



UNGA 79: INTENSIFYING GLOBAL EFFORTS FOR THE ELIMINATION OF FEMALE GENITAL MUTILATION (FGM¹):

REPORT OF THE UN SECRETARY-GENERAL (2024)

FGM IS A HARMFUL PRACTICE AND A FORM OF VIOLENCE AGAINST WOMEN AND GIRLS, AFFECTING THEIR PHYSICAL, MENTAL, SEXUAL AND REPRODUCTIVE HEALTH



230 million

girls and women have undergone FGM globally.



144 million

Prevalence is greatest in the Africa region, where **over 144 million women and girls have undergone FGM.**



1-2 million

girls and women elsewhere in the world have undergone FGM in small, isolated communities and among diaspora from practicing countries.



2 million

Each year, **over 2 million girls undergo the practice before the age of 5.**



Two-thirds

of all girls who have recently undergone FGM have been cut by health workers.



The **proportion of girls who have undergone the practice has decreased** from **just over 46 per cent in 1993**, compared to **just over 31 per cent in 2023.**

Cameroon, Ghana and Uganda have already **achieved the target of eliminating FGM** before 2030; **Benin, the Maldives, Niger and Togo** are **on track to achieve zero cases** by the end of this decade.

27x faster

Progress in eliminating FGM needs to be 27 times faster to meet the global target of elimination by 2030.



200 million

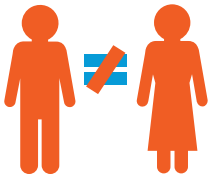
boys and men living in practicing countries in Africa and the Middle East think female genital mutilation should stop.



70 per cent

Approximately 70 per cent of couples worldwide with at least one daughter aged 14 or under want the practice to end.

SOCIOCULTURAL AND ECONOMIC FACTORS CONTRIBUTING TO THE PREVALENCE OF FGM



FGM is a manifestation of **gender-based inequality and discrimination**.



FGM is often justified as a pre-requisite for marriage.

Some communities believe it is a religious requirement, although there is no basis in religious texts for the practice.

It is often performed to **control a woman's sexuality**.

LATEST TRENDS



A coordinated pushback on women's and girls' rights and gender equality is threatening to undo decades of progress

on addressing violence against women and girls, including harmful practices such as FGM. A high-profile illustration of this has been the **proposed repeal of the 2015 Women's (Amendment) Act criminalising FGM in The Gambia**.



Attempts to reverse legislation criminalising the practice are deeply concerning and undermine the essence of global standards and commitments on ending FGM, to which many States are signatories. Such actions can have far-reaching effects, potentially undermining other laws protecting and promoting women's rights, the rule of law and the multilateral system.



FGM is becoming increasingly medicalised, despite efforts by States to address it. Countries in which medicalisation is most common are also home to a large share of the burden of the practice, e.g., Egypt, Indonesia, and Sudan. There is **no evidence that medicalisation of FGM is safer**.



Cross-border and transnational FGM – where girls are taken to other countries where the practice is still socially acceptable or not banned, to undergo the practice – are **hampering efforts to eliminate FGM**.



Men are just as likely as women to oppose the practice in countries where FGM is prevalent.

PROMISING INTERVENTIONS TO ELIMINATE FGM



Criminalising FGM through legislation is an important step towards its elimination; however, this should be accompanied by political will, together with targeted interventions, including sensitisation and locally appropriate enforcement mechanisms.



Community dialogues involving women's rights organisations and men and boys' networks, as well as public declarations by traditional and faith-based leaders, can **change attitudes on FGM and move towards abandoning the practice.**



Holistic approaches, e.g., the 'Community Empowerment Approach', which focuses on core positive values at the heart of community traditions and helps communities to re-examine their social practices and undertake initiatives to improve their quality of life, **are showing promise in ending FGM.**



Digital and technological solutions can play an important role in accelerating efforts to **prevent, reduce, and eliminate FGM.**



Health workers play a critical role in preventing and eliminating the medicalisation of FGM but should have a greater understanding and communicate its damaging effects on women and girls.



Men have a pivotal role in shaping societal expectations around FGM and deciding whether it should continue, especially if they speak out and advocate for an end to the practice.

RECOMMENDATIONS



In the context of implementation of the **2030 Agenda for Sustainable Development** and the forthcoming thirtieth anniversary of the adoption of the **Beijing Declaration and Platform for Action**, Member States are encouraged to fulfil their obligations to protect and promote the rights of girls and women under international human rights law, and international and regional agreements.

In particular, **Member States are encouraged to:**

Adopt and implement comprehensive prevention strategies, including advocacy, awareness-raising, and community mobilisation with faith-based and religious institutions, traditional leaders, families – especially fathers, affected communities, teachers, civil society, including the women's movement, survivors' organisations, men and boys, women and girls, and the media.

Enact legislation, uphold, and/or enforce existing legislation criminalising FGM, including cross-border and transnational forms of the practice, and hold practitioners accountable. Awareness-raising should highlight the practice's harmful effects and national and international support for its elimination. Harmonising legal and policy frameworks and strengthening regional and international cooperation is also critical.

RECOMMENDATIONS

Provide coordinated, accessible, and girl- and women-centred services for survivors

and girls and women at risk, especially those facing multiple and intersecting forms of discrimination. This should include psychosocial counselling, shelter and safe accommodation, access to police and justice services, and health care, including sexual and reproductive health services.

Ensure that health workers and local authorities, through awareness-raising and capacity-strengthening, **understand the harmful health consequences associated with the practice**, and their obligation to not facilitate and/or perform medicalisation of FGM under any conditions.

Refrain from reliance on customs, traditions, or religious justifications to avoid their obligations

under international and regional human rights law **to protect and promote the rights of women and girls**. States should ensure that legislation and strategies to eliminate FGM are implemented through cross-sector policies and programmes, and costed national action plans. They are also encouraged to engage regional entities, including the African Union, the Economic Community of West African States, and the European Union in these efforts.

Adopt a comprehensive and multidisciplinary approach to eliminating FGM and address the social, cultural, and economic roots underpinning the practice

, by developing social protection, and skills development interventions supporting women's economic empowerment.

Improve their national and sub-national data collection

and undertake analyses of local areas of high prevalence, to inform policy and programmatic interventions. Data should be collected using standardised methods allowing for its comparison across countries.

Urgently provide resources for scaling up evidence-based policy, programming and advocacy measures

aimed at eliminating the practice, considering challenges, such as rapid population growth in high-prevalence countries.

Endnotes

1. Report of the Secretary-General on Intensifying global efforts for the elimination of female genital mutilation - See A/79/514