

71st World Health Assembly

Statement on the World Health Organization's 13th General Programme of Work Agenda Item 11.1

World Vision would like to commend the World Health Organization and Member States on the draft I 3th general programme of work. The general programme of work is focused on critical contemporary priorities, and represents a bold and responsible assessment of the WHO's duty to promote health, keep the world safe, and serve the vulnerable.

As World Vision underlined in previous meetings, we urge WHO and Member States, when implementing the GPW, to emphasise two health issues similar in scale and for which interventions have the highest return on investment: **violence and nutrition**.

We recall the World Health Assembly's adoption of the WHO's Global plan of action to strengthen the role of the health system within a national multisectoral response in addressing interpersonal violence, in particular against women and girls, and against children.

1.7 billion children are victims of violence every year, at an estimated financial impact of \$7 trillion per year. Violence against children is a pandemic that leads to social, emotional, and cognitive impairments and the development of high-risk health behaviours causing disease, disability, social problems, and premature mortality.

We urge Member States to commit to ending all forms of violence against children, and to provide the leadership and investment required to address this health determinant, which can derail our Universal Health Coverage aspirations.

We also urge Member States and the WHO to complete the unfinished business of malnutrition. Malnutrition used to account for 1/3 of all under-5 mortality; it has climbed to represent 50% of all under-5 deaths. The US \$7 billion per year gap in investment in malnutrition is alarming.

The general programme of work includes targets in terms of billions. We encourage Member States and the global community to remember the 1.7 billion children who are currently victims of violence and the 2 billion people affected by malnutrition.



Statement on the report on the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) Agenda Item 12.3

World Vision thanks the World Health Organization and Every Woman Every Child for their report, which showcases progress, addresses the long-neglected plight of adolescents and increases our confidence that ending maternal and under-five child mortality by 2030 is possible.

We appreciate the report's emphasis on interpersonal violence and references to WHO Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. The current pandemic of violence against children affects 1.7 billion children around the globe and results in an estimated cost of \$7 trillion per year and cumulative intergenerational trauma. If this level of violence against children continues, we risk jeopardising progress and losing investments made in child survival and development, not achieving the targets of the Global Strategy, and not realising the dream of universal health coverage.

Inspiring progress is being made within health ministries to address the pandemic of violence against children. In our 2018 review of national health policy alignment with the Global Plan of Action in 24 countries, we found all to demonstrate promising practices, particularly with regard to changing gender norms and establishing violence-focused inter-ministry coordination mechanisms.

However, there is more work to be done. We urge all Member States to scale up implementation of the Global Plan of Action and make three recommendations:

- 1. Integrate the issue of violence against children into health policies and plans
- 2. Leverage ongoing health promotion programmes to change harmful social and cultural norms on violence against children
- 3. Collect regular age- and gender-disaggregated data on violence against children.

Ending violence against children is a complex task, but it is possible, and it takes health sector leadership to end the pandemic of violence against children.



Statement on the report on Maternal, Infant and Young Child Nutrition Agenda Item 12.6

World Vision welcomes the report and thanks the World Health Organization for this frank assessment of maternal, infant and young child nutrition status. We are especially pleased to note the progress of the Scaling Up Nutrition movement, NetCode, and increasing political will to address accountability for food quality.

However, malnutrition continues to be the single largest underlying cause of under-five child mortality. This report does not capture the severity of the situation. A new 2018 report by UNICEF, WHO and the World Bank, *Levels and Trends in Child Malnutrition*, estimates that there are 151 million children are stunted (global prevalence - 22.2%) 51 million children are wasted (global prevalence - 7.5%) and 38 million children are overweight (global prevalence - 5.6%). This report points at the insufficient progress to reach the World Health Assembly targets by 2025 and SDGs by 2030. It also notes that the emergence of overweight and obesity has been shaped, at least in part, by industry marketing and greater access to processed foods, along with lower levels of physical activity.

Nutrition investments, like the promotion of appropriate breastfeeding, are proven to have one of the highest rates of return amongst development investments. Despite this fact, no global fundraising initiative comes close to the projected \$7 billion annual financial shortfall required to turn the tide of malnutrition.

We urge this assembly to, when implementing the WHO General Programme of Work, treat maternal, infant and young child nutrition as a health priority and multi-sectoral effort. In the spirit of universal health coverage, malnutrition services must be equitably delivered to the most vulnerable. We recommend that Member States reinforce mechanisms of full coverage for growth monitoring and promotion services and building nutrition-specific and nutrition sensitive workforce capacity.