

**4th MILESTONES OF A GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION  
MEETING 2009**

**Opening Address by Dr Ala Alwan  
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**CHECK AGAINST DELIVERY**

Date: 17 September 2009;  
Time: 09:00-09:15;  
Place: WHO HQ, Executive Board Room

Good morning.

I'd like to welcome all of you to this meeting: Fourth Milestones of a Global Campaign for Violence Prevention.

Let me also extend a special welcome to our keynote speaker, the Honourable Themba Masuku, Deputy Prime Minister of Swaziland, and other members of today's high-level opening panel: Mr Czeslaw Walek, Deputy Minister for Human Rights from the Czech Republic, Mr Jose Francisco Alvis, Secretary of social defence from Diadema in Brazil, Ambassador Izben Williams from St Kitts and Nevis and the Caribbean Community, and Dr Marta Santos-Pais, UN Assistant Secretary General and Special Representative on Violence against Children .

The pressing need to better understand and prevent violence cases is justified by the sheer numbers in themselves. Violence-related deaths are among the six leading causes of death in males aged 15-44 years. In some countries, over half of women experience intimate partner violence at some point in their lives. And some 20% of girls and 5-10% of boys worldwide are victims of child sexual abuse. The consequences of violence extend far beyond death and physical injury. They include many life-long physical and mental health consequences, including, depression, suicide, cancers, cardiovascular disease and HIV/AIDS, caused by the adoption of high-risk behaviours such as alcohol and illicit drug abuse, smoking and unsafe sex.

To highlight these issues and possible responses, WHO launched in October 2002, the agenda-setting World Report on Violence and Health. The World Report was a large collective effort that involved some 200 people from around the world. Many of those who led this effort are here today and I would like to take this opportunity to thank them for their important work.

You have made an excellent contribution.

It was clear from the start that the ambitious agenda set forth in the World Report could only be fulfilled through strong partnerships. Hence, in 2004 at the 1<sup>st</sup> Milestones Meeting, the Violence Prevention Alliance – the VPA – was launched with the aim of developing a partnership to implement the nine recommendations of the World Report. Since then, the VPA has steadily grown to some 40 participants from a dozen countries. This meeting, however, will mark a major turning point in the VPA. Tomorrow, major international players in violence prevention – the UNDP, UNICEF, UNODC and the International Center for the Prevention of Crime – will announce their participation in the alliance. I would like to extend a special welcome to them. I have every confidence that with them on board the VPA will act a major driving force to boost global violence prevention.

Since the launch of the World Report, VPA participants and other partners have been engaged in many different violence prevention activities, too many for me to list here. But some of the most prominent among these have been:

- The study of the UN Secretary-General on Violence Against Children, which was released in 2006 in partnership with UN-OHCHR, UNICEF, and WHO;
- The Armed Violence Prevention Programme, which began as collaboration between the UNDP and WHO, but which now includes other partners including UNODC, UN-HABITAT, UNICEF, UNODA, about which we will hear more tomorrow;
- Another example is the ongoing collaboration between US-CDC and UNICEF to conduct nation-wide surveys of child maltreatment, with a particular focus on child sexual abuse, in low- and middle-income countries. The first ground-breaking survey in Swaziland was completed in 2007. We will hear more from our keynote speaker, the Honourable Themba Masuku, who will also describe how this survey will serve as a basis for national policy to address this very serious problem;
- And another important example is a number of important global and regional violence prevention resolutions that have been adopted; over 100 health ministry focal persons for the prevention of violence have been appointed; scores of countries have established national violence prevention programmes and put in place data collection systems for violence prevention, and countless municipalities have initiated violence prevention activities.

Perhaps the most important message of the World Report was that (contrary to widespread belief at the time) violence can be prevented by adopting a data-driven, evidence-based public health approach. Since the report was launched, however, the need for sound evidence and for a paradigm shift from responding to violence after it has occurred, to preventing violence in the first place, this need has become more obvious than before. I am therefore delighted, thanks to the help of Liverpool John Moores University and many others, that we will be launching at this meeting a series of briefings entitled "Violence prevention: the evidence". This series summarizes the evidence base for the effectiveness of interventions to prevent interpersonal and self-directed violence.

But we should also remember that a comprehensive violence prevention strategy must not only include interventions outlined in these briefings, but should also be integrated with policies directed at those macro-level social factors such as unemployment and income inequality strongly associated with violence. Sir Michael Marmot will, later this morning, focus our attention on the social determinants of violence.

In addition to strengthening of the VPA and describing new evidence, this meeting will discuss a strategy for increasing political support and funding for violence prevention, particularly in low- and middle-income countries. Needless to say, scaling up country implementation is key and the strategy will suggest that the time is ripe to accelerate progress in this area.

The release of the World Report in 2002 filled me with enthusiasm. At the time, I was head of WHO in Jordan and we launched it there jointly with Her Majesty Queen Rania, who has lent this cause her wholehearted support. We saw it as a great opportunity to address this major public health and development problem. Some 50 countries have also since then launched it and many more on implementing its recommendations. And the launch was an opportunity to start serious work that led to the development of a multidisciplinary country report on violence and health. I am particularly pleased to see here today many representatives of countries and cities who have shown leadership in taking action to address violence.

Over the next couple of days, we will also be hearing many examples of how the recommendations of the World Report on Violence and Health have been implemented. We will hear about violence prevention success stories and up-coming efforts to prevent violence and foster development in Brazil, Lithuania, Mexico, South Africa. We will also hear from such high-income countries as Australia, the United Kingdom, the United States, and also from here in Switzerland.

The links between the different forms of violence are complex. Although the World Report advocates an integrated approach to violence prevention, the distinctiveness of each form must be borne in mind. Youth violence leads to some of the most severe injuries and the largest number of fatalities. But other forms such as intimate partner violence and child maltreatment, although less visible because they generally occur within families behind closed doors, are no less important. They affect large numbers of people and have severe life-long physical and mental health consequences; they impair social functioning, and are risk factors for other forms of violence, such as youth violence and suicide.

One WHO survey showed that between 15% and 71% of women, depending on the country, experience physical or sexual violence or both by an intimate partner in their lives. The underlying inequities in power that allow some men to perpetrate such violence with relative impunity must be addressed. In the coming months, WHO, the US Centers for Disease Control, and the London School of Hygiene and Tropical Medicine will launch a state-of-the-science review on preventing intimate partner and sexual violence, which we will use to build prevention capacity in all regions and countries.

Later today we will also focus on child maltreatment and discuss the assessment of resources and readiness and the development of national policies and capacity for the prevention of child maltreatment in various parts of the world including southern Africa, China, Malaysia, Brazil, and Macedonia.

Honorable Guests, Ladies and Gentlemen,

Before closing, I'd like to thank the Governments of Belgium, the United States Centers for Disease Control and Prevention, the Fetzer Institute, and The California Wellness Foundation for their financial contributions to WHO's violence prevention work, which have made this meeting possible. I strongly believe that we owe it to the millions of girls and boys and women and men whose lives are shattered or cut short by violence to do all we can to prevent it. This meeting, which brings together more delegates from all over the world than any of the previous Milestones meetings, offers a rare opportunity to making a major contribution to violence prevention.

The main outcomes we are hoping for from this meeting are:

- Greater convergence between key players in the field around data-driven, evidence-based violence prevention;
- Increased commitment to funding science-based violence prevention in low- and middle-income countries;
- A strategy for strengthening global governance of violence prevention and a clear implementation vision for the next years;

- And, finally, all of this with the aim of stepping up county-level violence prevention activities along the lines of the successful and up-coming violence prevention programmes we will now be hearing about from different countries.

I wish you a very fruitful and constructive meeting, and lots of success in boosting global violence prevention.

**Thank you.**