Programming Idea 15: Developing and implementing national plans and policies to address violence against women including in HIV responses

What it involves: A number of countries (e.g. Argentina, Liberia, Mexico, the Philippines and the United Republic of Tanzania,) have developed multisectoral national plans and policies on violence against women, as well as sector-specific policies and operational protocols to guide responses of the health, legal/justice, education, and other sectors. These plans and policies provide a framework for guiding the various sectors in terms of: their actions; roles and responsibilities; coordination mechanisms; budget allocations; and accountability mechanisms. A national framework is critical for strengthening the implementation of legislative frameworks on violence against women. Practical guidance to develop national plans on violence against women or integrate violence against women in national AIDS plans highlights the following activities: reviewing existing policy and legislative frameworks; compiling relevant data on violence against women and HIV linkages; convening multisectoral stakeholder groups; building capacity of policy-makers and managers to address violence against women and HIV linkages; and conducting evidence-based advocacy (154–156).

Summary of the evidence: The work to develop and implement national plans on violence against women or integrate violence against women into national HIV plans is only just beginning in many settings. As yet, there is no evaluation of the impact of national plans and policies on violence against women outcomes. A gender equality assessment of 20 national HIV strategic plans from eastern and southern Africa¹ showed that only eight of them explicitly articulated gender-based violence as a priority and included interventions to either provide services or prevent gender-based violence. Of these, only four countries (i.e. Mozambique, Rwanda, South Africa and the United Republic of Tanzania) included interventions for prevention and services for gender-based violence (157). It is unclear how many plans have concretely allocated resources for gender-based violence activities or how they are being implemented. Implementation is frequently problematic, due to budget constraints or a lack of political will. An analysis of the implementation of national violence against women plans from Central American countries² between 2001 and 2003 found that policies had not even been widely disseminated (158). For example, in several of these countries, health providers were unaware of the policies or their specific content. In some cases, national policies posed unintended adverse consequences. For example several countries, including Guatemala and Panama, require health providers to report cases of family violence to legal authorities. This places providers in a position of betraying confidentiality of their clients, and potentially reduces women’s willingness to disclose violence (158). See Annex 1.13 for examples of national plans to address violence against women.

Conclusion: National policies and plans provide an important framework for guiding and coordinating multisectoral responses to violence against women in the context of HIV. Implementation of existing commitments to violence against women in national plans and policies, needs to be further strengthened.

¹ Angola, Botswana, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Madagascar, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Swaziland, the United Republic of Tanzania, Uganda, Zambia and Zimbabwe.
² Belize, Bolivia, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama and Peru.
Annex 1.13. Good practice examples, programming idea 15: Develop and implement national plans, policies and protocols to address violence against women including in HIV responses

1. Developing national plans on violence against women: A number of country-specific good practices in establishing national plans and policies on violence against women have been described in a Handbook for developing national action plans on violence against women by UN Women (156). Costa Rica’s national plan for the care and prevention of intra-family violence (PLANVI) was adopted in 1998 to address intra-family violence against women. The plan was a result of strong advocacy by women’s organizations, and is coordinated by the National Institute of Women (INAMU). It includes governmental and nongovernmental organizations, and stipulates the health sector to provide services and support to women affected by gender-based violence. The goals of PLANVI are: to implement an integrated system for detecting intra-family violence and extra-family sexual abuse; prevent aggression against women; provide care and services to survivors so that they may recuperate and begin living healthier lives free of violence; and promote actions to change sociocultural patterns that encourage and justify violent behaviours and instil non-violent lifestyles that are based on respect for individual differences (156, 158).

2. Integrating gender-based violence in national HIV plans: Papua New Guinea’s National HIV and AIDS strategy (2011–2015) recognizes the empowerment of women and girls as a key principal. It specifies reducing gender-related vulnerability, including gender-based and sexual violence, as a strategic priority to reduce HIV vulnerability. It stipulates that interventions to reduce physical and sexual violence against women and girls and support survivors of violence will be urgently scaled up. Its objectives for reducing violence against women include: implementation of multisectoral responses to reduce gender-based and sexual violence; strengthening access to comprehensive services to reduce HIV-related vulnerability among survivors of gender-based and sexual violence; working with men and boys to promote gender equality and prevent gender-based violence; and implementing advocacy interventions to address cultural practices and factors such as polygamy, bride-price, divorce, and customary laws on inheritance (197).