
Ending violence against children through health systems strengthening and multisectoral approaches

Draft resolution proposed by Australia, Bosnia and Herzegovina, Canada, Eswatini, Finland, Georgia, Iceland, Israel, Mali, Monaco, Montenegro, Mozambique, Norway, Oman, Paraguay, Peru, United States of America, Uruguay, Vanuatu and Member States of the European Union

The Seventy-fourth World Health Assembly,

(PP1) Having considered the report¹ 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;²

(PP2) Recalling that all children have the right to the enjoyment of the highest attainable standard of physical and mental health;

(PP3) Recalling also 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;

(PP4) 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;

(PP5) 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

¹ Document A74/21.

² Children is defined as all persons under 18 years of age.

in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”;¹

(PP6) 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;

(PP7) Further 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 cyber-bullying) 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;^{1,2} and further noting concern over harmful practices, such as child, early and forced marriage and female genital mutilation;

(PP8) Deeply concerned that each year violence affects an estimated 1 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;

(PP9) 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;

(PP10) Further 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 co-occur in the same households, and that therefore it is 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;

(PP11) 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;

(PP12) 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

¹ “World report on violence and health”, Geneva: World Health Organization; 2002.

² Violence against children factsheet. World Health Organization; 2020.

acute and long-term consequences and that this likely represents an underestimation¹ of the full costs of violence against children, as it does not consider long-term impacts on future human capital formation of children exposed to violence;

(PP13) 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;

(PP14) Noting also 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 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;

(PP15) 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;

(PP16) Concerned about the occurrence of bullying, 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 for a wide range of physical and/or mental health conditions, as well as potential long-term effects on the individual's ability to realize his or her own potential;

(PP17) 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, sexual exploitation and abuse, all of which requires specific attention by society, including health providers;

(PP18) Recognizing also that close interlinkages exist between different forms of discrimination, violence and inequalities faced by children;

(PP19) 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;

(PP20) Recognizing that children with disabilities are more likely than other children to experience physical, psychological and sexual and gender-based violence and neglect;

(PP21) 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;

¹ The economic costs of violence against children, UN Special Representative of the Secretary-General on Violence Against Children (2015).

(PP22) 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;

(PP23) Recognizing also that health systems often are not adequately addressing the problem of violence and the risk factors/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;

(PP24) Further recognizing that violence against children needs continuous, coordinated and multisectoral action for detection, monitoring, prevention and response;

(PP25) 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 healthcare from attacks to ensure the delivery of health-care services;

(PP26) Recognizing that safe access to 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;

(PP27) 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;

(PP28) 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 that these measures can be delivered by and with the health- and other relevant sectors and civil society organizations,

OP1. URGES Member States:¹

(1) to establish an inter-ministerial 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

¹ And, where applicable, regional economic integration organizations.

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 strengthen community health workers, community and family capacities 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 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 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 framework¹ to preventing violence against children to accelerate progress in achieving the target of WHO's Thirteenth General Programme of Work to reduce violence against children by 20% by the year 2025, including taking into account the WHO-developed RESPECT 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 to recognize risks for 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 provide accessible gender-sensitive, free from gender stereotypes, evidence-based and appropriate to age and evolving capacities sexuality education to children, and with appropriate direction and guidance from parents and legal guardians, with the best interests of the child as their basic concern to empower and enable them to realize their health well-being and dignity,

¹ INSPIRE: Seven strategies for ending violence against children, WHO 2016.

build communication, self-protection and risk reduction skills, as a fundamental part of the efforts to prevent, recognize and respond to violence against children;

(11) 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 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 to prevent, identify and to 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 also may lead to girls leaving school before the completion of their education and never returning to school as a result;

(12) 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;

(13) 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, capacities, 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;

(14) 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;

(15) 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;

(16) 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;

OP 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 and supporting nationally representative surveys on the extent of all forms of violence against children and its consequences, in all settings;

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- (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 INSPIRE and 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 INSPIRE and national context, and as requested, 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 follow-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 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 INSPIRE and 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, 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.

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