World Vision comments to WHO’s “Draft 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, building on existing relevant WHO work”

World Vision International (WVI) commends WHO's efforts on developing Global Plan of Action (the Plan) and appreciates the opportunity to provide comments and suggestions. The Plan reflects an important role of health sector plays in preventing and responding to violence against children.

General Comments

1. **Violence against girls as a cross cutting issue between VAC and VAW:** World Vision is aware of the rationale for dividing the action plan between violence against women and girls - and violence against children. However, it is important to highlight that violence against girls is the critical overlapping area between the two forms of violence. As already noted in the Plan, while girls suffer disproportionately from violence and are greatly affected by gender based violence, they are still children and many basic principles in response of health sector for children apply for girls and vice versa. For example, legal frameworks should guarantee protection of boys and girls from all forms of violence, including physical and humiliating punishment. The same logic will follow in terms of services and treatment provided to girls, which are often regulated under the child protection legislation to ensure their age is not barrier form accessing right type of support. Highlighting this link will promote the notion that States and other players need to integrate their efforts and address the VAWG and VAC in systemic way, instead of duplicating interventions. This will greatly contribute to the feasibility and efficiency of the Plan.

2. **Cultural norms and attitudes condoning violence** are recognized among the core causes of the VAWG and VAC. However, specific interventions focusing on change in norms and attitudes are not fully addressed in the Plan. The proposed strategies to sensitize and raise awareness on harmful impacts of violence address only some of the reasons why such attitudes are allowed to persist. Others are linked to other factors, such as protection from further harm, lack of access to adequate support and justice.

3. **Recognition of the need for systemic response through strengthening of child protection system as the underpinning principle of multisectoral interventions to prevent and respond to violence against girls and children:** This includes successful interventions promoted in the Plan. For more than fifteen years, the systemic approach to VAG and VAC has been promoted as away to ensure comprehensive, systematic and cost-effective response. This approach focuses on the common causes of VAC and common set of responses to VAC that are applicable across different forms of violence, while acknowledging individual needs of children. The role of health system as defined in this Plan support this framework. Core functions that health system provides tend to be similar regardless of the form of violence that girls or children or women suffered. Therefore, promoting evidence based solutions, outside of the framework of systemic response and governing policy frameworks may undermine existing efforts to strengthen comprehensive responses and encourage duplication of interventions. WV strongly suggests that the Plan reinforces the need for systemic,
multisectoral response including by recognizing the interconnectedness among different actions proposed under the Plan. The example of such assertion is recognizing the need for integrated curricula for health workers equipping them to address violence against women and girls and children.

4. **Access and availability of services for children:** One of the critical problems for children and girls is availability and access to specialized health services, especially in humanitarian and fragile settings. They are quite similar to services described under point 8, strategic direction 2 of action plan to address VAWG. WV suggests that access and availability of services are specially mentioned in the actions for children on the page 21.

5. **Role of private sector:** WV welcomes the recognition of the importance that private sector plays in health system, however the Plan does not specifically include interventions that will ensure both interest and participation of the private sector with the Plan’s objectives. Necessary actions include: extending the existing protective regulation pertinent to private sector and creating mechanisms to involve private sector in the multistakeholder response.

6. **Minimum expectations from the Plan implementation:** The Plan recognizes differences in health sector readiness to respond to VAC in different countries and adjusts respectively expectations of achieving targets set by Plan. However, there is no agreement on the minimum set of targets/achievements for the states, which would help in monitoring overall progress against the Plan.

7. **Presentation of action plan:** Building on the previous points on linkages between the response to VAWG and VAC, WV suggest that the chapter on cross-cutting actions is presented first acknowledging that these actions will undertake some more specific forms depending on the type of violence. Such approach may encourage governments to implement the Plan and strengthen synergies in responses to VAWG and VAC.

**Specific comments and questions**

**Scope**

Page 2, para 8: World Vision believes that due to the hidden nature of violence and the need for multisectoral response, health providers require specific training not only to identify but also to **respond, record and track** these problems.

**Overview**

Page 3, paras: 2 and 4: Building on the earlier comments on linkages between the violence against girls and children, the forms of violence described under paras 2-5 need to be better cross-referenced. Violence against girls includes all the forms of violence against women especially in cases when girls are married or in the intimate relationship before the age of 18. Furthermore, the sexual harassment in schools is mainly affecting children, including girls. We suggest to include in the para 4 sentence one reference to forms of VAW listed **above** as well as forms of child maltreatment listed below.
Page 3, paras 2 and 5: Children experience all the forms of sexual harassment mentioned under para 2 including trafficking. Hence, we would suggest to include references in para 5 to the forms of VAW above.

Page 3, para 5, WV suggest to include reference to torture in addition to corporal punishment.

Page 4, Para 8: Taking into account the high vulnerability of children in residential care institutions to violence, World Vision suggest that “residential care institutions” are specifically referenced in sentence of the para.

Risk and protective factors:

Page 4 para 13. This para creates opportunity to reflect on system approach to endung VAWG and VAC

Progress in countries and gaps

Page 7, para 22: WV is pleased to see the acknowledgment of the critical role of civil society and would like to highlight that apart from advocacy, civil society also plays critical role in service provision for victims of VAWG and VAC.

Guiding Principles

Principle 8: Please add – are in their best interests. The principle of best is critical for children as they may have limited capacity and opportunities to decide on the best care for them due their age.

A. Violence against Women and Girls
B. Violence against Children

Strategic direction 1 page 20:

WV would like to suggest including following actions:

For the member states:

- Strengthen political will by publicly committing to address and challenge the acceptability of all forms of VAC. This action would be in alignment with the SDG commitments and the developing strategy of Global Partnership for VAC
- Strengthening coordination within health sector with other sectors engaged in the child protection system, preliminary law enforcement, social welfare and protection and education.

For the WHO secretariat:

- Advocate with Ministries’ of Health and other relevant health systems stakeholders to strengthen allocation of human and financial resources in actions to end VAC.
- Support global efforts to coordinate health system response to VAC, within the UN system and at national level by participating in relevant joint UN and multistakeholders initiatives.
WV would also to suggest modifying following actions:

**Point 4:** WV suggests adding following wording including codes of conduct, standards, and mechanisms for monitoring and redress.

**Strategic direction 2 Page 21:**

WV suggests modifying following actions:

**Point 7:** WV suggests including wording in bold: “*Improve access to services by integrating, early warning, identification, ..........*”. These additions highlight the need to improve access to services and to include procedures that can identify children and families at risk of violence.

WV would further suggest including the following actions:

Under member states and partners:

Provide comprehensive services to all children experiencing violence including in humanitarian and fragility contexts. These services should include but are not limited to: first line support, medical care for injuries, sexual and reproductive health, mental health, post rape care, prophylaxis and treatment for STDs.

Under WHO Secretariat:

Include services to address VAC in the minimum package of health services including as a part of universal health coverage.

Develop and disseminate model curriculum for both pre and in-services training of health care providers on responding to VAC.

**Strategic direction 3: page 22**

WV suggest to include specific references to collaboration with other UN agencies and partners in points 6-7 considering the number of strategic actors and stakeholders that are involved in the prevention of child maltreatment.

**Strategic direction 4: page 23**

WV suggest adding action under member states

In line with proposed VAC indicators for SDGs, support establishment of baseline and regular monitoring of prevalence VAC.

In response to actions for the WHO secretariat, WV notes that guidance on safe and ethical data collection with children has been developed by several research institutions and child focused agencies and is readily available. Secondly, the developing research agenda in collaboration with other critical stakeholders may be more feasible and successful solution.
C. All forms of violence

**Strategic direction 1** Page 25m, action 3 for WHO secretariat: WV suggests to include monitoring of violence against girls and children in global monitoring efforts.

**Indicators**

**A3.1 page 32:** WV suggests that the National Plan of Action should at least include 3 strategies since many of the individual strategies work in synergy to achieve results.

**B1.1 page 33:** WV disagrees with the assumption that Yes/NO question is sufficient for verification whether Member States have included specific action in their national health plans. The criteria for assessment should include at least more clarity of what is the minimum requirement including resource allocation.

**B.3.1:** WV strongly suggest that this indicator is framed within existing national policy frameworks such as National Plan of Action or as deliverable of systemic response to VAC. WV strongly believes that governments should be encouraged to integrate successful interventions in their overall child protection system. This would avoid duplication and ensure the maximum impact, especially considering that scaling up some of these interventions requires multisectoral response and that strongest effects are achieved through combination of strategies.