

## **Fourth report of Committee B**

**(Draft)**

Committee B held its seventh and eighth meetings on 29 May 2021, chaired by Mr Mustafizur Rahman (Bangladesh) and Dr Søren Brostrøm (Denmark), respectively.

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached two resolutions relating to the following agenda items:

### **Pillar 3: One billion more people enjoying better health and well-being**

22. Review of and update on matters considered by the Executive Board

22.1 Social determinants of health

One resolution

23. WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children

One resolution entitled:

- Ending violence against children through health systems strengthening and multisectoral approaches

## Agenda item 22.1

### Social determinants of health

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;<sup>1</sup>

Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recalling also resolution WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, and resolution WHA65.8 (2012) on the outcome of the World Conference on Social Determinants of Health;

Recalling further United Nations General Assembly resolution 70/1 (2015), entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, and its Sustainable Development Goals;

Also recalling United Nations General Assembly resolution 74/2 (2019), entitled “Political declaration of the high-level meeting on universal health coverage”, which acknowledges the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

Further recalling the report of the WHO Commission on Social Determinants of Health;<sup>2</sup>

Recalling also the Rio Political Declaration on Social Determinants of Health (2011) and acknowledging its tenth anniversary in 2021;

Reiterating the collective determination to reduce health inequities by taking action on social determinants of health, as called for by the Health Assembly;

Recognizing the need to do more at all levels to accelerate progress in addressing the unequal and inequitable distribution of health, as well as conditions damaging to health;

Recognizing also that achieving health equity requires the engagement and collaboration of all sectors of government, all segments of society, and all members of the international community, in all-for-equity and health-for-all global actions;

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<sup>1</sup> Document A74/9.

<sup>2</sup> Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.

Recognizing further the benefits of achieving universal health coverage, including financial risk protection, access to quality health care services and access to safe, effective, quality and affordable medicines and vaccines, in enhancing health equity and reducing impoverishment;

Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges, such as: eradicating hunger and poverty; ensuring food security and improved nutrition; ensuring inclusive and equitable quality education; addressing gender-, age- and disability-related inequalities in health; ensuring access to health promotion, preventative and community health services; ensuring access to safe, effective, quality and affordable medicines and vaccines; ensuring access to safe and affordable drinking water, and adequate and equitable sanitation and hygiene; fostering employment and decent work and social protection; protecting the environment and addressing ambient and household air pollution; ensuring access to safe and affordable housing; and promoting sustained, inclusive and sustainable economic growth through resolute action on social determinants of health across all sectors and at all levels;

Stressing that stigma and negative stereotyping and attitudes can affect health, including by creating and enhancing health disparities between persons;

Appreciating the tremendous health gains achieved over the past century, but expressing concern that, despite the achievements towards universal health coverage, their distribution has been vastly unequal, and that inequities in many health outcomes exist both within and between countries;

Recognizing that the ongoing COVID-19 pandemic has highlighted and even intensified pre-existing social, gender and health inequities within and among countries, and has also highlighted the need to strengthen the efforts to address social determinants of health as an integral part of the national, regional and international response to the health and socioeconomic crises generated by the current pandemic and to future public health emergencies;

Concerned that the impact of the COVID-19 pandemic has disproportionately affected those in vulnerable situations and those already suffering from poor health, and has exacerbated their vulnerability and exposure to socioeconomic drivers, leading to increases in morbidity and mortality, as well as economic damage at the individual and community levels;

Recognizing the consequence of the adverse impact of climate change, natural disasters and extreme weather events as well as other environmental determinants of health – such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food, and secure shelter – for health; and, in this regard, underscoring the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations, particularly those living in small island developing States;

Recognizing also the need to establish, strengthen and maintain existing monitoring systems, including platforms and mechanisms, such as observatories,<sup>1</sup> that provide disaggregated data, to assess inequities in health, their relation to social determinants of health and the impacts of policies on the social determinants of health at the national, regional and global levels,

1. CALLS ON Member States<sup>2</sup> to strengthen their efforts on addressing the social, economic and environmental determinants of health with the aim of reducing health inequities, and to accelerate

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<sup>1</sup> Platforms and mechanisms for gathering, harmonizing, analysing and disseminating data and information.

<sup>2</sup> And, where applicable, regional economic integration organizations.

progress in addressing the unequal distribution of health resources within and among countries, as well as conditions detrimental to health at all levels and in support of the 2030 Agenda for Sustainable Development;

2. FURTHER CALLS ON Member States<sup>2</sup> to monitor and analyse inequities in health using cross-sectoral data in order to inform national policies that address social determinants of health, to which end Member States may establish monitoring systems of social determinants of health, including platforms and mechanisms, such as observatories, or rely on, or strengthen, as appropriate, existing structures, such as national public health institutes or national statistical offices;

3. ENCOURAGES Member States<sup>2</sup> to integrate considerations related to social determinants of health into public policies and programmes, by applying a Health in All Policies approach, and in order to improve population health and reduce health inequities;

4. INVITES Member States,<sup>2</sup> international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, academia and the private sector, to mobilize financial, human and technological resources to enable the monitoring and addressing of social determinants of health;

5. CALLS ON Member States<sup>2</sup> to consider social, economic and environmental determinants of health in their recovery from the ongoing COVID-19 pandemic and in boosting resilience to both the current pandemic and future public health emergencies;

6. REQUESTS the Director-General:

(1) to support Member States, upon request, in the establishment or strengthening of monitoring systems of social determinants of health and health inequities, including, as appropriate, platforms and mechanisms, such as observatories;

(2) to prepare, building on the report of the WHO Commission on Social Determinants of Health (2008) and subsequent work, an updated report based on scientific evidence, knowledge and best practices on social determinants of health, their impact on health and health equity, progress made so far in addressing them, and recommendations on future actions, and to submit it for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session;

(3) to prepare, in consultation with Member States and other relevant stakeholders, an operational framework, building on the work of the WHO Commission on Social Determinants of Health, and building on existing resources and tools and subsequent work, for the measurement, assessment and addressing, from a cross-sectorial perspective, of the social determinants of health and health inequities, as well as their impact on health outcomes, and to submit it for consideration by the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session;

(4) to provide Member States, upon their request, with technical knowledge, and support, including for capacity-building in the design and implementation of cross-sectoral strategies, policies and plans to address inequities in health and the social, economic and environmental determinants of health;

- (5) to foster and facilitate knowledge exchange among Member States and relevant stakeholders on best practices for intersectoral action on the social, economic and environmental determinants of health in order to achieve health equity and gender equality for all;
- (6) to continue to strengthen collaboration with other United Nations agencies and other multilateral organizations, civil society and the private sector to address, from a cross-sectoral perspective, as appropriate, the social determinants of health in support of the 2030 Agenda for Sustainable Development, including through universal health coverage and in the response to the COVID-19 pandemic, including its recovery phase;
- (7) to work collaboratively with academic institutions and scientific researchers to generate and make available scientific evidence and best practices on cross-sectoral interventions addressing the social, economic and environmental determinants of health and their impact on health inequities and health outcomes, as well as on the well-being of the population;
- (8) to report on the implementation of this resolution to the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session.

## Agenda item 23

### **Ending violence against children through health systems strengthening and multisectoral approaches**

The Seventy-fourth World Health Assembly,

Having considered the report<sup>1</sup> on the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;<sup>2</sup>

Recalling that all children have the right to the enjoyment of the highest attainable standard of physical and mental health;

Also recalling that all children should be free from violence, and resolution WHA49.25 (1996) on prevention of violence, which declared violence a leading worldwide public health problem, resolution WHA56.24 (2003) on implementing the recommendations of the *World report on violence and health*, resolution WHA61.16 (2008) on the elimination of female genital mutilation, and resolution WHA67.15 (2014) on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children;

Cognizant of efforts across the United Nations system to address the challenge of violence against children including through the Convention on the Rights of the Child, as applicable, its optional protocols and its committee, the Special Representative of the Secretary-General on Violence against Children, the 2030 Agenda for Sustainable Development and specifically Sustainable Development Goal target 16.2 (end abuse, exploitation, trafficking and all forms of violence against and torture of children) and other relevant targets of the Sustainable Development Goals, and mindful of the importance of multisectoral engagement and collaboration in preventing and responding to violence against children;

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”;<sup>3</sup>

Recalling resolution WHA67.15 on strengthening the role of the health system in addressing violence, in particular against women and girls, and against children, which noted that interpersonal violence, distinguished from self-inflicted violence and collective violence, is divided into family and partner violence and community violence, and includes forms of violence throughout the life course, such as child abuse, partner violence, abuse of the elderly, family members, youth violence, random acts of violence, rape or sexual assault, and violence in institutional settings such as schools, workplaces, prisons and nursing homes;

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<sup>1</sup> Document A74/21.

<sup>2</sup> Children are classed as all persons under 18 years of age.

<sup>3</sup> World report on violence and health. Geneva: World Health Organization; 2002.

Also noting that violence against children involves all forms of violence against people under 18 years old, and includes, inter alia, but is not limited to, child maltreatment involving physical, sexual and psychological violence, and neglect of children by parents, caregivers and other authority figures, bullying (including cyberbullying) at the hands of other children, sexual violence including rape, sexual trafficking, online exploitation and non-contact violence such as sexual harassment, and psychological violence such as denigration, threats and intimidation, and other non-physical forms of hostile treatment;<sup>1,2</sup> and further noting concern over harmful practices, such as child, early and forced marriage and female genital mutilation;

Deeply concerned that each year violence affects an estimated one billion children with many early, acute and lifelong, intergenerational consequences on physical and mental health, risk-taking behaviours and overall quality of life, including mental health conditions, physical injuries, impairments and death;

Recognizing that violence against women and girls, and against children, is a violation of human rights that further exacerbates gender inequalities by exposing individuals to heightened risk of violent behaviour and an increased risk of being subjected to violence at a later stage in life, and that ending violence against children is essential to the long-term prevention of violence;

Also recognizing that exposure to a mother's abuse by a partner has similar mental and physical health impacts on children to maltreatment, and that violence against children and against women can occur in the same households, and that it is therefore critical to address the intersections of these two forms of violence and eliminate common risk factors, as a prerequisite to long-term prevention of violence against women and violence against children;

Further recognizing that over the course of their lifetime children exposed to all forms of violence are at increased risk of delayed cognitive development, mental health conditions, high-risk and health-harming behaviours, and further interpersonal and self-directed violence, and that as a result of these they are more likely to suffer from noncommunicable diseases, sexually transmitted diseases, reproductive health problems, and other negative social consequences including educational under-attainment;

Noting that violence against children costs the world economy between US\$ 1.49 and 6.9 trillion annually, that many of the economic costs fall to the health sector as it provides treatment for the acute and long-term consequences, and that this likely represents an underestimation<sup>3</sup> of the full costs of violence against children since it does not consider the long-term impacts on future human capital formation of children exposed to violence;

Also noting with concern that the growing economic and financial burden aggravated by COVID-19 will further exacerbate inequalities, increase poverty, and hunger and reverse the hard-won developmental gains including in the health sector;

Further noting that the COVID-19 pandemic has triggered significant new needs and magnified pre-existing inequalities and vulnerabilities, leading to an increased risk of violence involving children and women, and increases in harmful practices and crimes resulting from, inter alia, closures of schools

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<sup>1</sup> "World report on violence and health", Geneva: World Health Organization; 2002.

<sup>2</sup> Violence against children factsheet. Geneva: World Health Organization; 2020.

<sup>3</sup> The economic costs of violence against children. United Nations Special Representative of the Secretary-General on Violence against Children. United Nations: New York;2015.

and protective services, increased isolation, emotional and economic burden on households, and mental health conditions, that threaten multiple aspects of children's physical, psychological, sexual and reproductive health;

Recognizing that state institutions can also be sites of violence, including violence in schools perpetrated by teachers and peers, noting that children face various forms of online violence as well as violence facilitated by information and communications technology (ICT), and that online and ICT-facilitated violence is disproportionately affecting women and girls;

Concerned about the occurrence of bullying, both online and offline, in all parts of the world and the fact that children who are victimized by such practices may be at heightened risk of compromising their health, emotional well-being and academic work and a wide range of physical and/or mental health conditions, as well as about the potential long-term effects on the individual's ability to realize his or her own potential;

Also recognizing that violence against girls is based on discrimination, gender norms and gender inequalities and includes sexual and gender-based violence, child maltreatment, child, early and forced marriage, sexual harassment, female genital mutilation, partner violence, trafficking, and sexual exploitation and abuse, all of which requires specific attention by society, including health providers;

Further recognizing that close interlinkages exist between the different forms of discrimination, violence and inequalities faced by children;

Stressing that discrimination based on gender or age often overlaps with other forms of discrimination, as well as a range of social determinants, and that this may affect a child's vulnerability to violence and often compounds the impacts of crisis and conflict on children;

Recognizing also that children with disabilities are more likely than other children to experience physical, psychological, sexual and gender-based violence and neglect;

Recognizing further the special needs of and risks faced by migrant children, especially unaccompanied migrant children or children separated from their families, particularly with regard to all forms of violence, discrimination and exploitation, including sexual and gender-based violence, physical and psychological abuse, human trafficking and contemporary forms of slavery;

Noting that victims of all forms of violence frequently suffer traumatic consequences that require care and treatment, and that psychosocial support needs to be provided to both victims and perpetrators to mitigate risks of violence in the future;

Recognizing also that health systems are often not adequately addressing the problem of violence and the risk factors and determinants that cut across all forms of interpersonal violence, including violence against children, and not always contributing to a comprehensive, coordinated and multi-sectoral prevention and response to violence against children, and that strengthening health systems and achieving universal health coverage are essential to addressing both the risk factors/determinants of violence against children and its consequences;

Recognizing further that violence against children needs continuous, coordinated and multisectoral action for detection, monitoring, prevention and response;



Concerned that violence against children is often exacerbated in humanitarian emergencies and in countries in conflict and post-conflict situations, and recognizing that health systems have an important role to play in preventing and responding to its consequences, underlining the need to protect health care from attacks to ensure the delivery of health care services;

Also recognizing that ensuring safe access and safeguarding the right to education, including in humanitarian emergencies and in countries in conflict and post-conflict situations, provides an environment that protects against violence and is an entry point for basic health and nutrition interventions;

Acknowledging the need for greater international cooperation and technical assistance at all levels to address the issue of violence against children including in humanitarian emergencies and in countries in conflict and post-conflict situations;

Stressing the importance of scaling up evidence-based preventive measures in line with obligations under the Convention on the Rights of the Child, including appropriate legislative, administrative, social and educational measures, to protect children from all forms of violence, including parent and caregiver support programmes and school-based community-based interventions and public health and other measures to positively promote respectful child-rearing, free from violence, for all children, and to target the root cause of violence at the levels of the child, family, perpetrator, community, institution and society, and noting that these measures can be delivered by and with the health and other relevant sectors and civil society organizations,

1. URGES Member States:<sup>1</sup>

- (1) to establish an interministerial coordination process to prevent and eliminate violence against children following an evidence-based approach based on respect for human rights to coordinate a gender-sensitive strategy to address violence against children with clear support from the highest levels of government;
- (2) to include children, as appropriate to their evolving capacities, in advocacy, policy development and action, taking into account their experiences and needs, in the prevention and elimination of violence against children and to provide accessible and age-appropriate information to children;
- (3) to promote an intercultural perspective while addressing violence against children in order to adapt effective interventions and meet the needs of different contexts, and to strengthen the capacities of community health workers, communities and families to prevent risk situations;
- (4) to strengthen health system leadership and governance to prevent violence against children, including by creating or designating where appropriate, a unit or focal point within ministries of health to address issues related to violence against children, and liaising with other competent national ministries, departments and agencies, and where applicable, with national child protection institutions, taking into consideration a Health in All Policies approach to prevent and respond to violence against children;
- (5) to take stock of their legislative policy and response frameworks for prevention of violence against children as well as implementation channels, and to strengthen these where necessary

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<sup>1</sup> And, where applicable, regional economic integration organizations.

including by ensuring they are gender- and age-sensitive and prioritizing improved disaggregated data collection as well as monitoring and using relevant data to set prevention and response measures and targets;

(6) to allocate the necessary budget for the prevention of and response to violence against children in relevant national plans and policies;

(7) to enhance international cooperation for the provision of requisite resources and bridging the financial gaps for the implementation of strategies and policies to prevent and counter violence against children and to promote their well-being by responding to the consequences of violence;

(8) to strengthen their efforts to support the implementation of evidence-based approaches consistent with the INSPIRE framework<sup>1</sup> to preventing violence against children to accelerate progress in achieving the target of WHO's Thirteenth General Programme of Work, 2019–2023, to reduce violence against children by 20% by the year 2025, including taking into account the WHO-developed RESPECT women framework, in accordance with the national context;

(9) to increase the capacity of health systems to identify violence against children, inter alia, by strengthening health information systems to capture age- and sex-disaggregated data about violence against children, and equipping health and other relevant service providers with the skills to recognize the risks of violence against children and the signs, symptoms and consequences of child maltreatment and all other forms of violence against children, with particular attention to the needs of children with disabilities, children in vulnerable situations such as migrant children, and children in armed conflict, and to provide evidence-based, trauma-informed first-line support, reporting and referral, with the best interests of the child as a primary consideration and free of abuse, disrespect and discrimination;

(10) to establish policies and monitoring mechanisms on safeguarding children and child protection for all government and non-government staff that come into contact with children, as well as to support coordinated efforts across all sectors to train and equip, among others, teachers, school administrators, religious leaders, parents and their representative organizations, justice and social welfare sector actors, detention officers, prison staff, health practitioners and sports workers and community and faith-based groups with the skills to prevent, identify and respond to violence against children, especially adolescent girls, who, owing to negative social norms, are more likely to be subject to gender-based violence, and face a greater risk of harmful practices, such as child, early and forced marriage, and female genital mutilation, and other factors of great importance such as trafficking in persons, child labour and unintended pregnancies, which may also lead to girls leaving school before the completion of their education and never returning to school as a result;

(11) to ensure that child protection, including social protection and mental health services, is recognized as essential and that it continues to be provided and be accessible and available to all children at all times, including during lockdowns, quarantines and other types of confinement and public health measures;

(12) to strengthen implementation of WHO's global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, in accordance with national legislation,

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<sup>1</sup> INSPIRE: seven strategies for ending violence against children. Geneva: World Health Organization; 2016.

capacities and priorities, and specific national circumstances, to ensure that all people at risk and/or affected by violence benefit from prevention and timely, safe, effective, and affordable access to health care services;

(13) to respect, protect, promote and fulfil the human rights of all women and girls, and to adopt and expedite the implementation of laws, policies and programmes that protect and enable the enjoyment by them of all human rights and fundamental freedoms, including with regard to sexual and reproductive health;

(14) to develop strategies, or include in existing strategies measures for the prevention and elimination of all forms of violence against children with disabilities, who are particularly vulnerable to, *inter alia*, cruel, inhuman, degrading treatment, medical or scientific experimentation, and sexual and physical violence, including bullying and cyberbullying, and to develop and introduce child- and gender-sensitive, accessible, safe and confidential reporting and complaints mechanisms;

(15) to develop and/or improve epidemiological surveillance systems capable of ongoing and timely identification and description of epidemiological behaviour, monitoring trends, identifying risk factors and recommending and adopting measures for the prevention and response of violence, as well as for assessing the impact of multisectoral measures and interventions;

## 2. REQUESTS the Director-General:

(1) to prepare a second and third Global status report on preventing violence against children to assess national violence prevention status in 2025 and 2030, respectively, and to support nationally representative surveys on the extent of all forms of violence against children and its consequences in all settings;

(2) to provide Member States and humanitarian actors with technical knowledge and support, including to collect data and to train health, care and other relevant service providers in identifying and responding to violence against children, and capacity-building in the design and implementation of evidence-based strategies to prevent and respond to violence against children consistent with the INSPIRE framework and the national context, noting also the need to address violence against children, including gender-based violence, among persons and populations in humanitarian emergencies and in countries in conflict and post-conflict situations;

(3) to support Member States in developing and implementing evidence-based parenting programmes to prevent child maltreatment and promote healthy child development, and contribute to reducing inequalities in health consistent with the INSPIRE framework and the national context, and as requested, to also support Member States in the involvement of children, as appropriate to their evolving capacities, in developing implementation plans, taking into account their experiences and needs, and in following up on these programmes;

(4) to foster and facilitate knowledge exchange among academic institutions, scientific researchers, practitioners, individuals with lived experiences, and children, as appropriate to their evolving capacities, at the country, regional and global levels on best practices to prevent violence against children;

(5) to further strengthen collaboration with other mandated United Nations entities and multilateral organizations and civil society to prevent and address violence against children,

including sexual- and gender-based violence through a multisectoral approach, and support implementation of relevant strategies, consistent with the INSPIRE framework and the national context, in support of the 2030 Agenda for Sustainable Development and in the response to the COVID-19 pandemic and its recovery phase;

(6) to strengthen the violence prevention capacity of WHO's regional and country offices; and

(7) to report on the implementation of this resolution to the Seventy-sixth World Health Assembly in 2023, through the Executive Board at its 152nd session, and thereafter be included in reporting on resolution WHA69.5 (2016) on the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, in 2025 and 2030, respectively.

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