

TERMS OF REFERENCE

GUIDELINE DEVELOPMENT GROUP for the UPDATE OF THE WHO CLINICAL AND POLICY GUIDELINES ON RESPONDING TO INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE AGAINST WOMEN

Background

The World Health Organization (WHO) has been working, for nearly thirty years, to address violence against women as a human rights violation and a major global public health problem that impacts the health and wellbeing of women, their children, and families. In 2013, WHO's Department of Sexual and Reproductive Health and Research (SRH) published the WHO clinical and policy guidelines: Responding to intimate partner violence and sexual violence against women¹. The landmark 2013 guidelines support an effective health system response to violence against women, providing clinical recommendations for health providers on care for survivors, alongside recommendations for policy makers and programme managers on service delivery, policy and management of related services for the health response to violence against women.

Following the guidelines, WHO published a practical handbook for health care providers² and a health systems' manual for health managers and policy makers³ as well as a training curriculum for training of health care providers and health managers⁴, based on the guidelines. These normative reference documents have been translated into multiple languages and been widely used by many governmental policy makers and programme managers, and non-governmental organizations, when developing their national policies and programmes, in both high- and middle and low-income countries. They are all brought together in a Resource package for strengthening countries' health systems response to violence against women.⁵

WHO remains committed to supporting countries to implement their commitments to strengthen the role of the health sector in addressing violence against women and against girls, as agreed in World Health Assembly Resolution 69.5. This includes synthesizing evidence to inform the standards and guidance on the health sector response to violence against women.

Since publication of the 2013 guidelines, the field has moved forward substantially, and new evidence has become available that will inform the update of some of the existing recommendations. In addition, new approaches and interventions are being used in certain locations, that would benefit from having new evidence-based recommendations. A virtual request was sent out to experts in the field to assess

¹ Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines. WHO: Geneva, 2013 [Responding to intimate partner violence and sexual violence against women](#)

² Health care for women subjected to intimate partner violence or sexual violence. A clinical handbook. WHO: Geneva, 2014. [Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook](#)

³ Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers. WHO: Geneva, 2017 [Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence](#)

⁴ Caring for women subjected to violence: A WHO curriculum for training health-care providers. Updated edition WHO: Geneva, 2021 [Caring for women subjected to violence: a WHO curriculum for training health-care providers, revised edition, 2021](#)

⁵ Resource package for strengthening countries' health systems response to violence against women. WHO: Geneva, 2021. [Resource package for strengthening countries' health systems response to violence against women](#)

which existing recommendations would benefit from updates and the additional areas that may need further guidance. The proposal for an update and scope was developed in response to this feedback and the new evidence available. In line therefore with the requirements established by WHO's Guideline Review Committee, the Sexual and Reproductive Health (SRH) Department will update the recommendations where new evidence or where updated WHO guidance exist, to ensure that WHO recommendations are consistent with the latest scientific evidence and respond to the evolving capacities of Member State's health systems.

Purpose

The Guideline Development Group for the revision/ updating of the WHO clinical and policy guidelines on responding to intimate partner violence and sexual violence against women (GDG) is a group of experts external to the WHO who will provide scientific advice and guidance to WHO on the technical content, organization, presentation, and dissemination of the updated WHO Clinical and policy guidelines on the health response to intimate partner violence and sexual violence against women. The GDG is co-chaired by two nominated experts and supported by a methodologist, evidence secretariat and a WHO Guideline Steering Group.

Role of the VAW GDG

WHO will convene an in-person meeting in June 2024 where role of the GDG will be to:

- Appraise the Grading of Recommendations Assessment, Development and Evaluation (GRADE) evidence profiles from 10 systematic reviews commissioned by the WHO in December 2024 that summarize the evidence on specific PICO's that will inform the update of the VAW Guidelines
- Advise on the interpretation of the evidence, with explicit consideration of the overall balance of benefits and harms.
- Using the Evidence to Decision framework and consensus-based approach, formulate recommendations considering benefits, harms, values and preferences, feasibility, equity, acceptability, resource requirements and other factors, while ensuring clarity and cohesion.
- Review any outstanding issues in existing recommendations not subjected to systematic review and make recommendations as appropriate to WHO.
- Propose any outstanding research gaps in the guidelines and Recommend to WHO a pathway for inclusion of new recommendations.
- Highlight any implementation considerations for the updated VAW Guidelines.
- Review and approve the final guideline document before submission to the Guideline Review Committee (GRC).

Membership

The GDG comprises experts with extensive experience in domestic/intimate partner violence, sexual violence, public health, epidemiology, health systems, innovations and technology, primary health care, nursing and midwifery, policy formulation and strategic planning, guideline development, research, and academia. Additionally, the GDG will have selected members that will provide survivor perspectives. In line with the WHO guidance for guideline development, the Guideline Steering Group has assured representation of diverse regions in the GDG membership.

Members of the GDG are invited to serve in the guideline development group for the entire duration of the guideline development until completion. Members of the GDG participate in the guideline development process and at meetings as individuals and not as representatives of the institutions or organizations with which they are affiliated. Members of the GDG will not receive an honorarium for their participation but in the event of a face-to-face meeting, travel costs and per diem will be reimbursed for experts external to WHO, if these are incurred.