

**Address by Her Excellency Dr Christine Kaseba-Sata,
First Lady of the Republic of Zambia to the
Sixty-seventh World Health Assembly**

Geneva, Tuesday, 20 May 2014

Mr President, Honourable Ministers, Director-General Dr Chan, Mrs Melinda Gates, Excellencies, distinguished delegates, ladies and gentlemen.

It is a great honour for me to stand before you talking about gender-based violence (GBV), indisputably the most widespread and pervasive of all human rights violations affecting all socioeconomic and cultural groups throughout the world.

While women and girls bear the brunt of the violence, the social, economic, physical, psychological and health costs cut more broadly across society, ultimately harming everyone.

As a First Lady, so called the “mother of the nation”, I am saddened that gender-based violence is a scourge that has been allowed to permeate the very fabric of our society. I am further saddened that many cases of violence go unreported, and that health systems often are not able to adequately address the problem and contribute to a comprehensive multisectoral response.

And as you heard, having been a gynaecologist, I have seen firsthand, the diverse consequences of violent victimisation that go beyond physical injuries, disability, emotional distress and death.

I have seen babies as young as two months being subjected to GBV, I have seen young girls, women and some men battle for life as a result of violence that is, in most cases, perpetrated by people known to the victims, and I have always wondered how does a spouse, parent, relative – who should be the source of solid support, love and compassion – become a source of trauma, humiliation and terror towards their loved ones?

Speaking as an African, and sadly, we live in a society where there is quiet acceptance and tolerance of the subjugation of women to men.

We live in a society that stigmatises the victims!

Like most victims, I have been angered by the impunity with which these acts are perpetrated under the guise of culture and have also suffered the frustrations of a limited and disjointed response to the issue.

For the survivors, for my children, for the many women out there, generations to come, I continue adding my voice to those calling for an end to this atrocity, which if allowed to go on at the current levels, will be a threat to socioeconomic growth and sustainable development. I add my voice, calling upon each of us to condemn the indignity of GBV.

Your Excellencies, distinguished guests, ladies and gentlemen. Statistics on the prevalence of sexual and gender-based violence are startling and impossible to ignore. This is despite the establishment of international, regional, and national legal policy frameworks for the prevention of GBV. The rates of violence are not decreasing and in some places are at epidemic proportions affecting approximately one third of women globally.

It is frightening to imagine that;

- between 70 million to 140 million girls and women have undergone some form of female genital mutilation/cutting (FGM/C);
- last year alone, over 64 million young women aged 20–24 years old entered into marriage before the age of 18;
- of the estimated 800 000 people trafficked across borders every year, 79% are women and girls who are often raped, often drugged, assaulted or threatened with violence;
- the brutal murder of women solely because of their gender is on the increase in many countries and in conflict-affected parts of the world, violence against women and girls including sexual violence can reach unimaginable levels and have been called by different names e.g. homicide or murder.

I am sure you will recall that at this moment, the whole world – women, men, girls and boys stands in solidarity with the families of over 200 girls abducted in Nigeria by Boko Haram.

You will recall and remember our brave Malala Yousafzai, who was shot at for wanting to be educated as a girl. We are thankful that she is alive today to narrate her story and encourage other children on the importance of education, because in education, there is prosperity.

We have not forgotten the two horrific rape cases in two different continents which evoked public outrage and condemnation. In New Delhi, a 23 year-old female was gang raped on a bus. She was not only raped but brutally assaulted and was discovered to have most of her intestines out. And sadly, she died! How horrible a picture.

In South Africa Anene Booysen, a 17 year old was also gang raped and brutally murdered.

Surely we do not need any more Booyens to die before we commit ourselves to eliminating gender-based violence. Do we need to have more girls die?

This is why I stand before this assembly asking- –

“How can we put a stop to this scourge”?

“How can we better protect our women and girls from this injustice”?

“How do we prevent gender based violence”?

Distinguished ladies and gentlemen.

I need to remind all of us that almost all victims of violence end up on the doorsteps of the health sector. The national health system therefore can play a central role in preventing and responding to GBV and it is imperative that we increase the focus of the role of the health systems on prevention, on protection, prosecution and accountability in laws, policies and programmes and their implementation as well as monitoring and evaluation.

We need to understand that the effort to address GBV has implications for almost every aspect of health services from physical infrastructure, staff training, policies, patient flow, and referral networks and data collection systems.

But our success in preventing GBV is tied to our own ability to recognise and respond to the reality that GBV is not just a socio-cultural issue but it is a public health issue.

Thanks to the leading role WHO has played in establishing the evidence base on the magnitude, on establishing the risk and protective factors, consequences, prevention of and response to violence, in particular against women and girls, and resolutions, which declared violence a leading worldwide public health problem, and called upon Member States to improve health systems' responses to addressing violence as part of a comprehensive collaborative multisectoral response respectively, we have been shown the way. I wonder what we are waiting for as resolutions are made by us.

We have no excuse but to walk the talk.

The health system must lead in identifying and documenting incidents of violence, must collect medical legal evidence and disseminate evidence on the effectiveness of prevention and response interventions and ensure that all victims and those affected by violence have timely, effective and affordable health and psychosocial care including reproductive health, rehabilitation and support services that are free of abuse, free of disrespect and free of discrimination. We all must realize our commitments relating to sexual and reproductive health and the promotion and protection of all human rights in the context of GBV especially sexual based violence.

Your Excellences, distinguished guests, ladies and gentlemen.

We have information on how countries are making steady progress in transforming socio-cultural norms with emphasis on empowering women and girls; rebuilding family and community structures and support systems; redesigning effective integrated services and facilities; working with traditional legal systems and how monitoring and documenting incidents of GBV is informing policy and programming.

Given the epidemic scale of GBV, I urge countries through all the honourable ministers present here to scale up all known and high-impact, integrated comprehensive, and adequately financed multisectoral responses engaging non-health sector partners such as education, and judicial and other law enforcement agencies.

Multisectoral approaches must be promoted so that different players are able to use their comparative advantage in responding to the different facets of GBV. A good example is the model of "one stop" centres that are being implemented in some countries where survivors can access different services under one roof.

It must also be understood that initiatives to prevent GBV must be implemented along with sustained collective advocacy to promote human rights, to promote gender equality and women's empowerment as well as interventions aimed at targeting alcohol and drug abuse. Furthermore we need to continue exploring how technology particularly mobile phones and social media may help in the global fight to end GBV especially amongst youth and adolescents.

I cannot overemphasise the health system's role in advocating for interventions to combat the social acceptability and tolerance of violence, in particular against women and girls, even within the health system itself.

There is great need to address the fundamental gender inequality that exists in society in order to create new models of masculinity and femininity and thus more equal relationships. A comprehensive understanding of the risk factors faced by women, girls and boys is essential to developing and implementing effective prevention strategies. And this will require a combination of research targeted towards identifying the underlying causes and policy formulation and implementation that is responsive to the results of such research.

Survivors, men and boys should be actively involved as agents of societal change in preventing violence. I am aware that in March this year, UN Women launched the "He for She" campaign which calls on men to raise their voices to bring about change. Other countries have launched similar campaigns and I am proud that, in Zambia, two campaigns the "Good husband" campaign and the "I care about her" campaign are being implemented. Where cultural violence is rampant, engaging traditional leaders and religious leaders as champions of change in their communities is critical because their voices are an authority among the people they lead. In Zambia we are making great strides in tackling gender-based violence especially child marriages, with traditional leaders leading the campaign to stop early marriages.

It goes without saying that one of the effective strategies in preventing GBV is to stop wars, stop the conflicts. In most of the conflicts across the Region and the world over, the majority of the casualties are women and children who have no capacity to defend themselves.

As a global group, we need to be in the forefront to promote peace and prevent the unnecessary suffering of women and children.

Next steps

As we ponder on what needs to be done as our next steps we should ensure that due consideration is given to the importance of the health system in preventing and responding to violence against women and girls and against children, including early and forced marriage, in the discussions on the post-2015 development agenda.

I am hopeful that one of the many outcomes of this assembly will be a resolution on strengthening the role of the health system in addressing violence in particular women and girls. I would urge all of us debating the language to eliminate gender-based violence to put women at the heart of our discussions. I stress again, we need to put women and children at the centre. Can we come up with language and recommendations that are going to bring a difference in the lives of women being battered at this moment; children being defiled and mutilated, women undergoing mental anguish as a result of GBV?

For us to do this, we need to stand together and re-affirm our resolve to end this evil.

In addition, Madam Director-General, I would like to urge WHO, under your able leadership to develop, with Member States, and in collaboration with the UN, relevant international organizations and other stakeholders, a global plan of action to strengthen the role of the health system in a multisectoral response to address all forms of violence, building on existing relevant WHO work and resolutions that this assembly has passed, complemented by efforts by other organizations of the UN.

Conclusion

Distinguished ladies and gentlemen, allow me, as I conclude my remarks, to re-emphasise that violence can be prevented.

Both as individuals and collectively, we need to be convinced that violence can be prevented. Allow me to echo the words of the late Nelson Mandela who said: “Violence can be prevented In our own countries and around the world we have shining examples of how violence has been countered. Governments, communities and individuals can make a difference”. I am well aware that in this room are governments and countries that are committed to end this scourge.

We have got to prevent gender-based violence. There is no “them” but only “us”, to push this agenda forward.

I therefore call upon all of us present today to fight against GBV during our life time. **One case of GBV is one case too many.**

- Where GBV is invisible, let us work to make it visible and address it.
- Where leaders are not speaking out against this scourge, let them get involved and start speaking out. Go back to your country and be that leader who will go back and speak.
- Where GBV interventions are under-resourced, let us work to mobilise resources to provide information and promote effective responses.

I have hope, looking at the many resolutions that have been passed, and because I know this room is full of people who have in their power instruments that can help put a stop to this atrocity, instruments that can foster policy change and leadership to create an enabling environment for preventing, addressing and ultimately ending GBV.

Thank you and may the Good Lord bless you all.

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