Comments to Draft WHO Global Plan of Action on addressing violence – October 2015

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General Comments & Priorities:

We thank the WHO Secretariat and drafters are to be commended for a well-structured road-map with key and strategic actions identified. Highlights of key contents strongly supported for retention and/or which should be reflected and further strengthened in the final narrative and editing, include:

- emphasis and priority attention to violence against women and girls (VAWG) and retaining the current structure, as well as terminology on IPV and the full definition of VAW as per the 1993 UN Declaration;
- integrating essential response services to EVAWG in health care, especially SRH services and post-rape care including PEP/emergency contraception and safe abortion to the full extent of the law –beyond only ‘referrals’ and in accordance with WHO standards, as well as addressing abuse during pregnancy in MCH services;
- restoring language on human rights/sexual and reproductive health and rights as agreed by participants at the expert group meeting and further expanded on below in line with existing inter-governmental agreements;
- the full listing of groups facing multiple forms of discrimination for whom treatment in health services must be improved;
- ensuring EVAWG services are included in universal health coverage;
- attention to adolescents, their mental health, and sexual abuse against boys and girls;
- the need to scale-up primary prevention efforts;
- the inclusion of humanitarian, conflict and post-conflict settings;
- the important role of schools in detecting and supporting children and adolescents subject to GBV and SV;
- comprehensive sexuality education, an indispensable intervention for transforming gender norms and contributing to preventing gender-based and sexual violence;
- and strengthened capacity-building, governance and accountability, including from a multi-sectoral approach and the call for systematically including VAWG and violence against children (VAC) in pre- and in-service training curriculae for health providers.
Specific Suggestions for improving elements of the draft:

- Para. 9 of the introduction should explicitly recall the CEDAW, CRC, ICPD PoA and Beijing Platform for Action and the outcomes of their reviews as especially relevant international instruments, noting also the welcome references already included to the HRC, GA and Security Council resolutions.

- Under 1.2 and throughout: The term ‘gender-based violence against women and girls’ should be consistent throughout the text, tables and indicators where applicable (in some instances only women are referenced). Restructuring and streamlining this section is suggested, including conceptually, to align with standard usage, and to be consistent with how the sub-sections are presented in the remainder of the document—by:
  - Merging Items 2 (women) and 4 (girls) into one listing of gender-based forms of VAWG. This would avoid conflation with broader ‘child maltreatment’ in para. 4, which is handled in the next item on violence against children.
  - ‘Dating violence’ (under 5) should be listed under 2 on VAWG.

- Incest should be explicitly mentioned in this section (item 5) and/or elsewhere in the narrative as a form of violence against children.

- ‘Labour/employment’ sector should be added to the list of multi-sectoral supports and referrals needed for women subjected to gender-based violence, especially for IPV as a critical element to enable economically-dependent women to avoid returning to abusive relationships (e.g. Box 1, pg. 8 and table on page 15).

- A critical omission is the reference to sexual and reproductive health and rights strongly supported and agreed by participants at the June expert consultation meeting, specifically in relation to discussions on the Vision statement (2.1., pg.8 – ), which it is suggested should read: ” their human rights and fundamental freedoms, including their SRHR, are fully achieved and gender equality is the norm”. As may be recalled, in those discussions there were calls for explicit affirmation of the human rights of individuals to make decisions about their sexual and reproductive lives free of coercion, discrimination and violence as per long-standing ICPD, Beijing and subsequent agreements at global and regional levels.

- This also applies to the Guiding Principles, where “SRHR” should be explicitly reflected in Table 1 under ‘Human Rights’ (pg.9).

- Similarly, in para. 8 of the introduction, VAWG should be recognized as a violation of their sexual and reproductive health and rights, beyond the ‘SRH consequences’. At a minimum, ‘reproductive rights’ should be referenced alongside the references to SRH in various parts of the text as per the language in the relevant SDG targets of the 2030 Agenda adopted
at this year’s General Assembly Summit also cited throughout the tables in the draft.

- The term ‘sexual and reproductive health’ should be consistently used in the text (in some instances, limited to ‘RH’ only).
- Under 2.4 ‘Strategic Directions’ (item 2 bullet) and elsewhere: explicit references should be made to ‘rights-based, gender-responsive and youth-friendly health system responses’, including in relation to regulations, protocols, provider training and supervision. The addition of this suggestion in Table 1 on ‘principles for implementation of this plan’, under the Gender Equality principle, would be an especially relevant place to reference this point.
- Table 1, principle 9 on the very welcome ‘community participation’ should be broadened to include ‘and civil society’ (that is, at all levels), as also reflected in the descriptive box. The description should also explicitly mention ‘women’s, youth organizations and other groups living in situations of vulnerability and discrimination’ as especially relevant for this plan.
- Under Section 3, para. 1 (pg.13) the following edit/reordering is recommended as more appropriate and relevant for this plan—noting the absence of addressing violence under the SDG Health Goal targets: ‘...implementation of this global plan in line with international human rights standards, treaties and commitments, including the SDGs’.
- In Table A on VAWG, Strategic Direction 1;
- Item 4: The designation of focal points or units in the Ministry of Health should specify ‘and at sub-national and local levels of administration’, critically important for an effective response.
- Under Item 6, ‘Strengthen accountability of the health system’: overall accountability for responding to VAWG is missing and should be added first in order along the lines of ‘responding and providing quality services and referrals for survivors of VAWG’.
- Same item, 2nd bullet, ‘violence experienced by health workers in the workplace’ should be broadened to include violence health care workers may experience at home or elsewhere outside of the workplace (e.g. intimate partner violence at home, sexual violence and assault).
- Strategic Direction 2/matrix, item 9: family planning and contraceptive services, as well as HIV and AIDS services (mentioned earlier in a similar part of the narrative), should be added to the list of services specified for integration of EVAWG responses, as well as Strategic Directions 3, item 12: comprehensive sexuality education should be specified in the 3rd bullet, as a role the health sector should undertake as is currently done in some countries—noting core contents of CSE – including gendered approach and
non-violence in sexual relations- are already reflected here. This would complement the role of education sector in CSE mentioned in item 14.

- **Strategic Direction 4/VAWG:** To complement outcome and prevalence indicators, an item should be added on the importance of **process indicators** for national level implementation and monitoring, including **benchmarks for the progressive realization and roll-out of universal access** for women and girls survivors of gender-based violence to at least the essential services package for IPV and SV. Indicators should also measure progress in the integration of EVAWG services across SRH services including primary care level. Such indicators will also need to measure **equitable availability and access** to services, **geographically and across diverse groups and ages of women and girls.**

- **Strategic Direction 1/health system governance and Accountability and Monitoring Framework section:** Contents should be strengthened as follows –
  - The establishment of monitoring and accountability frameworks and plans with the meaningful participation of civil society, especially women’s and youth groups, academia and experts, UN and development partners.
  - Health Ministry accountability systems should take into account the recommendations of treaty bodies and special rapporteurs, among other authoritative reports.
  - Independent periodic reports should be formally part of the review process, including from universities and civil society. This is also relevant where progress is Member State self-reported only, and also for governments to benefit from objective observations and information they may not otherwise have at their disposal.
  - **Page 29, para. 4 should be modified:** deleting ‘each Member State will not necessarily be expected to achieve all the specific targets....targets’ and substituting with text along the lines of ‘each Member State will need to adapt their plans and benchmarks tailored to their national and local capacities and starting points while maintaining the highest levels of ambition to achieve the goals and targets’.
  - **Indicators** – in reference to the matrices found under both the strategic directions and following the Accountability and Monitoring Framework section:
    - An indicator on **budget allocations and expenditures for EVAWG** within the health sector should be considered.
    - Overall, the current proposed indicators are mostly at the policy-adoptions level (which is needed) but should be **complemented with more indicators that measure actual service delivery and access.**
- An **additional indicator on IPV should be considered** in A.2.2., similar to that now included and welcome on post-rape care (though a question on whether integration in emergency health facilities only is sufficient or adequate to cover immediate needs, timely care and magnitude of the problem). In addition, some of the measurements for VAWG service delivery might be reviewed in comparison to some stronger terminology found under VAC (e.g. 8.3.1. on ‘Member States report *large-scale implementation* to prevent violence against children’).

- A.4.1: More explicit attention is needed here as elsewhere on data collection, including through disaggregation of existing data, for **sexual violence under 15 years of age**; and with more emphasis on forms of **violence experienced by the 10-14 year group**, especially girls.

- **Annex 2:**
  - The entries on the ICPD and Beijing should add at the end “and all outcomes of their reviews”.
  - The subtitle on page. 44 should be amended to ‘UN *Conventions*, documents and instruments’.
  - Annex 6: under Goal 4, **reference to Target 4.7** should be added, which refers to global citizenship and values of human rights, gender equality, non-violence – linked to comprehensive sexuality education and educational systems and curriculae that eliminate gender discrimination.