Re-thinking Financing for Addressing Gender-based Violence

Background Paper for the Global Expert Meeting on
“Reducing Gender-based Violence to Achieve the Sustainable Development Goals”
2-4 March, Seoul, Korea

February 2016

Prepared by

Michelle Remme

Social and Mathematical Epidemiology Group

London School of Hygiene and Tropical Medicine

James L. Lang

Advisor, Gender, Violence and Rights, UNDP, Bangkok Regional Hub, Thailand

Table of Contents

Figures

Tables

Executive Summary

Gender equality, women's rights and ending violence are recognised as critical drivers of the new development agenda. This is an important acknowledgement of a serious global problem. A recent study estimated that globally, 35% of women have experienced physical and/or sexual abuse in their lifetime[1]. Considering the prevalence rates of violence against women and girls, the public financing and development assistance currently allocated to its reduction and elimination are disproportionate to the scale of the problem. However, the volume of financing is unlikely to be the only constraint for impact, as even when resources are available, they may be inefficiently allocated or even under-spent, suggesting a need for better modalities of investment and enhanced capacity to deliver services at scale.

The new GBV target under Goal 5 to "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" cannot be achieved if it remains framed as a standalone target or simply a means to achieve gender equality. Several effective actions to reduce GBV also produce multiple benefits germane to other goals – including positive outcomes in health, education, productivity, poverty, reduced HIV risk and overall well-being. In addition, progress on many of the SGD goals and targets - including those on poverty, inequality, health, education, work, peacebuilding and justice - will help to strengthen the necessary enabling environment for reducing GBV. To mobilize the necessary human and financial resources for achieving common goals, we need new ways of working across sectors and new visions of partnerships across the SDGs.

Currently, sector-specific interests tend to dominate sector budget allocations and secondary spill over benefits are not central to these decisions. Given constrained government budgets and flat-lining trends in development financing, we may see a further tendency to focus narrowly on core sector goals. Unfortunately, this may mean that governments are not allocating resources in the most efficient manner, and may be missing opportunities for increased multi-sectoral impact. Better data on the spill over costs and impact of GBV and GBV-related interventions are definitely needed, but may not be enough to incentivise greater prioritisation. The challenges to be addressed therefore include the transformation of financing and governance systems to enhance the incentives for different actors to coordinate efforts, jointly finance structural interventions and bring promising GBV responses to scale. The actors include different ministries and levels of government, civil society, development organizations and the private sector.

GBV efforts could therefore benefit from approaches to partially internalise GBV-related costs and benefits across various sectors' prioritisation and resource allocation processes. This paper presents relevant financing models, primarily in the area of health promotion and climate finance, which similarly require coherent multi-sectoral responses and action for structural long-term impact. Based on UNDP's comparative advantage in the area of financing for development, environmental finance and leveraging private finance, as well as strengthening local governance structures, suggestions are made of potential programmatic areas of investment. Finally, UNDP's ongoing work in Papua New Guinea is taken as a case study to illustrate some concrete steps that could be taken to promote such funding models, while building on the programme's successful support to creating an enabling environment to prevent and respond to one of the worst burdens of GBV in the world.

PART I: Gender-based Violence, the Sustainable Development Goals and Development Financing

1.1 New development agenda calls for new thinking

From the MDGs to the SDGs

In September 2015, the international community signed up to an ambitious global development agenda with 17 Sustainable Development Goals (SDGs) and 169 targets. Building on the achievements of the Millennium Development Goals (MDGs), and learning from their limitations, this agenda highlights the importance of the "interlinkages and integrated nature [of the] indivisible" SDGs [2]. Governments and their development partners will need to plan and act differently[3]. In particular, there is a need to rethink the silo approach of vertical programmes to achieve each goal or sub-goal, which has left important gaps and missed opportunities for synergies[3].

> *"We will identify actions and address critical gaps relevant to the post-2015 development agenda, including the sustainable development goals, with an aim to harness their considerable synergies, so that implementation of one will contribute to the progress of others. We have therefore identified a range of cross-cutting areas that build on these synergies." Addis Ababa Agenda for Action[4]*

In the past 15 years, international development has been infused with a culture of measurement, accountability and a focus on results. Financing channels and priority-setting processes have followed and reinforced this trend. While this is in many ways a positive development, it has also been characterized by a greater focus on single impact outcomes and thus interventions that address proximal determinants or causes of underdevelopment and social problems, arguably at the expense of some more upstream structural approaches to address a multitude of overlaying social, economic and environmental issues.

The world has the resources to achieve the SDGs[4], but these resources are currently spread out among diverse actors and constrained by systems of public and private finance and development assistance that may not be fit for purpose. The new Addis Ababa Action Agenda provides the framework for how the ambitious goals will be financed[4]. While reaffirming the required contributions from developed countries in the form of development assistance, it is largely focused on domestic financing and mobilising domestic resources by 'increasing the pie' or expanding the revenue base and revenue collection. It pays somewhat less attention to how resource allocation is prioritized and how efficiency gains could be realized through a more integrated approach to implementing the agenda. The latter may be particularly relevant to the prevention of gender-based violence, which will require upstream, multi-sectoral and coordinated action to have large-scale impact[5].

Gender-based violence prioritization and financing

Gender equality and women's rights have gained prominence in the new development agenda. There is both a strong commitment to promoting gender equality as a driving and overarching principle, but also to integrate this goal across development priorities. Unlike the MDGs, ending gender-based violence (GBV) is now an explicit target under the gender equality goal (Goal 5), namely to "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"[2].

This is an important acknowledgement of a serious global problem. A recent study estimated that globally, 35% of women have experienced physical and/or sexual abuse in their lifetime[1]. Considering the prevalence rates of violence against women and girls, the public financing and development assistance currently allocated to its reduction and elimination seem disproportionate to the scale of the problem.

Indeed, national policies, strategies and programmes to prevent and address GBV appear to have received limited public financing to date[5-7]. There are several studies on the direct and indirect social and economic costs associated with the occurrence of GBV[8-21], but there remain limited data on exactly how much is spent in this area[22]. Accountability mechanisms and tracking of national expenditures on preventing and responding to GBV are generally lacking[7]. The few studies that seek to document this find extremely low budgetary commitments in most countries[23]. Notable exceptions include Sweden and Norway[24], which in 2008 allocated more to combat violence against women than the European Union benchmark of one euro per inhabitant[1] (see Table 1).

Table 1. National budget allocations to Gender-based violence

Country	Activity	Total budget allocated and year[2]	Rough per person allocation[3]
Tanzania	Specific allocation for GBV to the Ministry of Community Development, Gender and Children	USD 231,560 (0.0015% of the national budget)	USD 0.005 per person
India	Allocation to Ministry of Women and Child Development for 'women's welfare'	USD 148.2 million (2013/14) *(add % of national budget)*	USD 0.12 per person

[1] A committee of the Council of Europe stated that one euro per inhabitant should be a benchmark for the amount countries should allocate for activities to combat violence against women (Council of Europe, n.d.).

[2] Sweden: just over SEK 800 million budgeted; Norway: NOK 51,179,000 in 2008; India: Rs 914.68 crore; Tanzania: TZS 413.5 million; Colombia: 184 billion pesos or USD 73.7 million in 2003 (cited in Morrison et al (2007)).

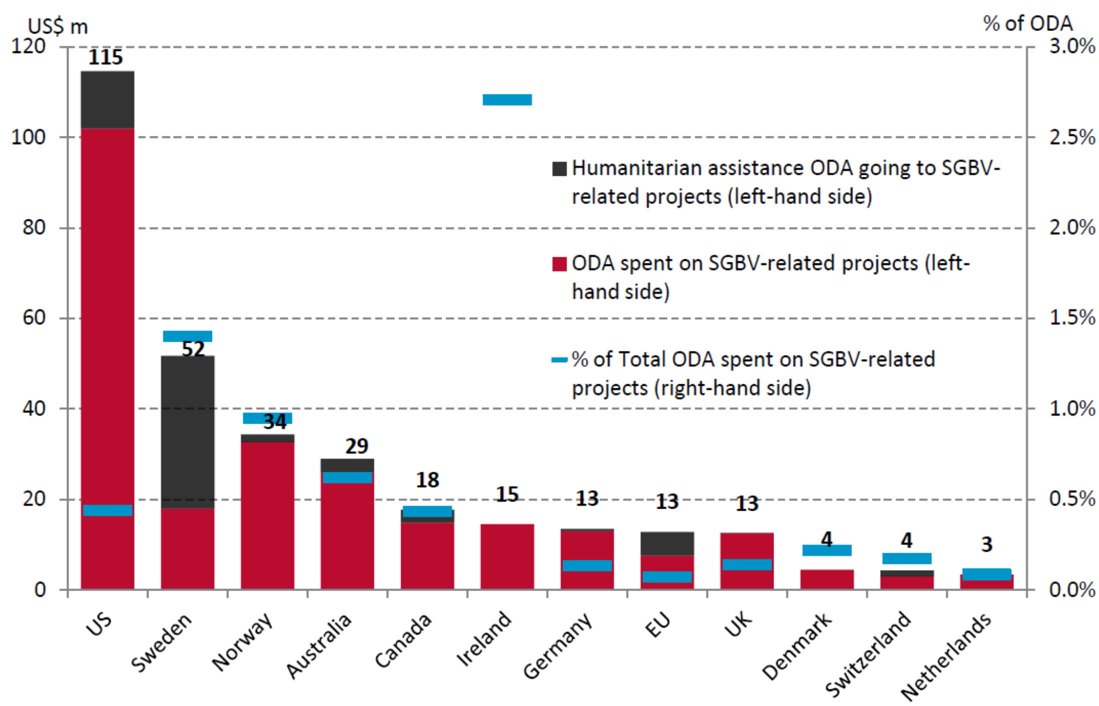
[3] Based on World Bank population data.

Colombia[25]	To prevent, detect and offer services to survivors of family violence	USD 73.7 million in 2003 (0.6% of the national budget)	USD 1.76 per person
Sweden	Implementation of action plan for combating men's violence against women, violence and oppression in the name of honour and violence in same-gender relationships (2008-2010)	USD 37.7 million per year (2008-2010) *(add % of national budget)*	USD 4.05 per person
Norway	Implementation of action plan against violence in close relationships (2008–2011)	USD 9.08 million per year (2008) *(add % of national budget)*	USD 1.90 per person

Note: The budgets and types of activities included in the different studies are very different, and they should therefore not be directly compared to each other.

International development assistance has been characterized by a similarly low level of prioritization and financing for GBV. While the Organisation for Economic Cooperation and Development (OECD) has been tracking aid commitments to gender equality with a specific marker, there is none for allocations to GBV. However, a study was conducted to look specifically at projects that referred to GBV under their objectives in 2012 (see Figure 1Figure 1. Top 12 donors financing Sexual and Gender-based violence related projects in 2012)[26]. It found that most OECD donors allocated less than 1% of their aid to GBV, with the exceptions of Ireland and Sweden. This picture is evolving, however, with more donors increasing their contributions to and prioritization of GBV going forward[27].

Figure 1. Top 12 donors financing Sexual and Gender-based violence related projects in 2012

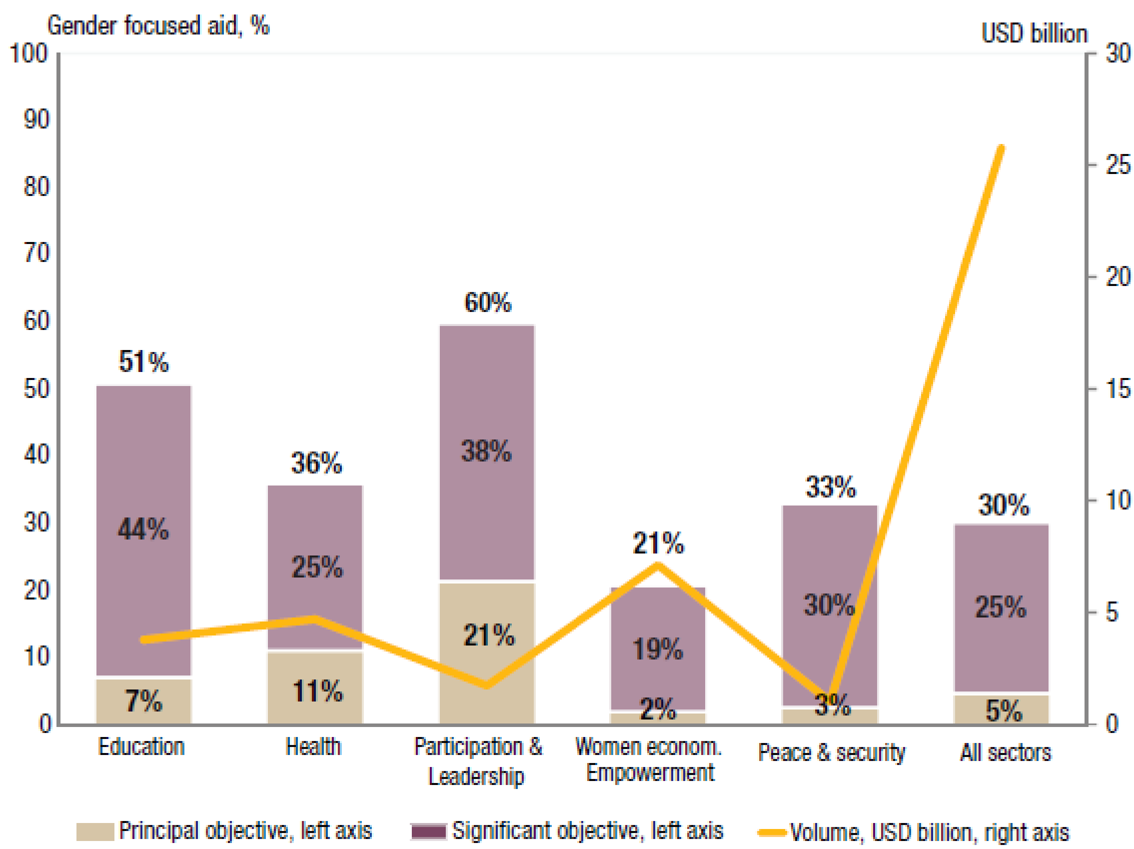


Source: Development Initiatives (2014)

While GBV-specific budget allocations are critical, measuring only what is spent on GBV-marked projects may underestimate vital upstream investments in gender equality as primary prevention of violence. Unfortunately, a recent study tracking OECD development assistance for gender equality, found that these investments also remain low (see Figure 2). Only 4% of OECD aid had gender equality as a primary objective, while an additional 25% indicated gender equality as a secondary objective. Put differently, 70% of aid did not explicitly consider gender equality, or women's needs and interests[28]. That being said, there has been progress. Aid to gender equality appears to have grown faster than aid overall over the MDG period, especially in fragile contexts, but this gender-focused aid is heavily concentrated in social sectors, and is strikingly low in the economic sectors.

Conversely, governments around the world do not appear to be prioritizing GBV and the unequal gender norms that drive it. For example, India is one of the few countries with an institutionalized national gender-responsive budgeting exercise, alongside the national budget process. This so-called 'Gender Budget Statement' estimates all federal outlays allocated to women and girls. For the 2013/14 fiscal year, an estimated USD 15.74 billion, or 5.8% of the total federal budget, was gender-focused[29]. Given the high level of GBV and the country's low ranking in the Gender Development Index, this seems too low to promote and enable structural change.

Figure 2. Gender equality focused aid by sector



Note: 2012-13, average annual commitments, USD billion, 2012 USD
Source: OECD (2015)[28]

The reality of current financing for GBV is in stark contrast with the strong commitment to invest in gender equality and the elimination of GBV articulated in the Addis Ababa Agenda for Action this July:

> *"We will work for a significant increase in investments to close the gender gap and strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels. All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys."*[4]

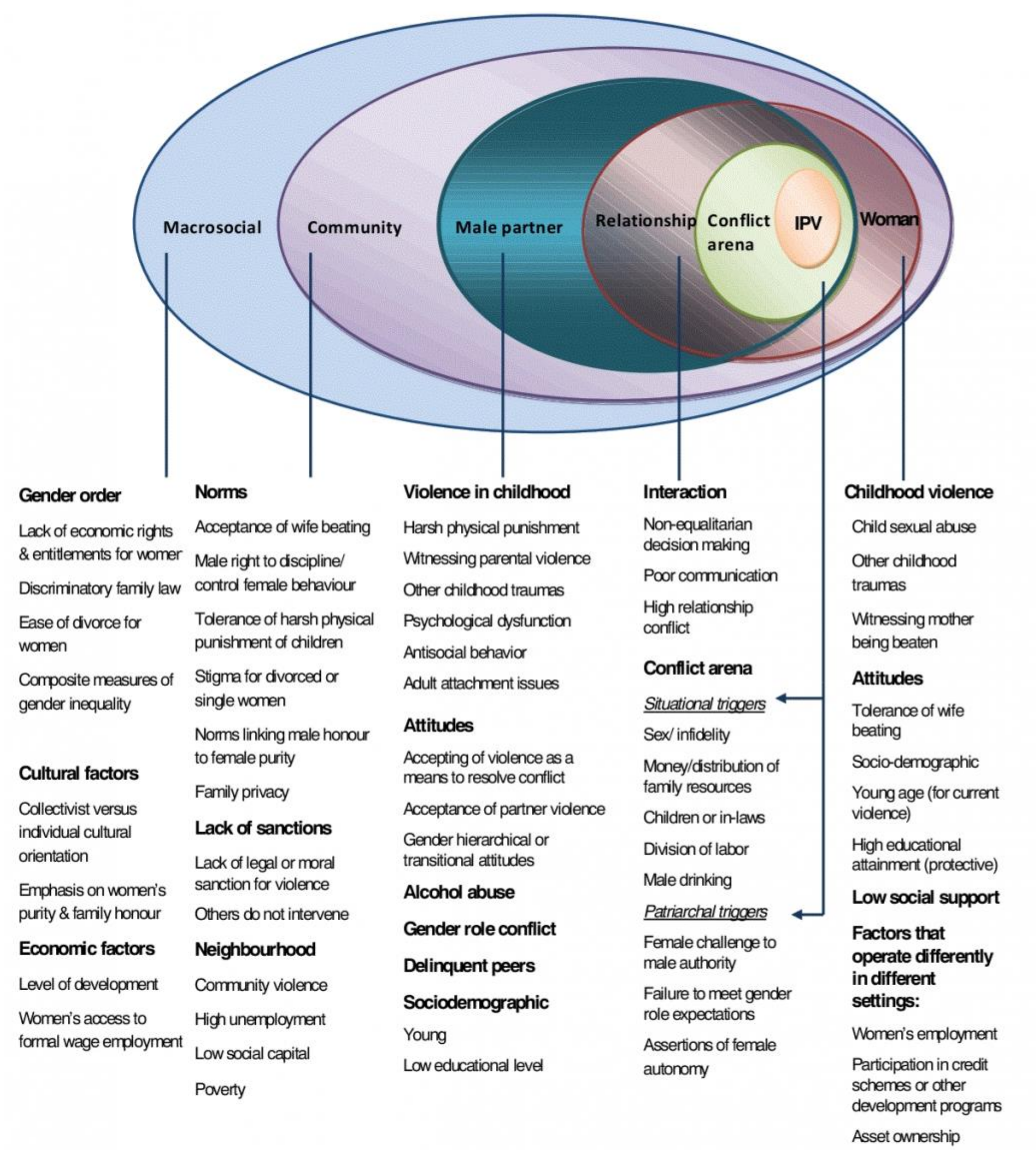
It raises doubts about where the additional finance will come from, how it will be invested at a large scale and how it will be efficiently absorbed by often weak and under-capacitated ministries of gender or women's affairs. Indeed, a study from India found that states with higher allocations for the implementation of the domestic violence act, Karnataka and Madhya Pradesh, also had the lowest expenditure rates (48% and 31% respectively)[23], suggesting that it is not just about more money, but also better modalities of investment.

Financing and Governance Challenges - What will have to change?

The causes and enablers of gender-based and partner violence are complex and multi-layered, as depicted in the ecological framework in **Figure 3**. They range from individual-level risk factors, such as childhood experience of violence and partner's alcohol abuse, to community-level norms condoning violence and impunity, and macro-level factors, including women's rights in family law and access to formal employment[30]. For example, a recent cross-country analysis of population-based survey data from 44 countries found that norms related to male authority over female behaviour and the extent to which laws and practice disadvantage women in terms of access to productive resources were particularly predictive of the prevalence of past year partner violence.

Lessons from GBV programming and practice underscore that while each intervention does not need to intervene at each level, each level does need to be addressed through a comprehensive strategy to prevent violence[25, 31]. Clearly, intervening at each level and in all the different spheres of public and private life cannot be effectively achieved through a single government ministry, a few departments or a single-purpose sector with limited budgets and other capacity constraints.

Figure 3. Ecological model for Partner violence

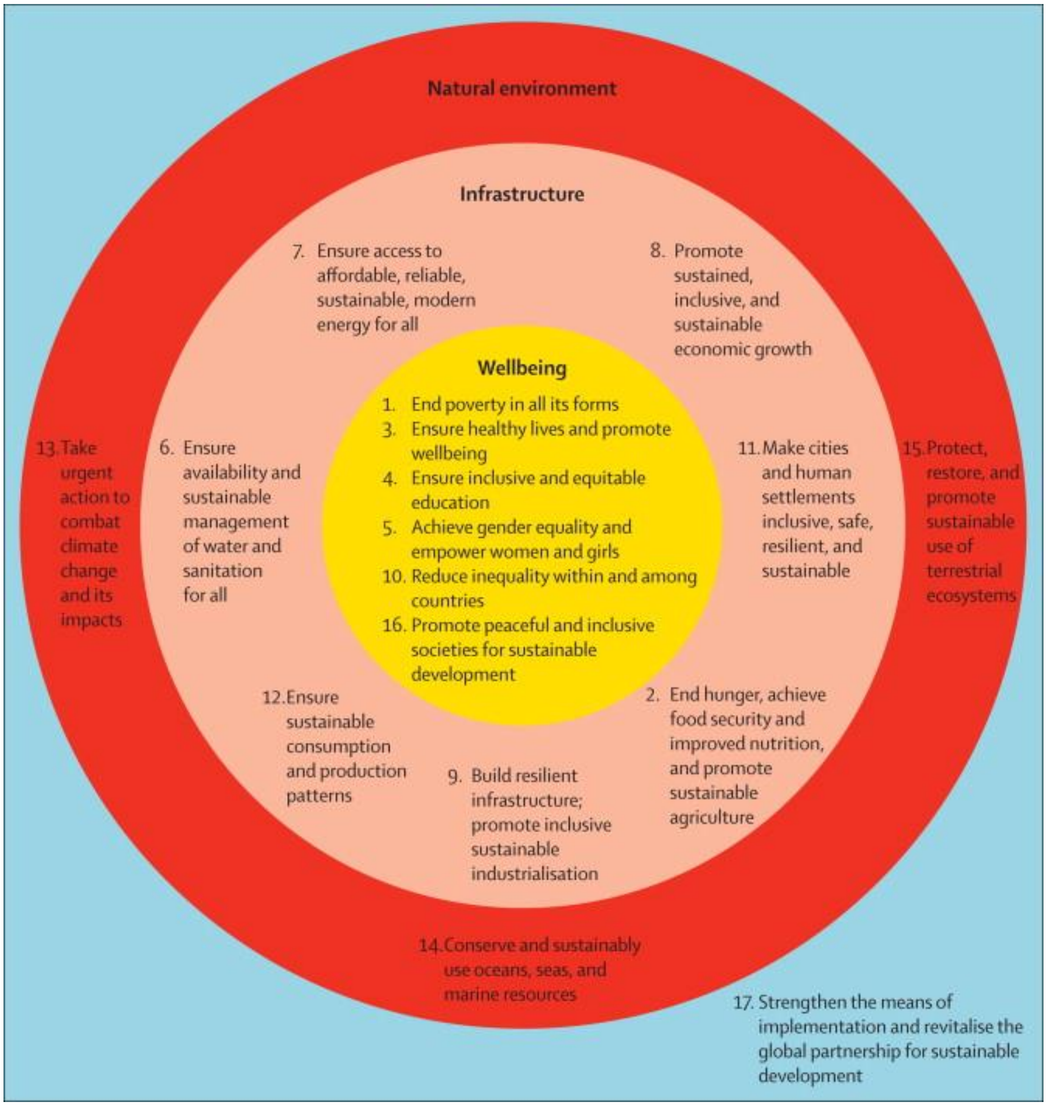


Source: Heise (2011)[32]

The limitations of the prevailing 'silo' approaches to interrelated development problems has been underscored by Waage and colleagues, who developed a conceptual framework of the SDGs and their interactions (see Figure 4). It is centred on an inner circle, composed of 'well-being' goals that aim to generate 'people-centred' individual and community outcomes. Goal 5 on gender equality is one of them. In addition, the authors identify a middle layer of 'infrastructure' goals, which include networks and mechanisms required to produce and deliver goods and services (such as food, water and sanitation).

Finally, a third layer of 'environment' goals relate to the management of global resources and public goods. The framework highlights the interactions within and between layers, and the potential for positive synergies, particularly among goals in the inner circle. Yet, there may also be contradictions between the achievement of infrastructure goals and wellbeing or natural environment goals. This tension and these potential spillover costs or damages need to be considered and mitigated if the SDGs are to be met.

Figure 4. Framework for examining interactions between the Sustainable Development Goals



Source: Waage et al 2015[33]

In fact, the GBV SDG target cannot be achieved if it remains framed as simply a means to achieve Goal 5. Several effective actions to reduce GBV also produce multiple benefits germane to other 'well-being' goals – including positive outcomes in health, education, productivity, poverty, reduced HIV risk and overall well-being[31, 34]. To mobilize the necessary human and financial resources for achieving common goals, we need new ways of working across sectors and new visions of partnerships across the SDGs.

Currently, sector-specific interests tend to dominate sector budget allocations and secondary spillover benefits are not central to these decisions. Given constrained government budgets and flat-lining trends in development financing, we may see a further tendency to focus narrowly on core sector goals. Unfortunately, this may mean that governments are not allocating resources in the most efficient manner, and may be missing opportunities for increased multi-sectoral impact. Better data on the spillover costs and impact of GBV and GBV-related interventions are definitely needed, but may not be enough to incentivise greater prioritisation. The challenges to be addressed therefore include the transformation of financing and governance systems to enhance the incentives for different actors to coordinate efforts, jointly finance structural interventions and bring promising GBV responses to scale. The actors include different ministries and levels of government, civil society, development organizations and the private sector.

1.2 Promising approaches and possible solutions

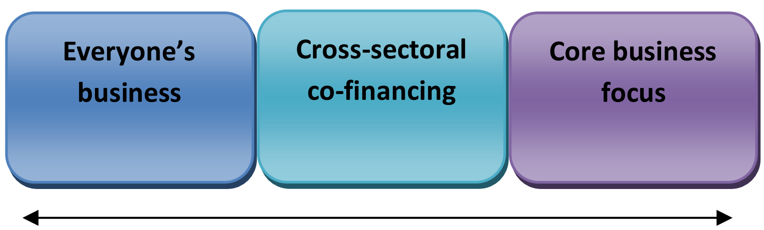
GBV is one of the worst manifestations of gender inequality, and has been central to many gender policy approaches to date. These approaches have also aimed to get to the causes of the causes, and intervene at the structural level, which has required shifts in thinking and new policy approaches that are equally relevant to GBV. The three key gender policy and programming approaches include equal opportunities, positive action and mainstreaming.

The GBV field embraces the need for multi-sectoral action for optimal impact. In terms of governance and financing, there has been broad consensus on a twin track approach, whereby:

1) Gender equality and GBV are everyone's business and all sectors are mandated to act on it within their core business; and
2) The coordination role is assigned to a 'national gender machinery' or line ministry responsible for gender equality or women's affairs. In practice, this government ministry (or department) has often had to take on a lot more than the coordination role and lead in several areas in which others would or could not intervene.

In economic theory, development issues like GBV are thought to suffer from the so-called market failure of 'externalities'. GBV could be defined as a negative externality from the consumption or production of certain goods and services, but it is not considered by the consumers or producers involved in the transaction. For example, there appears to be a close relationship between hazardous alcohol consumption by men and their perpetration of violence[32]. However, this social cost is not taken into account by these men or the alcohol retailers. The theoretical solution for this type of market failure involves putting in place mechanisms to 'internalise' the additional costs, which in simple public finance terms would be government taxation. Similarly, certain public services may have additional benefits in reducing GBV that are not factored in, when governments decide how much of them to produce. For example, there is increasing evidence that cash transfers to poor households can reduce women's experience of partner violence[35]. However, many of these cash transfer programmes have been set up without considering this benefit, and therefore potentially under-investing in them.

A number of policy approaches are described below given their relevance to addressing similar governance and financing challenges for issues with significant 'externalities'. Most approaches fall more or less within the 'everyone's business' paradigm, except the last one, which zooms in on core sector mandates. Joint budgeting or cross-sectoral co-financing is different from the core business paradigm in one important way: it implies that if a sector can choose between investing in a sector-specific intervention and co-financing a multi-sectoral intervention, at the same cost per unit of outcome, it should prefer the latter for the co-benefits, rather than be purely indifferent (hence recognizing the shared mandate).



It is worth noting that this section focuses on approaches or models that involve additionality in financing. Hence, various forms of inter-sectoral governance structures alone are not discussed where they do not bring additional financing sources.

Mainstreaming

To date, the most common approaches used to partially internalize these gender-related costs and benefits have involved expanding the mandates of various sectors to include gender equality. This has happened through a decentralisation of the responsibility for gender equality across government units and departments[36]. By making it one of their objectives, they would be expected to incorporate them in decisions on what programmes to implement and how to implement them. In broad terms, this is what is understood under 'mainstreaming'.

> *"The distinctiveness of the gender mainstreaming approach is that it seeks to institutionalize equality by embedding gender-sensitive practices and norms in the structures, processes, and environment of public policy."*[36]

This policy approach is also promoted for other 'cross-cutting' issues, including areas like nutrition and health promotion that are entirely geared towards addressing the structural determinants of health[37-38]. However, even within mainstreaming, different approaches have been adopted. The first is to assume that formally institutionalizing this additional mandate is enough to ensure the sector's internalization of these externalities. A second approach appeals more directly to the core business and primary objectives of the sector in question, and demonstrates the instrumental role of gender equality or GBV prevention, for example, in achieving the sector's own objectives. Many countries have adopted 'transversal' action plans on gender equality, with various levels of coherence[36]. GBV tends to still be the remit of the centralized gender 'sector', although there are successful examples in fragile settings whether this is not the case[39].

There is controversy about whether gender mainstreaming as an approach is an overarching modern strategy for gender equality, that encompasses equal opportunities and positive action approaches, or whether the three models are a reflection of the evolution of gender equality strategies – with mainstreaming having come out at the top[36]. Gender mainstreaming can be viewed to have a conservative tendency of focusing on techniques and finding overlap between gender equality and mainstream agendas, thereby avoiding confrontation around power. There may be tension between integrating gender into the mainstream and changing the mainstream[36, 40]. This may be of particular concern for the elimination of GBV, which is all about power[31].

For financing, the implications are that sectors are to use their budgets to fulfil their gender equality or GBV mandate. They may also be mandated to spend a specific percent of their budget on gender equality activities. In cases where sectors use these resources to address gender inequality or GBV instrumentally, it is likely that they will be integrated only up to the point that they affect sector outcomes or do not have additional costs. This could work well for gender-sensitive programme tweaks, but is unlikely to incentivize investments in larger upstream and transformative programmes.

Local 'Whole of government' approaches

The concept of a 'whole-of-government' approach has become more and more popular in policy spheres, reflecting a growing understanding of the complexity and interconnectedness of many issues and the need for integrated collaborative responses.

> *"The Whole-of-Government Approach is that government agencies and organizations share objectives across organizational boundaries, as opposed to working solely within an organization."*[41]

This approach is fundamentally about policy coherence, and increasingly about service delivery efficiency through integration. Both are critical to responses to GBV. In the area of nutrition, for example, there is a strong emphasis on whole-of-government approaches to improve dietary health, where a lot of the action required is outside the health sector, and involves agricultural production, industry regulation, fiscal policy and taxation, urban planning and education, among others[38]. There is significant risk for contradictory policies, whereby the health sector may be promoting healthy diets through nutrition education, while government food regulations are relaxed for products with high sugar content. Likewise, for GBV responses, there may be investments on the one hand in mass media campaigns to change norms around the acceptability of violence, alongside widespread availability of alcohol in areas with high domestic violence. Such incoherence reduces the effectiveness of policies, and leads to inefficiencies in public spending. The agenda for Health-in-all policies is embedded in this whole-of-government approach, and is equally motivated by the need for policy coherence, as well as addressing the non-health sector structural determinants of health[38].

A number of governance structures have been designed and tested to incentivise and facilitate the required intersectoral action (see Table 2). In addition to committees at various levels, and stakeholder engagement, different funding arrangements have been tested (see below), as well as financing tools. The UNDP Climate Public Expenditures and Institutional Review (CPEIR) is one such tool that is being used in the climate field to promote whole-of-government financing by reviewing public expenditures and identifying budget lines that are contributing or could contribute to climate change mitigation[42].

Table 2. Overview of how intersectoral governance structures may affect governance actions in a Health in all Policies approach

			Governance actions								
			Evidence support	Setting goals & targets	Coordination	Advocacy	Monitoring & evaluation	Policy guidance	Financial support	Providing legal mandate	Implementation & management
Intersectoral governance structures	*Government level*	Cabinet committees and secretariats		√	√	√					
	Parliament level	Parliamentary committees	√			√	√	√		√	
	Bureaucratic level/ (civil service)	Interdepartmental committees and units	√		√	√	√	√			√
		Mega-ministries and mergers			√						√
	Managing funding arrangements	Joint budgeting			√				√		√
		Delegated financing			√	√			√	√	√
	Engagement beyond government	Public engagement	√	√		√		√			
		Stakeholder engagement				√		√	√	√	
		Industry engagement			√				√		

Source: WHO 2012

Joint budgeting

To deal with the inefficiencies and missed opportunities of vertical funding silos, examples can be found in high-income countries where sectors have been co-financing health promotion interventions that aim to generate multiple cross-sectoral benefits.

Joint budgeting mechanisms have been developed in Australia, Canada, England, Italy, the Netherlands and Sweden, whereby budgets across government departments or tiers are shared or integrated to address shared goals[38] (see Table 3). These tend to focus on easily identifiable beneficiary groups[43] that require more than health care services, such as social care, education, housing and employment[44-48]. For these to function, it is critical for the partners involved to consider that it is in their own best interest to join budgets, i.e. that their own objectives will be more efficiently achieved. Given the potentially offsetting transaction costs of coordination, building and nurturing trust between institutional cultures is key, as well as the recognition by partners of the importance of each other's goals[38].

Table 3. Different approaches to Joint budgeting

Budget alignment: Budgets may be aligned rather than actually joined together. For instance, a health commissioner can manage both a health budget and a separate local authority budget to meet an agreed set of aims.

Dedicated joint funds: Departments may contribute a set level of resources to a single joint fund to be spent on agreed projects or delivery of specific services. This may often be a time-limited activity. There is usually some flexibility in how funds within the budget can be spent. A variant of this in the United Kingdom is the Individual Budget, which pools funds from several sectors but leaves it to the discretion of service users as to how funds should be spent.

Joint-post funding: There may be an agreement to jointly fund a post where an individual is responsible for services and/or attaining objectives relevant to both departments. Theoretically this can help ensure cooperation and avoid duplication of effort.

Fully integrated budgets: Budgets across sectors might become fully integrated, with resources and the workforce fully coming together. One partner typically acts as the "host" to undertake the other's functions and to manage all staff. To date this has largely been restricted to partnerships between health and social care organizations, or for the provision of services for people with mental health needs.

Policy-orientated funding: Central or local government may set objectives that cut across ministerial and budget boundaries and the budget system. Money may be allocated to specific policy areas, rather than to specific departments, as has been seen in Sweden and England.

Source: WHO (2012)[38]

Well-documented examples from Sweden include a rehabilitation programme for people with musculoskeletal disorder[44-46], an elderly safety promotion programme and a diabetes prevention programme[49].

Health promotion typically receives very minimal funding[50] – in the UK, for example, joint funding mechanisms represented about 3.4% of total health and social care funding[38]. However, there is some indication that co-financing mechanisms have been able to mobilise additional financing[50]. There is to date limited evidence on the effectiveness of such co-financing arrangements compared to previous arrangements, besides two experiences with transport safety and children's services in the UK[38].

Delegated financing

Delegated financing is potentially another financing model that provides opportunities for cross-sectoral activities to be funded, under a common overarching objective. For example, health promotion foundations (statutory bodies with long-term and recurrent public resources) were initially established in Australia from a dedicated tobacco tax and replicated in Austria, Hungary, Germany, Switzerland and Thailand, tapping various funding sources, such as an additional levy on top of compulsory health insurance premiums or a dedicated sum from sales-tax revenue[50]. Such resources have been invested in intersectoral programmes for health promotion and disease prevention, and have been found to be financially sustainable[50]. However, these funding models have encountered a number of institutional challenges. Some are related to the implications they have for government stewardship, given their statutory nature. The other is the perceived free-rider problem that may hinder co-financing mechanisms in general, where some sectors or budget holders can get away with not contributing but still reaping the benefits[50].

Output-based financing and Social Impact Investments

There is increasing interest in various fields in linking the disbursement of financial resources to outputs or results, rather than allocating resources for expenditures on inputs. Such approaches are coined differently in different sectors and settings, as output-based, performance-based, results-based financing; pay-for-performance; or cash on delivery[51]. They are all aimed at using a financial mechanism to incentivise recipient governments, programme implementers or service providers to focus on producing pre-defined outputs, while giving them the flexibility to determine how best to use inputs to generate these results.

Social Impact Investments are a specific type of results-based financing tool and refer to investments "made into companies, organizations, and funds with the intention to generate a measurable, beneficial social or environmental impact alongside a financial return". There do not appear to be cases focusing explicitly on GBV in the global North nor South[52]. However, recently, the world's first Development Impact Bond was issued to address girls' education in India[53].

Leveraging private and market-based financing mechanisms

While the focus has been on public and international financing models, there are certainly promising examples of private financing as a means to increase social development investments, and to attach value to the positive and negative externalities of private investments.

Engaging the private sector as a payer of GBV interventions

Facilitating greater engagement of the private sector in investing in GBV prevention can be done by appealing to private sector objectives and interests. It can therefore be a means of crowding in private resources for GBV prevention goals, by making the business case for investing in GBV in the workplace, as well as in surrounding communities. Another entry point is to demonstrate that GBV may be a social cost, or negative externality, of certain private investments that need to be factored in and mitigated.

The former is often the focus of initiatives to incentivise the gender-responsiveness of private sector workplace policies, such as the gender certification programmes that UNDP implemented successfully in several Latin American countries to strengthen internal gender mainstreaming[54]. Facilitating investments by multi-national companies in social development programmes in communities living in locations adjacent to their operations is another common approach (e.g. British Petroleum in PNG[55]). GBV prevention approaches could be rightfully prioritised and funded within such intervention packages.

Moreover, besides mitigating the collateral damage of their business operations, companies want to invest in their own corporate social responsibility activities to improve the reputation of their brand and positive visibility. GBV responses can and have tapped into this and use the delivery platforms of telecommunications companies, for example, to host free hotlines and phone texting service for violence reporting, or for service providers to record data in consolidated datasets[56].

Clean development mechanism to pay for GBV prevention co-benefits

The United Nations Framework Convention on Climate Change (UNFCCC) underscores the principle of "common but differentiated responsibilities", thereby recognizing that social and economic development are overriding priorities for developing countries, and thus requiring developed countries take the lead in reducing greenhouse gas emissions[57]. This acknowledgement, together with the "Flexible Mechanisms" defined in the Kyoto Protocol, have led to the establishment of the Clean Development Mechanism, which effectively enables signatory parties to achieve emission reductions more cost-effectively in other countries. Put differently, these global efforts to mitigate climate change have sought to internalize the negative externalities of carbon-emitting economic activities by creating a market for carbon credits. Companies and governments in industrialized countries producing carbon emissions can purchase Certified Emissions Reductions (CERs) from developing countries or projects that implement carbon-offsetting activities, such as forestry activities for carbon sequestration, or providing clean renewable energy to national grids.

While this is an interesting mechanism in itself, what is potentially relevant to GBV financing is the increasing attention it is placing on other non-carbon related co-benefits of the programmes invested in. These efforts have become more than a license to pollute, as they could also serve the corporate social responsibility agenda of companies, and the development assistance objectives of governments.

Given the market value companies see in improving their social image, programmes that are funded through the Clean Development Mechanism that can be shown to have other co-benefits besides offsetting carbon can accrue additional market value. This could then be reflected in the market price of carbon credits from such programmes and become a mechanism to attract more financing for programmes with multiple cross-sectoral outcomes. However, the recent downward trend in the market price of CERs in the European carbon market are casting down on the viability of the scheme[58].

Strategic Environmental Assessments to fund the mitigation of GBV-related collateral damage

Another financing model that thrives on public-private partnership involves leveraging Strategic Environmental Assessments (SEAs) and the subsequent mitigation plans. Large capital development projects are legally obligated to conduct a SEA to assess their potential environmental and social impact[59]. Based on these assessments, mitigation plans are to be put in place and fully funded by the project to minimise the envisaged collateral social damage to the communities affected. There is a significant push in Africa, where large investments are being made in infrastructure development for economic transformation, to leverage this legal instrument to mobilise additional resources for health and gender-related interventions[59].

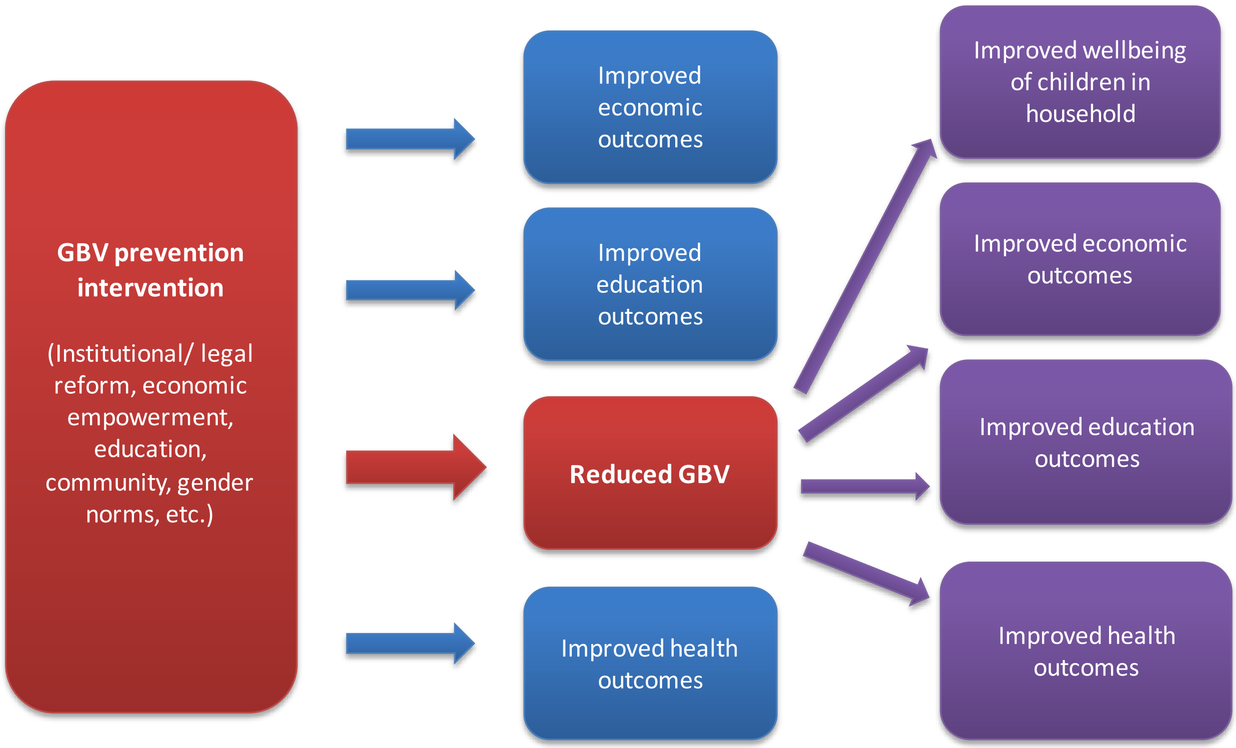
1.3 Paying for cross-sectoral GBV plans through co-financing: a promising approach

Resource allocation decisions are conventionally expected to rely on an assessment of value for money that would compare the value of the GBV outcome to the full cost of the intervention (illustrated as the red value chain in Figure 5). This would mean ignoring all the other direct economic, health and/or educational outcomes of a specific intervention (in blue), as well as the indirect impacts mediated by the reduction in GBV (in purple). Based on this simple value chain, certain interventions that aim to tackle broader structural inequalities and development challenges may not appear to be good value for money from the perspective of preventing GBV alone. The same may be true when looking at this equation from other single sector perspectives, leading sector budget holders to decide not to fund or scale up such interventions despite their significant overall societal benefits. This would represent a welfare loss for society and an inefficiency in the resource allocation process[60].

Such a siloed perspective to evaluating the economic value of various programmes or intervention models does not seem appropriate for many forms of violence prevention that could also have several other social and economic benefits. A new debate that is emerging within the HIV field is that assessments of value for money should be careful about taking such a narrow disease-specific approach to priority setting and budgeting, as this may result in important interventions that may achieve multiple outcomes, not being funded. Instead, it has been argued that to overcome the inefficiency associated with such siloed budgeting, sectors could adopt a co-financing approach, whereby they would consider contributing to interventions with other benefiting sectors, up to the point that it is cost-effective for them to achieve their specific outcome[60-61].

Existing approaches for assessing the value for money of interventions with multiple outcomes seek to internalise the external benefits (so-called cost-benefit analyses), thereby broadening the evaluation to a societal perspective [62-64], but are not at present extensively used in resource allocation by decisionmakers. A ‘co-financing approach’, on the other hand, also minimises the risk that cross-sectoral benefits are foregone and could potentially be incorporated into a system where sectors budget separately. Decision rules based on sector-specific cost-effectiveness thresholds could still support this approach as a potential method to explore the range of contributions from different sector budgets.

Figure 5. Illustrative potential chains of benefit associated with GBV prevention programmes

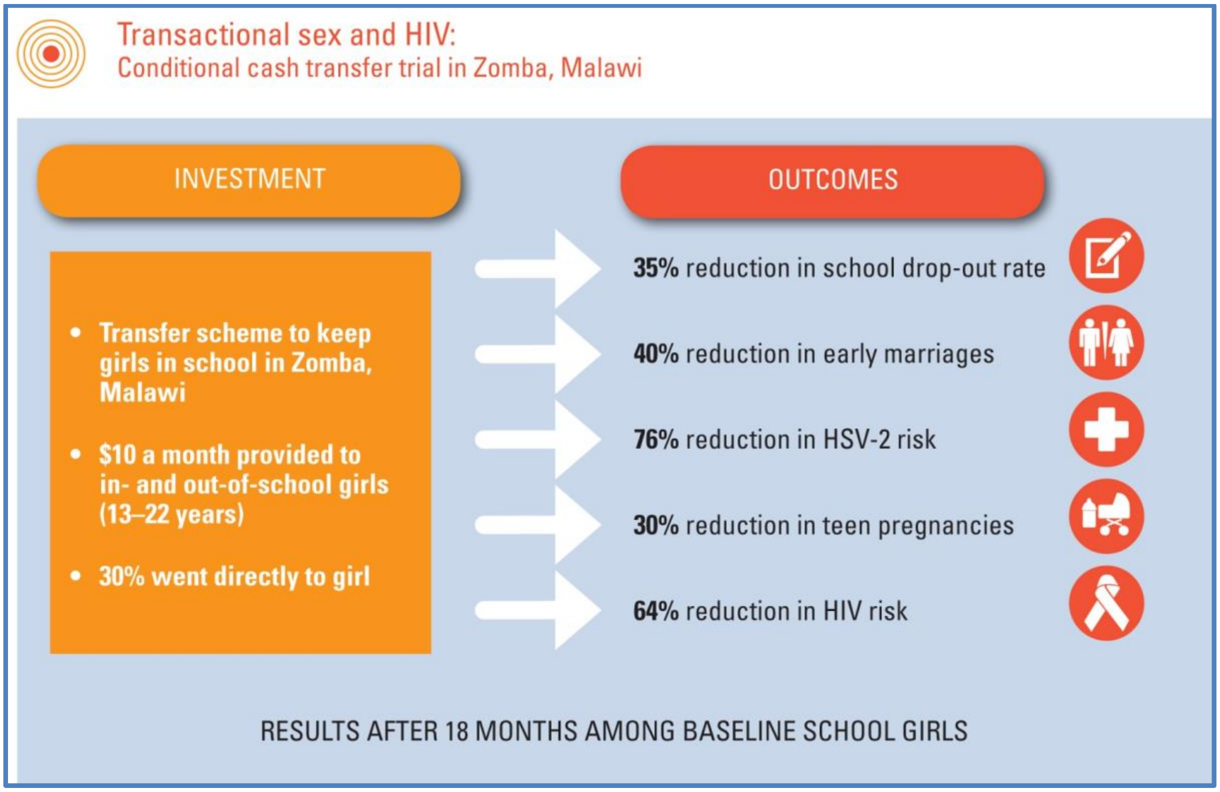


Note: *Benefits in the second column are likely to have further impacts in the third column, or at least to link to each other, i.e. improved education outcomes are would probably further improve health and economic outcomes.*
Source: *Remme et al (2014)*[65]

The approach has been explored based on data from a cash transfer trial conducted in Malawi to keep girls in school that generated multiple reproductive and sexual health, education and gender equality outcomes (see Figure 6). Exploring the implications of a co-financing approach, it was concluded that where sectors would make financing decisions in isolation based on their own cost-effectiveness analysis (or the single value chain), the intervention would not be funded, but where they considered contributions from other sectors based on their willingness to pay for their own outcomes, the intervention would be fully funded and could potentially be taken to scale[60].

Approaches to preventing GBV are likely to tackle several overlaying vulnerabilities and thus generate multiple outcomes[66]. For example, a study using Demographic and Health Survey data in Malawi found significant associations between indicators of gender inequality (including IPV) and most health and development outcomes[67]. Even after controlling for socio-demographic characteristics, indicators of gender inequality remained significantly associated with HIV infection, early pregnancy, high fertility, unplanned pregnancy, home delivery and indicators of poor child health. Put differently, an intervention that would impact positively on gender inequality and GBV can be reasonably expected to have spillover effects on women's reproductive and sexual health, as well as their children's health. Merely incorporating the intervention's direct effect on GBV may therefore considerably underestimate the true societal value of investing and scaling it up.

Figure 6. Multiple outcomes of Zomba cash transfer scheme



Source: *STRIVE (2012)*

PART II: Intersections with UNDP programming on financing for development and governance systems

2.1 UNDP’s comparative advantage in financing and governance

Financing for development

UNDP has developed a large portfolio of work around financing for development (FfD), ranging from technical assistance, research and policy advice, to advocacy and facilitation of partnerships in the following areas[68]:

Strengthening Domestic Budgets for Sustainable Development

UNDP has worked with Ministries of Finance in over 30 countries to strengthen their budget and resource allocation processes. This has involved support to budget reforms, as well as technical assistance to strengthen public financial management systems. There is a particular focus on considering the relationship between these budgets and issues of climate change, biodiversity, disaster risk reduction, social protection, and more recently on non-communicable diseases.

A related area of work is UNDP’s research and policy advice on debt sustainability, with more recent work dealing with the debt sustainability challenges facing several Small Island Developing States (SIDS). This involves raising awareness on these states economic and environmental vulnerabilities and to explore solutions such as debt-for-nature swaps and innovative financial instruments.

Extractive industries represent potentially large government revenue in resource rich countries. UNDP is working in over 40 countries to strengthen capacities to manage such mineral and hydrocarbon resources and capture a larger share of the profits generated by these extractive industries. Further assistance is being provided to establish robust regulatory and policy frameworks governing these industries, and to ensure revenues are tracked and invested in sustainable development priorities.

Support to Enhancing Development Aid effectiveness

The agency provides technical assistance to countries and aid providers on optimising the effectiveness of development cooperation, through direct front-line support to ministries of finance and planning to strengthen the management of development aid. This includes aid monitoring efforts under a global partnership with the Organisation for Economic Co-operation and Development (OECD), an initiative to increase the transparency of aid data, and regional platforms to support policies and the capacity of institutions to effectively manage international financial flows. The organisation also walks the talk and was recognised in 2014 as the most transparent aid organisation among 68 major agencies evaluated by the Aid Transparency Index.

Leveraging private finance

UNDP has gained substantial experience in providing assistance to countries to better leverage the potential of private finance. For example, it has implemented 61 projects on diaspora engagement and 24 on migrant remittances, aimed at increasing opportunities for diaspora to investment in local development programmes. Other partnerships have been established to optimise investments from private foundations (through the Post 2015 Partnership Platform for Philanthropy for example) and curtail illicit financial flows.

Environmental finance

Environmental finance has been a key area of UNDP's work on financing for development. The organisation has invested in supporting over 150 countries to access and programme more than USD 4 billion in environmental finance, from number of environmental vertical funds, such as the Global Environment Facility (GEF) and the Adaptation Fund, as well as bilateral donors. This strand of work is further exploring innovative financing mechanisms, including social finance and green lending.

UNDP has assisted countries with financial and technical solutions to scale-up responses to climate change adaptation and mitigation, manage ecosystems and biodiversity, improve water governance, introduce affordable, accessible and clean energy solutions, and sustainably manage waste. The design of these programmes explicitly incorporates social, environment and economic components in order to deliver multiple benefits across development sectors.

As part of these efforts, UNDP has developed a useful tool for understanding and sustainably integrating climate financing in government budget. The so-called Climate Public Expenditure and Institutional Reviews (CPEIR) has been undertaken in a number of countries in the Asia and Pacific region, as a diagnostic and baseline planning tool. It has revealed that responses to climate change are largely funded from domestic resources, and that a range of actors and sectors and national and local levels are already contributing to the response, when climate finance is defined more broadly as a "finance flow whose impact and use is totally or partially climate relevant, whether explicitly recognised or not" [42]. These findings have proven critical to garnering multi-sectoral stakeholder buy-in for more efficient climate change responses, with existing (and new) resources.

Local governance

Promoting local governance and active decentralisation processes has been an important pillar of UNDP's mandate and comparative advantage for the past 30 years[69]. UNDP's local governance initiatives have been found to effectively create entitlements, improve democratic representation and improve the coordination and delivery of public services. There are programmes in over 100 countries that typically involve the provision of policy advice and expertise on developing and managing sub-national democracy, as well as system strengthening. Specific examples include capacity building for local service delivery in Iraq and Macedonia, a project in Tanzania on the integrity of local governance, encouraging local governance and social inclusion in Colombia, and local governance and peace-building in Indonesia[70].

Again, the organisation's work on local governance and environmental sustainability is an illustrative example of the role it can play in the financing and governance of cross-cutting issues. This is a priority area for UNDP's work on local governance, aimed at building robust local governance systems that can effectively respond to climate change and natural disasters. To ensure that climate finance is efficiently channelled and used at the local level, UNDP has developed a guiding framework and been working with local actors to realise this potential in several countries in the Asia and Pacific region. The baseline CPEIRs that were conducted found that although there were adequate climate change policies and institutional coordination mechanisms at the national level, these were generally not costed and expenditures in this area were primarily driven by sector-specific policies. The implication is that current investments are siloed and may be less efficient than they could be if they were coordinated into more synergistic programmes. This has led UNDP to focus more building capacity and consensus at the sub-national level on efficient budgeting for climate change, where local government bodies are expected to adopt cross-sectoral climate solutions more readily than at the national level, given their area-based mandates versus national ministry mandates[71].

2.2 Applying lessons learned to a UNDP GBV programme in Papua New Guinea

Considering UNDP's comparative advantage in financing for development and local governance, there are several entry points for applying financing models that prioritise upstream long-term investments and can help realise synergies between cross-sectoral investments. To explore specifically how UNDP programming could contribute to financing to address GBV, this section zooms in on an existing UNDP project in Papua New Guinea (PNG), as an illustrative case study. As this project has already invested in developing systems and an enabling policy environment for integrated planning for a national GBV response, it is particularly well poised continue along the continuum towards more integrated financing.

The PNG context

PNG is a lower-middle income country, with a gross national income per capita of US$2,386, but persistently high poverty rates (37.5%)[55]. The country ranks 156 out of 187 countries on the Human Development Index (HDI) and 133 out of 169 countries on the Gender Inequality Index (GII), which measures indicators relating to women's education, health, labour force participation, adolescent fertility and parliamentary representation[55]. Unsurprisingly, PNG did not meet the MDG targets, and was particularly off track for those relating to maternal health, infant mortality, universal education, literacy and HIV.

PNG has alarmingly high rates of crime and violence, with 10.4 homicides per 100,000 people in 2010 according to (seriously underreported) police data. Due to limited access to the police and the justice system, traditional village courts are the ones dealing with over 600,000 cases per year[55]. The rates of GBV and Family Sexual Violence (FSV) are unacceptably high, with two-thirds of women reporting having suffered some form of physical or sexual violence in their lifetime[72]. Half of all the reported survivors of sexual assault are girls under the age of 15. Discrimination against women and girls is pervasive in all spheres of life (social, cultural, economic and political), and harmful traditional practices like bride price and polygamy further increase their vulnerability to violence[55]. Men often cite bride price as giving them the right to beat their wives, and rape and violence against women is used as a weapon of retribution in tribal fighting in some provinces[55].

The national response to GBV has been inadequate and fragmented. Given the high demand for health, welfare and police services, there is increasing pressure for provincial authorities to implement prevention programmes and provide services to support the survivors of GBV. To date, community-based and non-governmental organsiations have stepped in to provide these much-needed services.

The Government/UNDP GBV Project

The project for *"Strengthening national coordination, implementation and monitoring mechanisms to end family and sexual violence"* was designed to support the Government of PNG to lead a coordinated, multi-sector, multi-stakeholder response to improve the identification, delivery and monitoring of FSV/GBV prevention interventions and services. While strengthening the legitimate mandate of the GoPNG to lead, plan, budget and be held accountable for the national response to ending FSV/GBV, this project is also geared towards addressing the need to focus investments for services at the provincial and local government level. The project was designed around four outputs over 3 years (2013-2016):

- **Output 1:** Research and development of an evidence-based framework for FSV/GBV interventions for improved planning, budgeting and monitoring at national and provincial level.
- **Output 2:** Development of a national strategy to prevent and respond to GBV, in partnership with relevant stakeholders and roll out in pilot ministries and four provinces.
- **Output 3:** Strengthening of provincial Family Sexual Violence Action Committees (FSVACs) in four provinces to effectively refer and manage cases and ensure the availability and quality of FSV/GBV interventions.
- **Output 4:** Capacity building and support for FSV/GBV champions and human rights defenders in four provinces to raise awareness and prevent FSV/GBV.

The project has made substantial progress to date, as evidenced by the recent finalization of the National strategy to prevent and respond to GBV, that is due to be submitted to the National Executive Council in March 2016. Having developed a national framework for the response, the focus going forward is on strengthening the local provincial and district responses and capacities to deliver.

The FSVACs that were established by the government in 2002 to enable a more strategic and coordinated response to GBV, have been vital to keeping GBV on the national agenda, but they have been dominated by a silo mentality and implemented haphazard interventions with limited effectiveness. Although the project was meant to strengthen these FSVACs in 4 provinces, an additional 4 provinces have identified funding and requested UNDP support to establish GBV secretariats alongside the FSVACs following the model in the 4 pilot provinces. With the bulk of funding now to be channeled through the provinces and the districts, it is critical to ensure an integrated and coordinated approach to planning and prioritisation.

The evidence that was generated by the project to guide the development of the national response framework, also highlighted a number of important programmatic issues, the need for long-term involvement and financing of implementing organisations. The continuity and sustainability of current

GBV interventions is questionable, given that most organizations working in this area have just appeared in the past 5 years.

Next Steps to consider

To prioritise and finance scaled-up programmes with multiple social and economic benefits, including GBV prevention, different funding models will be required, that target the multiple overlaying vulnerabilities of potential victims of GBV and the social norms that condone perpetration. Mobilising and redirecting these resources to more effective and efficient uses will require evidence and stakeholder buy-in. Below are some proposed next steps that could be undertaken in the PNG context to pilot integrated financing approaches.

- **Define and identify GBV-relevant expenditures**

  GBV is not a specific functional area in most budgets, but instead cuts across functional areas, especially when considering investments in tackling the upstream causes of GBV for prevention. UNDP could therefore adapt the approach it has taken in climate finance and develop a framework to define and code GBV-relevant expenditures across sectors. This could then be used as a basis to adapt the CPEIR to a GBV Public Expenditure and Institutional Review (GPEIR) tool and conduct a pilot study in PNG in selected provinces. This is likely to generate more buy-in from various stakeholders and budget holders for integrated budgets and co-financing, by demonstrating that they are already spending existing resources on GBV-related investments[71].

  It will be important to document and evaluate this process to distil relevant lessons for replication in other countries and to further refine the tool. This experience could also form the basis for the development of a GBV marker for tracking GBV-related expenditures, more generally, and linking them to outputs in government and donor budgets.

- **Advocate for longer term financing from various channels for structural interventions both at the national and sub-national level**

  The project could then use findings from the GPEIR in selected provinces to make the case for more integrated financing for scaled-up programmes that are expected to have significant GBV impacts, even where this implies delegating some sector funds to another implementing sector. Where there is insufficient impact and cost evidence for specific programmes, the project may consider building this evidence base for future prioritisation exercises.

- **Develop, implement and evaluate financing mechanisms for integrating multiple budgets for GBV-related investments**

  Finally, the project could engage provincial and district budget holders in developing financing mechanisms that will enable the integration of investments for GBV-related programmes. This will be tailored to the PNG budgeting system, and may require setting up a provincial and district basket to pool funding from various government departments and private funders (NGOs, private companies, etc); or it may require a national-level directive to redirect resources from various sectors towards a large programme with multi-sectoral benefits. That being said, the emphasis ought to be on facilitating sub national -level options, as that is where GBV funds will be allocated and where they can be used more catalytically.

Particular effort should go to identifying potential sources of private financing from large mining projects, for example, that are likely to be interested in supporting efforts to prevent and respond to GBV, both for reasons of corporate social responsibility as well as company productivity, as companies are incurring high costs from GBV among their staff[73].

UNDP could also explore testing a Social Impact Investment/Bond. Given the solid estimates of the indirect and direct costs of gender-based violence (including health care, judicial and social services as well as costs related to the persecution of perpetrators) and available evidence on effective interventions for prevention, it should be possible to conceptualize a social impact investment setup and find investors as well as government partners. UNDP could be breaking ground with such an impact investment setup on GBV and it would require new partnerships with investors as well as very clear metrics which in turn will help the organization to identify what works and to communicate effectively about results achieved in support of the SDGs and its Strategic Plan.

PART III: Planning for programme and policy enhancements

This section aims to provide some examples of potential programming areas, research, specific interventions and/or policy advocacy that is needed to enhance this field and that UNDP can contribute to or support. They include specific stand-alone activities/projects, and activities that can be integrated into larger agendas.

Research and evidence generation

- Facilitate research and analysis of how much is being invested “in silos” of ministerial budgets, development assistance and private sources and the potential of coordination and pooled funding approaches
- Support the analysis and costing of National Action Plans for achieving the SDG targets, from the perspective of synergistic actions and co-financed interventions.
- Strengthen stakeholders’ capacity to build this evidence based and better predict GBV impacts
- Facilitate research on the GBV effects of large scale infrastructure projects and cost-effective interventions to mitigate them, as part of environmental assessments

Effectiveness and accountability of public, international and private financing channels

- Strengthen the monitoring of donor efforts in implementing the SDG target on elimination of GBV by supporting the development of a specific purpose code to track DAC members’ development assistance flows to GBV.
- Strengthen systems to track GBV-relevant domestic expenditures and support countries to conduct GBV Public Expenditure and Institutional Reviews.
- Develop global indicators that can be adapted and used by national governments and national programmes to monitor programmes with GBV and other social outcomes, including as part of large capital projects or carbon-offsetting projects.
- Strengthen stakeholders’ capacity to raise awareness on the links between infrastructure development and GBV vulnerability and to advocate for the inclusion of these cost-effective cross-sectoral interventions.
- Strengthen systems to ensure that funds attached to large capital projects are efficiently allocated and utilised.

Governance and capacity of institutions to efficiently fund and deliver services to prevent GBV

- Facilitate piloting of local multi-stakeholder, intersectoral governance structures to support effective and efficient coordination at different levels
- Strengthen stakeholders capacity to identify synergies and advocate for joint investments in key upstream SDG programmes addressing overlaying vulnerabilities (e.g. social protection, microfinance schemes, etc.)

PART IV: Measuring change

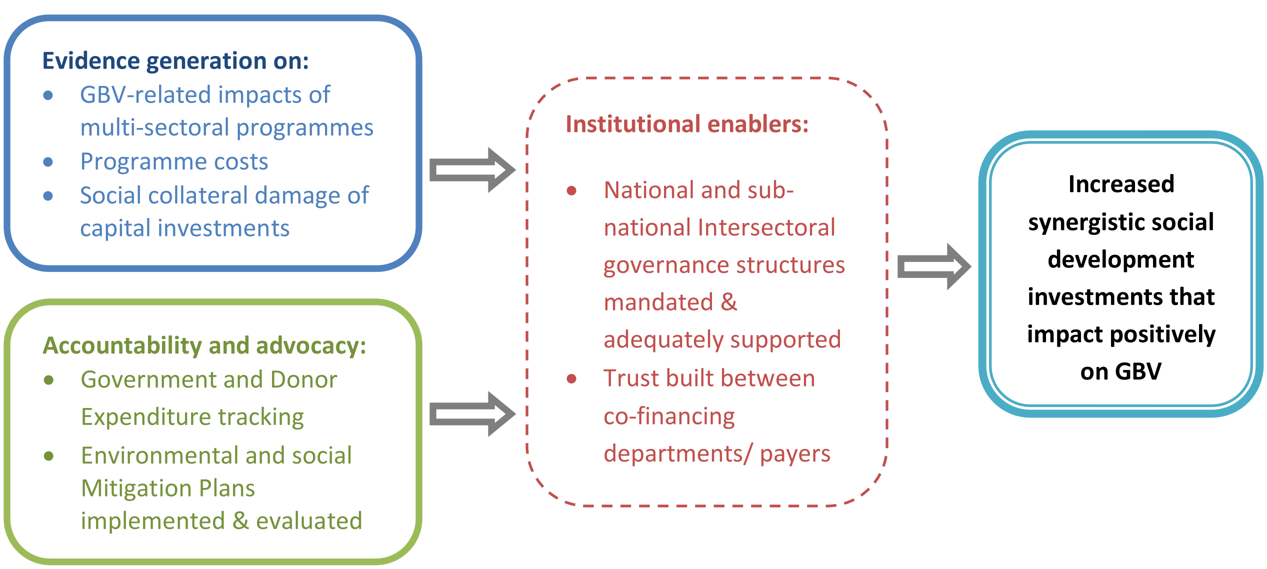
4.1 Examples of proposed changes

The goals and change objectives from these efforts would include:

1) Increased synergistic social development investments that impact positively on the prevention and mitigation of gender-based violence
2) Improved policy coherence among countries' socio-economic policies with impacts on the prevalence of and response to gender-based violence

	Desired Result	Indicators measure increase in
1	New mechanisms increase human and financial resources dedicated to addressing GBV along with other social development outcomes to achieve the SDGs	• GBV prevention indicators integrated into structural programmes • Sources of financing (and co-financing) for addressing GBV (from across government, private sector and development organizations) • Volume of financing for programmes that address the structural drivers of GBV
2	Coherent socio-economic policies that jointly contribute to preventing GBV and effectively responding to the needs of survivors	• Sector policies and strategies that reflect their link to national GBV strategy • Share of GBV-relevant expenditures across key sectors

4.2 Theory and process of change



Conclusion

Preventing gender-based violence and supporting the victims is a critical development priority and recognized SDG target, which will require multi-sectoral coordination and action. The individual, community and macro level factors that drive the high levels of GBV need to be addressed comprehensively and coherently by multiple stakeholders and sectors. To date, the financing for these efforts has been very limited, and if the global community is serious about achieving the target of eliminating GBV by 2030, it will need to revamp its approach and ensure that investments are made to tackle upstream and structural drivers.

Cross-sectoral co-financing or joint budgeting could be a potential mechanism to re-align resource allocation incentives between sector budget holders towards programmes and interventions with multiple benefits and no obvious single payer, provided that the related transaction costs can be contained. Such cost-sharing mechanisms have been tested in several high-income countries to fund health promotion activities and tackle the growing burden of non-communicable diseases. Lessons from these models underscore the importance of a careful design and adaptation to the local context and institutional setting. While mandatory, centrally-imposed schemes can be quicker to establish, voluntary schemes that develop between stakeholders may be more sustainable given a higher degree of stakeholder buy-in and trust[38]. It remains to be seen which approach might work for upstream GBV prevention and response programmes.

In addition to realizing efficiency gains between sector and government department spending through co-financing, there are significant opportunities to tap private financing mechanisms that are incentivizing private capital to be used for the co-benefits of climate change projects, and to mitigate the potential negative social and environmental externalities of large infrastructure projects. As countries invest in their infrastructure and environment goals, it is critical to ensure synergies with their well-being goals, and particularly ensuring that women and girls can enjoy their basic rights and participate in their economies, without the fear of violence.

References

1. Devries KM, Mak JY, Garcia-Moreno C, Petzold M, Child JC, Falder G, et al. Global health. The global prevalence of intimate partner violence against women. Science. 2013 Jun 28;340(6140):1527-8.
2. United Nations Division for Sustainable Development. Transforming our world: the 2030 agenda for sustainable development (Draft outcome document). 2015 [cited; Available from: http://apo.org.au/node/56427
3. Waage J, Yap C. Thinking beyond sectors for sustainable development. London: Ubiquity Press Ltd; 2015.
4. United Nations. Addis Ababa Action Agenda of the Third International Conference on Financing for Development. New York: United Nations Department of Economic and Social Affairs; 2015.
5. Garcia-Moreno C, Zimmerman C, Morris-Gehring A, Heise L, Amin A, Abrahams N, et al. Addressing violence against women: a call to action. Lancet. 2015 Apr 25;385(9978):1685-95.
6. Htun M, Weldon SL. The civic origins of progressive policy change: Combating violence against women in global perspective, 1975–2005. American Political Science Review. 2012;106(03):548-69.
7. Towers J, Walby S. Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls. Lancaster University, Lancaster. 2012.
8. Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. The economic toll of intimate partner violence against women in the United States. Violence and victims. 2004;19(3):259-72.
9. Yodanis CL, Godenzi A, Stanko EA. The benefits of studying costs: A review and agenda for studies on the economic costs of violence against women. Policy Studies. 2000;21(3):263-76.
10. Chan KL, Cho EY-N. A review of cost measures for the economic impact of domestic violence. Trauma, Violence, & Abuse. 2010;11(3):129-43.
11. Morrison AR, Biehl ML. Too close to home: Domestic violence in the Americas: Idb; 1999.
12. Morrison AR, Orlando MB. Social and economic costs of domestic violence: Chile and Nicaragua. 1999.
13. Tjaden PG, Thoennes N. Extent, nature, and consequences of intimate partner violence: US Department of Justice, Office of Justice Programs, National Institute of Justice Washington, DC; 2000.
14. Walby S, Britain G. The cost of domestic violence: Department of Trade and Industry; 2004.
15. Laurence L, Spalter-Roth RM. Measuring the Costs of Domestic Violence Against Women and the Cost-effectiveness of Intervention: An Initial Assessment and Proposals for Further Research: Institute for Women's Policy Research; 1996.
16. Walby S. The cost of domestic violence: up-date 2009. Lancaster: Lancaster University. 2009.
17. Duvvury N, Kes A, Chakraborty S, Milici A, Ssewanyana S, Mugisha F, et al. Intimate partner violence: High costs to households and communities. Washington DC: New York: International Center for Research on Women (ICRW) and United Nations Population Fund (UNFPA); 2009.
18. Nectoux M, Mugnier C, Baffert S, Albagly M, Thelot B. [An economic evaluation of intimate partner violence in France]. Sante Publique. 2010 Jul-Aug;22(4):405-16.
19. Niebuhr D, Salge S, Brzank P. [Costs of intimate partner violence against women. A systematic review]. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2012 May;55(5):715-27.
20. Waters HR, Hyder AA, Rajkotia Y, Basu S, Butchart A. The costs of interpersonal violence--an international review. Health Policy. 2005 Sep 8;73(3):303-15.
21. Waters H, Hyder A, Rajkotia Y, Basu S, Rehwinkel JA, A. B. The economic dimensions of interpersonal violence. Geneva; 2004.
22. Thorpe J. Financial Year Estimates For Spending on Gender-Based Violence by the South African Government: Parliament of the Republic of South Africa; 2014.

23. UN Women. Understanding the costs of violence against women and its response: selected findings and lessons learned from Asia and the Pacific: United Nations Entity for Gender Equality and the Empowerment of Women, Regional Office for Asia and the Pacific; 2013.
24. Council of Europe. The Council of Europe Campaign to Stop Domestic Violence against Women: The costs of the fight to stop men's violence against women in the Nordic and the Baltic countries; N.d. .
25. Morrison AR, Ellsberg M, Bott S, World B, Latin A, the Caribbean Regional O, et al. Addressing gender-based violence in the Latin American and Caribbean region a critical review of interventions. 2004 [cited; Available from: http://catalog.hathitrust.org/api/volumes/oclc/57353491.html
26. Development Initiatives. Trends in donor spending on Sexual and Gender-Based Violence (SGBV): Development Initiatives; 2014.
27. OECD. From Ambition to Results: Delivering on Gender Equality in Donor Institutions. Paris, France: OECD; 2014.
28. OECD DAC Network on Gender Equality. From commitment to action: Financing gender equality and women's rights in the implementation of the Sustainable Development Goals: OECD; 2015.
29. Jhamb B, Mishra Y, Sinha N. The paradox of gender responsive budgeting. Economic & Political Weekly. 2013;48(20):35.
30. Heise LL, Kotsadam A. Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. The Lancet Global health. 2015 Jun;3(6):e332-40.
31. Michau L, Horn J, Bank A, Dutt M, Zimmerman C. Prevention of violence against women and girls: lessons from practice. Lancet. 2015 Apr 25;385(9978):1672-84.
32. Heise L. What works to prevent partner violence? An evidence overview. 2011.
33. Waage J, Yap C, Bell S, Levy C, Mace G, Pegram T, et al. Governing the UN Sustainable Development Goals: interactions, infrastructures, and institutions. The Lancet Global Health. 2015;3(5):e251-e2.
34. García-Moreno C, London School of H, Tropical M, Program for Appropriate Technology in H, World Health O, Department of Gender W, et al. WHO multi-country study on women's health and domestic violence against women : initial results on prevalence, health outcomes and women's responses. [Geneva, Switzerland]: World Health Organization; 2005.
35. Hidrobo M, Fernald L. Cash transfers and domestic violence. J Health Econ. 2013 Jan;32(1):304-19.
36. Daly M. Gender mainstreaming in theory and practice. Social Politics: International Studies in Gender, State & Society. 2005;12(3):433-50.
37. Marmot M. Social determinants of health inequalities. Lancet. 2005 Mar 19-25;365(9464):1099-104.
38. WHO. Intersectoral Governance for Health in All Policies: WHO, on behalf of the European Observatory on Health Systems and Policies; 2012.
39. UNDP. UNDP in Action: Realizing Women's Peace and Security. New York, USA: UNDP; n.d.
40. Walby S. Gender mainstreaming: Productive tensions in theory and practice. Social Politics: International Studies in Gender, State & Society. 2005;12(3):321-43.
41. United Nations Division for Public Administration and Development Management. United Nations e-government survey 2008 : from e-government to connected governance. New York: United Nations; 2008.
42. UNDP, UNCDF, UNEP. Financing Local Responses to Climate Change: Implications of Decentralisation on Responses to Climate Change. Bangkok, Thailand: Asia-Pacific Regional Center, United Nations Development Programme; 2013.
43. Drummond M, Stoddart G. Assessment of health producing measures across different sectors. Health policy (Amsterdam, Netherlands). 1995 Sep;33(3):219-31.

44. Hultberg EL, Lonnroth K, Allebeck P. Effects of a co-financed interdisciplinary collaboration model in primary health care on service utilisation among patients with musculoskeletal disorders. Work (Reading, Mass). 2007;28(3):239-47.
45. Hultberg EL, Lonnroth K, Allebeck P. Evaluation of the effect of co-financing on collaboration between health care, social services and social insurance in Sweden. International journal of integrated care. 2002;2:e09.
46. Hultberg EL, Lonnroth K, Allebeck P. Co-financing as a means to improve collaboration between primary health care, social insurance and social service in Sweden. A qualitative study of collaboration experiences among rehabilitation partners. Health policy (Amsterdam, Netherlands). 2003 May;64(2):143-52.
47. Hultberg EL, Lonnroth K, Allebeck P. Interdisciplinary collaboration between primary care, social insurance and social services in the rehabilitation of people with musculoskeletal disorder: effects on self-rated health and physical performance. Journal of interprofessional care. 2005 Mar;19(2):115-24.
48. Hultberg EL, Lonnroth K, Allebeck P, Hensing G. Effects of co-financed interdisciplinary teamwork on sick leave for people with musculoskeletal disorders. Work (Reading, Mass). 2006;26(4):369-77.
49. Johansson P, Tillgren P. Financing intersectoral health promotion programmes: some reasons why collaborators are collaborating as indicated by cost-effectiveness analyses. Scandinavian journal of public health. 2011 Mar;39(6 Suppl):26-32.
50. Schang LK, Czabanowska KM, Lin V. Securing funds for health promotion: lessons from health promotion foundations based on experiences from Austria, Australia, Germany, Hungary and Switzerland. Health promotion international. 2012 Jun;27(2):295-305.
51. Pearson M, Johnson M, Ellison R. Review of major Results Based Aid (RBA) and Results Based Financing (RBF) schemes. London, UK: DFID Human Development Resource Centre; 2010.
52. Bloomberg Philantrophies, NoVo Foundation. Social Investment Report: A Look at Women for Women International; 2012.
53. Thorpe D. Girls Education In India To Provide Test Case For Innovative Financing. Forbes. 2015 August 2, 2015.
54. UNDP. UNDP gender equality strategy 2014-2017 - The future we want: Rights and empowerment. New York, USA: UNDP; 2014.
55. UNDP. Papua New Guinea Project document - Strengthening national coordination, implementation and monitoring mechanisms to end family and sexual violence: UNDP; 2013.
56. Council of Europe. Encouraging the Participation of the Private Sector and the Media in the Prevention of Violence Against Women and Domestic Violence: Article 17 of the Istanbul Convention: CoE; 2016.
57. United Nations Framework Convention on Climate Change. The Mechanisms under the Kyoto Protocol: Emissions Trading, the Clean Development Mechanism and Joint Implementation. 2014 [cited 2015 30 September]; Available from: http://unfccc.int/kyoto_protocol/mechanisms/items/1673.php
58. The Economist. Carbon Markets: Complete Disaster in the Making. The Economist. 2012 15 September 2012.
59. UNDP. Strategy Note: HIV, Health and Development. New York, USA: United Nations Development Programme.
60. Remme M, Vassall A, Lutz B, Luna J, Watts C. Financing structural interventions: going beyond HIV-only value for money assessments. AIDS. 2014;28(3):425-34 10.1097/QAD.0000000000000076.
61. Remme M, Vassall A, Lutz B, Watts C. Paying girls to stay in school: a good return on HIV investment? Lancet. 2012 Jun 9;379(9832):2150.
62. Claxton K, Sculpher M, Culyer A. Mark versus Luke? Appropriate methods for the evaluation of public health interventions. CHE Research Paper 31: The University of York; 2007.

63. Kenkel D, Suhrcke M. Economic Evaluation of the Social Determinants of Health, An overview of conceptual and practical issues: World Health Organization Regional Office for Europe; 2011.
64. Giles-Corti B, Foster S, Shilton T, Falconer R. The co-benefits for health of investing in active transportation. New South Wales public health bulletin. 2010 May-Jun;21(5-6):122-7.
65. Remme M, Michaels-Igbokwe C, Watts C. Approaches to assess value for money and scale up of violence against women and girls prevention: A Review of the Evidence: What works to prevent violence; 2014.
66. World Health Organization, London School of Hygiene and Tropical Medicine. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence: World Health Organization; 2013.
67. Stöckl H, Heise L, Watts C. Moving beyond single-issue priority setting: associations between gender inequality & HIV infection, early pregnancy and higher fertility in Malawi. Aids 2012. 2012.
68. UNDP. Financing for Development and UNDP. Brief Not Dated [cited 2015 3 November]; Available from:
69. United Nations Development P, Evaluation O. Evaluation of UNDP contribution to strengthening local governance. 2010 [cited; Available from: http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=434271
70. UNDP. Local Governance. [cited 2013 7 December]; Available from: http://www.undp.org/content/undp/en/home/ourwork/democraticgovernance/focus_areas/focus_local_governance.html
71. UNDP. Delivering Benefits to the Poor: A framework for integrated climate response at the Local Level (Working Draft): Governance and Climate Change Financing Team, United Nations Development Programme; 2015.
72. Jewkes R, Fulu E, Roselli T, Garcia-Moreno C. Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. Lancet Glob Health. 2013 Oct;1(4):e208-18.
73. Darko E, Smith W, Walker D. Gender violence in Papua New Guinea: The Cost to Business. London, United Kingdom: Overseas Development Institute; 2015.