



Global Coalition for WHO Action on Firearm Violence

A Joint Civil Society Call on the World Health Organization to Take Action on Firearm Violence as a Public Health Priority.

A Collective Commitment

Firearm violence is a preventable public-health crisis. The World Health Organization (WHO) has already taken transformative action on tobacco, road safety, and violence against children. It can—and must—do the same for firearms and ammunition.

We invite health professionals and associations, mental health networks, survivor-led organisations, human rights and social justice groups, gender equality advocates, child rights advocates, youth and elder care coalitions, research institutions, faith-based organisations, trade unions, emergency, trauma care and rehabilitation networks, disability rights organisations, community-based groups, and all partners committed to violence prevention and health equity to endorse this call.

Together, we can reframe firearm violence as a commercially driven epidemic—and ensure that the global health community acts with courage, compassion, and resolve to prevent it.

Firearm Violence: A Global Public Health Emergency: Each year, more than 250 000 people lose their lives to firearms and many more are injured, traumatised, or displaced. Firearms inflict immense and often long-lasting physical and psychological harm—and the toll is rising globally.

Firearm injury has become the leading cause of death among children and adolescents in an increasing number of countries, reversing decades of progress on child health and survival.



Firearms are also a major driver of gender-based violence. In many regions, firearms are the most common means of femicide, and their presence in a household increases the risk of a woman being killed by her partner fivefold. Firearms are also frequently used as tools of coercive control—to threaten and control women.

Young men, especially young men of colour, are both the primary victims and perpetrators of firearm violence in countries with high levels of firearm violence, yet this reality has not received the sustained public-health and gender-policy attention it warrants. Addressing firearm industry marketing practices that exploit gender norms, especially norms about manhood, to sell firearms is essential to effective prevention.

Roughly one-third of all firearm deaths globally are suicides, though in some high-income countries this figure exceeds one-half.

Beyond the direct human tragedy, firearm violence destabilises health systems themselves. Health-care professionals—from first responders and emergency-room staff to trauma surgeons, nurses, rehabilitation specialists, counsellors and social workers—are on the front lines of this crisis. They face elevated occupational risk, including exposure to violent incidents in health facilities and in community response work. Treating firearm injuries consumes scarce emergency and hospital resources, displacing care for chronic and age-related conditions such as elder care, cancer, and diabetes. In regions already struggling with limited budgets and staff shortages, firearm violence magnifies inequity and undermines progress toward universal health coverage.

At the same time, the firearms industry markets its products through gender-exploitative campaigns, portraying firearm ownership as a marker of power, protection, and manhood. These tactics mirror those used by the tobacco, alcohol, and ultra-processed foods industries. A public-health response must address these commercial determinants of health directly.

A missed opportunity for global leadership from the WHO: Despite the scale of harm, firearms remain largely absent from WHO plans and strategic frameworks. These gaps are clearly documented in the recent research report, “Tracking the World Health Organization’s Attention to Firearm Violence, 2000-2025”¹, which draws on three complementary methods—a review of World Health Assembly (WHA) resolutions, an analysis of WHO publications and databases, and interviews with current and former WHO officials and violence-

¹ Peacock, D. Nowakowska, AE. Lilli, C. Kohli, T. Do Nascimento Houpert, V. Hargarten, S. Neme, C. Pollachi, N. Somerville, C. (2025). Tracking the World Health Organisation’s Attention to Firearm Violence, 2000-2025. The Gender Centre, Geneva Graduate Institute; Violence, Inequality and Power Lab, Joan B. Kroc Institute for Peace and Justice, University of San Diego; Division of Social and Behavioural Science, School of Public Health, University of Cape Town; Comprehensive Injury Center, Medical College of Wisconsin; Sou da Paz, Brazil; Gun Free South Africa, The Women’s Institute for Alternative Development (WINAD), Trinidad and Tobago.

prevention experts. From this research a clear picture emerges: despite 3300 WHA resolutions, not one mentions firearms or gun violence, and, in parallel, there has been a steady decline in WHO's attention to firearm violence over the past fifteen years, even as global firearm deaths have continued to rise.

The lack of a WHO focus and clear guidance on firearm violence prevention, even in its INSPIRE Framework on violence against children, its RESPECT Framework to address violence against women and girls, and its LIVE LIFE suicide prevention plan decreases the likelihood that Member States integrate firearm-violence prevention into their plans, budgets, and monitoring systems. This, in turn, increases the likelihood of fragmented responses to one of the most preventable causes of injury and death. For example, the recent WHO co-convened Bogotá Interministerial Meeting on Ending Violence Against Children (2024) included little focus and no explicit commitments on firearms. Similarly, national violence prevention frameworks such as South Africa's National Strategic Plan on Gender Based Violence and Femicide and 2020–2025 Men's Health Strategy both neglect firearm-related risks. Likewise, the PAHO Strategic Plan 2025–2030 and PAHO's Adolescent and Youth Health Strategy both omit meaningful attention to firearms, even though firearm violence is a leading cause of death among young men across the Americas. Critically important as these plans are, and as much as they reflect hard work by civil society and governments, each would be strengthened by an additional focus on firearms.

Why Now for WHO Action on Firearm Violence: Firearm violence is preventable. Evidence-based policies, health-system interventions, and community partnerships can save lives. Health systems already respond daily to the consequences of firearm injuries and suicides; it is time they are also mobilised to prevent them. WHO can lead this effort—integrating firearm-violence prevention across existing frameworks addressing violence by and against young men, as well as against women and children, mental health and suicide prevention, commercial determinants of health, and emergency and trauma as well as rehabilitative care.

Civil Society Action: We invite public health associations, human-rights groups, violence-prevention networks, women's rights networks and organisations, youth organisations, men's health organisations, research institutions, and community based organisations worldwide to join us and take the following action:

1. Join us in the call outlined below for the WHO to reprioritise firearm violence prevention and care within its existing work on emergency care, violence prevention and commercial determinants of health.
2. Call on your government to use its influence as a WHO Member State to advance a World Health Assembly Resolution on firearm violence prevention and care.

WHO Member State Action:

We encourage all 192 WHO Member States to urge the WHO to take the following action.

1. Engage with WHO offices at the global, regional and national level to urge them to prioritise firearm violence and to integrate it into its existing work streams.
2. Work with other Member States to propose a WHA resolution on firearm violence prevention as a global health priority.



Joint Call on the World Health Organization to Take the Following Action:

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 institutional 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.



Here's how you can support this call to action:

1. Endorse the call

- Sign the joint civil society statement as an endorsing organisation
- Issue a public statement on your letterhead supporting the call and explaining why firearm violence prevention matters to your constituency
- Add your logo to the coalition website
- Share your endorsement through your communications channels.

2. Advocate to the WHO

- Write to WHO Director-General Dr Tedros Adhanom Ghebreyesus and relevant WHO department heads (Violence Prevention, Emergency Care, Commercial Determinants of Health) urging the WHO to prioritise firearm violence prevention
- If you have official relations with WHO or participate in WHO technical meetings, raise firearm violence prevention in those forums
- If you're part of WHO working groups on INSPIRE, RESPECT, or LIVE LIFE frameworks, advocate for firearm-specific content
- Request meetings with your WHO regional office.

3. Lobby your government:

- Contact your health ministry requesting it raise firearm violence with the WHO and co-sponsor a World Health Assembly resolution on firearm violence prevention

- Engage your permanent mission in Geneva (where WHO is headquartered)
- If your country sits on the WHO Executive Board, specifically target those representatives
- Advocate for firearm violence prevention to be integrated into national action plans on violence prevention, gender-based violence, suicide prevention, and health promotion.

4. Amplify the message

- Write opinion pieces for national media linking firearm violence to public health
- Give media interviews explaining the public health approach to firearm violence
- Issue press releases on key dates (World Health Assembly, 16 Days of Activism against Gender-Based Violence, International Men's Day, World Suicide Prevention Day)
- Launch social media campaigns using coalition hashtags
- Circulate the call to action to your members, partners, and networks nationally and regionally.

