



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL

60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

Provisional Agenda Item 4.16

CD48/20 (Eng.)

20 August 2008

ORIGINAL: SPANISH

PREVENTING VIOLENCE AND INJURIES AND PROMOTING SAFETY: A CALL FOR ACTION IN THE REGION

Background

1. The first Ministerial Meeting of the Americas on Violence and Injury Prevention convened by Mexico's Minister of Health and the Pan American Health Organization (PAHO) in Merida, Mexico, 14 March 2008, adopted the Ministerial Declaration on Violence and Injury Prevention in the Americas (Annex A), emphasizing the need for additional efforts to solve this serious public health/developmental problem.
2. Prevention of externally caused injuries (ECIs)¹ – whether the injury is intentional (homicides and violence against women) or unintentional (pedestrian transit accidents, falls and accidental burns) – is the responsibility of the ministries of health, without detriment to their primary obligation of offering attention, care, and recuperation to ECI patients who are victims of physical, psychological or sexual injury, or negligence. The broad role of the health sector includes leadership, promotion, collaboration, evaluation, and prevention.
3. ECI prevention policies and programs, from the public health perspective, aim at protecting life and improving the population's well-being as well as addressing other problems that jeopardize individual or group health.
4. Several health ministries in the Region have violence and injury prevention and safety promotion programs. They have also affirmed that ECIs pose a public health problem, not only due to the large burden of injured people and the costs incurred, but

¹ For the purpose of the present document, an externally caused injury is any damage to the physical, psychological, or sexual well-being of another person, or group, or oneself, regardless of the severity or whether intentional/unintentional.

also the negative effect on individual and community development and well-being. These ministries have ECI information systems, and participate in intersectoral work committees to implement preventive actions.

5. The current objective is to continue reducing gaps that affect actions daily, such as knowledge and information on what to do and how to act. In fact, today there is more knowledge on effective policies and successful interventions, and ample material is available (see Annex B) to support more effective decision-making.

6. The present document and proposed resolution (Annex E) respond to the mandate of the 142nd session of the Executive Committee on the topic, and represent the first attempt to take an integrated approach to ECIs (intentional or not) and the problem of violence, in order to improve the health sector's role in ECI and violence prevention and treatment.

Magnitude

7. Systematic collection of ECI data is inadequate in our Region, which means that only a fraction of deaths and severe injuries may get reported. A fuller understanding of the magnitude of the problem is a challenge that urgently needs to be addressed. Available data shows that between 2000 and 2005, some 1,620 ECI deaths were reported per day in the Region, or approximately 593,000 annually.² Of these, 159,000 (26.8%) were homicides, 67,800 (11.4%) suicides, and 152,000 (25.6%) from traffic accidents. The largest group, 215,000 (36.2%), was classified as "other causes," indicating the need for improved databases in every country. For each death, between 10 and 20 injuries were reported. To this add the problem of life-long or temporary disabilities, whether physical or psychological, with the resulting negative impact on families and society as well.

8. Among men, the homicide rate in the Region is estimated to be between 35 and 40 per 100,000 population, an exceptionally high figure. For women, the rate is estimated at some 8 per 100,000 population. In many countries, for each woman murdered, between 8 to 10 men are murdered, a ratio that, even when taking the differences between countries into account, has remained stable in the Region.

9. The prevalence of partner-perpetrated violence against women is high. In Mexico a survey on violence against women revealed that 21.5% of the interviewees acknowledged having been victims of simultaneous psychological, physical and sexual violence.

² Source: PAHO. Basic Indicators 2005. Health Situation in the Americas. Figures rounded off.

10. Data from 2000-2004 shows an estimate of 31 million years of potential life lost because of homicides and suicides, mostly due to deaths of young people. Externally caused injuries are responsible for 6 million years of living with disabilities, compared with 4 million years with infectious diseases, and about 1 million with cardiovascular diseases and cancer or tumors. Accidental traffic deaths in Latin America and the Caribbean are among the highest in the world and continue to climb with the proliferation of motorcyclists.³

11. Young adults and adolescents between 10-24 years old in our Region are generally exposed to risk factors, such as exclusion from the workforce or school system. Add to this risky behaviors such as alcohol abuse and consumption of drugs.⁴ A global study on health at schools notes that one girl or two boys out of every four between the ages of 13-15 report having been the victims of physical attacks, serious wounds, or intimidation.⁵

12. In hospitals with reliable ECI information systems in place, at least 60% of emergency-room visits are estimated to result from falls, burns and poisoning. This illustrates the need for intersectoral work.^{6,7,8,9,10}

³ Fraade-Blanar L, Concha-Eastman A, Baker T. Injury in the Americas: the relative burden and challenge. *Rev Panam Salud Publica*. 2007;22(4):254-9. Calculations based on: Pan American Health Organization. Health conditions in the Americas. 2007 ed. Washington, D.C.: PAHO; 2007 and Global Road Safety. The coming plague of road traffic injuries: a presentable burden for rich and poor countries [Internet site]. Global Road Safety, at: <http://www.globalroadsafety.org/>. Accessed 1 April 2006.

⁴ Maddaleno M, Concha-Eastman A & Marques S. (2006) *Youth violence in Latin America: a Framework for action*. *African Safety Promotion* 4(2):120-136. Presented at the 8th World Conference on Violence Prevention and Safety Promotion, Durban, South Africa, April 2006.

⁵ Source: Database on global health survey of schoolchildren (2008). Report under preparation. <http://www.bvsde.ops-&oms.org/bvsdeescuelas/EMS&E/EMSEesp.html>

⁶ Malta, Carvalho D, 1 Silva, Alves M, 1 Mascarenhas M, 1 Morais OL, 1 Gawryszewski V, 2 Costa V, 1. Ministry of Health of Brazil. Secretary of Health of São Paulo, Brazil. *Surveillance in Sentinel Injuries Services in Brazil, 2006*. 2008; pp. 17. Presented at the 9th World Conference on Violence Prevention and Safety Promotion, Merida, Mexico, March 2008.

⁷ De Montoya J, 2 Rivas Loría P, 3 Of Cosío G, 3 Salinas O, 3 Carnation Chests C, 3 Serpas M, 1 et al. Ministry of Health and Social Welfare, El Salvador. Pan American Health Organization. El Salvador. Pan American Health Organization, El Salvador. *Implementando un sistema de vigilancia de lesiones en El Salvador, 2006*. [Implementing an injury surveillance system in El Salvador, 2006.] Presented at the 9th World Conference on Violence Prevention and Safety Promotion. Merida, Mexico, March 2008.

⁸ Chacon, Rafael; Concha-Eastman, Alberto; Espitia, Victoria Eugenia; Rocha-Castillo, Julio; Soriano-Gabarro, Montse; Suarez-Rangel, Gloria. *Hospital-based injury surveillance systems in Nicaragua and El Salvador, 2001-2002*. 2004; p.132. Presented at the 7th World Conference on Injury Prevention and Safety Promotion.

⁹ Concha-Eastman, Alberto; Espinosa, Rafael; Espitia, Victoria Eugenia; Gutiérrez, Maria Isabel; Muñoz, Edgar; Muñoz, Victor Hugo. *Pilot study of the international classification of external causes of injuries (ICECI), in Cali, Colombia*. 2004; p.223. Presented at the 7th World Conference on Injury Prevention and Safety Promotion.

Basic concepts and guidelines

13. WHO and PAHO have adopted the ecological “multiple causality” model of violence adapted to another type of externally caused injury, in which the individual, interpersonal and community levels are inter-related, along with macrosocial factors. The urgent need is also recognized for working with an intersectoral approach in designing and implementing preventive policies following the budgets of health promotion and social determinants.

14. The ecological focus is complemented and enriched with the Human Development Report (UNDP, 1994) and *Human Security Now* (2003) of the Commission on Human Security of the United Nations Secretary General, which present this concept from a holistic approach.

15. Interpersonal violence and lack of security, especially in the street and when the levels are high, can rupture the social fabric and destroy opportunities for relationships among members of society. Health and personal/collective safety are human rights that are damaged when one or more individuals are attacked, beaten, or humiliated.

16. Drug trafficking/consumption is recognized as the principal triggering factor, as a single unique factor, of violent events. This also contributes to lack of road safety. Addressing the problem calls for an intersectoral approach. Unfortunately, statistics on the magnitude of its contribution to ECI problems are not exact, but this is no reason to postpone decisions on control and prevention.

Lessons learned, advances, and challenges

17. The cases presented by the ministers or their delegates at the ministerial meeting in Merida are examples of advances in the health sector and the commitment to prevent ECIs and promote safety. These included:

- Argentina: Drafting of national legislation on road safety
- Brazil: Public policies to reduce violence in the country
- Colombia: PREVIVA: a successful experience in designing public policy to promote social harmony

¹⁰ Noe, R.; Rocha, J.; Clavel-Arcas, C.; Aleman, C.; Gonzales, M.E.; Mock, C. *Occupational injuries identified by an emergency department based injury surveillance system in Nicaragua*. Injury Prevention, IP5165, Module 1, 30/6/04, Rev 7.51n/W (January 20, 2003).

- Costa Rica: Violence and injury prevention: a culture of peace in children's centers
- El Salvador: ECI information system (SILEX)
- The United States: Preventing falls: from research to action
- Jamaica: The violence prevention alliance and hospital information systems
- Mexico: National program to combat domestic and gender violence

18. The documents: *Preventing Injuries and Violence: A Guide for Ministries of Health* (WHO, 2008), *The World Report on Violence and Health* (WHO, 2002); *Violence Against Women: The Health Sector Responds* (PAHO, 2003); *The World Report on Road Traffic Injury Prevention* (WHO, World Bank, 2004); *Preparados, Listos, Ya! [“Ready, Set, Go”]* (PAHO, 2008) on preventing violence that affects young adults and adolescents; and *A WHO Plan for Burn Prevention and Care* (WHO, 2008), among others, contain specific evidence-based proposals.

19. In almost all countries in the Region, there are laws, agreements, national and international conventions, and institutions focused on preventing family violence and especially protecting women, girls and boys when they have been victims of violence. Society's ongoing concern is that these national laws be enforced by the authorities, with all due respect to human rights. However, such laws or standards require mechanisms to ensure their success. Most member states have ratified the Convention on the Rights of the Child.

20. ECI information systems have been established in emergency wards in sentinel hospitals in several countries of the Region, with support from PAHO and the U.S. Center for Disease Control and Prevention/U.S. Department of Health.

21. Observatories on mortality have been established in Colombia, El Salvador, Honduras, Nicaragua, and Panama, promoted by PAHO and the Inter-American Coalition for the Prevention of Violence and backing from the USAID, and similar projects are under way in the Caribbean and Andean countries. Members of these intersectoral observatories include police departments, forensic medicine institutes, city halls, the private sector, and nongovernmental organizations in addition to the health sector, and sometimes even universities take part in the coordination.

22. In Colombia, El Salvador, Honduras, Nicaragua, and Peru, with cooperation of the German Cooperation Agency, joint projects with youth institutions and

nongovernmental organizations have helped strengthen partnerships and identify and assess the effectiveness of youth violence prevention programs.

23. To reduce injuries on public thoroughfares, proven interventions have been identified, such as mandatory helmet use for motorcyclists and mandatory seat belt use, as well as the availability of air bags for passengers of motor vehicles, reduced speed and improved visibility for automobiles, gradual drivers' licenses and laws that prohibit driving under the influence of alcohol.

24. In Brazil, Law 11.705 (19 June 2008) establishes a level of virtually zero blood alcohol content when driving vehicles and imposes severe penalties for drivers who disobey the new regulations. The law sets a good example for the entire Region, given the recognized relationship between alcohol consumption and transit injuries, family violence and other types of injury. The results observed by the Institute of Forensic Medicine in the state of São Paulo during the weekends of the first month the law was enforced showed a drop in emergency costs at state hospitals of nearly 4.5 million *reais* (US\$3 million dollars) and in the number of traffic deaths from 140 to 51 in the city of São Paulo.¹¹ In the United States, since 1980, the year the NGO *Mothers Against Drunk Driving* was founded, deaths related to alcohol consumption have dropped nearly 44%, from more than 30,000 to less than 17,000.¹²

25. At the household level, smoke detectors are known to help prevent deaths and injuries from fires. Fences and enclosures around public or private swimming pools help prevent children from drowning. However, the drowning of adults and young people in rivers and at beaches continues to be a challenge. Control of the sale of toxic substances commonly used to commit suicide reduces attempts and deaths from suicide. Control of alcohol consumption has been shown to reduce domestic violence, car crashes, and falls. These and other interventions are cost effective, but require steady enforcement.

26. With the support of the Bloomberg Philanthropy Foundation, a global study is under way to identify application of recommendations from *The World Report on Road Traffic Injury*, using a standardized methodology that helps mark and identify current road safety efforts and in the years to come. Up-to-date data will be collected on mortality and morbidity to help bridge the gaps in information and legislation. This initiative represents a multisectoral effort that can be adapted to address similar problems in externally caused injuries.

27. Although violence prevention and road safety are more visible now, there is still a lack of funds and sustained policies and programs. Injuries caused by violence or traffic,

¹¹ Published online at the portal: <http://www1.folha.uol.com.br/fsp/cotidian/ff2607200801.htm>. For more information: <http://portal.saude.sp.gov.br/content/hileslotro.mmp>.

¹² Source: <http://www.madd.org/Drunk-Driving/Drunk-Driving/Statistics.aspx>

whether fatal or not, draw a lot of attention from the community and communications media, and are a great burden for health care services. However, the high incidence of burns, falls, poisoning, and suicide attempts should not be forgotten.

Related mandates and documents

28. One important document on the subject is *Preventing Injuries and Violence: A Guide for Ministries of Health (WHO, 2008)*, launched in Mérida at the ministerial meeting, and already disseminated in the countries of the Americas, which contains practical guidelines.

29. WHO, PAHO, and U.N. resolutions are also available, as well as declarations (Annex C)¹³ that present injury and violence prevention as a public health issue, and urge preventive action. The two most recent of these are from the WHO World Assembly (WHA60.22, 2007) on emergency health care systems emphasizing the need for additional efforts to strengthen trauma care and the Directing Council of PAHO (CD44.R13, 2003) reiterating the need for greater commitment on the part of the ministries of health to implement initiatives to prevent ECIs and promote safety.

30. The Ministerial Meeting in Merida, Mexico and the recommendations included in the Ministerial Declaration on Violence and Injury Prevention in the Americas provide an opportunity and a challenge for increasing efforts to prevent “violence and injuries through health promotion actions, as well as intersectoral coordination, with a view toward constructing safe, healthy, and sustainable environments.”

Request to the Directing Council

31. It is requested that once the Directing Council has examined the report, the recommendations in the proposed resolution (Annex E) be considered.

Annexes

¹³ List of resolutions and declarations.

Ministerial Declaration on Violence and Injury Prevention in the Americas
Mérida, Yucatán, Mexico
14 March 2008

We, the Ministers of Health of the Americas who participated in the Meeting of Ministers on Violence and Injury Prevention in Mérida City, Yucatán, Mexico, on 14 March 2008, adopt the following "Ministerial Declaration on Violence and Injury Prevention in the Americas."

Having reviewed the global situation on violence and injuries and the implications for the Region of the Americas;

Knowing that every year nearly 300,000 people die from intentional and unintentional injuries in the Americas (the fourth cause of death in the region), and that more than 1,200,000 people are injured and many disabled for life;

Aware that violence occurs in different environments and is due to multiple causes and risk factors and that women, boys, girls, adolescents, and older persons are among the most vulnerable;

Recognizing that in almost all countries of the Americas today there are laws, agreements, national and international conventions and institutions that especially protect women, girls and boys, victims of violent acts, as well as organizations aimed at promoting the development and strengthening the participation of young and old people in society;

Aware of the harmful consequences of violence and injuries in the short, medium and long term, such as depression, anxiety, insomnia, and addiction to tobacco, alcohol, and other drugs;

Recognizing that firearms are an important risk factor in many types of violence and suicides, and that 48% of the global firearm-related homicides and 47% of such suicides occur in the Western Hemisphere;

Aware of the high economic and social costs of caring for the victims of violence and injuries, especially for health services, equal to approximately 2% of the total Gross Domestic Product of the Region and with estimates ranging from 10 000 million dollars in Brazil up to 250 000 million dollars in the United States;

Aware that injuries contribute to perpetuating the cycle of poverty;

Recognizing the devastating impact on families and society when a member dies or is severely injured in a violent event or accident and that a high percentage of deaths and disabling injuries that occur are preventable;

Aware that the causes and factors involved in violence and injuries are multiple and to address them directly calls for participation of a variety of sectors such as education, transportation, justice, and police, among others, and that specific joint actions can be implemented by the health sector with the above-mentioned sectors and civil society;

Recognizing that most countries in the Americas lack national policies that comprehensively address the causes and effects of violence and injuries;

Noting that a well-articulated multisectoral response is needed, and that the role of the health sector is vital in offering an approach based on prevention, health promotion, use of scientific evidence, and collaboration among institutions, instead of the current isolated efforts;

Remembering that World Health Assembly Resolutions WHA60.22 on Emergency Health Care Systems; WHA57.10 on Road Safety and Health; WHA56.24 on implementing the recommendations of the World Report on Violence and Health; WHA49.25 on Prevention of Violence: A Public Health Priority; the Resolutions of the Directing Council of the Pan American Health Organization: CD37.R19 (1993), CD39.R14 (1996), CD44.R13 (2003) have presented and reiterated the need for greater commitment on the part of the Ministers of Health in violence prevention initiatives; Resolutions A/RES/60/5 and A/RES/58/289 of the United Nations General Assembly, on global road safety improvement; Resolution A/RES/60/68 calling on member states to develop comprehensive programs to prevent armed violence and integrate the programs into national development strategies; Resolution A/RES/56/24V (2001) adopting the Program of Action on Small Weapons that recognizes the health dimension of the challenge to address illegal trafficking of small weapons; Resolution 2006/22 on the Promotion and Protection of Human Rights, urging states to take effective measures to minimize violence perpetrated by armed individuals; the celebration of the First Global Road Safety Week in 2007 and World Health Day 2004, devoted to Road Safety; the launch of the World Report on Road Traffic Injury Prevention and the World Report on Violence and Health, as well as a study and report of the U.N. Secretary on Violence Against Boys, Girls, and Adolescents (2006); and the Interagency Report of Violence against Women (2007), all of which are tools for action against interpersonal violence and injuries;

Taking into account the recent publication of the World Health Organization “*Preventing Injuries and Violence: A Guide for Ministries of Health*,” which describes in detail the Ministries’ roles in data collection, policy development, design, implementation, and evaluation of prevention programs and availability of services for affected people and their families;

We agree that additional efforts are needed to solve this serious public health and development problem, and as a result we commit to:

- a) Recognize that violence and externally caused injuries are an epidemic public health problem in our countries;
- b) Increase efforts to prevent violence and injuries, through actions of health promotion and intersectoral coordination, with a perspective to construct safe, healthy, and sustainable environments;
- c) Promote agreements and strategic partnerships with the public sector, private sector, and social organizations to implement public policies in health promotion and prevention of violence and injuries, which help reduce the risks and damages in the most vulnerable population;
- d) Strengthen or create (in those countries where these do not yet exist) violence and injury prevention units within the Ministries of Health, with appropriate budget, human resources and level of authority;

- e) Design, implement and evaluate, in every country, national violence and injury prevention plans, and also promote the adoption of this type of initiative, especially at the state and municipal levels;
- f) Encourage the Ministers of Education to work with schools and universities to include violence and injury prevention as an integral component in social, educational and health policies; also undertake efforts to offer training and continuing education in violence and injury prevention for personnel in the ministries of health;
- g) Strengthen the mechanisms to collect data on risk factors and protection, as well as data on mortality, morbidity, and economic costs resulting from violence and injuries, and make this information available for evidence-based decision-making;
- h) Promote coordination with the other sectors involved, including civil society, to strengthen the primary prevention systems targeting the causes and risk factors of violence and injuries, such as: alcohol abuse, availability of firearms, excessive presence of violence in the communications media, social standards on violence, gender inequity, lack of seat belt use and helmet use, excessive speed, and driving while under the influence;
- i) Encourage the communications media to publicize national activities on injury and violence prevention and implement initiatives to monitor their programs so that they do not include so much violence and instead emphasize non-violent messages;
- j) Improve comprehensive health services – promoting health, rights, and gender and intercultural equality – for victims of violence and injuries, through strengthening emergency services, trauma care and recovery, and also provide legal and social services;
- k) Promote cooperation among countries in the Region, to facilitate the exchange of information and technical support from those countries with initiatives and projects that have had impact on reducing violence and injuries;
- l) Request that international organizations and agencies coordinate their efforts, agendas, and resources on the problem of violence and injuries;
- m) Recognize the World Health Organization and the Pan American Health Organization and at the same time request ongoing technical support and documentation in order to improve our work in health promotion and violence and injury prevention.

14 March 2008
Mérida, Yucatán
Mexico

Documents and publications (partial list) on violence prevention, road safety, medical care, and other externally caused injuries

- OPS (1995). *Plan de Acción Regional sobre Violencia y Salud. Memorias de la Conferencia Interamericana sobre Sociedad, Violencia y Salud*. Washington DC.
- PAHO (2001) *Guidelines for the Epidemiological Surveillance on Violence and Injuries*.
- WHO/CDC (2001) *Injury Surveillance Guidelines*
- OMS (2002). *Informe mundial sobre la violencia y la salud*.
- WHO (2003) *Guidelines for medico-legal care for victims of sexual violence*
- OPS (2003). *La violencia contra las mujeres: responde el sector de la salud*.
- OPS (2003, 2da. edición). *La ruta crítica de las mujeres afectadas por la violencia intrafamiliar en América Latina*.
- OPS (2003). *Situación de los servicios médico-legales y de salud para víctimas de violencia sexual en Centro América*.
- OMS/BM. *Informe mundial sobre la prevención de los traumatismos causados por el tránsito*.
- WHO (2005) *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*.
- WHO (2005) *Addressing violence against women and achieving the Millennium Development Goals*
- NNUU (2006). *World Report on Violence Against Children*.
- WHO/International Society for Prevention of Child Abuse and Neglect (2006) *Preventing Child Maltreatment: a guide to taking action and generating evidence*.
- WHO (2006) *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners*.

- PAHO (2007) *Alcohol, gender, culture and damages in the Americas. Final report of the Estudio Multicéntrico OPS.*
- Informe Interagencial, coordinado por la CEPAL (2007) *Ni una mas. El derecho a vivir una vida libre de violencia en América latina y el Caribe.*
- WHO (2007) *Guidelines for Essential Trauma Care*
- OPS/OMS (2007) *Guías para la atención prehospitalaria de los traumatismos.*
- WHO (2007). *TEACH-VIP users' manual. (Training, Educating, Advancing Collaboration in Health on Violence and Injury Prevention)*
- WHO (2008) *Burn prevention and care.*
- OPS/GTZ (2008) *Preparados Listos Ya! Una síntesis de intervenciones efectivas para la prevención de violencia que afecta a adolescentes y jóvenes.*
- OPS/OMS (2008) *Cascos: Manual de Seguridad Vial para decisores y profesionales*
- OPS/OMS (2008) *Prevención de lesiones causadas por el tránsito. Manual de capacitación.*
- OPS/OMS (2008) *Prevención de lesiones y violencia: Guía para los Ministerios de Salud.*
- OPS/CISALVA/BM/IACPV (2008) *Sistematización de Experiencias sobre Sistemas de Vigilancia, Observatorios o Sistemas de Información de Violencia en America Latina Observatorios de Violencia: Mejores Prácticas*
- OPS/CISALVA/BM/IACPV(2008) *Guía Metodológica para la Replicación de Observatorios Municipales de Violencia.*

Selected PAHO, WHO, and U.N. resolutions on violence prevention and road safety
(Partial list)

- Resolution WHA49.25 (1996), “Prevention of violence: a public health priority.”
- Resolution of U.N. A/RES/54/4 (15 October 1999) Optional Protocol to the Convention on the Elimination of all Forms of Discrimination against Women.
- Resolution WHA56.24 (2003), “Implementing the recommendations of the World Report on violence and health.”
- Resolution WHA57.10 (2004), on “Road Safety and Health,” recommends that traffic injury prevention be integrated into public health programs.
- Resolution United Nations A/RES/61/271 (27 June 2007) on the International Day of Non-Violence (each year on October 2nd).
- Resolution WHA60.22 (2007) on “Health systems: emergency-care systems,” which emphasizes the need for additional efforts to strengthen provision of trauma care.
- Resolutions 60/5 and 58/289 of the United Nations General Assembly on improving global road safety.
- Resolution CD37/19 (1993) declares that violence in all its manifestations is a public health priority. The next year, the "Inter-American Conference on Society, Violence, and Health" was held, recognized as a milestone in bringing international recognition to the subject in the Americas.
- Resolution CD39/14 (1996) stresses that violence in all its manifestations is a public health priority and requested that the Director provide technical cooperation toward strengthening technical cooperation capacity.
- Joint declaration of PAHO, the World Bank, and the United States Department of Health and Human Services, on “Safer Roads in the Americas” (2004).
- Resolution of the United Nations General Assembly, 61/143 (30 January 2007). Intensification of efforts to eliminate all forms of violence against women.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD48/20 (Eng.)
Annex D

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL AREAS

1. Agenda Item: 4.16

2. Agenda Title: Preventing Violence And Injuries And Promoting Safety: A Call For Action In The Region

3. Responsible Unit: SDE

4. Preparing Officer: Luiz A. Galvao, Alberto Concha-Eastman, Eugenia María S. Rodrigues

5. List of collaborating centers and national institutions linked to this Agenda item:

In the Americas:

- 5.1 Mexico's Secretariat of Health. Secretary Dr. José A. Córdoba gave broad support to the Conference and was the Organizing Committee's Honorary President and host of the Meeting of Ministers of Health of the Americas.
- 5.2 Mexico's National Public Health Institute (INSP), Health Service Research Center (IACSS, CC). INSP Dr. Mario H. Rodríguez was President of the Organizing Committee. CISP Director Dr. Martha Hajar was General Coordinator of the 9th World Conference. Petroleos de Mexico (PEMEX) made a significant economic contribution.
- 5.3. Southern California Injury Prevention Research Centre at the Univ. of California at Los Angeles School of Public Health (CC). Chair of the Scientific Committee.
- 5.4. Research Center on Health and Violence (CC - CISALVA), Valle University, Cali, Colombia. Director Dr. María I. Gutierrez was a member of the Scientific Committee.
- 5.5 National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Prevention and Control (CDC), Atlanta, GA. Made technical and financial contributions.
- 5.6. Centre for Safety Promotion and Injury Prevention, Quebec, Canada. Made technical contributions.

6. Link between Agenda item and Health Agenda of the Americas:

Violence and injuries are under OE 03: Prevent and reduce morbidity, disabilities and premature mortality due non-communicable chronic disorders, mental disorders, violence and injuries and marked in the following categories and Areas of action in the Health Agenda:

- a) Strengthen the National Health Authority
- b) Address the health determinants
- c) Increase social protection and access to quality health services
- e) Reduce the risks and burden of disease
- f) Strengthen management and development of health workers
- h) Strengthen health security

7. Link between Agenda item and Strategic Plan 2008-2012:

7.1 OE 03, Hierarchy 4.

8. . Best practices in this area and examples from other countries within AMRO:

- Information systems on externally caused injuries
 - Hospital emergencies: Nicaragua, Colombia, El Salvador, Honduras, Jamaica, Peru, Brazil, Bolivia,

Argentina

- Violence observatories
 - At the national or municipal levels in Colombia, Panama, El Salvador, Honduras, Nicaragua, Ecuador, Peru (in design), Guyana, Trinidad and Tobago, Mexico.
 - On gender violence: Mexico, Colombia, Peru, Ecuador
- National or municipal networks for prevention of youth or gender violence: Honduras, Peru, Nicaragua, Colombia, Panama, Costa Rica, Guatemala, Belize, Jamaica.
- Inter-American Coalition for the Prevention of Violence
- Comprehensive violence-prevention plans involving various components with a common goal
- Violence treatment and prevention from birth
- Incorporation child abuse and mistreatment in the AEIPI strategy
- Involving men in projects to prevent gender violence
- Participation of entrepreneurs in training processes and resocialization of young people in violent-oriented gangs
- Latin American and Caribbean Road Safety Commission (Network)

9. Financial implications of Agenda item:

9.1 Training in violence and injury prevention, design, implementation, and evaluation of interventions, development of information systems, and care of patients with injuries was requested and is direly needed.

9.2 Cost-analysis and research studies on the causes, risks, protection, and social determinants of intentional and unintentional injuries require investment.

9.3 Implementation of comprehensive plans.



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CD48/20 (Eng.)
Annex E

Item 4.16 (Eng.)
15 August 2008
ORIGINAL: SPANISH

PROPOSED RESOLUTION

PREVENTING VIOLENCE AND INJURIES AND PROMOTING SAFETY: A CALL FOR ACTION IN THE REGION

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region* (Document CD48/20), which covers the First Meeting of Ministers of Health of the Americas, convened by the Minister of Health of Mexico and the Pan American Health Organization (Mérida, Yucatán, Mexico, 14 March 2008), to support the health sector's role and intersectoral work for the prevention of intentional and unintentional injuries, defined as externally caused injuries (ECIs);

Recalling that the Directing Council, in its 37th session in 1993, 39th in 1996 and 44th in 2003, has clearly defined and ratified violence as a public health problem, requesting the Director to continue efforts and cooperation with Member States in the search for tools and solutions for these problems;

Noting that the United Nations, the World Health Organization, the Pan American Health Organization, the Inter-American Coalition for the Prevention of Violence, and the Latin American and Caribbean Forum on Road Safety have adopted resolutions and

published documents on the subjects of preventing ECIs and promoting safety, clearly addressed, with recommendations for action;

Considering the timely meeting of the Ministers of Health of the Americas and the Ministerial Declaration on Violence and Injury Prevention in the Americas signed at the 14 March 2008 meeting, whose content is relevant for decision-making; and

Recognizing that although the Directing Council of PAHO has adopted resolutions on violence prevention, it is necessary to expand the framework of action to all externally caused injuries, not only because of the high burden of cases but also because of the availability of interventions that can have preventive effects on common risk factors in the occurrence of various forms of externally caused injuries,

RESOLVES:

1. To urge Member States to:
 - (a) Define ECI prevention and safety promotion actions and plans and give greater visibility to the programs and plans that are in progress or will be implemented in the near future with budget and predefined mandates by the ministries of health;
 - (b) Take into account the recommendations of the Ministerial Declaration on Violence and Injury Prevention in the Americas (Mérida, Mexico, March 2008) as an opportunity to advance their commitment to prevent all types of externally caused injuries and promote safety;
 - (c) Promote responsibilities in the areas of government, civil society, private sector, justice, and police so that existing laws, standards and regulations on violence, road safety, use of firearms, alcohol, and others that prevent the occurrence of ECIs or deaths, are effectively enforced in their countries;
 - (d) Promote and spearhead the necessary processes, and promote partnerships with other sectors to help prevent violence and injuries and promote safety given the multicausal nature of externally caused injuries.
2. To request the Director to:
 - (a) Strengthen PAHO's actions and initiatives in the areas or projects related to prevention of externally caused injuries, such as human safety, road safety, urban health, and *Faces, Voices and Places*;

- (b) Help countries improve and customize their initiatives in areas such as information systems and observatories on violence, identify best preventive practices, and perform evaluations and cost studies, among others;
- (c) Support actions aimed at strengthening injury prevention programs and safety promotion at the ministries of health, and train key personnel, when necessary;
- (d) Spearhead interagency coordination processes and maintain a PAHO presence in the intersectoral cooperation entities, both national and international, which deal with prevention of externally caused injuries and safety promotion;
- (e) Promote studies on the causes and risk factors of externally caused injuries and safety according to the framework of the relevant social determinants in the Region.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL 60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

CD48/20 (Eng.)
Annex F

Report on the Financial and Administrative Implications for the Secretariat of the Resolutions Proposed for Adoption by the Directing Council

1 Resolution: Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region	
2. Linkage to program budget	
Area of work	Expected result
SDE, OE03	The Directing Council will review the Ministerial Declaration and discuss a resolution on these subjects
3. Financial implications	
(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000; including staff and activities): US\$3,000,000 (three bienniums)	
(b) Estimated cost for the biennium 2006-2007 (estimated to the nearest US\$ 10,000; including staff and activities): US\$1,000,000 (including salaries). Existing infrastructure is assumed to be sufficient for implementation.	
(c) Of the estimated cost noted in (b) what can be subsumed under existing programmed activities? The entire Region. Applied by all Country Representatives and coordinated by Headquarters.	

4. Administrative implications

- (a) **Implementation locales (indicate the levels of the Organization at which the work will be undertaken and identify the specific regions, where relevant):**

A regional advisor on family violence.

- (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

- Adopt resolution
- Regional meeting
- Apply recommendations

- (c) **Timeframes (indicate broad timeframes for the implementation and evaluation):**

From 3 to 5 years.