

Why are we here?

**Experts' Meeting on Strengthening the
Public Health Approach to Youth Violence**

7-8 October 2019



PAHO

Latin America and the Caribbean has high rates of multiple forms of violence

LAC homicide rate

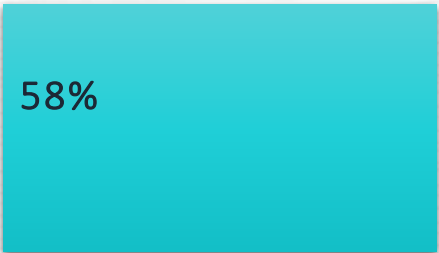
18 per 100,000 population – the highest in the world!

Almost **3 times** global average

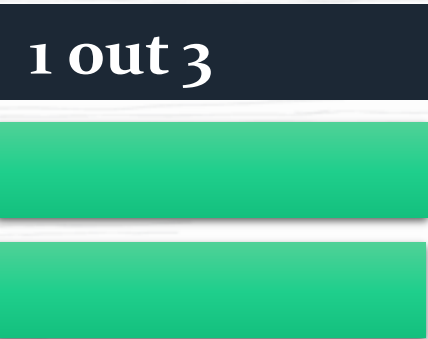


58% of children experience **abuse** each year

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



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



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



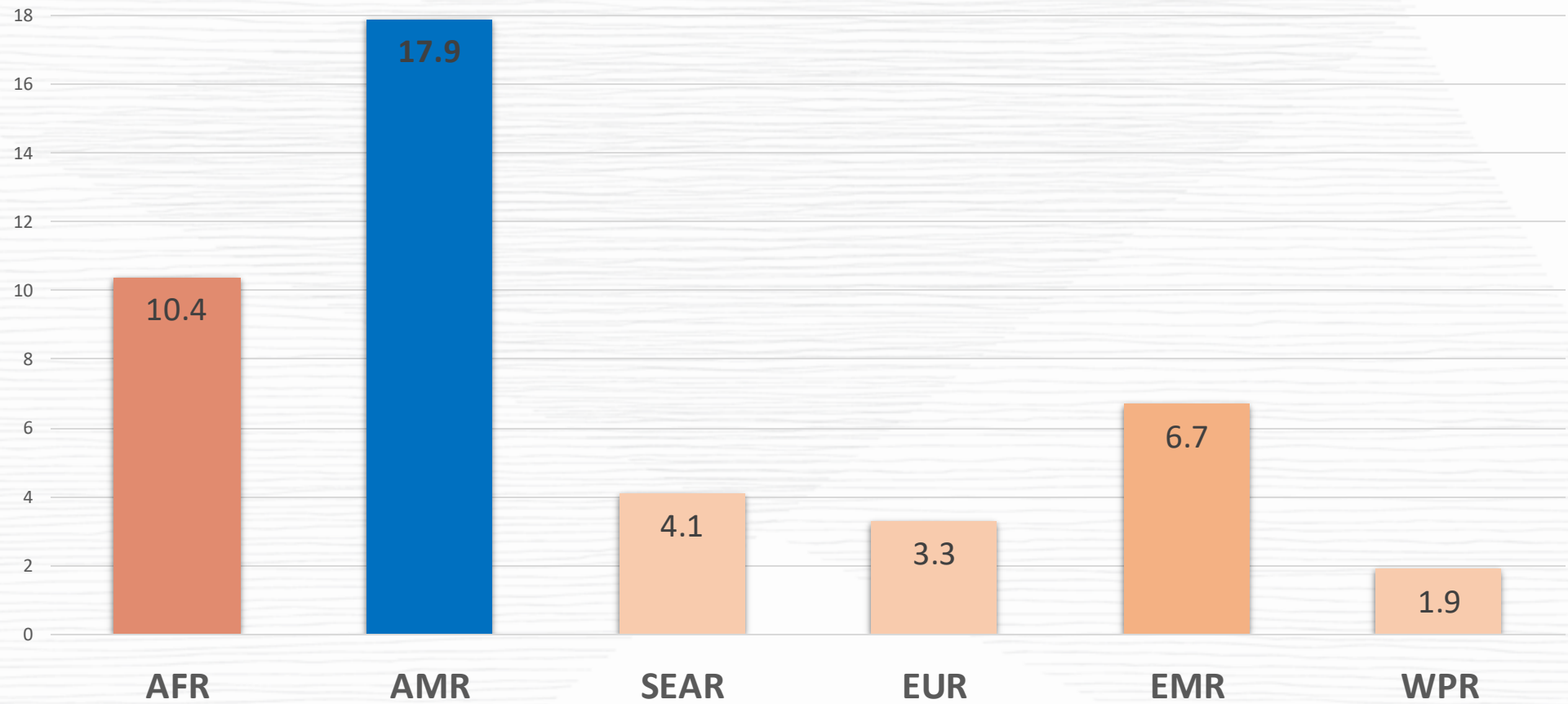
100,000 people in the region die by **suicide** each year

177,750 deaths in the RA were caused by **interpersonal violence**



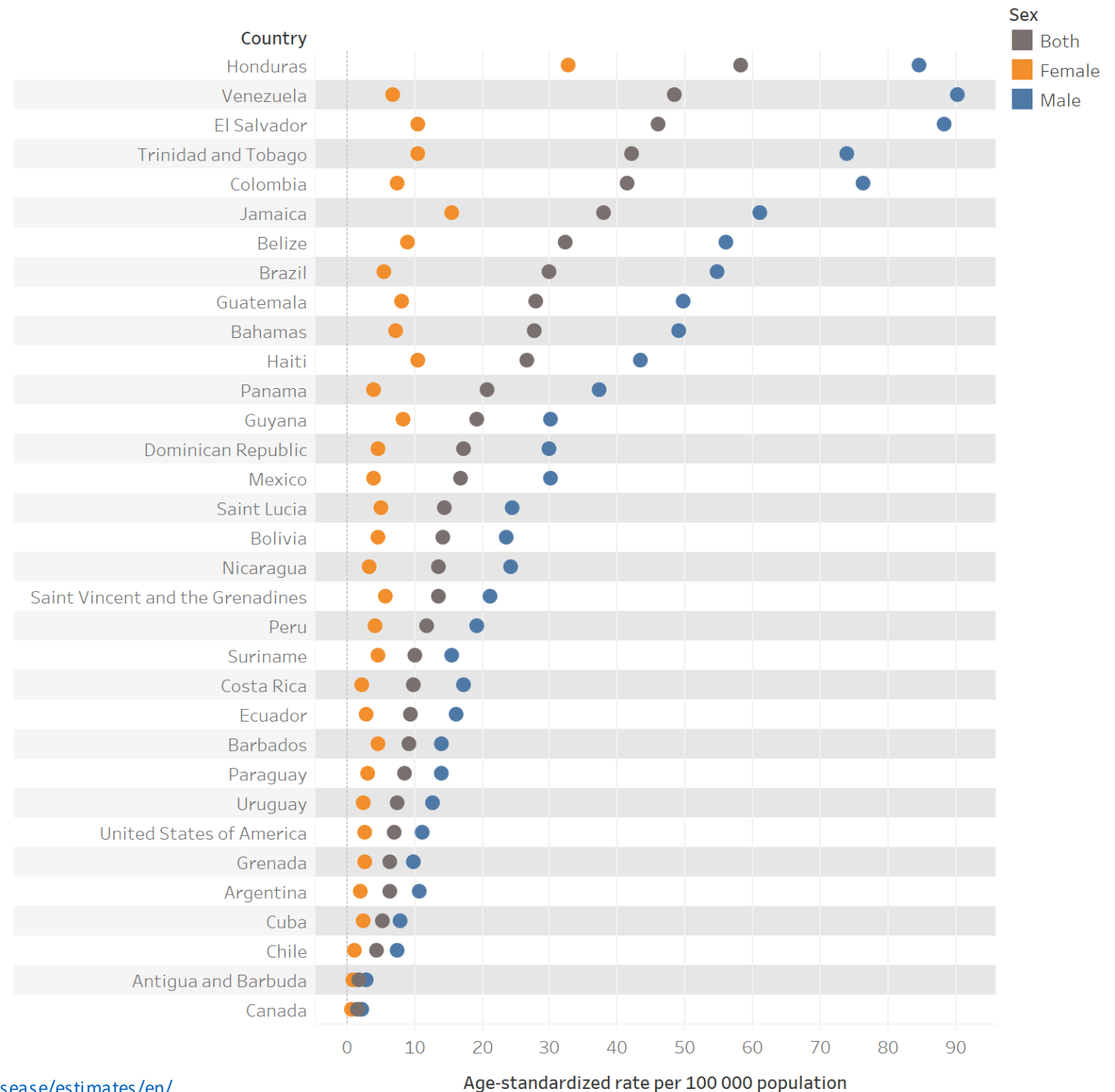
HOMICIDE by WHO region

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



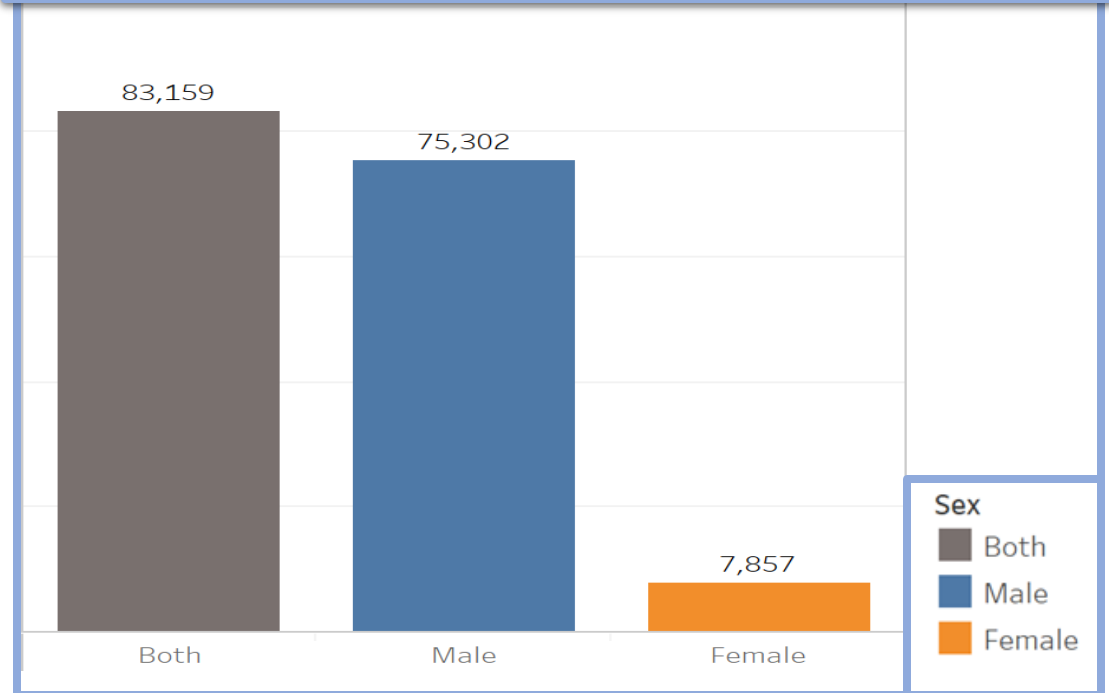
Source: WHO Global Health Estimates, 2016. https://www.who.int/healthinfo/global_burden_disease/estimates/en/

178,000 deaths

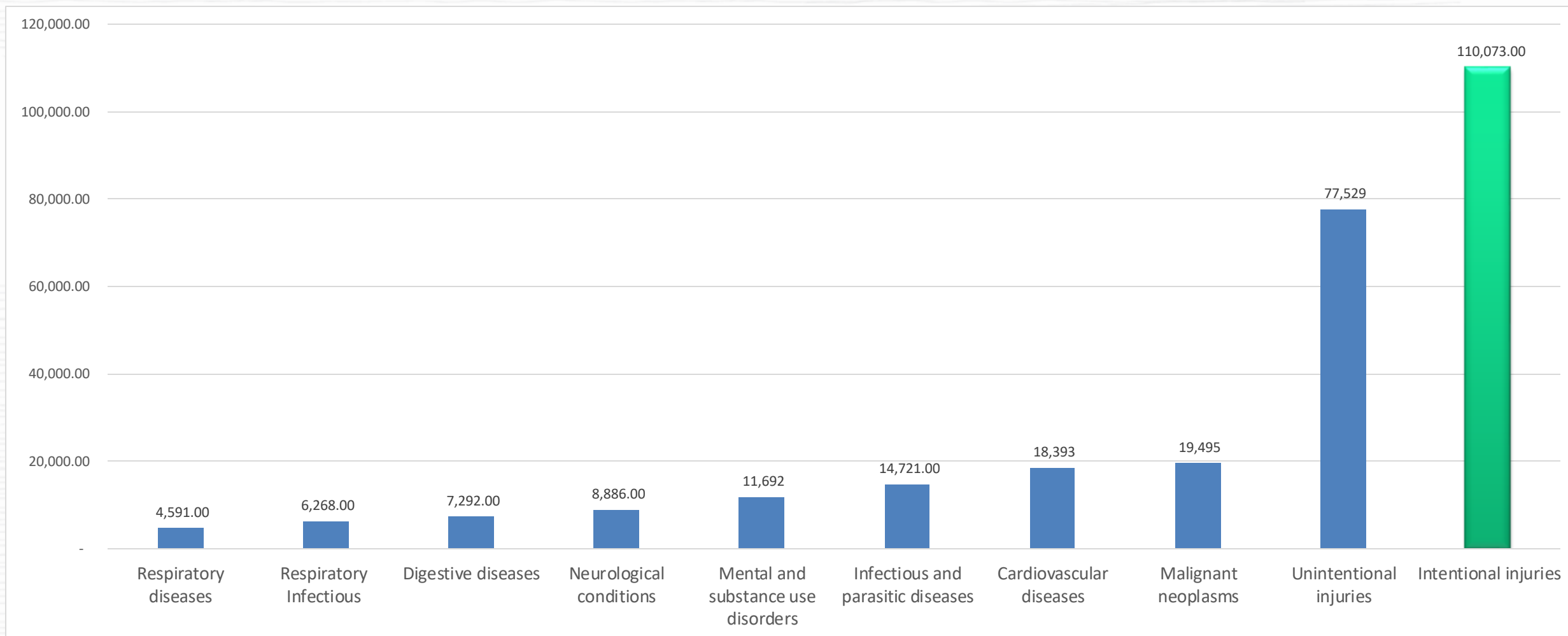


*47% among young people
and children aged 15-29*

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

11

**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

4

**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

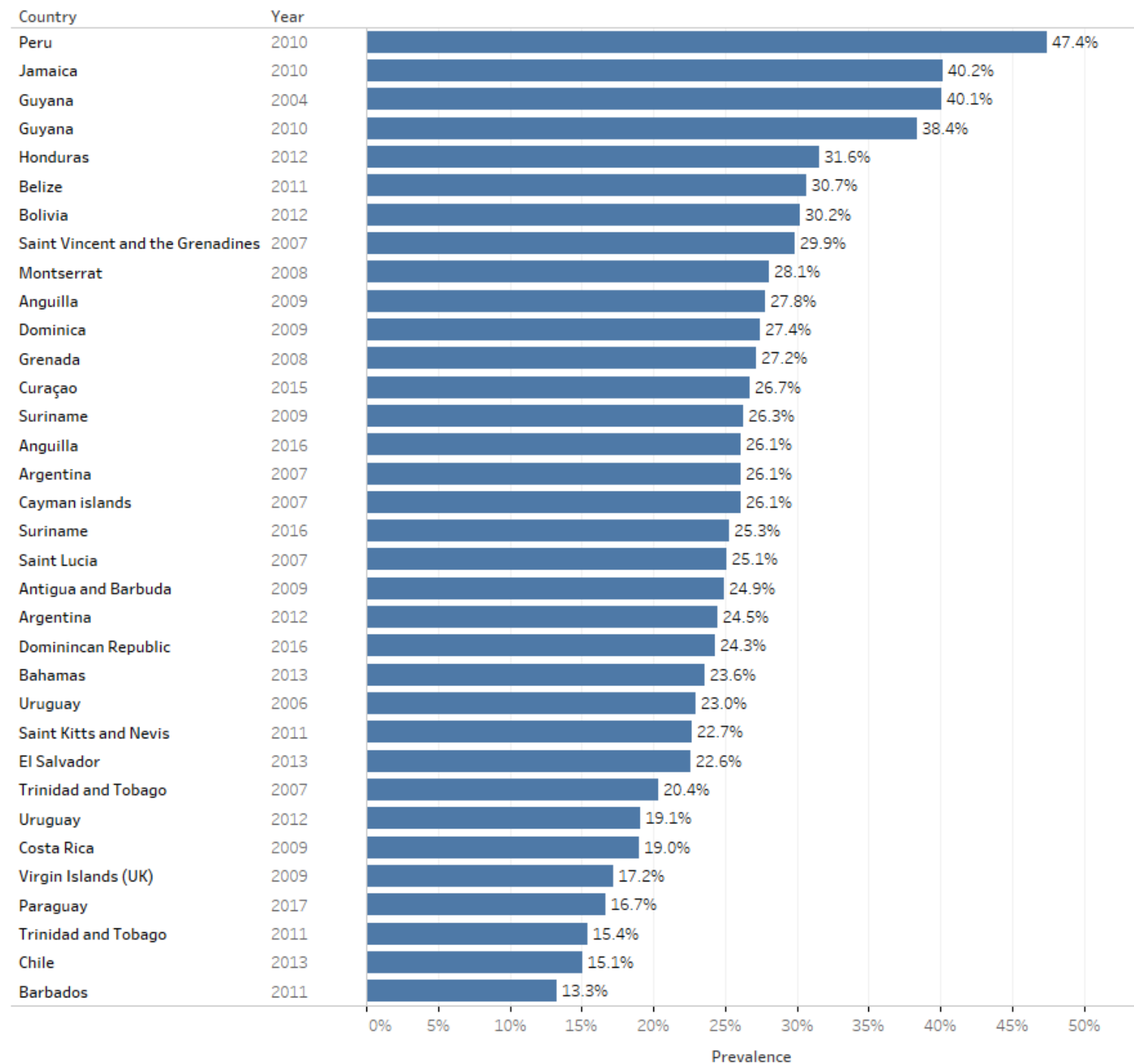
PAHO's Plan of action for women's, children's, and adolescents' health, 2018-2030



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 were bullied on one or more days during the past 30 days, both sexes, by country (last data available)

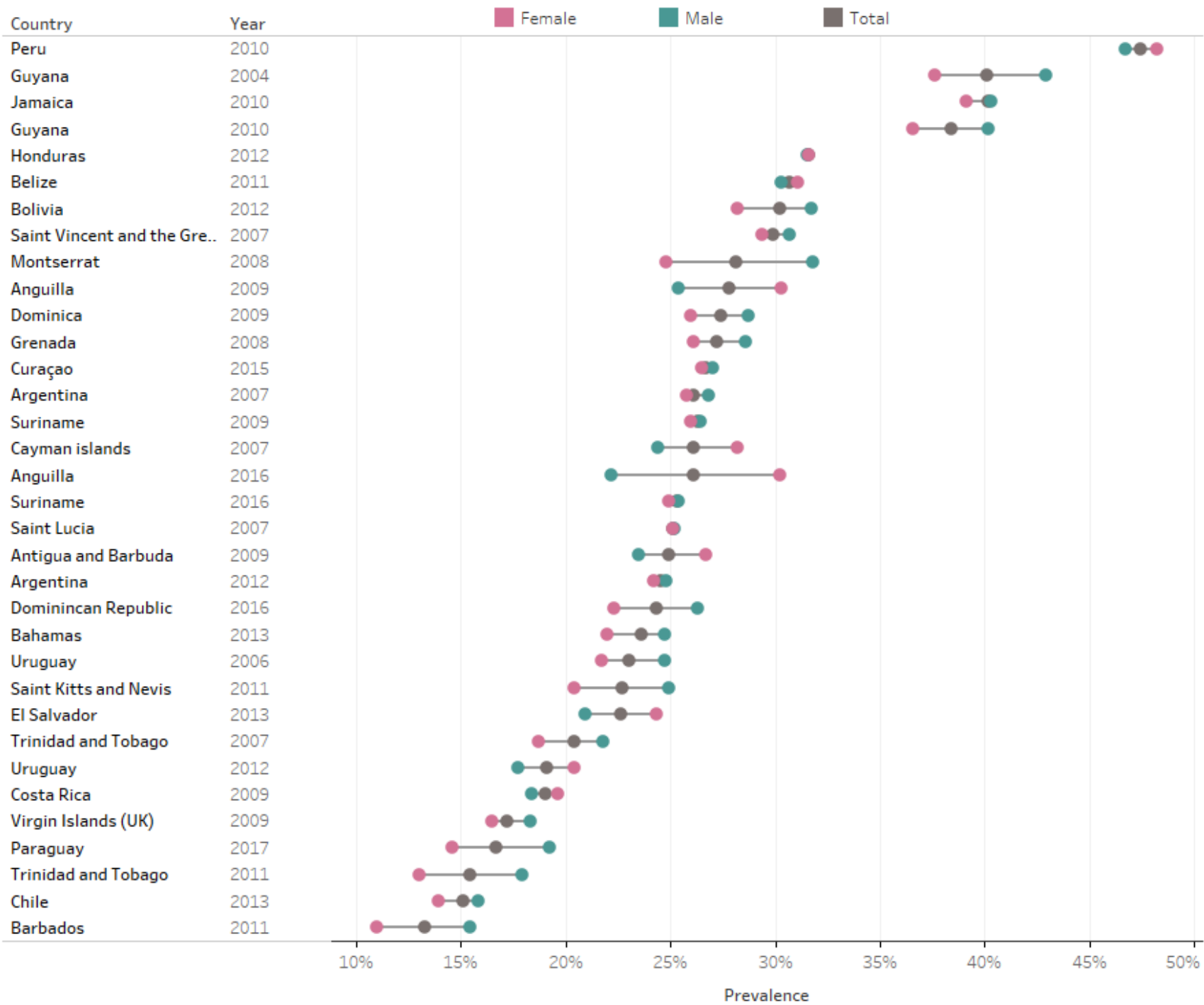


Source: Global School-based student Health Survey.

NOTES: last data available

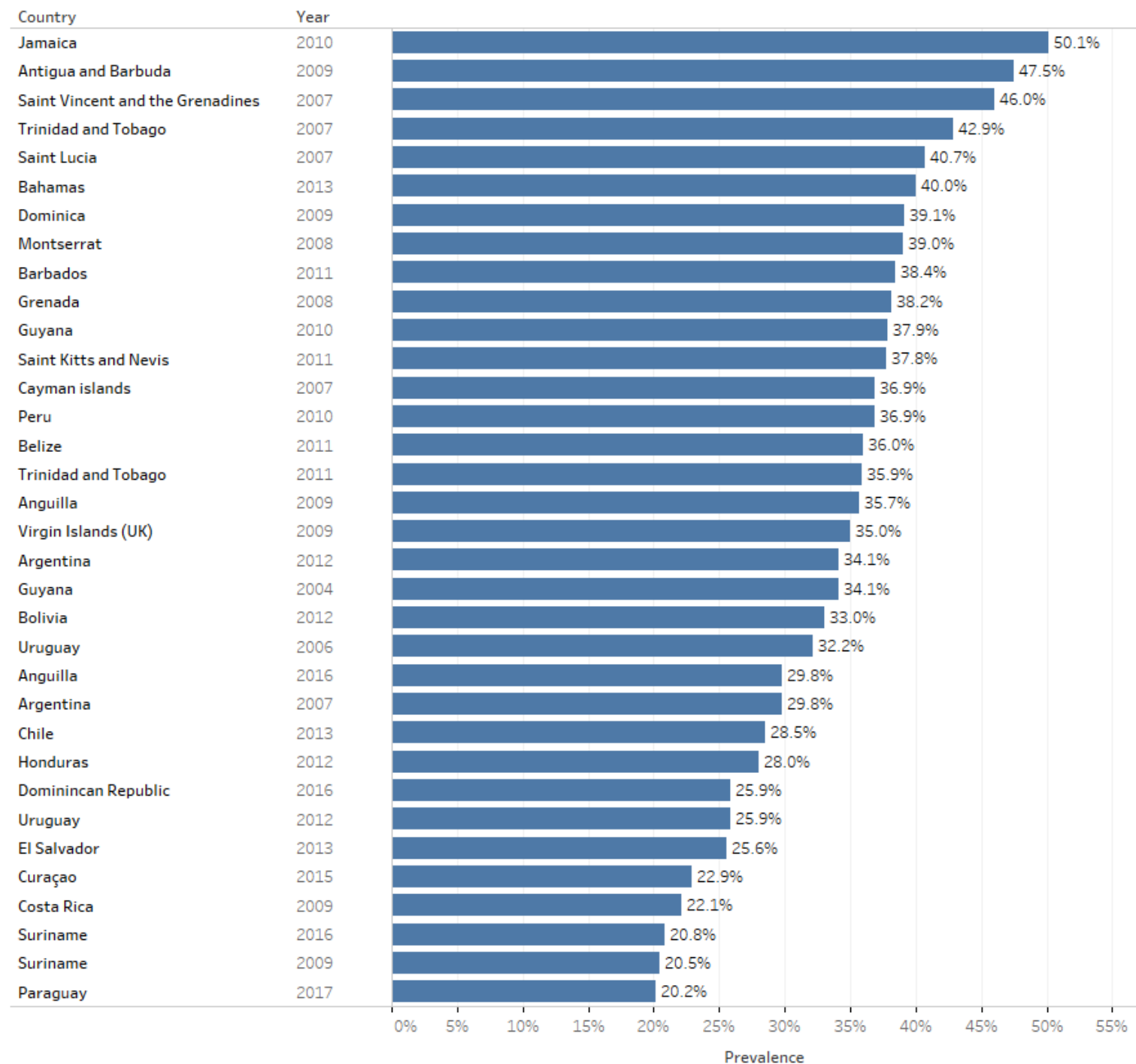
Age group: 13-15 years old

Percentage of students 13-15 years old who 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
 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)

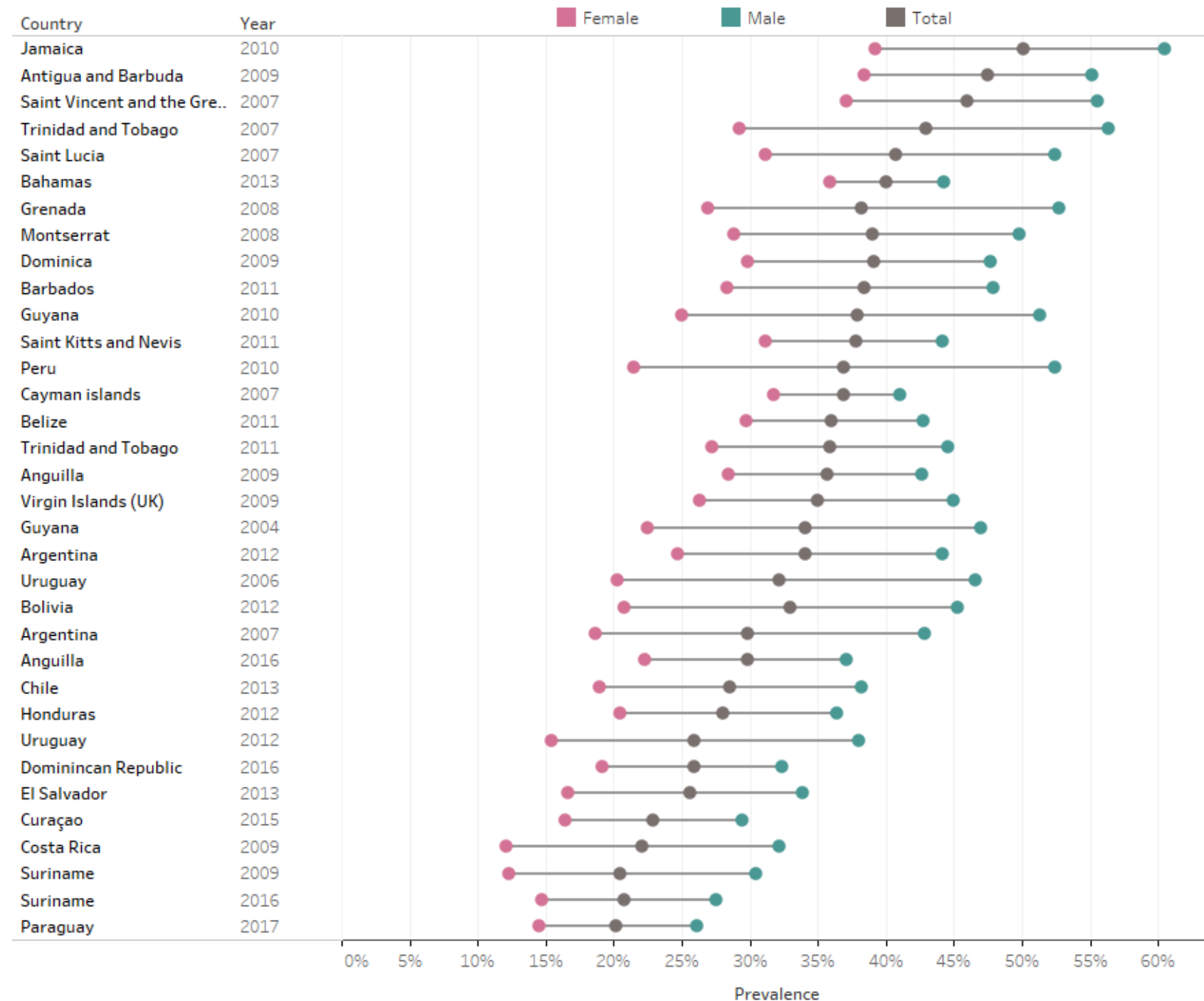


Source: Global School-based student Health Survey.

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)

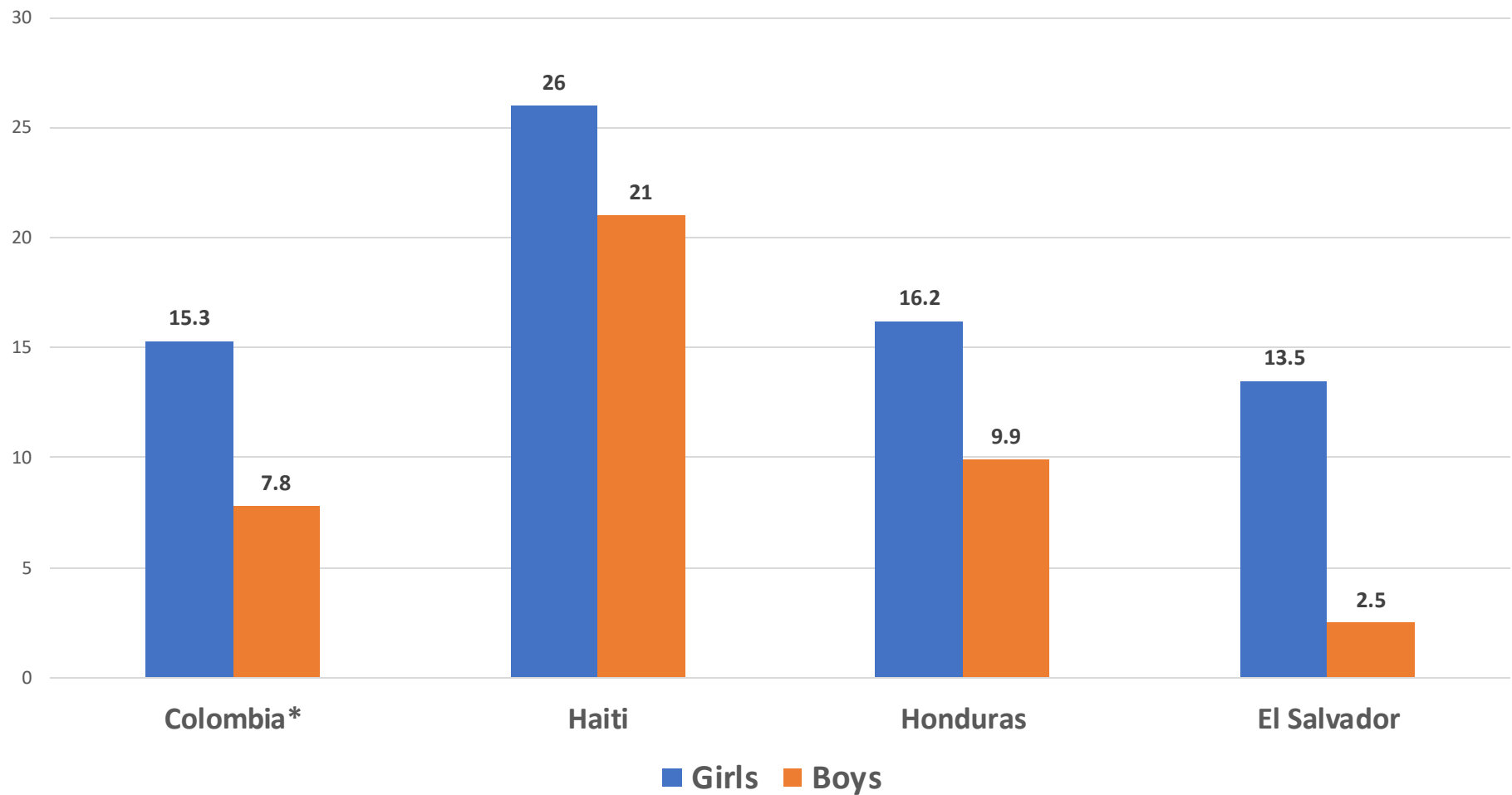


Source: Global School-based student Health Survey.

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



* Preliminary results
NOTE: last data available

Interplay of multiple risk factors associated with violence

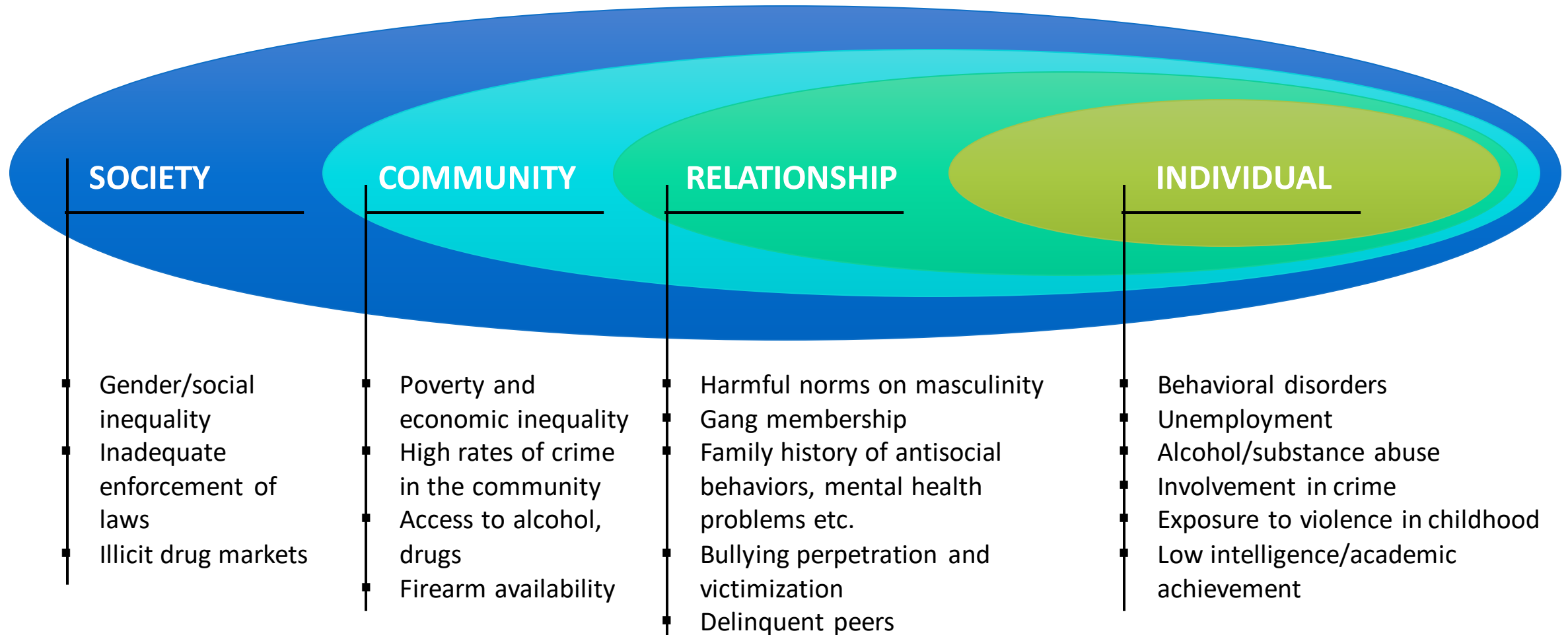


Figure 39: Share of male and female victims of homicide linked to gangs, 2017 or latest available year from 2013–2016

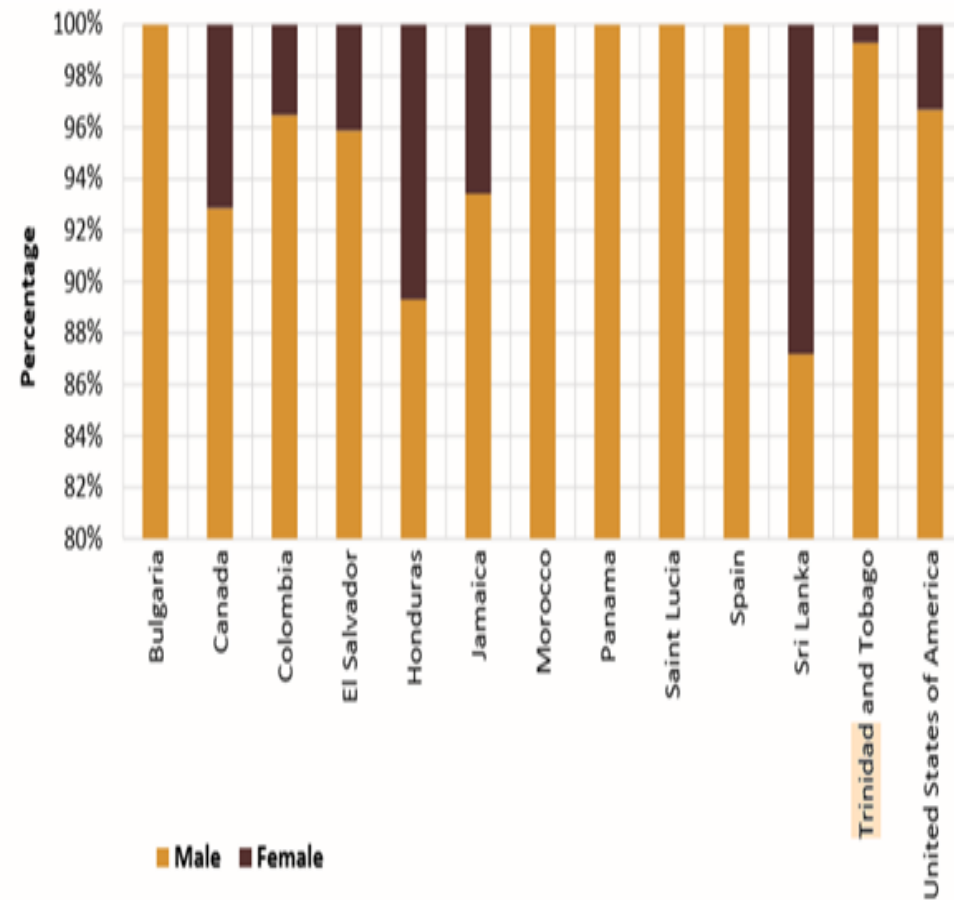
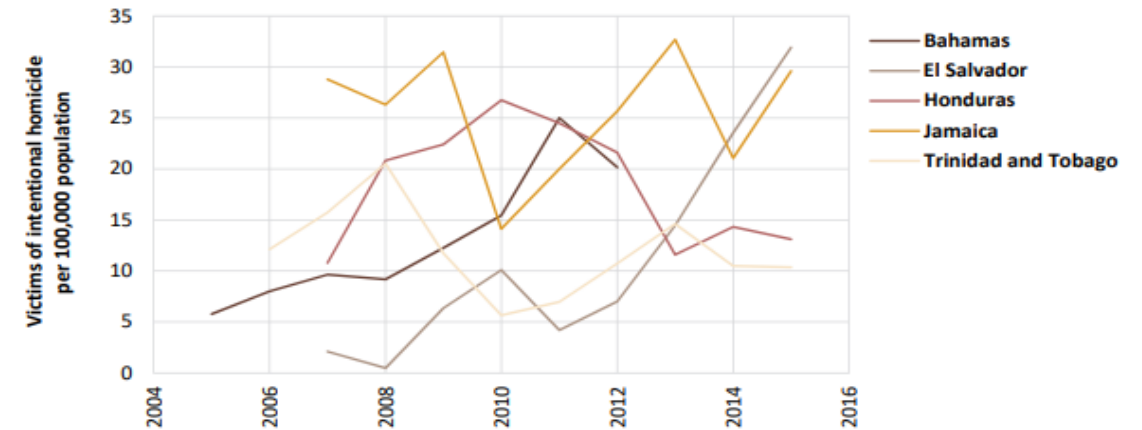
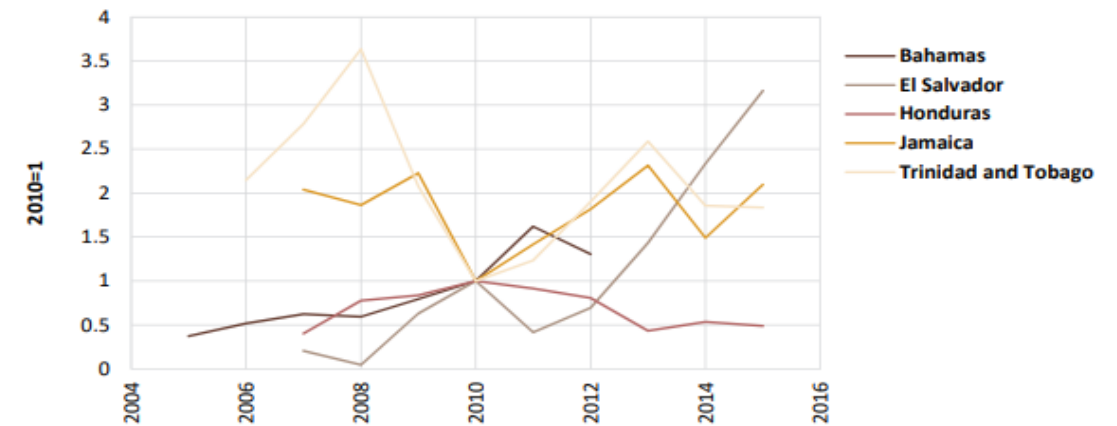


Figure 18: Trends in organized crime/gang-related homicide rate, selected countries in Latin America and the Caribbean, 2005–2015



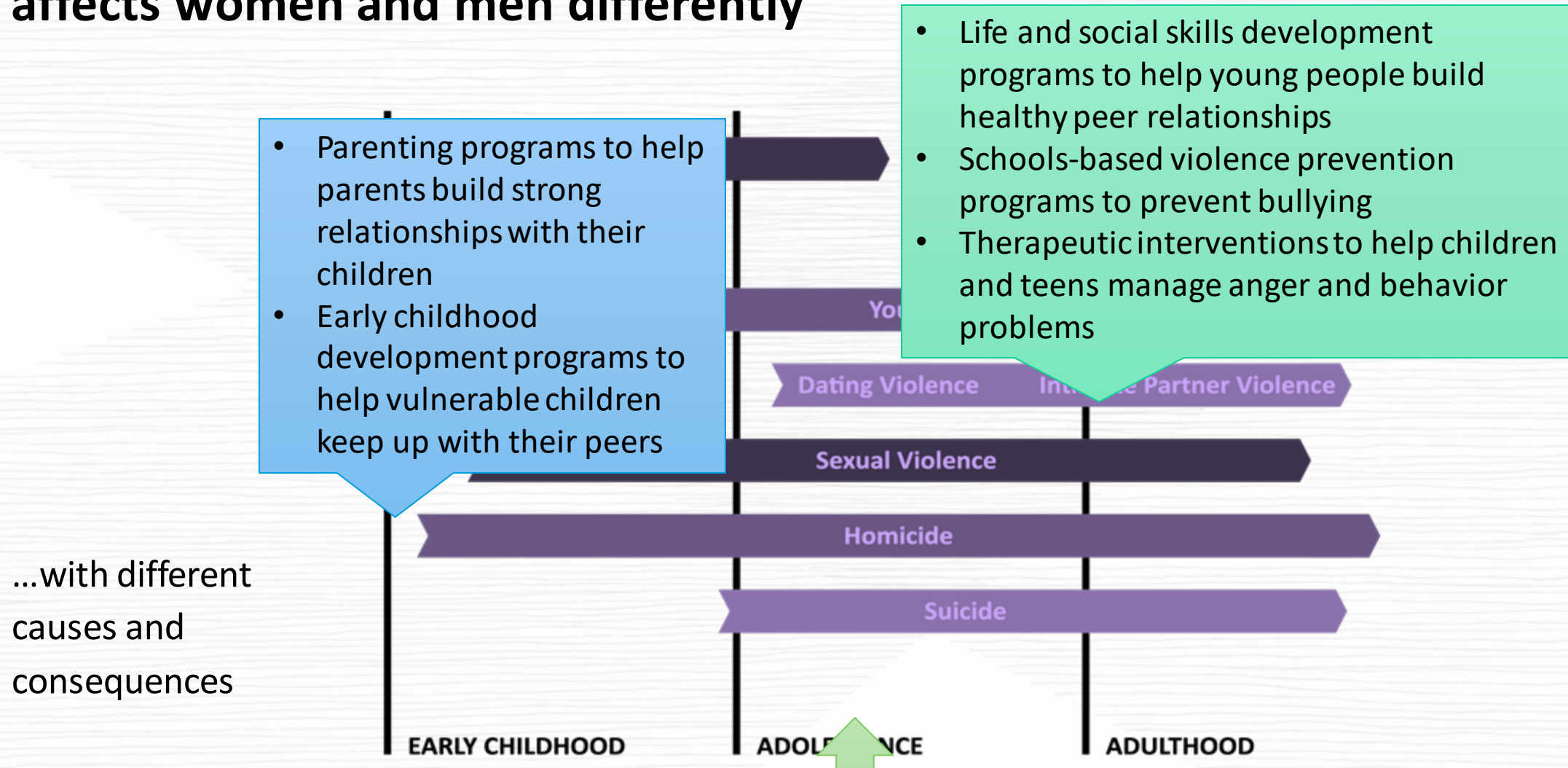
Source: UNODC homicide statistics.

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 affects women and men differently



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

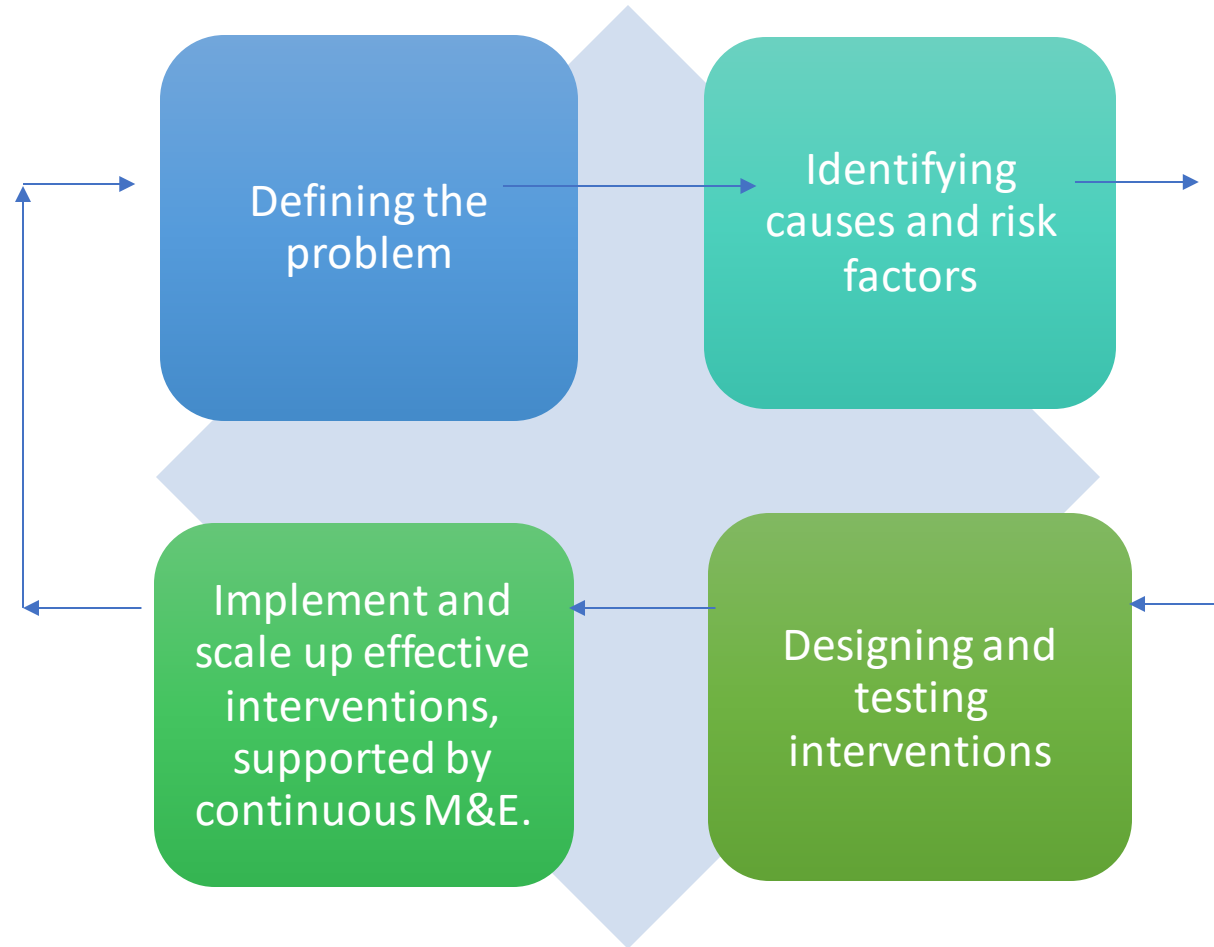
2016:
WHA 69.5 on inter-personal violence, in particular against women, girls, children

2017:
CSP29/INF/3 On Impact of Violence on the Health of Populations in the Americas applauds progress but stresses need for scale up

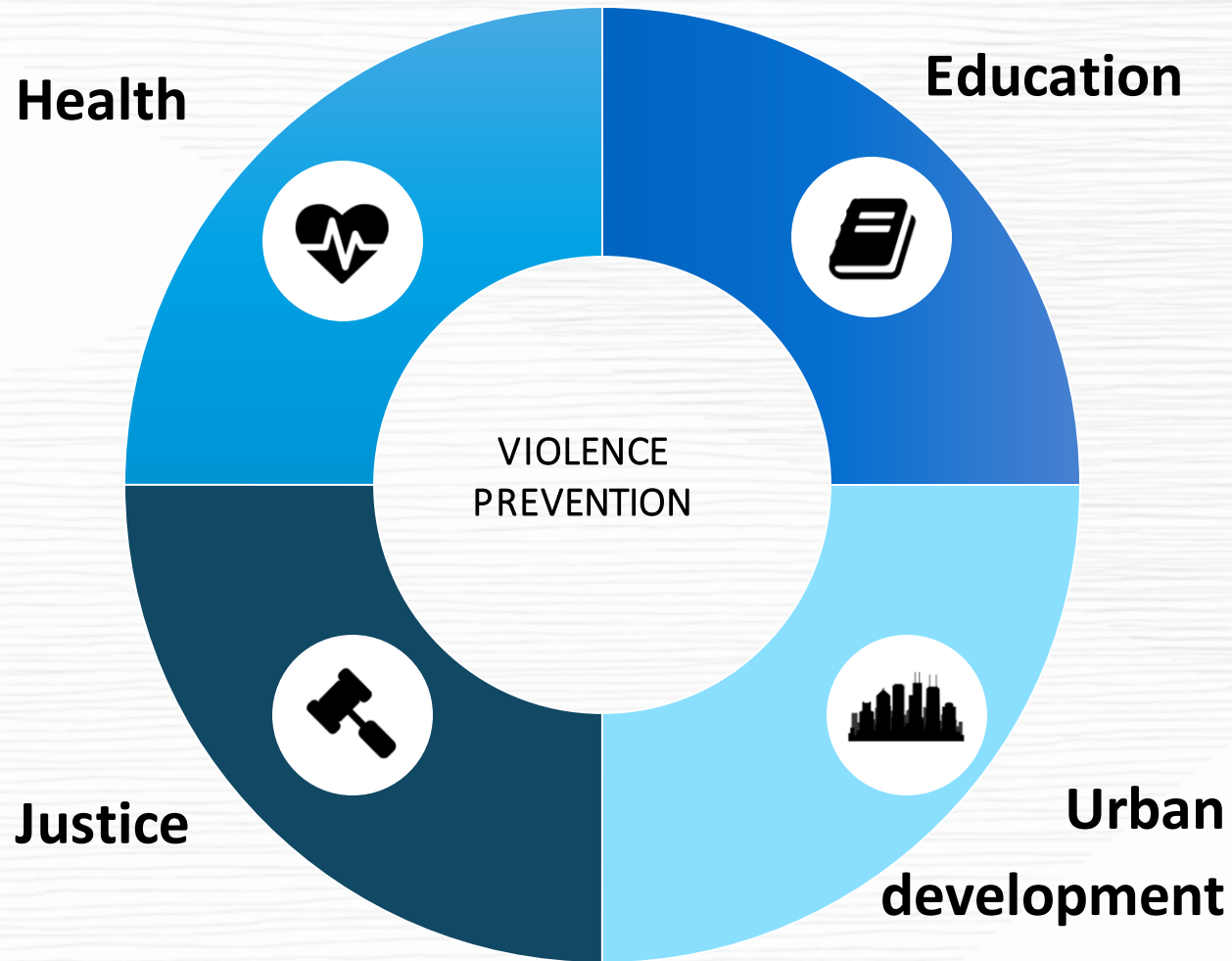
Current PAHO mandates & achievements

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:

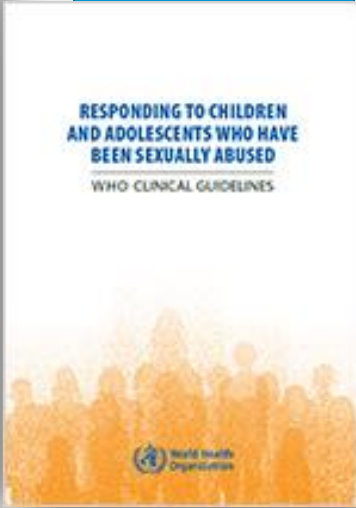
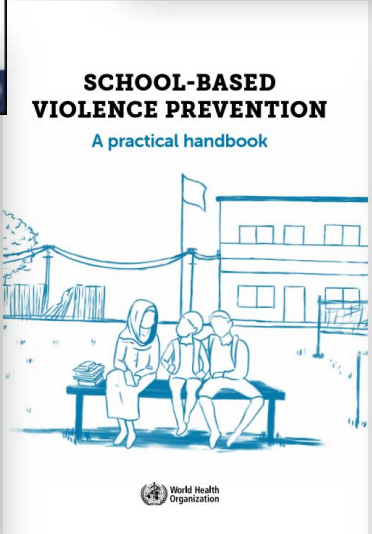
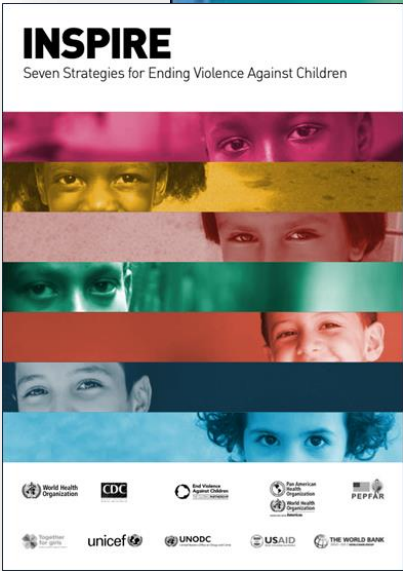
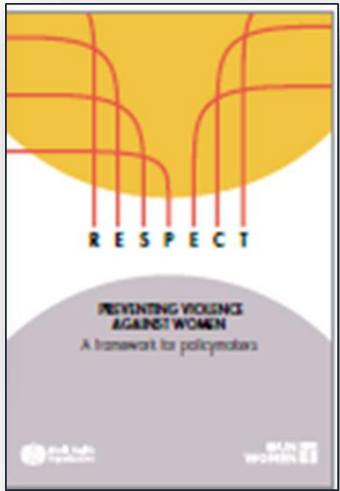
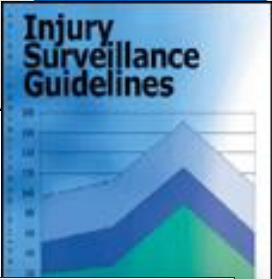
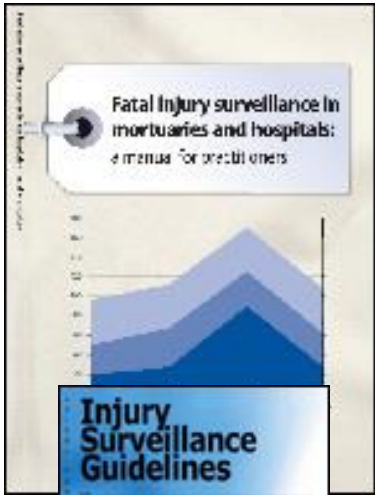
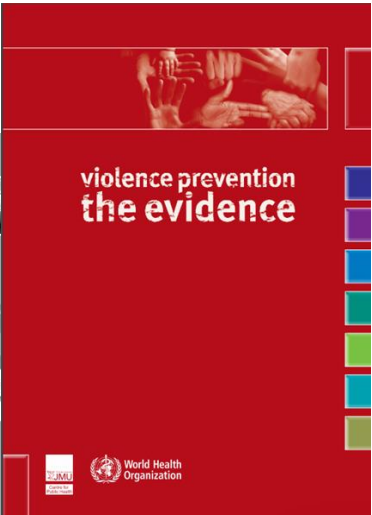
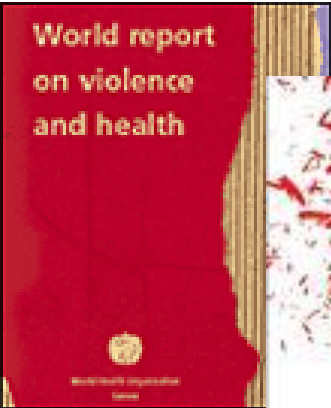
- Strengthening health leadership and governance (including through advocacy with and convening of partners)
- Improving information and evidence
- Strengthening programming to prevent violence
- Strengthening health service delivery and health workers'/providers' capacity to respond

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.



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE **Americas**

THANK
YOU!