

# 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**



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The definitive versions of both, Resolution WHA69.5 and the WHO 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 can be found in the official records of the Sixty-ninth World Health Assembly (document WHA69/2016/REC/1). The definitive text of Resolution WHA67.15 is contained in the official records of the Sixty-seventh World Health Assembly (document WHA67/2014/REC/1).

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# FOREWORD



Violence in all its forms casts a long shadow over the health of populations and individuals, and several Sustainable Development Goals, notably Goal 5 on gender equality and Goal 16 on peaceful societies, call for efforts to end or significantly reduce violence. Violence affects women, men and girls and boys of all ages. However some forms of interpersonal violence, particularly those occurring in the home and inflicted by intimate partners and other family members, remain hidden, stigmatized, and largely unrecognized by health and other service providers. These primarily affect women and children. Millions of boys and girls experience physical and emotional abuse and neglect. In addition, girls experience specific forms of violence such as child and forced marriage, genital mutilation and other harmful practices. Sexual violence also affects girls more than boys. That is why this global plan of action, while concerned with all forms of interpersonal violence, particularly focuses on violence against women and girls and against children.

I am proud to present the Global plan of action on strengthening the role of the health system, within a national multisectoral response, to address interpersonal violence, in particular against women and girls, and against children. I want to thank the Member States for supporting the development of and endorsing the Global Plan. I am pleased to lend my voice, and that of the World Health Organization, to highlighting the important role that the health sector can and must play in preventing and responding to violence and ultimately its elimination.

The numbers are stark. Each year, homicide takes the lives of 475 000 people, 80% of whom are male; 38% of murders of women are by an intimate partner or ex-partner. One in 3 women globally experience physical and/or sexual violence by an intimate partner or sexual violence by a non-partner in their lifetime. A quarter of all children experience physical violence, and 20% of girls and 7% of boys are affected by sexual abuse. Such violence not only leads to deaths and injuries, but also has consequences for mental health problems. Women and girls in particular experience adverse sexual and reproductive health consequences of violence. Behind these numbers are individual stories of untold and unimaginable suffering and pain.

While there are many factors that lead to increased risk of experiencing or perpetrating violence, we know that much of violence is reinforced, condoned and promoted by social norms. For example, norms that deem that violence against women and girls is acceptable or promote views of masculinity premised on power and control over others, or sanction parents and teachers to use harsh discipline on children.

We need to advocate for and support evidence-based prevention programmes to stop violence from happening in the first place. At the same time, health systems have a critical role to play, as part of the multisectoral response in addressing violence. Health systems can and must provide access to quality, comprehensive services for survivors. They have an important role to play in improving data collection and evidence to inform policies and programmes for prevention and response.

We must work to end all forms of interpersonal violence, in particular violence against women and girls, and against children. This plan of action provides clear and concrete actions for these goals. Let us work together for its implementation.

A handwritten signature in black ink that reads "M. Chan".

Dr Margaret Chan  
Director-General  
World Health Organization

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# **Section 1.** **Introduction**



# Section 1

## Introduction

### Scope

1. In May 2014, the Sixty-seventh World Health Assembly adopted resolution WHA67.15 on “Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children”. It requests the Director-General “to develop, with the full participation of Member States, and in consultation with United Nations organizations, and other relevant stakeholders focusing on the role of the health system, as appropriate, a 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”.
2. The scope of the global plan of action is guided by resolution WHA67.15. The plan focuses on violence against women and girls, and against children, while also addressing common actions relevant to all types of interpersonal violence. It also addresses interpersonal violence against women and girls, and against children, in situations of humanitarian emergencies and post-conflict settings, recognizing that such violence is exacerbated in these settings.
3. All forms of interpersonal violence lead to negative health outcomes and should be addressed by the health system. However, there are compelling reasons for a particular focus on violence against women and girls, and against children. Women and girls bear an enormous burden of specific types of violence that are rooted in socially accepted gender inequality and discrimination, and are thus sanctioned, despite constituting a violation of their human rights. Because of this, women and girls experience shame and stigma, and the violence often remains hidden. All too often, health and other institutions are slow to recognize and address this violence, and services are not available or have limited capacity. Until recently, violence against women and girls was largely invisible within national and international statistics and surveillance systems. Globally, there is a strong political momentum for addressing violence against women and girls in health and development agendas, which offers an opportunity to strengthen awareness of and response to it within the health system (1).<sup>1</sup>
4. Violence against children (aged 0–18 years), including adolescents, is widespread and constitutes a violation of their human rights. It has lifelong negative consequences, including ill-health, health risk behaviours, and experiencing and perpetrating subsequent violence. In many countries, violence is often considered an acceptable way of disciplining children. Violence against children is often invisible, and few children who experience abuse have access to the programmes and services they need. Increasing attention is now being paid to violence against children, making it an opportune

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