

Under the Auspices of
H. E. MS. SUZANNE MUBARAK

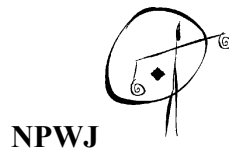


THE NATIONAL COUNCIL FOR CHILDHOOD AND MOTHERHOOD

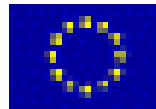
Within the framework of Stop FGM Campaign

AFRO-ARAB EXPERT CONSULTATION
LEGAL TOOLS FOR THE PREVENTION OF
FEMALE GENITAL MUTILATION

organised by



With the support of the European Union



CAIRO DECLARATION
FOR THE ELIMINATION OF FGM

With the financial contribution of:



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No Peace Without Justice, AIDOS and TAMWA are grateful to **Elsa Peretti**
for her personal support to the Stop FGM international Campaign

Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation”

Cairo, 23rd of June 2003

WE, the representatives of twenty-eight African and Arab countries affected by the practice of Female Genital Mutilation, of international and non-governmental organisations, and experts on FGM, meeting in Cairo from the 21st to the 23rd of June 2003 for the Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation” on the invitation of AIDOS - Italian Association for Women in Development - No Peace Without Justice, the Egyptian National Council for Childhood and Motherhood, and the Egyptian Society for the Prevention of Harmful Practices to Woman and Child, under the Auspices of H.E. Mrs Suzanne Mubarak, First Lady of Egypt, organized within the framework of the “STOP FGM Campaign” supported by the European Commission:

Emphasising that all countries affected by the practice of FGM have been represented at the Expert Consultation, making it a unique opportunity for dialogue, exchange of information and points of view concerning the best means and the most appropriate legislative instruments for the prevention and the progressive abandonment of FGM worldwide;

Recognising and saluting the commitment and determination of H.E. Mrs Suzanne Mubarak, First Lady of Egypt, as well as Her keynote speech delivered at the opening session of the Expert Consultation and her specific contribution to the success of this Afro-Arab meeting;

Emphasising in particular the statements of the highest religious authorities in Egypt, H.E. Sheykh Mohammed Sayed Tantawy, Grand Sheykh of Al-Azhar, and the representative of H.E. Pope Shenouda III, Patriarch of Alexandria and of the See of St. Mark, who reaffirmed that no religious precept either in Islam or Christianity justifies the practice of FGM;

Thanking the organisers for taking the initiative to convene this Expert Consultation in Cairo and expressing appreciation in particular to the Egyptian National Council for Childhood and Motherhood and the Egyptian Society for the Prevention of Harmful Practices to Woman and Child for the warm welcome received in Egypt and to ensure the best working conditions for the meeting;

Thanking the sponsors and other contributors for providing the resources for this Expert Consultation and its follow-up;

Taking note of the results obtained by the working groups, the quality of the contributions by the speakers and all the participants, and the most valuable technical contribution by CRR - Centre for Reproductive Rights - and RAINBO - Research, Action and Information for the Bodily Integrity of Women - which have made the successful outcome of the Consultation possible;

Taking note of and supporting the international “STOP FGM” Appeal, launched on the 10th of December 2002, as well as the Declaration on “Zero Tolerance for FGM” issued by the IAC - Inter-African Committee - on the 6th of February 2003, and signed by African First Ladies and a number of other international personalities;

CAIRO DECLARATION FOR THE ELIMINATION OF FGM

WE, the participants in the Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation”

Call upon governments to promote, protect and ensure the human rights of women and children in accordance with the obligations undertaken by them as states parties or signatories to:

- the African Charter on the Rights and Welfare of the Child,
- the African Charter on Human and People’s Rights;
- the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
- the Convention on the Rights of the Child;
- the Cairo Programme of Action agreed to at the International Conference on Population and Development;
- the Beijing Declaration and Platform for Action agreed to at the Fourth World Conference on Women.

Believe that the prevention and the abandonment of FGM can be achieved only through a comprehensive approach promoting behaviour change, and using legislative measures as a pivotal tool;

Launch the Cairo Declaration, appealing to Heads of State, governments, parliaments and responsible authorities in concerned countries, as well as international organisations and non-governmental organisations, to endorse the following recommendations in their legislation, social and health policies, aid programmes, bilateral and multilateral cooperation initiatives.

WE, the participants in the Afro-Arab Expert Consultation on “Legal Tools for the Prevention of Female Genital Mutilation”

Recommend that:

1. Governments, in consultation with civil society, should adopt specific legislation addressing FGM in order to affirm their commitment to stopping the practice and to ensure women’s and girl’s human rights. Where politically feasible, a prohibition on FGM should be integrated into broader legislation addressing other issues, such as:
 - gender equality;
 - protection from all forms of violence against women and children;
 - women’s reproductive health and rights;
 - children’s rights.

2. The use of law should be one component of a multi-disciplinary approach to stopping the practice of FGM. Depending on the national context, outreach efforts by civil society and governments aimed at changing perceptions and attitudes regarding FGM should precede or accompany legislation on FGM. These activities should reach as many members of the public as possible and should include the participation of both elected officials and other government actors and members of civil society, including advocates, religious leaders, traditional leaders, medical providers, teachers, youth, social workers, and the all forms of media including electronic media. In particular, men must be targets of outreach, as well as family members, including grandmothers, mothers-in-law, etc. Means of outreach should take as many forms as available in each country, including community gatherings, media (radio, theatre) and other creative means of communication.
3. The work of NGOs is at the heart of social change. NGOs and governments should work together to support an ongoing process of social change leading to the adoption of legislation against FGM. A long-term, multi-strategy approach shaping attitudes and perceptions about women's status and human rights should lead in the long-run to the criminalization of FGM. Governments and international donors should provide financial resources to empower national NGOs in their struggle to stop FGM. In addition, governments must ensure that national NGOs are able to pursue their activities freely.
4. The legal definition of FGM, which should encompass all forms of FGM, should be formulated by national legislatures on the basis of the World Health Organization definition and in consultation with civil society, including the medical community. However, depending on the national context, it may be desirable to provide for a period of sensitization to precede enforcement of the prohibition as it applies to parents and family members.
5. Governments should formulate time-bound objectives, strategies, plans of action, and programmes, backed by adequate national resources, whereby FGM laws will be enforced, taking into account that legislation condemning FGM has a moral force and an educational impact that could dissuade many individuals from submitting girls to the practice.
6. If existing criminal sanctions are enforced in the absence of specific legislation on FGM, governments should work with civil society to undertake a major information campaign to ensure that all members of society, particularly those who practice FGM, are aware that the existing law will be enforced.
7. In adopting a law, religious leaders, civil society organizations, including women's and community-based organizations, and health care providers, among others, should be part of the consultative process. Efforts to end FGM must be focused on empowering women to make choices impacting their health and lives.
8. Religious leaders should be sensitized to the negative impact of FGM on women's reproductive and sexual health. Religious leaders who support ending FGM should be incorporated into outreach strategies.

9. Once legislation prohibiting FGM has been adopted, whoever performs FGM, including health professionals and traditional circumcisers, should be put on immediate notice that performing FGM gives rise to legal and professional sanctions.
10. Licensed medical practitioners should be subject to the maximum available criminal penalties. Professional associations should adopt clear standards condemning the practice of FGM and apply strict sanctions to practitioners who violate those standards. Practitioners may be suspended or lose their licenses to practice. In addition, they should face civil liability for malpractice or unauthorized practice of medicine. Appropriate ethical guidelines against FGM should be incorporated into medical education and training curricula.
11. Provided sufficient outreach and sensitization has taken place, members of the community with knowledge of cases of FGM should be held criminally liable for failure to report such cases. Special measures are needed to protect those who come forward to report a case. Governments should consider alternative methods of monitoring prevalence and effects of FGM, for example, through gathering statistics from health care centers. Law enforcement officials should be trained to respond to cases of FGM (including cases that may still be prevented) in a manner that meets the needs of girls and women affected by the practice.
12. Women and girls should be empowered to access legal remedies specified by law to prevent FGM. In particular, women and girls who are victims or potential victims of FGM have the right to bring a civil action to seek compensation from practitioners or to protect themselves from undergoing FGM. Resources, such as information on legal rights, legal assistance, and social services and support for girls who may face negative repercussions from their families and communities, should be provided to women and girls. Medical professionals should assist by providing evidence supporting the claim of the girl or woman who has undergone FGM. The deterrent effect on practitioners of possible civil actions against them involving monetary damages may be significant.
13. The age of a girl or woman or her consent to undergoing FGM should not, under any conditions, affect the criminality of the act.
14. During periods of armed conflict, both governments and international donors must sustain activities aimed at ending the practice of FGM and other forms of discrimination against women and girls.
15. As agreed at the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995, as well as their subsequent reviews, governments should ensure all women access to the full range of reproductive and sexual health services and information. In addition, reproductive and sexual health information and education, including information on the harmful effects of FGM, should be incorporated, where appropriate, into school curricula and other community education programs. Women who have undergone FGM should have access to the information and special health care they need.
16. In countries where minorities, including migrants, are vulnerable, the adoption of laws against FGM should not be used by governments to undermine the full enjoyment of human rights by

these minorities. In such contexts, it is particularly important that criminal legislation be part of a broader strategy to provide resources to support community needs and to promote the health and human rights of community members. Members of minority communities, particularly activists working to stop the practice, should be consulted and their views taken into account prior to adoption and enforcement of the law. In some cases, it may be appropriate for legislation targeting FGM to make reference to constitutional protections of minority rights.

17. Governments should implement the regional and international conventions that they have ratified protecting the rights of women and children, and comply with their obligations to take action to end practices that harm women and girls, including by adopting legislation prohibiting FGM. Implementation measures should include translation of these texts into national languages and outreach programs to ensure broad knowledge of the rights protected. Civil society could promote government accountability under these treaties by using UN treaty monitoring bodies. NGOs can use treaty bodies' Concluding Observations and Recommendations to push for additional government actions. For example, legal mechanisms to intervene on behalf of children who may be subject to FGM may currently be inadequate but could be developed.

**WE, the participants in the Afro-Arab Expert Consultation
on “Legal Tools for the Prevention of Female Genital Mutilation”**

Further recommend that:

The Cairo Declaration will be officially presented to the Secretary-General of the United Nations and the presidents of the African Union and the European Union, as well as the Secretary-General of the League of Arab States and the Organisation of Islamic Countries;

Finally,

WE agree to hold a follow-up meeting to be convened on the African continent in a year's time, to review progress achieved towards the implementation of the Cairo Declaration.

The Cairo Declaration has been adopted by the participants to the Expert Consultation from the following countries:

Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Sudan, Tanzania, Togo, Uganda, Yemen.

Cairo, 23rd June 2003