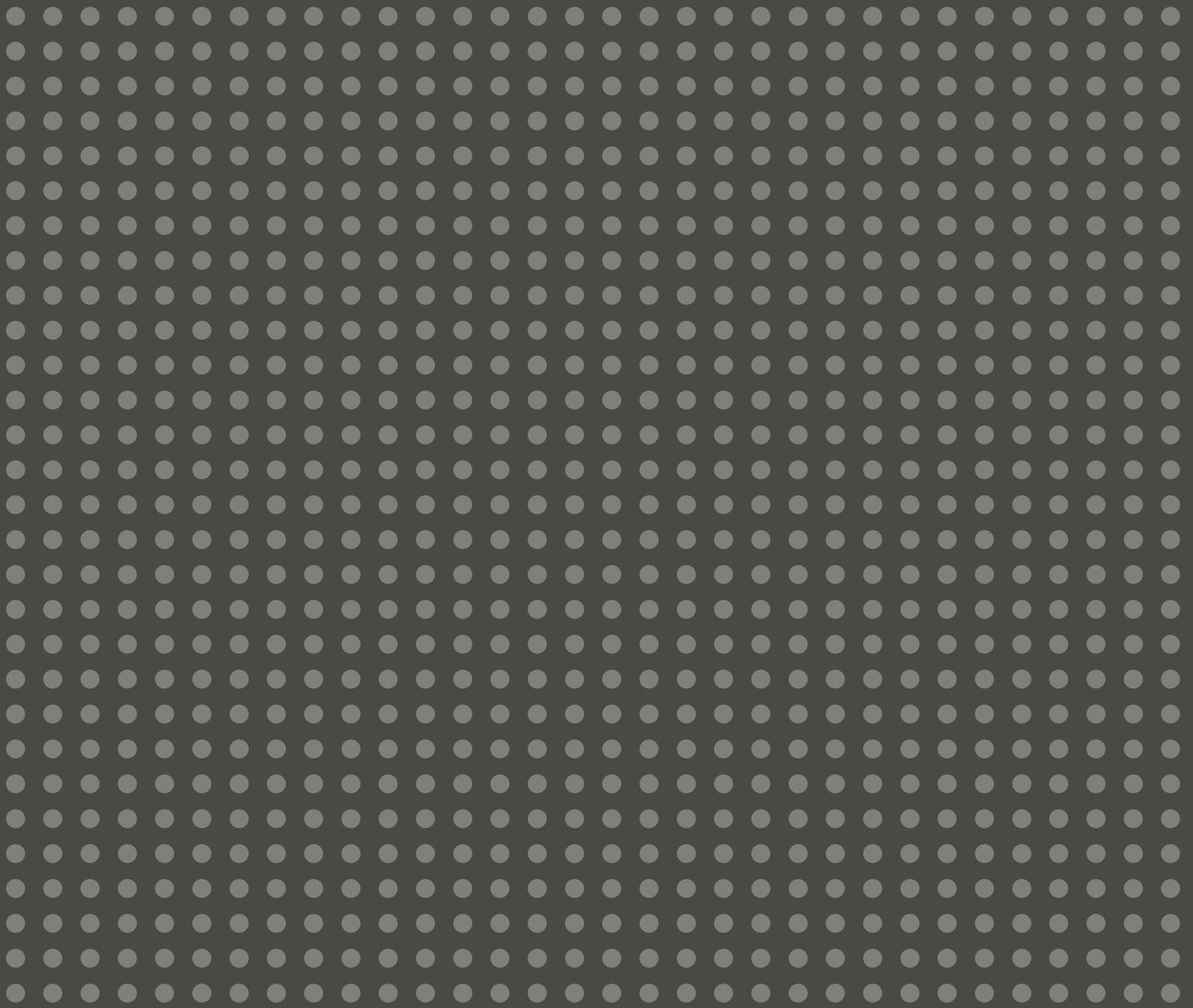




1 in 3 women worldwide
have experienced physical
and/or sexual intimate
partner violence or sexual
violence by a non-partner.



TRANSFORMATIVE RESULT:

ENDING GENDER-BASED VIOLENCE AND ALL HARMFUL PRACTICES

CHAPTER 5

COST OF ENDING GENDER-BASED VIOLENCE

SUMMARY

The number of women and girls impacted by gender-based violence (GBV) are staggering, with some estimates indicating that as many as one in three women and girls globally will be victims of GBV in their lifetimes. Gender-based violence undermines the health, dignity, security and autonomy of its victims and also has local, national and global impacts, limiting the contributions women and girls make to international development, peace and progress.

For the purposes of this analysis we assume that a range of anti-GBV programming will be scaled up to impact 80 per cent of women in 132 target low- and middle-income countries by 2030. Funding will be deployed slowly at first, expand rapidly around 2025 and then slow as target coverage of the interventions is achieved in 2030. For the purposes of costing an end to gender-based violence this analysis has identified a basic package of prevention and treatment services for intimate partner violence (IPV) based on the available data.

THE PRINCIPAL FINDINGS

- **Implementing prevention and treatment programmes to end gender-based violence in 132 countries by 2030 will cost a total of \$42 billion.**
- **The amount in development assistance that will be spent in 132 priority countries is \$9.5 billion. Ending gender-based violence by 2030 in 132 priority countries requires investments totalling \$32.5 billion.**
- **The need for these funds is not steady over the course of the decade with relatively large sums needed in years 6 through 10.**

5.1 OVERVIEW

Gender-based violence occurs in all countries and economic and social groups and takes on many forms.⁸ The number of women and girls impacted by GBV are staggering with some estimates indicating that as many as one in three women and girls globally will be victims of GBV in their lifetimes. The self-reported incidence of GBV in LMICs indicate that GBV impacts an average of 17 per cent of women across these countries, with a range of between 4 to 46 per cent.

Gender-based violence undermines the health, dignity, security and autonomy of its victims and also has local, national and global impacts, limiting the contributions women and girls make to international development, peace and progress. Victims of gender-based violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death.

To date, the global community has dedicated only limited resources to finding solutions and implementing programmes to end GBV. However, solutions to GBV are slowly emerging as more prevention and treatment programmes are implemented, new approaches are explored and results are analysed. Using available data, analysis suggests that most new resources are needed for programmes addressing three areas: community mobilization, outreach to male youth and economic empowerment of women and girls. Additional programming is needed for reaching women in the workplace, outreach to female sex workers, mass media, counselling and treatment and NGO strengthening.

5.2 OPERATIONALIZING ENDING GENDER-BASED VIOLENCE

For the purpose of this analysis, ending GBV is defined as a global scale-up of GBV prevention and treatment programming that would increase to cover 80 per cent of appropriate populations with effective interventions by 2030.

5.3 SCOPE

For the purposes of this analysis we assume that a range of anti-GBV programming will be scaled up to impact 80 per cent of women in 132 target LMICs by 2030. Funding will be deployed slowly at first, expand rapidly around 2025 and then slow as target coverage of the interventions is achieved in 2030. Interventions will include community mobilization, mass media, sensitivity training for male youth, economic empowerment, outreach for sex

workers, counselling and treatment and strengthening non-governmental organizations. It is outside the scope of this effort to expect to reach all women everywhere as some countries experience very low rates of GBV and interventions in those countries would be cost prohibitive.

5.4 METHODOLOGY

There is not a large body of research on the effectiveness of a range of interventions to combat GBV. This analysis relied on 63 articles that reported GBV prevention interventions and included measures of impact or cost. Among those studies that found significant results and reported odds ratios or information that could be transformed into odds ratios, there were 36 results. There is not enough information to extract different impact values by type of intervention, setting and indicator measured. However, a massive scale-up of efforts to prevent GBV would quickly expand knowledge about what works and how to tailor interventions to specific cultural settings.

For the purposes of costing an end to gender-based violence this analysis has identified a basic package of prevention and treatment services for IPV based on the available data. This package may contain elements of the following interventions depending on country: reaching women in the workplace; community mobilization; education and sensitivity training for adolescents; gender sensitivity training for male youth; enabling environment for sex workers; gender perspectives in health services; and NGO strengthening. In addition, the analysis calculated the cost of treatment, which generally consists of counselling to help with the trauma of violence and care for injuries in the case of rape or severe injury.

This package is not intended to be a recommendation of what each country, or regions within countries, should do, but rather representative of the types of services and costs that are required. The actual package would be tailored to each country context. The cost of the programme is estimated by multiplying the number of people reached with each service by the unit cost of providing that service. To this base cost we add \$100,000 per country for NGO strengthening and 15 per cent for support functions such as administration, research, training and monitoring and evaluation.

5.5 RESULTS AND FINDINGS

Implementing prevention and treatment programmes to end gender-based violence in 132 countries by 2030 will cost a total of \$42 billion. Donors are currently expected to provide \$9.5 billion for this purpose, leaving a funding gap of \$32.5 billion over the next decade. The need for these funds

⁸ GBV takes on many forms including violence against children and elder abuse as well as physical and/or sexual intimate partner violence, sexual assault, forced or unwilling sex, and physical or sexual violence by anyone. The GBV indicator most reported is intimate partner violence (IPV). IPV is the experience of physical or sexual violence committed by husband/partner in the past year. For the purposes of this analysis women's self-reported experiencing IPV is the main measure of GBV.

is not steady over the course of the decade with relatively large sums needed in years 6 through 10.

A comprehensive global effort to address GBV would provide counselling to over 180 million women by 2030 and treatment to nearly 700,000 victims of rape.

The largest amounts of resources are needed in East Asia and the Pacific (33 per cent) followed by roughly equal shares for the other regions as shown in figure 13.

Figure 12. Resource needs to end gender-based violence in 132 countries by 2030, by intervention

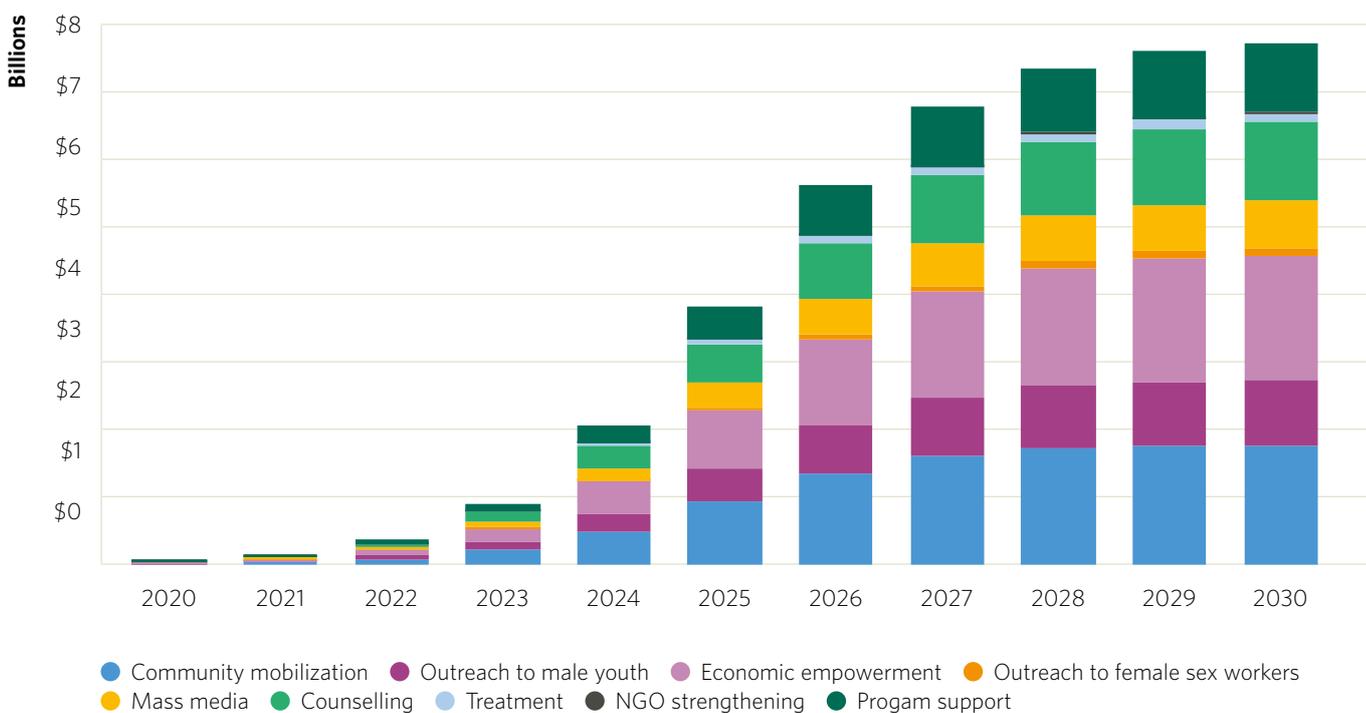
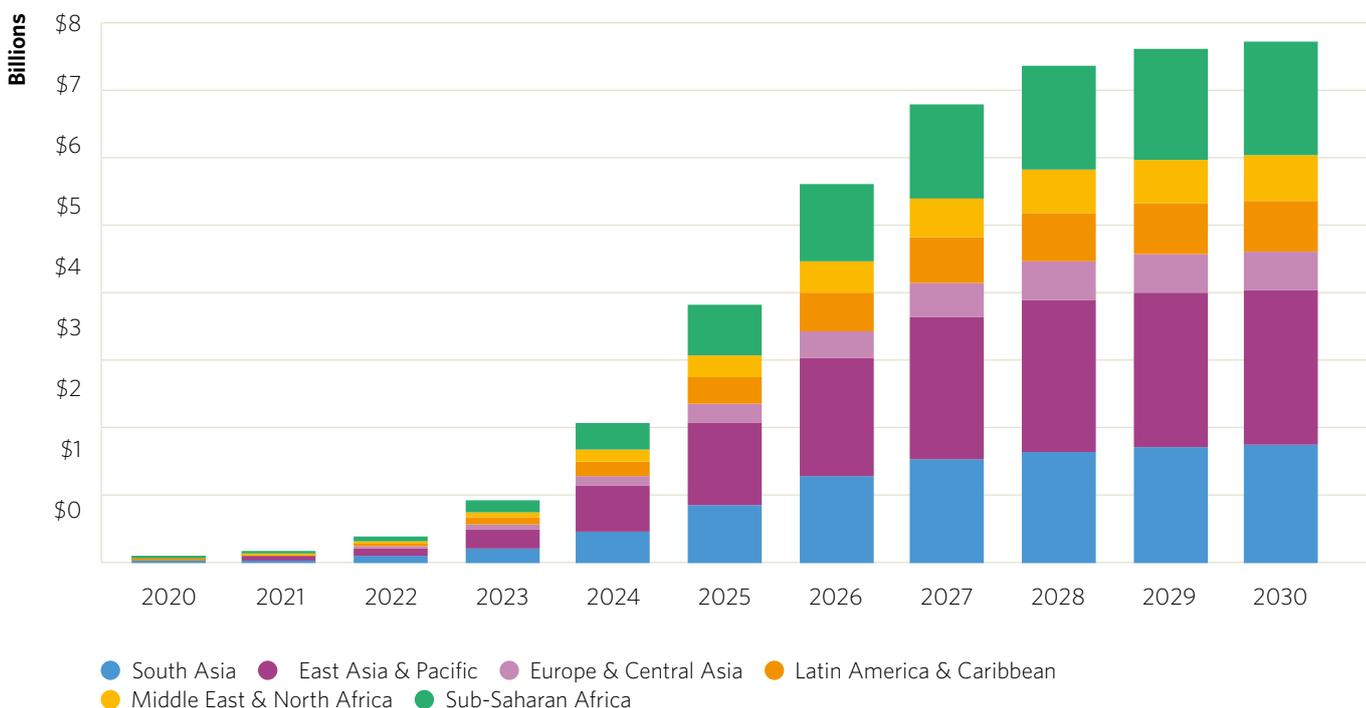


Figure 13. Resource needs by region



“
\$42 billion would end
gender-based violence in
132 priority countries.
Of this sum, \$32.5 billion is
needed in new investments.

ABBREVIATIONS AND ACRONYMS

CEF	Child, early and forced
CMOI	Child Marriage Optimal Interventions
DHS	Demographic and Health Surveys
FGM	Female genital mutilation
GBV	Gender-based violence
ICPD	International Conference on Population and Development
IPV	Intimate partner violence
LiST	Lives Saved Tool
MHTF	Maternal and Newborn Health Thematic Fund
MICS	Multiple Indicator Cluster Surveys
MMR	Maternal mortality ratio
NGO	Non-governmental organization
SDG	Sustainable Development Goals
UNFPA	United Nations Population Fund
US	United States
WHO	World Health Organization