**Mini-commentary:** ‘The effectiveness of surgical interventions for women with female genital mutilation /cutting (FGM/C): a systematic review.’

**Descriptive title**: The global challenge to improve the sexual and reproductive health of women affected by FGM/C.

Against a background of an increasing demand for surgical intervention for the treatment of FGM/C related complications, Berg et al have conducted a systematic review of 62 studies involving 5829 women, to assess the effectiveness of defibulation, excision of cysts and clitoral reconstructive surgery. Berg et al report that defibulation showed a lower risk of Caesarean section and perineal tears; excision of cysts commonly resulted in resolution of symptoms; and clitoral reconstruction resulted in most women self -reporting improvements in their sexual health. However, Berg et al highlight that they had little confidence in the effect estimate for all outcomes as most of the studies were observational and conclude that there is currently poor quality of evidence on the benefits and/or harm of surgical interventions to be able to counsel women appropriately.

Many of the studies in this review have been conducted in European countries or the United States of America, although, because of international migration, all women included where originally from FGM/C endemic countries across Africa, Asia and the Middle East.

It is great that the option of surgical intervention is available in high income countries, where specialists aim to improve the genital appearance, improve functionality and prevent obstetric complications. However, these options are unfortunately not available or even known about for the estimated 200 million girls and women affected by FGM/C worldwide (WHO 2016).

FGM/C is internationally recognised as a violation of human rights. Despite many strategies, it remains a global health problem and elimination is yet to be achieved (WHO 2016).

In 2016, the WHO launched guidelines on the management of health complications from FGM/C. These best practice recommendations include the provision of (1) defibulation for Type III (2) cognitive behavioural therapy (3) psychosexual counselling and (4) information, education and communication interventions (WHO 2016).

Going forward, it is essential that all women across FGM/C endemic countries, are screened for presence and type of FGM/C at all sexual and reproductive health clinic settings (especially antenatal), and counselled regarding options of interventions available, (especially defibulation for Type III if pregnant). To ensure the counselling is evidence-based, further research needs to be conducted in settings where FGM/C is common, to be able to design and deliver culturally appropriate essential package of services that include all physical, psychological and sexual aspects of care in a way that meets the women’s sexual and reproductive needs.

As Berg et al highlight, no surgical intervention will fully restore the female genitalia to the original anatomy, and in this case, prevention really is better than cure. The ongoing tragedy is that despite its devastating impact and documented adverse health outcomes for young girls and women, the practice of FGM/C continues. There is an ongoing urgency to ensure that the elimination of FGM/C remains on the international agenda.

Improving the sexual and reproductive health of women affected by FGM/C will only be possible, if decision-makers at all levels prioritize the provision, quality, and monitoring of a comprehensive FGM/C specialist care service, incorporated into the existing health system.

Words: 501

References: WHO guidelines on the management of health complications from female genital mutilation. 2016. <http://www.who.int/reproductivehealth/topics/fgm/management-health-complications-fgm/en/>