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#### **D. PREVENTING VIOLENCE AND INJURIES AND PROMOTING SAFETY: A CALL FOR ACTION IN THE REGION: PROGRESS REPORT**

##### **Background**

1. Violence and injuries lead to significant morbidity and mortality in the Americas (1). The Region has the highest homicide rate in the world, resulting in almost 194,000 deaths in 2019. Homicide rates for boys under age 18 are almost four times the global average (2017), and the comparable rate for girls is almost double the global average (2). Additionally, high rates of non-fatal interpersonal violence, especially against women, children, and older persons, remain a public health challenge. With regard to unintentional injuries, there were 154,780 road traffic deaths reported in the Americas in 2019. Vulnerable road users, including motorcyclists, pedestrians and cyclists, are especially affected (3). Other unintentional injuries, such as drowning, burns, falls, and poisonings, were responsible for around 200,000 deaths in 2019. Drowning and burns particularly impact children and young people, while falls primarily affect older people.

2. In 2008, the 48th Directing Council of the Pan American Health Organization (PAHO) adopted Resolution CD48.R11, Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (4). The purpose of this document is to report to the Governing Bodies of PAHO on the progress made across the priority areas of Resolution CD48.R11. Since then, countries of the Region of the Americas have reaffirmed their commitment to the prevention of violence and injuries through the adoption of several mandates, including the Plan of Action on Road Safety (5) and the Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women (6). Mandates have also been strengthened through strategies in other programmatic areas, such as on women's, men's, children's, and adolescents' health. Moreover, there have been multiple commitments at global level, including resolutions by the World Health Assembly as well as developments at the United Nations. Of particular note are the inclusion of specific targets on violence and road safety in the 2030 Agenda for Sustainable Development (7), the approval of the Second Decade of Action for Road Safety for the period 2021-2030 through UN General Assembly Resolution 74/299 (2020) (8), and the

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WHO Global plan of action on strengthening the role of the health system, within a national multisectoral response, to address interpersonal violence (9).

### **Analysis of Progress Achieved**

3. This document informs about the implementation of the mandates of Resolution CD48.R11. Examples will focus specifically on prevention and response to road traffic injuries and violence against children and youth, as other examples will be presented as part of the progress report on the Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women. The figures are based on the 2019 regional status report on road safety (3) and the 2020 regional status report on preventing and responding to violence against children (2).

### ***Members States***

4. Progress has been observed across all areas where Resolution CD48.R11 urges Member States to act. With regard to the prevention of road traffic injuries, 29 countries reported having a stand-alone road safety agency or an agency placed within a government ministry, and 18 countries reported having national targets for the reduction of road traffic deaths. Evidence suggests that the enactment, implementation, and enforcement of legislation on key risk factors (drink-driving, seatbelt use, helmet use, speed limits, and child restraints) is effective in reducing road traffic injuries and deaths. Accordingly, 21 countries reported having laws that meet best practice for at least one key risk factor. While seatbelt laws that align with best practice were reported by 19 countries, only two indicated the same about child restraint laws. Despite these legislative developments, enforcement remains a major challenge in countries. Although some progress has also been observed in post-crash care, such as in the availability of dedicated emergency telephone lines or training of pre-hospital care providers, the accessibility and quality of emergency care must be improved. Limited availability of data further hinders technical work in this area.

5. With regard to the prevention of violence-related injuries, the 2020 report provides a critical update on progress made with specific emphasis on children and adolescents, who bear an inordinate burden of the violence perpetuated in the Region. In response, 25 countries reported having at least one action plan for the prevention of violence against children, and 29 reported having a national or subnational coordination mechanism. With the publication of INSPIRE: Seven Strategies for Ending Violence against Children (10), countries have access to an evidence-based framework that can guide action and against which progress can be measured. Regional averages indicate that countries have made progress in providing support for the implementation and enforcement of laws, followed by approaches that foster education and life skills, as well as response and support services. Nonetheless, substantial gaps remain with regard to support for safe environments and for income and economic strengthening. The report also warned of considerable gaps in reaching all who need these interventions, highlighting inequities in preventing and responding to violence against children and adolescents.

***The Pan American Sanitary Bureau***

6. Over the past 12 years, the Pan American Sanitary Bureau (PASB or the Bureau) has strengthened cooperation with Member States to prevent and respond to externally caused injuries. This has included technical support for the development and rollout of national laws, plans, and policies, as well as collaboration with ministries of health and partners to strengthen prevention and response capacities, for example through training of key personnel. PASB is currently implementing a series of virtual workshops to build government capacity to implement the INSPIRE strategies in South America and is collaborating in the development of several online courses for health workers.

7. PASB has expanded its violence prevention portfolio, drawing attention to the intersections between different forms of violence. Activities involve an expert meeting on youth violence and a subregional conference with partners in Central America on violence against children and adolescents, including gang and armed violence, in 2019. In 2020, work to address intersections between migration and violence was initiated.

8. PASB has informed the prevention of externally caused injuries through the development and dissemination of evidence-based guidance in collaboration with partners (10-22). Milestones include the publication of status reports on road safety (2009, 2015, 2016, and 2019), reports on violence prevention (2014) and violence against children (2020), and new global guidance on the prevention of other unintentional injuries, such as falls and drowning.

9. PASB has collaborated on multiple interagency coordination processes and has participated in relevant intersectoral partnerships. For example, the Bureau is a partner in the global Spotlight Initiative to eliminate violence against women and girls. The Bureau is actively engaging with partners in development of the Global Plan for the Second Decade of Action for Road Safety, and has also strengthened collaboration with stakeholders through the establishment of a Latin American Parliamentary Network for Road Safety. PASB has also initiated a mapping of stakeholders engaged in the prevention of other unintentional injuries, such as burns and drowning, and plans to expand partnerships in this area in future.

10. Recognizing that the COVID-19 pandemic has increased the risk of domestic violence, especially against women, children, and older persons, PASB has intensified collaboration with Member States on this topic during the past year. This has included: *a)* the development and dissemination of new technical guidance; *b)* convening of virtual policy dialogues nationally and regionally to encourage the sharing of experiences; and *c)* targeted technical support to strengthen health system responses to survivors of violence, such as through training of health workers.

## **Lessons Learned**

11. Despite substantial progress in the Region in preventing and responding to externally caused injuries, it is still necessary to advocate for and strengthen the political commitment to address violence and injuries through a public health approach. While injuries ultimately impact health, their determinants often exist in sectors beyond health and must be addressed through intersectoral coordination. Moreover, the limited institutional capacity of the health sector remains a challenge in many settings.

12. Externally caused injuries share common prevention and response strategies and ways of working, offering opportunities for cross-learning. For example, a key entry point for the health sector response to all externally caused injuries is emergency response, including timely and equitable access to quality health services.

13. Although the evidence base on prevention of and response to externally caused injuries is increasing, some areas still have information gaps. These include: *a)* the prevention of elder abuse; *b)* the prevention of unintentional injuries other than road traffic injuries—including those affecting children and older persons; and *c)* the risks and barriers faced by groups in conditions of vulnerability.

14. The COVID-19 pandemic has drawn renewed attention to violence-related injuries and deaths. The increased visibility of the topic of violence, coupled with the new urgency for action, offers an opportunity to sustain and build on existing achievements.

## **Actions Necessary to Improve the Situation**

15. In light of the advances in the Region, the following measures should be considered:

- a) Continue to advocate for the recognition of violence and injuries as public health priorities.
- b) Accelerate the actions set forth in various regional and global documents approved by the PAHO Governing Bodies, in line with evidence-based guidance to prevent violence and injuries.
- c) Maximize impact through coordinated action on common risk factors, recognizing the intersections between different forms of external causes in the Americas and the evidence-based approaches that can address them.
- d) Pay particular attention to the prevention of and response to violence and injuries in the context of COVID-19, including scaling up responses to domestic violence against women, children, and older persons.
- e) Support Member States in the development and implementation of public policies related to the promotion of road safety, and the prevention of road traffic crashes, violence, and other unintentional injuries, such as drownings, burns, and falls.

### **Action by the Directing Council**

16. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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