

The role of the health system in addressing violence, in particular against women and girls

**Draft resolution proposed by Albania, Australia, Belgium, Costa Rica
Guatemala, India, Italy, Latvia, Mexico, Moldova, Netherlands,
Namibia, Norway, Paraguay, Portugal, Switzerland, Ukraine,
United States of America, Uruguay and Zambia**

The Executive Board,

Having considered the report on addressing the global challenge of violence, in particular against women and girls,¹

RECOMMENDS to the Sixty-seventh World Health Assembly consideration of the following resolution:

The Sixty-seventh World Health Assembly,

PP1 Concerned that in 2011, 1.37 million people died as a result of violence and that non-fatal violence affects large proportions of women, children, and men;

PP2 Deeply concerned that globally, one in three women experience either physical and/or sexual intimate partner violence or non-partner sexual violence at least once in their lives,² and that violence may be exacerbated in situations of humanitarian emergencies, including as a result of armed conflicts;

PP3 Affirming the unique and important leadership role that health systems must play in documenting, prevention and providing health and referral services, for those affected by violence, including as advocates within governments and among all multisectoral stakeholders at local, national, regional and global levels;

¹ Document EB134/21.

² 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.

PP4 Noting that violence is defined by WHO as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation;¹

PP5 Reaffirming the definition of violence against women provided by the United Nations in 1993 in the Declaration on the Elimination of Violence against Women:² “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”; **[and further that violence against women includes, but is not limited to, the following: physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs;]**

PP6 Aware that violence, which causes both long-term physical and mental health problems, often affects the least empowered members of a society, between a fifth and a quarter of adults were physically abused as children, 4–6% of the elderly report maltreatment and persons with disabilities are disproportionately affected by violence, and other vulnerable groups who in addition to experiencing greater incidences of violence are less likely to have access to services, including state protection from violence;

PP7 Recognizing that violence is preventable, and that a substantial body of high-quality, science-based technical and normative guidance already exists that demonstrates which programmes to scale up in order to achieve both short- and long-term reductions in violence;

PP8 Deeply concerned about the pervasiveness of violence, including against women and against children, in all its different forms and manifestations, and reiterating the need to intensify efforts to prevent and eliminate all forms of violence and to re-emphasize that violence, including against women and against children, is unacceptable and constitutes a violation or an abuse of human rights, as well as can amount to crimes prohibited by international humanitarian law and international criminal law;

PP9 Recognizing that all forms of violence against women and girls seriously violate and impair or nullify the full enjoyment by women and girls of their human rights and fundamental freedoms;

¹ *World report on violence and health*. Geneva: World Health Organization; 2002.

² United Nations General Assembly resolution 48/104.

PP10 Recognizing also that violence against women and girls is rooted in historical and structural inequality in power relations between men and women and in social and cultural norms that condone violence, and that these discriminatory social norms can also operate within the health systems;

PP11 Recognizing further that violence, in particular against women and girls, touches every country and every part of society, constitutes a major global challenge to public health, and impairs the objective of sustainable development;

PP12 Recognizing also that preventing violence, particularly violence against women and girls, requires the active participation of men and boys;

PP13 Recalling resolution WHA49.25, which declared violence a leading worldwide public health problem, and resolution WHA56.24 on implementing the recommendations of the *World report on violence and health*, as well as the recommendations from the *WHO Multi-country Study on Women's Health and Domestic Violence against Women* (2005) calling on Member States to improve activities to prevent violence, and to provide medical, psychological, social and legal assistance and rehabilitation for persons suffering because of violence;

PP14 Conscious of the many efforts across the United Nations system to address the challenge of violence, in particular against women and girls, including the International Conference on Population and Development A/CONF.171/13/Rev.1, 1994; the Beijing Declaration and Platform for Action (A/CONF.177/20/Rev.1, 1995); and all relevant United Nations General Assembly and Human Rights Council resolutions;¹

PP15 Acknowledging the commitment by Member States in the Agreed conclusions of the 57th session of the Commission on the Status of Women that focused on the elimination and prevention of all forms of violence against women and girls,² including through addressing the physical and mental health dimensions of violence against women, and encouraging the continued collaboration of United Nations agencies to address violence against women and against children;

PP16 Aware that the effort under way for the post-2015 development agenda can contribute to addressing the comprehensive and multisectoral nature of violence, in particular violence against women and violence against children, including as it relates to gender equality and empowerment of women, and to building critical mass in setting the envisaged transformative actions in motion;

PP17 Acknowledging the many regional and subregional efforts aimed at coordinating prevention and response to violence, in particular against women and children;

¹ These include United Nations General Assembly resolution 55/68 on the elimination of all forms of violence, including crimes against women; United Nations General Assembly resolution 67/144 on the intensification of efforts to eliminate all forms of violence against women; United Nations General Assembly resolution 58/147 on the elimination of domestic violence against women; United Nations General Assembly resolution 63/23 promoting development through the reduction and prevention of armed violence; the Draft Asian and Pacific declaration on population and development of 18 September 2013; and the Declaration of Commitment to End Sexual Violence in Conflict 2013.

² Document E/2013/27-E/CN.6/2013/11.

PP18 Noting with appreciation the leading role WHO has played in establishing the evidence base on the magnitude, risk factors and consequences of violence, including violence against women and violence against children, and recognizing that tackling violence is a component of WHO's work to address the social, economic and environmental determinants of health, which is a leadership priority within the Twelfth General Programme of Work, 2014–2019;

PP19 Commending ongoing work by the WHO Secretariat in a broad array of areas that relate to preventing violence;¹

PP20 Emphasizing the catalytic and leadership role that Member States, in collaboration with the Secretariat of WHO, can play in the following areas: promoting societal transformation through the development of strategies to address violence; strengthening the health system's response to violence, in particular against women and girls; and supporting global, regional and national efforts to strengthen public health policies, programmes, and laws on violence prevention and response,

OP.1 URGES Member States:

- (1) to address violence, by strengthening their health system's response to violence, in particular women and children, and to support WHO work related to this resolution;
- (2) to develop and strengthen health plans and strategies integrated into national action plans on violence prevention and response, including violence against women and against children, in order to provide a framework for health system engagement and to highlight the role of key non-health sectors, such as education, law enforcement and women and child development, in preventing violence and providing services for victims;
- (3) to strengthen the legal framework and resource allocation aimed at preventing and eliminating all forms of violence against women and girls, including by achieving gender equality and the empowerment of women, and by increasing the focus on prevention, protection and accountability in laws, policies and programmes and their implementation, monitoring and evaluation;
- (4) to ensure access to health services, including in the area of sexual and reproductive health and raise public awareness of women's and girls' rights, including their reproductive rights;²
- (5) to ensure that all victims and those affected by violence, including violence against women and violence against children, have timely and effective access to essential services that meet both physical health needs, including sexual and reproductive health, and mental health and psychosocial needs, recognizing the important role played by the health system in providing care and referrals to such support services;

¹ In particular the work to follow up on the publication of the 2002 *World Report on Violence and Health*, the work to combat violence against children and the elderly, and the contribution of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training on Human Reproduction to addressing violence against women and girls, and WHO's work on *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*.

² As defined in paragraph 95 of the Beijing Declaration and Platform for Action.

(6) to develop or strengthen appropriate national policies or programmes within the health system to engage men and boys in families and communities, as agents of change in promoting gender equality, the empowerment of women, and preventing and condemning violence against women and violence against children, including through advocacy, counselling, and data collection;

(7) to collect data documenting the magnitude, risk factors and consequences of violence, in particular against women and girls, as well as information on promising/best practices, including the quality of care received by those affected by violence, in order to contribute to the extent possible to ongoing WHO data collection measures, including the global status report proposed in subparagraph 2(2) below and updates of the global and regional estimates of prevalence and health burden of violence against women;

(8) to prioritize partnerships and multisectoral collaboration between health ministries and other relevant authorities, such as social services, women's affairs ministries, child protection services and criminal justice systems, recognizing the importance of working with local authorities to support; **[the legal rights of victims] [a victims-oriented approach in addressing the consequences of violence];**

(9) to ensure that due consideration is given to the importance of preventing and responding to violence, in particular violence against women and violence against children, in the elaboration of the post-2015 development agenda;

OP2 REQUESTS the Director-General:

(1) to produce a global plan of action to develop the role of the health system in a multisectoral response to address all forms of interpersonal violence, in particular violence against women and violence against children, building on and complementing efforts by other organizations of the United Nations system, relevant international organizations and other stakeholders;

(2) to develop in 2014, and continue to produce every four years, a global status report on violence that will provide a baseline measurement for countries and a tool to monitor activities relevant to the implementation of the global plan of action at country level, including data collection, the legal environment, and prevention programmes as well as victim assistance programmes;

(3) to support Member States in developing, testing and implementing large-scale strategies to prevent and respond to violence, in particular violence against women and girls, and in providing other relevant health services, including by engaging other relevant sectors;

(4) to continue to support Member States, upon their request, in strengthening health system responses to violence, in particular against women and girls, including by supporting the development of curricula and training opportunities for health personnel and other health sector professionals to identify cases of violence and assist the victims;

(5) to continue to strengthen WHO's efforts to develop the evidence base on the magnitude and consequences of violence, as well as on effective interventions to prevent and respond to it, in particular violence against women and violence against children including developing a research agenda on health system response towards violence against women and children in humanitarian settings, including on barriers to access and use of services, building on the existing research agenda for sexual violence;

(6) to report further to the Board at its 138th session on progress in implementing this resolution, including presentation of the draft global action plan, for consideration by the Sixty-ninth World Health Assembly.

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