



Key Achievements

- Global guidelines and standards for the delivery of quality healthcare to survivors of gender-based violence in humanitarian emergencies developed.
- Gender-based violence health response integrated into the work of the Health Cluster and WHO's emergencies programme.
- Capacities of health systems to address the health consequences of gender-based violence strengthened.

Context

2018

In 2018, WHO scaled up its efforts to strengthen the health response to gender-based violence (GBV) in emergencies. Since then, we have supported work in up to 29 humanitarian settings to improve the quality of healthcare for survivors in line with evidence-based standards.



In 2023, a record 339 million people needed humanitarian assistance and protection globally. An estimated 32 million women and girls of reproductive age live in emergency situations.



Natural disasters, disease outbreaks, and armed conflict increase risks of gender-based violence, particularly for women and girls.



Intimate partner violence is most common. The risks of sexual violence including by perpetrators other than intimate partners increases during emergencies, particularly conflicts.

"On that day, I was really worried but when I... received medical care, I was very pleased. I have received assistance [to] take care of myself and other things they say, which I take note of, and this has made me feel safe" - Survivor



Sexual violence and intimate partner violence can have life-threatening health consequences.

Global highlights

- **The Clinical Management of Rape and Intimate Partner Violence**: developing protocols for use in humanitarian settings updated and disseminated in multiple languages.
- **E-learning on the clinical management of rape and intimate partner violence for use in humanitarian settings** updated and disseminated in multiple languages.
- **GBV response - including deploying GBV specialists - integrated into the health cluster and the WHO health emergencies response** in seven newly declared emergencies over six years.
- **More than 10 000 health workers trained to respond to GBV survivors.**
- **Increased referrals between the health sector and other humanitarian service providers.**
- **Six countries assisted to develop protocols and policy frameworks for health care to survivors.**

Country and regional highlights

- **Cox's Bazar, Bangladesh** - 93% of primary health care centres in Rohingya refugee camps routinely monitor the quality of GBV health services.
- **Latin America** - 300 women volunteers and leaders, including from migrant and refugee communities, trained to offer firstline support in Colombia, Argentina, Peru and Brazil.
- **Middle East and North Africa** - Institutionalization of WHO response to GBVIE through presence of two regional GBV experts and 100% presence of GBV in emergencies focal points in seven countries with declared emergencies.
- **Sub-Saharan Africa** - 1,348 humanitarian emergency staff from WHO, Ministry of Health and Partners trained on addressing GBV in emergency response across 12 countries.
- **Ukraine** - Since 2022, at least 3,000 survivors of domestic violence have received medical care from trained primary health care providers in Ukraine.



“The importance of integration cannot be overemphasized. Integration removes the issue of stigmatization, it removes discrimination and is more cost-effective.”

GBVIE National Consultant, WHO Health Emergency Program

What we do

- **Develop** evidence-based guidelines and tools to strengthen the health workforce to provide high-quality essential health services for survivors.
- **Create** e-learning materials in multiple languages to promote wider uptake.
- **Assist** countries in strengthening national policies, training curricula, and clinical care protocols to address GBV.
- **Train** health workers and managers to offer survivors rights-based and compassionate care.
- **Strengthen** health facilities to meet minimum requirements for the provision of safe and confidential service to survivors
- **Deploy** GBV experts to emergencies.
- **Boost** Health Cluster partner capacity to provide essential health care and timely referrals for GBV survivors, including mental health and psychosocial support and protection services.
- **Partner** with community including women’s organizations to develop and disseminate messages to improve access and uptake of health services for survivors.
- **Assess** the risks and capacities for GBV health response in emergencies and conduct quality assurance to improve services.
- **Advocate** for reforming policies that are a barrier to accessing services.
- **Collaborate** with governments, other UN agencies and NGOs to build political will for GBV health services.
- **Mobilize** resources for the integration of GBV in humanitarian responses.

Contact us

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A health systems approach

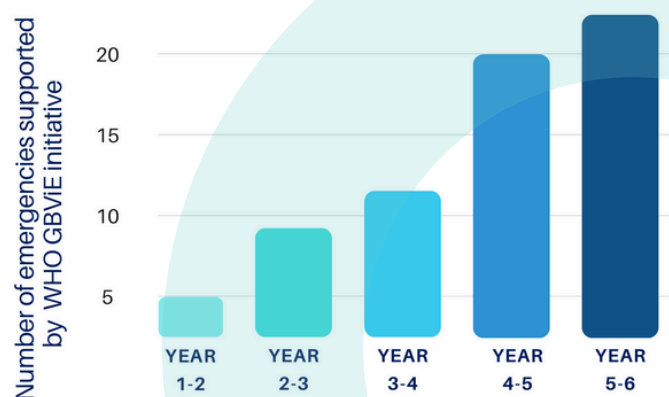
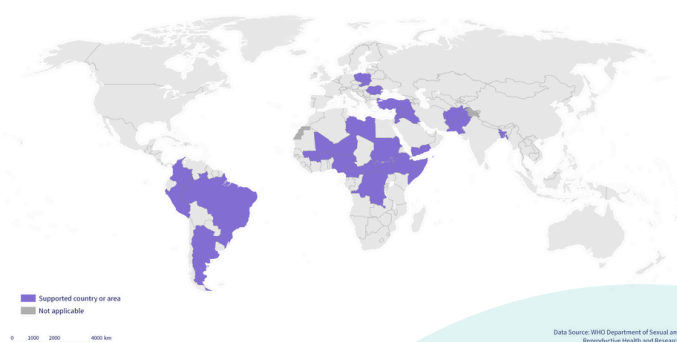
During crises, the destruction of health facilities, shortages of essential supplies and medicines, and forced displacement of health workers can devastate health systems.

WHO supports countries to strengthen health systems and the capacity of local health partners to deliver quality services for survivors by:

- Developing or updating national guidance in line with the Clinical Management of Rape and Intimate Partner Violence guidelines.
- Supporting countries to strengthen the capacity of their health workforce to provide survivor-centered healthcare.
- Assessing health facility preparedness and monitoring quality of care.

Where we work

Countries and areas supported by WHO to implement a health response to gender-based violence in humanitarian emergencies, 2018-2024



“I’m not only a Director-General but someone who has firsthand experience of this problem. During the conflict, tens of thousands of women were raped in my region and there was no capacity to handle it. These victims need medical services but also psychosocial and other support.”

WHO Director-General, Dr Tedros Adhanom Ghebreyesus