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### 70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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#### A. **STRATEGY AND PLAN OF ACTION ON STRENGTHENING THE HEALTH SYSTEM TO ADDRESS VIOLENCE AGAINST WOMEN: PROGRESS REPORT**

##### **Background**

1. Recognizing the importance of the health system's role in addressing violence against women, in October 2015, the Member States of the Pan American Health Organization (PAHO) approved the Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women 2015-2025 (Document CD54/9 Rev. 2) (1). The purpose of this document is to report to the Governing Bodies of PAHO on the progress made toward implementation of the Strategy and Plan of Action, which provide a roadmap for health systems to join a multisectoral effort to prevent and respond to violence against women in the Region of the Americas. This report is informed by a review of published and gray literature, together with consultations with Member States. It also draws on information gathered through the technical cooperation efforts undertaken since the approval of the Strategy and Plan of Action.

2. The Region of the Americas was the first WHO region to have its highest authorities approve a framework for action on violence against women. Subsequently, the World Health Assembly approved in May 2016 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 (2), which is firmly aligned with PAHO's regional Strategy and Plan of Action. The action proposed in the two documents are aimed at supporting country efforts to meet SDG target 5.2, which calls for the elimination of all forms of violence against all women and girls. In fact, the approval of mandates at both the regional and global levels has contributed to increased requests by Member States for support in addressing violence, especially violence against women and violence against children.

3. Violence against women affects one in three women in the Americas and can lead to profound and long-lasting health consequences for survivors, including physical injury, unwanted pregnancy, sexually transmitted infections (including HIV/AIDS) and a range of

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negative mental health outcomes, such as anxiety, depression, and increased risk of suicide (3, 4). Violence during pregnancy has been associated with a higher risk of pregnancy complications, including miscarriage, preterm delivery, and low birth weight (3, 5). Also, violence against women has important negative consequences for children. Evidence suggests that long-term health and social consequences of children's exposure to intimate partner violence against their mothers are similar to those of physical and emotional child abuse and neglect (5-8). Childhood exposure to intimate partner violence, for instance, has been linked to higher rates of under-five child mortality, as well as to an increased risk of perpetrating or experiencing violence against women later in life (4).

### **Analysis of Progress Achieved**

4. The strategic lines of the PAHO Strategy and Plan of Action are to strengthen: *a)* the availability and use of evidence; *b)* the political and financial commitment to addressing violence against women within health systems; *c)* the capacity of health systems to respond to violence against women, and *d)* the role of health systems in preventing violence against women. As the table below illustrates, progress has been made in most objectives, although some areas have seen more gains than others. Countries have made significant progress in their efforts to strengthen national standard operating procedures and prepare their health workforce to address violence against women (Objectives 3.1 and 3.2 of the Strategy and Plan of Action), areas in which PAHO has provided substantial technical cooperation. Significant progress has also been made in making emergency health services available to rape survivors. Some progress has been observed in the number of countries that have produced nationally representative estimates of the prevalence of intimate partner and sexual violence against women, though only eight countries have conducted repeated surveys that allow for trend analyses. However, major challenges remain in terms of data quality and comparability. Finally, little progress has been made in ensuring that health budgets include funding to support health system efforts to address violence against women. In fact, considering the magnitude of violence against women in the Americas and the far-reaching adverse effects of such violence on the health of women and their children, funding for this area of work remains woefully inadequate.

5. As requested by the Member States, PAHO has provided substantial support for efforts to strengthen health system capacity to respond to violence against women. The Bureau has produced evidence-based normative guidance to support the development of national policies and protocols and has held regional, subregional, and national capacity building workshops to train health care providers. Moreover, PAHO is supporting the development of two training curricula for health care providers. Finally, PAHO has completed a comparative analysis of violence against women prevalence estimates for the Region.

<b><i>Strategic Line of Action 1: Strengthen the availability and use of evidence about violence against women</i></b>		
<b>Objective</b>	<b>Indicator, baseline, and target</b>	<b>Status</b>
<b>1.1</b> Increase the collection and availability of epidemiological and service-related data on violence against women	<b>1.1.1</b> Number of Member States (MS) that have carried out population-based, nationally representative studies on violence against women (or that have included a module on violence against women in other population-based demographic or health surveys) within the past five years  Baseline (2015): 14 Target (2025): 22	A total of 18 countries in the Region have conducted violence against women surveys in the past five years. A number of additional surveys are ongoing, with a particular concentration in the Caribbean, which, to date, has faced a dearth of prevalence data on violence against women.
	<b>1.1.2</b> Number of MS that have carried out population-based, nationally representative studies on violence against women within the past five years (or that have included a module on violence against women in other population-based demographic or health surveys) that include an analysis of prevalence of violence against women across different ethnic/racial groups  Baseline: 2 Target: 10	Currently, 9 countries have included an analysis of violence against women across different ethnic/racial groups in their last population-based, nationally representative studies conducted in the past 5 years. In some cases, countries collect data that would allow for an analysis of prevalence estimates by ethnicity and race but do not conduct such analyses. An additional 5 countries have violence against women prevalence estimates disaggregated by ethnicity/race, but these were produced more than 5 years ago. Methodological challenges in the measurement of the variables of ethnicity and race remain, however, and the resulting data are often not comparable across settings.

Objective	Indicator, baseline, and target	Status
	<p><b>1.1.3</b> Number of Member States that are able to provide data on homicide, disaggregated by age, sex, and relationship of the victim to the perpetrator</p> <p>Baseline (2015): 9 Target (2025): 15</p>	<p>No progress has been made in this indicator, as 9 countries can currently provide homicide data disaggregated by age, sex, and relationship of the victim to the perpetrator. A few countries can provide these estimates on request but do not analyze homicide data this way on a regular basis. Additional countries can provide the number of homicides disaggregated by sex but do not regularly collect information on the relationship between victim and perpetrator, which is needed to determine the magnitude of intimate femicide/feminicide, a form of violence against women thought to be highly prevalent in the Region of the Americas.</p>

*Strategic Line of Action 2: Strengthen political and financial commitment to addressing violence against women within health systems.*

Objective	Indicator, baseline, and target	Status
<p><b>2.1</b> Strengthen national and subnational policies and plans to address violence against women within the health system</p>	<p><b>2.1.1</b> Number of Member States that have included violence against women in their national health plans and/or policies</p> <p>Baseline (2015): 18 Target (2025): 35</p>	<p>In 2017, 20 countries included violence against women within their national health plans/policies. In most of these plans, violence against women is recognized as a determinant of poor health outcomes and is addressed in strategic objectives and actions for health.</p>
	<p><b>2.1.2</b> Number of Member States whose national health budget has one or more dedicated lines to support prevention and/or response to violence against women</p> <p>Baseline (2015): 4 Target (2025): 10</p>	<p>There has been minimal progress in this indicator, and 5 countries currently have lines in their national health budget to address violence against women. However, in other countries, national mechanisms for the advancement of women (such as women's ministries) have allocated funding in their budgets for improving the health response to violence against women survivors.</p>

Objective	Indicator, baseline, and target	Status
	<p><b>2.1.3</b> Number of Member States that have established a unit (or units) or focal point(s) in the Ministry of Health responsible for violence against women</p> <p>Baseline (2015): 4 Target (2025): 10</p>	<p>Considerable progress has been made in this indicator, and 10 countries in the Region currently have a violence against women unit or focal point in the Ministry of Health. Although the following is not an indicator in this Strategy and Plan of Action, some countries have a focal point in a different ministry or as an independent entity. Some of these entities include the participation of the Ministry of Health.</p>
<p><b>2.2</b> Increase the health system's participation in multisectoral plans, policies, and coalitions to address violence against women</p>	<p><b>2.2.1</b> Number of Member States that have a national or multisectoral plan addressing violence against women that includes the health system, according to the status of the plan:</p> <ul style="list-style-type: none"> <li>▪ in development;</li> <li>▪ currently being implemented</li> </ul> <p>Baseline (2015): 13 Target (2025): 20</p>	<p>Significant progress has been made in this indicator, and the target has been exceeded. Currently, 21 countries have a national or multisectoral plan addressing violence against women that includes the health system. However, in several cases, these plans do not specify the role of health systems, and significant challenges remain in terms of the actual implementation of existing plans.</p>

***Strategic Line of Action 3: . Strengthen the capacity of health systems to provide effective care and support to women who have experienced intimate partner and/or sexual violence***

Objective	Indicator, baseline, and target	Status
<p><b>3.1</b> Strengthen national standard operating procedures (protocols, guidelines) for providing safe and effective care and support for women experiencing intimate partner violence and/or sexual violence</p>	<p><b>3.1.1</b> Number of Member States that have national standard operating procedures/protocols/ guidelines for the health systems response to intimate partner violence (IPV) consistent with the WHO guidelines (10, 11)</p> <p>Baseline (2015): 6 Target (2025): 15</p>	<p>In 2017, 14 countries met this indicator.</p>
	<p><b>3.1.2</b> Number of Member States that provide comprehensive post-rape care services in emergency health services, consistent with WHO guidelines (10, 11)</p> <p>Baseline (2015): 2 Target (2025): 15</p>	<p>In 2017, 13 countries provided emergency post-rape care services consistent with WHO guidelines.</p>

Objective	Indicator, baseline, and target	Status
<b>3.2</b> Increase the capacity of health professionals to respond to violence against women	<b>3.2.1</b> Number of Member States that have included the issue of violence against women in their continuing education processes for health professionals  Baseline (2015): 2 Target (2025): 10	In 2017, 5 countries met this indicator.  There is greater recognition of the need to prepare health care providers to identify and provide appropriate care to survivors; however, regional capacity to conduct trainings on violence against women remains limited. PAHO is helping to address this gap.

<i>Strategic Line of Action 4: Strengthen the role of the health system in preventing violence against women</i>		
Objective	Indicator, baseline, and target	Status
<b>4.1</b> Strengthen the participation and commitment of the health system in efforts to prevent violence against women	<b>4.1.1</b> Number of Member States that have a multisectoral coalition/task force in place for coordinating efforts to prevent violence against women that includes the participation of Ministries of Health  Baseline (2015): 3 Target (2025): 10	Significant progress has been made in this indicator, and the target has been exceeded. Currently, 21 countries have put in place a multisectoral mechanism to coordinate action on violence against women that includes the Ministry of Health.
	<b>4.1.2</b> Number of Member States that have a national or multisectoral plan addressing violence against women (that includes the health system) that proposes at least one strategy to prevent violence against women, by type of strategy  Baseline (2015): 0 Target (2025): 10	In 2017, 17 countries had strategies in place to prevent violence against women. It is worth noting, however, that such strategies do not always address the intersections between different forms of violence (for instance, the intersections between violence against women and violence against children), which may lead to fragmentation and, potentially, reduced effectiveness.

### **Action Necessary to Improve the Situation**

6. In light of the progress described above, the actions needed to improve the situation include:
  - a) Continue to increase the availability, quality, comparability, and use of epidemiological data on violence against women, in particular the availability of

- trend data and prevalence estimates for groups in situations of vulnerability due to their ethnicity/race, disability status, or other condition.
- b) Strengthen the capacity of researchers and national statistics institutes to conduct research on violence against women that follows international ethical and methodological recommendations.
  - c) Continue to build the capacity of health care providers to compassionately and effectively respond to survivors of violence against women, including by seeking opportunities to integrate the topic of violence against women in university-level education in the health care professions.
  - d) Ensure that emergency contraception is part of a comprehensive health response for rape survivors.
  - e) Promote resource allocation, particularly within health budgets, consistent with the magnitude of violence against women and the far-reaching nature of its consequences to public health and beyond.
  - f) Continue to bolster the evidence about the multiple ways in which violence against women intersects with other forms of violence, in particular violence against children, and develop strategies to address these forms of violence in an integrated manner, when applicable.

### **Action by the Directing Council**

7. The Directing Council is invited to take note of this progress report and provide any comments it deems pertinent.

### **References**

1. Pan American Health Organization. strategy and plan of action on strengthening the health system to address violence against women [Internet]. 54th Directing Council of PAHO, 67th Session of the WHO Regional Committee for the Americas; 28 Sept-2 Oct 2015; Washington, D.C. Washington, D.C.: PAHO; 2015 (Document CD54/9 Rev. 2) [cited 12 Feb 2018]. Available from: [https://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=31508&Itemid=270&lang=en](https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=31508&Itemid=270&lang=en)
2. World Health Organization. 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 [Internet]. Sixty-ninth World Health Assembly; 23-28 May 2016; Geneva: WHO; 2016 (Resolution WHA69.5) [cited 12 Feb 2018]. <http://www.who.int/reproductivehealth/topics/violence/action-plan-endorsement/en/>

3. World Health Organization (Department of Reproductive Health and Research); London School of Hygiene and Tropical Medicine; South African Medical Research Council. Global and regional estimates of violence against women: prevalence and health effects of intimate partner and non-partner sexual violence [Internet]. Geneva: WHO; 2013. [cited 2018 Jul 7]. 51 p. Available from:  
[http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1)
4. Bott S, Guedes A, Goodwin M, Mendoza J. Violence against women in Latin America and the Caribbean: a comparative analysis of population-based data from 12 countries [Internet]. Washington (DC): PAHO; 2012. [cited 2018 Mar 11]. 156 p. Available from:  
[http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=19825&Itemid=270&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=19825&Itemid=270&lang=en)
5. Han A, Stewart D. Maternal and fetal outcomes of intimate partner violence associated with pregnancy in the Latin American and Caribbean region. *Int J Gynaecol Obstet* [Internet]. 2014 Jan [cited 2018 Jul 03];124(1):6–11. Available from:  
<http://www.ncbi.nlm.nih.gov/pubmed/24182684>
6. Wood SL, Sommers MS. Consequences of intimate partner violence on child witnesses: a systematic review of the literature. *J Child Adolesc Psychiatr Nurs* [Internet]. 2011 Nov [cited 2018 Jul 3];24(4):223-236. Available from:  
<http://onlinelibrary.wiley.com/doi/10.1111/j.1744-6171.2011.00302.x/abstract;jsessionid=1277E8679A5AECA0B2238F4DE6032087.f04t03>
7. MacMillan HL, WathenCN. Children’s exposure to intimate partner violence. *Child Adolesc Psychiatr Clin N Am* [Internet]. 2014 [cited 2018 Jul 3] 23(2):295-308. Available from:  
[http://www.childpsych.theclinics.com/article/S1056-4993\(13\)00112-0/abstract](http://www.childpsych.theclinics.com/article/S1056-4993(13)00112-0/abstract)
8. Kitzmann KM, Gaylord NK, Holt AR, Kenny ED. Child witnesses to domestic violence: a meta-analytic review. *J Consult Clin Psychol* [Internet]. 2003 [cited 2018 Jul 3];71(2):339-352. Available from:  
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.208.6823&rep=rep1&type=pdf>
9. Garoma S, Fantahun M, Worku A. The effect of intimate partner violence against women on under-five children mortality: a systematic review and meta-analysis. *Ethip Med J* [Internet]. 2011 Oct [cited 2018 Jul 3];49(4):331-339. Abstract available from:  
<http://www.ncbi.nlm.nih.gov/pubmed/23409398>



10. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines [Internet]. Geneva: WHO; 2013 [cited 12 Feb 2018]. Available from:  
<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
11. World Health Organization. Health care for women subjected to intimate partner violence or sexual violence. A clinical handbook. [Internet]. Geneva: WHO; 2014 [cited 12 Feb 2018]. Available from:  
<http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>

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