social and legal services. Even as countries adopt more laws and policies, ending this practice requires far more than law enforcement. **It demands a concerted effort to mobilize stakeholders in education, health, social protection, justice, public information, development planning, finance, gender equality and other sectors. Parliamentarians, national**





human rights institutions, civil society watchdogs, women and youth activists and human rights defenders all need to be empowered to monitor and advance efforts to drive effective change. Meaningful civic engagement also depends upon transparent access to public information. Initiatives like **U-Report Uganda** has equipped tens of thousands of women, young people and activists with relevant, real-time information via mobile technology. **It's time to match political will with structures that can mobilize all actors, especially women and girls at risk and survivors, as drivers of social change.**

#### Oral Interventions from States, Group of States and Observers:

**States (Joint Statements):** Cameroon (on behalf of the Group of African States), Belgium (On behalf of the Groupe Des États Membres de la Francophonie), Egypt and Burkina Faso (On behalf of more than 100 countries, UNFPA and UNICEF), Egypt (On behalf of the Arab Group), Norway (On behalf of Nordic and Baltic countries - Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden), Portugal (On behalf of Community of Portuguese Speaking Countries (CPLP) - Angola, Brazil, Cape Verde, Mozambique, Portugal, Timor-Leste ) **States (Statements made in the State's individual capacity):** Angola, Austria, Egypt, European Union, Ghana, Iraq, Italy, Kenya, Mauritania, Monaco, Namibia, Niger, Senegal, South Africa, Sudan, Switzerland, United Republic of Tanzania. **Other Observers:** UN Women. **NGOs:** Asian-Pacific Resource and Research Centre for Women (ARROW), Defence for Children International, Genève pour les droits de l'homme: formation internationale, International Planned Parenthood Federation, Rencontre Africaine pour la defense des droits de l'homme

**States:** States thanked the leadership of **Burkina Faso** for preparing the event and agreed that this harmful practice is **motivated by gender inequality and discriminative social norms**. Additionally, States recognized how the **COVID-19 pandemic has increased the risks for FGM**. Most of the countries mentioned there are scaling up their commitments to combat FGM and intensifying multisectoral coordination around the issue. They also mentioned the importance of developing laws and policies that criminalize the performance, procurement, aiding and abetting of FGM. Egypt and Ghana: Called on the need for more laws that criminalize FGM and mentioned that religious leaders that defend FGM are misinterpreting the Coran. The EU and Belgium: Mentioned they are taking steps forward to **cooperate with third countries** to respond to FGM, and that the HC should pursue more efforts towards multilingualism in the council's work. Namibia: Highlighted that countries should re-focus their budgets on the issue and **render financial support** to other States. Cameroon (On Behalf of the Group of African States): Established that States have the responsibility of **developing comprehensive and multisectoral approaches**. Egypt and Burkina Faso: Highlighted that eliminating FGM will have a **positive impact on gender equality**, health education, and the empowerment and full development of women and girls and society as a whole. Also, that **raising awareness won't end the practice by itself**. Norway: Said now is the time to unite for actions and **increase resources and investment to eliminate FGM**. Iraq: Mentioned that FGM mutilates women and minds, **especially in Kurdistan**. Also, that FGM has nothing to do with religion. Senegal: Highlighted the importance of including women in prevention plans.

**UN Women:** In the majority of cases, girls experience FGM before the age of 5. **Sustainable change requires a rights-based approach, laws and policies, high quality responses, and comprehensive preventions strategies that address gender norms.**

**NGOs:** Highlighted that complications around FGM include a wide array of physical and mental trauma. Also, that common **perpetrators of FGM are mothers, grandmothers and family members which is why a holistic approach is needed**. This should include advocacy efforts and legislation to protect victims while offering clinical services, involving young people in the processes, and building capacities. It was also mentioned that **Somaliland** is greatly affected by FGM. Additionally, NGOs highlighted that the pandemic has **disproportionately affected girls** and that perpetrators have taken advantage of this by going back to these harmful practices. Measures against it should include **interventions at different levels that are context specific**. Other NGOs mentioned that amidst the COVID-19 **sexual reproductive service initiatives are being de-funded in Asia**. They called for governments to urgently increase funding on women-led organizations



working on FGM, respond to it in national plans with specific budget allocation and support community-led data collection.

#### Questions to the Panelists:

**Monaco:** What high priority actions should be conducted at the international level to counter the effect of the pandemic against the rise of FGM? **Switzerland:** Can you share what are the best practices aimed at increasing information and education about FMG? **Rencontre Africaine pour la defense des droits de l'homme:** What strategies are advocated by the panelists to promote best practices in rehabilitation and socio-economic rehabilitation of victims?

#### Final Remarks:

**Ms. Monica Ferro:** There is an urgent need for laws, effective budget allocation, data collection and setting an accountability mechanism around the FGM issue. **Enacting laws is not enough** as there is a need for cross-sectoral coordination between different ministries and multisectoral national plans. Social norms will only change if the **change is sustainable and promoted from within the communities** and this is why it is necessary to encourage non-State actors, private entities, parents and others to join the conversation. **On behalf of the WHO**, she mentioned that the organization is committed to work through the health sector to guarantee prevention of FGM and the necessary health services.

**Mr. Bahrul Fuad:** Multisectoral approaches are key in combating FGM. In addition, there has to be collaboration across different ministries and education programmes. **It is crucial to collaborate with civil society members on educating people to end these harmful practices in Indonesia.**

**Ms. Soraya Addi:** It is crucial to re-enforce partnerships, the accountability system and to engage with youth, women and GMF survivors to promote concrete actions against FGM. Best practices like Youth Ambassadors are increasing the engagement of women and youth with human rights organizations to allow for a better and more coordinated and realistic approach. **Young women must be at the heart of these processes.**

To watch the full High-level Panel on Prevention of and Response to Female Genital Mutilation, refer to [UN Web TV](#).