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Intensifying global efforts for the elimination of female genital mutilation

Report of the Secretary-General*

Summary

Pursuant to General Assembly resolution [77/195](#), on intensifying global efforts for the elimination of female genital mutilation, in the present report, the Secretary-General provides information on the prevalence and impact of the practice on women and girls, referencing recent data and evidence. He also provides information on root causes and factors contributing to female genital mutilation, challenges and needs, and trends impacting efforts aimed at its elimination. He further provides an analysis of progress made by Member States, the United Nations system and other stakeholders. In the report, the Secretary-General draws conclusions and proposes recommendations for future actions.

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I. Introduction

1. In its resolution [77/195](#), the General Assembly reaffirmed that female genital mutilation was a harmful practice and an act of violence against women and girls that impaired and undermined the enjoyment of their human rights. It also reaffirmed that the practice was a serious threat to their dignity and well-being, including their physical, mental, sexual and reproductive health.

2. While it commended the continued efforts of States, regional organizations and United Nations agencies to end the practice, the General Assembly also noted that progress in reducing its prevalence had been uneven across countries and had not been fast enough to achieve its elimination by 2030. It expressed its concern at the increase in the medicalization of female genital mutilation and its cross-border practice.

3. The General Assembly condemned all forms of violence and harmful practices affecting women and girls and urged States to prohibit female genital mutilation, in accordance with their obligations under international human rights law. It also recalled commitments enshrined in Agenda 2063 of the African Union and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, emphasizing that eliminating female genital mutilation contributed to the implementation of Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development.

4. The General Assembly called upon States to develop and implement comprehensive prevention strategies and engage, inter alia, government officials, community and religious leaders, health workers, families and communities in efforts to eliminate female genital mutilation. It urged States to hold practitioners accountable and ensure that survivors have access to healthcare and sexual and reproductive health services as well as social and legal support.

5. In the present report, the Secretary-General examines the latest developments and approaches to eliminating female genital mutilation in the context of implementation of the 2030 Agenda and the decade of action and delivery for sustainable development, and the forthcoming thirtieth anniversary of the adoption of the Beijing Declaration and Platform for Action. The report is based on information and submissions received from Member States,¹ relevant entities of the United Nations system² and other stakeholders.³ It covers the period from 1 August 2022 to 30 June 2024 and is informed by the latest research findings, evidence and data.

II. Global and regional developments and commitments

6. Violence against women and girls, including female genital mutilation, is a violation of their human rights and prevents them from enjoying equal access, with men and boys, to education, health, justice, political participation and economic opportunities.

¹ Austria, Benin, Bosnia and Herzegovina, Burkina Faso, Burundi, Chad, Colombia, Cuba, France, Germany, Israel, Lebanon, Malaysia, Peru, Poland, Portugal, Romania, Spain, the Sudan and Türkiye.

² Office of the United Nations High Commissioner for Human Rights, Spotlight Initiative, United Nations Children's Fund (UNICEF), United Nations Development Programme, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), United Nations Population Fund (UNFPA), United Nations trust fund in support of actions to eliminate violence against women and the World Health Organization (WHO).

³ Global Platform for Action to End FGM/C.

7. Violence against women and girls and female genital mutilation⁴ are barriers to achieving gender equality and women's empowerment. Ending violence against women and girls, including female genital mutilation, therefore, contributes not only to progress towards achieving Sustainable Development Goal 5, but many other goals and targets of the 2030 Agenda. The principles of equality and non-discrimination at the heart of the 2030 Agenda, with its commitment to leave no one behind, mean that all women and girls should enjoy a life free from all forms of violence, including female genital mutilation.

8. In its consideration of reports submitted by State parties to the Convention on the Elimination of All Forms of Discrimination against Women, the Committee on the Elimination of Discrimination against Women welcomed States' efforts to eliminate female genital mutilation.⁵ However, it also expressed concern at the persistence of the practice,⁶ that it is still legal in some countries⁷ and that existing legislation banning the practice is not enforced.⁸

9. The Committee called upon States to introduce legislation criminalizing female genital mutilation⁹ and effectively investigate and prosecute cases involving the practice.¹⁰ It recommended that States raise awareness of its harmful effects among communities performing the practice¹¹ and address its underlying cultural and religious justifications.¹²

10. At the sixty-eighth session of the Commission on the Status of Women, States recognized female genital mutilation, gender stereotyping and the feminization of poverty as being among the barriers to girls' access to education.¹³ They recommitted to multisectoral and coordinated action to prevent and respond to all forms of violence and harmful practices against all women and girls, including female genital mutilation.¹⁴

11. In its resolution [78/188](#) on the girl child, the General Assembly noted that girls living in poverty, including those living in rural and remote areas, were more likely to experience female genital mutilation. The Assembly urged States and other stakeholders to provide holistic support for girls who had undergone the practice or were at risk.

⁴ These issues are covered in targets 5.2 and 5.3, respectively, of Sustainable Development Goal 5.

⁵ See, for example, [CEDAW/C/DJI/CO/4-5](#), paras. 5 (i) and 23; [CEDAW/C/FRA/CO/9](#), paras. 5 (d), 23, 33 and 45; [CEDAW/C/GEO/CO/6](#), paras. 4 (d) and 23; [CEDAW/C/GMB/CO/6](#), paras. 4 (c) and 19; and [CEDAW/C/MRT/CO/4](#), para. 4 (d).

⁶ See, for example, [CEDAW/C/CAF/CO/6](#), para. 27; [CEDAW/C/DEU/CO/9](#), para. 29; [CEDAW/C/DJI/CO/4-5](#), para. 23; [CEDAW/C/GMB/CO/6](#), para. 19; [CEDAW/C/GRC/CO/8-9](#), para. 21; [CEDAW/C/MRT/CO/4](#), para. 20; and [CEDAW/C/MWI/CO/8](#), para. 19.

⁷ [CEDAW/C/ARE/CO/4](#), para. 28; and [CEDAW/C/FIN/CO/8](#), para. 21(a).

⁸ [CEDAW/C/BEL/CO/8](#), para. 31; [CEDAW/C/CHE/CO/6](#), para. 39; [CEDAW/C/GMB/CO/6](#), para. 19; [CEDAW/C/MRT/CO/4](#), para. 20; and [CEDAW/C/PRT/CO/10](#), para. 20.

⁹ [CEDAW/C/ARE/CO/4](#), para. 29; and [CEDAW/C/FIN/CO/8](#), para. 22 (a).

¹⁰ See, for example, [CEDAW/C/BEL/CO/8](#), para. 32; [CEDAW/C/DJI/CO/4-5](#), para. 24 (a); [CEDAW/C/GEO/CO/6](#), para. 24 (a); [CEDAW/C/GMB/CO/6](#), para. 20 (b); [CEDAW/C/GRC/CO/8-9](#), para. 22 (c); [CEDAW/C/MRT/CO/4](#), para. 21 (b); [CEDAW/C/MWI/CO/8](#), para. 20; [CEDAW/C/NER/CO/5](#), para. 30 (b); [CEDAW/C/OMN/4](#), para. 30 (a); and [CEDAW/C/PRT/CO/10](#), para. 21.

¹¹ [CEDAW/C/CAF/CO/6](#), para. 28 (b); [CEDAW/C/DJI/CO/4-5](#), para. 24 (c); [CEDAW/C/FIN/CO/8](#), para. 22 (a); [CEDAW/C/GMB/CO/6](#), para. 20 (a); [CEDAW/C/MRT/CO/4](#), para. 21 (a); and [CEDAW/C/NER/CO/5](#), para. 30 (a).

¹² [CEDAW/C/BEL/CO/8](#), para. 32; [CEDAW/C/CAF/CO/6](#), para. 28 (b); [CEDAW/C/DJI/CO/4-5](#), para. 24 (c); [CEDAW/C/GMB/CO/6](#), para. 20 (a); [CEDAW/C/MRT/CO/4](#), para. 21 (a); and [CEDAW/C/NER/CO/5](#), para. 30 (a).

¹³ [E/CN.6/2024/L.3](#), para. 26.

¹⁴ *Ibid.*, para. 54 (p).

12. Pursuant to Human Rights Council resolution 50/16, the Office of the United Nations High Commissioner for Human Rights submitted a report (A/HRC/56/29) to the Council providing an overview of the situation of women and girls impacted by cross-border and transnational female genital mutilation. Its recommendations included criminalizing cross-border and transnational forms of the practice, harmonizing and implementing legal and policy frameworks, and enhancing international and regional cooperation.

13. On 6 February 2024, the European Parliament adopted a new directive of the Parliament and of the European Council to combat violence against women and domestic violence. The directive requires all European Union countries to criminalize female genital mutilation, increase awareness of the practice and provide specialist support for survivors.¹⁵

14. Also, on the 2024 International Day of Zero Tolerance for Female Genital Mutilation, the Independent Permanent Human Rights Commission of the Organization of Islamic Cooperation expressed its support for the elimination of all harmful practices, including female genital mutilation. Critically, the Commission stated that Islamic principles and values condemned such practices and called upon States to adopt legal and administrative measures to eliminate harmful practices.¹⁶

15. During the seventy-eighth General Assembly, on 18 September 2023, the African Union Commission and Zambia organized a high-level, round-table discussion on the topic “Empowering African Girls: Engaging Religious, Political and Traditional Leaders as Catalysts for Change in Ending Harmful Practices by 2030”. States, civil society and United Nations entities committed to using evidence and data analysis to inform efforts to abandon harmful practices and support the scaling-up of effective interventions. They also pledged to finance grass-roots, women-led organizations in humanitarian settings and to engage traditional, political and religious leaders in eliminating harmful practices.¹⁷

16. These commitments were echoed during the second International Conference on Female Genital Mutilation, which was held from 9 to 11 October 2023 in Dar es Salaam, hosted by the United Republic of Tanzania and supported by the African Union, the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the Spotlight Initiative Africa Regional Programme. Participants committed to investing in youth and innovation and to strengthening partnerships with survivors’ organizations. They also agreed to strengthen legislation on and the law-enforcement response to cross-border cases and medicalization of the practice.¹⁸

17. During its forty-second session, held in Addis Ababa in November 2023, the African Committee of Experts on the Rights and Welfare of the Child, together with the African Commission on Human and Peoples’ Rights, issued a joint general comment on female genital mutilation. The general comment sets out, inter alia, legislative, institutional and accountability measures that States should take to eliminate, prevent and respond to female genital mutilation, including addressing its root causes and drivers.¹⁹

18. In a significant development, the Special Rapporteur on the Rights of Women in Africa of the African Commission on Human and Peoples’ Rights, the Country

¹⁵ European Union, document PE-CONS 33/24.

¹⁶ Omar Bah, “OIC supports elimination of FGM”, *The Standard* (Gambia), 7 May 2024.

¹⁷ African Union, “UNGA 78: High Level Roundtable on Empowering African Girls and Ending Harmful Practices by 2030”, 23 September 2023.

¹⁸ UNFPA, Eastern and Southern Africa, “Spotlight initiative endorses call to end FGM in current generation at 2nd International Conference on FGM”, 13 October 2023.

¹⁹ African Committee on Experts on the Rights and Welfare of the Child and African Commission on Human and Peoples’ Rights, “Joint general comment on female genital mutilation”, June 2023.

Rapporteur on the Gambia for the Commission, and the Special Rapporteur on Harmful Practices for the African Committee of Experts on the Rights and Welfare of the Child, in partnership with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), convened a side event during the seventy-ninth ordinary session of the African Commission on Human and Peoples' Rights, held on 28 May 2024, to discuss a bill that proposed the repeal of the 2015 Women's (Amendment) Act criminalizing female genital circumcision in the Gambia.

19. Representatives of the Gambian Government, civil society and women's rights organizations and United Nations system entities, as well as traditional and religious leaders, considered the national and regional implications for women's and girls' rights and gender equality arising from the proposed repeal, regardless of its outcome. Participants agreed to establish a coalition of influential local women and traditional and faith-based leaders to advocate for maintaining the ban and to raise awareness of the need for legislation protecting women's and girls' rights.²⁰

20. This action aligns with the objectives of the new, 22-million-euro programme of the European Union and UN-Women, ACT (Advocacy, Coalition-Building and Transformative Feminist Action) to End Violence Against Women, which include strengthening global and regional advocacy, including on eliminating harmful practices in Africa. Under the leadership of the Deputy Secretary-General, the Development Coordination Office, UNFPA, UNICEF, the United Nations Development Programme (UNDP), UN-Women and the World Health Organization (WHO) have formed a task force to address female genital mutilation.

21. The European Parliament echoed the concerns regarding the above-mentioned bill, adopting a resolution urging the Gambian parliament to reject the proposed repeal and uphold the ban on female genital mutilation.²¹

22. From 9 to 14 June 2024, the Network Against Gender-Based Violence, the Association of Non-Governmental Organizations in the Gambia and Safe Hands for Girls accompanied 31 National Assembly Members, including Members serving on the Assembly's Joint Committee for Health and Gender, on a study tour to Egypt, with support from the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, the Ministry of Gender and the World Bank. Participants gained first-hand knowledge of medical complications associated with the practice and how Egypt addresses it.

23. Following this visit, on 27 June 2024, the President of the Gambia, Adama Barrow, reiterated his commitment to protecting the rights of Gambian women and children, including by enforcing the law prohibiting female genital mutilation.²² Upon the issuance of a report by its Joint Committee on Health and Gender, which recommended maintaining the law prohibiting female mutilation,²³ on 15 July 2024, the Gambian National Assembly rejected the proposed repeal and upheld the ban.²⁴

²⁰ African Commission on Human and Peoples' Rights, "Joint press statement: roundtable on the proposed repeal of FGM law in the Gambia and push-back on women's rights and gender equality", 19 July 2024.

²¹ European Parliament, document P9_TA(2024)0370, sect. E (1).

²² Adama Barrow, President of the Republic of Gambia, state of the nation address, Banjul, June 2024, sect. 15, paras. 7–10.

²³ Republic of the Gambia, Report of the Joint Committee of Health and Gender on the Women's (Amendment) Bill 2024, July 2024, p. 14.

²⁴ UN-Women, "Statement: the Gambia's decision to uphold ban on FGM critical win for girls' and women's rights", 15 July 2024.

III. Latest data and trends on female genital mutilation

A. Prevalence

24. The most recent estimates reveal that over 230 million girls and women alive today have been subjected to female genital mutilation.²⁵ Compared with data released by UNICEF in 2016,²⁶ this represents a 15 per cent increase, or 30 million more girls and women globally. Over 2 million girls annually undergo the practice before their fifth birthday, often during the first days or weeks of their lives.

25. Although no country has seen a rise in the prevalence of female genital mutilation, the total number of girls and women affected has risen as the population in countries where the practice is concentrated continues to grow rapidly. Demographic projections indicate a 62 per cent increase between 2000 and 2050 in the number of girls born annually in countries where female genital mutilation is concentrated, in contrast to declining numbers in the rest of the world. This means that future prevention efforts will need to reach a larger at-risk population.

26. Prevalence of the practice is greatest in the Africa region, where over 144 million girls and women have been subjected to female genital mutilation. In Asia over 80 million girls and women have undergone the practice and in the Middle East over 6 million women and girls have been subjected to the practice. It is also estimated that, elsewhere in the world, between 1 and 2 million girls and women in small, isolated communities and among the diaspora from practising countries have undergone female genital mutilation.

27. Despite challenges, progress is evident in many countries. Across 31 countries with nationally representative data, the proportion of adolescent girls aged 15 to 19 years who have undergone the practice has decreased from just over 46 per cent in 1993, compared to just over 31 per cent in 2023. Where there has been a decline, the pace of that decline has increased, with half of the progress over the past 30 years having been achieved in the past decade.

28. Data from demographic and health surveys, multiple indicator cluster surveys and other national surveys (2004–2022) show that strong progress has been made in Burkina Faso, Ethiopia, Kenya, Liberia, Nigeria and Sierra Leone, where prevalence has been halved and/or has dropped by 30 percentage points in the past three decades. In Burkina Faso, the proportion of adolescent girls aged 15 to 19 years who have undergone female genital mutilation has decreased from 83 per cent 30 years ago to 32 per cent today. Cameroon, Ghana and Uganda have already achieved the target of eliminating female genital mutilation before 2030, and Benin, the Maldives, the Niger and Togo are on track to achieving that target by the end of the decade.

29. Djibouti, Egypt, Eritrea and Mauritania have also made good progress towards abandoning the practice over the past 30 years. However, in some countries, prevalence levels have effectively stalled. In the Gambia, the proportion of adolescent girls aged 15 to 19 years undergoing female genital mutilation has declined by just one percentage point over three decades (from 74 per cent to 73 per cent), despite the Government's efforts to criminalize the practice and introduce a national strategy to address it. In Somalia, the practice remains universal.

30. The same contrast, between significant progress in reducing the prevalence female genital mutilation in some areas and slow or no progress in others, is just as evident within countries as between countries. Most of Kenya has abandoned the

²⁵ Unless otherwise noted, the analysis and data in this section are based on: UNICEF, "Female genital mutilation: a global concern – 2024 update", March 2024.

²⁶ UNICEF, "Female genital mutilation/cutting: a global concern", 2016, p. 3.

practice; however, it remains almost universal among the Somali community in one of the country's provinces. Reasons for upholding the practice can involve its cultural importance, social expectations and its association with marriageability. Tailored interventions to address contextual drivers of the practice are therefore essential.

31. Humanitarian and other ongoing crises threaten progress in eliminating female genital mutilation, as they disrupt programmatic interventions. Approximately 40 per cent of girls and women who have undergone the practice live in countries affected by fragility and conflict, with the highest numbers living in Ethiopia, Nigeria and the Sudan. Rapid growth among at-risk populations is even more pronounced in countries affected by both female genital mutilation and fragility. Projections indicate an 83 per cent increase in the number of girls and women born in countries affected by conflict and a 125 per cent increase in those born in countries experiencing institutional and social fragility between 2000 and 2050.

32. These contexts and population growth present significant challenges in programmatic interventions when resources are diverted toward crises. Programmes addressing gender inequality can be disrupted in such settings, making it more challenging to address survivors' needs and prevent the practice from occurring.

33. Although the pace of progress towards eliminating female genital mutilation is improving, to achieve the goal of zero cases by 2030, the rate of decline needs to be 27 times faster than the rate achieved in the past decade. This represents a significant increase in the average rate since 2020, where it was estimated that progress would need to be at least 10 times faster to meet the 2030 target for elimination.²⁷

34. UNICEF estimates that over 1 million female genital mutilation cases could be prevented annually if each country were able to match the rate of decline of its best performing peer. Action to address the slow decline of prevalence is urgently needed on an unprecedented scale; otherwise, the decrease in prevalence will continue to be overtaken by population growth in high-prevalence countries, and the absolute number of girls and women undergoing female genital mutilation globally will continue to increase.

B. Political and legal trends

35. The rise of a global, coordinated push-back against women's and girls' rights and gender equality is threatening to undo decades of progress across a number of areas²⁸ including women's political participation, addressing violence against women and girls, and sexual and reproductive health. Advancement has stalled or reversed in some regions owing to changing political and religious ideologies, the growth of anti-human rights movements, and the fallout from economic crises, instability and conflict.

36. In Africa, this push-back is manifesting as objections to proposed legislative changes to end child, early and forced marriage or to raise the age of consent. It is evident in attempts to repeal laws protecting the rights, including the right to health, of women and girls. It is also evident in the opposition to comprehensive sexuality education and the resistance to providing sexual and reproductive health services to adolescents and young and unmarried individuals.

37. Furthermore, the withdrawal of three African countries from the Economic Community of West African States, preceded by civil unrest, and the persistence of

²⁷ A/75/279, para. 27.

²⁸ Lopa Banerjee, "Looking to the sun: pushing forward for gender equality", SDG Action, 13 March 2024.

violence against women and girls, including harmful practices such as female genital mutilation, is putting the protection of women's and girls' rights, including access to justice and other essential services, at risk.²⁹ Moreover, the restructuring of gender ministries in some countries increases the risk that addressing female genital mutilation may be deprioritized by States, thus impacting their ability to implement national action plans and policies aimed at eliminating the practice.³⁰

38. A high-profile illustration of this push-back is the proposed repeal of the 2015 Women's (Amendment) Act criminalizing female genital circumcision in the Gambia. The proposed repeal followed the convictions, in 2023, of three Gambian women for performing the practice on eight infant girls. These convictions led to an immediate, well-funded and organized backlash among several Gambian religious and traditional leaders, one of whom initiated a private member's bill seeking to lift the ban on female circumcision. In the bill, it was argued that circumcision, if properly conducted, could not be considered as mutilation. On 18 March 2024, the Gambian National Assembly voted, by a majority of 42 to 4, to advance the Women's (Amendment) Bill to a parliamentary committee review.

39. In other developments in the region, the Ethiopian Islamic Affairs Supreme Council issued a statement in February 2024 in which it condemned "pharaonic circumcision" but also expressed approval for the medicalization of female genital mutilation.³¹ Efforts to eliminate the practice also suffered a setback in Kenya in 2023 with the killing of a police officer involved in the rescue of girls forced to undergo the procedure. Female genital mutilation is illegal in Kenya, yet resistance to its elimination, especially among male leaders considered cultural custodians of the practice, remains steadfast. Some activists fear that the attack on police will permit those practitioners to continue with impunity.

40. Attempts to repeal or subvert the implementation of legislation banning female genital mutilation expose girls and women who had previously been benefiting from the protection of the law to greater risk of being subjected to the practice. They also undermine the globally agreed principle that girls and women of any country should foremost be protected by its laws and policies.

41. Having in place international commitments to protect women's and girls' rights is a critical first step in establishing protective measures at the national level. Such commitments also provide a mandate for national institutions to deliver health, social and legal services for women, and especially girls, affected by female genital mutilation and those at risk. In the absence of community protection, minors should be able to rely on these institutions to keep them safe and not violate their rights. In the absence of institutional or other State protection, they should be able to rely on international human rights law and multiple international and regional agreements, of which many States are signatories, for protection.

42. The global community has long recognized female genital mutilation as a harmful practice and a form of violence against women and girls and has committed to eliminating it by 2030. Reversals of laws aimed at protecting women and girls and the lack of implementation of national legislation aligned with international norms and standards undermine the spirit and essence of such norms and standards, and may cause a ripple effect, threatening other laws protecting and promoting girls' and women's rights, the rule of law and, more broadly, the multilateral system.

²⁹ United Nations, "With conflicts destroying hard-won gains, regional organizations must include women in peace talks, political negotiations, speakers tell Security Council", SC/14932, 15 June 2022.

³⁰ Global Platform for Action to End FGM/C submission, p. 6.

³¹ *Ibid.*, pp.5–6.

43. Efforts to roll back legislation or diminish the effect of national legislation protecting against female genital mutilation may negatively impact other domestic laws covering intimate partner violence or child, early and forced marriage. They may also create a precedent for other countries to follow suit and potentially undermine regional efforts to advance women's and girls' rights, including the African Union campaigns to end female genital mutilation and child marriage and actions to increase girls' access to education.

44. These trends are deeply concerning and can be viewed as an extreme expression of patriarchal values, reflecting deep inequalities and gender-based discrimination against women and girls under the guise of preserving culture and tradition and adhering to religious beliefs. Customs, traditions, religious considerations and values are recognized in international human rights instruments;³² however, they should not be misapplied to justify or rationalize any form of abuse or violence against women and girls,³³ or any other violation of human rights.

C. Medicalization of female genital mutilation

45. Female genital mutilation is becoming increasingly medicalized, despite efforts by States to address this trend. The latest data indicate that 66 per cent of girls who recently experienced female genital mutilation did so at the hands of a health worker. Countries in which medicalization is most common, including Egypt, Indonesia and the Sudan, are also home to a large share of the burden of the practice.³⁴ In many other countries, for example, Guinea-Bissau and Senegal, the practice is still largely performed by a traditional practitioner.³⁵

46. Medicalization of female genital mutilation is often justified as providing a safer alternative to undergoing the procedure by a traditional practitioner, especially in areas where eradication has not yet occurred. However, there is no evidence that medicalization of female genital mutilation is safer.³⁶

47. In fact, the evidence indicates that health workers could be performing the procedure more severely. In Indonesia, research shows that that 46 per cent of health workers who perform the procedure cut more tissue than is standard compared to 23 per cent of traditional practitioners.³⁷ Female genital mutilation is a harmful practice, regardless of who performs it, and there is a need to demystify the procedure and clarify that it involves more than "a little nick".

48. Cultural traditions within communities are in part driving female genital mutilation and its medicalization. Undergoing the practice is often justified as a prerequisite for marriage.³⁸ It is also performed to control girls' and women's sexuality and prevent them from making decisions relating to their own bodies.³⁹ Some communities believe it is a religious requirement, although recent research supported by the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation revealed the lack of a theological basis in Islamic texts for the

³² International Covenant on Economic, Social and Cultural Rights, arts. 1 (1) and 15 (1) (a); and International Covenant on Civil and Political Rights, arts. 18 (4) and 27.

³³ Convention on the Elimination of All Forms of Discrimination against Women, art. 5 (a); and Vienna Declaration and Programme of Action, sect. I, para. 5.

³⁴ UNICEF, "Female genital mutilation: a global concern – 2024 update", p. 8.

³⁵ Ibid.

³⁶ Samuel Kimani, Hazel Barrett and Jacinta Muteshi-Strachan, "Medicalization of female genital mutilation is a dangerous development", *BMJ*, vol. 380, No. 302 (2023).

³⁷ Ibid.

³⁸ [A/73/266](#), para. 22.

³⁹ Ibid.

practice.⁴⁰ Other reports indicate that medicalization of female genital mutilation is occurring more frequently in secrecy and on younger girls, especially in countries where the practice is banned.⁴¹

49. Medicalization of female genital mutilation violates health workers' codes of conduct and the primary medical duty to "do no harm". The medicalization of female genital mutilation can result in the legitimization of the practice and lead to an expectation among communities that it will continue. Health workers play a critical role in preventing and eliminating the medicalization of female genital mutilation and should have a greater understanding of and communicate its damaging effects on women and girls. This requires the health sector leadership to implement and upscale the WHO global strategy to stop healthcare providers from performing female genital mutilation,⁴² and become actively involved in the prevention of the practice, building on the respect and influence they enjoy within their communities.

D. Cross-border and transnational female genital mutilation

50. Both cross-border and transnational female genital mutilation are hampering efforts to eliminate the practice. Cross-border female genital mutilation occurs when girls and young women are taken across national borders to undergo the practice in neighbouring countries where it is not banned or existing criminal laws are not enforced.⁴³ It happens largely because of shared traditions and existing relationships between communities, including intermarriage. The socioeconomic benefits to both the practitioners and families⁴⁴ and the absence of strong regional monitoring mechanisms are also factors contributing to the practice.⁴⁵

51. Transnational female genital mutilation occurs when women and girls of cross-border and other affected communities living in countries that criminalize female genital mutilation are taken to their countries or communities of origin, where the practice is still socially acceptable or not prohibited.⁴⁶ A key push factor in these cases is the significant social and family pressure on parents from the countries or communities of origin to uphold intergenerational traditions. Also, family and community influence in both countries of origin and countries of residence, rather than parental authority, carry considerable weight in determining whether a girl will undergo the practice.⁴⁷

52. A significant challenge to ending cross-border and transnational female genital mutilation is the fact that many States only criminalize the practice when it takes place within their borders or when one of their citizens or permanent residents is taken abroad for the purposes of undergoing the practice. In this regard, States are not fulfilling their obligation to protect all girls and women within their jurisdiction, nor are they considering the transnational dimension of communities who engage in the practice.⁴⁸

⁴⁰ Puntland Development Research Centre, "A research study on the provisions of Islam on the eradication of FGM in Somalia", September 2023, p. 5.

⁴¹ Kimani, Barrett and Muteshi-Strachan, "Medicalization of female genital mutilation".

⁴² WHO, "Global strategy to stop health-care providers from performing female genital mutilation", 2010.

⁴³ Human Rights Council resolution 50/16, thirteenth preambular paragraph.

⁴⁴ A/75/279, para. 35.

⁴⁵ UNFPA, East and Southern Africa, "Policy brief: cross-border female genital mutilation in East Africa", 2022, p. 7.

⁴⁶ Human Rights Council resolution 50/16, fourteenth preambular paragraph.

⁴⁷ A/HRC/56/29, para. 26.

⁴⁸ Ibid., para. 53.

IV. Measures taken by Member States, United Nations entities and other stakeholders

A. Structural measures: laws and policies

53. Criminalizing female genital mutilation through legislation is an important step towards elimination. It signals to practitioners that they will be held accountable and provides a strong foundation for interventions to stop this practice. However, criminalization alone is insufficient to end the practice. To effectively eliminate it, legislation should be accompanied by political will, together with targeted interventions, including sensitization and locally appropriate enforcement mechanisms.⁴⁹ A comprehensive approach to ending female genital mutilation also includes: collecting accurate prevalence data; carrying out prevention activities; upscaling interventions; addressing social norms and strengthening accountability; enforcing legislation, including addressing cross-border female genital mutilation; ensuring access to justice and other survivor support; and providing adequate financing for interventions.

54. Currently, 92 countries have national laws criminalizing female genital mutilation or allow for the prosecution of the practice under other legislation.⁵⁰ Austria, Benin, Bosnia and Herzegovina, Burkina Faso, Burundi, Chad, Colombia, Cuba, France, Germany, Israel, Lebanon, Malaysia, Peru, Poland, Portugal, Romania, Spain and Türkiye reported criminalizing the practice in instruments such as constitutions; penal codes; laws protecting children, adolescents and asylum-seekers; laws on violence against women and domestic violence; and laws on reproductive health.

55. In 2023, a woman in the United Kingdom of Great Britain and Northern Ireland was convicted of facilitating female genital mutilation in Kenya.⁵¹ The offence was prosecuted under the Female Genital Mutilation Act 2003, and the case represented the first time that an individual was convicted for committing a crime overseas. Also, in 2023, Washington State became the forty-first state in the United States of America to prohibit the practice, including when performed by a health worker. In May 2024, Galmudug State in Somalia became the first federal state to adopt legislation criminalizing all forms of female genital mutilation.

56. Despite this progress, just over half of the countries worldwide in which female genital mutilation is reportedly practiced (51 out of 92 countries) have national laws prohibiting female genital mutilation and, among those countries with a specific legal prohibition, the normative contents and punishments vary greatly.⁵²

57. The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation released guidance on elements States should consider when developing rights-based legislation addressing female genital mutilation. These include criminalizing the practice and attempts to perform the practice on women and girls of all ages, and criminalizing the medicalization of female genital mutilation.⁵³

⁴⁹ UNFPA and others, “A research agenda to strengthen evidence generation and utilization to accelerate the elimination of female genital mutilation”, 2022, p. 16.

⁵⁰ World Bank, *Compendium of International and National Legal Frameworks on Female Genital Mutilation/Cutting*, 8th ed. (Washington, D.C., 2024).

⁵¹ United Kingdom, Central Criminal Court, *R. v. Amina Noor*, Sentencing Remarks of Mr. Justice Bryan, 16 February 2024.

⁵² UNFPA and UNICEF, “Technical note: developing anti-FGM laws aligned with human rights”, December 2023, p. 5.

⁵³ *Ibid.*, pp.13–25.

58. Enforcing legislation criminalizing female genital mutilation can prove challenging in environments where the practice enjoys ongoing support. To address this, in 2023, the UNFPA-UNICEF Joint Programme provided training to 1,956 members of law enforcement, including police, lawyers, prosecutors and judges from across the 17 countries in which the Programme operates, to increase their knowledge of relevant legislation criminalizing the practice. Subsequently, a 154 per cent increase in arrests of perpetrators was reported, from 174 in 2022 to 442 in 2023, and a 9 per cent increase was reported in the number of cases brought to court, from 368 in 2022 to 402 in 2023.⁵⁴

59. The absence of legislation expressly criminalizing and punishing female genital mutilation can also hinder the investigation and prosecution of practitioners. This is evident from several recent high-profile cases in Sierra Leone involving the deaths of three girls who had been subjected to female genital mutilation, and the collapse of a case against a traditional practitioner who was charged with the manslaughter of a young woman who died from complications resulting from the practice.

60. Activists have called for the introduction of legislation in Sierra Leone providing a clear accountability framework and disciplinary sanctions relating to female genital mutilation. However, as recent events in the Gambia illustrate, it is imperative to address the socioeconomic, cultural and religious reasons underpinning the practice. Legislative and policy gains need to be sustained with community-led behaviour change interventions.

61. During the reporting period, States sought to provide an enabling policy environment aimed at eliminating the practice. Chad and Spain developed national action plans addressing violence against women, including female genital mutilation. The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation offered support to 14 countries in Africa to develop national action plans with targets, budgets and monitoring and evaluation frameworks for ending female genital mutilation. In Somalia, the Programme supported the development of the country's first costed national action plan to end female genital mutilation and cutting. The plan will strengthen coordination, collaboration and action to eliminate the practice in Somalia and contribute to implementing a regional cross-border action plan with Ethiopia, Kenya and the United Republic of Tanzania.⁵⁵

B. Institutional measures: sectoral responses

62. Multisectoral, survivor-centred and trauma-informed support services, including healthcare, psychosocial, legal and shelter support, enable survivors and those at risk to receive information and treatment for the health consequences associated with female genital mutilation, in addition to sexual and reproductive health services. A multisectoral response may also involve institutional change to ensure that current policies and protocols, including strengthening the capacity of service providers, fully support the elimination of the practice.

63. In 2023, the UNFPA-UNICEF Joint Programme strengthened the capacity of health systems to provide quality, women- and girl-centred, and accessible services relating to female genital mutilation. Some 2,842 health service delivery points across 17 countries in which the Programme operates trained at least one health worker on prevention, protection and care services associated with the practice.⁵⁶ The Unit for

⁵⁴ UNFPA-UNICEF, *2023 Annual Report: Addressing Global Challenges with Local Solutions to Eliminate Female Genital Mutilation* (2024), p. 24.

⁵⁵ Ibid.

⁵⁶ Ibid., p. 9.

Combatting Violence against Women and Children of the Government of the Sudan, together with UNICEF, also conducted training for service providers on the prevention of female genital mutilation.

64. The UNFPA-UNICEF Joint Programme facilitated the access of 903,734 women and girls to female genital mutilation-related prevention and protection services in 2023.⁵⁷ Interventions included integrating monitoring and reporting of female genital mutilation into the pre-service and in-service training of social workers and strengthening case management and referral pathways.

65. Digital and technological solutions can play a critical role in preventing, reducing and abandoning female genital mutilation. Given their potential to demonstrate impact at pace and scale, they present an opportunity for States to complement and accelerate existing national efforts to eradicate the practice. The Pasha mobile app, for example, piloted in Kenya with support from the UNFPA-UNICEF Joint Programme, allows users to access information, anonymously report cases in real time and be referred to State or civil society providers for assistance.⁵⁸

66. Evidence-based guidelines and other resources for prevention of female genital mutilation and care of survivors developed by WHO were adapted and integrated into training materials in high-prevalence countries. The scale-up of the WHO prevention counselling training package⁵⁹ for primary care health workers is under way in Guinea and planned in Kenya. The Ministry of Health in Israel is undertaking training for medical staff on identifying physical abuse experienced by women, including female genital mutilation. Germany and France produced innovative digital tools to educate health workers about the practice and its harmful effects.

C. Community-led interventions

67. Interventions, such as community dialogues targeting women's rights organizations and men's and boys' networks, and public declarations by traditional and faith-based leaders have demonstrated that attitudes on female genital mutilation can change and move towards abandoning the practice. Efforts to engage the media especially are associated with changing social norms and attitudes and, in some cases, have been associated with a reduction in the practice.⁶⁰

68. The 2024 Born Perfect Caravan, organized by Frontline Ending FGM, includes the participation of over 1,000 grass-roots activists and organizations travelling throughout Africa to call for an end to female genital mutilation. Caravan stops in villages are followed by three years of local radio and TV broadcasts encouraging communities to abandon the practice. In Guinea-Bissau, 8 out of 10 people have already pledged that their daughters will not be subjected to the practice. In 2023, the UNICEF-UNFPA Joint Programme supported media workshops with journalists from 11 countries on the African Union accountability framework on the elimination of harmful practices, which resulted in the establishment of a journalism network for the African Union Committee. This network tracks States' progress on eliminating harmful practices.⁶¹

⁵⁷ Ibid.

⁵⁸ UNFPA and UNICEF, *Review of Technology-Based Interventions to Address Child Marriage and Female Genital Mutilation* (2023), p. 74.

⁵⁹ WHO, *Person-Centred Communication for Female Genital Mutilation Prevention: A Facilitator's Guide for Training Health-Care Providers* (Geneva, 2022).

⁶⁰ UNFPA and others, "A research agenda to strengthen evidence generation", p. 17.

⁶¹ UNFPA-UNICEF, *2023 Annual Report*, p. 22.

69. The Spotlight Initiative has observed that when communities drive action, promoting the elimination of female genital mutilation can become normalized and social norms can shift more quickly. In Uganda, the Initiative supported women's groups to join a cross-border surveillance network which identifies cases where girls risk undergoing female genital mutilation and/or child marriage on the Uganda-Kenya border. These community-based women's groups have played an important role in reporting cases to authorities and returning girls home.⁶²

70. In an initiative supported by the United Nations trust fund in support of actions to eliminate violence against women, the International Solidarity Foundation led grass-roots efforts to raise awareness in Somalia of the physical, social and psychological harms caused by female genital mutilation. This resulted in positive changes in knowledge, attitudes and behaviour in target communities in Somaliland. Parental support for ending the practice increased from 72 to 100 per cent by the end of the initiative and 96 per cent of religious leaders recognized its harmful effects, up from 52 per cent at its outset.

71. In developing community support to eliminate violence against women and girls and harmful practices, the role of traditional and religious leaders is critical. In 2022, in Liberia, the National Traditional Council of Chiefs and Elders, with support from the Spotlight Initiative and UN-Women, upheld its national ban on female genital mutilation for another three years. Ceremonies marking this decision were held in several practicing counties and, as at December 2023, a bill criminalizing female genital mutilation was before the national legislature for review. The same intervention provided alternative incomes for 300 traditional practitioners (known as Zoes), through opportunities to develop climate-smart agriculture and cultivate consumable crops.⁶³

72. Women and survivor-led organizations, especially at the grass-roots level, have an in-depth understanding of the discrimination that girls and women face at every level. They play a crucial role in building movements to prevent and eliminate violence against women and girls, including female genital mutilation, including advocating for and securing normative and policy change, and holding States to account. In 2023, the UNFPA-UNICEF Joint Programme integrated 8,817 grass-root and community-based organizations and action groups within coalitions and networks of youth, feminists and women's entrepreneurs working at national and regional levels to eliminate the practice.⁶⁴

73. On 15 and 22 April 2024, UN-Women convened two expert dialogues with national and regional women's rights and grass-roots organizations, United Nations and regional independent expert mechanisms addressing discrimination and violence against women and girls, and the UNFPA-UNICEF Joint Programme to discuss the implications of the repeal of the law banning female circumcision in the Gambia and the broader push-back on women's and girls' rights and gender equality in the region. Through these dialogues, UN-Women and other United Nations entities created space for grass-roots and women's rights experts to demonstrate their leadership and inform regional and global strategies on this issue.

⁶² Spotlight Initiative, "Results, promising practices and lessons on ending female genital mutilation", 2024, pp.1 and 2.

⁶³ *Ibid.*, p. 2.

⁶⁴ UNFPA-UNICEF, *2023 Annual Report*, p. 19.

D. Interventions targeting individuals

74. Female genital mutilation is a manifestation of deeply entrenched gender discrimination and inequality, and elimination efforts have focused on challenging social norms and patriarchal systems underpinning it. However, despite these patriarchal origins, the practice is not upheld by men alone, and men are just as likely as women to oppose the practice in countries where it is prevalent.⁶⁵

75. According to UNICEF, 200 million boys and men living in practicing countries in Africa and the Middle East think female genital mutilation should stop.⁶⁶ Approximately 70 per cent of couples worldwide with at least one living daughter aged 0 to 14 years want the practice to end.⁶⁷ However, data illustrate that women enjoy greater levels of decision-making power around female genital mutilation than men, and girls undergo the practice despite having fathers who oppose it. This is because fathers do not make their opinions known or do not see a role for themselves in decisions involving a “women’s issue”.⁶⁸

76. Despite support among men for abandoning the practice, there is still a large gap between the desire for change and a reduction in prevalence. Men therefore must make their voices heard and advocate for the elimination of female genital mutilation, particularly if mothers also oppose the practice, as this maximizes girls’ chances of avoiding the procedure. In 2023, through the UNFPA-UNICEF Joint Programme, a total of 455,701 men and boys participated in reflective dialogues promoting positive masculinity and equitable gender norms and speaking out on eliminating harmful practices affecting girls and women.⁶⁹

77. In Egypt, the UNFPA-UNICEF Joint Programme’s Dawwie initiative, which addresses the root causes of gender inequality and builds a conducive environment for girls’ empowerment, reached 750,000 individuals in 2023, including girls, boys, mothers and fathers, and empowered them to be agents of change in shifting inequitable gender and social norms that result in and sustain female genital mutilation. The initiative reached 139,192 girls, increasing their access to education, protection, health and social services. In 2023, the UNFPA-UNICEF Joint Programme supported 1,068,595 girls and women who participated in social and behavioural change programmes, which included comprehensive sexuality education or girls’ clubs that integrate female genital mutilation in life skills discussions.⁷⁰

E. Holistic approaches to eliminating female genital mutilation

78. In addition to programmatic interventions targeting specific stakeholders, holistic approaches have proven effective in ending female genital mutilation. The African-inspired empowering education approach, used by Tostan, recognizes that individuals and communities practising female genital mutilation are doing so to uphold local traditions and because of social norms that define the practice as the proper way to raise a girl and ensure her marriageability. The community empowerment approach focuses on core positive values at the heart of these traditions, such as doing the best for girls and families. This approach is critical to foster trust and make progress towards abandoning the practice.

⁶⁵ UNICEF, “Engaging boys and men to end female genital mutilation”, February 2023, p. 6.

⁶⁶ Ibid.

⁶⁷ Ibid., p. 7.

⁶⁸ Ibid., p. 9.

⁶⁹ UNFPA-UNICEF, *2023 Annual Report*, p. 17.

⁷⁰ Information and data on Egypt provided by the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (unpublished).

79. A recent evaluation of a Tostan community empowerment programme found that it successfully enabled participating communities to re-examine their social practices and undertake initiatives that improved their quality of life. Results include positive changes around gender and violence and improvements in community well-being relating to governance, health, education, economic development, environment and social cohesion. Critically, female genital mutilation, child marriage and corporal punishment decreased substantially in all participating communities. Moreover, there is evidence that new social norms upholding greater gender equity and abandonment of these harmful practices are established by the networks of communities, making changes sustainable.⁷¹

F. Data collection and research

80. Generating new evidence, including data, is essential to inform laws, policies, and programmes on ending female genital mutilation. In Egypt, the Ministry of Social Solidarity, with support from UNDP, established a national observatory dedicated to promoting socio-behavioural change and collecting data on, inter alia, safe motherhood and child health, family planning, female genital mutilation prevention, and child, early and forced marriage, which are being used to inform social protection cash transfer schemes.

81. The United Kingdom and the Population Council launched a data hub on the Africa-led movement to end female genital mutilation. The data hub is providing the global community with evidence to inform the design, implementation, adaptation and scaling up of effective strategies to end the practice. The Population Council also piloted a guidance tool that uses the confidante method to gather information on sensitive or hidden behaviours affected by underreporting in order to capture new or recent female genital mutilation cases more accurately.⁷² Such data can support advocacy activities and strengthen the evaluation of legal frameworks and health system approaches to address female genital mutilation.

G. Financing to eliminate female genital mutilation

82. By the end of the decade, an estimated \$275 million will have been spent on addressing female genital mutilation; however, \$2.4 billion is needed to reach the goal of eliminating the practice in 31 high-prevalence countries by 2030.⁷³ Funding for female genital mutilation programming has decreased considerably in recent years, especially for women's organizations and survivor-led movements. In an economic climate where less than 0.2 per cent of the \$204 billion in official development assistance is directed towards the prevention of violence against women and girls,⁷⁴ State investments are critical to eliminating the practice. Austria and Poland supported local organizations working to prevent and respond to female genital mutilation in the amounts of €40,000 and €80,000, respectively. From 2020 to 2023, France provided €400,000 and €7.5 million, respectively, to its Ministries of Gender

⁷¹ Tostan, "The community empowerment programme (CEP) 2019–2022: key findings", October 2023, p. 5. The project referenced was implemented between 2017 and 2020 in 150 resource-poor, mainly rural communities in the Gambia, Guinea, Guinea-Bissau and Mali.

⁷² Francis Obare Onyango, Dennis Matanda and Chi-Chi Undie, "Guidance document on the use of the Confidante tool to track new or recent cases of female genital mutilation", Population Council, 23 September 2023.

⁷³ UNFPA, "International Day of Zero Tolerance for Female Genital Mutilation 2023", 6 February 2023.

⁷⁴ Equality Institute and Accelerator for GBV Prevention, "What counts? The state of funding for the prevention of gender-based violence against women and girls", 2023, p. 16.

and Health to support prevention efforts and provide services for survivors. Greater levels of investment, however, are needed to reach the 2030 target of zero cases.

V. Conclusions and recommendations

A. Conclusions

83. Female genital mutilation is a harmful practice and a form of violence against women and girls that violates their rights to health, life, physical integrity, bodily autonomy and non-discrimination, and their right to be free from torture and cruel, inhuman or degrading treatment. It is often performed shortly after girls are born, when they cannot give consent. Female genital mutilation should never be normalized or used to justify sociocultural and religious traditions that harm girls' and women's well-being.

84. Several countries have already succeeded in eliminating female genital mutilation or are on track to achieve this target by 2030. While the practice is not becoming more common globally, the pace of its decline still lags significantly behind population growth in high-prevalence countries. The global pace of decline needs to be 27 times faster to meet target 5.3 of the Sustainable Development Goals and achieve zero cases by 2030. If current trends continue, the number of women and girls undergoing the practice will rise significantly.

85. The push-back on women's and girls' rights and gender equality is threatening to undo decades of progress to end violence against women and girls and harmful practices, including female genital mutilation. Attempts to reverse legislation criminalizing the practice are deeply concerning and undermine the international commitments many States have made to end female genital mutilation. 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.

86. Enforcement of national legislation criminalizing female genital mutilation remains weak and movement across borders to undergo the practice continues. Increased medicalization of the practice is hindering progress towards its elimination, as communities perceive the conduct of the practice by health workers to be a safer alternative to using traditional practitioners. The health sector has an important role, which needs to be strengthened, in the prevention of female genital mutilation. Further research into the severity of the practice, those involved and reasons why one community and not another abandons the practice is needed.

87. Despite such challenges, States continue to articulate high-level political commitments to ending female genital mutilation, which have been reflected in declarations, national action plans and policies, and jurisprudence. Working with United Nations entities, States have developed promising interventions to prevent, eliminate and respond to female genital mutilation and have incorporated these into national development strategies and plans. Digital and technological solutions can help prevent, reduce and end the practice.

88. States continue to engage traditional and faith-based leaders, men and boys, women's movements, survivors' organizations and media, among others, as part of community and individual mobilization efforts to change social norms. The potential influence of fathers, however, in ending female genital mutilation is far from being realized. Men have a pivotal role in shaping societal expectations around the practice.

89. Without dedicated resources, States will not achieve female genital mutilation abandonment by 2030. Increased domestic financing, overseas development assistance, and private and philanthropic financing, at local, national, and regional

levels, are urgently needed to accelerate action to eliminate the practice by the end of the decade.

B. Recommendations

90. The global community has recognized female genital mutilation as a harmful practice and a form of violence against women and girls and has committed to eliminating it by 2030. In the context of implementation of the 2030 Agenda and the decade of action and delivery for sustainable development, the forthcoming thirtieth anniversary of the adoption of the Beijing Declaration and Platform for Action, and the Secretary-General's United Nations System-wide Gender Equality Acceleration Plan, 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.

91. With six years left to achieve target 5.3 of Sustainable Development Goal 5, States urgently need to provide resources for scaling up evidence-based policy, programming and advocacy measures aimed at eliminating the practice, taking into consideration acute challenges, including rapid population growth in high-prevalence countries.

92. States are encouraged to enact legislation, uphold and/or enforce existing legislation criminalizing female genital mutilation, including cross-border and transnational forms of the practice, and hold practitioners accountable. Harmonizing legal and policy frameworks and strengthening regional and international cooperation is critical. States should not rely on customs, traditions or religious justifications to avoid their obligations under international and regional human rights law, and they should ensure that legislation and strategies to eliminate female genital mutilation are implemented through cross-sector policies, programmes and costed national action plans. States are also encouraged to engage regional entities, including the African Union, the Economic Community of West African States and the European Union in implementing these actions.

93. States are further encouraged to adopt and implement comprehensive prevention strategies, including advocacy, awareness-raising and community mobilization together with faith-based and religious institutions, traditional leaders, families, especially fathers, affected communities, teachers, civil society, including the women's movement, survivors' organizations, men and boys, women and girls, and the media. These stakeholders are central to changing existing norms, attitudes and behaviours condoning and justifying gender inequality and discrimination, violence against women and girls, and female genital mutilation. Awareness-raising activities should highlight the practice's harmful effects and national and international support for its elimination.

94. States should adopt a comprehensive and multidisciplinary approach to eliminating female genital mutilation and address the social, cultural and economic roots underpinning the practice by developing social protection and skills-development interventions, supporting economic empowerment.

95. States should 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. These include psychosocial counselling, shelter and safe accommodation, access to police and justice services, and healthcare, including sexual and reproductive health services. States need to ensure, through awareness-raising and capacity-strengthening, that health workers and local authorities understand the harmful health

consequences associated with the practice, and their obligation to not facilitate or engage in the medicalization of female genital mutilation under any conditions.

96. States are encouraged to improve their national and subnational data collection and undertake analyses of local areas of high prevalence to inform policy and programmatic interventions. Data should be collected using standardized methods allowing for their comparison across countries.
