



WORLD HEALTH ORGANIZATION

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Violence and health

Report by the Secretariat

1. In the year 2000, 1.7 million deaths in the world were due to violence. Owing to underreporting and inadequate surveillance in many regions, this figure probably underestimates the true proportion of violent deaths. Of the estimated total of violent deaths, nearly half were due to suicide, about a third were homicides and a fifth were due to armed conflicts. Among people aged 15 to 44 years, it was estimated that suicide was the fifth leading cause of death, homicide the sixth, and armed conflicts the eleventh. Estimated rates of homicides are higher in low- and middle-income societies, while estimated rates of suicide are higher in high-income societies.

2. An even larger number of people survive acts of violence. Around 40 million children are subject to abuse and neglect each year; adolescents and young adults are the primary victims and perpetrators of interpersonal violence in every region of the world; rape and domestic violence account for 5% to 16% of healthy years of life lost by women of reproductive age, and, depending on the studies, from 10% to 50% of women experience physical violence at the hands of an intimate partner during their lifetime.

3. Beyond the millions of deaths and physical injuries that it leads to each year, violence may have profound health and psychological implications for victims, perpetrators of violence and witnesses to violence. These include mental illness, behavioural disorders and reproductive and sexual health problems, some of which are themselves the cause of more violence. The costs of the consequences of violence are enormous. Alongside the annual financial costs to health care systems, estimated to be in the thousands of millions of United States dollars, violence has even larger indirect and human costs that result in untold damage to the economic and social fabric of communities around the world.

4. The United Nations Millennium Declaration adopted by the United Nations General Assembly at the Millennium Summit (New York, 6-8 September 2000) noted that men, women and children have the right to live their lives in freedom and without fear of violence, oppression and injustice. The Health Assembly, in resolution WHA49.25, declared violence to be a leading worldwide public health problem; it urged Member States to assess the problem of violence in their own territories, and requested that WHO present a plan of action for the prevention of violence. The Health Assembly subsequently endorsed the plan of action and called for its further development (resolution WHA50.19). In a separate resolution (WHA51.8) it called for concerted public health action on anti-personnel mines.

5. WHO responses to these resolutions have included preparation of the first world report on violence and health. This report aims to raise awareness about the public health aspects of violence and highlights the contributions that public health can make to understanding and preventing the

problem. Nearly 100 experts from around the world contributed, and it has been reviewed by an additional 60 experts from all WHO regions. The report will be issued in 2002, accompanied by a summary document for policy-makers.

6. The report describes how a complicated web of factors at individual, family, community and societal levels contributes to causing violence. Some of these factors include harsh discipline, poor monitoring and supervision of children, witnessing violence, drug trafficking, access to firearms, alcohol and substance abuse, inequalities between the sexes and in income, and norms that support violence as a way of resolving conflicts.

7. Violence is preventable. 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 (e.g. its social acceptability). In addition, there is increasing evidence that specially designed and carefully implemented interventions (e.g. home visitation and parent training) can prevent violence and are cost-effective.

8. Knowledge about the magnitude and the causes of violence is steadily increasing, but much remains to be done in both developed and developing countries. By assisting countries to implement epidemiological surveillance programmes and research, public health can provide the scientific base, and, through its research into understanding the root causes of violence and evaluating preventive measures, it can stimulate the growth of effective interventions.

9. WHO will guide global public health efforts to prevent violence. On the basis of the evidence presented in the world report on violence and health it will create a framework to facilitate the implementation and coordination of multidisciplinary activities for the prevention of violence and the treatment and care of victims. The task of WHO is as follows:

- in surveillance, to set standards for and facilitate collection of data on all types of violence and their physical and psychosocial consequences;
- in research, to commission and conduct research important for policy-making, such as analysis of the economic dimensions of violence and its prevention, population-based research on risk and protective factors at societal and community levels, the effectiveness of violence-prevention efforts, and the documentation of good practices;
- in prevention, to define clearly what works, to disseminate this knowledge as widely as possible, and to stimulate multisectoral involvement in prevention activities;
- in treating and caring for victims of violence, to strengthen services and support, and to promote the reconstruction of health services where these have been destroyed by armed conflict or economic failure;
- in advocating for the prevention of violence, to create increased awareness about the impact of violence on public health, its preventability, and the need for greater political and financial support for primary, secondary and tertiary prevention.

10. Coordination of activities across nations and regions can greatly accelerate efforts to identify and implement effective strategies to prevent violence. Creating safe communities around the world requires commitment by many different sectors at international, national and community levels to

documenting the problem, building the evidence base, promoting the design and testing of prevention programmes, and disseminating the lessons learned.

11. The contribution of WHO to the provision of global guidance and coordination for the prevention of violence was acknowledged at the first meeting on United Nations collaboration for the prevention of interpersonal violence (Geneva, 15-16 November 2001). Eleven United Nations bodies were represented at the meeting, which aimed to develop a mutual understanding of the violence-prevention activities within the different United Nations organizations and to identify areas for collaboration. A joint declaration invited WHO to act as facilitator of the initial follow-up activities.

ACTION BY THE EXECUTIVE BOARD

12. The Executive Board is invited to note the above report.

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