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IMPACT OF VIOLENCE ON THE HEALTH OF THE POPULATIONS IN THE AMERICAS: FINAL REPORT

Background

1. In 2003, the 44th Directing Council of the Pan American Health Organization (PAHO) approved Resolution CD44.R13, Impact of Violence on the Health of the Populations in the Americas (1). The purpose of the resolution was to emphasize the need for greater commitment on the part of ministries of health to implement initiatives to prevent violence. The resolution urged Member States to prioritize and support the development of plans and programs for violence prevention, apply the recommendations of the *World Report on Violence and Health* of 2002 (2), improve information systems and epidemiological monitoring of different forms of violence, promote research, and strengthen links with other sectors. It also requested that the Pan American Sanitary Bureau intensify cooperation with Member States on this issue, highlighting the importance of networks, international coalitions, and interagency collaboration and the usefulness of actions to disseminate experiences and exchange lessons learned. In addition, the resolution called for the development of a regional program for violence prevention.

2. Resolution CD44.R13 was a driver for the Ministerial Declaration on Violence and Injury Prevention in the Americas (3) and the subsequent Call for Action in the Region (Resolution CD48.R11 [2008]) (4); for the resolution on Health, Human Security, and Well-being (Resolution CD50.R16 [2010]) (5), which promoted the incorporation of the human security concept in country health plans; and for the Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women (Resolution CD54.R12 [2015]) (6). It provided a basis for strengthening cooperation with Member States in support of their efforts to prevent different forms of violence, particularly violence against women, violence against children, and youth violence.

3. In September 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development (7). The Agenda's Sustainable Development Goals contain several targets for reducing violence, including:

- a) target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation;
- b) target 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation;
- c) target 16.1: Significantly reduce all forms of violence and related death rates everywhere;
- d) target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children.

4. In May 2016, pursuant to Resolution WHA67.15 (2014) (8), the 69th World Health Assembly adopted the 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 (Resolution WHA69.5) (9). The strategic direction of the Global Plan of Action is squarely aligned with PAHO's Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women approved by the 54th Directing Council of PAHO in 2015 (6).

Update on Progress Achieved

Country Component

5. A majority of countries and territories in the Region have taken steps over the past five years to develop plans at national or subnational level for addressing different forms of violence, although these plans are not always informed by quality data. The figures reported in this section are based on reporting by countries and territories of the Americas for the *2014 Global Status Report on Violence Prevention* (2014 Global Report) (10), supplemented by additional data collected in 2015-2016.¹ A total of 22 countries and territories reported having developed integrated plans that address multiple types of interpersonal violence. Moreover, 23 countries and territories reported having developed plans that address armed violence; 23, gang violence; 20, organized crime; 21, youth violence; 24, sexual violence; 22, child maltreatment; 24, intimate partner violence; and 15, elder abuse.

6. According to the 2014 Global Report, most countries and territories have invested in primary prevention programs that include the seven "best buy" violence prevention strategies recommended by the World Health Organization in 2010 (11). However, the

¹ The *2014 Global Status Report on Violence Prevention*, published in 2015, is the most comprehensive and up-to-date data-gathering effort done by WHO on this subject. Data were collected between 2012 and 2014 from 21 countries in the Region of the Americas. Between 2015 and 2016, PAHO also collected data from an additional six countries, following the same protocol, and these data were included in the present analysis. A new effort to gather similar information has just started and is expected to be implemented in 2017-2019.

investment has not been on a level commensurate with the scale and severity of the problem. Only 12 countries and territories reported having implemented more than half of the recommended programs on a large scale (i.e., across many schools or communities, or reaching over 30% of the intended target population).

7. Less than half of the 2014 Global Report reporting countries and territories have addressed key risk factors for violence through social and educational policy measures. These include, for example, policies that offer incentives for youth at risk of violence to complete secondary schooling, as well as housing policies to reduce the concentration of poverty in urban areas. The majority of countries and territories reported that they have attempted to tackle the harmful use of alcohol, although patterns of risky drinking behavior remain at medium to very high levels in most of them. Nearly all countries and territories reported measures to regulate access to firearms, although the laws vary widely, as do the populations covered.

8. The 2014 Global Report also shows a marked variation in availability of services to identify, refer, protect, and support victims of violence. The services most widely reported to exist on a large scale are medico-legal services for sexual violence and child protection (25 countries and territories each).² Mental health services and adult protective services exist on a large scale in only 19 and 12 countries and territories, respectively.³ However, the quality of these services and their accessibility to victims were not ascertained.

9. In addition, there are sizable gaps in the data, and this lack of information undermines violence prevention efforts. Ten countries and territories reported that data on homicide were not available from civil or vital registration sources. Moreover, nine of the 22 countries and territories that reported having developed integrated plans to address multiple types of interpersonal violence lacked data from national surveys on interpersonal violence.

10. Most countries and territories (30) reported that multiple agencies/departments take responsibility for overseeing and/or coordinating violence prevention activities. Of these, 21 reported having a system in place for the regular exchange of information on violence and violence prevention between, for instance, different agencies and sectors involved in this area, or between policymakers, researchers, advocates, and practitioners. However, it is unclear how frequently these information-exchange systems are used in practice.

² 25 countries and territories reported the existence of medical-legal services on a large scale for sexual violence and child protection in the 2014 Global Report.

³ 19 countries and territories reported the existence of mental health services on a large scale and 12 reported the existence of adult protective services on a large scale in the 2014 Global Report.

Organizational Component

11. Over the past 10 years, PAHO has intensified cooperation with Member States in support of their efforts to prevent violence against women, girls, and children through the establishment of a post for a Regional Advisor on Family Violence, and the development of the Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women (6).

12. Collaboration with the World Health Organization and other international and national agencies has led to the development of analyses, guidelines, and technical packages, including:

- a) guidance for the prevention of violence against women: *Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence* (12);
- b) comparative analysis of national prevalence estimates of violence against women for Latin America and the Caribbean: *Violence against Women in Latin America and the Caribbean: A Comparative Analysis of Population-based Data from 12 Countries* (13);
- c) normative guidance for the health sector response to violence against women: *Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines* (14) and *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook* (15);
- d) the interagency technical package *INSPIRE: 7 Strategies for Ending Violence against Children* (16);
- e) the Status Report on Violence Prevention in the Region of the Americas, 2014 (17);
- f) analysis of the prevalence of school violence behaviors in Latin America and the Caribbean (18).

13. PAHO has also implemented multiple capacity-building workshops on the prevention of and response to violence against women and violence against children; carried out analyses of national policies and protocols addressing violence against women and violence against children, which allowed the Organization to identify strengths and gaps, and which were subsequently published as scientific articles (19, 20); and helped strengthen networks, coalitions, and interagency working groups, including the Sexual Violence Research Initiative, which will hold its fifth biennial conference in Latin America for the first time in 2017.

14. In spite of the increased visibility of the topic of violence prevention on the policy agenda, there continues to be a limited recognition of violence and injuries as public health issues that impose a significant burden for countries. Consequently, few resources, financial or human, are allocated to these areas of work. The demand for technical

cooperation nonetheless has increased significantly and will continue to increase as countries strive to achieve violence-related targets of the 2030 Agenda for Sustainable Development. The fact that violence prevention is a complex issue, requiring multisectoral collaboration and long-term investment, also represents a challenge. Finally, although the evidence base for effective strategies to prevent and respond to violence is increasing, there are still significant gaps and areas for which available evidence is particularly limited, including, for example, the prevention of elder abuse.

Action Needed to Improve the Situation

15. In light of the advances described above, the following measures should be considered until 2030:

- a) continue advocating for the recognition of violence as a public health priority and for increased investment by governments in its prevention;
- b) continue implementing the actions set forth in the regional Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women and the 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.

Action by the Executive Committee

16. The Executive Committee is requested to take note of this final report, to support the recommendation to continue implementing the actions set forth in the regional and global plans of action aforementioned, and to make such recommendation as it deems appropriate.

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