

WHO 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

Report by the Director-General

BACKGROUND

1. Interpersonal violence affects hundreds of millions of people and has multiple short- and long-term health and social consequences.
2. In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.5 endorsing the WHO 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.¹
3. In line with the implementation period for the Sustainable Development Goals, the WHO global plan of action will run until 2030.² Pursuant to the request in resolution WHA69.5, this full report to the Seventy-fourth World Health Assembly in 2021 follows on from the interim account of the progress achieved in implementing the WHO global plan of action submitted to the Seventy-first World Health Assembly in 2018.

Objectives and strategic directions

4. The objectives of the WHO global plan of action are to prevent interpersonal violence and, in cases where it does occur, to address the health and other adverse consequences of such violence, including by providing quality comprehensive health services and programming and by facilitating access to multisectoral services.

¹ See document WHA69/2016/REC/1, resolution WHA69.5 and Annex 2.

² 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. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241511537>, accessed 3 March 2021).

5. The operative sections of the plan are organized around four strategic directions:
- (a) **Strengthen health system leadership and governance:** This covers actions related to advocacy within the health system and across sectors; setting and implementing policies; financing, including budget allocations; regulation; oversight and accountability for policy and programme implementation; and strengthening coordination of efforts with other sectors.
 - (b) **Strengthen health service delivery and health workers'/providers' capacity to respond:** This covers actions related to improving service infrastructure, referrals, accessibility, affordability, acceptability, availability and quality of care; integrating services; ensuring access to quality, safe, efficacious and affordable medical products and vaccines; and training and supervision of the health workforce.
 - (c) **Strengthen programming to prevent interpersonal violence:** This covers actions to prevent violence that the health system can directly implement, including identifying people at risk and carrying out health promotion activities, as well as those violence prevention actions to which it can contribute through multisectoral actions.
 - (d) **Improve information and evidence:** This covers actions related to epidemiological, social science and intervention research and data collection; improved surveillance, including through health information systems; and programme monitoring and evaluation.
6. These strategic directions have been used in the following sections on violence against women and girls, violence against children, and all forms of interpersonal violence, to organize the reporting of achievements in implementing the WHO global plan of action by Member States, national and international partners, and the Secretariat.

ACHIEVEMENTS

Violence against women and girls

7. Recently updated prevalence estimates show that violence against women and girls remains unacceptably high. Lockdowns during the coronavirus disease (COVID-19) pandemic and their social and economic impacts have further exacerbated the problem, increasing the exposure of women to abusive partners and known risk factors, while limiting access to services.

Strengthen health system leadership and governance

8. The Thirteenth General Programme of Work, 2019–2023, includes a target to reduce the prevalence of recent intimate partner violence from 20% to 15% by 2023.¹ For the 2020–2021 biennium, 65 countries have included violence against women in their joint workplans with WHO.

9. A database and report of national health policy responses to violence against women and girls will be published in mid-2021. Several countries have adopted legislation related to violence against

¹ Thirteenth General Programme of Work, 2019–2023, WHO Impact Framework: Programmatic targets and indicators. Geneva: World Health Organization (https://www.who.int/docs/default-source/documents/gpw/gpw13-wif-targets-and-indicators-en.pdf?sfvrsn=81cf3546_20, accessed 3 March 2021).

women, developed multisectoral action plans, or included violence against women in their national health policies.

10. WHO's Director-General and Regional Directors have called for leaders to address violence against women as a priority in several fora.¹ The Director-General has called for services for violence against women survivors to be included and maintained as an essential health service during the COVID-19 pandemic,² and has joined the heads of other United Nations agencies and the United Nations Secretary-General in calling for measures to mitigate the impact of COVID-19 on violence against women.^{3,4}

11. WHO is co-leading the Generation Equality Forum's Action Coalition on Gender-Based Violence, which aims to develop a five-year blueprint to accelerate the achievement of Sustainable Development Goal 5.2 on elimination of all forms of violence against women and girls.⁵

Strengthen health service delivery and health workers'/providers' capacity to respond

12. WHO has developed a package of guidelines and tools, including a clinical handbook for health providers,⁶ a curriculum for training health providers,⁷ and a health managers' manual⁸ to support Member States' efforts to implement or strengthen their respective health sector response to violence against women and girls. An e-learning course and an online version of the curriculum will also soon be made available.

13. Many Member States are strengthening their national policies and protocols in line with WHO guidelines, with support from the Secretariat. Nearly 60 countries have adopted or used WHO guidelines to inform their national protocols and support the training of health providers in health sector responses

¹ WHO leadership speaks about R.E.S.P.E.C.T. Geneva: World Health Organization; 2019 (<https://youtu.be/NjOxFSsakwE>, accessed 3 March 2021). See also <https://www.who.int/health-topics/violence-against-women/#> (accessed 3 March 2021).

² International Day for the Elimination of Violence Against Women. Geneva: World Health Organization; 2020 (<https://youtu.be/L8CFMK73xxo>, accessed 3 March 2021).

³ COVID-19: Inter-Agency Statement on Violence against Women and Girls. UNDP; 2020 (<https://www.undp.org/content/undp/en/home/news-centre/news/2020/-inter-agency-statement-on-violence-against-women-and-girls-in-t.html>, accessed 3 March 2021).

⁴ United Nations Heads of Agencies issue joint call for end to gender-based violence. Spotlight Initiative; 2020 (<https://www.spotlightinitiative.org/es/node/22728>, accessed 3 March 2021).

⁵ WHO announced as a Global Leader of the Generation Equality Action Coalition on ending gender-based violence. Geneva: World Health Organization; 2020 (<https://www.who.int/news/item/01-07-2020-Equality-Action-Coalition-ending-gender-based-violence>, accessed 3 March 2021).

⁶ Health care for women subjected to intimate partner violence and sexual violence. Geneva: World Health Organization; 2014 (http://apps.who.int/iris/bitstream/10665/136101/1/WHO_RHR_14.26_eng.pdf?ua=1, accessed 3 March 2021).

⁷ Caring for women subjected to violence: A WHO curriculum for training health-care providers. Geneva: World Health Organization; 2019 (<https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/>, accessed 3 March 2021).

⁸ Strengthening health systems for women subjected to intimate partner violence or sexual violence: a manual for health managers. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259489/9789241513005-eng.pdf?sequence=1>, accessed 3 March 2021).

to violence against women. As of 2019, 110 countries are offering at least three out of four elements of comprehensive post-rape care services in line with WHO recommendations.¹

14. Between 2016–2020, WHO, along with other United Nations partners, supported 10 regional and interregional workshops in 60 countries to train policy-makers and health workers in prevention and health responses to violence against women. WHO also organized the training of 60 clinician master trainers from 36 countries.

15. The WHO publication *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*² and accompanying e-learning course have been updated and were used for the online training of 36 trainers working in humanitarian settings jointly with UNHCR and UNFPA. A manual and training package for mental health providers on caring for gender-based violence survivors is under development.

16. In humanitarian settings, all three levels of WHO, working with the Global and National Health Clusters and Member States, have strengthened health facility readiness and trained over 1000 health care providers on health care response to survivors of sexual violence and partner violence in Afghanistan, Bangladesh, Burkina Faso, the Democratic Republic of the Congo, Iraq, Nigeria, Pakistan, Sudan and the Syrian Arab Republic, and is initiating training in Libya and Somalia.

17. WHO guidance has been incorporated into the health component of the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, which is being implemented in over 30 countries. It is also being used in World Bank-supported gender-based violence programmes and for training the programme implementers of the United States President's Emergency Plan for AIDS Relief.

18. WHO has responded to the challenge of COVID-19 in several ways, notably by tailoring guidance for countries;^{3,4} providing online training to front-line providers; integrating violence against women into the recommendations on maintaining essential health services in the context of COVID-19,⁵ including in humanitarian settings, and into the training courses for other technical areas such as mental health; and supporting research to assess the impact of the COVID-19 pandemic on violence against women and girls and on access to services.

¹ National commitments and policy instruments 2019 and 2017. Geneva: UNAIDS (<http://lawsandpolicies.unaids.org/topicresult?i=368&lan=en>, accessed 3 March 2021).

² Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/331535/9789240001411-eng.pdf?ua=1>, accessed 3 March 2021).

³ COVID-19 and violence against women. What the health sector/system can do. Geneva: World Health Organization; 2020 (<https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/>, accessed 3 March 2021).

⁴ Violence Against Women and Girls. Data Collection during COVID-19. Geneva: World Health Organization and UN-Women; 2020 (<https://www.who.int/reproductivehealth/publications/violence/joint-programme-on-vaw-data/en/> accessed 3 March 2021).

⁵ Maintaining essential health services: operational guidance for the COVID-19 context interim guidance. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1>, accessed 3 March 2021).

Strengthen programming to prevent interpersonal violence

19. WHO, with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), published *RESPECT women: a policy framework for preventing violence against women*,¹ endorsed by 14 agencies and funders in 2019. A toolkit² for its implementation was published in 2020 and is being rolled out in joint workshops, starting with the South-East Asia Region and Western Pacific Region.

20. WHO is working with partners, such as UN-Women and UNICEF, towards the establishment of a donor network aimed at accelerating funding to support the implementation and scaling-up of evidence-based prevention strategies in Member States.

21. WHO also developed messages on,³ and has partnered with Fédération Internationale de Football Association (FIFA) in a #SafeHome campaign to promote, the prevention of and response to violence against women and girls in the context of COVID-19.⁴

Improve information and evidence

22. WHO has developed and regularly updates a comprehensive global database on the prevalence of violence against women.⁵ As of 2019, 158 countries and three areas had conducted at least one survey on intimate partner violence and/or non-partner sexual violence.

23. Drawing on this data, updated global, regional and national estimates of lifetime and past 12 months' intimate partner violence, and global and regional estimates of lifetime non-partner sexual violence based on all available data from 2000–2018, were produced. Country consultations were conducted in order to ensure the review of these estimates and to promote the engagement of ministries of health, national statistics offices and other relevant agencies in their production, including how to strengthen future data collection, reporting and use.

24. Under the UN-Women-WHO Global Joint Programme on Strengthening methodologies and measurement and building national capacities for violence against women data, WHO is leading the efforts to strengthen measurement of violence against women, including psychological partner violence, and specifically violence affecting older women and women living with disabilities. The Organization also continues to support national capacity-building on research and data collection and the use of data to inform policies and programmes. This work contributes to improving data quality and global monitoring, including of the Sustainable Development Goals and target 5.2 in particular.

¹ RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/312261/WHO-RHR-18.19-eng.pdf?ua=1>, accessed 3 March 2021).

² RESPECT women: Preventing violence against women – Implementation package. UN-Women and WHO; 2020 (<https://www.unwomen.org/en/digital-library/publications/2020/07/respect-women-implementation-package>, accessed 3 March 2021).

³ See COVID-19 and violence against women infographics (<https://www.who.int/reproductivehealth/publications/covid-19-vaw-infographics/en/>, accessed 3 March 2021).

⁴ FIFA, European Commission and World Health Organization launch #SafeHome campaign to support those at risk from domestic violence. Geneva: World Health Organization; 2020 (<https://www.who.int/news/item/26-05-2020-fifa-european-commission-and-world-health-organization-launch-safehome-campaign-to-support-those-at-risk-from-domestic-violence>, accessed 3 March 2021).

⁵ See <https://srhr.org/vaw-data> (accessed 11 May 2021).

25. WHO, through the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction, is supporting research into effective interventions as part of the health sector response to violence against women, including in humanitarian contexts. Synthesis of evidence, including systematic reviews on different aspects of the prevention of and response to violence against women and girls, and a research agenda on the intersections of violence against women and violence against children are under development. The Special Programme is also being used to support implementation research aimed at assessing the roll-out of related guidelines and tools.

Violence against children

26. Each year violence affects an estimated one in two children aged 2–17 years.

27. In 2020, WHO published the *Global status report on preventing violence against children*, with inputs from over 1000 government decision-makers from 155 countries.¹ Respondents assessed their respective country's efforts against the recommendations of the WHO technical package *INSPIRE: Seven strategies for ending violence against children*, which encompasses most interventions included in the WHO global plan of action.²

28. Additionally, separate status reports for each WHO region have been prepared and, in the case of the WHO Region of the Americas, has been launched.³

Strengthen health system leadership and governance

29. The WHO Thirteenth General Programme of Work, 2019–2023, includes a target to reduce the prevalence of violence against children by 20% by 2023. Following a WHO Secretariat report on country support planning in September 2018, this target has been prioritized by 43 countries.

30. According to the *Global status report on preventing violence against children*, ministries of health, alongside ministries of education, social development, justice and the interior, are the most frequently listed government actors responsible for addressing violence against children. Health is also well represented in national plans of action, which were reported to exist in 80% of countries. Such plans of action however were fully funded in fewer than one in four countries.

31. Central to national and international partner efforts to strengthen multisectoral leadership to address violence affecting children is the work of the Global Partnership to End Violence against Children.⁴ WHO is represented by the Director-General on the board of the Partnership, and WHO chairs its Executive Committee. The Partnership was established in June 2016, and as of early 2021, has over

¹ Global status report on preventing violence against children 2020. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240004191>, accessed 3 March 2021).

² The package of tools is available at <https://www.who.int/teams/social-determinants-of-health/violence-prevention/inspire-technical-package> (accessed 3 March 2021).

³ Regional Status Report 2020: Preventing and Responding to Violence against Children in the Americas. Washington, D.C.: PAHO; 2020 (<https://www.paho.org/en/node/76288>, accessed 3 March 2021).

⁴ More information about the Global Partnership to End Violence against Children is available at <https://www.end-violence.org/> (accessed 3 March 2021).

30 “pathfinder” countries that have provided a high-level government commitment to stepping up efforts to prevent violence against children through multisectoral action, including by the health sector.

32. Using the findings of the Global status report on preventing violence against children as a baseline, WHO, together with UNICEF and the Global Partnership to End Violence against Children, is supporting the governments of some 45 countries to host national policy dialogues in 2021. These dialogues will provide opportunities for governments to define priorities and strengthen multisectoral national commitments to prevent violence against children.

Strengthen health service delivery and health workers’/providers’ capacity to respond

33. As part of the Global status report on preventing violence against children, Member States assessed national-level government support for four health sector services to address violence against children, namely clinical services for sexual violence victims; victim identification and referral services; victim mental health services; and perpetrator mental health services. While some support was reported to exist in most countries, it was rated as adequate to reach all those in need by between 15% (perpetrator mental health services) and 35% (clinical services for sexual violence victims) of countries only.

34. Additional insights into this topic were provided by a detailed assessment of national protocols for providing services to victims of violence undertaken in eight countries during 2017–2018.

35. To strengthen health service delivery for children exposed to violence, WHO has supported national capacity-building training sessions in some 10 countries.

36. In 2019, WHO published the first ever guidelines on the health sector response to child maltreatment,¹ which complement the existing guidelines on responding to children and adolescents who have been sexually abused.² They cover how to identify children who may be suffering abuse and neglect during routine health visits as well as how to communicate in a supportive manner; assess child safety; interact with caregivers; provide immediate medical and psychosocial support; and collect key medical history.

37. The recommendations are being used to draft a handbook for health care providers and a related WHO Academy training course on the topic, both due for release in 2021.

Strengthen programming to prevent interpersonal violence

38. In 2016 and 2017, the Secretariat and partners published the technical package *INSPIRE: Seven strategies for ending violence against children*.³ The INSPIRE technical package has been widely adopted by international partners as the framework by which to guide their support for national action to prevent violence against children. Examples of international partners using the framework in this way include UNICEF, the United States Centers for Disease Control and Prevention (CDC), and the Global

¹ WHO Guidelines for the health sector response to child maltreatment. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/who-guidelines-for-the-health-sector-response-to-child-maltreatment>, accessed 3 March 2021).

² Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259270>, accessed 3 March 2021).

³ The package of tools is available at <https://www.who.int/teams/social-determinants-of-health/violence-prevention/inspire-technical-package> (accessed 3 March 2021).

Partnership to End Violence against Children, and non-governmental organizations such as the International Society for the Prevention of Child Abuse and Neglect, and World Vision.

39. The Global status report on preventing violence against children shows that despite the existence of government support for most INSPIRE prevention approaches in many countries, far greater efforts are needed to ensure that all those in need are reached – with all but three prevention approaches rated as reaching all those who need them by well under one third of countries.

40. At the request of Member States, the following events were therefore hosted by WHO to build capacity and support the implementation of the INSPIRE package:

- (a) Subregional conferences for Central America (held in El Salvador) and for South America (held in Colombia)
- (b) Regional conferences in France, Thailand and Uganda
- (c) Regional training sessions in Georgia and Indonesia
- (d) National training sessions in Armenia, Brazil, the Dominican Republic, Haiti, Indonesia, Mongolia and Uganda.

41. With the Parenting for Lifelong Health consortium, WHO developed and published four open access, non-commercialized parenting programmes to prevent violence against children in low-resource settings.¹ The programmes cover parenting for infants, toddlers, younger children and teens. They have been tested through randomized, controlled trials in multiple low-resource settings, and after showing positive results, are being scaled up in over 20 low- and middle-income countries across sub-Saharan Africa, South-Eastern Europe, South-East Asia, and the Caribbean.

42. COVID-19-related stay-at-home measures have highlighted children's vulnerability to violence within family settings. In response, WHO, the Parenting for Lifelong Health consortium, and other partners devised a set of evidence-based parenting leaflets designed to prevent violence and help parents and caregivers to maintain a positive, nurturing family environment.² As of January 2021, these leaflets were available in some 110 languages and had reached an estimated 135 million families globally.

43. In 2019, WHO also published a handbook outlining how to implement evidence-based approaches to reducing violence against children in schools,³ and began to participate in the international Safe to Learn initiative.⁴

44. An increasing number of children are making use of the internet. Despite offering many opportunities, the internet can also pose a risk to children and young people by exposing them to bullying

¹ The Parenting for Lifelong Health programmes are available at <https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health> (accessed 3 March 2021).

² Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/healthy-parenting> (accessed 3 March 2021).

³ School-based violence prevention: a practical handbook. Geneva: World Health Organization; 2019. (<https://www.who.int/publications/i/item/school-based-violence-prevention-a-practical-handbook>, accessed 3 March 2021).

⁴ More information about the Safe to Learn initiative is available at <https://www.end-violence.org/safe-to-learn> (accessed 3 March 2021).

and harassment and grooming for sexual purposes. To address violence against children online, WHO initiated work to strengthen the evidence base for preventing internet-facilitated forms of violence.

Improve information and evidence

45. The Global status report on preventing violence against children shows that while most countries have some nationally representative survey data on the prevalence of violence against children, few are using such data to inform national plans of action – with just one in five countries reporting national plans of action that include specific indicators listing baseline and target values on the prevalence of such violence.

46. The Global status report on preventing violence against children includes the first ever set of global, regional and national estimates of homicide numbers and rates in children aged 0–17 years. These figures were used to update the most recent all-age homicide estimates within the WHO Global Health Estimates.

47. The Secretariat continues to support national implementation of the Global School-based Student Health survey, which includes a module on forms of violence affecting children aged 13–17 years. As of 2020, the survey had been implemented in 103 countries. The violence against children module of the survey was recently updated to ensure its consistency with the widely implemented CDC-UNICEF Violence against Children survey and to incorporate questions about the continuum between online and in-person violence against children.

ALL FORMS OF INTERPERSONAL VIOLENCE

Strengthen health system leadership and governance

48. WHO functions as the secretariat of the Violence Prevention Alliance, a network of around 70 WHO Member States, international agencies and civil society organizations working to prevent all forms of interpersonal violence. Participants of the Alliance share an evidence-based public health approach that targets risk factors and promotes multisectoral cooperation to prevent violence.

49. The Violence Prevention Alliance has developed a toolkit aimed at preventing interpersonal violence through multisectoral collaboration.¹ It offers a step-by-step process to help the health sector and other stakeholders to understand one another's perspectives and to identify each sector's potential contributions to interpersonal violence prevention.

Strengthen health service delivery and health workers'/providers' capacity to respond

50. Ensuring the effective treatment of violence-related injuries is a key component of emergency medical care. The Secretariat has provided support to nearly 20 countries to strengthen their emergency medical services.

¹ Violence prevention through multisectoral collaboration: an international version of the collaboration multiplier tool to prevent interpersonal violence. Geneva: Violence Prevention Alliance; 2020 (<https://www.who.int/publications/m/item/violence-prevention-through-multisectoral-collaboration>, accessed 3 March 2021).

Strengthen programming to prevent interpersonal violence

51. In 2017, WHO convened the 8th Milestones of a Global Campaign for Violence Prevention meeting, hosted by the Canadian Government and the Public Health Agency of Canada. Some 250 participants from 50 countries reviewed progress and discussed the ways forward to scale up the implementation of policies and programmes designed to achieve the Sustainable Development Goal targets relating to violence against children, violence against women and girls, school-based violence, and homicide.

52. In 2020, WHO published a policy brief outlining actions that governments can take to prevent violence against women, children, and older people in the context of the COVID-19 pandemic.¹

Improve information and evidence

53. The online violence prevention information system (Violence Info) launched by the Secretariat in 2017 collates scientific information on the prevalence, consequences, causes and preventability of all forms of interpersonal violence.² Updated on a regular basis, it serves as a key resource for the global violence prevention community.

54. WHO's Global Health Estimates include global, regional and national estimates of homicide numbers and rates for persons of all ages and both sexes. Estimates for 2019 are available for consultation online.³

55. UNODC and WHO are joint custodians of Sustainable Development Goal indicator 16.1.1 on intentional homicide and are working together to harmonize intentional homicide measurement.

56. WHO's ongoing efforts to strengthen the collection and coding of mortality data using the International Classification of Diseases will help Member States to better document homicides through improved vital registration.

ACTION BY THE HEALTH ASSEMBLY

57. The Assembly is invited to note this report. The Assembly may also wish to consider how to further raise awareness among Member States of the ways in which to promote the adoption and implementation of the evidence-based approaches set out in the WHO global plan of action.

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¹ Addressing violence against children, women and older people during the COVID-19 pandemic: Key actions. Geneva: World Health Organization; 2019. (https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1, accessed 3 March 2021).

² See <https://apps.who.int/violence-info/> (accessed 3 March 2021).

³ Available at <https://www.who.int/data/global-health-estimates> (accessed 3 March 2021).