

### ***Tracking the World Health Organisation's Attention to Firearm Violence, 2000–2025.***

is co-published by a consortium of seven academic and civil-society institutions: **The Division of Social and Behavioural Sciences, School of Public Health, University of Cape Town**; The Gender Centre, Graduate Institute of International and Development Studies, Geneva, Switzerland; The Violence, Inequality and Power Lab, University of San Diego; The Comprehensive Injury Center, Medical College of Wisconsin; Instituto Sou da Paz in Brazil; Gun Free South Africa; Women's Institute for Alternative Development (WINAD) in Trinidad and Tobago.

Together, the study provides the most comprehensive analysis to date of how firearm violence has been addressed within WHO governance over the past 25 years.

The study has generated significant media attention recently, including articles in:

- The Trace: <https://www.thetrace.org/newsletter/coalition-asks-who-to-take-gun-violence-prevention-worldwide/>
- Geneva Solutions: <https://genevasolutions.news/global-health/gun-violence-is-bleeding-health-systems-dry-who-leadership-is-overdue>
- Health Policy Watch (Dean Peacock & Stephen Hargarten): <https://healthpolicy-watch.news/who-talks-about-violence-but-not-firearms/>
- Daily Maverick, South Africa (by Dr Sithombo Maqungo): [https://www.dailymaverick.co.za/opinionista/2026-02-10-the-toll-of-gun-violence-what-i-see-at-the-coalface/?dm\\_source=blocks-grid-square&dm\\_medium=card-link&dm\\_campaign=inform](https://www.dailymaverick.co.za/opinionista/2026-02-10-the-toll-of-gun-violence-what-i-see-at-the-coalface/?dm_source=blocks-grid-square&dm_medium=card-link&dm_campaign=inform)

### **About the Research**

Drawing on a first-ever comprehensive review of **World Health Assembly resolutions**, a systematic analysis of **WHO violence-prevention publications (2000–2025)**, and expert interviews, the report finds that:

- Firearms have **never been mentioned** in any World Health Assembly resolution, despite violence being recognised as a public-health priority since 1996;
- WHO attention to gun violence **declined markedly after the mid-2000s**, including in areas where firearms are a leading cause of death and injury;
- Significant gaps persist in WHO data, guidance, and policy leadership on firearms in relation to **femicide, violence against children, community trauma, and mental health**; and

- Gun violence remains largely absent from WHO work on **social and commercial determinants of health**, despite clear parallels with other regulated health-harming industries.

**The report makes the following ten recommendations to the WHO:**

- 1. Reaffirm and resource WHO leadership on firearm violence prevention:** Prioritise firearm violence as a preventable public-health issue; allocate sustained human and financial resources; and ensure coordination across departments and regions.
- 2. Strengthen health-sector responses and the continuum of care:** Integrate firearm-injury and suicide prevention across emergency, trauma, and rehabilitation systems, and expand hospital- and community-based violence-intervention programmes.
- 3. Integrate firearm violence into WHO's core frameworks:** Embed firearm-violence prevention within INSPIRE, RESPECT, and LIVE LIFE, ensuring firearm homicide, suicide, and injury are central to global violence- and injury-prevention strategies.
- 4. Address gender-based and youth firearm violence:** Prioritise firearm-related femicide and coercive control against women, and firearm deaths among adolescent boys and young men—who are overwhelmingly both the primary victims and perpetrators of firearm violence and suicide—through gender-transformative and youth-engagement approaches.
- 5. Protect health professionals and first responders:** Work with Member States to improve occupational safety, trauma-informed care, and psychosocial support for those treating or exposed to firearm violence.
- 6. Advance research, data, and surveillance:** Establish or support a global observatory on firearm morbidity and mortality, harmonise injury-coding systems, and close research gaps on gender, age, race, region, and long-term health impacts.
- 7. Leverage the forthcoming World Report on Commercial Determinants of Health** to further strengthen gun violence prevention efforts and public health interventions.
- 8. Promote policy coherence across international frameworks:** Support Member States in linking public-health, human-rights, and arms-control agendas by aligning with relevant global and regional mechanisms.
- 9. Champion a World Health Assembly resolution on firearm violence:** Encourage Member States to adopt a WHA resolution that mandates multisectoral action and mobilises resources for prevention, research, and survivor support.
- 10. Provide communication and advocacy guidance:** Develop evidence-based tools and messaging to advance gun violence prevention and counter misinformation—drawing on lessons from other public health initiatives.

**Establishment of the Global Coalition for WHO Action on Firearm Violence**

The report has led to the establishment of [the Global Coalition for WHO Action on Firearm Violence](#) which brings together **nearly 100 member organisations from more than 30 countries**, spanning public health, medicine, injury prevention, gender justice, human rights, arms control, and survivor advocacy. From UCT, the Division for Social

and Behavioural Science in the School of Public Health, the Gender Health and Justice Unit, and the Trauma Unit in the Department of Surgery at Groote Schuur Hospital are all members of the coalition, as well as the Rural Doctors Association of South Africa (RuDASA) and many South African civil society organisations. At the global level, the coalition includes the World Federation of Public Health Associations, the International Congress of Nurses, the American Public Health Association, and many gun violence prevention centres at universities across the world.

The Coalition is guided by a **Steering Committee of internationally recognised leaders in gun violence research and policy advocacy**, providing strategic direction to ensure that its work is evidence-informed, globally grounded, and aligned with WHO mandates and governance processes.

We are now working on four additional studies:

1. Gun violence, GBV and femicide;
2. Gun violence and men's health
3. Gun violence and violence against children
4. Gun violence and its impact in the workplace

To join the coalition either contact [dean.peacock@uct.ac.za](mailto:dean.peacock@uct.ac.za) or sign on here: <https://forms.gle/KNafuBa66xKco67q9>