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**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of the
High Commissioner and the Secretary-General****Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development****Cross-border and transnational female genital mutilation****Report of the Office of the United Nations High Commissioner for
Human Rights***Summary*

The present report is submitted pursuant to Human Rights Council resolution 50/16. It provides an overview of the situation of women and girls affected by cross-border and transnational female genital mutilation, and of the efforts made by States and other stakeholders to tackle the practice. The human rights framework provides States with a road map for developing effective laws, policies, programmes and other initiatives, including through international and regional cooperation, to prevent and address cross-border and transnational female genital mutilation.

The report reaffirms that female genital mutilation constitutes a human rights violation and a form of gender-based violence against women and girls that is inherently linked to deep-rooted gender inequality and stereotypes. The report highlights the need to strengthen data collection, harmonize legal and policy frameworks, and strengthen regional and international cooperation and systematic coordination among States and other key stakeholders, including civil society, to tackle cross-border and transnational female genital mutilation.



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I. Introduction

1. Recognizing the ongoing urgency of addressing female genital mutilation, and its severity, and acknowledging that it persists in all parts of a globalized and interconnected world, the Human Rights Council, in its resolution 50/16 on elimination of female genital mutilation, requested the United Nations High Commissioner for Human Rights to prepare a report on human rights challenges and good practices in relation to international and regional cooperation and coordination efforts, and the implementation of national and subnational laws, policies, programmes and other initiatives, to address cross-border and transnational female genital mutilation. The present report is submitted pursuant to that request.
2. For the preparation of the report, the Office of the United Nations High Commissioner for Human Rights (OHCHR) carried out in-depth desk research and launched a formal call for inputs. Submissions can be found on the OHCHR website.¹
3. Due to the clandestine nature of cross-border and transnational female genital mutilation, the exact number of people crossing borders to perform or undergo female genital mutilation remains unknown. Both cross-border and transnational female genital mutilation are still poorly documented and difficult to identify. There is a lack of comprehensive and reliable data on the extent and nature of the problem, due, among other things, to insufficient attention and funding being given to the issue by States and other stakeholders.
4. This appears to be the case for cross-border and transnational female genital mutilation in the Middle East and Asia, where data and research on the scope and prevalence of this practice remain unavailable, which hinders the development of targeted policies and evidence-based interventions to protect girls and women at risk.

II. Definitions

A. Female genital mutilation

5. The World Health Organization (WHO) defines female genital mutilation as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”.² It is most often carried out on young girls between infancy and the age of 15, although adult women are also subjected to it.
6. The practice can be found in numerous countries across the globe. According to the United Nations Children’s Fund (UNICEF), in the 31 countries for which nationally representative data³ are available, more than 200 million girls and women alive today have been subjected to the practice.⁴ However, there is growing evidence that female genital mutilation takes place in at least 60 other countries, where the practice has been documented either through indirect estimates, small-scale studies, or anecdotal evidence and media reports.⁵
7. In 2023, an estimated 4.3 million girls were at risk of being subjected to female genital mutilation.⁶ If the practice continues at the current pace, an estimated 68 million girls will undergo female genital mutilation between 2015 and 2030.⁷ Moreover, it has been estimated

¹ Submissions are available at <https://www.ohchr.org/en/calls-for-input/2023/call-input-elaboration-thematic-report-cross-border-and-transnational-female>.

² World Health Organization (WHO), “Female genital mutilation”, fact sheet, 5 February 2024, available at <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

³ Nationally representative data on female genital mutilation are mainly available from two sources: demographic and health surveys, and multiple indicator cluster surveys.

⁴ See <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.

⁵ Equality Now, “Female genital mutilation/cutting: a call for a global response” (2020), available at <https://www.equalitynow.org/resource/female-genital-mutilation-cutting-a-call-for-a-global-response/>.

⁶ See <https://www.unfpa.org/unfpa-unicef-joint-programme-female-genital-mutilation>.

⁷ UNFPA, “Bending the curve: FGM trends we aim to change”, February 2018.

that COVID-19-related disruptions in prevention programmes, such as community empowerment and abandonment proclamations, could enable 2 million more cases of female genital mutilation to occur over the next decade unless concerted and accelerated action is taken.⁸

8. WHO⁹ has classified female genital mutilation into four major types.¹⁰ Although all types of female genital mutilation are associated with increased risk of health complications, the risk is greater with certain types, such as type 3.¹¹ Immediate complications of female genital mutilation can include severe pain, excessive bleeding, swelling of genital tissue, infections, urinary problems, haemorrhagic shock and even death.¹² Long-term consequences can include urinary tract infections, bacterial vaginosis, painful menstruation, scar tissue and keloid, painful sexual intercourse, increased risk of childbirth complications and newborn deaths, and psychological disorders.¹³

9. A further long-term complication from female genital mutilation is the need for later surgeries.¹⁴ For example, girls and women who have undergone type 3 female genital mutilation – infibulation – may be forced to undergo defibulation later in life. Defibulation is the practice of cutting open the sealed vagina, for example to allow for sexual intercourse and childbirth.¹⁵ Furthermore, when girls or women undergo one type of female genital mutilation, they have a higher risk of being subjected to other types of female genital mutilation in their lives.¹⁶ Reinfibulation, for example, is a procedure to narrow the vaginal opening again, usually after childbirth. It is also known as resuturing.¹⁷ This means that, in those cases, general tissue is cut or stitched several times, further increasing both immediate and long-term risks. It is therefore crucial that prevention measures also address those who have already undergone female genital mutilation.

10. Female genital mutilation is a harmful practice that has been transmitted from one generation to the next. Female genital mutilation is believed to reduce a woman’s sexual desire and ensure her fidelity to her future husband. This idea is deeply rooted in patriarchal norms and the belief that female sexuality needs to be controlled.¹⁸ Female genital mutilation is linked to other violations, such as child and forced marriage, marital rape and intimate partner violence and is part of a continuum of violence that girls and women may experience throughout their lives.¹⁹

⁸ UNFPA, “Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage”, 27 April 2020, available at <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>.

⁹ WHO, “Female genital mutilation” fact sheet.

¹⁰ Type 1: This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

¹¹ WHO, “Female genital mutilation” fact sheet.

¹² WHO, *Care of Girls and Women Living with Female Genital Mutilation: A Clinical Handbook* (Geneva, 2018), pp. 83–150.

¹³ Ibid.

¹⁴ WHO, “Female genital mutilation” fact sheet.

¹⁵ Ibid.

¹⁶ United Nations High Commissioner for Refugees, “Guidance note on refugee claims relating to female genital mutilation”, May 2009, p. 5.

¹⁷ WHO, *Care of Girls and Women Living with Female Genital Mutilation*, p. 219.

¹⁸ E/CN.4/2002/83, para. 14.

¹⁹ A/77/312, para. 6.

B. Cross-border female genital mutilation

11. According to Human Rights Council resolution 50/16, cross-border female genital mutilation occurs when girls or women from a country that outlaws female genital mutilation are taken across national borders to neighbouring countries that have not outlawed this harmful practice or do not enforce existing criminal laws.²⁰

12. Several studies²¹ show that girls and young women in Africa cross borders to undergo female genital mutilation – including from Kenya to Ethiopia,²² Somalia,²³ the United Republic of Tanzania²⁴ and Uganda;²⁵ from Uganda to Kenya;²⁶ from Burkina Faso,²⁷ Côte d’Ivoire, Mauritania and Senegal to Mali;²⁸ from the Gambia to Senegal;²⁹ and from Ghana to Togo and Burkina Faso.³⁰

13. Girls and young women in border areas are particularly vulnerable to this practice, because border areas often host communities with cultural and ethnic ties that transcend national borders. Families and communities residing on both sides of a border may share common practices, including female genital mutilation. In particular, girls and women living next to countries with poorly enforced or weaker legislation against the practice than their own are at an elevated risk of cross-border female genital mutilation.³¹

14. Some countries have very permeable borders, enabling people to move between countries daily with little to no restriction.³² This allows people to move easily from one country to the other, often without using official border crossings, including to perform female genital mutilation.

15. There is also documentation showing that traditional practitioners or so-called “cutters” cross borders to perform female genital mutilation. For example, a United Nations Population Fund (UNFPA) study in 2019 showed that traditional practitioners from Kenya were being brought into Uganda.³³

C. Transnational female genital mutilation

16. Transnational female genital mutilation occurs when women and girls of cross-border and other affected communities living in countries that outlaw female genital mutilation are taken to their countries and communities of origin, where this harmful practice is still socially accepted or not prohibited.³⁴

²⁰ Human Rights Council resolution 50/16, preamble.

²¹ UNFPA, “Beyond the crossing: female genital mutilation across borders – Ethiopia, Kenya, Somalia, Tanzania and Uganda” (New York, 2019).

²² UNFPA-UNICEF Joint Programme, *FGM Elimination and COVID-19: Sustaining the Momentum – Country Case Studies – Annual Report 2020*, available at <https://www.unicef.org/media/107636/file/FGM%20case%20studies%202020.pdf>.

²³ Ibid.

²⁴ Samuel Kimani and Caroline W. Karibu, “Shifts in female genital mutilation/cutting in Kenya: perspectives of families and health care providers” (New York, Population Council, 2018), p. ix.

²⁵ UNFPA-UNICEF Joint Programme, *How to Transform a Social Norm: Reflections on Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation* (2018), p. 25.

²⁶ UNICEF, “Case study on ending cross-border female genital mutilation in the Republic of Uganda” (2021), p. 6.

²⁷ Josephine Wouango, Susan L. Ostermann and Daniel Mwanga, “When and how the law is effective in reducing the practice of FGM/C: a cross-border study in Burkina Faso and Mali”, Policy Brief (Nairobi, Population Council, 2020).

²⁸ UNFPA-UNICEF Joint Programme, *How to Transform a Social Norm*, p. 24.

²⁹ UNFPA-UNICEF Joint Programme, *FGM Elimination and COVID-19: Sustaining the Momentum*.

³⁰ Evelyn Sakeah and others, “Persistent female genital mutilation despite its illegality: narratives from women and men in northern Ghana”, *PLoS ONE*, vol. 14 (2019).

³¹ A/HRC/29/20 and A/HRC/29/20/Corr.1, para. 60.

³² UNFPA-UNICEF Joint Programme, “Cross-border female genital mutilation in East Africa”, Policy Brief (UNFPA East and Southern Africa Regional Office, 2022), p. 6.

³³ UNFPA, “Beyond the crossing”, p. 25.

³⁴ Human Rights Council resolution 50/16, preamble.

17. In the European Union, for example, it is estimated that over 600,000 women are living with the consequences of female genital mutilation, practised in-country or abroad, and that a further 190,000 girls and women in 17 European countries are at risk of undergoing the practice.³⁵ In the United States of America, an estimated half a million girls and women have undergone female genital mutilation in the past or may be at risk of female genital mutilation in the future.³⁶ In Australia, a government study estimated that 53,000 girls and women living in the country in 2017 had undergone female genital mutilation,³⁷ while civil society actors believe that the figure could be as high as 200,000; civil society estimates that the risk in Australia is of 11 girls per day being subjected to female genital mutilation.³⁸ In Canada, between 95,000 and 161,000 women and girls living in the country in 2016 were estimated to be at risk of being subjected to female genital mutilation.³⁹

18. So-called “vacation cutting” is when families travel with their daughters to their countries and communities of origin to undergo the practice.⁴⁰ The summer school holidays are a common time for female genital mutilation to be performed so that healing can occur before the girl returns to school. There are also reports of girls undergoing female genital mutilation in Australia,⁴¹ Canada,⁴² the United Kingdom of Great Britain and Northern Ireland⁴³ and the United States.⁴⁴ During the COVID-19 pandemic, there were reports of an increase in female genital mutilation linked to school closures in Europe.⁴⁵

19. OHCHR received information from civil society organizations indicating that in certain cases, girls are reportedly not taken to their countries of origin but to other countries to have the procedure performed – the so-called transnational “female genital mutilation hubs”.

III. Factors contributing to cross-border and transnational female genital mutilation

20. The prevalence of female genital mutilation and the location of communities and ethnic groups are closely intertwined and determine its incidence in specific regions.⁴⁶ For instance, in East Africa, high female genital mutilation prevalence areas are frequently concentrated along cross-border regions that extend across multiple countries, such as the

³⁵ End FGM European Network, “FGM in Europe”, available at <https://www.endfgm.eu/female-genital-mutilation/fgm-in-europe/>.

³⁶ Howard Goldberg and others, “Female genital mutilation/cutting in the United States: updated estimates of women and girls at risk, 2012”, *Public Health Reports*, vol. 131, No. 2 (2016), pp. 340–347.

³⁷ Australian Institute of Health and Welfare, “Towards estimating the prevalence of female genital mutilation/cutting in Australia”, February 2019.

³⁸ Kit Catterson, “Female genital mutilation is still a risk – especially in a pandemic”, *The Interpreter*, 25 March 2021.

³⁹ Leanne Findlay and others, “An exploration of methods to estimate the number of immigrant girls and women at risk of female genital mutilation or cutting in Canada” (Statistics Canada, 2023).

⁴⁰ See, for example, Milena Mikael-Debass, “Female genital mutilation is happening in the U.S. These survivors are fighting to stop it”, *VICE News*, 4 June 2019; and Halima Salat Barre and Manja Ressler, “‘Vakantie’ in Kenia”, *De Groene Amsterdammer*, 6 November 2019, available at <https://www.groene.nl/artikel/vakantie-in-kenia>.

⁴¹ Bridie Jabour, “Australia’s first female genital mutilation trial: how a bright young girl convinced a jury”, *The Guardian*, 13 November 2015.

⁴² Stewart Bell, “Female genital mutilation practitioners are travelling to Canada, border officers warned”, *Global News Canada*, 17 July 2017.

⁴³ Lizzie Dearden, “FGM cutters ‘being flown into UK to mutilate girls to order’, survivor warns”, *The Independent*, 1 October 2018.

⁴⁴ De Elizabeth, “Don’t think for a second that FGM doesn’t happen in America”, *Bustle*, 21 May 2018.

⁴⁵ Alice Tidey, “Female genital mutilation: COVID-19 school closures have led to a rise in FGM cases, say experts”, *Euronews*, 6 February 2021.

⁴⁶ UNFPA, “Beyond the crossing”, p. 18.

border areas between Ethiopia, Kenya and Somalia, between Kenya and the United Republic of Tanzania, between Ethiopia and the Sudan, and between Djibouti, Eritrea and Ethiopia.⁴⁷

21. A study conducted by the Anti-FGM Board of Kenya and UNICEF offers additional evidence that cross-border female genital mutilation is often based on existing relationships and facilitated by family and cultural ties among communities on both sides of the border.⁴⁸ Similarly, a study carried out in Ghana found that female genital mutilation persists in border communities because women⁴⁹ can easily travel to neighbouring countries (e.g. Burkina Faso and Togo) to have female genital mutilation performed on their daughters and suggested that “national borders are less important in defining zones for this practice than traditional tribal boundaries.”⁵⁰

22. Although cross-border female genital mutilation has always existed, one of the drivers of it in Africa is the difference as regards the existence of and/or the enforcement of anti-female genital mutilation laws.⁵¹ The majority of African States have specifically criminalized female genital mutilation, with other countries becoming destination countries for both cross-border and transnational female genital mutilation.⁵² In the countries in Africa with anti-female genital mutilation laws in place, there is no deterrent to the practice if such laws are not implemented and enforced. Girls and young women usually cross borders to avoid prosecution under national laws.⁵³

23. As an example, a civil society report⁵⁴ shows that girls cross the border from Kenya to the United Republic of Tanzania in response to the stricter enforcement of laws on female genital mutilation in Kenya.⁵⁵ Although female genital mutilation is also criminalized in the United Republic of Tanzania, since 1998, under the Sexual Offences Special Provisions Act, the enforcement of this law is limited and cases rarely reach court.⁵⁶

24. Similarly, the absence of harmonized provisions with regard to penalties serves as an incentive for community members to resort to cross-border female genital mutilation. Prison sentences for parents/guardians, accomplices and practitioners (including health professionals) vary from a couple of months to several years,⁵⁷ and fines range from \$10 (in Ethiopia)⁵⁸ to almost \$2,000 (in Kenya).⁵⁹

25. Apart from the limited cross-border cooperation, other factors contributing to cross-border female genital mutilation are the lack of proximity to cutters in native countries, quality and affordability of female genital mutilation services in the neighbouring country, and income sources for cutters, encouraging them to continue the practice and move across borders.⁶⁰

26. In terms of transnational female genital mutilation, a key factor is the social and family pressure from communities (in countries or communities of origin) to adhere to the practice

⁴⁷ Ibid., pp. 7 and 8.

⁴⁸ Ibid., p. 25.

⁴⁹ In this case, it was women who were crossing borders with their daughters, but sometimes fathers or other family members are travelling to neighbouring countries.

⁵⁰ Sakeah and others, “Persistent female genital mutilation despite its illegality”.

⁵¹ UNFPA, “Beyond the crossing”, p. 25.

⁵² Liberia, Mali, Sierra Leone, Somalia and “Somaliland”: 28 Too Many, *The Law and FGM: An Overview of 28 African Countries* (Thomson Reuters Foundation, 2018), p. 29. Chad and the Sudan criminalized female genital mutilation in 2020.

⁵³ UNFPA, “Beyond the crossing”, p. 25.

⁵⁴ The Population Council is an international non-governmental organization conducting research in biomedicine, social science and public health. See popcouncil.org for further details.

⁵⁵ Kimani and Karibu, “Shifts in female genital mutilation/cutting in Kenya”.

⁵⁶ 28 Too Many, “Tanzania: the law and FGM” (Thomson Reuters Foundation, 2018), p. 5.

⁵⁷ UNFPA Regional Office for West and Central Africa, *Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa* (2018), p. 65.

⁵⁸ 500 birr: art. 565 of the Criminal Code of Ethiopia (2004).

⁵⁹ 200,000 shillings: art. 29 of the Prohibition of Female Genital Mutilation Act (No. 32 of 2011).

⁶⁰ UNFPA Regional Office for West and Central Africa, *Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa*, p. 25.

and the meaning passed on from generation to generation.⁶¹ Another report⁶² explained that the decision to cut or not to cut a girl was often not an individual choice. Families and communities, both in the country of origin and in countries of residence, had considerable influence on that decision. According to the report, parents often had limited autonomy to decide whether or not to perform female genital mutilation on their daughters.⁶³

IV. International and regional human rights framework

27. The regional human rights framework includes specific provisions on female genital mutilation. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), ratified by 54 States, requires States parties to prohibit and condemn harmful practices, including female genital mutilation.⁶⁴ It further requires the prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation and its eradication.

28. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), ratified by 45 countries and the European Union, recognizes female genital mutilation as a form of gender-based violence. In its article 38, it requires States parties to take the necessary legislative and other measures to ensure that female genital mutilation is criminalized when the offence is committed in their territory, on board a ship flying their flag, by one of their nationals or by a person who has her or his habitual residence in their territory. The Istanbul Convention further requires States parties to ensure that their jurisdiction is not subordinated to the condition that the acts are criminalized in the territory where they are committed.⁶⁵ Similarly, States must take the necessary measures to establish jurisdiction over a female genital mutilation offence when an alleged perpetrator is present on their territory and they do not extradite her or him to another party, solely on the basis of her or his nationality.⁶⁶

29. In addition to their legal obligations, States have expressed global consensus on the need to eliminate female genital mutilation as a condition to advance gender equality. The 1994 Programme of Action of the International Conference on Population and Development urged Governments "to prohibit female genital mutilation wherever it exists".⁶⁷ The Beijing Declaration and Platform for Action, in 1995, identified ending female genital mutilation as essential to realizing girls' fundamental human rights. The Sustainable Development Goals renewed this commitment, by introducing target 5.3 which calls for the elimination of female genital mutilation and harmful practices, under Goal 5 on achieving gender equality and women's and girls' empowerment.

30. An African Union continental initiative on the elimination of female genital mutilation, the Saleema Initiative,⁶⁸ aims to galvanize political action to end female genital mutilation and save 50 million girls at risk. The African Union recognized the need to address cross-border female genital mutilation to meet the target of zero female genital mutilation by 2030.⁶⁹ The African Union also launched its "Agenda 2063: The Africa We Want",⁷⁰ which calls for ending all forms of gender-based violence and discrimination, including female

⁶¹ Tesfaye Setegn, Yihunie Lakew and Kebede Deribe, "Geographic variation and factors associated with female genital mutilation among reproductive age women in Ethiopia: a national population based survey", *PLoS ONE*, vol. 11 (2016).

⁶² End FGM European Network, "A building bridges approach: the key to ending female genital mutilation", position paper (2018).

⁶³ *Ibid.*

⁶⁴ Art. 5.

⁶⁵ Art. 44, paras. 1–3.

⁶⁶ Art. 44, para. 5.

⁶⁷ [A/CONF.171/13/Rev.1](#), para. 4.22.

⁶⁸ African Union, "The African Union launches a continental initiative to end female genital mutilation and save 50 million girls at risk", press release, 11 February 2019.

⁶⁹ African Union, Saleema Initiative on Eliminating Female Genital Mutilation, Programme and Plan of Action 2019–2023, available at https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema_Initiative_Programme_and_Plan_of_Action-ENGLISH.pdf.

⁷⁰ See <https://au.int/en/agenda2063/overview>.

genital mutilation.⁷¹ The recent joint general comment on female genital mutilation issued by the African Committee of Experts on the Rights and Welfare of the Child and the African Commission on Human and Peoples' Rights, launched in November 2023, articulates measures to prevent, and ensure accountability for, the cross-border practice of female genital mutilation, such as the signing of judicial cooperation agreements by States, and the need to include powers to prosecute cross-border offences in the law.⁷²

A. Equality and non-discrimination

31. Female genital mutilation of any type has been recognized as a harmful practice and a violation of the human rights of girls and women.⁷³ The practice violates the right to non-discrimination, as enshrined in articles 1 and 2 of the Convention on the Elimination of All Forms of Discrimination against Women. Article 5 of the Convention requires States parties to take all appropriate measures to achieve "the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women". The right to non-discrimination is a fundamental principle of human rights law and is guaranteed in various international and regional human rights instruments.⁷⁴

32. The Committee on the Elimination of Discrimination against Women, the Human Rights Committee, the Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights have identified female genital mutilation as a practice that directly affects the ability of women and girls to enjoy their human rights on an equal footing with men and boys, and which therefore violate their rights to non-discrimination and equality.⁷⁵ It is noted in joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019) that the harm that these practices cause to girls and women often has the purpose or effect of impairing the recognition, enjoyment and exercise of their human rights and fundamental freedoms.⁷⁶ It is also noted in the joint general recommendation/general comment that States have a due diligence obligation to prevent, investigate and punish acts of violence against women, whether those acts are perpetrated by the State or by private individuals.

33. Both the Committee on the Elimination of Discrimination against Women and the Committee on the Rights of the Child have underlined that female genital mutilation is deeply rooted in societal attitudes that regard women and girls as inferior to men and boys and have expressed concerns about the use of these practices to justify gender-based violence as a form of protection or control of women and girls.⁷⁷ The Special Rapporteur on violence against women, its causes and consequences has also described female genital mutilation as the result of the patriarchal power structures that legitimize the need to control women's lives, arising from the stereotypical perception of women as the principal guardians of sexual morality.⁷⁸

⁷¹ Aspiration 6, priority 51.

⁷² African Committee of Experts on the Rights and Welfare of the Child and African Commission on Human and Peoples' Rights, joint general comment on female genital mutilation (2023).

⁷³ OHCHR, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, Economic Commission for Africa, United Nations Educational, Scientific and Cultural Organization, UNFPA, UNHCR, UNICEF, United Nations Development Fund for Women and WHO, "Eliminating female genital mutilation: an interagency statement" (WHO, 2008), pp. 8 and 9.

⁷⁴ Including arts. 2 and 3 of the Convention on the Rights of the Child, arts. 18 and 28 of the African Charter on Human and Peoples' Rights and art. 2 of the Maputo Protocol.

⁷⁵ Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016) on the right to sexual and reproductive health, para. 29; joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019), para. 11; and [CCPR/C/EGY/CO/5](#), para. 18.

⁷⁶ See para. 11.

⁷⁷ *Ibid.*, para. 6; and [A/HRC/29/20](#) and [A/HRC/29/20/Corr.1](#), para. 8.

⁷⁸ [E/CN.4/2002/83](#), para. 14.

B. Right to health

34. Female genital mutilation is an infringement of the right to the enjoyment of the highest attainable standard of physical and mental health. The right to health is protected in article 12 of the International Covenant on Economic, Social and Cultural Rights and other international and regional human rights instruments.⁷⁹ The Committee on Economic, Social and Cultural Rights has stated that States' obligations under article 12 of the International Covenant on Economic, Social and Cultural Rights require them to take effective steps to prevent third parties from harmful practices such as female genital mutilation, by prohibiting and preventing it.⁸⁰

35. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health stated in her report on violence and its impact on the right to health that female genital mutilation "undermines women's and girls' enjoyment of the right to the highest attainable standard of physical and mental health and must be eliminated".⁸¹ States have an obligation to protect girls and women from all forms of violence, including female genital mutilation. Failure by a State to take all necessary measures to protect women and girls from female genital mutilation is a violation of the obligation to protect the right to health.⁸²

C. Right to physical integrity, right to freedom from torture and right to life

36. Female genital mutilation violates numerous other human rights associated with physical integrity, including the inherent dignity of the person and the right to liberty and security of the person. The right to physical integrity is protected by article 9 of the International Covenant on Civil and Political Rights, and article 19 of the Convention on the Rights of the Child indicates that States parties are to take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence.

37. The Human Rights Committee has stated that subjecting a woman or girl to genital mutilation amounts to treatment prohibited under article 7 of the International Covenant on Civil and Political Rights.⁸³ The Committee against Torture has also found that the practice of subjecting a woman to genital mutilation is contrary to the obligations enshrined in the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.⁸⁴

38. The right to be free from torture and other forms of ill-treatment is also protected in other international and regional human rights instruments.⁸⁵

⁷⁹ Including the Convention on the Elimination of All Forms of Discrimination against Women, art. 12; the Convention on the Rights of the Child, art. 24; the African Charter on Human and Peoples' Rights, art. 16; the Maputo Protocol, art. 14; and the African Youth Charter, art. 16.

⁸⁰ See the Committee's general comment No. 22 (2016), para. 59.

⁸¹ [A/HRC/50/28](#), para. 60.

⁸² *Ibid.*, para. 20.

⁸³ *Zabayo and E v. Netherlands* (CCPR/C/133/D/2796/2016), para. 9.3; *Kaba and Kaba v. Canada* (CCPR/C/98/D/1465/2006), para. 10.1; and the Committee's general comment No. 28 (2000) on the equality of rights between men and women, para. 11. See also [A/HRC/7/3](#), para. 54.

⁸⁴ *D.B. v. Netherlands* (CAT/C/72/D/824/2017), para. 8.9.

⁸⁵ Convention on the Rights of the Child, art. 37; and African Charter on Human and Peoples' Rights, art. 5.

39. Under certain circumstances, the practice of female genital mutilation may constitute a violation of the right to life.⁸⁶ Genital mutilation is contrary to women's right to a life free from gender-based violence.⁸⁷

40. In its resolution 44/16, the Human Rights Council expressed its deep concern that female genital mutilation persisted in all parts of the world, that it was exacerbated in humanitarian situations, armed conflicts, pandemics and other crises, and that new forms, such as cross-border practices, were emerging. Furthermore, in its resolution 50/16, the Human Rights Council recognized that the prevention and elimination of female genital mutilation should be not only a national development, human rights and public health priority, but increasingly also a global priority requiring international and regional comprehensive and multisectoral responses in accordance with States' obligations under international human rights law.

V. Measures and strategies to prevent cross-border and transnational female genital mutilation

A. Regional cooperation and coordination

41. In a context where borders are crossed to practice female genital mutilation, regional initiatives and coordination remain critical to eliminate the practice. One attempt at regional cooperation was the East African Community Prohibition of Female Genital Mutilation Bill, 2016. The objectives of the East African Community bill were to prohibit female genital mutilation in the region, provide a minimum penalty of three years of imprisonment, establish institutions to foster cooperation in the prosecution of offenders, prevent female genital mutilation and provide services to victims and girls at risk of genital mutilation, and develop and harmonize policies, laws, strategies and programmes to prevent female genital mutilation.⁸⁸ In addition, a regional database on cross-border female genital mutilation was planned to be established, supported by an exchange of criminal intelligence, training of key personnel and strengthening of cross-border security. Although the East African Community bill went through the East African Legislative Assembly, it has not been signed into law yet, as it did not receive assent from the Heads of State within the required time.⁸⁹

42. In April 2019, the First Regional Interministerial Meeting to End Cross-Border Female Genital Mutilation took place in Mombasa, Kenya, with representatives from Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania. The objective of the meeting was to strengthen collaboration with regard to female genital mutilation in the border areas, share good practices and plan a way forward.⁹⁰ States adopted the Regional Interministerial Declaration to Address Cross-Border Female Genital Mutilation in East Africa – the Mombasa Declaration.⁹¹ The Declaration calls for strengthening regional coordination in the areas of policy and legislation, the integration of cross-border dimensions in the development and implementation of multisectoral costed plans of action at the national level, the implementation of advocacy and communication programmes, the generation and use of evidence, and the allocation of sufficient human and financial resources for the implementation of plans of action.⁹²

⁸⁶ International Covenant on Civil and Political Rights, art. 6; Convention on the Rights of the Child, art. 6; African Charter on Human and Peoples' Rights, art. 4; Maputo Protocol, art. 4; and Human Rights Committee, general comment No. 36 (2018), para. 7.

⁸⁷ Committee on the Elimination of Discrimination against Women, general recommendation No. 35 (2017), para. 15.

⁸⁸ East African Community, East African Community Prohibition of Female Genital Mutilation Bill, 2016, art. 3.

⁸⁹ See <https://faithtoactionnetwork.org/2019/01/08/eac-heads-of-state-yet-to-assent-to-fgm-bill-2016/>.

⁹⁰ UNFPA-UNICEF Joint Programme, "Cross-border female genital mutilation in East Africa", p. 7.

⁹¹ UNFPA, "Ending cross-border FGM: 1st regional interministerial meeting to #EndCrossBorderFGM", 2019.

⁹² Ibid.

43. In August 2022, the Governments of Ethiopia, Kenya, Somalia, Uganda and the United Republic of Tanzania, in partnership with the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, launched the Costed Regional Action Plan to End Cross-Border Female Genital Mutilation.⁹³ The Regional Action Plan establishes a regional framework for both State and non-State entities to strengthen prevention, protection and prosecution initiatives aimed at stopping cross-border female genital mutilation in those countries.

B. Joint cross-border initiatives

44. In the border areas between Kenya and Uganda, from 2014 to 2017, UNFPA and UNICEF organized several meetings to discuss cross-border female genital mutilation, involving nearly 1,200 people.⁹⁴ Participants included religious leaders, traditional leaders and policymakers from both sides of the border. As a result, memorandums of understanding were signed between parties of the border districts of Nakapiripirit (Uganda) and West Pokot County (Kenya) to jointly prosecute perpetrators and raise awareness about how harmful female genital mutilation is.⁹⁵

45. Innovative strategies have been used to address cross-border female genital mutilation between Kenya and Uganda. Community leaders in border communities on both sides of the border created, in 2020, a social media group called the “Kenya Uganda Anti-FGM Forum”. This social media platform is used to exchange information on potential cases of cross-border female genital mutilation, to better coordinate district-level work and to provide support to survivors and girls at risk of genital mutilation. Thanks to this initiative, between April and October 2020, 37 girls were rescued in Kenya from female genital mutilation and returned to Uganda by the Kenyan authorities.⁹⁶ The platform continues to provide a surveillance function, not only in relation to cross-border female genital mutilation but also in relation to child marriage and other child protection issues.⁹⁷

C. Transnational protection measures

46. Governments are also taking concrete measures to protect girls and women at risk of transnational female genital mutilation. The United Kingdom, for example, introduced female genital mutilation protection orders in 2015, which are a civil law measure that is aimed at protecting and safeguarding victims of female genital mutilation or those at risk of it.⁹⁸ An application for a female genital mutilation protection order can be made to a court by the victim or person to be protected and a “relevant third party” with the permission of the court,⁹⁹ or can be initiated by the court during other family hearings, or during criminal proceedings for female genital mutilation. In deciding whether to make a protection order, a court will consider all the circumstances of a case, including the need to secure the health, safety and well-being of the girl or woman to be protected.¹⁰⁰ The type of female genital mutilation protection order required will depend on the person to be protected, whether they or someone else makes the application on their behalf, whether they are under 18 years old, and what the court decides is needed in order to ensure their protection and/or welfare.

⁹³ UNFPA-UNICEF Joint Programme, *Costed Regional Action Plan to End Cross-Border Female Genital Mutilation* (2022).

⁹⁴ UNFPA-UNICEF Joint Programme, *How to Transform a Social Norm*, p. 25.

⁹⁵ *Ibid.*

⁹⁶ UNFPA-UNICEF Joint Programme, *FGM Elimination and COVID-19: Sustaining the Momentum*.

⁹⁷ UNICEF, “Case study on ending cross-border female genital mutilation in the Republic of Uganda”, p. 8.

⁹⁸ See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/573786/FGMPO_-_Fact_Sheet_-_1-12-2016_FINAL.pdf.

⁹⁹ More information on applying for female genital mutilation protection orders can be found at <https://www.gov.uk/female-genital-mutilation-protection-order>.

¹⁰⁰ Government of the United Kingdom of Great Britain and Northern Ireland, *Multi-Agency Statutory Guidance on Female Genital Mutilation* (2020), p. 21.

47. In the Kingdom of the Netherlands, the Ministry of Health, Welfare and Sport and the Ministry of Justice have developed a tool called Declaration Against the Circumcision of Girls (Verklaring Tegen Meisjesbesnijdenis).¹⁰¹ The Declaration explains that female genital mutilation is an illegal practice and is criminalized in the Kingdom of the Netherlands and is punishable. When families plan to go to their countries and communities of origin with high rates of female genital mutilation, Youth Health Care professionals explain why female genital mutilation is criminalized and give the Declaration to the parents, who have to sign it. The aim of the Declaration is to give parents a tool to resist social and family pressure to adhere to local traditions, and protect their daughters from undergoing genital mutilation.

48. Similarly, Belgium has introduced the “Stop FGM/C passport”, which is also aimed at raising awareness among parents about the potential dangers of female genital mutilation when visiting family abroad.¹⁰² It is given to families before their departure and reminds them of the legal ban on female genital mutilation in Belgium and the harmful consequences of genital mutilation on girls’ health.

49. In Germany, the federal Government issued a “Federal Protection Letter against Female Genital Mutilation” (Schutzbrief gegen weibliche Genitalverstümmelung) in 2021, signed by the federal Minister for Family Affairs, Minister of the Interior, Minister of Foreign Affairs, Minister of Justice and Minister of Health. It provides information on the criminal liability for female genital mutilation, including when carried out abroad, and on the possible loss of the residence permit.¹⁰³

50. In several countries, including Ireland,¹⁰⁴ Netherlands (Kingdom of the),¹⁰⁵ Portugal¹⁰⁶ and the United Kingdom,¹⁰⁷ awareness-raising campaigns on female genital mutilation are carried out at airports throughout the school vacation period and include information on support services.

51. In the informal consultations held, the End FGM European Network emphasized that a systematized mechanism of prevention before travelling to a country affected by female genital mutilation, ensuring girls and parents knew the law and had access to support services, was among the most effective measures for prevention of transnational female genital mutilation.

VI. Challenges and implementation gaps

Extraterritoriality

52. A barrier to effective enforcement of the law is the lack of jurisdiction to enable law enforcement officers to prosecute perpetrators in another country. Of the 28 African countries¹⁰⁸ that have laws against female genital mutilation in place, only three (Guinea-Bissau, Kenya and Uganda)¹⁰⁹ specifically extend the applicability of the law to people who have performed or undergone female genital mutilation outside their territory or jurisdiction in cases where the alleged perpetrator is within his or her territory or jurisdiction and they do not extradite him or her. For example, article 9 of Law No. 14/2011 explicitly

¹⁰¹ See <https://www.pharos.nl/kennisbank/engels-verklaring-tegen-meisjesbesnijdenis/> (in Dutch).

¹⁰² See <https://www.strategiesconcertees-mgf.be/en/tool/stop-fgm-passport/>.

¹⁰³ See <https://www.bundesregierung.de/breg-de/service/publikationen/schutzbrief-gegen-weibliche-genitalverstuemmung-sprache-englisch-1934450#%3A~%3Atext%3DThe%20letter%20of%20protection%20against%20loss%20of%20the%20residence%20permit>.

¹⁰⁴ Government of Ireland, “Two day awareness-raising initiative on law against female genital mutilation to take place in Dublin airport this weekend”, 27 October 2023.

¹⁰⁵ See <https://www.huiselijkgeweld.nl/publicaties/publicaties/2020/02/18/actieagenda-schadelijke-praktijken> (in Dutch).

¹⁰⁶ European Commission, “Portugal: anti-FGM campaign returns to national airports”, 17 July 2020.

¹⁰⁷ Sandra Laville, “Anti-FGM campaign at UK airports seeks to stop mutilation of girls”, *The Guardian*, 9 May 2014.

¹⁰⁸ Equality Now, “Female genital mutilation/cutting: a call for a global response”.

¹⁰⁹ UNFPA, “Beyond the crossing”.

extends the applicability of the law to citizens and foreign residents in Guinea-Bissau who have performed or undergone female genital mutilation in another country.¹¹⁰ Articles 21 and 28 of the Kenyan Prohibition of Female Genital Mutilation Act 2011 make it an offence for any citizen or permanent resident of Kenya to “take another person from Kenya to another country, or arrange for another person to be brought into Kenya from another country” for the purposes of female genital mutilation. In other African countries, there are no specific legal provisions to criminalize and punish cross-border female genital mutilation.

53. Most States have only criminalized female genital mutilation when it takes place within their territory or when a woman or girl is taken abroad for genital mutilation if she is a citizen or permanent resident of the State.¹¹¹ This fails to recognize the obligation of States to protect all women and girls within their jurisdiction and does not take into consideration the mobile, transnational character of practising communities.¹¹²

54. In the Middle East, only Iraq and Oman have specific laws or legal provisions banning female genital mutilation, but these do not include cross-border female genital mutilation. In Asia and in Central and South America, no country has enacted a specific legal prohibition against female genital mutilation.¹¹³

55. The enforcement of criminal laws on transnational female genital mutilation is very limited. In 2023, a woman in the United Kingdom was convicted of aiding female genital mutilation in Kenya.¹¹⁴ This case represents the first time that a person was convicted in the United Kingdom for committing a crime overseas, under the Female Genital Mutilation Act 2003.

VII. Conclusions and recommendations

56. **Female genital mutilation constitutes a human rights violation and a form of gender-based violence against women and girls. It reflects deep-rooted inequality between men and women and constitutes a form of gender-based discrimination against women and girls. The practice jeopardizes the recognition, enjoyment and exercise of girls’ and women’s human rights and fundamental freedoms, while posing a serious threat to their dignity, health and well-being.**

57. **The human rights treaty bodies have referred to female genital mutilation as a harmful practice that States must prevent and redress.¹¹⁵ Despite increased national, regional and international efforts, joint border initiatives, and transnational protection orders, significant implementation gaps remain.**

58. **In line with their legal obligations, reaffirmed by their political commitment, States should eradicate female genital mutilation, and building on the recommendations of the Secretary-General’s report of 2022 on eliminating female genital mutilation,¹¹⁶ Member States, in collaboration with relevant stakeholders, should step up their efforts:**

¹¹⁰ UNFPA Regional Office for West and Central Africa, *Analysis of Legal Frameworks on Female Genital Mutilation in Selected Countries in West Africa*, p. 45.

¹¹¹ [A/HRC/29/20](#) and [A/HRC/29/20/Corr.1](#), para. 60.

¹¹² *Ibid.*

¹¹³ Equality Now, “FGM: a global picture”, available at <https://www.equalitynow.org/fgm-a-global-picture/>.

¹¹⁴ Central Criminal Court, *R v. Amina Noor*, sentencing remarks of Mr. Justice Bryan, 16 February 2024, available at <https://www.judiciary.uk/wp-content/uploads/2024/02/R-v-Amina-Noor-Approved-Sentencing-Remarks.pdf>.

¹¹⁵ Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019), para. 11; Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016), para. 29; Human Rights Committee, *Zabayo and E v. Netherlands*, para. 9.3; *Kaba and Kaba v. Canada*, para. 10.1; and general comment No. 28 (2000), para. 11. See also [A/HRC/7/3](#), para. 54; and *D.B. v. Netherlands*, para. 8.9.

¹¹⁶ [A/77/312](#).

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- (a) To improve data collection and research on the scope and prevalence of female genital mutilation, including cross-border and transnational female genital mutilation;
- (b) To criminalize female genital mutilation, including cross-border and transnational female genital mutilation, and guarantee that relevant legislation is aligned with international law, including international human rights law, and ensure their strict enforcement;
- (c) To ensure that their legislation provides, in accordance with international law, for the applicability of their law to people who have performed or undergone female genital mutilation outside their territory or jurisdiction in cases where the alleged perpetrator is within his or her territory and jurisdiction and they do not extradite him or her;
- (d) To design and implement: (i) effective prevention measures, and (ii) response measures to address the long-term consequences of female genital mutilation, including in countries hosting communities from countries with high female genital mutilation prevalence rates, in consultation with survivors and relevant civil society organizations;
- (e) To adopt coordinated regional measures such as the creation of public awareness, education and outreach programmes, in consultation with and addressed at women, girls, boys and men in cross-border and migrant communities, including traditional and religious leaders, about the harm and root causes of female genital mutilation;
- (f) To adopt comprehensive, multisectoral and international and regional cooperation measures in partnership with cross-border and other affected communities to prevent and eradicate cross-border and transnational female genital mutilation;
- (g) To allocate adequate resources towards the establishment and implementation of regional policy frameworks and cooperation agreements to prevent and address cross-border and transnational female genital mutilation and to support survivors;
- (h) To establish monitoring and evaluation mechanisms to track the effectiveness of regional and national interventions and to guide targeted programming and budgeting to eradicate cross-border and transnational female genital mutilation.
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