

# LESSONS LEARNED IN PREPARING A GOVERNING BODIES DOCUMENT

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# OUTLINE OF THE PRESENTATION

- Before Executive Committee
- Before Directing Council
- During negotiations

# BEFORE EXECUTIVE COMMITTEE

- Consider establishing a consultative group
  - Strategic selection of members (geographic representation, priority of the topic, members of the EC, PAHO colleagues)
  - Hold periodic virtual meetings, keep them informed
  - Caution: some countries may question inclusion criteria
- Ensure extra support in-house or consultant
- Plan on translating different version of the document
- If funding allows, plan an in-person consultation
  - Wide representation: Member States (technical and political), civil society, UN agencies, multilaterals, academia, special interest groups
- If possible, hold virtual consultations in Portuguese (in addition to English and Spanish) – be flexible with consultations

# NOTES ON THE PROCESS

- Organization is key
- Keep records of all comments received and all participants in the multiple consultations (who, what, when)
- If needed, start carrying out a situational analysis of the indicators proposed as soon as possible
- Use endnotes for references for as long as possible
- Work closely with translators and review each version / translation

# WHO CONTRIBUTED AND WHEN

Country	Name	Organization	Type of organization	Contribution 1
Barbados	Heather Payne	Health Planner and Mental Health Focal Point, Ministry of Health	Gov	Virtual Consultation, English (3rd Round)
Bolivia	Dora Caballero	PAHO	PAHO Country Office	Virtual Consultation, Spanish (3rd Round)
Brazil	Cheila Marina de Lima	Ministry of Health	Gov	Consultative Group (1st Round)
Brazil	Eneida Anjos Paiva	Ministry of Health	Gov	Consultative Group (1st Round)
Brazil	Marta Maria Alves da Silva	Ministry of Health	Gov	Consultative Group (1st Round)
Brazil	Regianne Rezende	PAHO	PAHO Country Office	Consultative Group (1st Round)
Brazil	Nilce Naira	Mulheres de Axé Contra a Violência Domestica e Familiar	Ethnic minorities	Indigenous and Afrodescendant Groups (4th Round)
Brazil	Simone Gonçalves de Assis	Jorge Careli Latin American Centre for Research on Violence and Health (CLAVES)	Academic	Regional Consultation
Brazil	Caroline Schweitzer de Oliveira	Office for Women's Health/Ministry of Health	Gov	Virtual Consultation, Portuguese (3rd Round)

# BEFORE DIRECTING COUNCIL

- Inform each respective country (via PAHO offices) as to how the comments made during the Executive Committee were addressed
- When MS comments cannot be addressed, inform them why
- Prepare a brief (max 2 page) with key points about the document for PAHO country offices:
  - What is the relevance of this document?
  - How did this document come about?
  - Who contributed to its development?
  - What are the key strategic lines of action proposed?
  - How is this document linked to PAHO's Strategic Plan?
  - How will its implementation be assessed?
- Liaise with Consultative Group to obtain intelligence and ensure their country's support
- Liaise with PAHO focal points to identify any problem areas – try to address these before Directing Council
- Prepare a detailed file\* to be used during negotiations



# COMMUNICATION TO PAHO OFFICES ABOUT MS REQUESTS FOR CHANGE

This message was sent with High importance.

From: Guedes, Ms. Alessandra (WDC)  
To: Gonzalez, Dr. Diego (MEX); Ayala, Dra. Amalia (MEX)  
Cc: Ruiz, Dr. Cuauhtemoc (WDC); Vega, Dr. Enrique (WDC); Huerta, Mrs. Piedad (WDC)  
Subject: CD 54/9 comentarios Mexico durante Comité Ejecutivo

Sent: Wed 9/9/2015 3:49 PM

Message CD 54 9 Informacion clave.docx (27 KB)

Estimado/as colegas,

Espero que este mensaje les encuentre bien.

Tal como mencionado en el mensaje enviado en el día 6 septiembre, les escribo para darles información detallada sobre cómo las solicitudes hechas por **México** durante el Comité Ejecutivo fueron contempladas en la nueva versión del documento CD54/9 *Estrategia y plan de acción sobre el fortalecimiento del sistema de salud para abordar la violencia contra la mujer*.

Estoy a su disposición para cualquier duda.

Saludos, Alessandra

Solicitud del país	Respuesta
Reafirmamos que es fundamental que las acciones que se lleven a cabo se aborden desde una perspectiva multisectorial	<ul style="list-style-type: none"><li>• Añadimos las siguientes frases:<ul style="list-style-type: none"><li>○ Párrafo 4: <b>En este documento se adopta un enfoque de salud pública y se centra en lo que pueden hacer los sistemas de salud, como complemento a las importantes medidas adoptadas por otros sectores.</b></li><li>○ Párrafo 34: Los sistemas de salud también pueden cumplir una función clave en los esfuerzos multisectoriales para prevenir la violencia. El enfoque de salud pública hacia la prevención entraña cuatro pasos: a) definir el problema mediante la recopilación de datos sobre la magnitud, las características y las consecuencias de la violencia contra la mujer; b) investigar los factores de riesgo y de protección para comprender por qué se produce el problema; <b>c) formular, ejecutar y evaluar estrategias de prevención de la violencia para el sector de la salud y otros sectores; y</b> d) difundir información sobre la eficacia de los programas y ampliar aquellos que resulten eficaces (49). <b>En este proceso, los sistemas de salud deben coordinar su labor con otros interesados directos y sectores (en particular, el</b></li></ul></li></ul>

# KEY POINTS TO BRIEF PAHO OFFICES AND MS

Key information CD54 / 9

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## CD 54/9 – Strategy and Plan of Action on strengthening the health system to address violence against women

### What is the relevance of this Strategy and Plan of Action?

- ✓ Violence against women affects 1 out of every 3 women in the Americas.
- ✓ Violence against women has long-lasting and profound fatal and non-fatal consequences for women and their children.
- ✓ Violence against women imposes significant direct costs to health, social, and justice systems, as well as indirect costs due to lost productivity and negative psychosocial consequences amongst women and their children.
- ✓ Health systems can play an essential role in preventing and responding to violence against women as part of a multisectoral effort.
- ✓ Health care providers can identify women exposed to violence, provide immediate care and prevent future harm by responding with support and referral to other sectors.
- ✓ Health systems can also contribute to preventing violence against women by gathering and disseminating evidence on the magnitude and consequences of violence, by developing and evaluating prevention programs and policies, and by scaling up promising or effective prevention strategies.

### How did this document come about?

- ✓ The impetus for the development of the Regional Strategy and Plan of Action followed the implementation of a very successful side event on violence against women held at 2014's Directing Council meeting, with the support of Brazil, Canada, El Salvador and St Lucia.
- ✓ This event took place within a global context of increased visibility and political momentum for the issue of violence against women, as well as in the footsteps of the recent adoption by the WHA of resolution WHA67.15, which calls for strengthening the role of the health system in addressing violence, in particular against women and girls, and against children.
- ✓ Recognizing the magnitude and far-reaching consequences of violence against women to the health of women and children in the Americas, Member States asked that a Strategy and Plan of Action be developed.
- ✓ This Strategy and Plan of Action received wide support during the Executive Committee meeting and only minor adjustments were requested, including placing greater emphasis on:
  - o Racial (in addition to ethnic) diversity
  - o LGBT populations
  - o Role of health systems in preventing violence
  - o Need for multisectoral coordination, in particular with education and justice sectors
  - o Role of academic institutions and civil society organizations

### Who contributed to the development of this document?

- ✓ The Strategy and Plan of Action was developed through a wide consultation that included approximately 100 colleagues from 19 countries, representing governments, civil society organizations, academic institutions, multi-laterals and UN agencies.

Key information CD54 / 9

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- ✓ The steps taken to develop the document included:
  - o Establishing a consultative group to guide the development of the document
  - o 2 internal reviews
  - o 4 virtual consultations (2 in Spanish, 1 in English and 1 in Portuguese)
  - o 1 in-person consultation held in Washington, DC in February 2015
  - o Additional consultations with organizations working with indigenous and afrodescendant communities.

### What are the key strategic lines of action proposed?

- ✓ The overall goal of the Strategy and Plan of Action is to contribute to the reduction/eradication of violence against women through the following strategic lines of action:
  - o strengthen the availability and use of evidence about violence against women;
  - o strengthen political and financial commitment to addressing violence against women within health systems;
  - o strengthen the capacity of health systems to provide effective care and support to women who have experienced intimate partner or non-partner sexual violence;
  - o strengthen the role of the health system in preventing violence against women.

### How is this document linked to PAHO's Strategic Plan 2014-2019?

- ✓ The Strategy and Plan of Action will contribute to the achievement of Outcome 2.3 of PAHO's Strategic Plan 2014-2019 ("Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries and violence against children, women and youth").

### How will its implementation be assessed?

- ✓ Unlike other public health issues, addressing violence against women is a relatively new area of work for many Member States' health systems, so uniform baseline indicators are not available from all countries. To address this gap, PASB will develop a monitoring and evaluation plan and verify baseline data as part of the Strategy and Plan of Action's implementation.
- ✓ A midterm progress report will be prepared for PAHO's Governing Bodies in 2020 and a final report will be submitted in 2025.

### How does this document relate to the Global Plan of Action to strengthen the role of the health system in addressing interpersonal violence, in particular against women and girls, and against children (currently under development)?

- ✓ PAHO has been coordinating closely with WHO to ensure that the regional and global documents reinforce and support each other. In fact, the Global Plan of Action has adapted many of the indicators proposed in PAHO's Strategy and Plan of Action.
- ✓ However, given the Americas' more advanced approach and legal frameworks for addressing violence against women, it was felt that this region was ready to take on a differentiated approach to the issue that may not be feasible in other regions.

In case of questions, please contact Alessandra Guedes, Regional Advisor – Family Violence (FGL/HL)  
guedesal@paho.org



# PREPARE A DETAILED FILE

- Q&A about how the document was developed
  - Consultations undertaken, list of reviewers, participating countries, etc.
- Q&A about the content of the document
  - Anticipate contentious issues and have evidence available to back up the document's proposals
- Information about the budget
  - Details on what is included
- Copy of comments received during the Executive Committee
- Table with how comments received during the EC were addressed (for Directing Council file)
- Intelligence regarding MS positions
- Other relevant information
  - Link to SDGs
  - Link to WHO global documents

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# DURING NEGOTIATIONS

- Anticipate MS' positions
- Keep track of MS comments in organized fashion
- Have contact information (mobile #s) of your allies in-country: caution
- Enlist friendly MS to negotiate with other countries, when needed

# KEEP MS COMMENTS ORGANIZED DURING DIRECTING COUNCIL

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Country	Changes made	Changes requested	Changes made
Antigua and Barbuda (body of the document only)		"We are concerned with the time frame of 5 years for the progress report and urge that consideration be given for a progress report on a shorter time frame for a progress report on the Governing Bodies for a progress report for 2017"	Changed timing of reports as follows (as per conversation with Director): Interim reports: 2018, 2021 Final report: 2025
Argentina		No changes requested.	No changes requested
Bahamas		No changes requested.	No changes requested. Requested technical assistance from PAHO.
Brazil		No changes requested.	No changes requested.
Canada		No changes requested.	This issue is also addressed under paragraph 47, as follows:
Chile (body of the document AND resolution)		No changes requested. Strategic line 1: "No solo debe incluir la magnitud, tendencias, consecuencias para la salud, factores de riesgo y de protección de la violencia contra la mujer, sino también la evidencia sobre modelos de intervención exitosos."	"El sistema de salud puede contribuir a prevenir la violencia contra la mujer mediante la recopilación y difusión de datos probatorios acerca de la magnitud y las consecuencias de la violencia, la formulación y evaluación de programas y políticas de prevención, y la ampliación de las estrategias de prevención eficaces o prometedoras."
		Strategic lines 3 and 4: "Proponemos enfatizar la capacidad de trabajo intersectorial de los sistemas de salud, asumiendo la existencia de determinantes sociales de la salud que son abordados por otros organismos"	Added to paragraph 46: "Considering that many of the risk factors and determinants of violence lie outside the health system and in line with the 'health in all policies' approach, health systems must pro-actively interact and coordinate with a number of other sectors, including: police and justice, social equality or women's empowerment, child protection, and gender mechanisms."
		Adoptores y metas: "Dada la heterogeneidad de las situaciones que viven los países, también se incluyen indicadores más exigentes para los países que cuentan con un desarrollo humano alto al proyecto de resolución, si bien se reconocen los intentos de la Estrategia y Plan de acción necesarios para el espectro de la evidencia que se considera en la línea 1; e	No changes made. Discussed with Chile on 9/30 and received OK
		necesidad de abordaje y de la evidencia intersectorial de los sistemas	1) the following change was made to OP3 "b" continue to strengthen PAHO/WHO efforts to develop the scientific evidence on the magnitude, trends, health consequences on the magnitude, protective factors for violence and risk and <u>and on effective strategies for preventing and responding to such violence.</u>
			2) OP2 already states: d) promote the engagement of the health system with other government and civil society partners as part of a multisectoral effort to address violence against women;

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# RESOURCES TO BE MADE AVAILABLE

- Presentation used in virtual consultations
- Agenda for in-person consultation
- Brief (2 page) summary of the document used to brief PAHO offices / Member states