



MILESTONES OF A GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION



WORLD HEALTH ORGANIZATION

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GLOBAL CAMPAIGN
FOR VIOLENCE PREVENTION**



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Foreword



Every year, violence leads to approximately 1.6 million deaths. Violence is among the leading causes of death for people aged 15-44 years, accounting for 14% of deaths among males and 7% of deaths among females. The death and disability caused by violence make it one of the leading public health issues of our time.

In October 2002, WHO released the *World report on violence and health*. The report not only focuses on the scale of the problem, but also provides a detailed overview of the causes of violence and the methods for preventing violence and reducing its adverse health and social consequences. In addition to familiar issues of war and conflict, the report examines equally significant, yet frequently overlooked, issues such as youth violence, child abuse, elderly abuse, intimate partner violence, sexual violence, and self-inflicted violence or suicidal behaviour.

Following the release of the report, WHO launched the Global Campaign for Violence Prevention. The Campaign objectives are to raise awareness about violence as a major public health problem, and to issue a call for action at all levels of society.

To date, with strong assistance from WHO Regional and Country offices, governments, NGOs and partners in academia, some important progress has been made towards reaching the objectives of the Campaign. The World Health Assembly has endorsed a resolution on implementing the recommendations of the *World report on violence and health*, and policy documents have been adopted by the African Union, the Commission on Human Rights and the World Medical Association. Over 40 governments have hosted regional or national launches of the *World report on violence and health*, using these events to introduce the report, bring together different sectors involved in violence prevention, discuss the impact of violence in their country or region, and discuss violence prevention activities at national and community levels. A number of countries have committed themselves to the development of national plans of action for violence prevention, and several have developed national reports on violence and health.

Rarely has a WHO report generated so much action in such a short period of time. This document describes in more detail the follow-up to the release of the *World report on violence and health*, using the nine recommendations as a reporting framework. I invite you to reflect upon what has been achieved to date and thank all those who contributed to these achievements. I hope that it will serve as inspiration for future efforts to expand and deepen violence prevention efforts worldwide.

A handwritten signature in red ink that reads "Jong Wook Lee". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr LEE Jong-Wook

Director-General
World Health Organization

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The World Health Organization acknowledges with thanks the contributions of **Sabine van Tuyl van Serooskerken** and other staff from the **Department of Injuries and Violence Prevention** for the preparation of this document. The report also benefited from important contributions of **WHO Regional Advisors for Injuries and Violence Prevention** and several **WHO Representatives and Liaison Officers**. The World Health Organization wishes to thank the **California Wellness Foundation** for its generous financial support for the development and printing of this document.

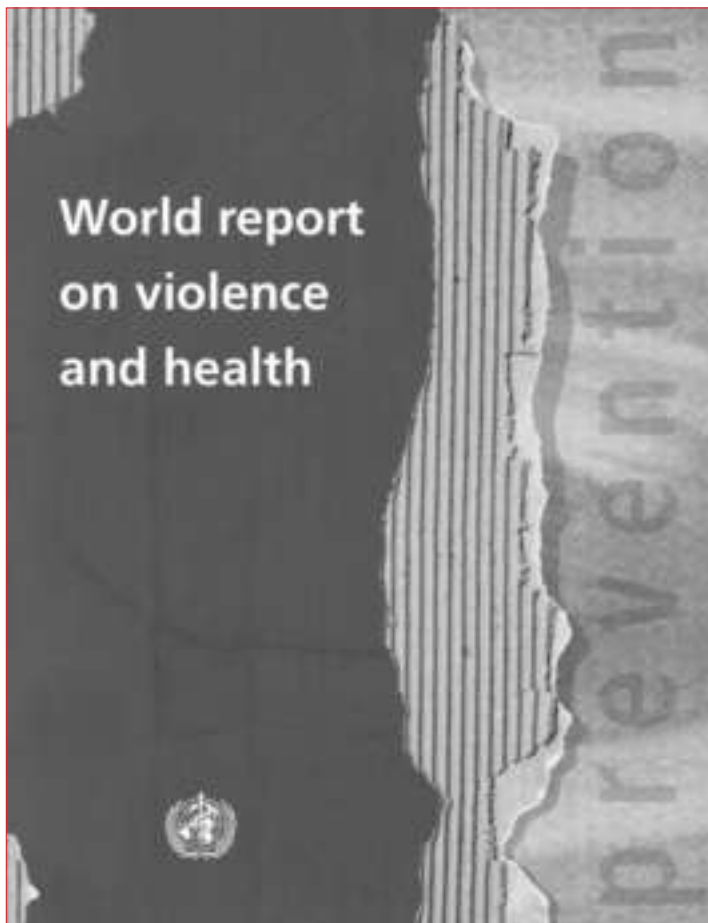
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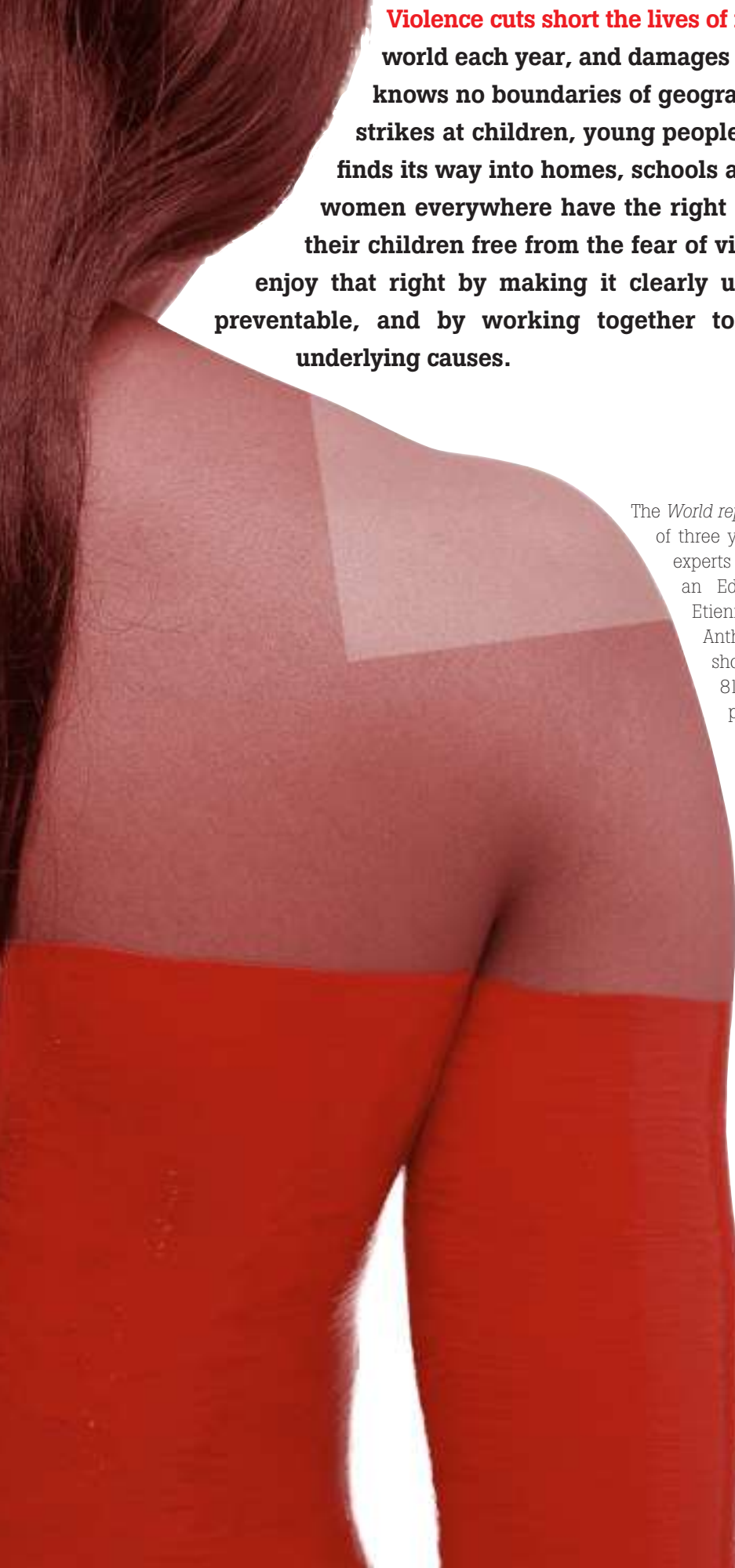
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PHOTO TOP RIGHT: *from right to left*, Ms Anna Diamantopoulou, European Commissioner for Employment and Social Affairs; King Albert II of Belgium; and Mr Guy Verhofstadt, Prime Minister of Belgium, at the global launch of the report in Brussels, Belgium.

The World report on violence and health

On 3 October 2002, WHO launched the first *World report on violence and health*. The launch was organized in collaboration with the Government of Belgium, and was attended by His Majesty King Albert II of Belgium; the Prime Minister of Belgium; the Director-General of WHO; the European Union Commissioner for Employment and Social Affairs; the Mayor of Bogotá, Colombia; and ministers, ambassadors, and leading members of NGOs and other organizations from around the world.





Violence cuts short the lives of millions of people across the world each year, and damages the lives of millions more. It knows no boundaries of geography, race, age or income. It strikes at children, young people, women and the elderly. It finds its way into homes, schools and the workplace. Men and women everywhere have the right to live their lives and raise their children free from the fear of violence. We must help them enjoy that right by making it clearly understood that violence is preventable, and by working together to identify and address its underlying causes.

**– Kofi Annan, Secretary-General,
United Nations, Nobel Peace Laureate, 2001**

The *World report on violence and health* is the result of three years of work, involving more than 170 experts from approximately 60 countries, led by an Editorial Committee composed of Drs Etienne Krug, Linda Dahlberg, James Mercy, Anthony Zwi and Rafael Lozano. The report shows that, in the year 2000, an estimated 815,000 people died by suicide, 520,000 people by homicide, and 310,000 people as a direct result of war-related injuries. Among people aged 15–44, violence accounted for 14% of male deaths and 7% of female deaths. Keeping in mind that one of the most common settings for violence is the home, studies suggest that approximately:

- 40–70% of female murder victims are killed by their husband or boyfriend,
- 545 children and young people aged 10–29 years die violently each day,
- 4–6% of older people experience some form of abuse in the home,
- 20% of women and 5–10% of men have suffered sexual abuse as children.

A major finding of the report is that no single factor explains why one individual, community or society is more or less likely to experience violence. Instead, it shows that violence is rooted in the interaction of factors, ranging from the biological to the political. The report captures this in an ecological model that organizes the risk factors for violence into four interacting

The series of posters, **Violence in Red**, portrays striking close-ups of parts of the human body coloured in red, symbolizing the impact of violence on the body and on health in general. The text on the posters describes the large number of people directly affected by violence each year.



levels: the individual, close relationships, community contexts and societal factors. Individual-level risks include demographic factors such as age, income and education, psychological and personality disorders, alcohol and substance abuse, and a history of engaging in violent behaviour or experiencing abuse. Relationship-level risk factors include poor parenting practices and family dysfunction, marital conflict around gender roles and resources, and associating with friends who engage in violent or delinquent behaviour. At the community level, some of the risk factors are poverty, homelessness, unemployment, and the social isolation resulting from these issues and also affecting people who have to move frequently and thus have little sense of belonging to a community. The existence of a local drug trade, and weak policies and programmes within institutions are also risk factors at this level. Societal level risks include economic, social, health, and education policies that maintain or increase economic and social inequalities, social and cultural norms which support the use of violence, the availability of firearms and other weapons, and weak criminal justice systems that leave perpetrators immune to prosecution. Interventions at all levels of the model are needed to prevent violence.

This report makes a major contribution to our understanding of violence and its impact on societies. It illuminates the different faces of violence, from the “invisible” suffering of society’s most vulnerable individuals to the all-too-visible tragedy of societies in conflict. It advances our analysis of the factors that lead to violence, and the possible responses of different sectors of society. And in doing so, it reminds us that safety and security don’t just happen: they are the result of collective consensus and public investment.

– Nelson Mandela, Former President of South Africa



The second series of posters, **Explaining Away Violence**, depicts victims of violence and the reasons they frequently give to explain away their injuries, reflecting the shame and taboos that surround violence.



The report reviews a large number of prevention programmes and groups them according to the ecological model. Approaches targeting individual behaviour include pre-school enrichment and social development programmes, vocational training and incentives to complete secondary schooling. Among the most effective approaches described in the report are those directed at influencing close relationships and those delivered in early childhood, such as parenting programmes, the provision of support and advice through home visits in the first three years of a child's life, and family therapy for dysfunctional families. Community-level interventions that seem promising include reducing the availability of alcohol, modifying the physical environment (for instance by improving street lighting), identifying and helping people at risk of violence, and improving trauma care and access to health services. At the societal level, the provision and dissemination of accurate public information about the causes of violence, its risks and its preventability is key to raising awareness and stimulating action. It is equally important to strengthen law enforcement and judicial systems, implement policies and programmes to reduce poverty and inequalities of all kinds, and improve support for families. It is also necessary to reduce access to weapons and promote educational reform and job creation programmes.

As long as humanity continues to rely on violence to resolve conflicts, the world will enjoy neither peace nor security, and our health will continue to suffer.

This report is an important resource for opening our eyes to the reality of violence as a public health problem, and for providing a source of hope for the future.

Perhaps only when we realize that violence is destroying both our bodies and our souls will we begin to collectively address its roots and consequences. This report is an important step in that direction.

— Oscar Arias, Former President of Costa Rica,
Nobel Peace Laureate, 1987



To stimulate more systematic and effective violence prevention programmes everywhere, the *World report on violence and health* makes nine recommendations to governments and policy makers:

- 1 Create, implement and monitor a national action plan for violence prevention**
- 2 Enhance capacity for collecting data on violence**
- 3 Define priorities for, and support research on, the causes, consequences, costs and prevention of violence**
- 4 Promote primary prevention responses**
- 5 Strengthen responses for victims of violence**
- 6 Integrate violence prevention into social and educational policies, and thereby promote gender and social equality**
- 7 Increase collaboration and exchange of information on violence prevention**
- 8 Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights**
- 9 Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.**

THE FULL REPORT AS WELL AS ITS SUMMARY CAN BE FOUND AT:

www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en/

Translating the report



Since its launch in October 2002, the full report has been translated from the original English into Arabic, Chinese, French, Portuguese, Russian, and Spanish, and the summary has been made available in

these languages as well as in German and Macedonian. Translation of the report into Finnish, Italian, Korean and Turkish is currently under way.

Translation and dissemination was provided by:

- the WHO Regional Office for the Eastern Mediterranean (Arabic),
- the WHO Regional Office for Europe (German summary).
- the People's Medical Publishing House (Chinese),
- the Macedonian Ministry of Health (Macedonian summary),
- the Brazilian Ministry of Justice (Portuguese),
- Bes Mir Publishing House (Russian),
- the WHO Regional Office of the Americas (Spanish), and

WHO wishes to thank the

California Wellness Foundation, The Global Forum for Health Research, the Governments of Belgium, Brazil, Japan, Sweden and the United Kingdom, the Rockefeller Foundation and the United States Centers for Disease Control and Prevention, for their generous financial support for the development, publication, and dissemination of the *World report on violence and health*, and their support to the *Global Campaign for Violence Prevention*.

Disseminating the report

Following the launch of the report, 18,000 copies of the *World report on violence and health* and the summary were distributed to Ministries of Health, Interior, Justice, Education and Social affairs; WHO offices; permanent missions; national authorities; NGOs; and libraries around the world. Throughout the year, additional reports have been disseminated at regional and national launches, and sold through WHO and commercial suppliers, leading to a distribution of some 22,000 copies of the report in the seven languages mentioned above.

Awards

A number of prominent awards have been presented to those who worked on the *World report on violence and health*.



- In September 2003, the *World report on violence and health* was awarded the **British Medical Association's** "Highly Commended" Certificate in the Public Health category of its 2003 competition for scientific publications.

- In December 2002, WHO's Department of Injuries and Violence Prevention, and Ageing and Life Course Programme, were presented with the "**Rosalie Wolf Memorial Elder Abuse Prevention Award**" for their dedication and commitment to preventing and reducing the incidence of elder abuse. A driving force behind the elder abuse prevention movement, the late Dr Wolf was a lead contributor to the *World report on violence and health's* chapter on Elder Abuse, founded and served as the President of NCPEA, edited the Journal of Elder Abuse & Neglect, conducted ground-breaking research, and served as the founding Chairperson of INPEA.



- In July 2003, the group dedicated to working on the *World report on violence and health* received an award for Distinguished Service from the **United States National Center for Injury Prevention and Control**. The award was presented for advancing public health and future directions for violence prevention efforts around the world.

Bringing the report to countries

In collaboration with WHO Regional and Country Offices, over 40 governments from all continents have organized regional or national launches of the report. The launches provided a unique opportunity to introduce the report and bring together, often for the first time, representatives of a variety of sectors including health, human rights, justice, education, and police. Participants discussed the impact of violence in their country or region, violence prevention activities at national and community levels, and how best to further implement the report's recommendations at a multisectoral level.

The WHO Department of Injuries and Violence Prevention website



The WHO Department of Injuries and Violence Prevention website will be regularly updated in order to include national reports and publications on violence and health.

www.who.int/violence_injury_prevention/violence/global_campaign/campaign/en/

Yerevan, **Armenia** –
 Sydney, **Australia** –
 Baku, **Azerbaijan** –
 Brussels, **Belgium** –
 Nassau, **Bahamas** –
 Gaborone, **Botswana** –
 Brasilia & Rio de Janeiro,

Brazil – Bogotá, **Colombia** – Vancouver, **Canada** – San José, **Costa Rica** – Zagreb, **Croatia** – Quito, **Ecuador** – European Parliament – Skopje, **The former Yugoslav Republic of Macedonia** – Tbilisi, **Georgia** – Berlin, **Germany** – Tegucigalpa, **Honduras** – Bangalore & New Delhi, **India** – Kingston, **Jamaica** – Antananarivo, **Madagascar** – Kuala Lumpur, **Malaysia** – Bamako, **Mali** – Mexico City, **Mexico** – Maputo, **Mozambique** – Kathmandu, **Nepal** – Managua, **Nicaragua** – Panama City, **Panama** – Port Moresby, **Papua New Guinea** – Lima, **Peru** – Manila, **Philippines** – San Juan, **Puerto Rico** – Port Shepstone, **South Africa** – Madrid, **Spain** – Colombo, **Sri Lanka**, – Stockholm, **Sweden** – Moscow, **Russian Federation** – Bangkok, **Thailand** – London, **United Kingdom** – United Nations (New York) – Los Angeles & Washington DC, **United States of America**

Regional and National reports on violence and health

During these national launches, a number of governments undertook to develop a national report on violence and health. The reports will serve as a valuable tool, at the national level, for advancing violence prevention initiatives, and help governments identify gaps and develop action plans to address them.



■ The Ministry of Health for **Belgium** developed a State of the Art report on violence and health. The authors of the report used the *World report on violence and health* as a template to review data and knowledge about youth violence, child abuse and neglect, intimate partner violence, elder abuse, sexual violence, and suicide in Belgium. The last chapter is devoted to the public health structure for the prevention of violence which is currently in place in Belgium. This report will serve as foundation to develop a national multisectoral "Plan of Action for violence prevention" in Belgium.

■ In **Brazil** a policy-oriented summary of the epidemiological profile of armed violence within the country was compiled and discussed during an inter-ministerial meeting convened by the Ministry of Health at the end of 2003.

■ The Ministry of Health in **Costa Rica** launched a national report on violence and health in December 2003. The report includes chapters on violence as a public health issue, the increasing burden which it represents in Costa Rica, the numerous risk factors for violence in the country, the different forms it takes, and prevention initiatives taking place in the different sectors.

■ **France's** Minister of Health, Jean-François Mattei, invited the Haut Comité de Santé Publique to develop a national report. A first draft of the document was completed in July 2003 and is currently being revised.

■ At the occasion of the International Day for the Elimination of Violence against Women in November 2003, Dr Jose Maria Martin Moreno, Director General for Public Health in **Spain** announced that, as a follow up to the launch of the *World report on violence and health* the Spanish Society for Public Health would, as a priority activity, develop a national report on violence and health.

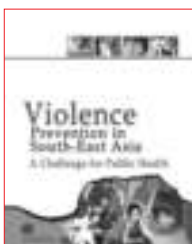
■ **Jordan's** National Council for Family Affairs, in collaboration with the WHO Country Office, has drafted a 100 page national report on violence and health. The report focuses strongly on violence within the family and gives an overview of the burden of the problem and initiatives being undertaken in Jordan towards the prevention of violence in the family.



■ At the national launch in **Mexico**, Dr Julio Frenk, Secretary of Health, welcomed the *World report on violence and health* as a strong scientific document and made a commitment to develop a national report on violence and health.

■ In **Russia**, the Ministry of Health developed a research document: "Violence and health in Russia, a Statistical Review". It was launched in July 2003, jointly with the Russian version of the *World report on violence and health*. The document presents statistics on the different types of violence in Russia.

■ In **Mozambique**, the WHO Country Office, in collaboration with the Ministry of Health has committed to launching a national report for 2004.



■ **WHO Regional Office for South-East Asia** published a report entitled "Violence Prevention in South-East Asia: A Challenge for Public Health". The publication includes chapters entitled Key Facts on Violence and Health; Violence and Public Health; Drugs, Alcohol and Violence; Violence and Youth; Child Sexual Abuse; Intimate Partner Violence; Abuse of the Elderly; and Self-Directed Violence.

Impact on the Media



To date, more than 600 major newspapers and wire services – from the New York Times in the United States to El Pais in Spain, from The Independent in the United Kingdom to The Observer in Jamaica, from Clarin in Argentina to the Angola Press, and from Jordan Times to The Statesman of India – have featured stories about the *World report on violence and health*, its findings and recommendations.

The report has also been featured in hundreds of national **radio and television programmes**, including:

- **Australia:** During the launch of the *World report on violence and health* in Sydney, ABC Breakfast Radio dedicated programming time to the issue of violence as a public health problem.
- **Georgia:** In the context of “Caucasus: 16 days of activism against gender violence”, television and radio talk shows were held, as well as a radio phone-in discussion programme.
- **India:** Following the report’s regional launch, the national TV channel, Doordarshan, broadcasted an exclusive half-hour programme focusing on the report and links between violence and health. This programme was broadcast to all major cities in India, and included three TV spots prepared by WHO Regional Office for South-East Asia.
- **Papua New Guinea:** Following the national launch of the report, a two-hour radio talkback show on violence and health was aired through PNG FM 100 station. In addition, the National EMTV Insait programme broadcasted an item on “Violence and Health” for six consecutive Mondays.
- **Thailand:** Upon launching the report, public health specialists were interviewed by TV Channel 11 and Radio Thailand.
- **United States:** Ahead of the launch of the *World report on violence and health* in October, the report was presented on all major television stations, national public radio and dozens of local radio stations

The report has also stimulated important discussions on violence as a public health issue in the **scientific press**. Over 20 articles, editorials or reviews have appeared in leading journals, including: The American Journal of Public Health, The Australian and New Zealand Journal of Public Health, The British Medical Journal, Californian Journal of Health Promotion, The Croatian Medical Journal, Health and Human Rights, Injury Prevention, Injury and Safety Monitor, Injury Prevention and Safety Promotion, The International Journal of Mental Health, Journal of Psychosocial Nursing, The Journal of the American Medical Association, The Lancet, Medical and Education Resource Africa, The National Medical Journal of India, Nederlands Tijdschrift voor Geneeskunde, The New England Journal of Medicine, The Pan American Journal of Public Health, La Revue de Gériatrie, and The South African Medical Journal.

Since the global launch of the report, the media continues to refer to the *World report on violence and health* on a regular basis when examining the subject of violence and its prevention.

Violence or Health?

“The examples provided in this issue of the Journal, as well as in the WHO *World report on violence and health* and this year’s violence issue of the journal *Health and Human Rights*, make it clear that the perspectives offered by our various fields build upon complimentary values, ideologies, and practical applications. Implicitly or explicitly, drawing upon a range of approaches may also provide a coherent framework for linking violence to other broad societal determinants of health, such as economic, social, and gender inequalities, which, in turn, have been understood to define the levels of vulnerability of individuals, communities, and populations to a wide array of communicable and non-communicable diseases.”

– Extract from the American Journal of Public Health, July 2003; Vol. 93, No. 7. Sofia Gruskin, JD, MIA, Associate Editor

Implementing the Report's Recommendations

Tackling violence requires political commitment. Since its global launch in October 2002, the *World report on violence and health* has been reviewed and discussed in prominent policy fora such as the World Health Assembly, the European Parliament, the African Union Summit, and the World Medical Association General Assembly.



■ **AT THE 56TH WORLD HEALTH ASSEMBLY, MEMBER STATES UNANIMOUSLY ADOPTED RESOLUTION WHA56.24 ON "IMPLEMENTING THE RECOMMENDATIONS OF THE WORLD REPORT ON VIOLENCE AND HEALTH"**

The World Health Assembly is the annual meeting of Ministers of Health. The Resolution, adopted by Member States, recognizes that urgent government intervention is needed to prevent all forms of violence. It encourages Member States to appoint focal points for violence prevention in Ministries of Health and to prepare national reports on violence prevention. Specifically, it requests the Director-General of WHO to help Member States to set up policies and programmes for violence prevention, encourage research, develop guidelines on violence prevention, strengthen services for victims of violence, and continue advocacy efforts. The Resolution specifies that a report be given at the 58th WHA in 2005, on the progress in implementing the recommendations of the *World report on violence and health*.

THE WORLD MEDICAL ASSOCIATION'S GENERAL ASSEMBLY ADOPTED A POLICY DOCUMENT ON VIOLENCE AND HEALTH

This document, tabled by the South African Medical Association and adopted in September 2003, encourages national medical associations to contribute to more systematic approaches to dealing with violence. The statement encourages the medical profession to contribute to advocacy, data collection, medical training, prevention, research and the co-ordination of victim assistance.

IN THE EXECUTIVE COUNCIL OF THE AFRICAN UNION, 52 HEADS OF STATES ENDORSED ALL NINE RECOMMENDATIONS MADE IN THE WORLD REPORT ON VIOLENCE AND HEALTH

The declaration urges all states to prioritise the development and implementation of multi-sectoral plans of action for violence prevention and enhanced systems for the collection of data on violence. It also declares 2005 *African Year of Violence Prevention*, aiming to increase and coordinate prevention policies and activities. Finally, it requests the international community to increase collaboration and exchange of information on the prevention of violence.

THREE WHO REGIONAL COMMITTEES DEDICATED IMPORTANT DISCUSSIONS TO VIOLENCE AS A PUBLIC HEALTH CONCERN



■ In September 2003, the **Regional Committee for Africa** endorsed Resolution AFR/RC53/R3 "Injury Prevention and Control in the African Region", which urges countries in the region to continue advocacy for peace and non-violent resolution of conflicts, make the wider public more aware of the importance of public health hazards posed by injury and violence, adopt and implement programmes on injury and violence prevention, improve national programmes on pre-hospital care, develop an information system for injury and violence prevention, and encourage research that will bridge the information gap in matters concerning injury and violence. Additionally, it requests the Regional Director to report to the 57th session of the Regional Committee (2007) on the progress made in implementing the resolution.



■ The **Directing Council of the Americas** discussed a paper on the "Impact of Violence on the Health of the Populations in the Americas". The paper reviews issues such as AMRO's commitment to violence prevention, the magnitude of the problem in the region and proposed actions for violence prevention.



■ The **Regional Committee for South-East Asia** noted that the results of injuries and violence constituted a major burden for the countries of the Region. The Committee urged the establishment of a regional forum for intensifying efforts in this regard and for greater budgetary allocation in this area. Countries were also requested to implement the recommendations contained in the *World report on violence and health*.



THE AMERICAN MEDICAL ASSOCIATION ENDORSED THE WORLD REPORT ON VIOLENCE AND HEALTH

The Association recognized the value of the report's global perspective on all forms of violence, promised to disseminate the findings of the report, and expressed support for investment in primary prevention activities related to violence.

THE PUBLIC HEALTH ASSOCIATION OF AUSTRALIA ENDORSED THE RECOMMENDATIONS OF THE WORLD REPORT ON VIOLENCE AND HEALTH

In October 2003, the Association endorsed the recommendations of the report and called on public health professionals to respond more directly and explicitly to issues of violence in the country.

VICE-MINISTERS OF HEALTH FOR COLOMBIA, PERU AND VENEZUELA, SIGNED THE "DECLARACIÓN DE BOGOTÀ"

The Declaration recognizes the importance of the *World report on violence and health* as an essential contribution to the existing knowledge about the problem; commits the governments to strengthening and combining efforts for violence prevention; and pledges them to act upon the 49th World Health Assembly resolution declaring violence a leading worldwide public health problem.

Photo: National launch of the *World report on violence and health* in Jordan attended by Her Royal Highness Queen Rania of Jordan, pictured here with Dr Ala Alwan, WHO Representative for Jordan.

RECOMMENDATION

1

Create, implement and monitor a national action plan for violence prevention

National planning to prevent violence should be based on a consensus developed by a wide range of governmental and non-governmental actors. It should enable collaboration between sectors that might contribute to preventing violence, such as the criminal justice, education, labour, health and social welfare sectors. As a follow up to the launch of the *World report on violence and health*, the following steps have been taken:

1 2 3
4 5 6
7 8 9

THE GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION SERVES AS THE MAIN PLATFORM FOR IMPLEMENTING THE RECOMMENDATIONS OF THE WORLD REPORT ON VIOLENCE AND HEALTH. APART FROM THE INITIATIVES ALREADY MENTIONED, THE FOLLOWING GIVES A BRIEF OVERVIEW OF SOME OF THE ADDITIONAL ACTIVITIES THAT HAVE TAKEN PLACE IN THE CONTEXT OF THE IMPLEMENTATION OF EACH OF THE REPORT'S RECOMMENDATIONS.



- In **Belgium**, in January 2003, His Majesty King Albert II of Belgium dedicated his New Year's speech for the issue of violence and violence prevention. Based on this important commitment, the Belgian Government is developing a national plan of action under the leadership of the Belgian Commission on Sustainable Development.



- In **Jordan**, the government began developing a multisectoral "Plan of Action for Family Violence Prevention" as part of its "National Plan of Action for Family Protection". The National Council for Family Affairs will be responsible for its implementation.

- In **Malaysia**, the Ministry of Health held a workshop on violence to develop a framework for a "National Plan of Action on Violence Prevention".

- In **Mozambique**, in collaboration with the WHO Country Office, the Ministry of Health has committed itself to drafting a national policy for the prevention of violence by 2004.

- In **Russia**, the Ministry of Health drafted a resolution stressing the need for a public health response to violence and setting out a plan of action for violence prevention activities in Russia. The Ministry has undertaken to establish a violence prevention task force to move this work ahead in the coming years.

- In October 2002, the Ministers of Health from **Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama**, and **the Dominican Republic** adopted a Resolution calling for the development of a sub-regional multisectoral plan of action to prevent violence.



- At the launch of the report in Zagreb, with co-operation from the WHO Regional Office for Europe, Ministers of Health from the **Stability Pact countries** committed themselves to designating focal points for violence prevention within the different health ministries, and allocating resources to research and advocacy related to violence prevention.



- The Ministry of Health from the **former Yugoslav Republic of Macedonia** appointed a focal point for violence prevention, submitted a draft national action plan, and drafted a resolution on the prevention of violence.

RECOMMENDATION

2

Enhance capacity for collecting data on violence

Reliable data on violence is crucial. Without information there is little pressure on anyone to acknowledge or respond to the problem. It is important that data is collected at all levels, but it is equally important that internationally accepted standards for data collection are adopted to enable the comparison of data between nations and cultures. The following countries have implemented initiatives which are designed to comply with the second recommendation of the report:

- The **Belgian** Government has included questions on violence and violence prevention in its 2003 national health survey
- Since March 2000, WHO has worked with the Ministry of Health in **Mozambique** to improve its ability to assess the impact of injuries and violence at a national level. Activities have been undertaken to establish an "Emergency Department Injury Surveillance System" and to develop a nation-wide, community based survey on injuries and violence. Results from this survey will be available in 2004.
- The Ministry of Health in **Nepal** has begun developing a database system to collect data on violence and health.
- The release of the report has given new impetus to, and generated broad support for, ongoing monitoring projects in the region of Latin America and the Caribbean. Such projects are under way in a number of countries including **Nicaragua, El Salvador, Colombia** and **Jamaica**.



- **Injury Surveillance Guidelines:** In an attempt to promote the use of international standards, and provide criteria for the collection of information on patients visiting a health facility as a result of injury, WHO and the Centers for Disease Control and Prevention (USA), jointly issued the "Injury Surveillance Guidelines". Nearly 2,000 copies have been distributed worldwide.

- **Injury Survey Guidelines:** Developed in partnership with several of WHO's Collaborating Centres and other experts, the "Injury Survey Guidelines" will provide a standardized methodology for conducting community-based surveys on injuries. Such surveys offer comprehensive baseline information on injuries, and can be an important supplement to hospital surveillance, particularly in situations where basic demographic data about the population is not available. The guidelines will be published in March 2004.



- **STEPS Framework:** WHO's contribution to building sustainable surveillance systems for Non-Communicable Diseases is called "STEPS". It provides a "step-by-step" standardized approach to data collection which ensures compatibility over time and across locations. The idea is that a country should implement each step in a satisfactory manner before it is able to continue to the next step within the framework. STEP 1 involves obtaining core questionnaire-based data on those risk factors that have a major impact on health and are most amenable to intervention. A module on violence was developed and included in STEPS in 2003.

RECOMMENDATION

3

Define priorities for, and support research on, the causes, consequences, costs and prevention of violence

At the national level, research can be advanced by government policy, by the direct involvement of government institutions, and by funding academic institutions and independent researchers. There is a pressing need to develop, or adapt, test and evaluate many more prevention programmes in both developing and developed countries. At the global level, issues calling for cross-national research include: the relationship between violence and various aspects of globalisation and risk and protective factors common to different cultures and societies. In addition to the various initiatives taken at the global level by the UN and departments of WHO, there have been activities in partnership with other players:

■ **The Economic Dimensions of Interpersonal Violence and its Prevention:** The Johns Hopkins University (USA) and WHO are developing a document which features research, not only on the costs of violence for individuals and the broader societies in which they live, but also on the ways in which violence alters economic processes within societies. The study, to be released in 2004, seeks to provide sound information upon which those responsible for policy and other decision makers can take action aimed at increasing human and financial resources for the prevention of interpersonal violence.



■ **Intervening with Perpetrators of Intimate Partner Violence:** This report, published by WHO in 2003, presents the findings of an international study describing batterer intervention programmes. In 2002, WHO surveyed 56 batterer intervention programmes worldwide, with a view to describing their characteristics, operational philosophies, methods, efforts at evaluation, and other features. Intervening with perpetrators of intimate partner violence is aimed at practitioners, administrators, policymakers and researchers and hopes to strengthen scientific interventions across a range of social, cultural and economic settings. The report can be obtained at: www.who.int/violence_injury_prevention/unintentional_injuries/injpub/en/



■ **Missing Voices:** WHO recognised the need to develop a global strategy for the prevention of abuse of the elderly, within the framework of a working partnership between the WHO Ageing and Life Course Programme, the WHO Department of Injuries and Violence Prevention, the International Network for the Prevention of Elder Abuse (INPEA), HelpAge International and partners from academic institutions in a range of countries. The initial step towards developing the global strategy was the setting up of a study in eight countries. Missing Voices presents the design and results of the study, as well as the conclusions of a meeting held in Geneva aimed at identifying the indications for policy, research and action emerging from these study findings. The report can be obtained at: www.who.int/hpr/ageing/publications.htm.

- **UN Study on Violence Against Children:** In February 2003, at the request of the General Assembly and the Commission on Human Rights, the UN Secretary-General appointed Professor Paulo Sergio Pinheiro as Independent Expert to direct an in-depth study on violence against children. Professor Pinheiro has indicated that the Study will build on the work of the *World report on violence and health* to contribute to a better understanding of the magnitude and consequences of various forms of violence against children and how to prevent it. WHO is a partner in the working group providing technical support to this major global study, along with the United Nations Office of the High Commissioner for Human Rights and the United Nations Children's Fund. The study is expected to be completed in 2005.

- In November 2002, the *World report on violence and health* was presented at a workshop during the **Global Forum for Health Research** meeting in Arusha (Tanzania). The Forum subsequently invited WHO to assist in developing a full morning's programme on the issue of violence for its December 2003 Forum 7 in Geneva (Switzerland), an event which attracted prominent researchers in violence and health from around the world.

RECOMMENDATION

4

Promote primary prevention responses

The importance of primary prevention – and the lack of such programming in many countries – is a theme echoed throughout the *World report on violence and health*. Some of the important primary prevention initiatives for reducing violence include prenatal and perinatal healthcare for mothers, as well as preschool enrichment and social development programmes for children and adolescents; training to encourage good parenting practices and improved family functioning; and media campaigns to change attitudes, behaviour and social norms. A large number of countries are strengthening prevention efforts as can be seen in the following examples:

- In **Australia**, a national meeting was held, drawing heavily on the *World report on violence and health*, to examine how to support professional and other organizations seeking to address the problem of violence against women through the health sector.
- In **Brazil** and **El Salvador**, an inventory of violence prevention programmes will be established in 2004 using WHO's "Handbook for the documentation of promising and proven practices in violence prevention". This will encourage sharing of experiences and approaches among those engaged in violence prevention work.
- In **Mozambique**, work with the Ministers of Health and Women and social development along with NGOs and other UN Agencies is being undertaken to establish primary prevention activities in a number of low-income suburbs in Maputo City. Strong emphasis will be placed on implementing strategies of proven and promising effectiveness, such as home visits and parent training for families at high risk of child abuse and neglect; pre-school and school enrichment to encourage children and adolescents to complete primary and secondary schooling; social development and mentoring of children to promote the development of social skills; community-based strategies to increase social trust and social support networks; efforts to reduce alcohol sales and consumption; the provision of appropriate and well-supervised recreational facilities for young people; and facilitating access to vocational training and micro-financing for unemployed adults.
- **The Handbook for the documentation of promising and proven practices in violence prevention:** This publication was developed by WHO and partners to contribute to a significant shortcoming in information on violence prevention programmes. The handbook, to be released early 2004, will serve as a tool for the collection of descriptions of violence prevention programmes around the world. It will identify core features according to which such programmes could be described, define indicators for these, and provide a structured questionnaire for the systematic documentation of violence prevention programmes.

RECOMMENDATION

5

Strengthen responses for victims of violence

National health systems as a whole should aim to provide high-quality care to victims of all types of violence. Priorities include improvements to emergency response systems and the ability of the health care sector to treat and rehabilitate victims; ensuring that health, judicial, policing and social services have the means to prevent a repeated victimization of individuals; the provision of social support and prevention programmes; and the incorporation of modules on violence prevention into the curricula for medical and nursing students. The following examples give an overview of the progress which has been made to strengthen responses for victims of violence:

- In **Australia**, the Onkaparinga Collaborative Approach to domestic violence (OCA) drew upon the *World report on violence and health* and its recommendations to establish an impressive network of organizations committed to working together to provide care and support to victims of domestic violence. Innovative responses included a project entitled 'Creative women out of a box', through which women who have been affected by domestic violence worked with artists and therapists to produce a box telling their story of violence and abuse.



- **Guidelines for Essential Trauma Care:** This publication is the result of collaboration between the International Association for the Surgery of Trauma and Surgical Intensive Care (IATSIC), WHO, several other international and national societies, and many experts actively involved in the care of injured persons worldwide. The Guidelines, which will be published early in 2004, set forth a list of essential trauma services achievable in virtually every setting worldwide, and the various human and physical resources that are needed to assure such services.



- **Guidelines for Medico-legal Care of Victims of Sexual Violence:** These guidelines provide healthcare professionals with the range of knowledge and skills necessary to offer quality health services for victims of sexual violence, conduct accurate and ethical documentation of their cases, and collect forensic evidence. The document, published in January 2004, is officially designed for use in low-resource settings.

- **Violence against Women - The Health Sector Responds:** Published by the Pan-American Health Organization (PAHO), this volume provides a strategy for addressing this complex problem and concrete approaches for carrying it out, not only for those on the front lines attending to the women who live with violence, but also for the decision-makers who may incorporate its lessons in the development of policies and resources. The report can be obtained at www.paho.org.



- **TEACH Violence and Injury Prevention (VIP):** In response to numerous requests from Member States and professional groups for tools to help build capacities for preventing injuries and violence, WHO is devising a comprehensive curriculum for training in schools of public health worldwide. In designing the curriculum, much attention is being paid to ensuring that there is flexibility in terms of delivering the course, and that it can be adapted to various settings. The curriculum will be available for pilot testing by the end of 2003.

RECOMMENDATION

6

Integrate violence prevention into social and educational policies, and thereby promote gender and social equality

Much violence has links with gender and social inequalities that place large sections of the population at increased risk. Since such conditions are now generally recognized as contributing factors to violence, governments should do their utmost to maintain social protection services and promote gender equality in areas such as education and employment.

Building the goal of violence prevention into social and educational policies is a long-term process. Successful methods for promoting gender and social equality are not necessarily easy to identify or implement, but both social policy and gender policy are tools by which equality can be improved and violence can be prevented. Taking stock of existing policies and evaluating the social and gender impact of proposed policies is a concrete way to begin work in this area.

RECOMMENDATION

7

Increase collaboration and exchange of information on violence prevention

Better working relations between international agencies, governments, researchers, networks and non-governmental organizations engaged in violence prevention are needed to achieve better sharing of knowledge, agreement on goals, and coordinated action. The *World report on violence and health* has helped to build these collaborative bridges in the following ways:

- During the launch of the Portuguese language version of the *World report on violence and health* in **Brazil**, it was decided to create a network of violence prevention experts who would meet annually to discuss successful violence prevention approaches in the country.
- The **Mexican** Ministry of Health announced, at the Mexican launch of the *World report on violence and health*, that a network of Mexican experts working in the field of violence prevention would be set up and meet annually in a series of national conferences on the topic.
- Ministers of Health from the **Stability Pact** countries set up intergovernmental and inter-sectoral working groups to coordinate national activities related to violence prevention. WHO was invited to call for a follow-up meeting in two years in order to assess progress made and plan next steps.
- In October 2003, Jamaica hosted the **First International Caribbean Conference on Violence Prevention**, which launched the *World report on violence and health* in the sub-region. A large group of government officials and experts on violence prevention met for two days to plan a collaborative increase in support for violence prevention programmes, using a public health approach, and looking at models that have been successful.
- The **Council of Europe** (COE) and WHO met in December 2003 to discuss ways to integrate the *World report on violence and health's* recommendations with the Councils' own programme: "Responses to violence in everyday life in a democratic society". A combined COE-WHO initiative will send the message that responding to everyday violence in a democratic society involves preventing violence through social investment and evidence-based intervention, as well as providing effective responses to victims and perpetrators after violence has occurred.
- Since the launch of the Global Campaign for Violence Prevention, **WHO** has issued regular newsletters in order to share some of the important initiatives being taken at international, regional and national levels in the field of violence prevention.
- The **Seventh World Conference on Injury Prevention and Safety Promotion** will take place in June 2004. This Conference is intended for professionals and organizations involved in all aspects of the prevention, control and research related to violence, suicide, unintentional injury, safety, and security. It will be an important opportunity to further discussions on the implications of the *World report on violence and health*. **Additional information on the conference can be found at www.safety2004.info.**



RECOMMENDATION

8

Promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights



The *World report on violence and health* calls for stronger links between those working on violence prevention from the human rights perspective and those working from the public health perspective. Two important developments have taken place since the launch of the report:

- In May 2003, the international journal **Health and Human Rights** dedicated a full issue to the examination of violence, health and human rights. The issue explored topics including violence against women, the right to safety, and violence prevention, from a health and human rights perspective.
- In April 2003, the **UN Commission on Human Rights** adopted a resolution on the right of all people to the highest attainable standard of physical and mental health. The statement expressed concern about the scale of the findings on violence, as described in the *World report on violence and health*. It invited the UN General Assembly to declare 2007 the UN Year on Violence Prevention, and requested WHO, the UN Office of the High Commissioner for Human Rights, and other UN agencies to organize a consultation on violence prevention and human rights.

RECOMMENDATION

9

Seek practical, internationally agreed responses to the global drugs trade and the global arms trade

The global drugs trade and the global arms trade are integral to violence in both developing and industrialized countries. Even modest progress in impeding the trade on either front will help to reduce the amount and degree of violence suffered by millions of people. The following initiative is an example which underlines the need for urgent measures to address the problems associated with this type of illegal activity:

- The **Programme of Action of the United Nations Conference on the Illicit Trade in Small Arms and Light Weapons** (July 2001) defined a role for the health sector in the reduction of small arms violence and called for “action-oriented research”. It also stressed that the illicit trade in small arms should be addressed from both the supply and demand perspectives simultaneously. WHO is partnering with the United Nations Development Programme (UNDP) on the “Armed Violence Prevention Programme”, which aims to reduce armed violence. The programme will enhance national action plans and violence prevention provision through comprehensive data collection and analysis, training, and technical assistance. In addition, the programme will support and evaluate a number of selected violence prevention programmes, beginning with work in Brazil and El Salvador, and is anticipated to expand to four other countries over the following four years.

Partnerships for preventing violence

Collaboration with United Nations agencies on interpersonal violence prevention



WHO has collaborated with other United Nations agencies on two areas of work, namely interpersonal violence prevention and armed violence prevention

As follow-up to a meeting held on *UN Collaboration for the Prevention of Interpersonal Violence*, WHO published the *Guide to UN resources and activities for the prevention of interpersonal violence*. The Guide, which features the work of 15 UN agencies to prevent interpersonal violence, documents the ongoing work of UN agencies to prevent such violence and identifies areas for future UN collaboration on prevention. On 27 and 28 January 2004 a follow-up consultation will take place. Its goal will be to establish an inter-agency approach to create heightened public awareness and a greater commitment by governments to violence prevention.

WHO and UNDP will be collaborating on a new programme, entitled the *Armed Violence Prevention Programme*. More information on the programme can be found under recommendation 9.

Collaboration with Non-Governmental Organizations on violence prevention

In addition to many NGOs that have used the *World report on violence and health* during conferences and meetings, and those that have covered or mentioned the report on their websites, a number of international NGOs have shown a particularly strong commitment to collaborate on the implementation of the report's recommendations.

- In November 2002, the **International Centre for the Prevention of Crime** arranged a presentation of the *World report on violence and health* at its Second Annual Crime Prevention Colloquium, and undertook to establish ways in which WHO and the two organizations could strengthen their collaboration.
- The **International Federation of Medical Students (IFMSA)** has collaborated with WHO in developing capacity-building tools for medical students in violence and injury prevention. IFMSA worked with WHO on a survey of medical students, aimed at establishing the extent of their training in violence and injury prevention. The results showed that only a small minority of students in developed countries received any training in this area, thus highlighting the enormous need for such instruction. The "TEACH Violence and Injury Prevention" package due for release in 2004 will be a step towards filling that gap.
- At the World Health Assembly's discussion of the proposed resolution on implementing the report's recommendations, in May 2003, the **International Federation of Red Cross and Red Crescent Societies** confirmed its commitment to collaborating with WHO on the prevention of violence and to "helping implement the recommendations of the *World report on violence and health* and in that way of contributing to preserving and restoring health, a fundamental right of all human beings".

- In partnership with WHO, the **International Labour Office (ILO)**, the **International Council of Nurses** and **Public Services International** developed a document entitled “International workplace violence in the health sector” in 2002, designed to provide general guidance in addressing workplace violence in the health sector.
- The **International Network for the Prevention of Elder Abuse (INPEA)** has worked closely with WHO’s Ageing and Life Course Programme to develop work in the field of elder abuse prevention. In November 2002, WHO, in collaboration with INPEA and the University of Toronto (Canada), made a commitment to the Toronto Declaration, which calls for the prevention of elder abuse.
- On July 11, 2003, **International Physicians for the Prevention of Nuclear War (IPPNW)** and WHO co-sponsored a panel on public health dimensions of small arms violence during the “1st Biennial Meeting of States to consider the Implementation of the Programme of Action on Small Arms and Light Weapons”. IPPNW and WHO aim to reduce, as far as humanly possible, the deaths, injuries, and social disruption inflicted by small arms and light weapons, by supporting policies and practices that are firmly based on well documented public health analysis.
- In September 2003, the **International Society for the Prevention of Child Abuse and Neglect (ISPCAN)** chose the *World report on violence and health* as the keynote topic at its “Ninth European Conference on Child Abuse and Neglect”. ISPCAN and the WHO Department of Injuries and Violence Prevention have been actively collaborating for some years on the development of policies and guidelines for the prevention of child abuse. The report’s recommendations, and the Convention on the Rights of the Child, provide the overall structure for these guidelines
- **Médecins Sans Frontières (MSF)** welcomed the *World report on violence and health* during the launch on 3 October 2002. Its president noted that “the report documents the consequences of all forms of domination, including men over women, rich over poor and other forms, on public health.” He said “the report also serves as a reminder to groups like MSF that more should be done to prevent violence, as well as treat its victims.” Within the context of violence in armed conflict, he emphasized that “the international struggle against terrorism may breed its own victims of violence, and that the international community must be prepared to respond to this”.

Advocacy materials



To illustrate some of the messages of the *World report on violence and health* and to respond to the great demand for visual material following the launch of the Campaign, WHO commissioned the production of two series of violence prevention posters, each depicting images relating to the various forms of violence discussed in the report.



To date, both sets of posters have been distributed to WHO Regional and Country Offices, Ministries of Health and WHO Collaborating Centres. The posters (free of charge and available in English and French) are suitable for many settings, including clinics, schools, libraries, government buildings and other public places, and may also be reproduced for use in newsletters, magazines or newspapers. Numerous NGOs and other institutions, from around the world, have requested copies of the posters. Several prominent weekly publications have committed to featuring the images as filler space in their advertising section. In addition, the Ministry of Health from the former Yugoslav Republic of Macedonia launched a ten-day national billboard campaign, and the WHO Liaison office in Latvia is currently exploring the possibility of producing translated billboard versions of the posters.



Reaching local communities, particularly those in rural settings, is often very difficult. WHO encourages all its partners to distribute the posters through their own networks, and to use the images for national or local violence prevention campaigns. Electronic files are available from the WHO Department of Injuries and Violence Prevention for preparing and printing larger quantities, or translated versions of the posters.



At the same time as the release of the posters, Fabrica, the internationally renowned communication agency, published an issue of *COLORS* magazine, dedicated to the topic of violence. Colors staff conducted a global journalistic and photographic survey to illustrate in images the messages conveyed in the *World report on violence and health*, with representation from different settings and cultures. The publication, printed in several foreign languages paired with English, was printed in approximately 500,000 copies and distributed and promoted through commercial suppliers throughout Europe.



Conclusion

Violence is not inevitable. We can do much to address and prevent it. The individuals, families and communities whose lives each year are shattered by it can be safeguarded. The root causes of violence can be tackled to produce a healthier society for all.

The world has not yet fully measured the size of this task and does not yet have all the tools to carry it out. But the global knowledge base is growing and the response is increasingly organized. The *World report on violence and health* has contributed to this knowledge base and generated momentum and action.

Significant initiatives have taken place since the launch of the report on 3 October 2002. They range from the passing of groundbreaking resolutions to the nomination of focal points in Ministries of Health, from the initiation of country reports on violence and health to the creation of visually striking advocacy campaigns, and from the development of networks of scientists to the granting of additional funding by donors for violence prevention activities.

To increase the likelihood that such activities expand in a mutually reinforcing and efficient manner, a Global Interpersonal Violence Prevention Alliance (GIVPA) is being created. The Alliance will provide a framework for partners to collaborate further on the implementation of the report's recommendations. Drawing on the experience of other public health alliances, GIVPA will bring together national governments, United Nations agencies, academic institutions, civil society groups, and philanthropic and corporate foundations. GIVPA has the potential to create a broad-based consensus around approaches and strategies for violence prevention at all levels.

WHO wishes to take the opportunity to express gratitude to each organization and every individual involved in the Global Campaign for Violence Prevention and other violence prevention initiatives that have taken place. It is hoped that this report will inspire and facilitate increased cooperation, innovation and commitment to preventing violence around the world.

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