

6.2 Draft global plan of action on violence

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In focus

The Secretariat report ([EB138/9](#)):

- summarises the consultation processes which have been undertaken around the proposed Global Plan of Action;
- presents a draft resolution for the EB to forward to the WHA69 endorsing the Global Plan of Action;
- reports on the formal meeting of MSs (Nov 2015) to finalise the development of the Global Plan of Action;
- presents the most recent draft of the proposed Global Plan of Action.

The focus of discussion will be the proposed Global Plan of Action and the draft resolution.

Background

WHO produced the [World report on violence and health](#) in 2002 and its recommendations endorsed in [A56.24](#).

See [WHO topic page on Violence](#).

Violence appeared on the EB134 agenda (Jan 2014) 'at the request of a member state'. (Work on the Global Status Report was underway at this time.) See:

- PHM [commentary](#)
- Secretariat report ([EB134/21](#))
- Record of debate ([13th meeting](#))
- Decision [EB134\(6\)](#)

Some of the key issues in contention during this discussion include: marital rape, female genital mutilation, dowry violence, rape, sexual abuse and references to the human rights and freedoms of women and girls.

It returned to WHA67 (May 2014) as Item 14.3. See:

- [PHM commentary](#)

- Secretariat report ([A67/22](#))
- Record of debate
 - [Committee A, First Meeting](#)
 - [Committee A, Twelfth Meeting](#)
- [WHA67.15](#)

After long and difficult negotiations WHA67.15 was adopted. One of the sticking points before adoption was the reference to '*intimate* partner violence'. It was required that '*intimate*' be removed.

The [Global status report on violence prevention 2014](#) was jointly published (December 2014) by WHO, UNDP and UNODC (office on drugs and crime).

At the national level, the report's key recommendations are:

- to improve data collection in order to reveal the true extent of the problem
- to draw up comprehensive and data-driven national action plans
- to integrate primary and secondary violence prevention into other health platforms
- to strengthen mechanisms for leadership and coordination
- to ensure prevention programmes are comprehensive, integrated and based on evidence
- to ensure that services for victims are comprehensive and informed by evidence
- to strengthen support for outcome evaluation studies
- to enforce existing laws and review their quality
- to implement and enact policies and laws relevant to multiple types of violence
- to build capacity for violence prevention.

At the regional and global levels, the report's key recommendations are:

- to strengthen the global violence prevention agenda
- to increase support for comprehensive and integrated violence prevention programming
- to strengthen efforts of regional and subregional organizations to work with national offices to coordinate data collection and disseminate data gathered
- to increase collaboration between international organizations and donor agencies
- to set baselines and targets, and track progress.

Violence returned to EB136 (Jan 2015) as Item 6.5. See:

- PHM [commentary](#)
- Secretariat reports: ([EB136/12](#), [EB136/12 Corr.1](#))
- [Record of debate](#)

The Secretariat report introduced the Global Status Report and proposed the development of a global plan of action. There was appreciation of the Global Status Report and the proposed process and timelines were agreed to.

EB138/9 describes the consultation process from EB136 onwards (paras 2-4).

PHM comment

In many respects this is an excellent Global Plan of Action. It is comprehensive, evidence based and strongly informed by humanistic principles.

There are a few disappointments which reflect 'cultural differences' among the member states.

While patriarchy is not mentioned, unequal power relations is included among the Guiding Principles and women's empowerment is mentioned repeatedly.

Neither race nor caste nor sexual orientation are mentioned explicitly although there are references to 'vulnerable groups' and 'discrimination'. This is a shameful compromise as violence against gays, lesbians, bisexuals, queers and transsexuals is common in many countries.

Clearly the authors of the text have sought to get as close to such realities as possible. See Principle 9 "*Listen to the needs of communities*". See also para 9 and 10 on page 17.

However, to not mention communities of race or caste or of sexual orientation is a lapse in solidarity.

Notes of discussion at EB138

Item commenced Twelfth Meeting (pm of Day 5)

Docs:

- [EB138/9](#), and
- [EB138/CONF./2](#) Draft resolution, *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*, proposed by Australia, Canada, Georgia, Guatemala, India, Mexico, Netherlands, Norway, United States of America, Uruguay, Zambia, and European Union Member States

Chair: there is a draft resolution attached.

USA: on behalf of the cosponsors; thanks the delegations that took part to the informal sessions. The result of those negotiations is a concerted text. There were a lot of debates and discussions. They will present the modifications:

§ 1: "having considered" replaced by "having taking note of"

second line: including extensive consultation. replace to elaborate by which include.

OP2: the word can will be replaced by may.

OP1: the words “adopts” replaced by “endorses”

OP2: the para has been modified to echo the different national contexts.

OP3: addition in the first line after “proposed action” add “as appropriate”

OP4: correction in the second line: refer to the 4th strategies of the Global plan of action

OP5.2: to submit to the 71th WHA and to the 72th WHA to submit the report on the global plan of action.

BRAZIL: on behalf of the Americas. We adopted the plan of action of violence against women. Guidance principles also inform our regional strategy with political and financial commitment. Invisibility of violence against women, economic and social barriers. Gender inequality is largely affected by violence. Violence and sexual violence is a big issue. Elimination on all form of violence against women. Men and boys are main actors in this prevention. Also against children. Common action against violence. Aware the consequence that violence affects family, community, society. Discussion in November: evidence based approach to the problem. Draft resolution is good. Agree on it. Importance of adaptation to national circumstances. Priority of this in health sector.

LIBERIA: AFRO; thank the Secretariat for the consultation and the draft Global plan of action. Insisting on the importance of the health sector to combat violence. The topic is an issue of great concern. Recommend that the title of the draft should be the same as agreed in the resolution... The Global plan of action should be implemented in accordance with regional specificities and national specificities. education and economic empowerment of women: this is one of the many ways. They note the global plan action and urge MS to implement it.

EGYPT: crucial to emphasise that violence requires multisectoral action in coordination. Develop the scientific evidences. Necessity to have a global commitment on violence.

Russian Federation: thank the Secretariat for the draft plan of action to address violence against women and girls. Fight violence against children and women is very important. Psychological assistance: very important (in many places) → Free of charges, help hotlines. In Russia, the medical staff which is witness of violence against women, has to report this violence to the authorities. Concern about the fact that the plan does not reflect the interdiction of pedophilie and pedopornography. Role to implement the traditional family.

CANADA: we shared our knowledge on this issue. Regional consultation on the plan last february. Family values are important. Draft global plan of action on violence is really good. Important way to keep everyone moving in the same direction, we share our experience. Decisions to be taken.

CHINA: thanked for the consultations. We appreciate the proposal for strengthening health systems to contain global violence. Endorse basic principles of the plan. Importance to the impact of domestic violence to women and children and will implement a law. Cooperation

with the health sectors and the other sectors. support draft resolution. Collecting and sharing information

THAILAND: to achieve our purposes especially the domestic violence need to promote responsibility, awareness of the problem, social awareness, social awareness and de-stigmatization of the victims of violence is one of the keys to success. Welcome the draft resolution.

ALBANIA: Supports draft resolution proposed by US.

TURKEY: big challenge in Turkey, still suffered in 1/3 woman. grounds can be social, cultural ecc. Issue very serious. Many problems for us. We had conventions in Istanbul to discuss about the problem. EU members can be part of our convention. Violence against women is a violation of human rights. Whole chapter on women who migrate. Global conference on ending violence in Istanbul last month. Highlight the importance of the issue by our president. Stakeholders are important. We co sponsor.

SWEDEN (Latvia, Lithuania, Denmark, Norway...): multisectoral approach in preventing and responding to domestic and public violence. Health system is only one of many actors that has the role of supporting the children and woman who suffer violence. Will to get multisectorial approach to training the professionals who will support the victims of violence. Raise the issue of corporal punishment as a domestic behaviour. Man and boys have to be involved in the solution of the problem. Comprehensive sexuality education, in order to present appropriate role models for the younger generations (and involve man and boys).

SWITZERLAND: work on the conclusion of POA, it is a key element. role of the health sector is important. congratulate the WHO.

NETHERLAND: thanks for the work. SDGs to be achieved. Inclusive consultation including the formal meeting in november. WHO technical document is important. specific country need. cohoperation with social services, NGOs, volunteers, ecc ecc. Data shows that many women in Netherland receive violence. We are happy that the draft resolution is so welcomed. Incourage WHO to support countries.

ZIMBABWE: align with Liberia on behalf of African group. The budgetary requirement is a challenge. Perhaps this needs to be revised if we want to have impact at the country level.

URUGUAY: the report is excellent, it should be complementary to the national efforts by the health sector. It will be instrumental to achieve goal 5.2 of SDGs. Violence is the result of the patriarchal approach of many societies. Uruguay is very focused on family planning and sexual education. They have been working on a document which they hope will be noted by the EB and then adopted by the WHA.

GERMANY: welcomes and supports the GAP on violence. Thank the secretariat. Excellent technical work also, like the guidelines. We also translated it. Training of health professional is also a point of note.

AUSTRALIA: 0 tolerance for violence against women and children. Proud to cosponsor.

COLOMBIA: strong supporter of the report and the actions that have been taken and have to be taken. Their national healthcare plan includes how to deal with victims of violence. Provision of mental health consideration and gender violence consideration, also very important in HIV, and during time of conflict and after conflict, are all important. Inter-sectorial approach is needed. The language that we use needs to be in line with other UN nations, so include “interpersonal gender violence”.

ICELAND: On board, they’d like to co-sponsor this paper.

ZAMBIA: happy to work in ending violence. Action plan is a very helpful guideline. Consponsor of the plan of action.

HOLY SEE: caregivers, family is an important environment for children. States can’t care for children but support the psychological needs. Precarious and underpaid work and unsustainable hours has violent conferences. Even these families can be included. People-centre care, participation. Pope has helped. They have a paternal responsibility towards young people. The delegation suggests that WHO includes religious communities to take a key preventive role as stakeholders (eg husbands and wives, to be provided with social and spiritual support for the succeed of holding a whole life together).

NGOs:

6.2 <https://apps.who.int/ngostatements/meetingoutline/7>

- IFMSA
- International federation on mental health
- MMI
- World Vision international

MMI & PHM: *Thank you, Chair, for giving me the opportunity to address the distinguished members of the Executive Board on behalf of Medicus Mundi International and the People’s Health Movement. We welcome this draft plan, which is comprehensive, evidence-based and informed by humanistic principles. It clearly outlines the roles of Member States, national and international partners and the Secretariat in each of the four strategic directions to tackle all forms of interpersonal violence. It is also positive that listening to the needs of affected communities is one of the central principles of this plan of action. However, we are concerned that the report fails to identify the “vulnerable populations” who are particularly at risk. In particular it doesn’t mention those facing discrimination and violence based on race, caste, religion, age, disability, sexual orientation and gender identity. Violence*

against lesbian, gay, bisexual and transgender individuals is widespread but is too often not even acknowledged. We regret that the report does not explicitly mention patriarchy, which would allow it to go considerably further in understanding and addressing gender roles and the use of violence as a tool of power and oppression. Emotional abuse also remains unaddressed, despite its significant effects on mental health. Finally, we highlight the health sector and other human services as sites of abuse, discrimination and violence and the need for monitoring and accountability measures to ensure that both patients and practitioners are kept safe.

ADG/FWG: technical plan that you feel it is helping you. Violence is a public health phenomenon. Requires attention. $\frac{1}{3}$ women have violence, $\frac{1}{4}$ children. This has a great impact. Also on mental health. Assistance to victims of violence. SDGs were discussed, there are a lot related to violence. Important role of other sectors. Delighted from the secretariat, we appreciate the many actions that you already took against violence. We look forward to the WHA. Agree to the resolution. Appreciate the flexibility, culture and religious sensitivity. Clarification on distinguish members of Zimbabwe: 300% increase of the budget for the issue. We will do even better because there is such a interest. Work across clusters and departments and regions and so on: example of the new direction of integrating modality, we are stronger more effective and happy to work with you.

CHAIR: EB adopt the draft resolution.

Conclusion of Item 6.2