

### 3. Rationale

Even with insufficient data, it has been established that **violence is a public health problem because it seriously affects the health and the social and economic development of broad sectors of the population.**

In Latin America and the Caribbean (LAC), between 110,000 and 120,000 people die from intentional homicide every year. A similar number die in traffic accidents. Between 80% and 95% of these victims are men, and homicide is the leading cause of mortality in men between 15 and 34 years of age in several countries<sup>2-5</sup>. At the family level this initiates and furthers the cycle of violence among family members. The reproduction of violence weakens the social fabric<sup>6</sup> and makes it more difficult to resolve problems of development, the inequities of which are, in turn, among the multiple causal and risk factors that contribute to violent events. This is a challenge for public health because, seen as a learned social disease<sup>7</sup>, violence forces the health sector to expend effort on preventing its occurrence, and when it occurs, on treating and rehabilitating the victims.

Although this concept is widely accepted today, it was not until the first part of the 1980s that a real, albeit weak, commitment to finding a solution began to emerge. In 1985 the Surgeon General of the United States, Dr. E. Koop, declared that "violence as a public health problem is a new idea."<sup>8</sup> Various articles and working documents since then have emphasized the importance of addressing the problem of violence in an intersectoral and interdisciplinary manner. These publications also underscore the need to obtain good information on acts of violence.

The majority of institutions handle information independently, without corroborating or sharing it with other entities. Information is often dissimilar or contradictory because different criteria have been used to define various types of violence. This increases the need for an ESS that can remedy information gaps.

The task is to provide methodological tools that can help prevent the occurrence of injuries. Epidemiological surveillance systems accomplish one part of this task. The other part, consisting of prevention projects, is supported by effective epidemiological surveillance systems. In order to carry out and evaluate preventive actions with better prospects of success, it is necessary to characterize each event, monitor it, evaluate it, and identify changes in qualitative and quantitative trends.

The magnitude of the violence, the number of related deaths, the psychological and sexual injuries, the effects on human development, and the lasting consequences of violence, all need to be established and studied for the purpose of determining the impacts on those affected. These effects are measured using indicators such as incidence rates, prevalence, mortality, disability-adjusted life year (DALY), years of potential life lost (YPLL), or other health indicators related to the delivery of services and costs of service delivery, as well as social and economic indicators that make it possible to identify associations and/or causes of violence. These indicators gain importance when the potential is recognized for preventive measures against intentional or unintentional injuries. Well-designed and well-implemented epidemiological surveillance systems contribute information in this regard.