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DRAFT PLAN OF ACTION ON VIOLENCE PREVENTION IN AFRICA

1.0 INTRODUCTION

1. Violence is an extremely complex phenomenon that has its roots in the interaction of many factors- biological, social, cultural, economic and political. Violence has been with us since time immemorial. War has made countries in Africa even more keenly aware of the importance of addressing the underlying causes of violence and ensuring that individuals, families, communities and societies are strengthened and supported in ways that will prevent all forms of violence. While there may be many different causes of violence one common feature of violence is the health effects it causes to millions of people in Africa. These effects include injuries, psychological and mental problems, disability and death.

2. It is now generally agreed that violence, especially one that results in physical and mental injuries, constitutes a human rights violation, and that it has the negative impact on the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as well as the enjoyment of other human rights as enshrined in the United Nations' Commission on Human Rights Resolution 2003. Among other things the Commission's Resolution highlighted the importance of enhancing the international community's response to violence by strengthening prevention efforts at the national level and through international cooperation and recommended that the General Assembly declare *2007 -The United Nations Year for Violence Prevention*. Similarly, the African Union has put prevention and reduction of violence among its top priorities as articulated in its Vision, Mission and Strategic Framework of 2004-2007. Moreover, earlier legal instrument such as the African Charter on Human and Peoples' Rights; the African Charter on the Rights and Welfare of the Child; and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa underline the need for addressing the issue of violence through appropriate policies and strategies.

3. Women and girls constitute the majority of the victims of violence. To address this particular social problem of women in Africa, Article 4, Sub-article 2 of "The Protocol to the African Charter on the Rights of Women in Africa (2003)"; urges Member States to:

- a) enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public;
- b) adopt such other legislative, administrative, social and economic measures as may be necessary to ensure the prevention, punishment and eradication of all forms of violence against women;

- c) identify the causes and consequences of violence against women and take appropriate measures to prevent and eliminate such violence;
- d) actively promote peace education through curricula and social communication in order to eradicate elements in traditional and cultural beliefs, practices and stereotypes which legitimize and exacerbate the persistence and tolerance of violence against women;
- d) punish the perpetrators of violence against women and implement programmes for the rehabilitation of women victims;
- f) establish mechanisms and accessible services for effective information, rehabilitation and reparation for victims of violence against women;

4. In order to prevent and limit violence there are, traditionally, religious, philosophical, legal and communal systems which have been put in place in almost every society. This demonstrates the society's conviction that violence can be prevented and its impact can be reduced. The factors that contribute to violent responses –whether they are factors of attitudes and behaviors or related to larger social, economic, political and cultural conditions –can be changed.

5. The public health approach to violence emphasizes collective action. Its cooperative efforts from such diverse sectors as health, education, social services, justice and policy are necessary to solve what are usually assumed to be purely medical problems. Each sector has an important role to play in addressing the problem of violence and collectively, the approaches taken by each have the potential to produce important reductions in violence. Investing in multi sectoral strategies for the prevention of interpersonal violence is not only a moral imperative but also makes sound scientific, economic, political and social sense, and that health sector leadership is both appropriate and essential given the clear public dimensions of the problem and its solutions.

1.1 DEFINITION OF VIOLENCE

6. **WHO** defines **violence** as “The intentional use of physical force or power, threatened or actual, against oneself, another person or group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation, excluded in the definition are unintentional injuries, such as Road traffic accidents and Burns.” The nature of the violent acts can be physical, sexual, and psychological and may also involve deprivation and neglect.

7. As regards "Violence against women" the African Union Protocol to the African Charter on Human And Peoples' Rights on the Rights of Women in Africa defines the term "...all acts perpetrated against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on

or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war”;

1.2 CAUSES OF VIOLENCE

8. As pointed out in the introductory paragraph, violence is an extremely complex phenomenon that has its roots in the interaction of many factors- biological, social, cultural, economic and political. Using the ecological model, the *World Report on Violence and Health*, tries to understand the multifaceted nature of violence. The model assists in examining factors that influence behavior or which increase the risk of committing or being a victim of violence- by dividing them into four levels.

- **Individual**- The first level identifies biological and personal history factors that influence how individuals behave and increase their likelihood of becoming a victim or perpetrator of violence. Factors that can be measured or traced include demographic characteristics (age, sex, education, income), psychological or personality disorders, substance abuse, victim of child maltreatment and a history of behaving aggressively or experiencing abuse.
- **Relationship**- The second level looks at close relationships such as those with family, friends, intimate partners and peers, and explores how these relationships increase the risk of being a victim or perpetrator of violence. Risk factors are poor parenting practices, marital discord, violent parental conflict, low socio economic status, and friends that engage in violence.
- **Community**- The third level explores the community contexts in which social relationships occur, such as schools, workplaces, and neighborhoods, and seek to identify the characteristics of these settings that increase the risk of violence. Factors such as poverty, high residential mobility, population density, high levels of unemployment or the existence of a local drug trade, high levels of crime, weak institutional policies and inadequate victims care services.
- **Societal** – the fourth level looks at the societal factors that help create a climate in which violence is encouraged or inhibited. These include the availability of weapons and social and cultural norms. Such norms that give priority to parental rights over child welfare, those that regard suicide as a matter of individual choice, those that entrench male dominance over women and children, those that support the use of excessive force by police against citizens and those that support political conflict. Larger societal factors also include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. So poverty, rapid social change, gender inequality, economic inequality, weak economic safety nets, high firearm availability, poor rule of the law, conflict and post conflict are important factors.

1.3 VIOLENCE AND HEALTH

10. The World Health Assembly resolution of 1996 (WHA49.25) recognized the increasing importance of violence as a leading worldwide public health problem and urged Member States to assess the problem within their own territory and communicate to WHO their information about this problem and requested the Director-General to initiate relevant public health activities to address the problem of violence.

11. Violence has many health effects which include injuries, psychological and mental problems, disability and death. There are four main areas where violence and HIV overlap:

- Forced sex may directly increase women's risk for HIV through physical trauma.
- Violence and threats of violence may limit women's ability to negotiate safe behavior.
- Sexual abuse as a child may lead to increased sexual risk taking as an adolescent/adult.
- Women who test for HIV and share the test results with partners may be at increased risk for violence.

1.4 AU COMMITMENTS

12. The First Session of African Union (AU) Conference of Ministers of Health, which took place in Tripoli, Libya in April 2003, considered the World Report on Violence and Health published by the World Health Organization in 2002 and made some recommendations to the Executive Council and Assembly in Maputo, Mozambique for adoption. The Executive Council endorsed the recommendations and requested AU Member States to declare **2005** as the "**African year of Prevention of Violence**". The Executive Council further urged Member States to prioritize the development and implementation of multi-sectoral plans of action for the prevention of violence and enhanced systems for the collection of data on violence.

13. The AU has been a key partner in the continent and the AU Commission in collaboration with the WHO prepared a Draft Report on the Situation Analysis of Violence and Health in Africa which is yet to be finalized. The report analyzes the scope and magnitude of violence in the region and a reflection on what prevention initiatives exist. The report was also intended to provide the basis for a Continental Strategy for Violence Prevention and Control in Africa.

2.0 JUSTIFICATION

14. In addition to the positive benefits that effective violence prevention can have for the quality of individual, family, community and social life, the potential financial savings are also enormous. By establishing effective prevention measures, many aspects of life

could be improved for populations from the money currently spent on treating the consequences of violence. By improving care services for those who become victims of violence, much can be done to minimize the severity of their physical and psychological injuries and increase the likelihood that they can return to productive and fulfilling lives as true survivors.

3.0 OBJECTIVES

15. The overall goal of the Plan of Action is contribute to the improvement of health in Africa. Its objective is to enhance violence prevention and care of victims through raising awareness about the problem of violence in Africa, and to make the case that violence is preventable and that public health has a crucial role to play in addressing its causes and consequences. Strengthening the health care services system to deal with violence will also be a key component.

4.0 PREVENTION OF VIOLENCE

16. A major obstacle to violence prevention is simply an absence acknowledgment of the full extent of the violence problem. The idea that violence is a public health problem is new- and indeed rather contrary to the traditional belief that violence is not a crime punishable by law. The notion that violence is preventable is also new and may be questionable for some decision-makers. Not many decision-makers have seen the evidence that many forms of violence are preventable. Many of them feel that the traditional approaches of the criminal justice systems are the only ones that “work”. Such a view fails to acknowledge the range of violence in society. There is need for research to demonstrate that violence is preventable. Research can show that policy options for tackling violence exist.

17. Violence is an extremely emotional issue and many countries tend to be reluctant to take initiatives challenging long established attitudes or practices. It can take considerable political courage to try new approaches in areas such as policing and public security.

18. Whatever the case may be, there is a strong role to be played by government agencies, public health practitioners, academic institutions, nongovernmental organizations and international organizations, to help prevent violence and develop workable violence prevention strategies. Part of this role is advocacy, using education and evidence –based information. The other part is as a partner or consultant, helping to develop policies and design or implement interventions. Providing needed resources for the implementation of these interventions is still another area of consideration for concerned partners and stakeholders.

5.0 CONFLICT PREVENTION

19. The effects of war on physical health are well documented, but the numbers of the dead and wounded is only the tip of the iceberg in as far as the impact of armed conflict on individuals is concerned. Wars lead to large-scale displacements, mainly

involving the most vulnerable members of the population (women, children, the sick and the elderly). It is also responsible for many forms of violence ranging from rape, body mutilations and destruction of essential infrastructure. Mortality rates for the displaced persons and refugees are 15 to 25 times higher than the corresponding rates in their places of origin.

20. A review of the available data on war and the health status in conflict and post-conflict situations reveal high maternal mortality, infant mortality, and malnutrition as major societal problems. In this context countries should endeavor to address the issue of conflict by, among other things, putting in place early warning systems and preparedness plans.

6.0 MANAGEMENT AND CONTROL OF VIOLENCE

21. Strengthening the Health System to perform the following roles:

- **Minimizing harm**- when an act of violence cannot be prevented, high quality health services can minimize all forms of harm caused to the victim.
- **Victim Identification**-only when victims are known can comprehensive services be provide and harm mitigated. Harm will be reduced when the medical, psychological, social and legal needs are all met. This requires collaboration with other sectors.
- **Treatment and Care for Victims** – it is not enough to identify victims of violence; it is also essential to provide timely treatment – physical, social, psychiatric, and emotional. They also need to receive care, support and rehabilitation services. Some of the victims, for example those affected by rape and sexual assault, may require long-term treatment and care.
- **Maintaining a data base**- it is also essential to a complete record of cases, principal causes of violence and actions taken actions taken to

7.0 KEY STRATEGIC AREAS

22. Experience has shown that it is important to conduct early and ongoing consultations with religious and traditional leaders, lay groups and prominent figures in the community in order to prevent and mitigate violence.

7.1. Strengthening National Commitment and Action

23. This may include:

1. Promote Gender equality and women's human right's, in line with relevant international treaties and human rights mechanisms, including women's access to property and assets, and expanding educational opportunities for girls and young women.

2. Enlist social, political, religious and other leaders in speaking out against violence.
3. Enhance capacity and establish systems for data collection to monitor violence and the attitudes and beliefs that perpetuate the practice.

24. Although support and care services for victims are important in mitigating the physical and psychological consequences of interpersonal violence and reducing individual vulnerability, considerable attention needs to be given to preventing the development and perpetration of violent behaviour in the first place.

25. Promoting the primary prevention of interpersonal violence involves encouraging and supporting the development, implementation and evaluation of programmes explicitly designed to stop its perpetration.

7.2. Primary Prevention of Violence

26. Under this section consideration should be given to the following:

1. **Investing in early interventions-** Prevention programmes targeted at children or those who influence them during early development, have the potential to shape the attitudes, knowledge and behaviour of children while they are more open to positive influences, and to affect lifelong behaviours. Pre-school enrichment and home visitation programmes, and school-based social development programmes that teach children social and problem- solving skills have been found to be effective in reducing youth violence.
2. **Increasing family involvement-** Inadequate monitoring, supervision and parental involvement in the activities of children and adolescents are well established risk factors for youth violence. There is evidence that a warm, supportive relationship with parents or other adults is protective against antisocial behaviour.
3. **Strengthening Communities-** The community is the environment in which individuals and families interact, and the extent to which it condones or censures violence and its associated risk behaviors (for example drunkenness) will be an important consideration in prevention efforts. Interventions to reduce the availability of alcohol, through restrictions on marketing approaches aimed at increasing alcohol consumption. Increasing the availability and quality of childcare facilities may help to promote healthy development and facilitate success in school, while the creation of safe routes for children on their way to and from school and to other activities in the community can prevent victimization.
4. **Discouraging harmful social and cultural practices-** it is important to address norms that associate violent behaviour with masculinity.

Cultural norms can be a source of protection against violence, as in the case of long held traditions that promote equality for women or respect for the elderly.

5. **Reducing income inequality-** The juxtaposition of extreme poverty with extreme wealth appears to be universally associated with interpersonal and collective violence.
6. **Improving the criminal justice and social welfare systems-** maintaining a fair and efficient criminal justice system contributes to the general deterrence of violence. Social welfare institutions that provide basic support for individuals and families in dire economic circumstances may serve to mitigate the effects of income inequality.

7.3. Promote Primary Prevention Strategies:

27. Here recommended actions will include, among others:

1. Develop, implement and monitor programmes aimed at primary prevention of violence. These should include sustained public awareness activities aimed at changing the attitudes, beliefs and values that condone violence as normal and prevent it being challenged or talked about.
2. Give higher priority to combating sexual abuse of girls and boys in public health programmes, as well as responses by other sectors such as the judiciary, education, and social services.
3. Integrate responses to violence against women into existing programmes for the prevention of HIV and AIDS, and for the promotion of adolescent health.
4. Make physical environments safer for women and children, through measures, such as identifying places where violence often occurs, improving lighting and increasing police and other vigilance.
5. Make schools safer, by involving education systems in anti violence efforts, including eradicating teacher violence as well as engaging in broader anti-violence efforts.
6. Develop a comprehensive health sector response to the various impacts of violence and in particular address the barriers and stigma that prevent abused persons to seek help. This includes supporting mental health services to address violence against women and children as an important underlying factor in women's mental health problems.

7. Use reproductive health services as entry points for identifying and supporting women in abusive relationships and for delivering referral or support services.
8. Strengthening formal and informal support systems for women living with violence.
9. Sensitize legal and justice systems to the particular needs of women victims of violence.
10. Support and promote further research on the causes and consequences of violence against women and on effective prevention measures.

7.4 Promote Social and Gender Equality and Equity to Prevent Violence

28. Unequal power relations are the main cause of violence. Gender and social inequalities and inequities, are related to many of the risk factors themselves, particularly at the societal level of the ecological model. They can exacerbate other risk factors across the ecological levels to facilitate conditions in which violence can thrive. Conversely increased equality and equity can multiply the effects of protective factors to reduce the level of violence.

29. Policy development and implementation can make important contributions to achieving social and gender equality and equity. Policy can both provide legal protection from discrimination and improve the access of groups to opportunities and resources. Though positive policy measures are one key step towards equitable social conditions, it is important to remember that inequities are not the result of poor policies alone, but also of discriminatory attitudes and social norms. Changing policy will have some impact on social norms, but the involvement and commitment of leaders and policy makers, along with public awareness campaigns, social marketing and other communications strategies, are often required to bring about sustained efforts for social change.

30. Social policies are those policies that establish welfare and social protection programmes to safeguard the well being of citizens; and may be directed either at the general public or at certain groups(such as the young and the elderly). Outcomes of social policy that are particularly relevant to violence prevention due to their bearing on cross cutting risk factors include:

- Increased access to and quality of early childhood education and care
- Improved access to primary and secondary education, including adequate resource allocation for education;
- Reduced unemployment rates;

- Stronger social- protection systems(for example, social security for the elderly and disabled, health insurance, child care, income and /or food supplementation, and unemployment benefits).

7.5 Develop/Implement Appropriate Gender & Youth Policies

31. In addition to being essential for fulfilling human rights, especially women's human rights, promoting gender equality and equity is a critical component of violence prevention. Discrimination based on gender and unfair distribution of opportunities, power and resources between and among men and women are underlying causes of interpersonal violence. Violence against women (VAW) cuts across all types of interpersonal violence and must be addressed as a component of gender inequality and inequity. VAW is not only a manifestation of unequal power relations between men and women; it is a mechanism for perpetuating inequality. The violence directed at women and girls, often because they are female, can prevent them from obtaining equal status and full enjoyment of their human rights. As stated in the Beijing Platform for Action, fear of this violence can function as a barrier that limits women's access to opportunities and resources. Specific measures to address and eliminate VAW should be incorporated into any strategy for the promotion of gender equality and equity.

7.6. Advocacy for Effective Social and Gender Policies

32. Promoting social and gender equality and equity through social and gender policy requires convincing decision makers to implement policies that may take years to bring about the desired results. Advocates need to understand what type of arguments and rationales motivate decision –makers responsible for these policy areas and to tailor their strategy accordingly with a mixture of human rights, health and cost/benefits arguments. To understand this, it is important to understand the local context within which policy is created, adopted and implemented by the government as well as the social and political environment.

7.7. Strengthening Support and Care Services for Victims

33. In addition to promoting the primary prevention approaches to interpersonal violence, providing quality support and care services to victims are an essential component of any response to interpersonal violence. Appropriate services for victims of non-fatal violence can prevent future fatalities, reduce the amount of short-term and long-term disability, and help those affected to cope with the impact of violence on their lives. The specific aims of strengthening such services are to:

- Treat injuries and minimize harm and suffering in both short-term and long-term;
- Reduce the likelihood of secondary victimization- both intentional and unintentional- by service providers;

- Facilitate redress through criminal justice system where possible;
- Reduce the likelihood that individuals will suffer repeat victimization in the future and the likelihood that victims themselves will become perpetrators.

7.8. Research and Information

34. It is extremely important to base policies and actions on solid evidence through:

- Conducting and disseminating public health oriented research into the extent, causes and consequences of violence and injuries;
- Encouraging research to identify, support and develop best practice examples for primary prevention and for victim support and care services;
- Building capacity among African researchers to address violence and injuries.

7.9. Monitoring and Evaluation

35. Appropriate monitoring and evaluation mechanisms and instruments should be put in place to track progress and status of implementation by Member States, development partners and all stakeholders.

8.0 ROLES OF DIFFERENT INSTITUTIONS

36. The complex nature of violence necessitates concerted efforts by various actors and stakeholder in its prevention, protection and reduction of the negative impacts of violence on health and overall social security.

8.1. Member States

- Member States have the responsibility to translate the plans into concrete actions and to reduce the impact of violence on public health;
- They need to put adequate resources for the prevention and elimination of causes of violence;
- Member States and civil society organizations should monitor and evaluate national level performances in the control of all forms of violence

8.2. Role of the African Union (AU) and Regional Economic Communities (RECS)

37. As umbrella continental organizations the AU and the RECs will continue to:
- the advocate for the adoption and implementation of the strategy for violence prevention
 - monitor and evaluate progress
 - compile and disseminate best practices and create forum for the sharing of experiences and best practices;
 - mobilize political will and create enabling environment for the mobilization of needed resources;

8.3. Development Partners

- Development partners including WHO, UNFPA, ICRC, and other UN agencies can provide technical, financial and expertise assistance to Member States, RECs and other stakeholders.
- The necessary enabling conditions should be created in order for development partners to play supportive role.

ANNEX 1:**GUIDELINES FOR DEVELOPING A NATIONAL PLAN OF ACTION FOR VIOLENCE PREVENTION**

A National plan of Action for preventing violence and improving care and support is the blueprint that provides the different sectors involved with a set of common goals, a shared time frame, a strategy for coordinating activities, and a framework for evaluation. Such a national plan is therefore the key to organizing national and community –level interventions that involve more than one objective and which depend upon the input of participants from different sectors.

In most countries health authorities carry the main responsibility of health promotion and diseases prevention. It is therefore desirable that wherever possible the health ministry should take the lead in developing a national plan of action, while at the same time facilitating multi-sectoral involvement with the other main stakeholders.

The content of a national plan of action refers to the precise activity areas and topics addressed and this must reflect local realities, as well as developments in the understanding and prevention of violence. It is important to consider the five recommendations of the World Report on Violence and Health as the potential activity areas. These recommendations are:

- Increasing the capacity for collecting data on violence;
- Researching violence-its causes, consequences, and prevention;
- Promoting the primary prevention of violence;
- Promoting Social and Gender equality and equity to prevent violence;
- Strengthening support and care services for victims.

A Plan of Action should specify goals for each of the activity areas above, objectives and strategies for achieving them, and measurable progress indicators. Any effective national plan of action is likely to be multi-sectoral, developing inter-sectoral leadership in violence prevention across all levels of the programme. To facilitate efficient and meaningful collaboration, the plan of action must clearly identify the roles and responsibilities of each stakeholder in each one of these activity areas. For instance, an inter-ministerial task force for the prevention of violence could be formally established through an agreement that obliges different ministries to collaborate in the prevention of violence under the overall leadership of the Ministry of Health.

ACTION STEPS IN DEVELOPING A NATIONAL PLAN OF ACTION

No matter which stage a country has reached on the violence prevention path, a national plan of action can be developed. The primary resource requirement is a small unit preferably with an influential individual within the Government (preferably within the Health Ministry) or a Government –contracted consultant specific terms of reference to implement the following Action Steps:

1. Identify and consult Key stakeholders
2. Draft a national situational analysis on violence and health
3. Convene a national consultative conference
4. Revise and finalize the plan of action
5. Obtain endorsement for the plan of action
6. Implement, monitor and report on the progress.

The important message is that both multi-sectoral involvement and clear leadership are essential to the success of national efforts to prevent violence. As with every new public health challenge, initially there will be resistance on the ground to implement the suggestions that might be made. It might be argued that they will cost too much and cannot be contemplated in the face of more important health priorities such as HIV/AIDS, Malaria or Tuberculosis.