Accelerating Health Sector Response to Sexual and Gender Based Violence

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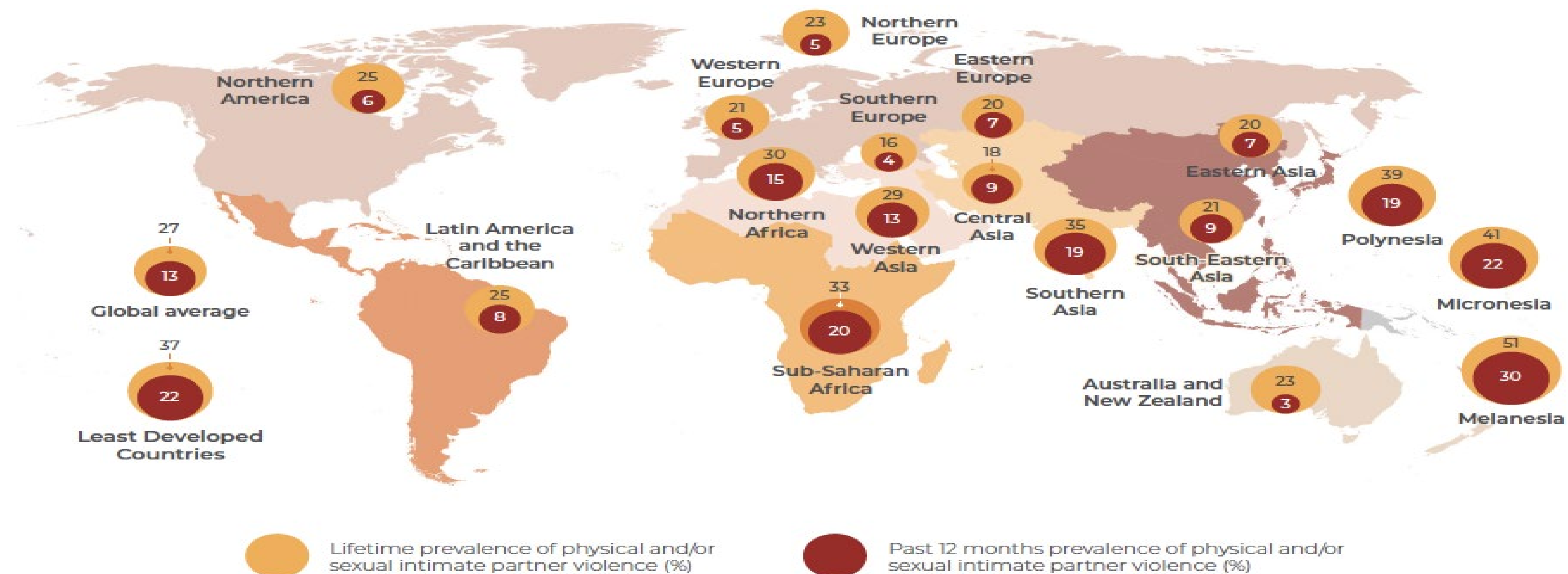
On behalf of Pacific island countries and areas

Current situation

- The Pacific has some of the world's highest rates of physical and sexual violence against women.
- Across the region, an average of 39- 51% of women have experienced sexual or physical violence (SGBV) at the hands of their intimate partners in their lifetime, with Fiji, Kiribati and Solomon Islands ranking highest at 64%, 67% and 64% respectively, compared to an average of 27% globally.



Current situation

- Though SGBV prevalence rates are very high in the PICs, less than 4% of facilities in any country meet the criteria for SGBV service readiness
- Through Ministries of Health led Health Facility Readiness Assessments conducted from 2020-21, of the 8 PICTs surveyed, an average of 0-4% of health facilities were assessed as service ready to provide SGBV services
- This implies inadequate numbers of qualified staff to provide quality counselling, identification and management of survivors of SGBV; private space for SGBV service provision, tools and job aids, as well as consistent stockouts of relevant medicines, supplies and commodities for management of sexual violence
- SGBV prevention and response is also not integrated into primary health care in many PICs, provide SGBV life-saving interventions, especially in remote, isolated provinces and outer lands, as well as during emergencies when the rates of SGBV increases .

HFRSAA (2018-2021)	Fiji	Kiribati	Marshall Islands	Micronesia	Samoa	Solomon Islands	Tonga	Vanuatu	Total
% facilities SGBV Service Ready	4%	2%	3%	0%	0%	1%	0%	1%	2%
% facilities that have staff trained to provide SGBV services	20%	27%	21%	10%	21%	26%	32%	23%	23%

The future we want to see

- Four of the eight SRHR SDG targets are aimed at addressing SGBV and specifically SDG target 5.2 and SDG target 3.7
- This directly correlates with the Pacific 2050 Blue Strategy on achieving gender equality and elimination of Violence against women and girls as a pathway to sustainable development
- All countries now have either legislation or pending family law bills that can provide protection for women from gender-based violence, however implementation of these remain limited.
- As health workers are the 1st responders and sometimes the only point of contact outside the home for GBV survivors, full implementation of the health sector response to SGBV in countries will accelerate the elimination of SGBV in the PICs, and contribute to a life free of all forms of violence, coercion and discrimination.

3.1 By 2030, **reduce the global maternal mortality ratio** to less than 70 per 100,000 live births

3.2 By 2030, **end preventable deaths of newborns and children under 5 years of age**, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, **end the epidemics of AIDS**, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.7 By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 **Achieve universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

5.2 **Eliminate all forms of violence against all women and girls** in the public and private spheres, including trafficking and sexual and other types of exploitation

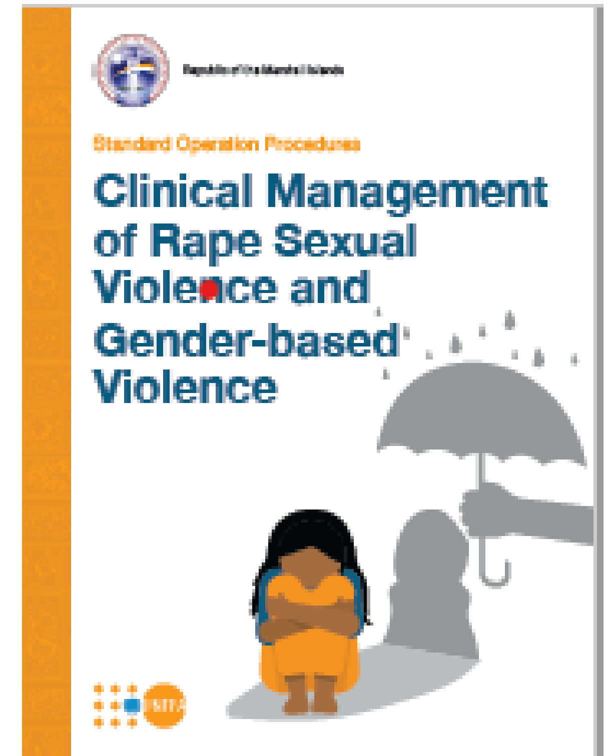
5.3 **Eliminate all harmful practices**, such as child, early and forced marriage and female genital mutilation

5.6 Ensure **universal access to sexual and reproductive health and reproductive rights** as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

Unlike the MDGs, the SDGs explicitly recognize sexual and reproductive health as being

Country best practice examples

- In 5 PICs (Tonga, Vanuatu, Kiribati, Fiji and RMI), there's been integration of GBV into RMNCAH Policies.
- Development of GBV Standard Operating Procedures in PICs to guide health care workers in a uniform way on the appropriate responses to intimate partner violence and sexual violence against women, including clinical interventions and emotional support.
- In Vanuatu and Samoa, where orientation on the GBV SOPs has happened, there is evident increase in utilization of SGBV health services especially among sexual violence survivors.



Why urgent action is needed now

- In the Pacific two out of every three women have experienced intimate partner sexual or physical violence in their lifetime, compared to one out of three globally. Many of these women are living among us with its physical, emotional and/or mental consequences.

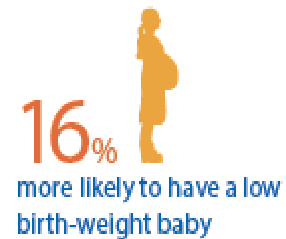
HEALTH IMPACT: Women exposed to intimate partner violence are

Mental Health

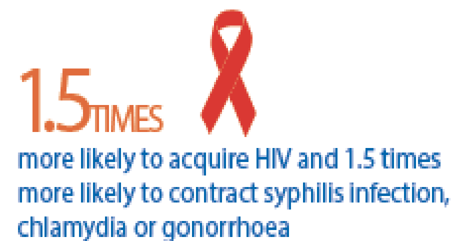
TWICE
as likely to experience depression

ALMOST TWICE
as likely to have alcohol use disorders

Sexual and Reproductive Health



16%
more likely to have a low birth-weight baby



1.5 TIMES
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Death and Injury

42%
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

38%
of all murders of women globally were reported as being committed by their intimate partners

Why urgent action is needed now

- This i.e. GBV is further worsened in times of humanitarian crises to which PICs are often subjected, particularly in recent times with increasing climatic changes and natural disasters.
- Hence, there is an urgent need for the health sector, which may be the first or only point of contact outside the home for GBV survivors, to respond. Statistics show that abused women use health-care services more than non-abused women do. They also identify health-care providers as the professionals they would most trust with disclosure of abuse.
- Yet the health sector across the pacific is not service ready to provide and manage GBV services, as:
  - There are less than 4% of health facilities in any country that meet the criteria for GBV service readiness
  - Heath systems do not provide integrated GBV and SRH services
  - Attitudes and perceptions of health workers inhibit reporting and seeking help, especially by victims of Intimate Partner Violence and sexual Violence.
- Having an established Health System response to GBV offers the opportunity to address this menace, and ensure we have a healthy and safe society, free of all forms of harassment discrimination and violence.

Proposed recommendations for governments

- Acknowledge SGBV as a significant public health issue that requires a comprehensive rights-based health response inclusive of comprehensive sexual and reproductive health services, capacitated health personnel, health protocols, treatment and commodities, and health information management systems.
- Ensure that health services are available for women and girls experiencing SGBV including mental health care before, during and after emergencies.
- Strengthen workforce capacity development in SGBV clinical health sector response to survivors of SGBV, including the ability to identify and refer for further assistance.
- Ensure health sector budget allocations for SGBV management and capacity development including in the operationalization of RMNCAH implementation plans

Proposed recommendations for development partners

- Invest into integrated provision of SRH, SGBV and MHPSS services, including in the capacity building of health workers and during outreaches; as vertical /silo approaches are no longer viable in increasing scale and improving quality of services. (Many development partners are interested in investing in specific issues, which do not allow comprehensive provision of services).
- Support Governments with provision of supplies and commodities for SGBV and improving logistics management for GBV supplies and commodities.
- Develop and implement male engagement strategies and activities to challenge and transform harmful masculinities related to SRH and SGBV in the Pacific

Let’s Unite to end Gender Based Violence!

Thank you!