



## **Violence Prevention Alliance: Conceptual Framework – November 2010**

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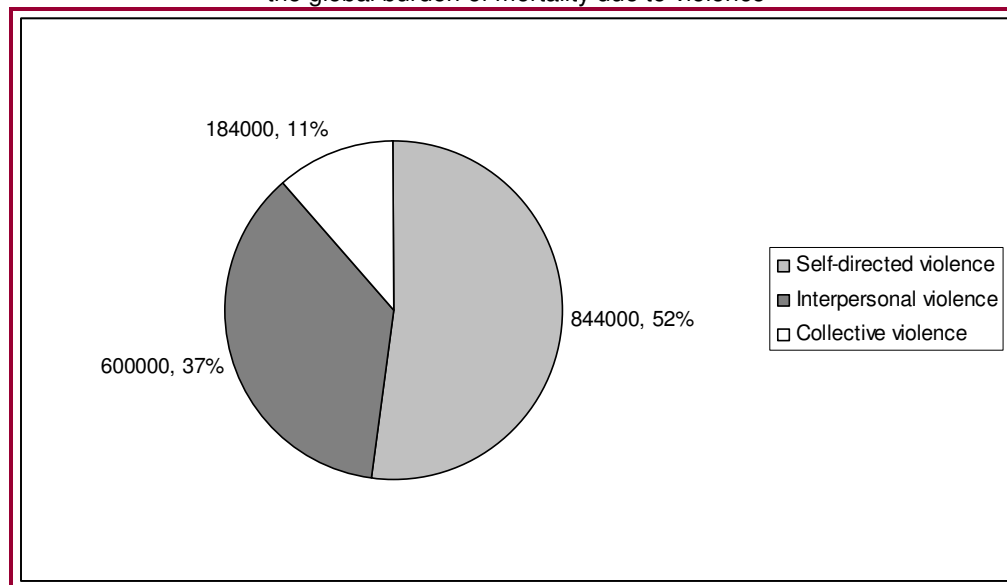


## 1. Introduction

Violence represents a major health, criminal justice, human rights, and development challenge. It threatens the lives and physical and mental health of millions of people, over-burdens health systems, undermines human capital formation, and slows economic and social development. Based on the typology of violence in the *World Report on Violence and Health* (WHO, 2002), the three main forms of violence are self-directed violence (suicide, suicide attempts, and self-abuse), interpersonal violence (youth violence, intimate partner violence, sexual violence, child maltreatment, and elder abuse) and collective violence (war and other forms of armed conflict and state perpetrated genocide, repression, and torture). In 2004, together they accounted for 1.6 million deaths or 2.8% of the overall global burden of mortality (GBM). This can be broken down as follows:

- Self-directed violence: 844 000 deaths (1.4% of GBM)
- Interpersonal violence: 600 000 deaths (1% of GBM)
- Collective violence: 184 000 deaths (0.3% of GBM)

Contribution of the different forms of violence to the global burden of mortality due to violence



Most deaths due to violence thus occur in settings which are at peace and most perpetrators are the victims themselves or people who are close to the victim such as parents, intimate partners, friends, and acquaintances. Overall, violence is among the leading causes of death for people 15-44 years of age, and over 90% of violent deaths occur in low- and middle-income countries (LMICs). By 2030, violence overall is projected to rise in the ranking of leading causes of death. In 2004, interpersonal violence was the 22<sup>nd</sup> leading cause of death, but is projected to be the 16<sup>th</sup> by 2030, while suicide was the 16<sup>th</sup> leading cause of death in 2004, but will be the 12<sup>th</sup> by 2030.



Alongside the deaths it causes are the very significant consequences of non-fatal violence: injuries and disabilities; mental health and behavioural consequences; reproductive health consequences; other health consequences, and the impact of violence on the social fabric. Together, these account for a substantial proportion of the global burden of disease, and in countries and regions where violence is highly prevalent erode social and intellectual capital and undermine human and economic development. For instance, comparison of data from Costa Rica, which has a homicide rate of 8.1 per 100,000, with four nearby countries (Haiti with a homicide rate of 33.9; Jamaica, 33.8; Dominican Republic, 16.5; and Guyana, 16.1) suggests significant gains by the latter could be made if violence could be reduced to Costa Rican levels. Haiti and Jamaica could both increase annual economic growth per capita by an estimated 5.4 percent, while the Dominican Republic and Guyana would also benefit from growth rate increases of 1.8 and 1.7 percent, respectively (UNODC and World Bank, 2007).

Starting in the 1980s, multiple initiatives were launched to meet these challenges. Among these were the United States Centres for Disease Control and Prevention's (US-CDC) efforts to prevent violence using the public health approach; the establishment of the Inter-American Coalition for the Prevention of Violence to address the high-level of violence in the Americas and of the International Centre for Crime Prevention (ICPC); the Inter-American Development Bank's work on violence prevention; and the UN Guidelines for the Prevention of Crime. In 2002, WHO published the *World report on violence and health* and launched the Global Campaign for Violence Prevention. In 2003, the World Health Assembly adopted Resolution WHO56.24 on implementing the recommendations of the *World report on violence and health* and in 2004, the Violence Prevention Alliance (VPA) was launched. This was followed by the publication of UN General Assembly reports on violence against children, on violence against women, and on armed violence and development; the launch of the multi-agency Armed Violence Prevention Programme; the adoption of the Geneva Declaration on Armed Violence and Development; the OECD-Development Assistance Committee's work on Armed Violence Prevention; and the Open Society Institute's Initiative on Confronting Violent Crime. More recent developments include the Clinton Global Initiative's project on ending sexual violence against girls, and the establishment of the World Bank's Conflict, Crime and Violence Team.

Further progress in the field of violence prevention, to which VPA has contributed in various ways, includes more demand from LMICs for technical and policy assistance on violence prevention; a growth in the science-base, in particular, an increase in the evidence-base for the effectiveness of violence prevention interventions; increasing commitment to an evidence-based approach by, and greater policy coherence between, key actors – for instance within the international development field and between public health and criminology; stepped-up commitment from international actors to supporting prevention; the emergence of significant new partners in the violence prevention arena; and several new international violence prevention initiatives involving collaboration between multiple partners.

In addition, since it was launched, the VPA has grown from a dozen participants to over 50 today. At the Fourth Milestones in a Global Campaign for Violence



Prevention meeting, which was held in Geneva, Switzerland, in September 2009 and whose theme was "boosting global violence prevention", the Norwegian Health Directorate, UNDP, UNICEF, UNODC and ICPC announced their formal participation in the VPA. Since, then the World Bank's newly established Conflict, Crime and Violence Team, the Prevention Institute, the Center for Global Non-Killing, the Open Society Institute, and the German Congress on Crime Prevention have joined the VPA. The 12 VPA founding organizations – including, for instance, the US-CDC, the Centre for Public Health at Liverpool John Moores, the Ministries of Health of Belgium and Jamaica, the Public Health Agency of Canada, and the California Wellness Foundation – continue to a play central role within the VPA.

Despite the considerable progress that has been achieved, the work of organizations involved in violence prevention is too often hampered by a lack of sustained high-level political interest in the topic, insufficient funding, and inadequate resources in kind. This inhibits the implementation, monitoring and evaluation of scaled-up prevention programmes, which, if shown to be effective, would help to attract increased political interest and more resources. In short, to get more resources, violence prevention needs more resources.

These challenges were discussed during the September 2009 Fourth Milestones Meeting, and there was consensus that a possible way forward lies in the VPA, now that it has grown to a network of over 50 participants, becoming a more authoritative body. The vision was of a restructured and strengthened VPA, that by providing a platform for its participants to speak as one, adds value to the otherwise isolated advocacy efforts of individual participants, so helping to attract the high-level political support, extra funding, and additional resources-in-kind required to advance the entire field of evidence-based violence prevention. A draft conceptual framework for such a restructured and strengthened VPA formed the basis of the discussions at the VPA Annual Meeting in Rome in June 2010 and these discussions have informed this final version of " Violence Prevention Alliance: Conceptual Framework – November 2010".



## 2. VPA Strategic priorities

Following discussion at the September 2009 Milestones Meeting and the June 2010 VPA Annual Meeting, the following strategic priorities for the period 2011-2015 were agreed upon:

**Strengthen intersectoral collaboration for violence prevention.** Strengthening collaboration between public health, criminal justice, education, welfare, and other sectors was selected as a VPA priority at the 2008 VPA Annual Meeting. As a first step, a VPA project group was created to strengthen health and criminal justice sector collaboration in the design, implementation, and continuous improvement of evidence-based violence prevention strategies in order to improve the effectiveness of violence prevention and reduce the violence-related burden on criminal justice systems.

**Reinforce the VPA as a network of networks.** The VPA is a network many of whose participants are themselves made up of networks. For example, International Physicians for the Prevention of Nuclear War (IPPNW) is a federation of national medical affiliates in 62 countries working on all aspects of the continuum of violence, and the ICPC membership includes some 30 international, national, and municipal federations, forums, and councils. Hence, the VPA constitutes a network of networks which could potentially be very influential in all aspects of violence prevention, including advocacy, communication, and dissemination. Mapping the VPA as a network of networks and identifying how to take full advantage of this was identified as a priority in the 2010 VPA Annual Meeting.

**Publish a series of agenda-setting publications.** Other public health areas – such as child health and nutrition – have successfully used publications in high-profile journals to draw attention to shortcomings in existing international efforts to accelerate progress, and to disseminate information about a strategy for overcoming such shortcomings. A good example, which identifies many of the same challenges facing the international violence prevention field, is the Child Undernutrition Study Group's article, *Effective international action against undernutrition: why has it proven so difficult and what can be done to accelerate progress?* (*Lancet*, Vol. 371, 608-621, 2008). It was proposed that VPA draft a similar paper, which can then be tailored for submission to a number of influential public health, criminal justice and social development journals.

**Explore the possibility of recruiting VPA patrons and champions.** Other voluntary networks have boosted their political visibility and authority by recruiting patrons and champions who are willing to be publically associated with the network aims. VPA Patrons (individuals of global standing) and champions (high-visibility grass-roots advocates) could include former statesmen and women, artists, authors, academics, activists, victims and survivors or violence who are dedicated to preventing violence. Prospective patrons and champions are generally asked to agree to have their name, a photograph, and brief quotations attributed to them appear on network print and internet materials. Ideally, the VPA should consider recruiting patrons and champions in each of the WHO regions.



**Intensify advocacy and communication.** At the 2010 VPA Annual Meeting there was agreement that the following facets of advocacy and communications should be a central concern of the VPA: framing of effective violence prevention messages, convincing policy makers and politicians that primary prevention of violence is possible, enlisting the support of victim and survivor groups, emphasizing the costs of inaction, developing tools for frontline violence prevention actors to make the case for primary prevention, and creating a library of digital violence prevention photographs.

**Mobilize resources for the VPA and for the field of violence prevention.** The pressing need for more resources – for VPA in the first instance, but for the field of violence prevention more generally – was one of the main recurrent themes during the June 2010 Annual VPA meeting. Resources that need to be mobilized include financial resources, but efforts should also be made to develop innovative resourcing mechanisms, such as pro bono contributions and secondments. Potential funders and their specific interest should be identified, a set of persuasive arguments developed, and relations with them cultivated.

**Continue to contribute to violence prevention capacity building.** At the 2008 and 2010 VPA Annual Meetings, it was agreed that capacity building is an ongoing core mission of the VPA and that work should continue, through the VPA Training Project Group, on developing a series of VPA Short Courses on the Prevention of Violence and other training activities.

**Increase VPA relevance to low- and low-middle-income countries.** While VPA must continue to meet the needs for networking and coordination among middle- and high-income country partners, it must also enrich its links with national level processes in low- and low-middle-income countries where the greatest increases in violence are projected to occur from now until 2030. In many instances, these are settings where institutions (such as public health, criminal justice and education) are fragile, and where violence prevention capacity is often wholly lacking. By contrast, much existing violence prevention experience emanates from high-middle- and high-income settings where state and municipal institutions are sufficiently strong and well-enough respected by citizens to be able to carry out such core functions as violence and injury surveillance, and the enforcement of laws to control risk factors such as the carrying of illegal guns and access alcohol. While the long term goal is, of course, to build such governance capacity in all countries, violence prevention cannot wait until this is achieved, and the field must do much more to come up with ways of effectively preventing violence in low-income settings. VPA can contribute to this by initiating a process to develop technical guidance on preventing violence within weak institutional settings.

**Specify and promulgate an international violence prevention research agenda.** Identifying, and then developing a strategy to fill, the many gaps in the evidence base for violence prevention, particularly in low- and middle-income countries, emerged as a clear priority. A consultative process will be used to identify research priorities and formulate a research agenda. Topics that could be considered for this research agenda include outcome evaluation research, particularly in low- and middle-income countries; global and regional violence prevention status reports; research into the



quantity and effectiveness of international aid for the prevention of violence; and violence prevention readiness.

**Establish effective technical and process project groups.** In addition to the technical working groups, and to enhance VPA's networking and dissemination capacity, a new focus is required on developing strong working groups that will drive cross-cutting process activities such as resource mobilization; advocacy and communications, and capacity development and training. Experience from other networks suggests that, to succeed, the responsibility for each working group must be adopted and energetically pursued by a single partner with the necessary capacity to devote at least 25% of a staff member's time to the working group.

**Implement new VPA structure and organization.** To implement these new strategic priorities, the VPA structure and organization must be modified, as suggested in **Part 4. Structure of a strengthened VPA** of this conceptual framework.



### 3. VPA Scope, goal, approach, and value statement

Flowing from the above strategic considerations, this section outlines the scope, goals, approach of, and values underlying a strengthened VPA.

**Scope:** Work within the Alliance will focus on interpersonal and self-directed violence and the information systems, risk factors, prevention strategies, and victim services for these types of violence. The scope of the VPA will also cover those aspects of collective violence that are risk factors for, or are closely linked to, interpersonal and self-directed violence – but will exclude outright international and civil wars. The exact aspects of collective violence to be included will be carefully defined with greater specificity by the VPA Project Group on Violence Prevention in Weak Institutional Settings (when it is established), but these would likely be related to gangs, drug trafficking, violence in post-conflict settings, and violence in weak institutional settings where criminal gangs take over some of the functions of the state.

**Goals:** The overarching goal of the VPA is to reduce risk, morbidity, and mortality and strengthen resilience related to the different forms of interpersonal violence and self-directed violence by decreasing modifiable risk factors and strengthening protective factors through effective collaboration focused on achieving results in high-, middle-, and low-income countries. To achieve this, and consistent with the strategic priorities described above, the VPA will focus on the following five more specific goals:

1. To implement Recommendation 7 of the *World report on violence and health* – "Increase collaboration and exchange of information on violence prevention" – with a particular focus on:
  - i. Strengthening intersectoral collaboration
  - ii. Disseminating evidence-based violence prevention information
  - iii. Strengthening networks and partnerships in the field of violence prevention;

In the process, the VPA will strengthen international capacity to support the implementation of the remaining eight recommendations of the *World report on violence and health* in communities, countries, and regions around the world and strengthen sustained, multisectoral cooperation to prevent violence.

2. To advocate for the field of violence prevention, especially in LMICs, to increase its visibility and mobilize political support;
3. To mobilize resources for the field of violence prevention, in particular for LMICs;
4. To develop capacity, particularly in the area of human and institutional resources; and
5. To set the research agenda in the field of global violence prevention.

The Alliance does not implement prevention programmes or deliver services, but encourages individual Alliance participants to conduct activities that are consistent with the VPA's mission under their own responsibility and according to their respective policies, principles, and purposes.



**Approach:** VPA participants share an evidence-based public health<sup>1</sup> approach that targets the root causes and risk factors underlying the likelihood of an individual becoming involved in violence and recognizes the need for improved services to mitigate the harmful effects of violence when it does occur. VPA participants endorse the "public health approach" to violence prevention – an approach which although originating in the field of public health is in no way limited to the health sector. This approach is science-driven; population-based; interdisciplinary; intersectoral; emphasizes primary prevention; based on the ecological model which views violence not as the outcome of any single risk factor but of multiple risk factors and causes interacting at all four levels of a nested hierarchy made up of the levels of the individual, family/close relationship, community and society; and adopts a life-course perspective based upon understanding how influences early in life can act as risk factors for problems at later stages. The VPA will rely on WHO's technical norms and standards and ethical and evidence-based policy options for the prevention of violence.

**Value statement:** The VPA believes it is important to express the values that provide the foundation for its partnerships. The work of the VPA and its participants is built on the premise that violence is preventable, incorporating the following values:

1. Every sector of society – public institutions, businesses, philanthropic and faith-based communities, activists and the general public – has a role to play in preventing and eliminating the conditions that lead to violence, and fostering the conditions that protect against violence;
2. Every person has the right to live a life free of violence and the responsibility not to commit acts of violence against others;
3. Every person has the right to live free of the fear of violence, and responsibility to not create conditions that lead to fear;
4. In pursuit of truly civil societies, leaders and members of those societies should contribute to a culture of nonviolence rather than condone a culture of violence.

We recognize that violence prevention is a long-term effort. Nonetheless, increasing activities are under way worldwide which are making a significant difference. Factors at the societal, community, relationship, and individual levels influence whether or not violence occurs and therefore strategies need to address this range of factors. We urge governments and the public to give greater priority to violence prevention, so that greater resources are provided to prevent violence. A sense of urgency is essential if we are to overcome the status quo.

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<sup>1</sup> An evidence-based approach in public health has been defined as “the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of program planning models” (Brownson RC, Gurney JG, Land G. Evidence-based decision making in public health. *J Public Health Manag Pract.* 1999;5:86–97).



## 4. Structure of a strengthened VPA

The VPA is a voluntary collaborative arrangement comprised of a network of WHO Member State governments, nongovernmental and community-based organizations, and private, international and intergovernmental agencies working to prevent violence. The VPA is not a legal entity.

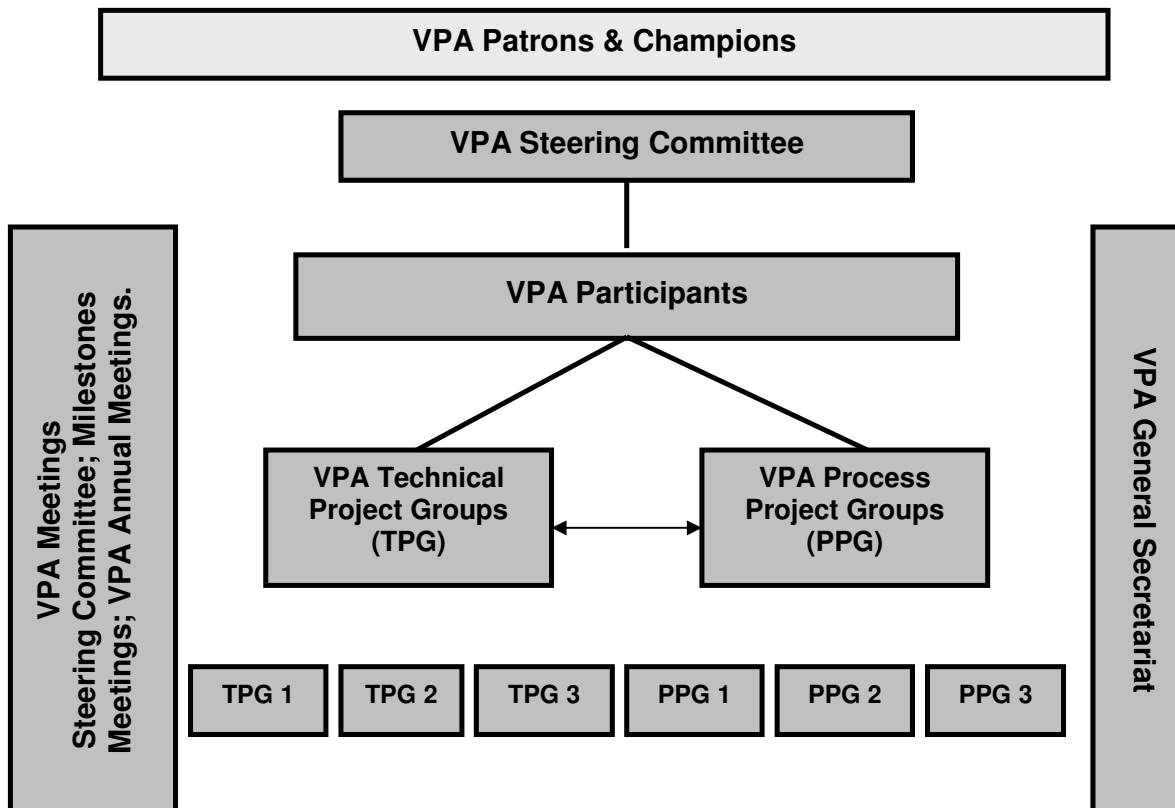
### (i) Components of the VPA

The VPA is composed of the VPA General Secretariat, VPA Patrons and Champions, the VPA Steering Committee (SC), the VPA Participants, and VPA Technical and Process Project Groups (TPG and PPG –in the diagram below). The VPA is supported by web-based communications tools, and regular meetings of the Steering Committee and the VPA Participants are convened.

### (i) VPA Patrons and Champions

VPA Patrons and Champions support the aims of the VPA, provide advice to the VPA, and allow the VPA and its participants to use their names. However, they have no obligations on behalf of the VPA or its participants.

**Structure of the Violence Prevention Alliance**





## **(ii) VPA Steering Committee**

The VPA will convene a Steering Committee (SC) which will include representation from various constituencies to provide advice to the VPA on:

- The strategy for implementing the VPA's vision and setting of priorities;
- The elaboration of the VPA Strategic Priorities, Work Plan, and method of work;
- The selection of Project Groups;
- Integrating violence prevention into other global agendas (e.g. development, urbanization, social determinants of health);
- Encouraging the active involvement of sectors currently not represented in the VPA.

SC members will be expected to participate in 2-3 teleconferences per year and participate in side-meetings at VPA Annual Meetings and Milestones Meetings and other meetings when possible.

The selection of SC members shall be based on:

- Demonstrated commitment and ability to facilitate the implementation of the VPA Strategy Priorities and the Work Plan;
- Willingness to work in a multi-stakeholder environment;
- Political outreach and organizational skills;
- Experience in the field of violence prevention, public health and development;
- Ability to access resources for the implementation of the VPA Strategy Priorities and the Work Plan.

The SC will avoid being too directive in coordinating VPA activities. Furthermore, at the 2010 VPA Annual Meeting, it was decided that the WHO will be given considerable freedom and flexibility in selecting the members of, and running, the SC. However, the committee will be representative of the different constituencies within the VPA.

## **(iii) Milestones Meetings and VPA Annual Meetings**

The Milestones of a Global Campaign for Violence Prevention meeting series is a way to recognize the achievements of the Global Campaign for Violence Prevention and the VPA and identify challenges and future priorities in violence prevention. These meetings typically convene some 150-200 people including ministers of health and from other sectors, policy-makers, high-level planners, and others with decision-making authority at local, national, and international level. Milestones meetings are held every 18 months.

The VPA Meetings are smaller meetings than the Milestones Meetings, are limited to VPA participants and a few observers, and focus specifically on VPA concerns and activities. VPA Meetings will be held every year.



The roles of these Meetings are to:

- Provide an inclusive, participatory process by linking plans and activities of participants to VPA priorities and strategies;
- Enable all participants and observers in VPA to share knowledge and information and exchange best practices;
- Consolidate and reinforce participants' commitment to the goals and objectives of the VPA;
- Increase the capacity for advocacy in participating organizations and individuals;
- Facilitate the elaboration of work plans that are aimed towards achieving VPA goals and implementing VPA Strategic Priorities; and
- Share information on progress, problems, and challenges in relation to the implementation of the VPA Strategic Priorities and Work Plans.

#### **(iv) Project Groups**

Project Groups will be created taking into account the advice of the SC, and recommendations from the Milestones and VPA Annual meetings. These project groups will identify options for actions to be taken by the VPA and can involve members from the SC and other VPA participants.

The VPA will include process project groups, working on cross-cutting areas, and technical project groups, focusing on specific content areas:

**1) Process Working Groups:** The following four process project groups have been established:

##### **(i) Communications project group:**

Leader: Maia Christopher (ATSA);

Members: Rachel Davis (Prevention Institute), Luigi De Martino (Geneva Declaration/Small Arms Survey), Richard Matzopoulos (Medical Research Council, South Africa), Chris Mikton (WHO), and Keiran Watson (Eighteen and Under);

Aim: To focus on messaging for primary prevention, awareness raising, and developing consistent violence prevention language;

Planned products: TBA.

Strategic priorities addressed: Intensify advocacy and communication.

##### **(ii) Funders' Network project group:**

Leaders: Jerry Reed (Education Development Center) and Alexander Butchart (WHO);

Members: Carmen Aldinger (EDC), Keith Cernak (Community Network Coalition Against Violence), Nancy Cardia (Centre for the Study of Violence), Peter Donnelly (University of St. Andrews), Julio Noguera (EDC), and Anthoulla Koutsoudi (Wave Trust);

Aim: To bring those who support or may support violence prevention efforts to a common table to work collaboratively and cooperatively to advance global violence prevention work;

Planned products: Develop a funding approach and secure funding; create a value proposition statement; develop a web-site; plan sessions at VPA annual meetings and Milestones meetings on funding topics;



Strategic priorities addressed: Mobilize resources for the VPA and for the field of violence prevention.

**(ii) Assets Database project group:**

Leader: Maria Valenti;

Members: Chris Mikton (WHO), Shannon Turner and Michael Barnes (PHABC);

Aim: To enhance exchanges and collaboration between VPA participants and with other partners of VPA participants, so as to strengthen the VPA network and to increase the effectiveness of the VPA's and individual VPA participants' violence prevention activities. It will enable VPA participants and others to take advantage of the latest in internet technologies to advance participant communications, research, education, and programming work;

Planned products: Interactive database containing basic information on VPA participants; types of violence prevention they focus on; their main areas of violence prevention (data collection, advocacy, primary prevention, evaluation, etc.); other networks, alliances, and coalitions VPA participants lead or are members of; countries in which participants are active and types of activities and main partners in each country; and resources participants have to share;

Strategic priorities addressed: Reinforce the VPA as a network of networks and intensify advocacy and communication.

**(iv) Training project group:**

Leaders: Jerry Reed (EDC) and Chris Mikton (WHO);

Members: Carmen Aldinger (EDC), Marc Coester (German Congress on Crime Prevention), Nancy Gage-Lindner (Hesse Department of Labour, Family and Health), Freja Ulvestad Kärki (Department for Mental Health, Norwegian Directorate for Health), Xavier Morales (Prevention Institute), Julio Noguera (EDC), and Marija Raleva (University Clinic of Psychiatry, Skopje, Macedonia);

Aim: To serve as a resource to the VPA and the violence prevention field with information on training and related activities to advance global violence prevention efforts;

Planned products: Three short courses for WHO on violence prevention relevant topics; environmental scan and map of existing violence prevention training available globally; list of fellowships, exchanges and mentorship programs available in violence prevention; and strategic planning document to guide violence prevention training efforts;

Strategic priorities addressed: Continue to contribute to violence prevention capacity building.

**2) Technical project groups:** The following two technical project groups have been established:

**(i) Research agenda project group:**

Leaders: Harriet MacMillan (PreVAiL) and Kathy Hegadoren (PreVAiL);

Members: Mark Bellis (Liverpool John Moores University, WHO Collaborating Centre for Violence Prevention), Vivien Carli (International Centre for the Prevention of Crime), Elizabeth Gilgen (Geneva Declaration/Small Arms Survey), Jan Ole Haagensen (Rehabilitation and Research Centre for Torture Victims [RCT]), George Hosking (WAVE Trust), Joanne Lacroix (Family Violence Prevention Unit, Public



Health Agency of Canada), Martino Luigi (Geneva Declaration/Small Arms Survey), Chris Mikton (WHO) Robert Muggah (Small Arms Survey), Brojo Pillai (WAVE Trust), Joám Evans Pim (Center for Global Nonkilling), Lil Tonmyr (Injury and Child Maltreatment Section, Public Health Agency, Canada), and Sharleena Wang (RCT);

Aim: To establish a violence prevention research agenda on behalf of VPA;

Planned products: peer-reviewed publication summarizing Delphi process and results to identify research priorities; document suitable for general public summarizing research priorities on behalf of VPA; recommendations addressing research priorities;

Strategic priorities addressed: Specify and promulgate an international violence prevention research agenda.

**(ii) Criminal justice liaison group:**

Leader: John Carnochan (Violence Reduction Unit of Scotland);

Members: Mark Bellis (Centre for Public Health, Liverpool John Moores University), Alex Butchart (WHO), Arturo Cervantes (Ministry of Health, Mexico), Thom Feucht (US National Institute of Justice), Gene Guerrero (Open Society Institute), Richard Matzopoulos (Medical Research Council, South Africa), Chris Mikton (WHO), Margaret Shaw (International Centre for the Prevention of Crime), and Jonathan Shepherd (Cardiff University);

Aim: To increase collaboration between the criminal justice/law enforcement and public health sectors at all levels, from local to international, encourage the development of a shared agenda, promote joint evidence-based violence prevention activities informed by the public health approach, with a view to improving the effectiveness of violence prevention, reduce the violence-related burden on health and criminal justice systems, and strengthen communities;

Planned products: "Violence prevention: an invitation to intersectoral action", a publication inviting members of the criminal justice and law enforcement sectors to join forces with the health sector to prevent violence more effectively was launched in September 2010;

Strategic priorities addressed: Strengthen intersectoral collaboration for violence prevention.

The project groups will report their findings to the Steering Committee and VPA Annual Meeting for discussion. A space will be created on the VPA web-site for Project Groups.

Work on other strategic priorities:

WHO will be responsible for the following two strategic priorities:

- Publish a series of agenda-setting publications;

All VPA participants will contribute to the following two strategic priorities:

- Explore the possibility of recruiting VPA patrons and champions;
- Establish effective technical and process project groups;
- Implement new VPA structure and organization.

A planned project group on violence prevention in weak institutional settings, which would have addressed the strategic priority "Increase VPA relevance to low- and low-middle-income countries", had to be shelved due to lack of volunteers to lead it. However, it is hoped that one or more VPA participants will soon come forward to



lead this important project group. This project group would also have explored the grey zone between interpersonal and collective violence and defined which aspects of collective violence came within the scope of the VPA. Nonetheless, the strategic priority "Increase VPA relevance to low- and low-middle-income countries" should be an integral part of the efforts of all the project groups.

**(v) VPA General Secretariat**

The VPA Secretariat based at WHO headquarters in Geneva will provide administrative and management support for the VPA and its different components.

**(vi) VPA Website, Assets Database, and Communications Platform**

Taking into account the breadth of the topic and the envisaged large numbers of participants, the VPA Secretariat will maintain the VPA website (<http://www.who.int/violenceprevention/en/index.html>) and publish the electronic newsletter "Prevent" to share information and to link all VPA participants.



## 5. Additional issues

### The role of WHO

WHO will play multiple roles and assume certain responsibilities in the VPA. In particular, the role of WHO will include:

- providing the technical backbone for the activities of VPA;
- providing administrative and management support;
- convening and facilitating (in situ and virtual) meetings among VPA participants;
- coordinating Project Groups and participating in some of them;
- managing the VPA website at <http://www.who.int/violenceprevention/en/index.html>.

### Terms-of-Reference

Terms-of-reference for the strengthened VPA will be published separately.

### Engagement with the private sector

All interactions with the private sector shall be in accordance with all applicable WHO rules, policies procedures and standing practices.



## 6. VPA work plan 2011-2015

The work plan for 2011-2015 will centre mainly on the planned products of the project groups, but also on those strategic priorities – described earlier – to be addressed by WHO and by all VPA participants. As timelines for the planned products for the project groups were only rarely provided by project groups it is not possible to specify timelines at this point.

Strategic priority	To be addressed by	Main products planned
1. Strengthen intersectoral collaboration for violence prevention	Criminal Justice Liaison Group	Publication inviting members of criminal justice and law enforcement sector to join forces to prevent violence - launched in September 2010, currently being disseminated.
2. Reinforce the VPA as a network of networks	VPA Assets Database Project Group (PG)	Interactive database
3. Publish a series of agenda-setting publications	WHO	
4. Explore the possibility of recruiting VPA patrons & champions.	All VPA participants	
5. Intensify advocacy and communication	Communications PG	
6. Mobilize resources for the VPA and for the field of violence prevention	Funders' Network PG	Develop a funding approach and secure funding; create a value proposition statement; develop a web-site; plan sessions at VPA annual meetings and Milestones meetings on funding topics
7. Continue to contribute to violence prevention capacity building	Training PG	Three short courses on violence prevention; environmental scan and map of existing violence prevention training available globally; list of fellowships, exchanges and mentorship programs available in violence prevention; and strategic actions planning document to guide violence prevention training efforts
8. Increase VPA relevance to low- and low-middle-income countries	Not addressed	
9. Specify and promulgate an international violence prevention research agenda	Research agenda PG	Peer-reviewed publication summarizing Delphi process and results to identify research priorities; document suitable for general public summarizing research priorities on behalf of VPA; recommendations addressing research priorities.
10. Establish effective technical and process project groups	All VPA participants	
11. Implement new VPA structure and organization	All VPA participants	



In addition, the following VPA meetings will be convened:

- 5<sup>th</sup> Milestones Meeting by the end of 2011, alongside which a VPA Annual Meeting will be held;
- 2012 VPA Annual Meeting
- 6<sup>th</sup> Milestones Meeting by the end of 2013, alongside which a VPA Annual Meeting will be held;
- 2014 VPA Annual Meeting
- 7<sup>th</sup> Milestones Meeting by end of 2015, alongside which a VPA Annual Meeting will be held;



## **Annex: World report on violence and health recommendations**

The nine recommendations of the *World report on violence and health* include six country level recommendations and three international level recommendations. These constitute the bedrock for WHO violence prevention activities and provide a guiding framework for the coordination of violence prevention work with partners at the global, regional and national levels. All WHO Member States have committed themselves to supporting and implementing these recommendations in resolutions adopted by the World Health Assembly and several WHO regional Committees.

The recommendations call on countries to:

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 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 response to the global drugs trade and the global arms trade.