



17-18 September 2009

Meeting Report



**World Health
Organization**

Executive Summary

The Fourth Milestones in a Global Campaign for Violence Prevention meeting was held on 17-18 September 2009 in the Executive Boardroom at WHO Headquarters in Geneva, Switzerland. Over 200 participants from 50 countries attended. Under the overall theme of "boosting global violence prevention", and with the goal of enhancing the coverage, intensity and effectiveness of international support for country-level violence prevention activities, four key outcomes were achieved.

The first outcome of greater convergence between key players around data-driven, evidence-based violence prevention was advanced through the launch of *Violence prevention: the evidence*, and by state-of-the-science presentations on violence prevention programmes from Brazil, Lithuania, Mexico, South Africa, the United Kingdom, and the United States of America, which provided inspiring examples of data-driven, evidence-based violence prevention in action.

The second outcome concerned efforts to increase commitment to funding violence prevention in low- and middle-income countries, and the seeds of a violence prevention donor network were planted during a funders' workshop.

The third outcome was agreement on strategies for strengthening global violence prevention coordination, including through the preparation of a five-year action plan for the field, a global status report on violence prevention, and a strengthened political mandate, perhaps through a United Nations General Assembly resolution calling for an integrated approach to violence prevention.

The fourth outcome was a strengthened Violence Prevention Alliance (VPA), with the Norwegian Ministry of Health, UNDP, UNICEF, UNODC and the International Centre for the Prevention of Crime announcing their formal participation in the Alliance, while the International Federation of Red Cross and Red Crescent Societies, and the World Bank's newly established Conflict, Crime and Violence Team indicated their intention to join the VPA.

Background

Violence accounts for over 1.6 million deaths per year or 4000 deaths per day. Of those killed by violence, just over half die by suicide, more than a third by homicide, and about a tenth as a direct result of war or other form of collective violence. Ninety percent of deaths due to violence occur in low-income and middle-income countries, and males account for 77% of all homicides. In addition to physical injury, violence has serious life-long consequences. These include high-risk behaviours such as unsafe sex, alcohol and illicit drug abuse, physical inactivity, smoking and antisocial behaviour. Due to such behaviours, victims of violence are more likely to suffer from diseases such as cancers, cardiovascular diseases, cirrhosis, depression, emphysema, reproductive health problems, and HIV/AIDS. Adversities in early childhood (such as child maltreatment, itself a form of violence); dysfunctional and conflicted family relationships, and easy access to alcohol and firearms are among the main risk factors for becoming both a victim and perpetrator of violence later in life.

Scientific evidence identifies several ways to prevent violence. Proven and promising prevention strategies include developing safe, stable and nurturing relationships between children and their parents and caregivers; developing life skills (e.g. social, emotional, and behavioural competencies) in children and adolescents; reducing the availability and harmful use of alcohol; reducing access to guns, knives and pesticides; promoting gender equality to prevent violence against women; changing cultural and social norms that support violence, and victim identification, care and support programmes.

Launched in 2002, the WHO *World report on violence and health* and the Global Campaign for Violence Prevention are intended to bring the evidence for violence prevention to bear on the problem in low- and middle-income countries that stand the most to gain through effective prevention programmes, as well as in the many high-income countries which have yet to scale up their own investments in the prevention of violence. Since the first Milestones meeting in 2004, WHO and its Violence Prevention Alliance (VPA) partners have worked to advocate for prevention, develop technical guidance, provide support for country work, and encourage donors to increase their investments in the prevention of violence.

This Fourth Milestones meeting thus looks back on seven years of activity. The recommendations of the *World Report on Violence and Health* report were endorsed by the 2003 World Health Assembly in Resolution WHA56.24, "Implementing the recommendations of the *World report on violence and health*", and since then several other global and regional resolutions have been adopted; there are over 100 officially appointed health ministry focal persons for the prevention of violence; over 50 countries have had national launches of the *World report on violence and health*; over 25 countries have established national violence prevention programmes and scores of municipalities have initiated violence prevention activities.

These developments suggest that the time is ripe to step up violence prevention activities around the world. Hence, the theme of the Fourth Milestones meeting was "*Boosting global violence prevention*".

Day One 17 July 2009

Welcome and objectives

The Meeting was opened by Dr Ala Alwan, WHO Assistant Director General, Noncommunicable Diseases and Mental Health. He extended a special welcome to the Honourable Themba Masuku, Deputy Prime Minister of Swaziland; Mr Czeslaw Walek, Deputy Minister for Human Rights from the Czech Republic; Mr José Francisco Alves, Secretary for Social Defence from Diadema in Brazil; Ambassador Izben Williams from St Kitts and Nevis and the Caribbean Community; and Dr Marta Santos-Pais, United Nations (UN) Assistant Secretary General and Special Representative on Violence against Children. Dr Alwan outlined the meeting's objectives as being to foster:

- Greater convergence between key players around data-driven, evidence-based violence prevention;
- Increased commitment to funding science-based violence prevention in low- and middle-income countries;
- Enhanced global violence prevention coordination and a clear implementation vision for the next years;
- Increases in the number, intensity and effectiveness of county-level violence prevention activities.

Keynote Session One

In her commentary, Dr Marta Santos Pais, UN Assistant Secretary General and Special Representative on Violence against Children, noted how presentations made during the first keynote session highlighted the importance for prevention of governments and municipalities publically acknowledging the extent of violence within their societies and communities. Instead of leading to stigmatization, such acknowledgement is likely to be welcomed by citizens whose daily experience includes direct and indirect exposures to violence, and who will therefore feel that the authorities are sensitive to their needs for the improvements in safety and security that violence prevention programmes can deliver.

Ideally, the public acknowledgement of violence should be by way of publishing clear, concise reports describing the magnitude and characteristics of the problem using easily understood statistics. The Honourable Themba Masuku, Deputy Prime Minister of Swaziland, illustrated this by referring to a recently completed survey on the prevalence of child sexual abuse in Swaziland. A joint effort of the Swazi government, UNICEF and the United States Centers for Disease Control and Prevention (CDC), this survey provides a platform for the ongoing development of a national child sexual abuse prevention policy and programmes. From Diadema, Brazil, Mr Jose Fancisco Alves, the city's Secretary for Social Defence, illustrated how as a next step after describing the problem, interventions to target key risk factors (such as alcohol availability) can dramatically reduce the rate of homicides. Mr Czeslaw Walek, the Czech Republic's Deputy Minister for Human Rights described his country's efforts to prevent child maltreatment and the National Strategy for the Prevention of Violence against Children. Ambassador Izben Williams of St Kitts and Nevis and the Caribbean Community focused

on a strategy to address the high levels of youth violence in the Caribbean. Both these speakers described how high-level political acknowledgement of violence as a problem in their own settings was a crucial first step towards putting in place better systems to measure and prevent it.

Boosting global violence prevention: achievements, challenges and opportunities

Dr Etienne Krug, Director, WHO Department of Violence and Injury Prevention and Disability, outlined the clear advances which have occurred on the violence prevention front over the past decade, including: more demand from countries; a growth in the science base; increasingly coherent violence prevention guidance; more commitment from international actors to supporting prevention; the emergence of new partners in the violence prevention arena; and several new international initiatives involving violence prevention collaboration between multiple partners. Based on these developments he argued that the global violence prevention field is approaching a tipping point, and that to boost the number, intensity and effectiveness of violence prevention activities it may be good to consider action in five priority areas:

- Expanding the evidence for prevention in low- and middle-income countries;
- Developing a five year action plan for the field;
- Preparing a global status report that provides an assessment of the status of violence prevention in all WHO Member States using a core set of violence prevention indicators and a standardized methodology;
- Following through on country interest in calling for a United Nations General Assembly resolution on an integrated approach to the prevention of violence; and,
- Enhancing global violence prevention coordination and funding, possibly through a strengthened Violence Prevention Alliance (VPA).

Keynote Session Two

Keynote session two highlighted the preventability of violence by spotlighting its sensitivity to social determinants such as economic inequality, and highlighting two recent outcome evaluation studies of interventions that have significantly reduced rates of violence.

Sir Michael Marmot of University College London and Chair of the Commission on the Social Determinants of Health drew upon global survey data and country comparisons to demonstrate how stark differences in rates of war, homicide and intimate partner violence are closely correlated with the distribution of money, resources and power, and how violence itself can increase health and social inequities. These and other major differences cannot be understood without taking social determinants into account, and highlight the preventability of violence.

Child maltreatment is both a widely prevalent problem in itself, and a major risk factor for subsequent health and social problems, including other forms of violence such as

intimate partner and sexual violence, youth violence and self-directed violence. The prevention of child maltreatment is therefore a priority. The Positive Parenting Programme (Triple-P) is among the most promising interventions to have been developed for the prevention of child maltreatment, and Triple-P's designer, Professor Mathew Sanders of the University of Queensland in Australia described the programme and the evidence that has accumulated for its effectiveness in reducing risk factors for child maltreatment, strengthening positive parenting practices, and reducing child maltreatment rates. For instance, a recent randomized control trial of Triple-P in South Carolina USA clearly demonstrated its effectiveness for reducing child maltreatment.

Cardiff University's Professor Jonathan Shepherd described the results of an outcome evaluation study that demonstrated significant violence reduction effects in the Welsh city of Cardiff. Known as the "Cardiff Model", the intervention combines data from hospital emergency departments and the police to inform targeted policing, situational and environmental interventions. The CDC-implemented outcome evaluation study showed that the interventions were associated with significant reductions in Cardiff emergency department assault attendances, and police-recorded measures of all assaults, all wounding, serious wounding, and less serious wounding.

Session respondent Dr Elizabeth Ward, Director of Disease Prevention and Control in the Jamaican Ministry of Health, noted that for low- and middle-income countries with chronically high-levels of violence (such as Jamaica), it was critical to tackle the problem by applying a combination of interventions aimed at addressing the social determinants of violence as well as community and relationship-level risk factors. Whereas the former were likely to take some years to have a preventive effect, the latter can in a relatively short period of time reduce levels of severe violence.

Group discussions: strategies for boosting global violence prevention

Enhancing collaboration with the criminal justice sector. There was consensus that stronger collaboration between the public health, criminal justice and policing sectors was desirable, but that several barriers (e.g. political and economic interests, sectoral silos) had to be overcome. The following areas were identified as priorities: developing a common language to describe and tackle violence; community involvement in violence prevention; allocating more resources to the prevention of violence; training; use of qualitative data and intelligence in addition to quantitative data; focus on violence rather than crime (which includes property crimes and road traffic crimes); and starting with small joint local projects to be used as demonstration projects.

Reducing the availability and harmful use of alcohol and drugs. Six topics were discussed in this group: 1) strengthening evidence for the links between substance use and violence by supporting more research on this topic in low- and middle-income countries; 2) strengthening evidence for the effectiveness of interventions to address alcohol and drug use and their relation to violence, especially in low- and middle-income countries; 3) the need to develop effective advocacy strategies and messages specifically tailored to three distinct groups: politicians, professionals, and the general public; 4) the advantages of integrated early life interventions, which emerging evidence shows to be

cost-effective and have multiple benefits; 5) opportunities for influencing alcohol policy and links with drug prevention and control, which are considered to be a collaborative "win-win"; and 6) immediate next steps, including partnerships and the role of WHO, other national and international organizations and the VPA.

Child maltreatment prevention. Many ideas were suggested to boost global child maltreatment prevention. There was agreement that more data are required on the epidemiology of child maltreatment, on its risk factors, and on the effectiveness of interventions to prevent it. Opinion was divided as to the relative importance of generating data versus taking immediate action to address the problem, some arguing that action should not be delayed for the sake of developing a solid evidence base. The needs to develop capacity, to collect data, to evaluate programmes, and to tackle the social determinants of child maltreatment were emphasized. Developing better indicators for the well-being, health, and maltreatment of children was considered to be a prerequisite for the prevention of maltreatment. Finally, the importance of implementing existing laws, perhaps with the help of international organizations, and the need to engage religious authorities, who have an influence over laws in some parts of the world, was emphasized.

Intimate partner and sexual violence prevention. The group discussed different strategies for boosting the prevention of intimate partner and sexual violence. There was agreement that the primary focus should be on changing gender roles and the culturally defined norms governing gender relations which often create inequalities and support violence. The need to adapt existing interventions for changing gender roles and norms (e.g. school-based programmes) for low- and middle-income countries was highlighted.

Day Two 18 July 2009

Keynote Session Three

Reflecting upon the up-and-coming violence prevention programmes described in the third keynote session, Professor Peter Donnelly of St Andrews University, Scotland, identified nine commonalities:

- Honest acknowledgement of the problem by senior government officials;
- Use of data and information systems, such as fatal and non-fatal injury surveillance, and geographical information systems to define and monitor the problem;
- Engagement of politicians and citizens from affected communities;
- Sensitivity to the cultural context and local realities;
- Intersectoral collaboration characterized efforts to overcome silos (e.g. health, police, education);
- Inclusion of interventions aimed at quick wins (e.g. reducing alcohol and firearm availability) plus interventions aimed at medium and longer term prevention gains (e.g. parenting support programmes, life skills training for primary school pupils);

- Tackling "capture and corruption", for instance, the "capture" of poorer communities by the alcohol industry through pricing and marketing practices aimed at increasing alcohol consumption; and
- Inclusion of built-in mechanisms for ongoing monitoring and evaluation, and for sharing lessons learned nationally and internationally.

The programmes described in the session were "works in progress". They included: outlines for national policies and programmes to prevent youth violence in Lithuania (Dr Audrius Sceponavicius, Director, Public Health Department, Ministry of Health, Lithuania), Mexico (Dr Arturo Cervantes Trejo, Director, National Centre for Injury Prevention, Department of Health, Mexico) and Switzerland (Dr Thomas Vollmer, Bundesamt für Sozialversicherungen, Switzerland); an already well-established intervention aimed at preventing violence as part of a broader burden of disease reduction project in the Western Cape Province of South Africa (Dr Keith Craig Househam, Director General, Western Cape Department of Health, South Africa), and a programme for strengthening ongoing youth violence prevention initiatives in US cities by creating a network of partners (Dr Larry Cohen, Director, Prevention Institute, California).

Violence prevention: the evidence

Dr Chris Mikton (WHO) and Professor Mark Bellis (Liverpool John Moores University) presented *Violence prevention: the evidence*, a set of eight briefings based on rigorous reviews of the literature that examines scientific evidence for the effectiveness of interventions to prevent interpersonal and self-directed violence. Briefing one provides an overview of the evidence, and briefings 2-8 each focus on a broad strategy for preventing violence and, under that umbrella, review the evidence for the effectiveness of specific interventions. The violence prevention strategies covered are:

1. Developing safe, stable and nurturing relationships between children and their parents and caregivers;
2. Developing life skills in children and adolescents;
3. Reducing the availability and harmful use of alcohol;
4. Reducing access to guns, knives and pesticides;
5. Promoting gender equality to prevent violence against women;
6. Changing cultural and social norms that support violence;
7. Victim identification, care and support programmes.

The briefing documents and a searchable website with the articles that compose the evidence base are at:

http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/publications/en/index.html

Accelerating International Violence Prevention Action

Following an overview of global violence prevention strengths, weaknesses, opportunities and threats, Dr Alex Butchart, WHO Prevention of Violence Coordinator, argued that international violence prevention efforts could be accelerated by building the

contributions of individual agencies into a system that would produce violence prevention gains over and above the sum of individual contributions. He asserted that this could be done by taking action in five priority areas:

- Improving policy coherence between organizations;
- Ensuring that organizations have appropriately skilled staff;
- Enhancing the quantity, quality and relevance of research;
- Strengthening country work, and
- Strengthening global coordination and funding mechanisms.

The four respondents to this presentation strongly supported the proposed strategy. Dr Rodney Hammond, Director, Division for Violence Prevention, US Centers for Disease Control and Prevention, Atlanta, USA, emphasized challenges that the implementation of such a strategy would face. There is an acute need to strengthen the evidence and increase the capacity in low- and middle-income countries to act on this evidence. The time was ripe, he agreed, to overcome fragmentation by developing a global governance structure. Mr Paul Eavis, Policy Advisor on Armed Violence and Cluster Munition, Bureau for Crisis Prevention and Recovery, UNDP, Geneva, focused on the following key areas for ensuring the strategy's success: gaining more political support, especially from governments, by integrating violence prevention into global processes such the Geneva Declaration on Armed Violence; considering how violence prevention might be integrated into the MDG review process, and bringing parallel networks, such as the development constituency and NGOs, together to prevent violence. Mr John Carnochan QPM, Detective Chief Superintendent Strathclyde Police, Head of the Scottish Violence Reduction Unit, Strathclyde, Scotland, was the third respondent. He emphasized the need for strong leadership in the field; that health professionals were held in particularly high regard; and the importance of the VPA in promoting multisectoral collaboration. Mr Pascal Villeneuve, Associate Director Programme Partnerships, UNICEF, Geneva, stressed the convergence of the proposed strategy with UNICEF's new child protection strategy, which includes child maltreatment prevention, and made five points: 1) the need for a global, rather than a national, perspective on child maltreatment prevention; 2) the critical role played by the evidence base; 3) the need to create a sense of urgency and a strong network, similar to what happened with HIV/AIDS; 4) that a stronger advocacy strategy is required, focusing in particular on policy makers and finance ministers; and 5) that the ability to monitor country progress should be strengthened.

Meeting participants then moved into group discussions to discuss the five proposed priority areas.

Improving policy coherence between organizations. The group discussion considered the following topics: the different paradigms (e.g. criminal justice, development, human rights, public health) that inform violence prevention; key contributing sectors and organizations; and policy synergies and conflicts; and strategies to improve coherence. It was felt that the different paradigms were compatible, but that clearly articulating a shared vision and a set of common objectives would help overcome barriers between them. There was agreement that two key sectors needed to be better included in violence

prevention policy making: the education sector and the entertainment and leisure sector (e.g. clubs, pubs, sports, music). Finally, the importance of establishing mechanisms to share information on the magnitude of, risk factors for, and the effectiveness of interventions to prevent different forms of violence would, it was emphasized, help increase policy coherence between organizations.

Ensuring that organizations have appropriately skilled staff. This group considered the knowledge and skills required to be more effective agents of change and the primary audiences in need of training to advance the field of violence prevention. The main target audiences for training should be policy makers, programme managers, the media, and the general public. The aims of training policy makers should be to increase their knowledge of the ecological approach to violence prevention, the evidence base for the effectiveness of interventions, and up-to-date local epidemiological data on different forms of violence to ensure a more informed response. The training aims with programme managers should be to increase their knowledge about how to identify evidence-based interventions and to evaluate the programmes they implement.

Enhancing the quantity, quality and relevance of research. The group discussed the following research priorities: country baselines on magnitude, risk factors, responses and policies; prevention readiness and capacity; outcome evaluation studies in low- and middle-income countries; and links between violence and global change processes (e.g. development). During the discussion, the need for more research using qualitative and mixed methods was noted. It was also noted that an international research network is required; research – especially outcome evaluations – should be integrated from the start of any intervention trial; harmful traditional practices and crimes (e.g. female feticide in India) should be the subject of more research; there is a need to translate and sell research to different audiences more effectively – for instance, by presenting cost-effectiveness research to politicians and policy makers, and by finding strategies to persuade the general public that many widely-held beliefs (e.g. the effectiveness of punishment as a means of disciplining children) are unfounded.

Strengthening country work. This group identified the need to strengthen external support for the development of country programmes by providing intensive assistance during the first few years of country start-up as an important priority. Support to national planning processes should emphasize the need to move from products and policies to programmes, and should include short, medium, and long-term components with periodic reviews built in. It was also argued that UN agencies should be more assertive in their uses of epidemiological data to demonstrate universals and overcome denial by national partners – the example of the WHO global status report on road traffic injury prevention was cited as a useful model to replicate for violence. Other suggestions included: organizing collaborative conferences between donors, international agencies and country partners at the design phase of country programmes; strengthen links between violence prevention and national and international advocacy on efforts to stop the illegal drugs and arms trade, and exposing policy makers to other concrete examples of similar work at municipal or state or national level.

Strengthening global coordination and funding mechanisms. The need for stronger global coordination of the field was acknowledged and it was agreed that VPA is an appropriate structure to take on this role, provided it can obtain the necessary additional resources. However, it was decided that it is too early to develop a formal governance structure, since this would consume scarce resources that could be better used elsewhere at the present. Also, it was agreed that it is premature to establish a global violence prevention fund, but that it is desirable to enable more communication between existing donors.

Violence Prevention: Strengthening the Alliance

Dr Etienne Krug noted that since its formation in 2004 the VPA has steadily grown to include a diverse array of participants ranging from official development assistance agencies to community-based violence prevention organizations. While this diversity is a valuable attribute, VPA's power to shape the global violence prevention agenda needed to be significantly increased if it is to keep pace with the increase in national and local demands for violence prevention support. He was thus delighted to welcome into the VPA as formal participants five globally important organizations:

- The International Centre for the Prevention of Crime (ICPC);
- The Norwegian Government Directorate for Health;
- The United Nations Children's Fund (UNICEF);
- The United Nations Development Programme (UNDP); and
- The United Nations Office on Drugs and Crime (UNODC).

Mr Pascal Villeneuve, UNICEF Associate Director for Programme Partnerships, noted that the new UNICEF child protection strategy placed strong emphasis upon the strengthening of evidence-based approaches, and that the prevention of violence against children is a fundamental aspect of child protection. Participation in the VPA would help ensure that UNICEF is integrated into efforts to build social consensus on the need to prevent violence against children and efforts to develop monitoring systems.

Commenting upon UNDP's decision to join the VPA, Mr Paul Eavis, Adviser on Armed Violence Prevention to the UNDP's Bureau for Crisis Prevention and Recovery, noted that the long track record of working with WHO in the Armed Violence Prevention Programme made the decision to join VPA an easy one. He outlined UNDP's lead role in encouraging the UN systems and its Member States to better appreciate the relationship between armed violence and development, and noted that while many organizations have mobilized to prevent armed violence through evidence-based interventions, responses need to be scaled up.

Ms Valerie Sagant, ICPC Director General, said the VPA terms of reference complement and reinforce the mission of the ICPC, which would bring to VPA the potential of increasing access to violence prevention stakeholders from the criminal justice, policing and security sectors, which to date were under-represented in the VPA membership.

Created in 1994, ICPC is the only international organization working specifically on crime prevention and community safety.

Written messages highlighting the synergy between the VPA aims and those of their own organizations were received from Mr Sandeep Chawla, Director, Division for Policy Analysis and Public Affairs at UNODC, and Ms Anne-Grete Kvanig of the Norwegian Directorate for Health, both of which also announced their decision to become formal VPA participants.

Mr Alexandre Marc, Coordinator of the World Bank's newly established Conflict, Crime and Violence Team in the Bank's Social Development Department, described the Team's main aims as including: violence prevention advocacy with World Bank colleagues; demonstrating the value of violence prevention for development; responding to demand from client countries; integrating violence prevention into the conflict prevention and fragile countries strategy; integrating violence prevention into urban development strategy; and enhancing awareness of the issue in social sectors. He indicated that the VPA terms of reference had a natural fit with these aims and therefore that the World Bank would very likely be joining the VPA in the coming months.

Mr Christopher Lamb, Special Adviser to the International Federation of Red Cross and Red Crescent Societies (IFRC), also indicated that IFRC intended to join the VPA. He said that a 2008 IFRC conference identified violence, particularly in urban settings, as a looming challenge in the decades to come, and that IFRC's national societies had much to contribute to its prevention and the provision of victim services.

Next steps in the European Region

After reviewing data on inequalities in interpersonal violence in Europe, Dr Dinesh Sethi reviewed the *Framework for action in Europe: Resolution RC55/R9* and *Council Recommendation on Prevention of injuries in the European Region*, and highlighted the gap in policy responses to youth violence in Europe. He described the network of focal persons for violence and injury prevention in 49 of 53 Member States and the main violence prevention activities for the region in 2009-2010. He pointed out that country-level demand for country work has increased tenfold in the last six years, and listed several forthcoming activities with countries, such as national policy development projects, surveys of adverse childhood experiences in young adults in four countries, and capacity building using TEACH-VIP in 10 countries.

Concluding Comments

The meeting was concluded by Dr Ala Alwan, who summed up the meeting and reviewed how far it had achieved its objectives:

- First, convergence between key players around data-driven, evidence-based violence prevention was advanced through launch of *Violence prevention: the evidence*, and by state-of-the-science presentations on violence prevention programmes from Brazil, Lithuania, Mexico, South Africa, the United Kingdom,

and the United States of America which provided inspiring examples of data-driven, evidence-based violence prevention in action.

- Second, the seeds of a violence prevention donor network were planted during a funders' workshop.
- Third, agreement was reached on strategies for strengthening global violence prevention coordination, including through the preparation of a five-year action plan for the field; a global status report on violence prevention, and a strengthened political mandate, perhaps through a UN General Assembly resolution calling for an integrated approach to violence prevention.
- Fourth, the VPA was strengthened with the Norwegian Ministry of Health, UNDP, UNICEF, UNODC and ICPC joining as formal participants, while the IFRC and the World Bank's newly established Conflict, Crime and Violence Team indicated their intention to join.