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!





58% of children experience abuse each year

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

58%



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

1 out 3



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 RA were caused by interpersonal violence

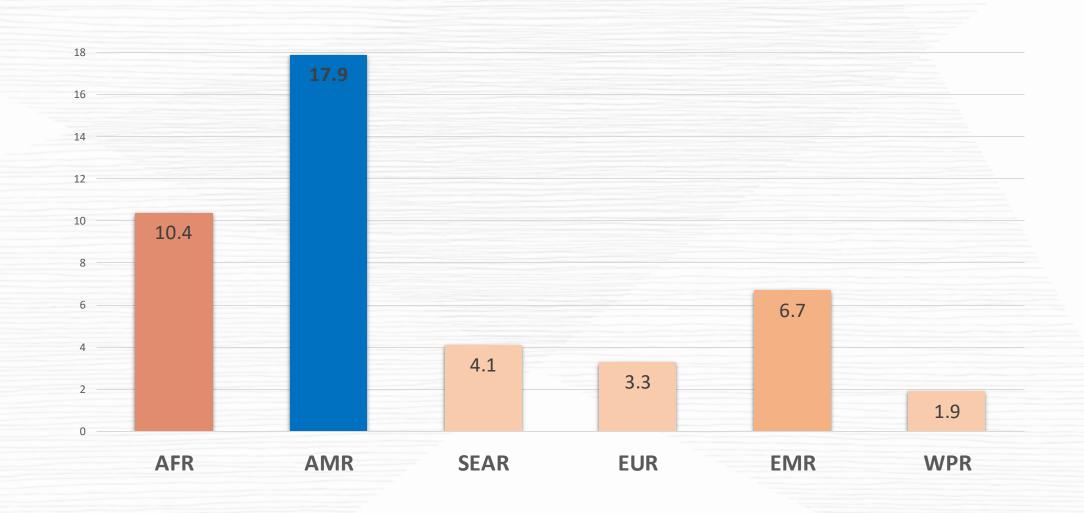
100,000

12%

LAC

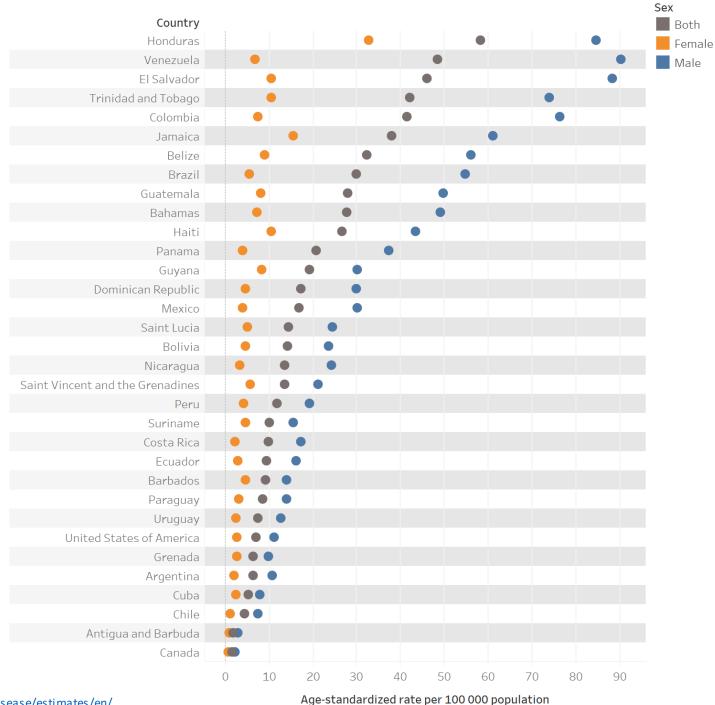
Global

SDG 16.1.1 Mortality rate due to homicide (per 100 000 population)



MORTALITY by country

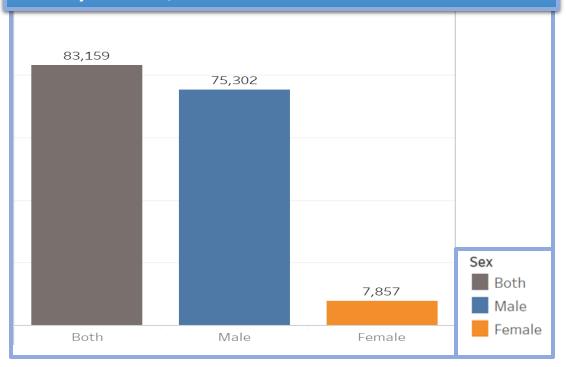
Age-standardized mortality from interpersonal violence per 100,000 population by cause, sex and WHO Member State, 2016



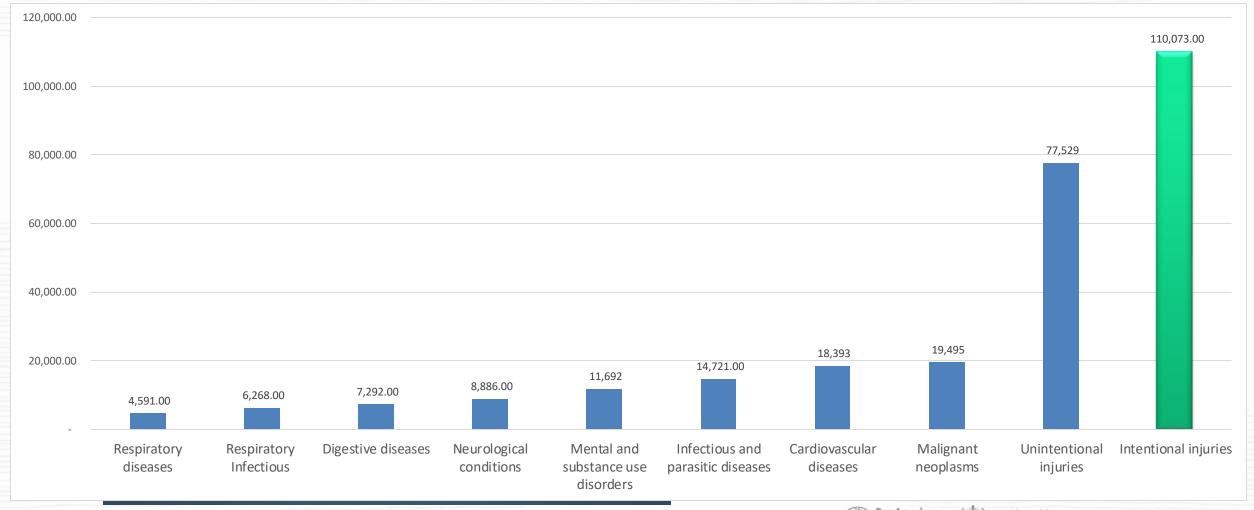
178,000 RIP deaths

47% among young people and children aged 15-29

Estimated deaths by interpersonal violence, 15-29 years old, 2016



Causes of death, ages 15-29







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

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

Proportion of everpartnered 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

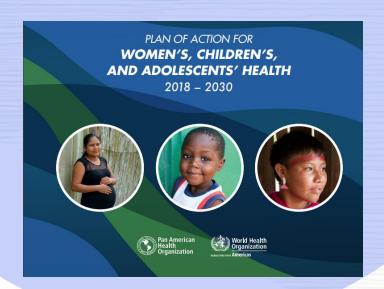
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Reduction of mortality rate due to homicides in males and females aged 10–19 (disaggregated by 10–14 and 15–19)

• Reduced by one-third

PAHO's Plan of action for women's, children's, and adolescents' health, 2018-2030



Youth violence

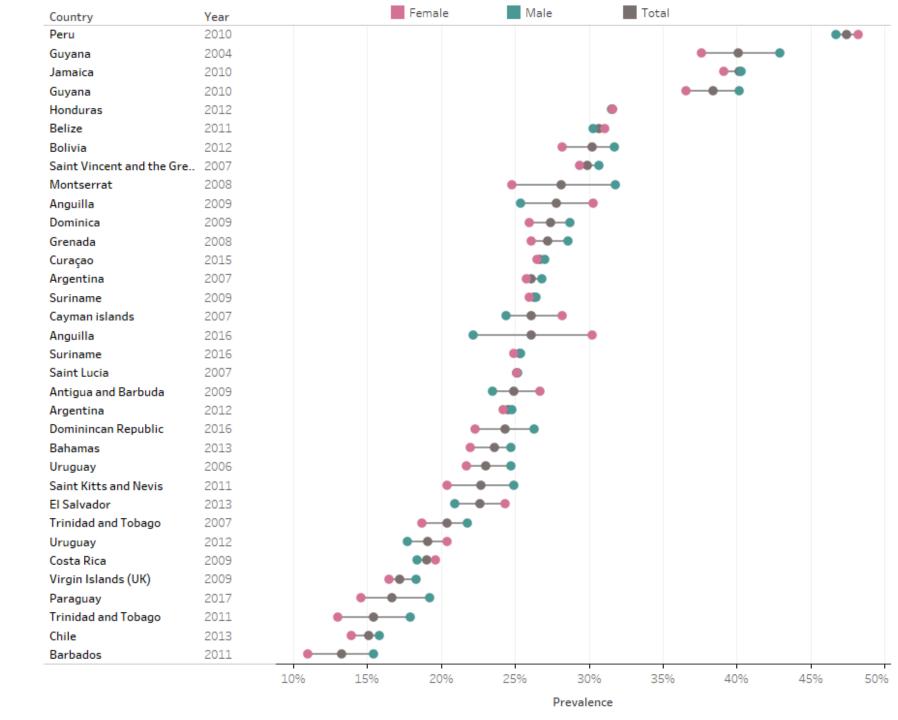
- ☐ Violence that occurs among persons aged 10–29 years who may or may not know each other.
- It may start early and then escalate and continue into adulthood.
- It generally takes place outside of the home but intersects with other forms of violence.
- It includes a range of acts from bullying and physical fighting among peers, dating violence in adolescence, to more severe sexual and physical assault and Homicide.

Percentage of students 13-15 years old who where bullied on one or more days during the past 30 days, both sexes, by country (last data available) Country Year 47.4% Peru 2010 40.2% Jamaica 2010 40.1% Guyana 2004 38.4% Guyana 2010 31.6% Honduras 2012 30.7% Belize 2011 30.2% Bolivia 2012 29.9% Saint Vincent and the Grenadines 2007 28.1% Montserrat 2008 Anguilla 2009 27.8% 27.4% Dominica 2009 27.2% Grenada 2008 26.7% Curação 2015 26.3% Suriname 2009 Anguilla 2016 26.1% 26.1% Argentina 2007 26.1% Cayman islands 2007 25.3% Suriname 2016 Saint Lucia 2007 25.1% 24.9% Antiqua and Barbuda 2009 Argentina 2012 24.5% Dominincan Republic 2016 24.3% 2013 23.6% Bahamas Uruguay 2006 23.0% Saint Kitts and Nevis 2011 El Salvador 22.6% 2013 Trinidad and Tobago 2007 20.4% 19.1% Uruguay 2012 Costa Rica 19.0% 2009 17.2% Virgin Islands (UK) 2009 16.7% Paraguay 2017 Trinidad and Tobago 15.4% 2011 Chile 2013 15.1% Barbados 2011 13.3% 5% 0% 10% 15% 20% 25% 30% 35% 40% 45% 50% Prevalence

Source: Global School-based student Health Survey.

NOTES: last data available

Percentage of students 13-15 years old who where 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

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

Country

Year

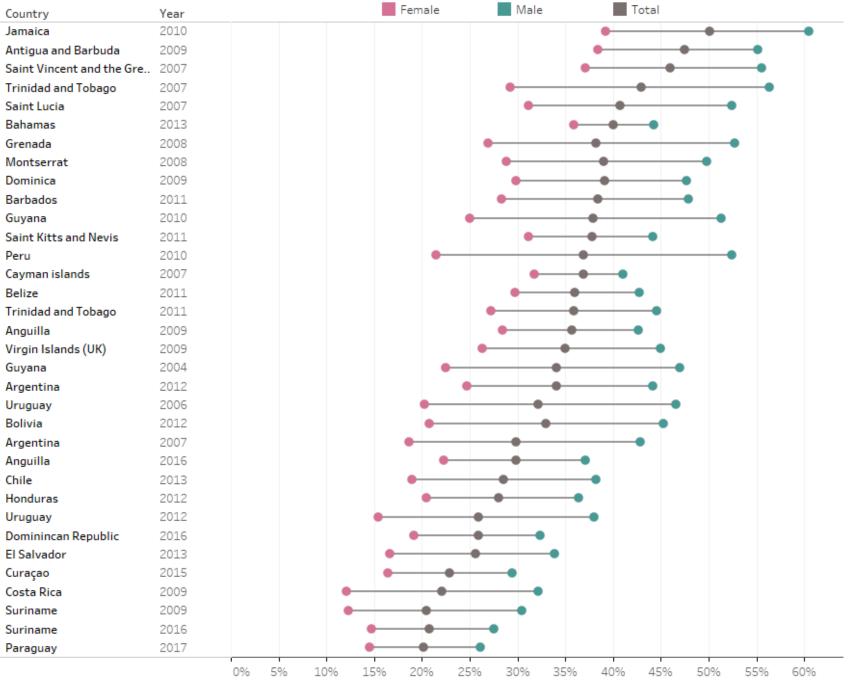
2010 50.1% Jamaica 47.5% Antigua and Barbuda 2009 46.0% Saint Vincent and the Grenadines 2007 42.9% Trinidad and Tobago 2007 40.7% Saint Lucia 2007 Bahamas 2013 40.0% Dominica 2009 39.1% 2008 39.0% Montserrat 38.4% Barbados 2011 2008 38.2% Grenada Guyana 2010 37.9% 37.8% Saint Kitts and Nevis 2011 Cayman islands 2007 36.9% Peru 2010 36.9% 2011 36.0% Belize Trinidad and Tobago 2011 35.9% Anguilla 2009 35.7% Virgin Islands (UK) 2009 35.0% 34.1% 2012 Argentina Guyana 2004 34.1% 33.0% Bolivia 2012 32.2% Uruguay 2006 Anguilla 2016 29.8% 29.8% 2007 Argentina 28.5% Chile 2013 Honduras 2012 28.0% 25.9% Dominincan Republic 2016 2012 25.9% Uruguay El Salvador 2013 25.6% 2015 22.9% Curação 22.1% Costa Rica 2009 Suriname 2016 20.8% 20.5% Suriname 2009 2017 20.2% Paraguay 15% 50% 10% 20% 35% 45%

Prevalence

Source: Global School-based student Health Survey.

NOTES: last data available

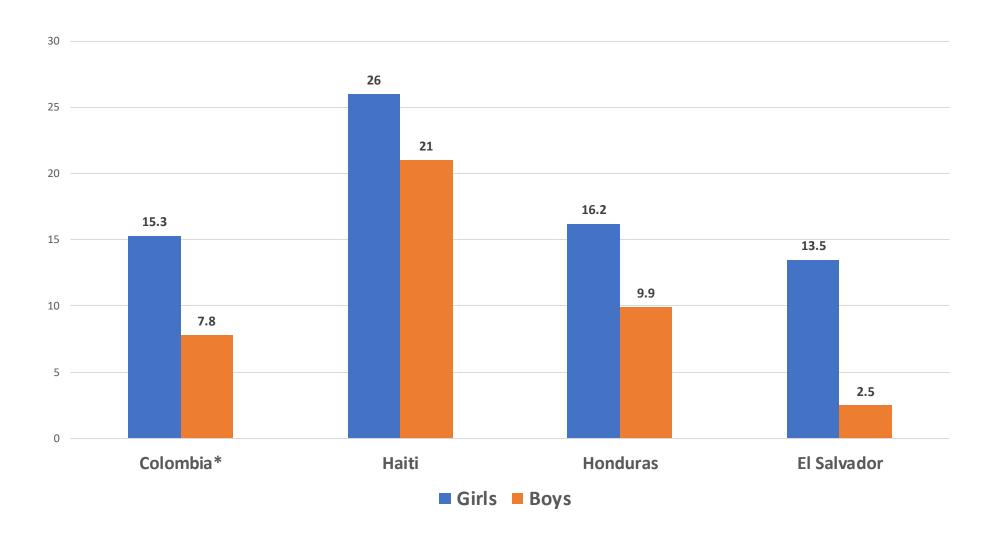
Percentage of students 13-15 years old who where in a physical fight one or more times during the past 12 months, by sex, by country (last data available)



Source: Global School-based student Health Survey.

NOTES: last data available

% of males and females who experienced sexual violence prior to age 18 as reported by 18-24-year-old



^{*} Preliminary results NOTE: last data available

Interplay of multiple risk factors associated





with violence

SOCIETY COMMUNITY RELATIONSHIP INDIVIDUAL Gender/social Harmful norms on masculinity Poverty and Behavioral disorders inequality economic inequality Gang membership Unemployment High rates of crime Family history of antisocial Alcohol/substance abuse Inadequate behaviors, mental health enforcement of in the community Involvement in crime problems etc. Access to alcohol, Exposure to violence in childhood laws Illicit drug markets Bullying perpetration and Low intelligence/academic drugs Firearm availability achievement victimization Delinquent peers

Figure 39: Share of male and female victims of homicide linked to gangs, 2017 or latest available year from 2013–2016

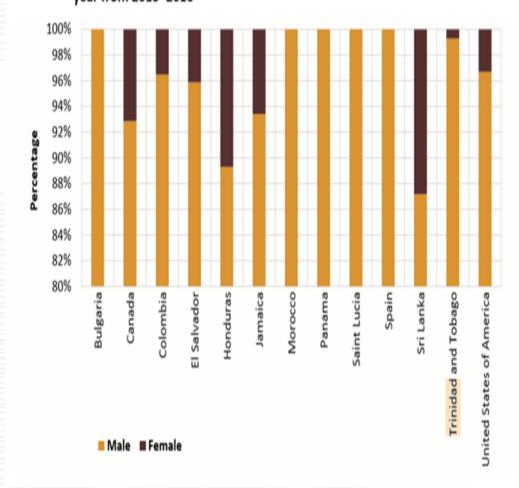
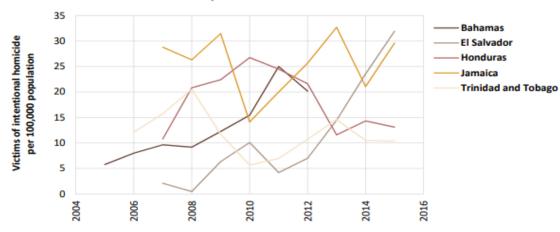
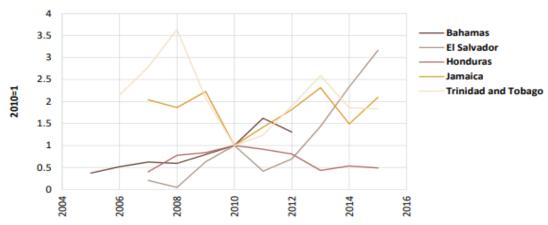


Figure 18: Trends in organized crime/gang-related homicide rate, selected countries in Latin America and the Caribbean, 2005–2015



Source: UNODC homicide statistics.

Figure 19: Trends in organized crime/gang-related homicide rate (index, 2010 = 1), selected countries in Latin America and the Caribbean, 2005–2015

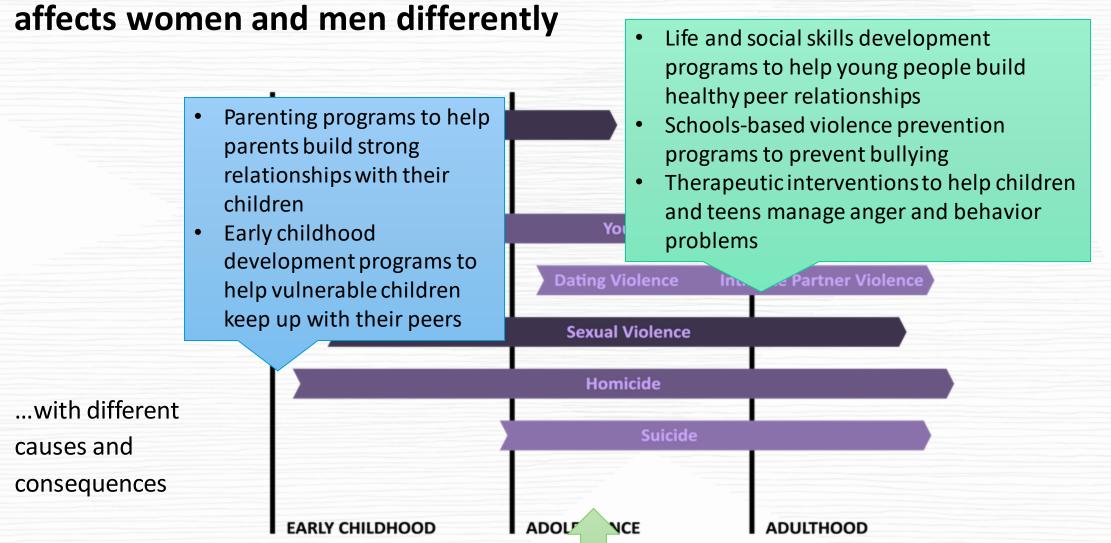


Source: UNODC homicide statistics.

Violence changes across the life course and







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

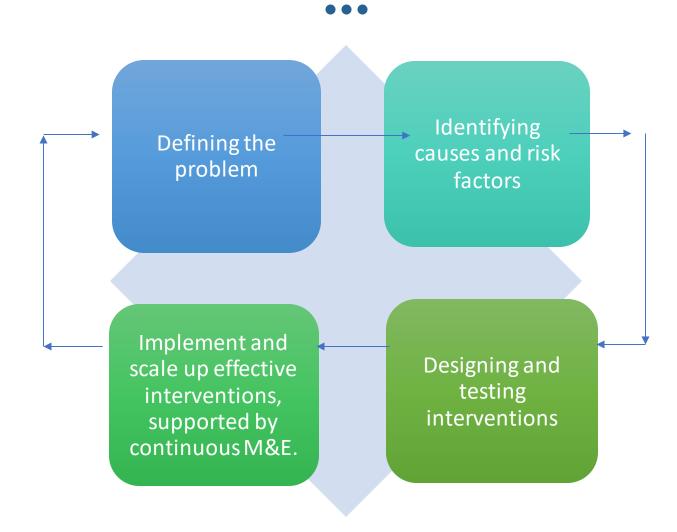
Current PAHO mandates & achievements



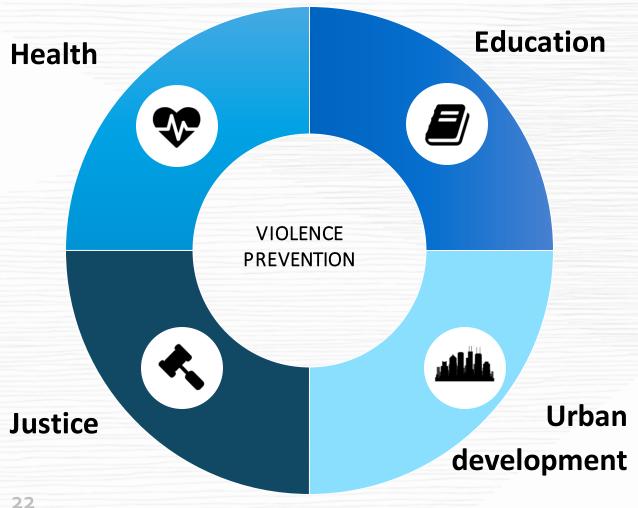


PAHO/WHO

A four-step public health approach offers a useful framework for preventing violence



Partnership is central to violence prevention



PAHO supports the health sector in:

- Strengthening health leadership and governance (including though 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

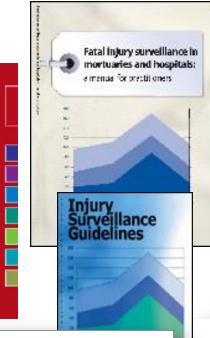


Violence is preventable



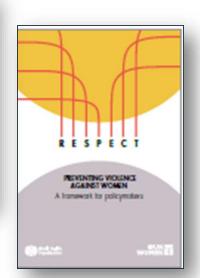






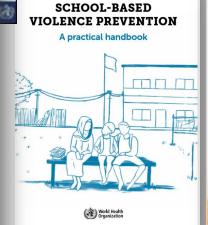








INSPIRE



RESPONDING TO CHILDREN AND ADOLESCENTS WHO HAVE BEEN SEXUALLY ABUSED

WHO CLINICAL GUIDELINES



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.







