



WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY
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Implementing the recommendations of the *World report on violence and health*

Report by the Secretariat

1. Violence is a leading cause of deaths and non-fatal injuries worldwide and an essential public health issue for every country. According to the *World report on violence and health*,¹ every day more than 4000 people around the world die violently, nearly half by suicide, almost one third due to homicide and one fifth in violence related to armed conflict. Many more people survive acts of violence, often remaining disabled or psychologically traumatized. For every young person killed by homicide, at least 20-40 other young people receive hospital treatment for violence-related injuries. Studies suggest that about one in five females and 5% to 10% of males report a history of childhood sexual abuse. In 48 population-based surveys from around the world, from 10% to 69% of women reported being physically assaulted by an intimate male partner at some point in their lives. Data from eight sites in five countries that were part of WHO's recently completed Multi-Country Study on Women's Health and Domestic Violence against Women show that 13% to 61% of women reported being physically assaulted and 6% to 47% reported sexual assault by an intimate partner at some point in their lives. The amount and type of violence vary by region and are closely correlated with social and economic factors. Homicide rates are higher in low- and middle-income countries and in the poorer communities of societies with deep inequalities, whereas estimated rates of suicide tend to be highest in high-income countries and in countries experiencing rapid socioeconomic transition.

2. Violence results from a complex interplay of factors at the level of the individual, relationships, community and society. No single factor explains why some individuals behave violently or why some communities experience more violence than others. Known contributors to high levels of violence include: harsh parental discipline; poor monitoring and supervision of children; being a victim of violence and witnessing violence; drug trafficking; access to firearms; alcohol and substance abuse; inequalities of all kinds; poor policing; and norms that discriminate against women and support violence as a means of conflict resolution.

3. Violence is preventable, and its prevention is a fundamental prerequisite of human security. The wide variation in rates of violence between and within nations and over time confirms that violence results from social and environmental factors that can be changed. In addition, some notable successes in preventing violence have been documented. Examples include interventions at the individual level – such as social development programmes and incentives to complete secondary schooling; at the relationship level – for instance, home visits, parent training and mentoring; at the community level – reducing alcohol availability, improving access to trauma care and health services, and improving

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

institutional policies in schools, workplaces, hospitals and residential institutions; and at the societal level – through public information campaigns, reducing access to means (such as firearms), reducing inequalities and strengthening police and judicial systems.

4. In 1996 the Forty-ninth World Health Assembly, in resolution WHA49.25, declared violence a leading worldwide public health problem. A year later the Fiftieth World Health Assembly, in resolution WHA50.19, endorsed WHO's integrated plan of action for a science-based public health approach to violence prevention and called for its continued development. WHO's role in preventing violence was set out in a document submitted to the Executive Board at its 109th session, in January 2002, which proposed tasks in the areas of surveillance, research, prevention, treating and caring for victims, and advocacy for the prevention of violence.¹

5. Strengthened links with other organizations of the United Nations system active in the prevention of violence have consolidated WHO's position as a leading partner in international prevention efforts. For instance, WHO convened a meeting (Geneva, 15-16 November 2001) for 10 United Nations bodies on collaboration for the prevention of interpersonal violence, and was invited to facilitate the follow-up activities in a coordinated response. A subsequent guide to resources and activities was published.² Since September 2001 WHO has been a core partner, together with UNICEF and the Office of the United Nations High Commissioner for Human Rights, of a working group to support the United Nations Study on Violence against Children.

6. The *World report on violence and health* was produced after detailed consultation with several constituencies in all regions of the world. In line with the Health Assembly's endorsement of a public health-based approach to the prevention of violence, the report describes the magnitude and impact of violence throughout the world; defines the major risk factors for violence; summarizes the types of intervention and policy responses that have been tried and what is known about their effectiveness; and makes recommendations for action at local, national and international levels.³

7. Feedback after the launch of the report (3 October 2002) and subsequent policy discussions at regional and country levels have confirmed that WHO urgently needs to continue and strengthen its global leadership role in the prevention of violence and to increase its political and technical support to national, regional and international bodies. The high level of public and professional interest, manifested through media and professional publicity for the report and debate on its contents, highlights the public concern with preventing violence in all its forms.

8. In January 2003, the Executive Board at its 111th session discussed the report,⁴ and adopted the draft resolution (resolution EB111.R7), on implementing the recommendations of the *World report on violence and health*. Board members recognized violence as a significant public health problem. They welcomed the publication as an important contribution, firmly grounded in science, to understanding and preventing the different forms of violence. WHO was encouraged to follow up by developing guidelines for each of the recommendations and by strengthening prevention of violence and injuries.

¹ See document EB109/15.

² *Guide to United Nations resources and activities for the prevention of interpersonal violence*, Geneva, World Health Organization, 2002.

³ See *World report on violence and health*, Chapter 9.

⁴ Documents EB111/11 and EB111/11 Corr.1bis.

SUPPORTING IMPLEMENTATION OF THE RECOMMENDATIONS OF THE *WORLD REPORT ON VIOLENCE AND HEALTH*

9. The *World report on violence and health* provides a clear picture of the problem and defines a role for decision-makers and practitioners at all levels, including WHO and other organizations of the United Nations system, in supporting a systematic and coordinated preventive response. All relevant bodies in the United Nations system must strengthen their capability to provide this support. Member States should be urged to match this commitment by increasing resources in health and related departments for violence prevention, and by developing their own intersectoral plans of action around the report's nine recommendations.

10. With the goal of placing violence prevention on the sociopolitical agenda, and of encouraging implementation of the nine recommendations, a global campaign advocating prevention of violence was launched at the time of the report's publication. It is built around local, national and regional activities to raise awareness that effective violence prevention is possible, thereby aiming to increase commitment to violence prevention and global efforts to inform decision-makers about the importance of supporting recommended policies and programmes. Among the campaign's objectives are: the appointment by every Member State of a health ministry-based focal point for violence prevention; the creation by every Member State of a multisectoral plan of action for violence prevention taking into account the report's nine recommendations; and the scaling up of international financial and technical support for violence-prevention activities.

11. In view of the increasing interest shown by Member States in adopting a public health response to the prevention and control of violence, WHO must take the lead in international collaboration for strengthening that response. Activities must include: (a) conducting a global assessment of countries' capabilities to prevent violence; (b) supporting the strengthening of surveillance systems for fatal and non-fatal cases of violence; (c) providing support for the improvement of services for survivors of violence; (d) helping to build research capacity at country and regional levels for violence prevention; (e) assisting with the systematic documentation and collection of good and best practices for violence prevention; (f) contributing to the establishment of model prevention programmes; (g) supporting governments in the development of national policies for violence and injury prevention; (h) promoting and strengthening country and regional capabilities to evaluate rigorously such activities and the impact of both the *World report on violence and health* and the advocacy campaign.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to consider adoption of the draft resolution contained in resolution EB111.R7.

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