Why are we here?

Experts' Meeting on Strengthening the Public Health Approach to Youth Violence
7-8 October 2019
Latin America and the Caribbean has high rates of multiple forms of violence

**LAC homicide rate**
18 per 100,000 population – the highest in the world!

Almost 3 times global average

**58%** of children experience abuse each year

50% deaths happen among young men aged 15 to 29 years.

**1 out of 3** women has experienced physical and/or sexual partner violence

prevalence of combined forms of elder abuse is estimated at 12%

100,000 people in the region die by suicide each year

177,750 deaths in the region were caused by interpersonal violence
SDG 16.1.1 Mortality rate due to homicide (per 100 000 population)

HOMICIDE by WHO region

AFR: 10.4
AMR: 17.9
SEAR: 4.1
EUR: 3.3
EMR: 6.7
WPR: 1.9
Age-standardized mortality from interpersonal violence per 100,000 population by cause, sex and WHO Member State, 2016

178,000 deaths

47% among young people and children aged 15-29

https://www.who.int/healthinfo/global_burden_disease/estimates/en/
Causes of death, ages 15-29

<table>
<thead>
<tr>
<th>Cause</th>
<th>15-29 Death Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicable, maternal, perinatal and nutritional conditions</td>
<td>4,591.00</td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>6,268.00</td>
</tr>
<tr>
<td>Injuries</td>
<td>7,292.00</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>8,886.00</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>11,692</td>
</tr>
<tr>
<td>Digestive diseases</td>
<td>14,721.00</td>
</tr>
<tr>
<td>Neurological conditions</td>
<td>18,393</td>
</tr>
<tr>
<td>Mental and substance use disorders</td>
<td>19,495</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td>77,529</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>110,073.00</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td></td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td></td>
</tr>
<tr>
<td>Intentional injuries</td>
<td></td>
</tr>
</tbody>
</table>
WHY does it matter?

• Consequences include death, injury and ill-health – with consequences for health and well-being across the life course

• Direct costs to public services – including workload of health workforce

• Social and economic costs to homes, health centres, workplaces, schools and public spaces
PAHO’s Strategic Plan, 2020-2025

Impact Indicators

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Mortality rate due to homicide among youth 15-24 years of age
- Reduced by 6%

12

Proportion of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months
- No increase
PAHO’s Plan of action for women’s, children’s, and adolescents’ health, 2018-2030

Reduction of mortality rate due to homicides in males and females aged 10–19 (disaggregated by 10–14 and 15–19)

- Reduced by one-third
Youth violence

- Violence that occurs among persons aged 10–29 years who may or may not know each other.
- It may start early and then escalate and continue into adulthood.
- It generally takes place outside of the home but intersects with other forms of violence.
- It includes a range of acts from bullying and physical fighting among peers, dating violence in adolescence, to more severe sexual and physical assault and Homicide.
Percentage of students 13-15 years old who were bullied on one or more days during the past 30 days, both sexes, by country (last data available)

Source: Global School-based student Health Survey.
NOTES: last data available
Age group: 13-15 years old
Percentage of students 13-15 years old who were bullied on one or more days during the past 30 days, by sex, by country (last data available)

Source: Global School-based Student Health Survey.

NOTES: last data available

Age group: 13-15 years old
Percentage of students 13-15 years old who were in a physical fight one or more times during the past 12 months, both sexes, by country (last data available)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>2010</td>
<td>50.1%</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>2009</td>
<td>47.5%</td>
</tr>
<tr>
<td>Saint Vincent and the Grenadines</td>
<td>2007</td>
<td>46.6%</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>2007</td>
<td>42.9%</td>
</tr>
<tr>
<td>Saint Lucia</td>
<td>2007</td>
<td>40.7%</td>
</tr>
<tr>
<td>Bahamas</td>
<td>2013</td>
<td>40.0%</td>
</tr>
<tr>
<td>Dominica</td>
<td>2009</td>
<td>39.1%</td>
</tr>
<tr>
<td>Montserrat</td>
<td>2008</td>
<td>39.0%</td>
</tr>
<tr>
<td>Barbados</td>
<td>2011</td>
<td>38.4%</td>
</tr>
<tr>
<td>Grenada</td>
<td>2008</td>
<td>38.2%</td>
</tr>
<tr>
<td>Guyana</td>
<td>2010</td>
<td>37.5%</td>
</tr>
<tr>
<td>Saint Kitts and Nevis</td>
<td>2011</td>
<td>37.8%</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>2007</td>
<td>37.8%</td>
</tr>
<tr>
<td>Peru</td>
<td>2010</td>
<td>36.9%</td>
</tr>
<tr>
<td>Belize</td>
<td>2011</td>
<td>36.0%</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>2011</td>
<td>35.9%</td>
</tr>
<tr>
<td>Anguilla</td>
<td>2008</td>
<td>35.7%</td>
</tr>
<tr>
<td>Virgin Islands (UK)</td>
<td>2009</td>
<td>35.0%</td>
</tr>
<tr>
<td>Argentina</td>
<td>2012</td>
<td>34.1%</td>
</tr>
<tr>
<td>Guyana</td>
<td>2004</td>
<td>34.1%</td>
</tr>
<tr>
<td>Bolivia</td>
<td>2012</td>
<td>33.0%</td>
</tr>
<tr>
<td>Uruguay</td>
<td>2006</td>
<td>32.2%</td>
</tr>
<tr>
<td>Anguilla</td>
<td>2016</td>
<td>28.8%</td>
</tr>
<tr>
<td>Argentina</td>
<td>2007</td>
<td>29.8%</td>
</tr>
<tr>
<td>Chile</td>
<td>2013</td>
<td>28.5%</td>
</tr>
<tr>
<td>Honduras</td>
<td>2012</td>
<td>28.0%</td>
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<tr>
<td>Dominican Republic</td>
<td>2016</td>
<td>25.5%</td>
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<tr>
<td>Uruguay</td>
<td>2012</td>
<td>25.9%</td>
</tr>
<tr>
<td>El Salvador</td>
<td>2013</td>
<td>26.6%</td>
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<tr>
<td>Curacao</td>
<td>2015</td>
<td>22.9%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>2009</td>
<td>22.1%</td>
</tr>
<tr>
<td>Suriname</td>
<td>2016</td>
<td>20.8%</td>
</tr>
<tr>
<td>Suriname</td>
<td>2009</td>
<td>20.8%</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2017</td>
<td>20.2%</td>
</tr>
</tbody>
</table>

Source: Global School-based student Health Survey.
NOTES: last data available
Age group: 13-15 years old
Percentage of students 13-15 years old who were in a physical fight one or more times during the past 12 months, by sex, by country (last data available)

Source: Global School-based student Health Survey.

NOTES: last data available
Age group: 13-15 years old
% of males and females who experienced sexual violence prior to age 18 as reported by 18-24-year-old

[Bar chart showing the percentage of males and females who experienced sexual violence in Colombia, Haiti, Honduras, and El Salvador.]

* Preliminary results
NOTE: last data available

Source: Violence against Children Surveys (VACS)
Interplay of multiple risk factors associated with violence

- Gender/social inequality
- Inadequate enforcement of laws
- Illicit drug markets

- Poverty and economic inequality
- High rates of crime in the community
- Access to alcohol, drugs
- Firearm availability

- Harmful norms on masculinity
- Gang membership
- Family history of antisocial behaviors, mental health problems etc.
- Bullying perpetration and victimization
- Delinquent peers

- Behavioral disorders
- Unemployment
- Alcohol/substance abuse
- Involvement in crime
- Exposure to violence in childhood
- Low intelligence/academic achievement
Violence changes across the life course and affects women and men differently...with different causes and consequences.

- Parenting programs to help parents build strong relationships with their children
- Early childhood development programs to help vulnerable children keep up with their peers
- Life and social skills development programs to help young people build healthy peer relationships
- Schools-based violence prevention programs to prevent bullying
- Therapeutic interventions to help children and teens manage anger and behavior problems

Society-level strategies to address risk factors and social determinants (for example: programs to reduce alcohol/drug use and access to firearms, urban upgrading and community- and problem-oriented policing, economic security etc.)
Adolescence is a critical time

- Adolescents sometimes overlooked by both VAW and VAC prevention efforts
- Elevated vulnerability to some forms of VAC/VAW
- Perpetration and victimization of some forms of VAW often begin early
- Early marriage and teenage pregnancy are risk factors for violence
- Prevention opportunities
Violence prevention is not new

1993: CD 37.19 encourages governments to develop policies and plans to address all forms of violence

1996: WHA 49.25 declares violence a leading worldwide public health problem

2003: WHA 56.24 on implementing recommendations of WHO’s 2002 World report on violence and health

2004: WHA 57.12 on global reproductive health strategy highlights violence against women

2008: CD 48.R11 on preventing violence and injuries and promoting safety

2010: CD 50.R16 on health and human security

2015: CD 54/9, R.2 on violence against women

2016: WHA 69.5 on interpersonal violence, in particular against women, girls, children

2017: CSP29/INF/3 On Impact of Violence on the Health of Populations in the Americas applauds progress but stresses need for scale up
A four-step public health approach offers a useful framework for preventing violence:

1. Defining the problem
2. Identifying causes and risk factors
3. Designing and testing interventions
4. Implement and scale up effective interventions, supported by continuous M&E.
Partnership is central to violence prevention

PAHO supports the health sector in:
- Strengthening health leadership and governance (including through advocacy with and convening of partners)
- Improving information and evidence
- Strengthening programming to prevent violence
- Strengthening health service delivery and health workers’/providers’ capacity to respond
Priority actions on youth violence

❖ **Raise awareness** for the importance of a public health approach to youth violence

❖ **Collect data** on the magnitude, determinants, consequences and costs of youth violence

❖ **Reduce risk factors** for youth violence, such as behavioural problems, child maltreatment, and the harmful use of alcohol

❖ **Integrate interventions to prevent** youth violence within existing child, adolescent and other health programs

❖ **Provide comprehensive health services** to survivors, including emergency and mental health care

❖ **Collaborate with other** sectors to address youth violence, such as criminal justice, education, and social services
Violence is preventable
MEETING OBJECTIVES

Review the current status of efforts, lessons learned, challenges and opportunities for advancing a public health approach to youth violence in the Americas.

Reach consensus on regional and country-level strategies and actions to strengthen the role of the health sector within a multisectoral response to youth violence in the Americas.
DAY 1
Moments

- Opening Plenary
- Setting the Scene
- Group Work on lessons learnt + Report back
- Opportunities for strengthening partnerships
- Understanding Violence from a public health perspective
- Group Work
DAY 2 Moments

- Welcome, report and introduction
- Moving from data to action: What more need to be done?
- What works in prevention and how to scale it up
- Intervening early and breaking cycles of violence
- Strengthening the effectiveness of the health system response
- Group Work on priority actions + Report Back
- Closing session
Expected Outcomes

- Agreement on challenges, opportunities and lessons learned in advancing a public health approach to addressing youth violence in the Americas

- Agreement on priority actions for strengthening the role of the health sector within a multisectoral response to youth violence in the Americas

- Improved regional partnerships and efficiency in the allocation and use of regional resources for youth violence.
THANK YOU!

Pan American Health Organization
World Health Organization
Regional Office for the Americas