

# Addressing violence against women in health and multisectoral policies:

## a global status report





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# Foreword



Violence against women and girls has long been a pernicious problem. It affects the health of millions of women and girls and constitutes one of the most egregious human rights violations of our times. Almost one in three women are subjected to physical and/or sexual violence, mostly by their intimate partners, and one in four adolescent girls and young women who are partnered are also subjected to this violence. Clearly, we can no longer stand by while this issue is neglected in health and development policies, nor can we ignore the lack of resources allocated to implement proven interventions.

Over the years, many calls have been made to governments, political and business leaders, and heads of United Nations agencies and other institutions for urgent action to end violence against women. The Sustainable Development Goals have set a target of eliminating all forms of violence against women and girls everywhere by 2030. Although the COVID-19 pandemic has set us back, with increased reports of violence against women in many places, it is not impossible to resume progress towards reducing and eventually ending this public health and human rights crisis.

At the World Health Assembly in May 2016, WHO Member States made a commitment to strengthen health systems responses to violence against women and girls. WHO is proud to present in this report the first comprehensive assessment of how well Member States have fulfilled this commitment. The report shows the extent to which countries' health and multisectoral policies align with WHO recommendations, with the existing evidence base and with internationally agreed human rights standards.

The information presented in this report is derived from a global database developed from multiple data sources, including more than 600 policy documents in many languages. Collectively, the findings present a picture of a glass half full.

Although there is much to praise in the progress countries have made in putting in place multisectoral plans to address violence against women and girls, the health sector needs to do more. Governments must establish policies that enable the health system to implement the full package of WHO-recommended interventions that will result in universal access to survivor-centred essential services.

The report also highlights the need for policies to focus more on addressing violence against adolescent girls and young women, as they bear a significant burden of violence that can set them on a downward trajectory for a lifetime.

Ending violence against women and girls also requires adequate resourcing and vigorous implementation of evidence-informed prevention strategies across multiple sectors, including the health sector. Gender inequality is at the root of violence against women and girls and must be addressed. We can no longer justify or accept violence against women, and we cannot tolerate the perpetuation of women's subordinate status in societies worldwide. Across sectors, governments must put in place policies that include investments in strategies that are proven to have an impact in preventing and reducing violence against women and girls.

WHO offers several *evidence-based tools*<sup>1</sup> to support Member States in designing and implementing effective prevention and response policies and programmes. We must and can end violence against women! We have the means to do so. Strong evidence-informed policies are a step in the right direction. Much more needs to be done to strengthen the related policies, as this report shows. Furthermore, we must not stop at simply having policies; we must ensure that they are implemented. Women and girls are entitled to nothing less than the right to lives free of violence and coercion.



**Dr. Zsuzsanna Jakab**  
**Deputy Director-General**

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<sup>1</sup> See: Resource package for strengthening countries' health systems response to violence against women. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/WHO-SRH-21.5>).

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