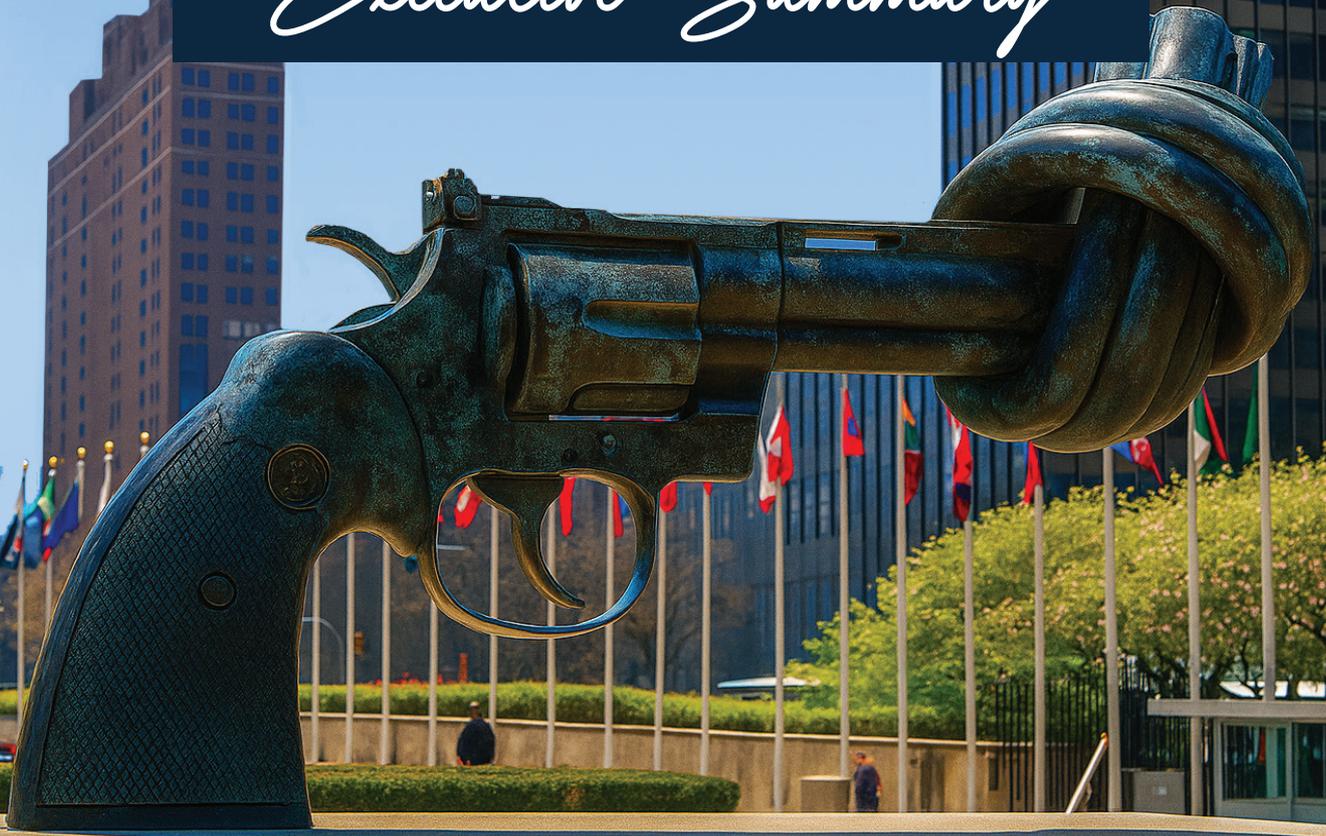


TRACKING THE WORLD HEALTH ORGANISATION'S ATTENTION TO FIREARM VIOLENCE, 2000-2025

Executive Summary



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A report of the Gender Centre at the Geneva Graduate Institute of International and Development Studies (IHEID); the Violence, Inequality and Power Lab at the University of San Diego; the Division of Social and Behavioural Science at the University of Cape Town's School of Public Health; the Comprehensive Injury Center at the Medical College of Wisconsin; Sou da Paz, Brazil; Gun Free South Africa and the Women's Institute for Alternative Development (WINAD), Trinidad and Tobago.

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Introduction and Executive Summary

This report affirms the foundational contributions the World Health Organization (WHO) has made in global health, including early efforts to frame violence as a public health concern. Building on this legacy, we argue that WHO is uniquely poised to lead on gun violence prevention by leveraging its public health mandate, convening power, and normative authority. WHO's expertise and track record offer a vital opportunity to catalyse a renewed, multisectoral response to addressing firearm-related harm, prevention, and care.

Firearm violence is a global concern with far-reaching consequences on individuals and communities affected by firearm violence and burdened by firearm-related injuries, long-lasting trauma, deaths and prolonged grief. Firearm violence also has grave and costly consequences for the health care systems and health care providers who attend to those injured by guns and the bullets they discharge.

A few data points reveal the extent of the devastation caused by gun violence.

- In a growing number of countries, firearms and bullets are “the leading cause of death among children and teens accounting for more deaths than car crashes, overdoses, or cancers” (Villarreal et al., 2024; Castilla-Peon, 2024). Exposure to gun violence also inflicts psychological harm most acutely on children and adolescents, regardless of whether they are direct victims or gun violence witnesses and frequently results in developmental issues and anxiety disorders (Semenza & Kravitz-Wirst, 2025).
- In many countries, guns are now the primary weapon used in femicides. Research indicates a very clear and strong association between perpetrator access to a gun and increased risk of domestic violence homicides (UNODC, 2024), and it also increases the risk of multiple victims by 70% in killings committed in the private sphere” (UNODC, 2024, p.23). Access to firearms is also linked to increased perpetrator capacity to establish coercive control, heighten fear and psychological distress
- The highest rates of homicide are found in the Americas, the Caribbean, and Southern Africa, predominantly in cities. In Mexico, Brazil, Colombia, and the United States, the most common cause of death of young men ages 1-19 is a bullet, carried by a firearm (Degli Esposti et al., 2024), and across the Americas gun violence is linked to decreased life expectancy for young men (Canudas-Romo et al., 2019). As Adam Baird puts it: “Men killing men” disproportionately affects young people in the Global South who live in precarious economic circumstances (Baird, 2024).
- Research has shown that for more than three decades gun possession is significantly correlated with gun-related suicides in many countries across the world (Killias, 1993; Killias et al., 2001).

- Gun violence, and the fear of gun violence, has an effect markedly disproportionate to its prevalence. Whereas property crimes like shoplifting, break-ins, and employee theft are far more common than gun violence, analysts argue that they seldom have a major impact on the quality of life of victims. Shootings, on the other hand, account for fewer than 1 percent of all crimes in the US but nearly 70 percent of the total social harm of crime (Cook & Ludwig, 2022).
- Firearm-related injuries impose a substantial and largely preventable burden on health systems worldwide. Across countries with high levels of gun violence, emergency and inpatient treatment for gunshot wounds consumes millions of dollars annually, often straining already under-resourced public hospitals (Williams & Butts, 2023; Ntatomala & Adams, 2022; Engel et al., 2020).
- Gun violence increases poverty by driving people and businesses out of communities (Cook & Ludwig, 2022), which leads to further poverty, entrenching cycles of gun violence, which leads to more people and businesses leaving.
- Guns and bullets are one of the main drivers of forced migration from communities in Mexico, Central America, and the Caribbean (Vargas et al., 2024).
- Despite the extensive harms and costs caused by gun violence, a recent study of gun related mortality in 204 countries and territories covering the period 1990-2019 and excluding wars and armed conflict indicates that almost no progress has been made in reducing gun related death: firearm related mortality violence decreased from 2.41 to 2.29 deaths per 100,000 people (Patel et al. 2022).

This cursory overview of the impact of gun violence shows how guns and ammunition endanger the health and well-being of communities and increases the risk of debilitating injury for all of us, women, men and children, albeit in different ways.

Given the harm caused by firearms and ammunition, a public health approach informed by rigorous publicly funded research which expands trauma care, regulates access to and marketing of firearms and ammunition, and addresses the underlying causes of armed violence is necessary to reduce firearm-related harm. The WHO is key to shaping the response needed.

However, based on a review of more than 3,000 WHA Resolutions, analysis of relevant WHO research and meetings reports, and interviews with experts in public health, our research finds that in recent years the WHO has not prioritised gun violence as a distinct public health risk factor.

Our analysis of WHA resolutions reveals that out of 3,230 WHA resolutions produced between 1948 and 2024, only 39 resolutions included any text on violence. Not one included any mention of firearms or guns. The WHO has had multiple opportunities to integrate firearms into its violence prevention agenda including in WHA49.25, adopted in 1996, which declared violence a global public health priority and called for a classification of types of violence and their consequences.

Our analysis of WHO documents reveals that the WHO recognised and addressed gun violence as an important public health concern in the late 1990s

and 2000s, but then gradually decreased its focus on gun violence to the point that it now receives little attention. This is true even in thematic areas where gun violence is a leading cause of death, such as femicide and child abuse, or in work areas where it fits well, such as the WHO's work on social and commercial determinants of health. This pattern of decreasing attention over the last fifteen years is particularly pronounced in the Americas, the region with the highest rate of gun violence in the world. A 2008 Pan American Health Organization (PAHO) report (*Preparados, Listos y Ya!*) included 50 mentions of firearms. By contrast, the 2019 *Health of Adolescents & Youth in the Americas* mentions firearms only four times in a single paragraph of a 300-page report, compared with 309 mentions of alcohol, 230 of road traffic injuries, 204 of tobacco, and 32 of poisoning. The PAHO Strategic Plan 2020–2025 contains one mention of firearms in a footnote in a 146-page document. Taken together, this illustrates a systemic lack of firearm focus across PAHO's core violence-prevention, adolescent-health, and men's-health frameworks—reinforcing the broader pattern identified in the WHO-wide review.

Our interviews provided us with insights which helped us make sense of the reviews of WHA resolutions and WHO publications, including, most prominently, the role of some Member States—especially the US—and the gun industry in blocking attention to gun violence within the WHA and the WHO's work streams.

The WHO's decreased focus on firearm violence is inconsistent with its own policies. Our research also reveals an inconsistency in the WHO's engagement with this topic. The WHO's Framework of Engagement with Non-State Actors (FENSA) excludes collaboration with just two industries: the tobacco and arms industries. Yet, it has failed to consistently apply this standard by not addressing firearms as a priority health topic in recent years.

We begin with a brief overview of the WHO's mandate and then review research on the extent and varied impacts of gun violence—in terms of geography, age, gender, and race—and we identify gaps in literature on gun violence, including especially the paucity of global data on guns as the cause of death in femicides, the use of guns as tools for coercive control in domestic violence, the role of firearms in violence against children, the impact of different types of bullets on adults and children, and the mental health effects of gun violence, especially at the community level.

We then summarise research on the impacts of gun violence and different types of ammunition, including on public health systems, especially trauma and post-trauma care.

From there, we situate gun violence within the framework of commercial determinants of violence and health, and we analyse the common tactics developed by commercial actors to minimise regulations that might hamper short term profits and avoid accountability for the harms they cause.

We then make the case that the WHO has a vital role to play in bringing the interdisciplinary expertise of public health researchers and practitioners to bear on the problem of gun violence and within the broader set of UN agencies and initiatives that have been developed in recent decades. We then discuss potential explanations for this based on our interviews and engagement with global health literature.

We move on to analyse successful advocacy the WHO has undertaken to address similar public health emergencies, focusing especially the 2003 Framework Convention on Tobacco Control, and explore its implications for potential WHO action on gun violence. We then identify several key opportunities for the WHO to take action on firearm violence advocacy and action.

We conclude by providing policy recommendations for the WHO and Member States to build the political momentum necessary for gun violence to be addressed within the public health policy architecture.

Summary Recommendations for the WHO, its Governing Board and its Member States

General recommendations for reprioritisation and consultation:

- 1. The WHO should re-affirm a clear commitment to proactively advancing gun violence prevention and ensure human and financial resources for this critical work.** The WHO has the mandate, the tools and the precedent to significantly strengthen its focus on firearm violence.
- 2. The WHO should engage in consultation and coalition building** with people affected by gun violence—researchers, civil society advocates, regional and national public health bodies, advocates for women’s rights, children’s rights, and men’s health, experts in international gun control policies, experts in strategic litigation for health—to map out priorities and develop a shared plan of action.
- 3. The WHO should support and monitor existing international treaties and commitments related to small arms and light weapons.** The WHO should engage with and support monitoring and implementation of the various multilateral treaties, resolutions, protocols and platforms related to gun violence prevention, all discussed below.
- 4. Member States and the WHO should build momentum for a WHA Resolution on gun violence.** Elevating the health impacts requires political will, coalition-building, and advocacy so that firearm violence is recognised as a global health priority, demanding coordinated and multisectoral actions.

Recommendations on research and data:

- 5. Improve data collection:** The WHO should work with Member States to improve data collection on the scale and impact of gun violence, including by exploring the role WHO could play in establishing a multi-agency global observatory to track firearm-related morbidity and mortality.
- 6. Address research gaps on gun violence:** The WHO should work with gun violence researchers across the globe to identify pressing research gaps, including gun violence prevention, gun violence against women and against members of LGBTQI+ communities, the economic impacts of gun violence, the long-term impacts of gun violence on children’s health, learning, and development, and the long-term impacts on health care providers of dealing with gun violence, among many other salient areas of research that the WHO is uniquely well-positioned to champion.

Recommendations on strengthening health sector responses to gun violence:

7. Provide guidance on firearms-related trauma care and hospital-based gun violence intervention: The WHO should collect and disseminate emerging promising practices in Hospital-based Violence Intervention Programs (HVIPs) which link health care and trauma care and coordinate this vital work with the Emergency and Trauma care activities of WHO, in partnership with the Acute Care Action Network (ACAN).

Recommendations related to industry practices:

8. Conduct research on the international lobbying practices of the gun industry with corresponding implications for public health challenges to these.

9. Broaden attention to gun violence and gun industry practices in the WHO's work on commercial drivers: The WHO should ensure that the forthcoming WHO Global Report on Commercial Determinants of Health and its follow up activities further strengthen gun violence prevention efforts and public health interventions.

10. The WHO should work with civil society and Member States to regulate the firearm industry's online and traditional marketing and lobbying practices. Member States have adopted WHA resolutions on harmful marketing practices related to breast milk substitutes and the WHO has called on platform operators and regulators to "take responsibility for addressing the harms of addictive and antisocial online behaviours" in its 2025 World Report on Social Determinants. The firearm industry's marketing practices on social media, video games, and other platforms, and their product placement in films and television must be similarly regulated.

Recommendations related to integration into existing streams of work:

11. Strengthen the focus on gun violence within the WHO's work to address and prevent violence against children, including by encouraging Member States to include a commitment to preventing gun violence in the country pledges issued at the 2024 Interministerial Meeting to End Violence Against Children held in Bogota.

12. The WHO should provide support to Member States on the implementation of complex violence prevention strategies. Firearm violence is not just a crime or security issue. As demonstrated in this research project, it is a deeply cross-cutting public health crisis intersecting with other disciplines. The nature of the issue means that no single sector can address firearm violence effectively.

13. Develop Strategic Guidance on Gun Violence Communication: The WHO should leverage its expertise in strategic public health messaging to provide Member States with evidence-based communication tools to challenge the normalisation of firearm use and counter industry narratives, drawing on lessons from tobacco control and HIV/AIDS prevention.



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Global Coalition for WHO Action on Firearm Violence

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