

**Global Plan
of Action:
Health
systems
address
violence
against
women and
girls**



**World Health
Organization**

This is a popular version of the violence against women and girls section of *The global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children*.

World Health Assembly, Resolution 69.5, May 2016

Online at: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_9-en.pdf

WHO Department of Reproductive Health and Research

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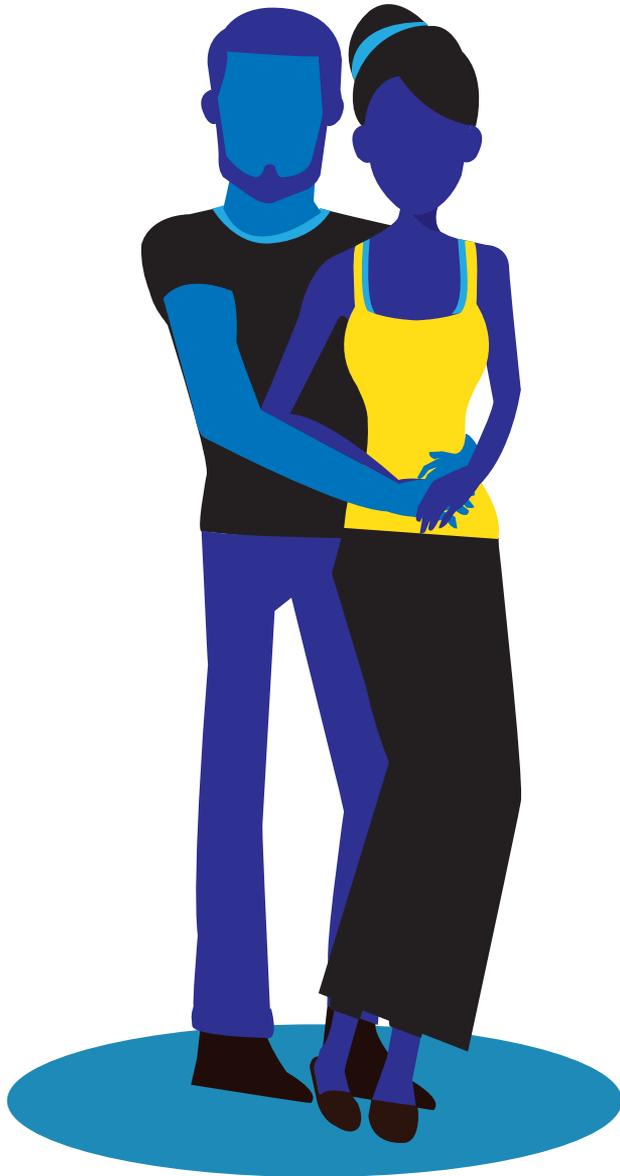
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The Global Plan of Action compels us to use our **health systems** to **respond to, prevent** and **lead** efforts to address violence against women and girls.



It is up to all of us to take
action . . . **now.**



Intimate partner violence and **sexual violence** are the most common forms of violence experienced by women and girls globally. They happen in ALL countries across the world.

Violence and harmful
practices affect
women and girls
**at every stage
of life.**



child abuse and neglect | **female** genital mutilation | **child** marriage

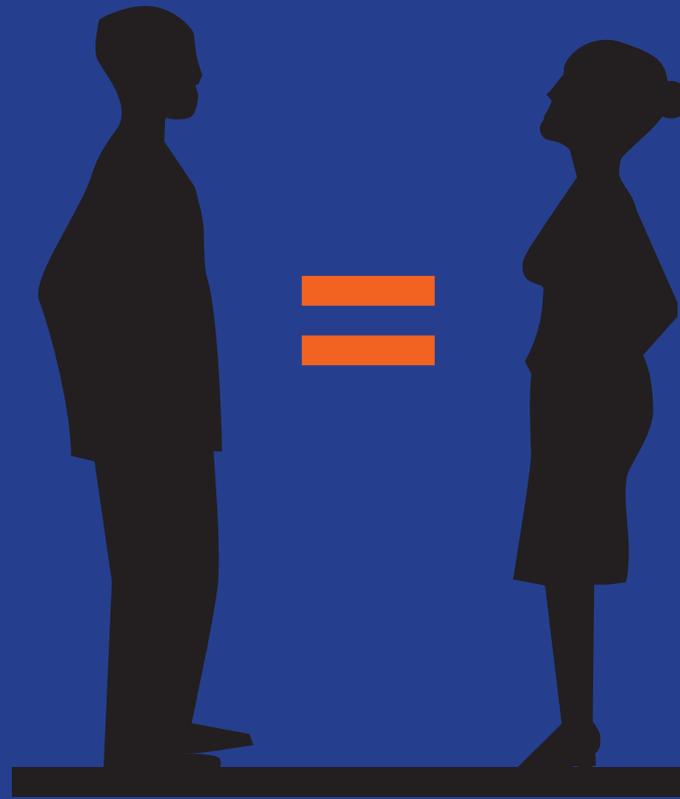


dating violence | **acid** throwing | **early** and forced marriage | **sexual** violence | **sexual harassment** at school, work in public, online | **trafficking** | **intimate partner** violence | **femicide**



elder abuse (sexual violence, violence by intimate partner, violence by family members, carers)

The violence experienced by **women** and **girls** is rooted in **gender inequality**.



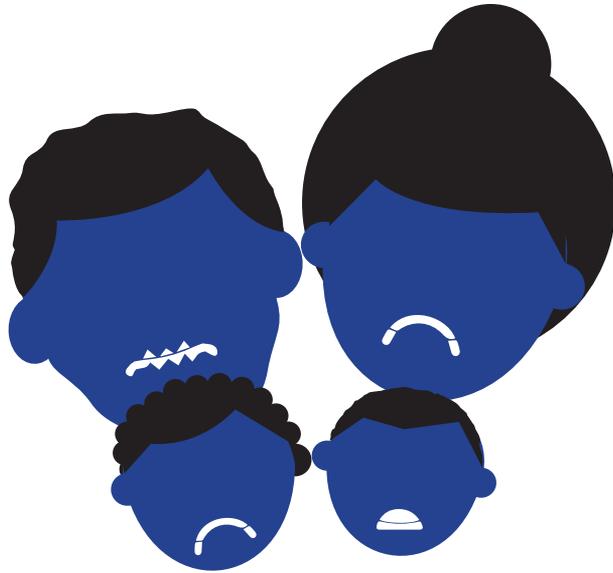
Gender Equality is essential to prevent violence against women.

Consequences of VAWG are dire.



Women and girls suffer

- physical injury and disability
- mental health problems
- reproductive health problems
- sexual health problems



Families suffer

- children of abused women experience anxiety and behavior problems
- loss of home, search for safe space
- loss of wages and income



Communities and societies suffer

- high cost of providing services
- lost productivity
- loss of women's and girls' participation in public life



**Women and girls
experiencing
violence need
support and
services, but
feel shame | face
stigma | lack support
from families and
communities**

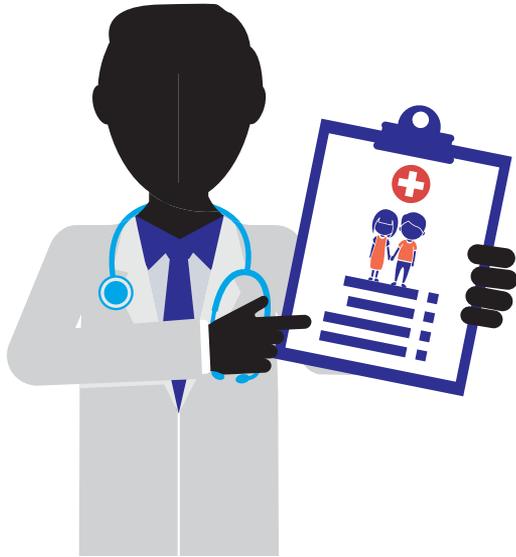


health services often

are slow to recognize violence | lack
staff trained on violence | have limited
resources | do not consider violence a
health problem | are reluctant to talk
about it | do not know how to help

We can change this.

With the Sustainable Development Goals, there is strong political momentum:
now's the time to ensure that no woman or girl is left behind.



Health providers and health systems have a critical role in supporting women, minimizing the impact and preventing violence from happening.

Why health systems?

- women and girls experiencing violence are more likely to use health services
- health care providers are often women's first point of professional contact
- all women are likely to seek health services at some point in their lives

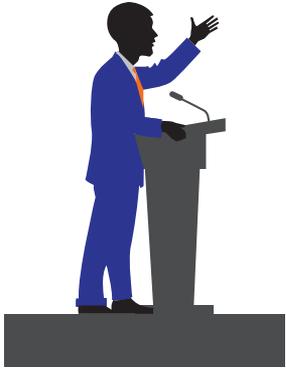


But the violence stays hidden, so providers need **training and skills** so that women and girls get the support and care they deserve.

The Global Plan of Action Vision

a world in which women and girls are free from all forms of violence and discrimination, their health and well-being are protected and promoted, their human rights and fundamental freedoms are fully achieved, and gender equality and the empowerment of women and girls are the norm.

You can make this vision a reality



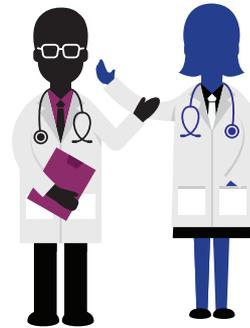
**government
officials**



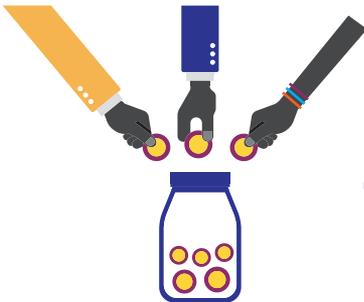
**health care
providers**



**policy
makers**



**clinic and
hospital
administrators**



funders



**non-governmental
agencies**

YOU CAN implement **4 strategic priorities** to change the lives of women and girls.

Strengthen:



1. health system leadership and governance



2. health service delivery and health providers' capacity to respond

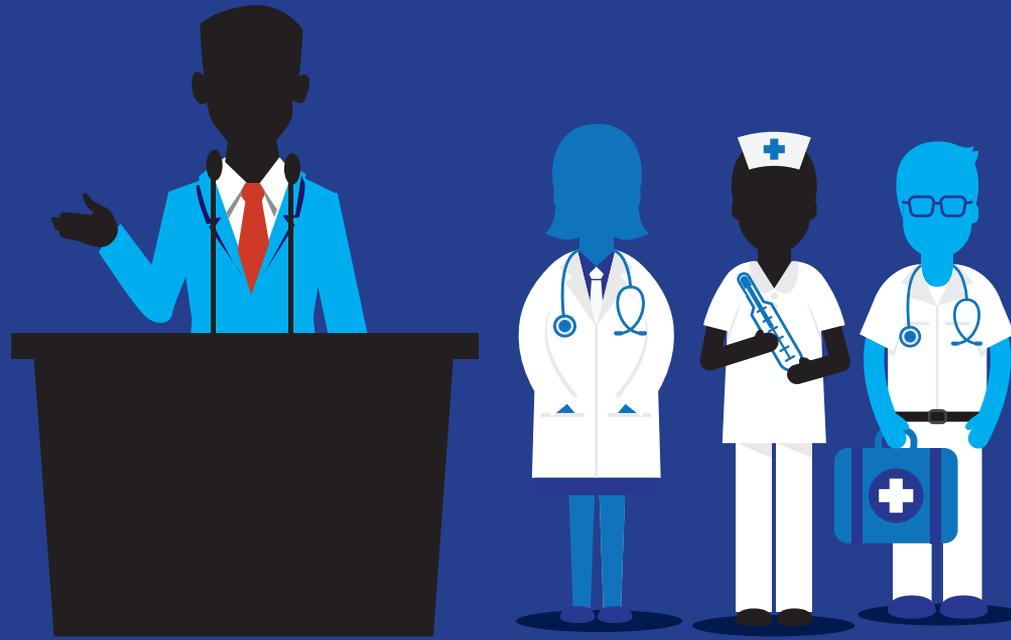


3. programming to prevent violence against women and girls



4. information collection and evidence

1.



YOU CAN
**Strengthen health
system leadership and
governance**

1. **Publicly commit to address and condemn** all forms of violence against women and girls
2. **Allocate budgets/resources** to prevent and respond to violence against women and girls
3. **Integrate violence against women prevention and response** in health policies, plans, programmes and budgets
4. **Advocate to adopt or reform laws and policies** promoting sexual and reproductive health and rights and gender equality
5. **Designate a unit or focal point in ministries** of health to address violence against women
6. **Improve coordination** within health and with other sectors

2.



YOU CAN

**Strengthen health service
delivery and health providers'
capacity to respond to violence
against women and girls**

1. **Implement protocols for providing quality care**, using WHO guidelines/tools
2. **Provide comprehensive health care services to all women** and girls who have experienced violence, including in humanitarian settings
3. **Improve access to services by integrating care for women** experiencing violence into existing programmes and services
4. **Provide quality care to survivors** which is woman-centered and gender-sensitive
5. **Eliminate mistreatment and abuse of women** in health care settings
6. **Train health care providers and integrate training** on violence against women and girls in pre- and in-service curriculum for all health professionals

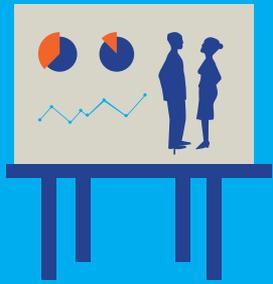
3.



**YOU CAN
Strengthen
programming
to prevent
violence against
women and girls**

1. **Address the needs of children** witnessing intimate partner violence in their homes
2. **Promote messages about consent and respect** in intimate and sexual relationships in schools and in health education and promotion activities
3. **Support prevention programmes that challenge norms** that perpetuate male dominance or female subordination, stigmatize survivors or normalize violence
4. **Address harmful alcohol and substance use and maternal depression** as risk factors and consequences of intimate partner violence
5. **Inform policies and programmes in other sectors about evidence-based prevention interventions,** including comprehensive sexuality education and economic livelihood programmes for women

4.



YOU CAN
Strengthen
information
collection
and
evidence

1. **Strengthen routine reporting of violence against women and girls statistics** by including indicators and collection of data in health information and surveillance systems
2. **Establish baselines for prevalence through population-based surveys** and integrate violence against women and girls modules in recurring population-based surveys
3. **Conduct or support analysis** and use of disaggregated data on violence against women and girls
4. **Conduct research to develop, evaluate and scale up health systems** interventions to prevent or reduce violence against women and girls
5. **Facilitate efforts by others to research** violence against women and girls knowledge gaps and evaluate interventions

Your efforts should be guided by the following principles:

Life-Course Approach: address risk factors and needs at all stages of life

Gender Equality: address gender inequality and gender-based discrimination

Human Rights: respect, protect and fulfill women's human rights

Evidence-Based: be informed by best available scientific evidence

Ecological Approach: address individual, relationship, community and society level risks

Universal Health Coverage: ensure that all receive quality services without exacerbating financial hardships

Health Equity: pay attention to the needs of those facing multiple forms of discrimination

Woman-Centered Care: provide respectful care, support women's autonomy, and enhance their safety

Community Participation: support participation and voices of women and adolescents, and partner with women's organizations

Multisectoral Response: Strengthen partnerships and coordination between health and other sectors and with NGOs, professional associations and private sector providers



How will we know we've brought the vision to life?

By the number of countries that:

1. **include health care services to address intimate partner violence and comprehensive post-rape care** in line, with WHO guidelines, in national health or sexual and reproductive health plans or policies.
2. **develop or update their national guidelines or protocols for the health system response to women experiencing violence**, consistent with international human rights standards and WHO guidelines.
3. **provide comprehensive post-rape care in a medical facility** in every territorial and/or administrative unit, consistent with WHO guidelines.
4. **have a national multisectoral plan** which includes the health system and which proposes at least one strategy to prevent violence against women and girls.
5. **have carried out a population-based, nationally representative study/survey on VAW** or that have included a module on violence against women in other population-based demographic or health surveys within the past five years, disaggregated by age, ethnicity, socioeconomic status, other.

In line with the Sustainable Development Goals, we have 15 years, until 2030, to make this change happen.

It can be done.

It is up to us.

start **today** | get **organized** |
work **with others** | be **clear** and **strategic** |
focus on **what you do best** |
stay **informed** | call on everyone to **commit**



**World Health
Organization**

Tools to help you implement the Global Plan of Action

<http://www.who.int/reproductivehealth/topics/violence/en/>

<http://www.who.int/reproductivehealth/publications/violence/en/>

