PHM East and Southern Africa statement on Gender-based Violence

As we come to end of the 16 days of activism, the People’s Health Movement across East and Southern Africa, expresses its deep concern that violence against women, girls and sexual minorities remains one of the most pervasive manifestations of discrimination against women and a violation of human rights. PHM strongly reassert that the eradication of sexual violence must be prioritized at national, regional and international levels.

Gender-based violence (GBV) is a public health crisis in East and Southern Africa. According to WHO, 1 in 3 women and girls face either sexual or physical violence during their lifetime. The high rate of violence is maintained by the “persistence of harmful gender norms, alcohol abuse and overall increased poverty, violence in urban slum areas and conflict areas. Partner violence and the fear of abuse prevent girls from refusing sex and jeopardize their ability to negotiate condom use, studies in sub-Saharan Africa have found.” Escalating levels can be seen in countries such as South Africa, were GBV was declared a national crisis, and with statistics indicating that a woman is murdered every three hours in South Africa, and many are assaulted and raped before their death. Many women and children live in constant fear and walk on the streets terrified, due to abuses such as harassment, rape and assualt in both public and private spaces.

These persisting high levels of GBV spur responses, including the 16 days of activism. Violence against women and girls affects their ability to enjoy rights and freedoms on a basis of equality with men and has devastating effects on many aspects of the lives of women and girls, including their sexual and reproductive health and rights, as well as their mental and physical health.

Women and girls, and others affected by sexual violence including the LGBTQI community, must not be seen only as victims, but as agents of change and equal partners in ending discrimination and violence. To end sexual and gender-based violence we must educate men and women, and girls and boys, and change gender stereotypes, attitudes and beliefs that condone violence and harmful constructions of masculinity. We must also promote gender equitable norms and behaviors and female participation in decision-making.

Too many of us fail to name and challenge violence against women that surrounds us. When left unpunished, GBV creates a culture where sexual violence is normalized, women and girls are undervalued, and entire communities and nations are fractured.

Health providers and health systems have a critical role in supporting women and girls, mitigating the impact of GBV, and preventing violence from happening. Health services often

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1 https://www.who.int/news-room/fact-sheets/detail/violence-against-women
PHM statement on Gender Based Violence during the 16 days of activism

do not recognise or consider GBV as a health problem. There is a need for requisite training of healthcare providers about understanding all violence, particularly GBV, as a significant determinant of health given its high incidence rate amongst women and girls.

At the 67th World Health Assembly in 2014, WHO member states adopted a resolution towards ‘Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children’4 and they committed to ‘The 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’5 in the 69th World Health Assembly in 2016.

PHM East and Southern Africa:

● Stands in solidarity with women, girls, the LGBTQI community and many other groups who have taken a stand and protested against GBV and urges authorities to take all necessary steps to stop the violence;
● Calls upon all governments in East and Southern Africa, to honor their obligations to end violence against women and girls as outlined in the Convention of the Elimination of all Forms of Discrimination against Women, and other human rights treaties;
● Calls on governments to implement, with adequate resources, the commitments made in the Beijing Platform for Action and the 2019 Programme of Action of the International Conference on Population and Development (ICPD25) to promote sexual and reproductive health and rights, for all;
● Calls on governments to develop standard guidelines and protocols for strengthening the health sector response to intimate partner and sexual violence. We demand that governments fulfill their global and national commitments against GBV with comprehensive and integrated health system responses that recognize sexual minorities and work against sexual and gender-based violence;
● Advocates for gender sensitization of health care providers and administrators for building their perspectives on understanding the violence and its complexities faced by women, girls and sexual minorities;
● Appeals to other civil society organizations and networks to advocate and take direct action to stop assaults, abuse, and killing of women and girls, and to clearly denounce child marriage, FGM, sexual harassment and other manifestations of discrimination against women and girls.

PHM is a global network bringing together grassroots health activists, policy makers, civil society organizations, human rights defenders, practitioners, and academic institutions from around the world, particularly from low and middle income countries (L&MIC).

On behalf of the People’s Health Movement East and Southern Africa.