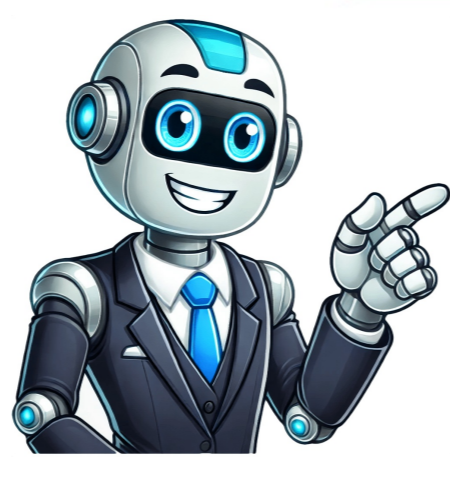


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At the 75th World Health Assembly in 2022, Member States adopted new recommendations for the prevention and management of obesity and endorsed the WHO Acceleration Plan to Stop Obesity. (A75 REC1) . The WHO Acceleration Plan to Stop Obesity is designed to stimulate and support multi-sector country level action across the globe. Drawing on policies that are already tried, tested and based on implementation and delivery science, the plan offers the prospect of a step change in delivery and impact in the effort to tackle the growing crisis of obesity. The present brochure is a general information and concise advocacy tool to inform stakeholders, countries, as well as the donor community and society at large on the content and unfolding of the Acceleration Plan and can accompany related activities. Skip to main content Transforming mental health for all Mental health is critically important to everyone, everywhere. All over the world, mental health needs are high but responses are insufficient and inadequate. This "World Mental Health Report" is designed to inspire and inform better mental health for all. Drawing on the latest evidence available, showcasing examples of good practice from around the world, and voicing people's lived experience, it highlights why and where change is most needed and how it can best be achieved. It calls on all stakeholders to work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health. Mental health is a lot more than the absence of illness: it is an intrinsic part of our individual and collective health and well-being. As this "World Mental Health Report" shows, to achieve the global objectives set out in the WHO "Comprehensive mental health action plan 2013-2030" and the Sustainable Development Goals, we need to transform our attitudes, actions and approaches to promote and protect mental health, and to provide and care for those in need. We can and should do this by transforming the environments that influence our mental health and by developing community-based mental health services capable of achieving universal health coverage for mental health. As part of these efforts, we must intensify our collaborative action to integrate mental health into primary health care. In so doing, we will reduce suffering, preserve people's dignity and advance the development of our communities and societies. Our vision is a world where mental health is valued, promoted and protected; where mental health conditions are prevented; where anyone can exercise their human rights and access affordable, quality mental health care; and where everyone can participate fully in society free from stigma and discrimination. Skip to main content Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers. Globally, it is estimated that up to 1 billion children aged 2-17 years, have experienced physical, sexual, or emotional violence or neglect in the past year (1). Experiencing violence in childhood impacts lifelong health and well-being. Target 16.2 of the 2030 Agenda for Sustainable Development is to "end abuse, exploitation, trafficking and all forms of violence against, and torture of, children". Evidence from around the world shows that violence against children can be prevented. Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child's development. Maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages. Bullying (including cyber-bullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online. Youth violence is concentrated among children and young adults aged 10-29 years, occurs most often in community settings between acquaintances and strangers, includes bullying and physical assault with or without weapons (such as guns and knives), and may involve gang violence. Intimate partner violence (or domestic violence) involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called "dating violence". Sexual violence includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation. Emotional or psychological violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. When directed against girls or boys because of their biological sex or gender identity, any of these types of violence can also constitute gender-based violence. Impact of violence Violence against children has lifelong impacts on health and well-being of children, families, communities, and nations. Violence against children can result in death. Homicide, which often involves weapons such as knives and firearms, is among the top four causes of death in adolescents, with boys comprising over 80% of victims and perpetrators. Lead to severe injuries. For every homicide, there are hundreds of predominantly male victims of youth violence who sustain injuries because of physical fighting and assault. Impair brain and nervous system development. Exposure to violence at an early age can impair brain development and damage other parts of the nervous system, as well as the endocrine, circulatory, musculoskeletal, reproductive, respiratory and immune systems, with lifelong consequences. As such, violence against children can negatively affect cognitive development and results in educational and vocational under-achievement. Result in negative coping and health risk behaviours. Children exposed to violence and other adversities are substantially more likely to smoke, misuse alcohol and drugs, and engage in high-risk sexual behaviour. They also have higher rates of anxiety, depression, other mental health problems and suicide. Lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV. Contribute to a wide range of non-communicable diseases as children grow older. The increased risk for cardiovascular disease, cancer, diabetes, and other health conditions is largely due to the negative coping and health risk behaviours associated with violence. Impact opportunities and future generations. Children exposed to violence and other adversities are more likely to drop out of school, have difficulty finding and keeping a job, and are at heightened risk for later victimization and/or perpetration of interpersonal and self-directed violence, by which violence against children can affect the next generation. Risk factors Violence against children is a multifaceted problem with causes at the individual, close relationship, community and societal levels. Important risk factors are: Individual level: biological and personal aspects such as sex and age, lower levels of education, low income, having a disability or mental health problems, identifying as or being identified as lesbian, gay, bisexual or transgender, harmful use of alcohol and drugs, a history of exposure to violence. Close relationship level: lack of emotional bonding between children and parents or caregivers, poor parenting practices, family dysfunction and separation, being associated with delinquent peers, witnessing violence between parents or caregivers, early or forced marriage. Community level: poverty, high population density, low social cohesion and transient populations, easy access to alcohol and firearms, high concentrations of gangs and illicit drug dealing. Society level: social and gender norms that create a climate in which violence is normalized, health, economic, educational and social policies that maintain economic, gender and social inequalities, absent or inadequate social protection, post-conflict situations or natural disasters, settings with weak governance and poor law enforcement. Prevention and response Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society). Under the leadership of WHO, a group of 10 international agencies have developed and endorsed an evidence-based technical package called INSPIRE: Seven strategies for ending violence against children. The package aims to help countries and communities achieve SDG Target 16.2 on ending violence against children. Each letter of the word INSPIRE stands for one of the strategies, and most have been shown to have preventive effects across several different types of violence, as well as benefits in areas such as mental health, education and crime reduction. INSPIRE: Seven strategies for ending violence against children The seven strategies are: Implementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms); Norms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behaviour among boys); Safe environments (such as identifying neighbourhood "hot spots" for violence and then addressing the local causes through problem-oriented policing and other interventions); Parental and caregiver support (for example, providing parent training to young, first time parents); Income and economic strengthening (such as microfinance and gender equity training); Response services provision (for example, ensuring that children who are exposed to violence can access effective emergency care and receive appropriate psychosocial support); and Education and life skills (such as ensuring that children attend school, and providing life and social skills training). WHO response A May 2016 World Health Assembly resolution endorsed the first ever WHO Global plan of action on strengthening the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. According to this plan, WHO in collaboration with Member States and other partners, is committed to: Monitoring the global magnitude and characteristics of violence against children and supporting country efforts to document and measure such violence. Maintaining an electronic information system that summarizes the scientific data on the burden, risk factors and consequences of violence against children, and the evidence for its preventability. Developing and disseminating evidence-based technical guidance documents, norms and standards for preventing and responding to violence against children. Regularly publishing global status reports on country efforts to address violence against children through national policies and action plans, laws, prevention programmes and response services. Supporting countries and partners in implementing evidence-based prevention and response strategies, such as those included in INSPIRE: Seven strategies for ending violence against children. Collaborating with international agencies and organizations to reduce and eliminate violence against children globally, through initiatives such as the Global Partnership to End Violence against Children, Together for Girls and the Violence Prevention Alliance. References (1) Global prevalence of past-year violence against children: a systematic review and minimum estimates. Hillis S, Mercy J, Amobi A, Kress H. Pediatrics 2016; 137(3): e20154079. Skip to main content Skip to main content All of us, at some point in our lives, will have an injection to retain or restore good health. But sometimes injections that are intended to promote health do the opposite. This happens when they are given in an unsafe way - using the same needle or syringe to give injections to more than one person. Practices like this can lead to the transmission of life-threatening infections. Patients and communities can play their part in safe injections by being aware of the risks of unsafe injections, the benefits of taking medicines by mouth and how to ask health care providers to consider alternatives to injections and where they are necessary, ensure that injections are delivered with a syringe and needle opened from new packets. WHO has issued a number of evidence-based recommendations to support the implementation of safe injection practices. These policies, guidelines and best practice documents are available for download by a range of target audiences. WHO has also published the WHO guideline on the use of safety-engineered syringes for intramuscular, intradermal and subcutaneous injections in health care settings, the first evidence-based policy document that specifically addresses the use of safety-engineered injection devices for therapeutic injections. It complements and expands previously issued WHO guidance. It is expected that the evidence-based policy guidance will additionally contribute to preventing the re-use of syringes on patients and to a decrease in the rate of needle-stick injuries in HCWs related to injection procedures, thus contributing to the prevention of infections transmitted due to unsafe injections. Job aids illustrating key steps for each of the blood drawing procedures were developed to make the phlebotomy guidelines more user friendly. These job aids are meant for end-users in order to have information readily available. The cards and their holder can be printed, cut and folded to fit in a pocket. This Aide Memoire is for policy makers, immunization programme managers, infection prevention and control (IPC) focal points at national, sub-national,...