Denmark would like to thank the WHO for the opportunity to comment on the revised draft of the global action plan to strengthen the role of the health systems to address interpersonal violence.

We apologize for the late reply and we sincerely hope that the WHO will take our general comments below into consideration. We thank you in advance and look forward to discussing this further at the Executive Board meeting in January 2016.

Denmark supports the work of the WHO and partners in developing a global action plan that focuses on violence against women and girls and violence against children. We would like to stress the importance of also addressing common actions relevant to all types of interpersonal violence.

Furthermore, we strongly support the visions and objectives of the action plan based on the crucial principles of a rights-based approach and gender equality.

In general, we would like to see stronger and more consistent references to human rights and sexual and reproductive health and rights (SRHR) in the document. Para 9 of the introduction ought to recall the CEDAW, CRC, ICPD PoA and Beijing Platform for Action and the outcome of their reviews. In addition, we would welcome inclusion of a reference to SRHR in section 2.1 Vision Statement which could be amended to read ‘..their human rights and fundamental freedoms, including their SRHR are fully achieved and gender equality is the norm’.

It is essential that the action plan focuses on a national multi-sectoral response to address interpersonal violence. As mentioned in the draft, health systems alone cannot adequately prevent and respond to violence as many of the risk factors and determinants of violence lie outside the health system. In Denmark, much of the efforts in terms of prevention, documentation, referrals, and care of the violence victims take place in the social sector. The Danish health system's measures towards victims of violence primarily concerns detection of injuries/lesions and the treatment of them, including psychological counselling, and the Danish health system does not provide violence prevention programmes.

Therefore, we would prefer that the cross-sectoral efforts are highlighted to a greater extent in the plan of action. In some countries initiatives to address interpersonal violence are placed outside the health system.

Additionally, we would like to underline the importance of fully engaging men and boys in the elimination of all forms of discrimination and violence against women and girls. In that regard we suggest referring to the Agreed Conclusions from the 2014 Commission on the Status of Women para A. (e) (page 10):
http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/58/csw58_agreed_conclusions.pdf?v=1&d=20140924T011525

Kind regards,

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