executive committee of the directing council

working party of the regional committee

PAN AMERICAN HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION

118th Meeting
Washington, D.C.
June 1996

Provisional Agenda Item 4.5

CE118/13 (Eng.)
10 April 1996
ORIGINAL: SPANISH

PROGRESS IN THE IMPLEMENTATION OF THE REGIONAL PLAN OF ACTION ON VIOLENCE AND HEALTH

This document summarizes the steps taken in compliance with Resolution CD37.R19, adopted by the Directing Council of the Pan American Health Organization in September 1993. At the same time the Directing Council formulated general guidelines for the Regional Plan of Action on Violence and Health. The object of this presentation is to review the steps taken in order to submit them for the review and consideration of the Executive Committee.

Special attention is given to the difficulties encountered in obtaining reliable data on the various forms of violence (homicides, suicides, and violence against women, children, and the elderly) and the actions carried out to correct this problem. Other research projects that are attempting to gain a better understanding of the problem are also described. In an effort to respect the sovereignty of the countries, these activities have been carried out with maximum local support.

Members of the Executive Committee are requested to review the progress made to date, with a view to formulating recommendations to the Directing Council.

CONTENTS

EXECUTIVE SUMMARY

The Directing Council of the Pan American Health Organization adopted Resolution CD37.R19 in September 1993 and formulated general guidelines for the Regional Plan of Action on Violence and Health. The most important steps taken in compliance with the aforementioned Plan are presented below.

In follow-up to the recommendations, the Inter-American Conference on Society, Violence, and Health was held in November 1994, giving a group of distinguished leaders in the Region the opportunity to learn about the magnitude of the problem and speak out in favor of the prevention and reduction of violence.

The creation of epidemiological surveillance systems for acts of violence has been considered fundamental for the realization of the objectives of the Plan, making it possible to improve the quality of the information and begin to identify risk factors. To this end, a workshop was held, whose recommendations have already been published in the *Boletín de la OSP*, and several countries have been receiving technical assistance.

The Program on Women, Health, and Development is conducting a program for the prevention of domestic violence in 16 communities in 10 countries of the Region. Several research projects have also been designed and launched that should shed light on the causes and effects of violence and suggest strategies of action. Examples of such projects are the Multicenter Study on Attitudes and Cultural Norms on Violence, which is under way in 11 cities in nine countries of the Region, and a workshop, conducted with support from the Inter-American Development Bank, that yielded specific guidelines on how to gauge the economic impact of violence. It is hoped that the application of their recommendations will convincingly demonstrate the urgent need to invest in the prevention of violence.

Negotiations are under way with various agencies to assist the countries in securing the resources needed to implement the Regional Plan of Action, respecting their national plans and their autonomy.

1. Background

The Directing Council of the Pan American Health Organization at its XXXVII Meeting (1993), considering the increase in violent behaviors to be a public health problem of great importance, adopted Resolution CD37.R19, whereby it urged the Governments of the Region to establish national policies and plans and to mobilize resources for the prevention of all forms of violence.

In the same resolution, the Directing Council adopted the Regional Plan of Action on Violence and Health, based on the following general principles:

(a) *comprehensiveness*: taking into account the multicausal etiology of violence;

(b) *equity*: with a view to reducing the vulnerability of the sectors most at risk;

(c) *political commitment*: ensuring incorporation of the prevention of violence in national development policies;

(d) *civic culture*: promoting development that fosters respect for life and dialogue as elements of conflict resolution;

(e) *knowledge as a basis for action:* identifying risk factors so that appropriate measures can be implemented;

(f) *community participation*: seeking the effective participation of all members of society.

The Plan likewise established general and specific objectives, and it outlined strategies for their implementation that have served as guidelines for the work.

2. Violence Situation in the Americas

The study of violence is especially difficult, given the extraordinary variety of ways in which it can be viewed. We speak in terms of the affected party (violence toward children, women, or the elderly) or the type of violence (psychological, physical, sexual violence). Violence can also be classified in terms of its apparent motivation or intent (political, economic, or racial violence) or the environment in which it takes place (domestic violence or violence in the workplace).

In developing the Plan, the concept of violence was confined to the use (or threatened use) of physical force with the intent to harm oneself or someone else. This definition excludes unintentional injuries, so-called "accidents."

Because the existing data is easily attainable, homicides and suicides are frequently utilized as indicators of violence. It should be emphasized, however, that these acts are but a small part of the total acts of violence, of which they are the most extreme manifestation. Other, more widespread forms of violence, such as violence against woman or children, require special studies; the available information is therefore still limited.

Certain social norms hide or mask the real levels of many expressions of violence. Thus, for example, domestic violence is sanctioned by cultural patterns deeply entrenched in the Region: "I mistreat you because I love you" justifies violence against women; "spare the rod and spoil the child" justifies violence against children. Corporal punishment continues to be extremely prevalent within the school system. A wall of silence (wall of shame) has been erected around sexual violence against women and children alike. These forms of violence have not been sufficiently studied and so we cannot determine their real magnitude. There is reason to believe that these, too, are also very high.

Deaths from so-called external causes, corresponding to homicides, suicides, and other accidental deaths—Codes V01-Y98—occupy a preponderant place in many countries of the Region and seem to be increasing in scale. For example, in Colombia and El Salvador some 25% of all deaths are from external causes. The corresponding figures for other countries such as Brazil, Ecuador, Mexico, and Nicaragua stand at around the 15% mark, and in Canada, the United States of America, and Uruguay at about 8%. Even in countries with a lower incidence of external causes, their relative importance increased from the 1980s to the 1990s.[1]

Analysis of the main components of mortality from external causes (homicides, suicides, and motor vehicle and other types of accidents) indicates that homicide rates in the Region have been increasing since the early 1980s, while the rates for the other components have remained relatively stable.[1]

As the table below indicates, the average homicide rate in the Region of the Americas is close to 17 per 100,000 population. While Latin America and the Caribbean have a rate of 21.3 per 100,000 population, other countries or regions have rates of under 5 per 100,000 population, and some Asian countries, only 1 or 2 per 100,000 population.

---

[1] Pan American Health Organization. *Health Conditions in the Americas.* Washington, D.C., 1994 (Scientific Publication 549).

Homicide and Motor Vehicle Accident Rates (per 100,000 population) for the Region of the Americas*

	Homicides		Motor Vehicle Accidents	
	1980	1991	1980	1991
Region of the Americas	11.4	16.6	19.4	15.8
North America**	9.8	9.7	22.7	16.4
Latin America and Caribbean	12.5	21.3	17.0	15.5
Latin America	12.8	21.4	17.1	15.6
Mexico	18.1	19.6	22.8	16.5
Central America	35.6	27.6	15.1	13.5
Latin Caribbean	5.1	8.8	13.2	14.7
Brazil	11.5	19.0	16.4	19.1
Andean Countries	12.1	39.5	18.3	13.2
Southern Cone	3.5	4.2	9.5	9.2
Non-Latin Caribbean	3.1	3.5	10.2	7.6

* Bolivia and Haiti are not included.

** Within "North America" homicide rates should be differentiated between Canada (2.6/100,000) and the United States (10.1/100,000).

Sources: *Health Situation in the Americas: Basic Indicators.* 1995. PAHO, for mortality statistics. *World Population Prospects*, 1994 Revision. United Nations, for population data.

The use of averages in the table obscures the vast heterogeneity in the Region. While the United States has a rate of close to 10 per 100,000 population, giving it the highest homicide rate of all the economically developed countries, Canada, also in North America, has a rate of 2.6 homicides per 100,000 population. Central America had a rate of 27.6 per 100,000 population in 1991, while the Andean countries had 39.5 per 100,000 population. In 1994 Colombia had a homicide rate of around 80 per 100,000 population, with violence constituting the leading cause of death in the general

population.[2] Countries such as Chile and Uruguay, in contrast, have relatively low rates, around 5 per 100,000 population.

Although these homicide rates may seem high, the actual figures are believed to be even higher than the official statistics. This is possibly due to differences in the definition of homicide (for example, according to the recommendations of the International Classification of Diseases, deaths stemming from acts of war or the use of public force are not recorded as homicides) and to the very widespread use of codes Y10-Y34 (violent deaths of undetermined intent), which obscures the actual total number of homicides and suicides (in Rio de Janeiro, more than half the deaths that occurred in the first quarter of 1995 were thus classified, and in Santiago, Chile, in 1994, nearly 40% of violent deaths were classified under that category). For the reasons stated, the available figures as a rule underestimate the true situation.

3. Inter-American Conference on Society, Violence, and Health

In compliance with the Plan, which recommended the holding of an inter-American summit, the Inter-American Conference on Society, Violence, and Health (CISOVIS) was held at PAHO Headquarters in Washington, D.C., in November 1994. Over a period of three days the Region's most renowned leaders had the opportunity to hear various presentations that highlighted, for the first time in an international forum of that scope, the magnitude of violence and the urgent need to adopt measures to bring it under control. The Conference was immediately followed by meetings of working groups for more in-depth study of the various aspects of violence, including violence against women, children, and young adults.

The Division of Health Promotion and Protection was responsible for organizing the Conference and publishing its official records. A book containing the various presentations, discussions, and recommendations has just been published in Spanish and English. Also, a summary of the Spanish version has been made available to the public through the Internet, making it one of the first PAHO publications to be disseminated through this medium.

---

[2] Mora, I. R. *Informe sobre el comportamiento de las lesiones fatales y no fatales en Colombia, 1994.* Instituto Nacional de Medicina Legal y Ciencias Forenses. Bogotá, Colombia, 1995.

4. Other Developments of the Regional Plan of Action

4.1 *Epidemiological Surveillance*

Bearing in mind the aforementioned methodological difficulties in ascertaining the real situation of violence, it was considered a priority to establish clear, precise recommendations on how deaths from external causes should be registered. To that end, and with support from the United Nations Urban Management Program, a workshop on Epidemiological Surveillance of Homicides and Suicides was held in Cali, Colombia, from 2-5 May 1995. Representatives of nine countries attended this workshop, and advisory services were provided by the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC) in Atlanta. The conclusions of this workshop have already been accepted for publication in the *Boletín de la OSP* and are already serving as the basis for application in several countries and cities. Bogotá, Cali, Medellín, and other cities in Colombia have begun to keep a detailed record of mortality from external causes, as recommended by the workshop. Campinas and Rio de Janeiro in Brazil have also begun to implement an epidemiological surveillance system for acts of violence. A similar system is being set up in Caracas, with financing from CONICIT. In Lima, with the enthusiastic support of the PAHO/WHO Representative's Office, a seminar was held to disseminate the recommendations of the Cali workshop. When its recommendations appear in the *Boletín de la OSP,* it is hoped that this epidemiological surveillance system will be replicated further.

4.2 *Multicenter Study on Attitudes and Cultural Norms on Violence*

With the support of the Division of Health and Human Development, a contract was issued for the design of a study to gauge society's attitudes toward and perceptions of violence. Dr. Alfred McAllister, of the University of Texas School of Public Health and Director of the WHO Collaborating Center on Health Policy, Investment, and Development, was commissioned to carry out the study, in addition to designing a draft questionnaire. In January 1996, representatives of 11 cities in nine countries met in Houston, Texas, to discuss the general lines of the study and to select the questions for the survey. The participating cities and countries met the dual criteria of having the interest and academic capacity to conduct the study and possessing the resources for the ultimate field work, since the available resources would stretch only as far as the pretest of the questionnaire.

The study will make it possible to check the responses against each city's violence and crime rates and, for the first time, will provide comparative data on victimization and attitudes towards the myriad forms of domestic violence. So far, the following have agreed to participate: Brazil (Rio de Janeiro and Salvador), Canada (Vancouver), Chile

(Santiago), Cuba (Havana), Colombia (Barranquilla, Bogotá, Cali, and Medellín), Costa Rica (San José), El Salvador (San Salvador), Peru (Lima), United States of America (the State of Texas and possibly Michigan), and Venezuela (Caracas and Maracaibo). Arrangements are being made through the Office of External Relations and the Pan American Health and Education Foundation (PAHEF) to obtain additional resources to include other sites that have shown great interest but have been unable to obtain the resources needed for the field work.

The utmost importance has been assigned to this task, since, for the first time, it will furnish comparative data on various parts of the Region. In terms of its objectives and coverage in the Region, this work is comparable to the Study on Mortality in Adults and Children, prepared by PAHO several years ago.

4.3 *Violence against Women*

The Program on Women, Health, and Development is in the initial phase of the project to combat domestic violence against women. The project is being carried out in 16 urban and rural communities in 10 countries: Bolivia, Ecuador, Peru, and the seven countries of Central America. With the collaboration of nongovernmental organizations in each country, qualitative studies are moving forward on the "critical path of women who are victims of domestic violence." These projects have received support from the governments of the Netherlands, Norway, and Sweden.

4.4 *Costs of Violence*

There is no doubt that interpersonal violence is having a significant impact not only on health services, but also on the economies of many of the countries of the Region. For one thing, unfortunately, the existing evidence thus far originates almost exclusively in the health sector and is expressed in the traditional terms of death rates, injury rates, etc. In addition, the studies conducted in several parts of the world use different methodologies, making comparison impossible.

For the purpose of obtaining a single, standardized instrument for assessing the various components of the cost of the violence, a workshop was held in Caracas in December 1995. This workshop, which received financial support from the IDB, brought together a number of renowned economists from the Region and formulated a set of precise recommendations on how to measure the different components of the cost of violence. It is expected that by April 1996 the recommendations will be ready for publication and talks with the various governments will be under way for their implementation.

The data that emerges from the implementation of the recommendations of this workshop will be of fundamental importance in showing the governments, through the ministries of finance and planning, the importance of investing in the prevention of violence.

4.5 *Corporal Punishment and Violence against Children*

On the assumption that human beings learn how to react to conflict on the basis of their earliest experiences, the importance of the family and school in determining adult patterns of violent response is generally acknowledged today. A review of the literature on corporal punishment in the school system was prepared in order to sensitize educators and health workers system to the problem. It has already been accepted for publication in the *Boletín de la OSP*, and contacts have been made to secure financing for several intervention projects in this field.

A protocol prepared by WHO/Geneva for measuring the prevalence of child abuse in the hospital environment has been adapted and translated into Spanish. Although this protocol measures physical abuse alone—and that only in the hospital environment—many institutions in the Region have been inspired to apply it, since it yields valuable information while alerting health personnel to this exceedingly serious problem.

5. Other Activities

With the Institute of Mental Health Initiatives in Washington, D.C., a seminar is being planned on the proactive use of the media in preventing violence and encouraging healthy lifestyles. Script writers, producers, and executives from Latin America's major television networks will be invited to show how emotions like rage and frustration can be handled so as not to incite violence. A number of foundations in Colombia have pledged their support, and a fund-raiser has been hired to help to secure the funds still lacking.

There are plans to hold a week-long seminar at the National Center for Injury Prevention and Control of the CDC, bringing an epidemiologist from each PAHO/WHO Representative Office to update their knowledge on the techniques for epidemiological surveillance of external causes. The CDC is offering the training free of charge and is in the process of obtaining the resources for financing the travel and accommodations of the PAHO staff members.

There is a need to hold a seminar for heads of state, ministers, and mayors in order to share programs that have been successful in preventing violence. Arrangements are being made to obtain the resources for such a meeting.

In addition, a series of negotiations have been entered into with the IDB and the World Bank to interest them in the topic and encourage them to support any initiatives the governments may submit to them.

6. Summary and Recommendations

Violence, insofar as it can be measured by homicide and injury rates, is a public health issue of great importance for most of the governments of the Region. PAHO, pursuant to the recommendations of its Directing Council, has been engaging in multiple actions to help governments to ascertain the real magnitude of the problem and identify risk factors. At the same time, it has undertaken a number of research projects that should help governments to understand the causes and effects of violence and devise appropriate interventions.

Since this is a very delicate problem—one that should be addressed at the national level and that involves sovereignty—the proposed actions are confined to facilitating knowledge about the situation, always respecting the autonomy of each government. Accordingly, each country should provide the resources needed for implementing the plans. To this end, talks have been entered into with the IDB and the World Bank to encourage them to respond favorably to any requests that they receive.