Addressing violence against women and girls in health policies: A baseline assessment to monitor progress: Sources of data, methods, indicator definitions

Introduction

Violence against women and girls is a major human rights violation and a global public health problem that is rooted in gender inequality. According to WHO estimates, globally, almost 1 in 3 women 15 years or older have experienced physical and/or sexual violence in their lifetime, mostly by an intimate partner and almost 1 in 4 ever-partnered adolescent girls (15-19 years) are estimated to have been subjected to physical and/or sexual violence from an intimate partner at least once in their lifetime. Women and girls subjected to violence often/can suffer sexual, reproductive, mental or other health problems as well as injuries and disabilities. Health systems and providers have critical roles in responding to and preventing violence against women and girls.

In May 2016, WHO Member States endorsed 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 (WHA Resolution 69.5). To facilitate accountability, the Global Plan of Action on Violence (GPAV) includes a monitoring framework that aims to track the extent to which Member States:

1. include health care services to address intimate partner violence and comprehensive post rape care in line with WHO guidelines in their national health plans or policies;
2. have developed or updated national protocols or guidelines for health system response to women and girls experiencing violence and in line with WHO guidelines;
3. have a multisectoral plan of action which proposes at least one evidence-based strategy to prevent violence against women and girls;
4. provide comprehensive post-rape care in a medical facility in every territorial or administrative unit in line with WHO guidelines; and
5. have carried out a population-based, nationally representative study or survey on violence against women.

Sources of data

WHO has developed a list of approximately fifty indicators aligned with the Global Plan of Action on Violence. Data for these indicators will be in a Violence Against Women Policy Database. Here we present data from 194 Member States for twelve indicators. The Violence Against Women Policy Database was developed primarily through a content analysis of policy documents obtained through sources shown in Figure A. Six-hundred and fifty-five policy documents were analyzed, including national multisectoral plans or strategies, health policies or plans, and health sector guidelines or protocols. Data for one indicator was sourced from a 2018 WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) policy survey, and for another indicator, from the 2019 UNAIDS HIV/AIDS National Commitments and Policy Instrument (NCPI) survey (See Figure 1).

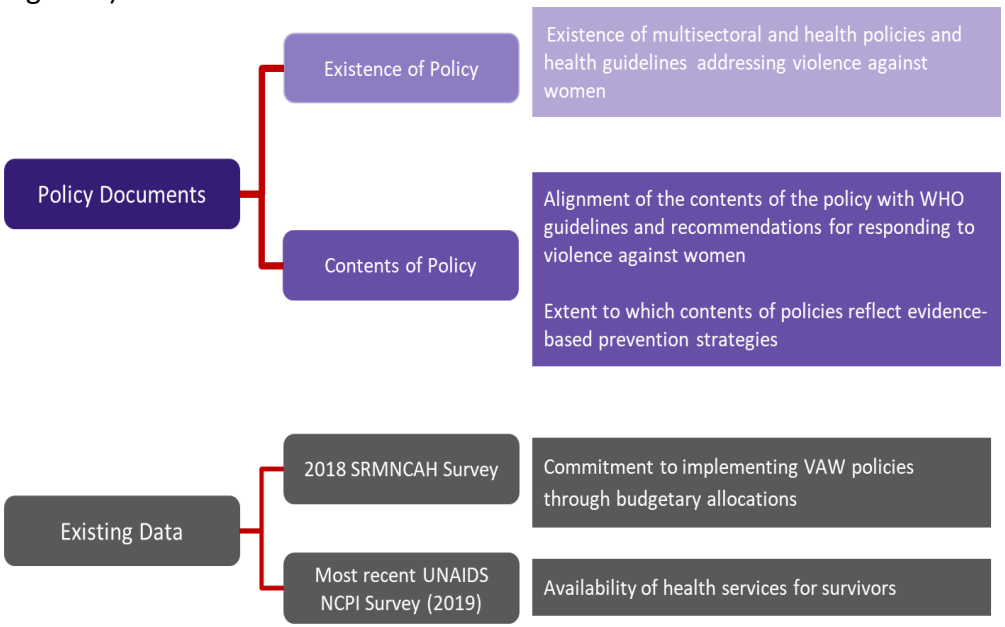

Figure 1: Data

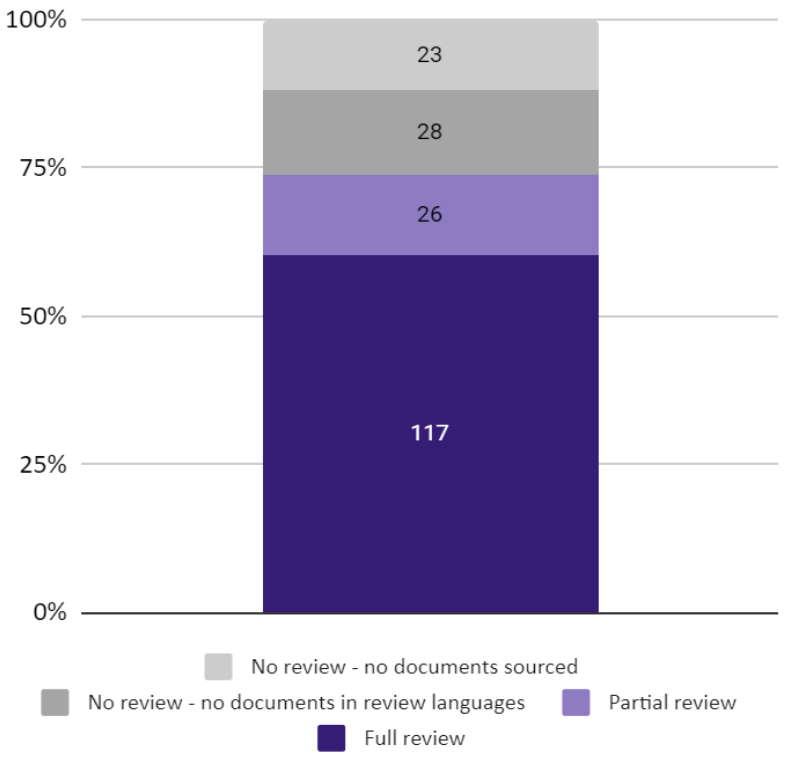

Figure 2: Proportion of countries for which policy review was undertaken

Review of policy documents was possible in four UN languages – English, Spanish, French and Arabic. One hundred and forty-three Member States had at least one document in a review language, whilst another twenty-eight Member States had documents, but not in a review language. For twenty-three Member States, no relevant policy documents were found (see Figure 2).

There are several caveats in interpreting the findings, which are part of an ongoing exercise.

- Given the variations in how countries develop and implement policies related to violence against women, there were categories of documents that were beyond the scope of this policy database (e.g. laws or mental health policies).
- While every effort was made to source officially published policy documents, there may be a few that are not considered the most current by some Governments.
- While 80% of all policy documents that were available were in one of the four UN languages, documents in non-UN languages could not be reviewed.
- While the data provide a snapshot of governments' policy intent to address violence against women, they do not provide information the implementation of these policies.

Findings: Explanation of the indicators

1: Existence of policies

What proportion of countries have: 1) a national health policy that includes violence against women; 2) health sector guidelines; and 3) national multisectoral plan on violence against women?

The term 'national health policy' is used to refer to broad health policies, strategies or plans, but also included sexual and reproductive health and HIV policies. The term health sector guidelines included clinical guidelines, protocols and/or standard operating procedures (SOPs). The term 'national multisectoral plan' included policies, strategies or plans involving more than one sector in the prevention of or response to violence against women and also included gender equality plans/strategies/policies that were inclusive of violence against women.

2: Extent to which health policies align with WHO recommendations

What proportion of countries have policies that include a) woman-centered care - privacy and confidentiality; b) services - first-line support and mental health; and c) service enablers – training of health care providers?

WHO recommends offering woman-centered care to women who disclose any form of violence to a health care provider involving immediate support.

The recommendation is for providers to ensure that the consultation is conducted in private, and that confidentiality is maintained while informing women about the limits of confidentiality where applicable. Therefore, mention of privacy and confidentiality in policies is taken as a proxy for woman-centered care. For both – intimate partner violence and sexual violence/assault, WHO recommends provision of first-line support to women who disclose violence, which involves addressing the practical and emotional needs of the survivor, listening with empathy and without judgement; inquiring about needs; validating that she is not to blame; enhancing safety and facilitating social support. First-line support is the minimum level of primarily psychological support that should be given to all women who disclose violence to a provider. For mental health, WHO recommendations highlight provision of basic psychosocial support, assessment for moderate to severe mental health symptoms and treatment or referral for treatment for diagnosed conditions. WHO also highlights the importance of training health care providers in how to identify violence, provide care and in addressing providers attitudes towards survivors.

Legend:

- Fully included refers to countries with specific commitment to privacy in the context of service provision and confidentiality (including explanation of its limits) for survivors (as proxies for woman-centered care); provision of first-line support with details about what it includes; assessment and treatment/referral for mental health services; and training of providers with information about which cadres and content.
- Partially included refers to general reference to privacy and confidentiality principles, but not in relation to provision of survivor services; a reference to first line support but without information about what it entails; assessment for mental health, but without reference to treatment; and mention of training providers, but without sufficient information about cadres or content.
- Not specified refers to no evidence of such commitment.
- Policy not in review language refers to documents that were not in English, French, Spanish or Arabic.
- Other refers to countries for which no documents were found or where responses were unclear.

3: Availability of health services for survivors

What proportion of countries report offering comprehensive post-rape care in at least one service delivery point?

Comprehensive post-rape care refers to provision of at least three out of the four following services in line with WHO recommendations: 1) first-line support; 2) emergency contraception; 3) STI and HIV post-exposure prophylaxis (PEP); and 4) safe abortion to the fullest extent of the law. If countries provide 0, 1, or 2 of these four services, they are not considered to provide comprehensive post-rape care services.

Legend:

- Yes: countries said they offer 3 or all four elements of post-rape care (i.e. comprehensive)
- No: countries said they offer 0, 1 or 2 elements of post-rape care
- No data available: countries did not respond to this question

4: Extent to which policies are including evidence-based prevention

Which evidence-based violence against women prevention strategies are included in policy: 1) Transformation of gender attitudes, beliefs and norms; and 2) adolescent girls and young women as a vulnerable group?

Transformation of gender norms refers to interventions to challenge harmful attitudes, beliefs, norms or stereotypes that uphold male privilege, and female subordination. They include group education and community mobilization interventions.

Legend:

- Fully included refers to countries for which policy described > 1 multisectoral interventions for transformation of attitudes, beliefs and norms (other than awareness raising) and included specific actions to address adolescent girls and/or young women.
- Partially included refers to mention of only awareness raising as a strategy for transformation of attitudes, beliefs and norms, and only mentioned adolescent girls and young women as a vulnerable group without specifying any actions targeted to them.
- Not specified includes no mention of strategies for the transformation of norms and no mention of adolescent girls and young women.
- Not in review language refers to not having policy documents in English, French, Spanish or Arabic.
- Other refers to countries with no documents available.

5: Availability of violence against women prevalence data

Is there a national prevalence survey with eligible data on past 12 months of intimate partner violence (IPV)?

This includes countries that have at least 1 survey conducted between 2000 and 2018 with data on past 12 months prevalence of physical and/or sexual violence by an intimate partner (IPV). Data are aggregated globally and by WHO region.