Orchid Project response: WHO global plan of action

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About Orchid Project
Orchid Project is a charity with a vision of a world free from female genital cutting (FGC).

3 million girls are at risk of being cut every year in Africa alone, and FGC affects around 125 million girls and women worldwide. Orchid Project carries out advocacy work, raises awareness, and partners with organisations which are delivering sustainable results in practising countries.

We are a single issue organisation and will be commenting specifically on the issue of female genital mutilation/cutting (FGM/C) within the Zero Draft.

Summary of response
Our primary concern is that WHO not only recognises that medicalisation of FGM/C is an issue, but that it actively works to stop health professionals performing FGM/C throughout the world. Health professionals performing FGM/C has been shown to be a problem within the vast majority of the 29 countries where FGM/C is currently measured,\(^1\) including in Egypt (77% performed by medical professionals), Kenya (41% performed by medical professionals) and Sudan (41% performed by medical professionals).\(^2\) FGM/C has been shown to take place at doctor’s offices, hospitals, clinics and in the home. It is therefore vital that strategies to prevent the medicalisation of FGM/C target medical professionals outside, as well as within, clinical settings.

Medical professionals performing FGM/C is also a problem in the Middle East and Asia where the practice has not been measured, including in Indonesia and Malaysia where FGM/C has been offered as part of a ‘birth package’ along with ear piercing and vaccinations at hospitals.\(^3\)

Orchid Project therefore encourages WHO to work to address the medicalisation of FGM/C and prevent health professionals from performing the practice.

Furthermore, WHO should state that the need for actions for Member States to address harmful practices such as FGM should apply to all countries where it takes place, including in the Middle East and Asia and the Global North, not just those in Africa that it is commonly associated with.

Detailed recommendations
Chapter 1. Introduction
Orchid Project welcomes the specific focus on violence against women and girls and the recognition that this stems from gender inequality and is held in place by social sanctions.

Under point 3 of 1.3 ‘Overview of the global situation’, it should be highlighted that FGM/C occurs beyond the 29 countries currently measured, in an additional known 8 countries in Asia, 7 countries

\(^1\) Population Reference Bureau, Female Genital Mutilation/Cutting: Data and Trends, Washington DC, 2014 p.10
\(^3\) Population Council, Female Circumcision in Indonesia: Extent, Implications and Possible Interventions to Uphold Women’s Health Rights, Jakarta, 2003
in the Middle East, Colombia and diaspora populations worldwide. We therefore suggest amending the penultimate sentence in this point to read:

‘More than 125 million girls and women alive today have undergone FGM in the 29 countries of Africa and the Middle East currently measured. FGM also happens elsewhere in the Middle East, Asia and countries with diaspora communities.’

We are pleased that in point 8 under Progress in Countries and Gaps the draft states:

‘Civil society plays a critical role: globally, the political momentum for addressing violence against women and girls is a result of strong civil society advocacy, particularly from women’s organizations.’

We suggest adding the point that civil society organisations need to be supported through sustainable funding streams.

Chapter 2. Vision, goal, objectives, guiding principles and time frame

Orchid Project is in broad agreement with the vision, goals and guiding principles. We suggest the inclusion in the vision of ‘sexual’ as well as ‘reproductive’ rights. Orchid Project suggests highlighting the need to develop ‘programming to prevent violence’ as a goal, rather than simply an objective. This is because the goals should specify how violence will be prevented, and successful programming has been shown to be effective at doing this – for example, it has been shown that community-led, human rights based programmes are effective at ending FGM/C.4

We are pleased that one of the objectives is to ‘improve research and evidence on violence, in particular against women and girls, and against children’. More research is needed on the medicalisation on FGM/C, in particular in Egypt and countries in the Middle East and Asia. Furthermore, there are very few overall statistics on prevalence in the Middle East and Asia, and we would welcome work from WHO to address this.

Chapter 3. Proposed actions for Member States, partners and the WHO Secretariat

Orchid Project is in broad agreement with the evidence based actions. There is, however, a need for technical support, guidance and evidence from WHO on the medicalisation of FGM/C and how it can be prevented. We have therefore suggested the below edits.

- Actions across different forms of violence

Objective 1

Within ‘Actions for the WHO Secretariat’, it is vital that efforts to address violence are not only monitored but are carried out. Orchid Project suggests adding the following point:

‘Hold ministries and policy makers to account on the extent to which they are implementing commitments to address violence.’

Within ‘Global targets’ Orchid Project disagrees with the weak commitment that states will address ‘at least one form of violence’. This is unambitious, and fails to recognise that many forms of violence are interlinked (for example, early marriage is often associated with FGM/C and domestic and sexual violence often occur together). Prevention programmes that support community-led, human rights-based education that enables discussion of social norms have been shown to address multiple forms of violence together.

Objective 3
Under point 1 within ‘Actions for Member States’, it should be acknowledged that work to increase awareness of the health issues associated with violence must be carried out alongside human rights education. Otherwise, there is a risk that FGM/C will become more medicalised as parents and medical professionals seek to reduce the medical harm rather the abstaining from cutting altogether. This is clearly not a positive outcome, as the human rights abuse remains, as does the greater part of the harm caused.

A related point is that, in pursuing its responsibility for ending the medicalisation of FGM/C, WHO must be alert to the possibility that actions it takes could cause FGM/C to be pushed ‘underground’ – that is, out of medical environments and into environments where infection and other forms of harm are more likely. It is therefore critical that WHO works with local civil society organisations who understand the context in which cutting takes place. In many countries, this will also require the involvement of religious leaders.

By working in partnership in this way, WHO could be a leading force for ending medicalised FGM/C.

Within ‘Actions for Member States’, Orchid Project suggest including the point:

‘Implement prevention interventions through support to community initiatives to change social norms around gender inequality and harmful traditional practices.’

A noted in our response on Chapter 1, it is well established that programmes which work to help communities question their social norms are effective at ending gender inequality.

• Violence against women and girls

Objective 1
Within ‘Actions for Member States’, under ‘Prioritize addressing VAWG in national policies and plans’, Orchid Project suggests including the following:

‘Develop national action plans for addressing harmful social norms (e.g. around FGM/C and child marriage).’

Within ‘Actions for the WHO Secretariat’, it is necessary for WHO to recognise and work to stop medical professionals performing FGM/C. We therefore suggest the following points:

‘- Support research on and expand the evidence base on the medicalisation of FGM/C and raise awareness of this among senior policy-makers and decision makers
- Work with the ministries of health, professional bodies and civil society to prevent medical professionals performing FGM/C.’

Objective 2
Orchid Project welcomes the fact that WHO are developing guidelines for clinicians on care for women with FGM/C. We request that these guidelines also address the fact that clinicians may be requested to perform FGM/C and set out what their response should be.

Within ‘Actions for the WHO Secretariat’, it is vital that the guidelines disseminated on FGM/C are country specific to address differences in the practice.

Objective 3
Under point 2 within ‘Actions for Member States’, the following underlined phrase should be added:

‘Support the development [...] of prevention programmes that challenge harmful gender norms that: stigmatise and discriminate against women and girls; condone VAWG; promote male dominance over women and girls; and enable the continuation of harmful traditional practices.’

Within ‘Actions for the WHO Secretariat’, the following point could be added:

‘- Develop, test and disseminate a strategy on addressing medicalisation of FGM/C within the health sector.’

Objective 4
Under ‘Actions for the WHO Secretariat’ the paper states that WHO will:

‘Engage in technical cooperation with countries wanting to implement population-based surveys on violence against women and girls.’

Orchid Project believes that there is a role for WHO in leading this work, and suggest that this point is re-worded to read:

‘Encourage countries to implement population-based surveys on violence against women and girls and engage in technical cooperation with countries carrying out this work.’

Under ‘Actions for the WHO Secretariat’, we suggest the following is included:

‘Conduct research into medicalisation of FGM/C and the prevention of health workers conducting the procedure.’

Chapter 4: Accountability and Monitoring Framework
The summary table on VAWG should include the following targets for the WHO secretariat:

- Encouraging nongovernmental organisations in official relations with WHO, in particular professional associations, to end the violence that they are perpetrating themselves.

We can presume that, given the level of medicalised FGM/C in some countries, there will be members of professional associations in official relations with the World Health Organization who are themselves carrying out FGM/C. WHO is well placed – and indeed has a responsibility – to end this.

- Acting as a coordinating centre on ending violence against women through the health sector, developing, conducting and disseminating research, evidence and guidelines.

- Holding member states, partners and professional health bodies to account on commitments to end violence.

We would be happy to advise WHO on how indicators and means of verification could be developed for these targets if they are adopted.