

**THIRD MILESTONES OF A GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
2007 (17-19 July 2007, Tulliallan Castle, Scotland, United Kingdom)**

**Opening Address by Dr Catherine Le Galès-Camus
Assistant Director-General, Noncommunicable Diseases and Mental Health
World Health Organization
(13:00-13:10, 17 July 2007)**

Good afternoon. I'd like to warmly welcome all of you to this Third Milestones of a Global Campaign for Violence Prevention meeting.

Let me also extend a special welcome to our keynote speaker, the Honourable Jose Angel Cordova, Minister of Health Mexico, and other members of today's high-level panel: Dr Kofi Ahmed from Ghana, and Dr Peter Donnelly from Scotland.

This is indeed a very distinguished gathering.

Less than three weeks ago, the attack on Glasgow airport reminded us of our vulnerability in the face of collective violence. The ensuing sense of insecurity, both at the collective and individual level, underlined how the threat of such violence can affect us all. And it also shows how this perception of insecurity can erode the trust and social capital that is so essential for individuals and communities to thrive and prosper.

In the glare of publicity around such violence, it is challenging to look to the shadows and to see the suffering due to the countless acts of interpersonal violence that every minute affect people everywhere: acts of child and elder abuse, sexual violence, youth violence, intimate partner violence, and suicide. By bringing these forms of violence into the light, the Global Campaign for Violence Prevention is helping us to understand how they can be prevented, and how, by preventing them, we contribute to rebuilding the social capital that can help us to avoid violence in all its forms.

Violence-related deaths are among the six leading causes of death in males aged 15-44 years, and women and children are particularly vulnerable to a wide range of adverse health consequences other than injuries. The problems are great, but so is WHO's determination to tackle them. Violence prevention is at a crucial turning point. WHO is committed to capitalize on the heightened concern established in the first 5 years of the Global Campaign for Violence Prevention by moving from advocacy to a scaling up of interventions over the next 5 years. WHO's Medium Term Strategic Plan incorporates scaled-up country level implementation of violence and injury prevention as one of WHO's 13 strategic objectives.

This Plan was adopted by the 193 Member States of the World Health Assembly in May 2007. During the same Assembly, WHO's Director-General elaborated on her six-point agenda for the next 5 years. "Scaling up", the theme of this Third Milestones meeting, fits well with these six-points, which are:

1. Promoting the central role of health in the international development agenda;
2. Fostering health security;
3. Strengthening health systems;
4. Harnessing research, information and evidence;
5. Facilitating partnerships;
6. Increasing WHO's performance for results.

These six points will guide us to define and accomplish the complex tasks before us as far as violence prevention is concerned.

1. First and foremost, violence prevention is highly relevant to specific areas of development assistance and advancing the international development agenda.

Violence is both a cause and consequence of poverty. It disproportionately affects developing countries: 90% of all violence related deaths occur in developing countries. WHO projects deaths from violence and injuries will increase by 20% in the 53 poorest countries of the world over the next 10 years.

Over the past five years, we have started to identify high impact, evidence-based interventions that reduce violence and mitigate the consequences of poverty, HIV/AIDS, governance, gender inequality, and economic development. We will hear tomorrow how in South Africa an intervention aimed at reducing HIV infection in part by preventing intimate partner violence showed a 55% reduction of violence by an intimate partner in the last 12 months. That is proof of principle. It can be done.

We are now at a turning point where we need to mainstream these interventions into public health programmes, as well as socio-economic development programmes outside the health sector. None of this is easy, but it needs to be done. WHO does not have all the answers either on how to do this, but I would argue that we have to evolve together as a learning network.

WHO is working with the Commission on the Social Determinants of Health to document the socio-economic drivers behind the immediate causes of violence and to ensure that the Commission's recommendations on violence prevention are guided by the best available evidence.

WHO and its partners in the Violence Prevention Alliance have also started consultations with the international development community on identifying entry points for addressing violence as part of socio-economic development strategies.

2. The second point is that violence prevention is particularly relevant to advancing the international security agenda.

Freedom from violence is a prerequisite of human security, both collective human security and personal security. Over the past five years, we've all seen that violence, poverty, inequality, diseases, and environmental degradation are inseparable as the roots of human insecurity. We've also seen that gender plays an important role in human security since oftentimes gender inequality gives rise to skewed distribution of resources or neglect in areas vital to individual security. A survey conducted by WHO in 2005 shows that one-sixth of women in the world suffer from domestic violence.

WHO is committed to working with partners in addressing these root causes of human insecurity. Under the joint UNDP-WHO Armed Violence Prevention Programme, for example, WHO is identifying and testing evidence-based interventions for reducing firearm-related deaths and injuries. These interventions will need to be mainstreamed into wider security policies, and on Thursday I'm delighted to note that UNDP will be sharing their insights along with other international violence prevention partners on how this might be done.

3. The third point is that we can achieve 'quick wins' by strengthening trauma and emergency care systems, which also strengthens health systems service capacities.

While primary prevention remains essential, significant reductions in violence-related deaths and disabilities can also be achieved by strengthening trauma and emergency care systems. Studies have shown survival gains of between 8 percent and 50 percent. Severely injured people are twice as likely to die in a developing country than in the industrialized world. Rolling out these lessons-learned in developing countries could save hundreds of thousands of lives each year and would help strengthen health systems service capacities.

Recently, the Member States of WHO adopted a resolution on this issue, asking us to step up our efforts in this endeavour. WHO is committed to providing technical support to countries to build sustainable trauma and emergency care systems.

4. The fourth point is about harnessing research, information and evidence: If we repackage the available knowledge about how to prevent violence in ways that make it more accessible to policy makers, we can immediately contribute to better decision making and better investments.

Maintaining a strong emphasis on evidence provides the foundation for generating political commitment, defining strategic and prioritized responses to country needs, and measuring results. The *World report on violence and health* and the Global Campaign for Violence Prevention highlight the power of harnessing research, information and

evidence. A number of exciting new outcome evaluation studies have been initiated over the past few years and are helping to expand the evidence base for violence prevention. Presentations over the coming days will highlight their findings to show the remarkable possibilities that await a scaled-up, evidence-based approach to prevention.

WHO remains committed to facilitating the exchange of such information through further Milestones meetings, through its now over 100-country strong network of health ministry focal points for violence and injury prevention, through regular regional meetings of health ministers to discuss violence and injury prevention, and through our partnerships.

5. The fifth point is about linking the Global Campaign for Violence Prevention to the international development and human security networks, which will help WHO to become a more flexible, responsive and responsible organization.

All of us will be hard pressed to prevent violence if we do not engage in the reform of the international development and human security architectures. Outreach to these networks of actors is crucial.

This Third Milestones Meeting hosted by the Scottish Executive and Violence Reduction Unit represents exactly the kind of partnership that violence prevention requires to take root, so I'm delighted that in Dr Peter Donnelly's keynote address just now we'll hear more about the Scottish activities. I'd also like to single out WHO's contribution to the inter-agency working group that is following up on the UN Secretary General's Study on Violence Against Children, and to say how much we value the opportunity to develop a joint follow up strategy with UNICEF.

Of course, partnerships are nothing without countries at their centre, and it's very fitting that today's first keynote address will be by the Honourable Minister of Health for Mexico, Dr José Ángel Córdova.

6. My final point is about WHO's performance for results. WHO will prioritize the tracking of progress of national violence prevention policies and their impacts.

Scaled-up investment in proven and promising violence prevention strategies, coupled with adequate support for rigorous outcome evaluation and monitoring mechanisms, would conclusively demonstrate the preventability of violence in developing countries where the problem is greatest and where the stakes in getting violence prevention right are highest. This would in turn lead to further investments in violence prevention, and the gains for health, security and growth would justify further investments. And WHO is committed to support countries over the next 5 years in setting up these mechanisms.

To end, let me reiterate the importance of keeping our eyes open to the incessant yet so quickly forgotten instances of interpersonal and self-directed violence. These types of violence do not travel internationally or make headline news. Yet they cause immense suffering and disability for millions and anchor them in poverty. Through your efforts, the world is now paying attention to this violence and making progress, with ambitious goals, and growing evidence of multiple benefits for all.

In closing, I'd like to warmly thank the Honourable Kenny MacAskill, Cabinet Secretary for Justice in the Scottish Executive, and John Carnochan, Karyn Mcluskey and Linda Borland of the Scottish Violence Reduction Unit, for so generously hosting this event in such a beautiful setting, and for your hard work in ensuring this meeting's success.

I'd also like to thank some of our other principal violence prevention partners, notably the Government of Belgium, the United States Centers for Disease Control and Prevention, and The California Wellness Foundation.

And with an eye to the future, I would extend a special thank you to the Minister of Health from Mexico, who has kindly offered to host the next World Conference on Injury Prevention and Safety Promotion, which will take place in March 2008 in Mérida, Mexico, on the beautiful Yucatan peninsula. It is very encouraging to see such a good collaboration and WHO deeply appreciates this support.

Thank you all for this opportunity to address you. I am committed to moving forward with you, in our closely coordinated roles.

And I wish you a fruitful and constructive meeting, and lots of success to scale up violence prevention initiatives.