

Teresa Morais, Secretary of State for Parliamentary Affairs and Equality, Portugal  
Welcome speech at the round-table meeting on strengthening cooperation to combat  
female genital mutilation

Lisbon, 9 June 2015

Senhora Dr.<sup>a</sup> Leonor Beleza, *President of the Champalimaud Foundation*  
Ms. Virginia Langbakk, *Director of the European Institute for Gender Equality*  
Senhora Deputada Mónica Ferro, *Coordinator of the Portuguese Parliamentary Group  
on Population and Development*  
Dr.<sup>a</sup> Fátima Duarte, *President of the Commission for Citizenship and Gender Equality*  
Distinguished Members of EIGE and Speakers, specially those who came from Ireland  
and Sweden to join us today  
Representatives of public services and NGOs  
Ladies and Gentlemen

I am grateful to Ms. Virginia Langbakk for inviting Portugal to host this event in  
partnership with EIGE, where we will assist to the presentation of a new study: a Report  
about the “*Estimation of Girls at Risk of female genital mutilation in the European  
Union.*”

And it is for me a special pleasure to do it here, in this splendid institution: the  
Champalimaud Center for the Unknown. Let me tell you that we really are in a place  
**where knowledge and science is produced with some of the most important  
specialists in the world.** This is a top of the world investigation centre that began with  
the eye diseases and is now leading the cancer investigation, including breast cancer,  
that worries us and affects us women so much!

And The President of this Foundation, who is a former Minister of Health, and Vice  
President of the Portuguese Parliament, among many other things, is a brilliant woman,  
strongly committed, **since ever**, to the promotion of women’s rights.

So, I think we couldn’t find a better place for this event, and a better host! Thank very  
much for having us here today!

As you know Portugal is a country that has made strong efforts in recent years to know  
more about the existence of cases of FGM in its territory, to better prevent this  
phenomenon, and to better protect our girls.

We are currently implementing *the III Programme of Action for the Prevention and  
Elimination of Female Genital Mutilation (2014-2017)*, after an independent and  
external evaluation of the previous Programme which achieved an execution rate  
exceeding 90%.

The current Program includes five strategic areas, *Prevention, Integration, Training, Acknowledgement* and *Cooperation* with 42 measures and has several different aspects compared with the previous ones.

All the measures have a responsible entity, identifying others that will be involved in their implementation. Every measure fixes a goal and outcome indicators that enable us to monitor their accomplishment. All the measures have a schedule to achieve.

In this new structure, Prevention is clearly a growing area. The training of the professionals is also reinforced, in particular, the staff of the *Commissions for the Protection of Children and Young People at Risk*, teaching and non-teaching staff in risk areas of educational establishments and health professionals (namely the Post-graduation in FGM to doctors and nurses that had already three editions recently); it is also a goal the establishment of a multidisciplinary team in order to reproduce this training in the national health service in the areas identified as risky; and intensifies work with NGO's and immigrant associations in the development of activities contributing to the prevention and elimination of this practice.

I also assign particular importance to the fact that we have for the first time in this working group the National Commission for the Protection of Children and Youngsters at Risk, the Superior Council of Magistracy and the Portuguese Attorney General's Office and Associations.

In 2014 came into operation a new instrument for the registration of cases under the Health Data Platform. Until May 61 cases were registered. All of them were practiced when girls were on average 5 years old (and today have an average of 30 years), their origin are 10 different countries (mostly Guinea-Bissau, with 34 cases, Guinea Conakry, with 10 cases, Senegal, with 6 cases and Nigeria, with 4 cases). These cases are mostly of FGM Types II (39 cases) and I (20 cases) and were reported by 15 health institutions in the Lisbon region.

I take this opportunity to stress the decisive contribution of the Ministry of Health team working in the FGM registration area on the Health Data Platform.

This registration process is a huge advance because we are no longer dealing with estimates of risk or prevalence, but we are facing real statistics of individual cases, data that we have for the first time since the country has woken up to the problem, a decade and half ago.

The first study of prevalence, also important for a better understanding of the problem, is already produced and will be published in a short time.

This study, whose initial findings were known in February, points at an estimated prevalence of FGM which confirms our previous expectation due to the composition and extent of communities living in Portugal from countries where FGM is practiced: the highest estimated prevalence is found in women coming from Guiné Bissau,

followed by Guiné Conacri, Senegal and Nigeria, with the first of these communities registering a number much higher than the others.

Applying the methodology of the prevalence of FGM in countries of origin, the study concludes that the number of women of reproductive age who may have been subjected to the practice of FGM is about 5 246, which corresponds to 49% of the number of women born in FGM practicing countries who live in Portuguese territory.

I don't want to anticipate the conclusions of the study that will be presented in this session, but I would like to emphasize its different goal which consists in estimating, through a methodology created for this purpose, **the number of girls at risk of being excised**. On the other hand, the Portuguese study estimated the prevalence of cases.

In Portugal and other European Union countries (13) that integrates risk communities, the knowledge acquired through different methodologies, and considering complementary trends, allows us to know how to better prevent and achieve elimination of this practice as soon as possible.

The practice of Female Genital Mutilation fits under article 144 of the Penal Code because it is a serious offence against physical integrity. However we are now concluding the legislative process to fixe autonomously this type of crime, taking the opportunity to make clear that any mutilation, of any time is a crime.

We know that this is a difficult matter, that needs several and different approaches; we are aware that the best results will be attained through the intense investment that is being done in recent years in awareness raising, education, training of professionals involved, aiming at an effective prevention.

But we cannot, in any case, forget that this crime is an intolerable violation of fundamental human rights and women of girls and its impunity cannot be accepted.

Portugal is doing everything to be more efficient in this fight, complying with the fundamental obligations we all have in child protection, and the State above all, as provided in the Constitution.

A child integrated in a family where FGM has been practiced is a child at risk, and legitimates, therefore, the public and protective intervention.

Our efforts are permanent and the results are becoming visible in our larger knowledge, community awareness, specialized professionals and in a closer work with associations of risk communities.

So, it is with great pleasure that we welcome this initiative of EIGE and the launch of a major study that will allow us to better understand a new perspective. Knowing better the estimate universe of girls at risk of mutilation, allows us certainly to act in a more specific direction to their best protection.

Thank you for your attention!