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**INTER – AFRICAN COMMITTEE ON TRADITIONAL PRACTICES AFFECTING
THE HEALTH OF WOMEN AND CHILDREN (IAC)**

Briefing on FGM

UN Palais des Nation
May 20th, 2008

**Report on the Special Session on Female Genital
Mutilation**

1. INTRODUCTION

Female Genital Mutilation (FGM) is a traditional practice that violates the basic human rights of women and girls. It can indeed be regarded as a form of violence that threatens the health of women and girls with many risks and no known benefits. As part of the several ongoing efforts at different levels to fight against the continuation of the practice, the Inter-African Committee on Traditional Harmful Practices Affecting the Health of Women and Girls (IAC) (see annex I), coordinated the organization of a side event during the 61st World Health Assembly for all stakeholders and other parties interested in the issue of FGM. This well attended parallel event (see annex II), was held on the 20th of May, 2008 between 13:00 and 15:10pm at the UN Headquarters, Palais des Nations in Geneva, Switzerland. The 61st World Health Assembly is the supreme decision-making body of the World Health Organization (WHO). The main function of the Assembly, which meets annually in Geneva, Switzerland, is to determine the policies of the Organization. The 2008 Assembly, which was attended by delegations from all 193 Member States, included an agenda item on FGM.

The panel was constituted by the following members:

International Organization For Migration (IOM) - Sylvia Lopez-Ekra
Inter Parliamentary Union (IPU) - Kareen Jabre
Medical Women International Association (MWIA) - Shelley Ross
UNESCO - G sler Corat (Chairperson)
UNFPA - Siri Tellier
UNHCR - Gisela Thater
IAC - Adebisi Adebayo

Several WHO staff members were present to provide information during the discussion

2. PANEL PRESENTATIONS

The session commenced at 13.10 with remarks from the IAC representative Dr. Adebisi Adebayo on behalf of the Executive Director of IAC, Mrs. Berhane Ras-Work, who was on another official assignment outside Switzerland. After welcoming participants, the IAC representative highlighted the purpose of the briefing session, which was inter alia to seize the opportunity of the Health Assembly to network as well as re-echo the need for more to be done in the fight against FGM. She presented a brief overview and background on the different classifications of FGM, reasons for the practice and the attending consequences. An overview was also given of the prevalence of FGM in different African countries, including information on countries that have adopted a law on FGM.

The IAC representative also gave a brief history of IAC, and its activities. Specifically emphasized was the importance of the various IAC programs at both national and local levels, such as the training and Information Campaigns (TIC) for different target groups; youths, men, women, religious leaders, traditional birth attendants, media and Legislators. Specific results achieved on the field, through various interventions programs, were also elucidated. The presentation emphasized the commitment of the organization towards achieving “Zero Tolerance” to FGM, so that African women and children fully enjoy their human rights to live free from Harmful Traditional Practices.

It was also noted that IAC works through its National Committees to carry out capacity building activities through education and information for social change that is designed to reach and convince all sectors of society. Through a carefully tailored program, education and information remains a good entry point in reaching and convincing all sectors of the society. In this regard, IAC utilizes a holistic approach with the aim of shaping attitudes for a lasting behavioral change through conviction rather than the imposition of ideas. In concluding the overview, the IAC representative reiterated the need for a stronger partnership while calling on all partners to work together to implement the common agenda adopted on February 6, 2003 and by WHO, UNFPA, UNICEF, and IAC.



Sylvia Lopez-Ekra (Gender Officer, IOM). The representative of IOM made a presentation on IOM's programs and approach. She explained that the practice of FGM has migrated over the past 30 years to western countries which have received migrants originating from countries where it is practiced. This evolution, while raising problems similar to those arising in countries of origin also poses new challenges calling for adaptation of the strategies put in place to address the issue. Because FGM is highly linked to culture, in countries of destinations, it becomes an integration issue, in addition to being a public health and a human rights issue and touches the delicate question of the rights of migrant communities to preserve their cultural traditions. Through pre-departure cultural orientation courses, IOM advocates against FGM among groups preparing to resettle. In recent years, the organization has also been increasingly involved in raising awareness among European governments as well as providing assistance for concrete activities. In this framework, IOM has developed a comprehensive strategy to address FGM in the migration context. The key aspects of the strategy are inclusiveness, community leadership and ownership and capacity-building of health professionals. IOM interventions seek to empower women in a sustainable manner in

order to support their greater decision-making power, especially when it comes to their sexual and reproductive health. Sensitisation campaigns are also organized to deconstruct the myths that sustain FGM with all members of the communities. IOM also puts an emphasis on working with local health professionals since still too few practitioners in Europe and Northern America have experience in addressing the special health care needs of women who have undergone FGM. Health service providers must be trained to identify problems resulting from FGM and to treat them. This includes capacity to treat various long-term complications as well as offer relief options such as defibulation not related to pregnancies and delivery as well as access to reconstructive surgery.

Shelley Ross (Secretary-General, MIWA). The representative of MIWA thanked the organizers for the opportunity to speak on behalf of International Council of Nurses, the International Pharmaceutical Federation, the World Dental Federation, and the World Medical Association. She noted that the World Health Professions Alliance (WHPA) consist of these different organizations represented in more than 150 countries and brings together more than 25 million health professionals, all working together to achieve the highest possible standards of care, ethics, education and health-related human rights for all people.

The representative of MWIA noted that in fighting against FGM over the year, the main concern have been safeguarding the health of people while preserving their integrity. FGM is a practice with serious detrimental impact on the physical and mental health of women and girls. It is a form of violence against women and girls, constituting a violation of fundamental rights. It was also expressed that MWIA is against medicalization of FGM as this is not providing health. MWIA is also concerned about caring for those with FGM. One important issue raised was the lack of information on the part of the doctors on how to deal with FGM and primary health providers need to be educated. MWIA urged health professionals associations to develop educational programs that would assist in closing existing gaps.

MWIA welcomed the report on FGM prepared by WHO, noting the slow rate of decline of these practices, and praised the draft resolution proposed today for consideration by the assembly. They called on the WHA to adopt a strong resolution condemning without reservation FGM and urged member states with the support of all relevant national and international actors to develop, intensify and accelerate their actions towards the total eradication of such practices. MWIA concluded by reiterating their commitment to the elimination of FGM and expressed their desire to be part of the educational program being developed for practitioners.

Siri Tellier (Director, UNFPA office in Geneva). The representative on UNFPA spoke about the holistic approach of UNFPA to the work of the agency on FGM. The representative noted that in discharging its duties, UNFPA builds on its mandate and comparative advantages, e.g. supporting data collection and analysis to advocate for policy formulation, reproductive health and gender, Given the nature of reproductive health issues, UNFPA attempts to pay particular attention to youth, and to a culturally sensitive approach.

This general way of working also applies to UNFPAs work to abolish FGM. UNFPA has supported a variety of data collection and research on FGM. It works with governments and international processes to support change in policies and legal frameworks. It works with religious groups, with medical and other professionals, as well as with communities, e.g. supporting local NGOs which support women, providing health and psycho social support and

temporary shelter accommodation as well as reintegration back into the communities. UNFPA also works with practitioners to help them find other means of income.

Given that this is a cross cutting issue, it is also necessary to take a cross cutting approach in the response. UNFPA therefore works closely with other international organizations as well as NGOs, and is engaged with UNICEF on a broad based action program, as well as being a cosignatory to an inter agency statement which was distributed at the meeting. Since the purpose of the meeting was primarily to provide briefings to participants in the WHA, the presentation ended with a call for action to the medical profession;

- To make medical students and other professionals aware of the health consequences of FGM
- To ensure that they are aware that both religious, professional and intergovernmental human rights standards counsel against FGM, including medicalisation of the practice
- To learn how to deal with medical consequences
- To advocate for budgets to deal with it

Kareen Jabre (Manager, IPU): The representative of IPU focused on the work of the organization with parliamentarians. It was noted that IPU began work on FGM in 2001 on the occasion of its statutory assembly in Burkina Faso. The objective of IPU work in fighting against FGM centers on awareness raising among parliamentarians, support of the work of parliamentarians on how to implement and mainstream FGM policies, provision of a database with references, data and comparative information and development of tools. Reference was also made to the organization of a regional conference for parliamentarians held in Dakar in 2005. The IPU representative also noted that beyond legislation there should be a focus on how to change mentalities. Reference was made to a positive and encouraging result of a recent survey on “Equality in parliament” 2008 which showed that as a result of the growing number of women parliamentarians, there is a slight shift of priorities in parliament work which could open the way to give more attention to VAW in relation to FGM.

The IPU representative ended with the following notes on the need to use information on previous lessons learnt for future action:

- more attention to be placed on parliaments and their members in combating FGM;
- all action should be nationally driven;
- progress is not the responsibility of one actor – all stakeholders should be involved in the various initiatives taken and processes should be inclusive;
- for progress to be achieved there is need for political will.

Gisela Thater (Protection/Legal Officer, UNHCR): The UNHCR representative elucidated that the promotion of gender equality and working towards the elimination of violence against women and girls is an integral part of UNHCR’s protection mandate. Persons of concern to UNHCR include asylum seekers, refugees, internally displaced persons, returnees, stateless-persons, persons at risk of becoming stateless, and refugees and IDPs in the process of integrating into new communities. Three main areas of UNHCR’s work were highlighted as follows: i) mainstreaming a gender perspective into all aspects of UNHCR operations; ii) promoting a gender-sensitive interpretation of the refugee definition, that recognizes FGM as a form of gender-based persecution; and iii) working with displaced communities to eliminate FGM. Different examples were provided on its work in these main areas. Information was also given on some of the activities which UNHCR undertakes in partnership with other UN agencies, governments and NGOs.

The speaker noted the persistence of the problem despite sustained efforts to eliminate the practice. Also highlighted was the fact that FGM is often the least reported type of sexual and gender-based violence to UNHCR, even among refugee groups with a near 100% prevalence rate of FGM. This is mostly because girls are too young to claim their rights, and even if cases were reported they are not actually prosecuted. The situation is not helped by the reluctance of law enforcement officials to prosecute perpetrators even in countries with legislation against the practice. Another challenge noted was to identify harmful practices among refugees residing in urban areas as they are not confined to one specific location but are scattered.

In conclusion it was noted that all these different challenges point to the need for innovative approaches in the elimination of FGM. While it is difficult to change harmful practices targeting women and girls that are carried out in the name of culture and religion, it is important to continue raising awareness on the issue. The representative of UNHCR also reiterated the desire of the organization to collaborate with other partners, in discussions on how FGM could be further addressed in terms of economic and political rights as well as legal remedies for the victims and survivors. She called for support for a participatory approach that provides a forum for women and girls to talk about their concerns with suggested solutions on how they can be tackled in order to avoid the imposition of strategies from above or outside. Such participatory assessments also allow for different perspectives and views on the role of women and girls which may not be homogenous in a given group so that role models can be identified and engaged to continue to fight against FGM.



Ms S. Gülser Corat (Director, Division for Gender Equality, UNESCO). The meeting chairperson began by noting that UNESCO has been a proud and active participant in the process which culminated in the Interagency Statement on Eliminating Female Genital Mutilation, signed by 10 UN agencies and officially launched 27 February 2008 at the 52nd Session of the Commission on the Status of Women. In UNESCO's new Medium-Term Strategy 2008-2013, gender equality is designated as one of two global priorities for UNESCO, the other priority being Africa. Thus, this prioritization was instrumental in facilitating UNESCO's decision to actively participate in drafting the Interagency Statement.

On a system-wide level, the FGM interagency statement is a strong example of the UN working together to deliver as one: the Statement needed the voice and input of all of the agencies involved, who each contributed a unique and different perspective without which the statement would not have been complete. For its part, UNESCO helped to highlight the central role of local communities in eliminating the practice; the importance of education for the elimination of FGM; as well as the significant contributions of the historic Maputo protocol and the African Union's Solemn Declaration of Equality between Men and Women in Africa.

The chairperson made a point of highlighting the great efforts already undertaken to eliminate female genital mutilation by communities, governments, and national and international organizations around the world. She noted that UNESCO is eager to collaborate with those stakeholders who have taken a firm stand against this practice, and will focus on awareness raising and education to empower women so that they can decide on their own that their daughters neither need nor benefit from this practice.

The chairperson concluded by quoting UN Deputy Secretary-General Asha-Rose Migiro, at the launch of the Interagency Statement on 27 February 2008, whose words illustrate both the goal and the spirit of this important statement: "If we can come together for a sustained push, female genital mutilation can vanish within a generation."

3. HIGHLIGHT OF ISSUES THAT AROSE FROM DISCUSSIONS

- a) It was suggested that the development and adoption of innovative strategy to help combat the practice of FGM among migrant communities should be encouraged. This strategy refers to the establishment of an electronic database on the health of infants including information on mutilation. The database could be accessed by all practicing pediatricians all over the country and will be regularly updated during screening, follow ups and inoculation. Follow – up could then be made from the national health departments on infants with FGM, with different methods of pressure if need be. However, this approach faced a lot of resistance on the part of the legislators and pediatricians.
- b) The need to interest other agencies was highlighted. WHO was commended for spearheading the initiative that culminated into the Inter-agency statement. The Interagency Statement was described as an example of collaboration between UN agencies in support of one common goal: the elimination of female genital mutilation around the world. WHO made copies of the new Inter-agency statement on eliminating FGM available to the participants.

- c) It was also suggested that ways should be developed to ensure that the critiques of the terminologies used in the resolution would not constitute a major barrier to its adoption. It was stressed that the main issue should be focused on discrimination - that is, violence against women.
- d) Clarifications were sought as to whether there is an ongoing investigation into the relationship between economic and cultural aspects of FGM. The need to “cost” the consequences of FGM was suggested as a tool that could be used in negotiations. In this light, it was suggested that it would be necessary to harness actions and bring to visibility the cost of the consequences of FGM.
- e) Request was made for increased effort to focus on youths, especially within the framework of the essence of empowering girls to resist and say “no”.
- f) On the psychological effects on victims, the meeting noted the need for improvement of counselling programmes.
- g) Concern was expressed on the medicalisation of FGM.
- h) The meeting was affirmative to the need to link FGM to the high level meeting reviewing progress on HIV & AIDS.
- i) A member of the Panel reiterated the need for collaboration as well as the need to put the issue of the girl child and women at the centre of the need to develop Africa. It was emphasized that addressing the issues from the perspective of the countries of origin before host level intervention should be taken seriously.
- j) There was a general consensus on programmes that involve a wide range of actors, and wide variety of sectors. There was a consensus on the need for continued action and support for the campaign against FGM.
- k) The meeting addressed the issue of the resolution and provided some background information on the history of the version currently tabled before the WHA. Another representative of the organization informed the meeting that the Organization was already working on costing. In all the participants expressed their support for the resolution, with further expression of the need for stronger language to be used in the text.
- l) There was a common agreement on the need for closer collaboration and combination of all well meaning effort aimed at fighting FGM.



The embroidery on this garment depicts the childbirth experiences of women from Burkina Faso who had undergone FGM as a child. It was prepared in the context of Ubumann Initiative (www.ubumama.org).

Annex I About IAC

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is a non-government, non-profit International Organization set up in 1984 in Dakar, Senegal.

The purpose of IAC is to promote the basic human rights of women and children by campaigning against FGM and other harmful traditional practices while promoting beneficial practices.

The guiding principle of IAC is strongly based on education in order to impact positive change of attitude. Promoting capacity to the affected communities is a long-standing strategy of the Organization.

The Inter-African Committee is a membership Organization with 28 National Committees in Africa and 15 Group Sections/Affiliates in Europe, Canada, Japan and New Zealand.

IAC enjoys Consultative Status with the African Union, the UN Economic and Social Council and an Official Status with the WHO. It collaborates with several Non-governmental Organizations and some UN Agencies.

IAC headquarters is located in Addis Ababa, in the ECA Building while an International Liaison Office is maintained in Geneva, Switzerland for lobbying and fund-raising.

It has an elected Executive Board comprising of a President, two Vice-presidents, a Secretary-General and a Treasurer.

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Annex II

PARTICIPANTS AT IAC FGM BRIEFING DURING THE WHA 2008

DAVIDE MOSCA	INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
SARA LIDERMAN	EUROPEAN UNION
LOUISE ANDERSSON	SWEDISH MISSION
BRIGITTE POLONOVSKI	INTERNATIONAL COUNCIL FOR WOMEN
OSHI SAM-THAMBIAH	UNICEF
ELIZABETH HELMS	TOPS AMERICA
SALMA HAMID	UNFPA NEW YORK
KARINE HEKTOEN	UNFPA GENEVA
BUSI GEORGE	DEP. OF HEALTH SOUTH AFRICA
JANE WELSH	WHO
JAQUELINE LAROVERE	WHO
ELISE JOHANSEN	WHO
HELI BATHIJA	WHO
JANE COTTINGHAM	WHO
LAURI JALANTI	WHO
ANITA DAVIES	IOM
BLANDINE MOLLARD	IOM
MAME DIENE	IOM
TINA NEBE	UNFPA
JEAN-DANIEL BIELER	OFFICE FED. DE LA SANTE PUBLIQUE, BERNE
ALEXIS NTABONA	WHO
MIREILLE MUGISHA	IOM
PASCAL CHRISTIAN	IOM
RADIYAH TAYOB	IOM
LEZINNE BZCUMUNG	WORLD YWCA
GUDRUH HAUPER	INTERNATIONAL ALLIANCE OF WOMEN
ANIA GROBICKI	BAMAKO 2008 SECRETARIAT
NYARADZAI GUMBONZVANDA	WORLD YWCA

NATALIE FISHER SPALTON	WORLD YWCA
JAQUELINE WEEKERS	IOM
RAGA NASEEM-HAMMAD	WHO
RONNIE JOHNSON	WHO
HAMID RUSHWAN	FIGO
JOYCE JETT-ALI	CSW/NGO
KRISHNA AHOOJAPATEL	WOMENS INT LEAGUE FOR PEACE AND FREEDOM (WILPF)
SONIE HEPTOZSTOLE	SGL
HAWA M. KROMAH, MD	MINISTER OF HEALTH OF LIBERIA, MOROVIA
LUISA BALLIN	IPU INFORMATION OFFICER
GISELA BLUMENTHAZ	MFA, FINLAND
EVA VAN WAERSEN	NETHERLANDS MISSION
JACQUIE SARHA	SWISS MISSION
RYCHAER DANIE	SWISS MISSION TO UN GENEVA
BEAT SHATZMANN	IAC
TOLEDO MARIA	IAC
RITETI MANINRAUA	MINISTER OF HEALTH OF KIRIBATI
NOMSA JAJULA	MEMBER OF THE EXECUTIVE COUNCIL SOUTH AFRICA HEALTH DEPARTAMENT

PANEL MEMEBERS

ADEBISI ADEBAYO	IAC
GISELA THATER	UNHCR
GUSLER CORAT	UNESCO
KAREN JABRE	IPU
SHELLEY ROSS	MWIA
SIRI TELLIER	UNFPA
SYLVIA LOPEZ-EKRA	IOM