ROLES AND RESPONSIBILITIES of WHO/Health Action in Crises in relation to SCR 1325

Sexual and gender based violence has been reported to be increasing in crises situations especially those characterised by armed conflict and political instability. WHO embraced the resolution1325 on women, peace and security adopted by the security council at its 4213th meeting on the 13th of October 2000 as it is linked to the endorsed WHA 49.25 resolution on prevention of violence as a public health priority.

WHO's mandate

The WHA 49.25 endorsed the call made at the declaration of the summit of the World summit for social development for the introduction the introduction and implementation of specific policies and programmes of public health and, social services to prevent violence in society and mitigate its effect. It also endorsed the recommendations made at the International conference on population and development (Cairo, 1994), the fourth conference on Women (Beijing, 1995) and, the call by the scientific community in the Melbourne declaration adopted at the third international conference on injury prevention and control (1996) for increased international cooperation in ensuring the safety of the citizens of the world.

Recognizing that WHO, the major agency for coordination of international work in public health, has the responsibility to provide leadership and guidance to member states in developing public health programmes to prevent violence, WHO is pushing forward the agenda on women, peace and security through a comprehensive response to sexual and gender based violence by promoting activities to tackle the problem at both international and country level at different tiers of health care.

Roles and activities related to resolution 1325

At the global level, WHO has taken steps to improve the recognition, reporting and management of the consequences of violence, promote greater intersectoral involvement in the prevention and management of violence and promoted research on violence in conjunction with UNFPA is working to establish a surveillance system that will include assessment mechanisms for the establishment of sexual violence and exploitation prevalence through a workshop to be held in October, in New York. Further inter agency work is on going, through the newly established advocacy "stop rape" campaign. The advocacy campaign is an effort to propagate the resolution1325 call (number 10) on all parties to armed conflict to take special measure to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict.

A united nations system-wide work programme on scaling-up HIV/AIDS services for populations of humanitarian concern is also been developed which addresses issues pertaining to gender equality, peace and development linking to violence and protection, in its programming.

The security council requested in resolution1325 (number 6) the SG to provide member states with training guidelines and materials on the protection, rights and the particular needs of women, as well as on the importance of involving women in all peace keeping and peace building measures. It also invited member states to incorporate these elements as well as HIV/AIDS awareness training into their national training programmes for military and civilian police personnel in the preparation for deployment, and also that the SG has to ensure that civilian personnel of peace keeping operations receive similar training.

Based on this request WHO has worked in collaboration with other agencies and NGOs through the Interagency Standing committee (IASC) task force on gender and humanitarian assistance and the IASC on HIV/AIDS interventions task force to develop guidelines and training materials on Sexual and gender based violence and HIV/AIDS which are currently in circulation and available for public use (refer to OCHA, UNAIDS and WHO -HAC websites http://who.int/hac/techguidance/pht/sgbv/en/index.html

¹ Hbk res., Vol.1.11 (Sixth plenary meeting, 25 may 1996-committee B, fourth report.

At country level WHO has initiated public health activities to address the problem of violence. In accordance to resolution 1325 (number 6 and 7), WHO in conjunction with UNFPA and NGOs has provided technical and logistical support for gender-sensitive training efforts², including training of health care professionals in the clinical management of SGBV cases, Training of journalists, civil servants, police and military officers, policy makers and SGBV survivors in Kindu and Kalemie zones of DRC. Additionally, though advocacy SGBV has been incorporated in the DRC 2005 consolidated appeal process. The same programmes are being replicated in Liberia.

Furthermore, WHO (in line with resolution1325 number 8) worked in collaboration with other agencies has participated in managing special needs of women in the repatriation and resettlement and reintegration, post-conflict reconstruction in Burundi. An essential service package for the management of SGBV and, SGBV training modules have been developed in the process.

Further training on HIV/AIDS interventions in emergency situations, has been conducted in Sierra Leone that included peace keepers, programme officers and government officials.

² UN Security Council resolution < dist.: General 31st October, 2000.