



# World Health Organization

23 April 2022

Sponsors: **Republic of Kenya, Hellenic Republic, Kingdom of Denmark, India, Burkina Faso**

Signatories: **Chile, Colombia, French Republic, Italy, Japan, the United Mexican States, Peru, Russian Federation, United States of America, Myanmar, Yemen,**

The Sixteenth World Health Assembly,

*Keeping in mind* the Universal Declaration of Human Rights,

*Recognizing* Article 25 of the Universal Declaration of Human Rights that states “everyone has the right to a standard of living adequate for health and well-being,” and therefore arguing that FGM violates the right to Health and bodily integrity,

*Believing* that the rights of women are human rights as stated in the Vienna Declaration of 1993,

*Acknowledging* the Convention for the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child where the use of violence against women and girls is forbidden,

*Fully aware* that FGM is considered a form of violence against women under the UN Convention on the Elimination of All Forms of Discrimination against Women,

*Noting* that FGM is defined as a type of torture, and therefore falls under the umbrella of the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment,

*Reaffirming* once again the definition of female genital mutilation and other harmful related practices as a procedure “that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”,

*Considering* FGM as a horrific practice which is rooted in gender inequality and, as a consequence, contrary to women’s empowerment,

*Guided by* the Beijing Declaration which affirmed that the participation and contribution of all actors of civil society, particularly women's groups and networks and other non-governmental organizations and community based organizations, is necessary to end with violence against women,

*Recalling* that FGM has no similarities with male circumcision, as its consequences are irreversible and harmful for women’s short and long term physical and mental health, beginning from chronic pain and infertility in the less dramatic cases and ending in hemorrhages or infections leading to death at the worst,

*Believing* that the elimination of this practice in all its variants is necessary according to the purpose and guidelines of the World Health Organization, and that the maximum effort should be done to achieve this goal,

*Remembering* the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1979, states that it is unacceptable to suggest that performing less invasive forms of FGM within medical facilities would reduce health complications,

*Convinced* that education and dialogue are the proper solution to end such a cultural practice,

*Noting with regret* that multiple Member States have not yet banned or taken action to tackle this practice,

*Fully aware* that cross-border FGM is affecting many girls in countries where it has already been criminalized,

*The World Health Organization, therefore, commits to scaling up its efforts and further implement the following actions:*

1. *Stimulates* the need of reinforcing the banning of FGM inside national borders to achieve a real banning and leave behind all kind of formal banning as they are proved non-effective in countries;
2. *Calls* for legal reform as the primary path to prosecute nationally and internationally female genital mutilation:
  - a. Therefore, it exhorts States to adopt, implement, and enforce specific legislation with the aim to criminalize any type of violence against women, including FGM;
3. *Emphasizes* that it is counterproductive for a practice that is done for nonmedical reasons to be medicalized, since it still represents a violation of women and girls' rights prolonging in time the practice of FGM:
  - a. *Recognizing* that most developing countries where FGM is prevalent would not have the resources to implement effective FGM medicalization,
  - b. *Reminding* that medicalized FGM also has negative effects on women's physical and mental health and it is still a human, children and women's rights abuse which has lifelong consequences;
4. *Asks* an immediate report to UN health specialists about the effects of this practice on women's health, to serve as the tool of social conscientization in the future WHO campaigns; the UN should work in cooperation with sectoral organizations more aware of the specific characteristics of the region, such as the African Union, the Arab League and the ASEAN;
5. *Approves* a team of health care providers advocating the end of the medicalization of FGM, as well as establishing partnerships, by engaging health professionals bodies/ associations and linkages with other services (e.g., social and community services) for referrals and counter-referrals;
6. *Supports* states funding and promoting policies and educational campaigns in which health professionals, psychologists, religious leaders and FGM victims participate in order that people understand this practice is not required by any religion and realize the health consequences it implies in a short and long-term;

7. *Encourages* governments to make it a legal requirement to provide young girls, women, and their families clear explanations regarding the risks and realities of FGM;
8. *Asks* African Union States (such as Kenya, Nigeria and Burkina Faso) which are aware of the problem within their borders and are acting as responsible stakeholders to provide the WHO of the procedures they are already using, to provide them to other states to emulate and implement;
9. *Recommends* to provide a forum for women and girls, who have undergone FGM, so they can exchange their experiences and to come to terms with the occurrences;
10. *Urges* the WHO Member States to increment the budget of the DAPHNE Funding Programme to protect children, young people and women, as well as the UNFPA/UNICEF Global Joint Programme on the Elimination of Female Genital Mutilation, in the measure of their resources and possibilities;
11. *Recognizes* FGM as a ground for asylum and free treatment in other countries for girls who have suffered from this practice;
12. *Stimulates* the further inclusion of FGM victims in specific support programs targeted at them and their needs:
  - a. Launching a program in conjunction with NGOs that focus on mental health to provide psychological aid and assurance to victims of FGM, as well as therapeutic assistance,
  - b. Providing specific training to the profession who will be in charge of carrying out this task, so that it is done in the most effective way;
13. *Recommends* governments to establish, according to their sovereignty, national and extraterritorial laws to condemn the practice of FGM not only for the actions inside the borders, but for any crime that has taken place in the international framework;
14. *Creates* an annual compliance of experiences for those who have been victims of the practice to share their horror and shame the perpetrators and supporters of female genital mutilation:
  - a. *Prevents* cross border movements of women and girls that are being abducted to come back to their countries of origin to undertake the practice;
15. *Elaborates* plans of action through funding to finance services of sexual healthcare and social assistance:
  - a. *Welcoming* initiatives such as setting up a free and anonymous hotline, available 24 hours a day, offering help and advice to victims of FGM, individuals suspecting this practice and Healthcare Professionals dealing with FGM cases;
16. *Promotes* alternative, non-harmful rites of passage, specifically to communities that value coming of age ceremonies by:
  - a. *Encouraging* non-confrontational intergenerational dialogue, by seeking advisors for the government that

have knowledge of the different religions and ethnicities and, moreover, working closely with communities through their opinion leaders to change the approach of the culture practice of FGM,

- b. *Implementing* community dialogues and sensitization through 5 key steps: positive parenting forums, sensitizing the elders, training male allies, community outreaches, and sensitizing traditional and religious leaders;
17. *Stimulates* continuous assessment to revise priorities and reverse the downward trend in the impact and outcome indicators. Besides, each state where this can be applicable, should identify good practices in building the capacity through promoting self-learning, training and mentoring of the civil population and workers from a wide variety of sectors: healthcare, judicial, law-enforcement, school teachers;
  18. *Encourages* the creation of a fund to provide technical and other support to institutions, agencies and other bodies engaged in the programs aimed at the eradication of Female Genital Mutilation;
  19. *Invites* the Member States to upgrade and change their curricula in medical and nursing schools so that the doctors and nurses would have better knowledge of the appropriate ways to treat victims of female genital mutilation and other harmful practices:
    - a. *Requests* Member States to include female genital mutilation training in basic medical training;
  20. *Decides* to remain seized on the matter.