

## 168th SESSION OF THE EXECUTIVE COMMITTEE

*Virtual Session, 21-25 June 2021*

---

CE168/INF/14  
10 May 2021  
Original: English

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

#### **Background**

1. Violence against women is a major public health problem and a violation of the human rights of women. Global estimates published by the World Health Organization (WHO) indicate that about one in three women and girls have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (1).
2. The 2030 Agenda for Sustainable Development (2) recognizes that violence against women poses an impediment to health and development and includes a number of specific targets to address the issue. At the Regional level, in 2015 the 54th Directing Council of the Pan American Health Organization (PAHO) endorsed the Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women through Resolution CD54.R12 (3). The Region of the Americas was the first of the WHO Regions to have its Governing Bodies approve a framework for action on violence against women. Subsequently, in 2016 the World Health Assembly approved 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 (4), which is closely aligned with the Regional strategy. Violence against women has been included among the impact and outcome indicators of the PAHO Strategic Plan 2020-2025, drawing attention to needed improvements in post-rape care and multisectoral policy development.

#### **Analysis of the Progress Achieved**

3. The Strategy and Plan of Action on Strengthening the Health System Response to Violence against Women is based on four strategic lines of action, which focus on strengthening *a)* the availability and use of evidence about violence against women; *b)* political and financial commitment to addressing violence against women within health systems; *c)* the capacity of health systems to provide effective care and support to women who have experienced intimate partner and/or sexual violence; and *d)* the role of health
-

systems in preventing violence against women. The report on each indicator under these strategic lines of action is based on the responses from 27 countries and territories to a Member States survey conducted by the Pan American Sanitary Bureau (the Bureau) between December 2020 and February 2021.

4. As the following tables indicate, much progress has been observed in the Region in strengthening the prevention and response to violence against women. While many of the Strategy's indicators are on track to be achieved by 2025, it should be noted that several of them are time sensitive. Concerted action will be required over the next five years to sustain and build on these achievements and avoid setbacks. Renewing the Region's commitment to progress is especially timely in the context of COVID-19, which has not only constrained the policy space in many settings but also increased the risk of domestic violence against women and girls. Moreover, specific indicators in the Strategy would benefit from in-depth assessments of progress in the future, drawing on different types of data to evaluate the achievement of targets by 2025 and inform related next steps.

***Strategic Line of Action 1: Strengthen the availability and use of evidence about violence against women***

5. Under Strategic Line of Action 1, significant progress has been reported. While the availability of data has improved considerably, there is a need to strengthen the analysis and use of such data to inform policy and practice. This includes greater investment in equity-focused analysis based on disaggregated data in order to be able to understand and address the needs of groups in conditions of vulnerability, who are often at greater risk for violence and also experience particular barriers in access to prevention and response programs.

<b>Objective 1.1:</b> Increase the collection and availability of epidemiological and service-related data on violence against women	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>1.1.1</b> Number of Member States 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</p> <p>Baseline (2015): 14 Target (2025): 22</p>	<p>Twenty-two Member States reported that they have conducted surveys/modules on violence against women in the past five years. It should be noted that several are approaching five years since the surveys were conducted. They need to be repeated in order to be up-to-date and for the Region to remain on track to achieve the target by 2025.</p>

<b>Objective 1.1:</b> Increase the collection and availability of epidemiological and service-related data on violence against women	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><b>1.1.2</b> Number of Member States 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</p> <p>Baseline (2015): 2 Target (2025): 10</p>	<p>Twelve Member States reported that an analysis of violence against women across different ethnic/racial groups is included in their population-based, nationally representative studies conducted in the past five years. The number suggests that the Region is on track to achieve the target. For the final report, it will be necessary for the Bureau to collect and review the data. The level of analysis differs substantially across countries and studies. In some cases, countries may have collected disaggregated data as part of prevalence studies but do not systematically analyze, report, and use this information to guide policy and practice. Different methodologies also hinder the comparability of data across countries.</p>
<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>Nineteen Member States reported having data on homicide, disaggregated by age, sex, and relationship of the victim to the perpetrator. For the final report, it will be important for the Bureau to collect and review the data. Data are more commonly disaggregated by sex and age, rather than by relationship to the perpetrator. The latter information is critical for the analysis of femicide in the Region.</p>

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

6. Under Strategic Line of Action 2, considerable progress has been observed. However, it should be noted that progress in several areas seems to have slowed down compared to the first four years of the implementation of the Strategy and Plan of Action, indicating the need for renewed efforts to sustain and strengthen existing achievements in the future.

<b>Objective 2.1: Strengthen national and subnational policies and plans to address violence against women within the health system</b>	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<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): 25</p>	<p>Twenty Member States reported that violence against women is included in their national health plans/policies. Several of these plans/policies are expected to expire in the coming years and therefore renewed efforts are needed for countries to remain on track to achieve this indicator by 2025. It should also be noted that there has been no progress in this indicator compared with 2017, which further underlines the need to scale up efforts over the next five years. Lastly, the Region would benefit from a more in-depth assessment of the content of policies and their alignment with evidence, which could be used to guide final reporting and related next steps.</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>Significant progress has been made on this indicator, with 15 Member States reporting that they have lines in their national health budget to address violence against women. This indicator is on track to be exceeded by 2025.</p>
<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 on this indicator: 19 Member States reported that their Ministry of Health has a violence against women unit or focal point in place. This indicator is on track to be exceeded. Differences in the availability of time, resources, and the capacity of focal points may limit their ability to advance the work on violence against women. These gaps need to be continuously addressed in the future.</p>
<b>Objective 2.2: Increase the health system's participation in multisectoral plans, policies, and coalitions to address violence against women</b>	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<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>Twenty-two Member States reported having a national or multisectoral plan addressing violence against women that includes the health system either undergoing development or already implemented. Several of these plans will expire in the coming years, which underlines the need to maintain the momentum in the Region and remain on track to achieve the target by 2025. Also, given that almost no progress has been made since the report in 2017, attention needs to focus on scaling up efforts over the coming five years.</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***

7. Under Strategic Line of Action 3, significant progress has been noted. These indicators represent core focus areas for the health sector and benefit from the existence of strong evidence-based guidance by PAHO/WHO (5-9). At the same time, more in-depth analyses would be useful to identify potential gaps, such as equity in access to quality services, and to inform future directions for the Region.

<b>Objective 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	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<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 (5, 6)</p> <p>Baseline (2015): 6 Target (2025): 15</p>	<p>Sixteen Member States reported meeting this indicator. While significant progress has been reported, the Region would benefit from a more in-depth assessment of the content of these guidelines and their implementation in order to assess achievement of this indicator by 2025. This area of work is characterized by a rapidly expanding evidence base, which means that countries will need to keep maintaining and strengthening the quality of their guidance over the coming years.</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 (5, 6)</p> <p>Baseline (2015): 2 Target (2025): 15</p>	<p>Twenty Member States reported providing post-rape care services consistent with WHO guidelines. While this number suggests significant progress, further steps are needed to determine the access to and quality of such services, especially in the context of the COVID-19 pandemic. Also, current data have revealed several gaps in information and knowledge, highlighting the need for more targeted capacity-building in countries in this regard.</p>
<b>Objective 3.2:</b> Increase the capacity of health professionals to respond to violence against women	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><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</p> <p>Baseline (2015): 2 Target (2025): 10</p>	<p>Twenty Member States reported having included the issue of violence against women in continuing education processes for health professionals. It was not possible to collect information on the level of this inclusion, the sustainability of training efforts, the number of health professionals who have benefited from such training, or the extent to which the training content matches the evidence base. A more in-depth review of experiences is recommended in order to assess achievement of this indicator.</p>

***Strategic Line of Action 4: Strengthen the role of the health system in preventing violence against women***

8. Under Strategic Line of Action 4, progress has been reported across both indicators. It should be noted that the existence of such mechanisms and plans is only a first step. Further efforts will be needed to ensure that they lead to real change in practice. The recent publication of the RESPECT framework (10) and related guidance provides an opportunity to strengthen institutional capacities in countries, including effective engagement of the health sector with other sectors on violence prevention.

<b>Objective 4.1:</b> Strengthen the participation and commitment of the health system in efforts to prevent violence against women	
<b>Indicator, baseline, and target</b>	<b>Status</b>
<p><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</p> <p>Baseline (2015): 3 Target (2025): 10</p>	<p>Significant progress has been made in this indicator, with 25 Member States reporting that they have a multisectoral coalition/ task force in place. While the target is on track to be exceeded by 2025, it is important to recognize that having multisectoral coordinating groups in place is only a first step. The effectiveness and sustainability of these mechanisms must be strengthened, including the institutional capacity of the health sector to engage effectively with such mechanisms.</p>
<p><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</p> <p>Baseline (2015): 0 Target (2025): 10</p>	<p>Nineteen Member States reported having plans in place that propose at least one strategy to prevent violence against women. Several plans are ending in the near future, requiring continuous efforts to sustain existing progress and remain on track for 2025. Additional efforts are also needed to assess and improve the quality and scope of these plans. With the publication of RESPECT, countries now have access to a strong evidence base to guide development and implementation of plans and their assessments.</p>

**Lessons Learned**

9. Much progress has been made in the Americas toward preventing and responding to violence against women. It will be important to sustain and build on these achievements for the future. There continue to be opportunities to share lessons learned from country experiences.

10. There are opportunities in several focus areas, to deepen the scope and quality of approaches in line with the improved evidence base. Following the recent publication of new global tools, countries can rely on a strong and comprehensive set of evidence-based

guidance to support efforts to strengthen the prevention and response to violence against women. A more in-depth analysis of experiences is needed to guide future action in the Region, including an assessment of existing policy documents and their implementation in countries to complement progress reported here.

11. The COVID-19 pandemic has created a new urgency for action on violence against women (11, 12). While the risks of domestic violence have increased in many countries, access to support services, including essential health services for survivors, has been disrupted, posing new challenges and threatening a reversal of progress achieved. Accordingly, PASB has intensified collaboration with Member States in the past year to prevent and respond to domestic violence in the context of COVID-19. This includes the development and dissemination of new technical guidance, convening of virtual policy dialogues nationally and regionally to encourage the sharing of experiences, and technical support to strengthen health system responses for survivors. It is critical to ensure that achievements are not lost and that the lessons from the pandemic are used to strengthen prevention and response efforts in countries, including access to quality essential health services for diverse groups of survivors of violence.

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

12. In light of the advances described, strategic priorities and recommendations for accelerating action to prevent and respond violence against women include:

- a) advocating for the recognition of violence against women as a public health priority and for increased investment by governments in preventing and responding to violence against women across the life course;
- b) sustaining existing achievements in line with the Region's Strategy and Plan of Action, while simultaneously strengthening progress informed by evidence-based guidance of what works to prevent violence against women in all its forms;
- c) strengthening partnerships across sectors and with different stakeholders in order to jointly advance the prevention and response agenda both nationally and regionally;
- d) paying particular attention to preventing and responding to violence against women in the context of COVID-19, including by strengthening timely and equitable access to quality health services for survivors;
- e) strengthening analysis of progress in the Region in order to share knowledge and lessons learned between and across countries, while continuing to build the evidence base on what works to prevent and respond to violence against women.

#### **Action by the Executive Committee**

13. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

## References

1. World Health Organization. Violence against women estimates 2018: global, regional and national prevalence estimates for intimate partner violence against women and non-partner sexual violence against women [Internet]. Geneva: WHO; 2021 [cited 2021 Mar 16]. Available from: <https://www.who.int/publications/i/item/9789240022256>
2. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development [Internet]. Seventieth Session of the General Assembly of the United Nations; 2015 Oct 21; New York. New York: UN; 2015 (Resolution A/RES/70/1) [cited 2016 Feb 1]. Available from: <https://undocs.org/en/A/RES/70/1>
3. Pan American Health Organization. Strategy and plan of action on strengthening the health system to address violence against women. 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas; 2015 Sep 28-Oct 2; Washington, DC. Washington, DC: PAHO; 2015 (Resolution CD54.R12) [cited 2021 Mar 12]. Available from: <https://www.paho.org/hq/dmdocuments/2015/CD54-R12-e.pdf>
4. World Health Organization. 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]. Geneva: WHO; 2016 [cited 2021 Feb 16]. Available from: <https://www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en/>
5. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. [Internet]. Geneva: WHO; 2013 [cited 2021 Feb 16]. Available from: [https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf)
6. World Health Organization. Health care for women subjected to intimate partner violence or sexual violence [Internet]. Geneva: WHO; 2013 [cited 2021 Feb 16]. Available from: [https://apps.who.int/iris/bitstream/handle/10665/136101/WHO\\_RHR\\_14.26\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf)
7. World Health Organization. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines [Internet]. Geneva: WHO; 2017 [cited 2021 Feb 16]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf>



8. World Health Organization. Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: a manual for health managers [Internet]. Geneva: WHO; 2017 [cited 2021 Feb 16]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259489/9789241513005-eng.pdf>
9. World Health Organization. Caring for women subjected to violence: a WHO curriculum for training health-care providers [Internet]. Geneva: WHO; 2019 [cited 2021 Feb 16]. Available from: <https://www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/>
10. World Health Organization. RESPECT women: Preventing violence against women. Geneva: World Health Organization [Internet]. Geneva: WHO; 2019 [cited 2021 Feb 16]. Available from: <https://www.who.int/reproductivehealth/topics/violence/respect-women-framework/en/>
11. World Health Organization. Factsheet: COVID-19 and violence against women [Internet]. Geneva: WHO; 2020 [cited 2021 Feb 16]. Available from: <https://www.who.int/publications/i/item/covid-19-and-violence-against-women>
12. Pan American Health Organization. Infographic: Addressing domestic violence in the context of COVID-19 (for policymakers) Washington, DC; PAHO, 2020 [cited 2021 Feb 16]. Available from: <https://www.paho.org/en/documents/infographic-addressing-domestic-violence-context-covid-19-policymakers>

---