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

With the exception of the countries of the Southern Cone, Canada, and the English-speaking Caribbean, all the countries of the Region have high levels of violence compared with the rest of the world. The Directing Council of the Pan American Health Organization, at its XXXVII Meeting in September 1993, adopted Resolution CD37.R19, which established general guidelines for the Regional Plan of Action to Combat Violence. This document summarizes the actions undertaken in compliance with the Regional Plan, to be submitted to the Subcommittee on Planning and Programming for review and consideration.

In November 1994, the Inter-American Conference on Society, Violence, and Health reviewed a number of experiences on the subject. The strategy adopted is based on the setting up of epidemiological surveillance systems for acts of violence, for the purpose of improving the quality of information and making a start on identifying risk factors. To that end, several countries are being provided with technical assistance.

A number of research projects on the causes and effects of violence have also been designed in order to suggest strategies of action, and specific recommendations have been made on ways of gauging the economic impact of violence. It is hoped that their application will convincingly demonstrate the urgent need to invest in the prevention of violence.

Negotiations are in progress with various agencies to secure the resources needed for implementing the Plan of Action, although it is felt that the responsibility for their full implementation should always reside with the country itself.

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1. Background

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

In the same resolution, the Council calls for the formulation of a Regional Plan 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 the violence in the national development policies; d) strengthening the development of a *civic culture* that promotes respect for life and dialogue as elements of conflict resolution; e) obtaining *knowledge as a basis for action*, by identifying risk factors so that appropriate measures can be taken; and f) seeking the effective *community participation* of all members of society.

2. Situation of Violence in the Americas

Deaths from so-called *external causes* (CE)—Codes V01-Y98—occupy a preponderant place in many countries of the Region and seem to be increasing in scale. For example, in countries like Colombia and El Salvador, some 25% of all deaths are from external causes. The corresponding figures for other countries such as Ecuador, Brazil, 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).

As shown in the Table, analysis of the main components of mortality from external causes (homicides, suicides, motor vehicle and other types of accidents), homicide rates in the Region have increased dramatically since the early 1980s, while the rates of motor vechicle accidents have remained fairly stable (1).

The average homicide rate in the Region of the Americas is close to 17 per 100,000 population, with 21.4 for Latin America, while other countries or regions have rates below 5 and some Asiatic countries, close to 1 or 2 per 100,000. There is, however, a marked heterogeneity in the Region. In 1991 Central America posted a rate of 27.6 and the Andean countries 39.5. Colombia's homicide rate in 1994 was around 80 and in that country violence has become the leading cause of death for the population as a whole (2). The United States of America has a rate of approximately 10 per 100,000, giving it the highest homicide rate of all the economically developed countries. Countries like Uruguay, and Chile have relatively low rates, around 5 per 100,000.

Although these homicides 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 that legal interventions and operations of war 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 numbers of homicides and suicides. (In Rio de Janeiro, more than half the deaths that occurred in the first quarter of 1995 were thus classified. In Santiago, Chile, in 1994, nearly 40% of violent deaths were classified under that category.) For the reasons stated, the available figures do not, as a rule, reflect the true situation.

Homicide and suicide together constitute the most extreme form of violence inasmuch as they put an end to life. However, other forms of violence exist, such as violence against women and children, which, being more frequent by far, are much more difficult to detect since they only produce physical or psychological injuries. Domestic violence is frequently sanctioned by cultural patterns deeply entrenched in the Region: expressions such as "I mistreat you because I love you" are used to justify violence against women, and "discipline comes with blows" to justify 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. Such 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 relatively high.

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

The Inter-American Conference on Society, Violence, and Health, held at PAHO Headquarters in Washington, D.C., in November 1994, merits separate consideration. 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 followed immediately by several 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 (HPP) was responsible for organizing the Conference and publishing its official records. A book containing the various presentations, discussions, and recommendations has recently been published in Spanish, and the English version is due to appear shortly. Also, the Spanish version was made available to the public through the Internet, making it the first PAHO publication to be disseminated through this medium.

4. Other Developments of the Regional Plan of Action

4.1 *Epidemiological Surveillance*

Bearing in mind the aforementioned difficulties in discovering 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. It was attended by representatives from nine countries. Advisory services were provided by the National Center for Injury Prevention and Control of the U.S. 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 OPS* and are already serving as a 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. Rio de Janeiro and Campinas in Brazil have also begun to implement an epidemiological surveillance system for acts of violence. A similar system is being set up in Caracas, Venezuela, with financing from the National Scientific and Technological Research Council (CONICIT). With the enthusiastic support of the PAHO/WHO Representative, a seminar was held in Lima, Peru, to disseminate the recommendations of the Cali Workshop. When its recommendations appear in the *Boletín de la OPS*, 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 (HDP), a contract was issued for the design of a study to gauge society's attitudes to, and perceptions of, violence. Dr. Alfred McAlister of the University of Texas School of Public Health and Director of the WHO Collaborating Center on Health Promotion, Research, and Development, was commissioned to design the study and prepare a draft questionnaire. In January 1996, representatives of 11 cities in nine countries met in Houston to discuss the general lines of the study and to select the questions for the survey. The participating cities and countries met the dual criterion of having the interest and academic capacity to conduct the study and possessing the resources needed for the ultimate field work, since the available resources would stretch only as far as the preliminary test of the questionnaire.

The study will make it possible to check the responses against each city's violence and crime rates and will provide, for the first time, comparative data on victimization and attitudes to 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 (Bogotá, Cali, and Medellín and Barranquilla), Costa Rica (San José), El Salvador (San Salvador), United States of America (State of Texas and, possibly, Michigan), and Venezuela (Caracas and Maracaibo). Arrangements are being made through the Office of External Relations (DEC) and the Pan American Health and Education Foundation (PAHEF) to obtain additional resources so as 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 it will furnish, for the first time, comparative data on various parts of the Region. The only comparable study for the analysis of violence is the study on Mortality in Adults and Children prepared by PAHO several years ago.

4.3 *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 evidence existing so 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 various parts of the world use different methodologies, making comparisons impossible.

For the purpose of obtaining a single, standardized instrument for assessing the various components of the cost of violence, a workshop was held in Caracas in December 1995. This workshop, which received financial support from the Inter-American Development Bank (IDB), brought together a number of renowned economists from the Region and formulated quite precise recommendations as to how the various components of the cost of violence could be measured. By February 1996, it is expected to have the recommendations ready for publication and to start arranging for their implementation in the various countries.

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

4.4 *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 the 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 to the problem. It has already been accepted for publication in the *Boletín de la OPS* 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 produces valuable information, while alerting health personnel to this exceedingly serious problem.

4.5 *Other Activities*

With the Mental Health Initiatives Institute of Washington, a seminar is being planned on the proactive use of the media in preventing violence and encouraging healthy lifestyles. Script writers, producers, and executives of the Region's major TV networks will be invited so that they can be shown how emotions like rage and frustration can be managed so as not to incite violence. A number of endowment groups 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 Injury Prevention Center of the CDC in Atlanta, bringing an epidemiologist from each Representative Office, to update them on the techniques of 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 accommodation of the PAHO staff members.

There is 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.

A series of negotiations have been entered into with the IDB and the World Bank to interest them in the subject and encourage them to support any initiatives the countries may submit to them.

5. Summary

Violence, in so far as it can be measured by homicide and injury rates, is a public health issue of great importance for most of the countries of the Region of the Americas. PAHO, pursuant to the recommendations of its Directing Council, has been engaging in multiple actions to help governments to discover 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 the countries to understand the causes and effects of violence and devise appropriate action.

Since this is a very delicate problem—one which should be addressed at the national level and which involves sovereignty—the proposed actions are limited to facilitating knowledge of the situation, always with respect for each country's autonomy. Accordingly, each country should provide the resources needed for implementing the plans, although contacts have been made with the World Bank and the Inter-American Development Bank to alert them to the problem and encourage them to respond favorably to any requests they may receive.

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

REGION	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	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
Spanish-speaking 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
English-speaking Caribbean	3.1	3.5	10.2	7.6

* Not including Bolivia and Haiti

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

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