

## **Global status report on violence and health**

### **Report by the Secretariat**

1. In resolution WHA67.15, the Sixty-seventh World Health Assembly requested the Director-General to undertake several actions, inter alia: to continue to strengthen WHO's efforts to develop the scientific evidence on the magnitude, trends, health consequences and risk and protective factors for violence, in particular against women and girls and against children, and update the data on a regular basis, taking into account Member States input, and to collect information on best practices, including the quality of care and effective prevention and response strategies in order to develop effective national health systems prevention and response; to continue to support Member States, upon their request, by providing technical assistance for strengthening the role of the health system, including in sexual and reproductive health, in addressing violence, in particular against women and girls, and against children; and to report on both the finalization of a global status report on violence and health and the development of a draft global action plan. This report describes progress in responding to those requests.

#### **DEVELOPING SCIENTIFIC EVIDENCE**

2. The Secretariat has derived a new set of estimates on homicide rates, including, for the first time, a breakdown by mechanism. With the London School of Hygiene and Tropical Medicine it has also estimated the proportion of homicides related to intimate partner violence among women and men. Better knowledge on patterns of all forms of violence is essential for the development of effective prevention programmes. The Secretariat continues to maintain and update a database on homicides and the prevalence of violence against women in the Global Health Observatory and is working with the Institute for Health Metrics and Evaluation to update the burden of disease estimates for intimate partner violence against women.

3. In 2013, WHO, the London School of Hygiene and Tropical Medicine and the South African Medical Research Council published the first global and regional estimates of the health burden and the prevalence of intimate partner violence (based on data from 79 countries and two territories) and non-partner sexual violence against women (56 countries and two territories).<sup>1</sup> These estimates show that globally one in three women experience either physical and/or sexual intimate partner violence or non-partner sexual violence. The perpetrators of most of this violence are intimate partners. The estimates indicate that this violence places a tremendous burden on women's mental and physical health, including sexual and reproductive health.

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<sup>1</sup> Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013.

4. Some countries are undertaking surveys to gather data on intimate partner and sexual violence against women. WHO is supporting their efforts in several ways. First, the Secretariat is updating existing tools and developing new ones to improve data collection on such violence against women, including that perpetrated in conflict settings. Secondly, it is providing support to countries to build capacity for data collection and research on the subject, and collaborating with new global research initiatives. In June 2014, WHO convened partner organizations in the United Nations system and other technical experts in order to identify appropriate indicators for global monitoring of violence against women and girls in the post-2015 sustainable development agenda.

5. WHO and partners are coordinating work on a special series on violence against women<sup>1</sup> that will present the latest evidence on ways to tackle violence against women and girls. It will also propose a call to action to address violence against women, which will highlight the role of the health sector in a multisectoral response, for policy-makers, civil society organizations, researchers, programme implementers and donors.

6. The Secretariat has updated a database of evidence on the effectiveness of interventions to prevent violence that provides free internet access to abstracts of studies that have measured the effectiveness of such interventions. All published literature is systematically reviewed twice a year. Member States and civil society organizations thus can use the database to identify effective violence prevention measures by type of violence and geographical region. The Secretariat is also finalizing an overview of the evidence on effective interventions to prevent youth violence, which is the type of violence that causes most injuries and deaths.

7. The Secretariat is working on raising awareness of maltreatment of children and developing a toolkit to advance the integration of strategies to prevent such maltreatment into the early childhood development agenda. Two editorials on the topic, including one by the Director-General, have recently been published.<sup>2</sup>

## **PROVIDING TECHNICAL ASSISTANCE**

8. Various countries have developed, are developing or are updating their national health sector protocols, training tools and curricula for health care workers, and expanding health services for women who are victims of intimate partner and sexual violence. The Secretariat is providing support to these Member States and other partners by disseminating WHO's clinical and policy guidelines for responding to intimate partner violence and sexual violence.<sup>3</sup> In the past six months, support has been provided to 38 Member States (24 in the African Region, 12 in the South-East Asia and Western Pacific regions and two in the Eastern Mediterranean Region) for building capacity of the health sector in responding to and preventing violence against women. As a consequence, these countries have developed action plans to conduct advocacy for strengthening the role of the health sector; train health providers; improve health information systems to collect data on violence against women; expand services; and update or develop standard operating procedures and national guidelines for the health sector. To further strengthen the efforts of Member States, the Secretariat, in collaboration with

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<sup>1</sup> Due to be launched by The Lancet on 24 November 2014.

<sup>2</sup> Chan M. Linking child survival and child development for health, equity, and sustainable development. *Lancet*, 2013;381:1514–1515, and Mikton C, MacMillan H, Dua T, Betancourt TS. Integration of prevention of violence against children and early child development. *Lancet Global Health*, 2014;8:e442-e443.

<sup>3</sup> WHO. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2013.

UNFPA and UN Women, is publishing a clinical handbook,<sup>1</sup> which includes interventions to address mental health problems, for health care providers, which it will disseminate to health ministries.

9. The Secretariat has started work on the development and testing of three affordable parenting programmes to prevent child maltreatment and to improve maternal health for low-resource settings. This series of programmes, called *Parenting for lifelong health*, is being developed in collaboration with Stellenbosch University and the University of Cape Town (South Africa), Bangor University (Wales), and the University of Oxford (England).

10. WHO held regional consultations on the development of a multistakeholder programme in order to increase the effectiveness of national policy frameworks for responding to the harmful use of alcohol, gender-based violence and HIV infection, which are closely interlinked but rarely addressed together. The Secretariat is developing and testing structured psychological interventions of limited duration for individuals suffering adversity in emergency settings, including victims of violence. WHO hosts the secretariat of the Violence Prevention Alliance, which is a network of Member States, international agencies and civil society organizations. Its members share an evidence-based public health approach that targets the risk factors for violence and promotes multisectoral cooperation.

## GLOBAL STATUS REPORT

11. The Secretariat is preparing the *Global status report on violence prevention 2014* jointly with UNDP and the United Nations Office on Drugs and Crime, with input from many civil society partners and international experts. The report will describe national efforts to implement the recommendations of the *World report on violence and health* (as noted in resolution WHA56.24), the magnitude of the problem of interpersonal violence worldwide, and the extent to which countries are collecting data on fatal and non-fatal violence to inform planning and action. It will also: cover the current status of programmatic, policy and legislative measures to prevent violence, and health care, social and legal services for victims of violence; identify gaps in tackling interpersonal violence; and stimulate national action to fill those gaps. With its assessment of work globally on violence prevention and a snapshot of national efforts, it will provide a benchmark for countries in assessing their progress.

12. For the preparation of the report, a standardized questionnaire was used to assess violence prevention efforts globally and nationally. Information was systematically collected from each country, under the leadership of a government-appointed National Data Coordinator, who compiled responses from a multisectoral group of national counterparts. Permission to include the final data in the report was obtained from country government officials.

13. The report is being finalized for its scheduled launch on 11 December 2014 at an event in Brussels, co-hosted by the Government of Belgium and WHO, which will include political and technical discussions. High-level representation is expected from the cosponsoring agencies. The report will be extensively promoted and widely disseminated.

14. The report includes data from 133 countries, representing 88% of the world's population, ranging from 63% of the population in the Eastern Mediterranean Region to 97% in both the South-East Asia and Western Pacific regions. Analysis of the data shows that there were an estimated

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<sup>1</sup> WHO, UNFPA, UN Women. Health care for women subjected to intimate partner violence and sexual violence: a clinical handbook. Geneva: World Health Organization, in press.

473 642 deaths in the year 2012 due to homicide, of which 76% were in males. The highest estimated homicide rates were in the Region of the Americas (28.5/100 000 population), followed by the African Region (10.7/100 000). As many as 38% of murders of women are by intimate partners. Between 2000 and 2012, homicide rates are estimated to have declined by 16% globally.

15. These deaths contribute just a fraction of the health and social burden arising from violence. Hundreds of thousands of victims, many of them young men, receive emergency medical care each year. Women, children and elderly people bear the brunt of non-fatal consequences of physical, sexual and psychological abuse, with a quarter of all adults reporting having been physically abused as children, one in five women reporting having been sexually abused as a child, one in three women reporting having experienced physical and/or sexual intimate partner violence, and one in 17 (6%) of older adults reporting abuse in the past month. These global averages conceal considerable regional variations. The report shows that violence contributes to life-long ill health and early death.

16. Although data on violence are essential to informing and monitoring prevention efforts, the report finds that in many countries data on violence are missing or inadequate. National action plans often existed when national survey data do not, suggesting that much planning and policy-making are done in the absence of data. Although many countries are investing in prevention programmes, the level of that funding is not commensurate with the scale and severity of the problem. Furthermore, although violence prevention laws are widely enacted (in 80% of participating countries), their enforcement is often inadequate. With regard to services, child protection services were reported by 69% of countries, followed by medico-legal services for victims of sexual violence. Less than half the countries reported the availability of mental health services to meet the needs of victims of violence.

17. At national level, the report's key recommendations are:

- to improve data collection in order to reveal the true extent of the problem
- to draw up comprehensive and data-driven national action plans
- to integrate primary and secondary violence prevention into other health platforms
- to strengthen mechanisms for leadership and coordination
- to ensure prevention programmes are comprehensive, integrated and based on evidence
- to ensure that services for victims are comprehensive and informed by evidence
- to strengthen support for outcome evaluation studies
- to enforce existing laws and review their quality
- to implement and enact policies and laws relevant to multiple types of violence
- to build capacity for violence prevention.

18. At regional and global levels, the report's key recommendations are:

- to strengthen the global violence prevention agenda

- to increase support for comprehensive and integrated violence prevention programming
- to strengthen efforts of regional and subregional organizations to work with national offices to coordinate data collection and disseminate data gathered
- to increase collaboration between international organizations and donor agencies
- to set baselines and targets, and track progress.

## **DEVELOPMENT OF A DRAFT GLOBAL PLAN OF ACTION**

19. The requested draft global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence should build upon WHO's previous work on data collection, setting norms and establishing the evidence base for prevention and services. The draft global plan will aim to provide guidance for Member States to strengthen their health systems' ability to prevent and respond to interpersonal violence, in particular against women and girls and against children.

20. The following timeline for the development of the action plan has been established. Regional consultations will be convened in the first half of 2015, with a draft plan being circulated before the consultations. In order to gather comments reflecting the wide range of perspectives required, the regional consultations will involve technical experts on child maltreatment, youth violence, violence against women and girls, and elder abuse, and will represent Member States, organizations in the United Nations system, civil society organizations and academic institutions. Relevant sectors including but not limited to health, education, women or gender, child development, criminal justice and social services will be engaged. Additional consultations with organizations in the United Nations system and international civil society organizations will also be organized during the first half of 2015. A global web-based consultation will be scheduled throughout the process for enhanced engagement of relevant stakeholders. All inputs will be consolidated into a third draft of the global plan of action, which will be submitted to regional committees in the third quarter 2015. On the basis of those committees' considerations and comments, a final draft will be prepared and submitted to the Executive Board at its 138th session in January 2016.

## **ACTION BY THE EXECUTIVE BOARD**

21. The Board is invited to note this report and provide further guidance.

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