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

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WHO Department of Reproductive Health and Research


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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.
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. All of us. 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
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
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**
Tools to help you implement the Global Plan of Action
http://www.who.int/reproductivehealth/topics/violence/en/