



DRAFT CONCEPT NOTE

Regional meeting of African Union (AU) Ministers of Health on Campaign On Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA)

14-17 November 2017

Accra, Ghana

I. BACKGROUND

Female Genital Mutilation (FGM) refers to “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons” (WHO). It’s one of the manifestations of gender-based human rights violations that aim to control women's sexuality and autonomy. It has adverse health effects, especially on women and girls’ sexual and reproductive health with risks of HIV infection or obstetrical complications that may lead to fistula or maternal mortality. The elimination of the practice requires a multi-sectoral response approach. More than 200 million girls and women have been cut in almost 30 countries in Africa, the Middle East and Asia. An estimated 86 million young girls worldwide are likely to experience some form of the practice by 2030, if current trends continue.

There have been concerted efforts to end FGM/C. International and regional Human Rights instruments are condemning such harmful practice and some 60 countries around the world have adopted national laws penalizing FGM (23 in Africa).

The Sustainable Development Goals (SDGs) that were unanimously adopted by world leaders in September, 2015 (Target 5.3: “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”) and the African Union agenda 2063 (Aspirations 3, 4 & 6) promote Human Rights and condemn all forms of violence and discrimination against women and girls, including FGM.

Other regional instruments such as the African Charter on Human and People Rights (1981) and its Protocol related to Rights of Women in Africa; (Maputo Protocol 2003), Maputo Plan of Action 2016 also contribute to Governments’ engagement in promoting human Rights and gender equality.

Since 2008, UNFPA, in partnership with UNICEF, has been at the forefront of accelerating the abandonment of this harmful practice through the Joint Programme on Female Genital Mutilation/Cutting: “Accelerating Change in 15 countries in West, East and North Africa”. The Joint Programme engages with governments and different sectors of society, through integrated and culturally-sensitive approaches. It is implemented in 17 countries: Burkina Faso, Egypt, Eritrea, Ethiopia, Kenya, Senegal, Sudan, Uganda, Djibouti, Gambia, Guinea, Guinea-Bissau, Mauritania, Mali, Nigeria, Somalia and Yemen.

II. RATIONALE

While FGM is a community practice, the integrated approach for its prevention and response to, requires the adoption and enforcement of appropriated laws. This support efforts to ensure that the practice is condemned and prosecuted, support services are in place, communities are aware on FGM consequences and abandon the practice.

In the area of FGM it is believed that men do not have any responsibility and women are the decision makers. In fact FGM is a social and cultural norm to control women and girls’ sexuality and preserve them from early sexual relations out of marriage and pregnancy. It is also to enhance the girl’s femininity, often synonymous with docility and obedience. In practicing communities women and girls that are not subjected to FGM are not “marryable”.

Evidence has confirmed that working with men and boys to challenge gender inequalities have a positive impact on the health of women and girls. It is therefore critical to engage men and boys in gender equality, SRHR and FGM programming.

Due to its consequences, FGM practice may impact on “African Union roadmap on harnessing the demographic dividend through investments in youth” (2017), unless it’s addressed effectively. Investing in women and girls’ education, and health as key determinants of productivity, innovation, and sustainable economic and social growth and political stability are essential to harness the Demographic Dividend. So the effects of FGM on their sexual and reproductive health, their access to education and to other empowerment opportunities can impede the results of the CARMMA and prevent these countries to benefit from the demographic dividend.

The existing international and regional frameworks should enforce the ongoing efforts and facilitate actions from the Ministers of Health, who are in good position to ensure that medical support services are available for FGM survivors, the practice is not medicalized and that the health sector is involved in prevention and advocacy efforts in their countries.

Considering the linkages of FGM and maternal mortality, AUC and UNFPA to have an engagement on FGM elimination during the launch of CARMMA evaluation report launch meeting in Accra, Ghana 14 to 17 November 2017.

III. OBJECTIVES

The objective of the meeting is to mobilize the AU Ministers of Health and Ministers of Gender for an increased support at all levels (national, regional and continental) efforts to accelerate FGM abandonment. The specific objectives are:

1. To enhance the understanding of Ministers of Health and Ministers of Gender of Female Genital Mutilation and other harmful traditional practices within the broad framework of social development linking it to the key outcomes of the AU’s Agenda 2063 and the SDGs (5.3)
2. To advocate for AU Ministers of Health and Ministers of Gender’s commitment to improve international and regional instruments’ implementation in accelerating FGM elimination at national levels
3. To mobilise more high level political support and national resources for the elimination of FGM

IV. EXPECTED RESULTS

1. Linkages between FGM and broader development agenda established
2. AU Ministers of Health and Ministers of Gender commit to accelerate international regional and national instruments’ implementation for FGM elimination.
3. Enhanced high level political support translated by national budget allocation

V. BUDGET

UNFPA regional offices in Africa will provide technical assistance and funding to the meeting (East and Southern Africa Regional Office: 60.000 \$; Arab States Regional Office: TBC; Western and Central Africa Regional Office: TBC)