Ministerial Declaration on Violence and Injury Prevention in the Americas
Merida, Yucatan, Mexico
March 14th, 2008

We, the Ministers of Health of the Americas taking part in the Meeting of Ministers of Health of the Americas on Violence and Injury Prevention in the City of Merida, Yucatán, Mexico on March 14th, 2008, adopt the following "Ministerial Declaration on Violence and Injury Prevention in the Americas".

Having examined the global situation on violence and injury and its implications for the region of the Americas;

Knowing that approximately 300,000 people die yearly from intentional and non intentional injuries in the Americas – making injuries the fourth leading cause of death in the region - while over 1,200,000 people are injured and many of them disabled for life;

Conscious that violence occurs in different environments and is due to multiple causes and risk factors, being women, children, adolescents, young adults and the elderly the most vulnerable sectors of the population;

Acknowledging that at present, in almost every country of the Americas, there are national and international laws and agreements, as well as institutions that protect women and children in particular from being victims of violence, and organizations that promote the development of adolescents and young adults while strengthening their participation in society;

Conscious of the negative consequences resulting from violence and injuries in the short, medium and long term, leading to conditions such as depression, anxiety, insomnia, and drug, alcohol and tobacco addictions;

Recognizing that firearms are an important risk factor to many types of violent acts including suicides, and that 48% of all firearm-related homicides and 47% of all firearm-related suicides occur in the Americas ;

Conscious of the high financial and social costs for the care of victims of violence and injuries especially for the health sector,- constituting almost 2% of the Gross National Product in the region, with estimates of 10 billion USD in Brazil and 250 billion USD in the USA;

Conscious that injuries contribute to sustaining a cycle of poverty;

Recognizing the devastating impact on families and society whenever a family member or a member of society dies or is seriously injured during a violent act or incident while knowing that a high percentage of deaths and disabilities are preventable;

Conscious that violence and injuries are due to multiple causes and must be tackled directly by different sectors such as transportation, education, the justice system and the police, among others, while there are concrete actions that should be implemented by the health sector in accordance with the above mentioned sectors and society as a whole;

Knowing that the majority of countries in the Americas do not have established national policies that comprehensively deal with the determinants and effects of violence and injuries;

Aware that current responses still occur too often in isolation, and that a well articulated multi-sectoral response is needed, where the role of the public sector is essential for providing a specific focus on prevention, health promotion and a science-based approach, as well as inter-institutional collaboration;

Recalling World Health Assembly resolutions WHA60.22 on Emergency 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 the Prevention of Violence: A Public Health Priority; resolutions CD 37.R.19 (1993), CD 39.R.14 (1996), CD 44.R.15 (2003) from the Directive Council of the Pan American Health Organization that have pointed out and reiterated the need for greater commitment on behalf of Ministries of Health on violence prevention initiatives; United Nations General Assembly resolutions A/RES/60/5 and A/RES/58/289 on improving global road safety; UN General Assembly Resolution A/RES/60/68 calling upon states to develop, where appropriate, comprehensive armed violence prevention programs while including them into national development strategies; UN General Assembly resolution A/RES/56/24V (2001) adopting a Small Arms Action Program which recognizes the dimension of the challenge posed by the illicit traffic of small arms related to health; UN Sub-Commission on the Promotion and Protection of Human Rights Resolution 2006/22 urging states to take effective measures for minimizing violence carried out by armed individuals; the celebration of the First United Nations Global Road Safety Week 2007 and World Health Day 2004, dedicated to road safety; and the launch of the World Report on Road Traffic Injury Prevention and the World Report on Violence and Health, as well as the UN Secretary General's Study on Violence Against Children (2006) and related World Report on Violence Against Children (2006) and the Inter Agency Regional Report on Violence Against Women (2007), all tools for action against interpersonal violence and the prevention of injuries;

Welcoming the recently released publication by the World Health Organization *"Preventing Injuries and Violence: A Guide for Ministries of Health"* which describes in detail the role Ministries of Health can play in data collection; policy development; design, implementation and the evaluation of primary prevention programs; as well as the provision of services for those affected and their families and advocacy;

Agree that additional efforts are needed to address these major public health and development issues and therefore commit to:

a) recognize violence and injuries as epidemic public health problems in our countries;

b) increase efforts to prevent violence and injuries, through actions for the promotion of health within a broad perspective of safe, healthy and sustainable environments;

c) foster strategic agreements and alliances among the public and private sectors, as well as with non governmental organizations in order to develop national policies for the promotion of health and the prevention of violence and injury in order to decrease risks and consequences to the most vulnerable sectors of the population;

d) strengthen or create, in those countries where this has not yet been created, a unit for violence and injury prevention at Ministries of Health with appropriate budgeting, staffing and authority;

e) develop, implement and evaluate national plans for violence and injury prevention in each country, while promoting the same type of initiatives at both state and municipal levels;

f) encourage Ministries of Education to work together with schools and universities to include violence and injury prevention programs as an integral component of social, health and educational policies; while training and offering continuous education programs on violence and injury prevention among personnel from the Ministries of Health;

g) strengthen, within their institutional domain, data collection efforts on risk and protective factors, as well as on mortality, morbidity and costs related to injuries and violence and make these data available for decision making purposes based on scientific evidence;

h) foster coordination among the sectors involved, to strengthen primary prevention programs that address the fundamental causes and risk factors related to violence and injuries such as alcohol abuse, availability of firearms, the excessive presence of violence in the media, social norms related to violence, gender inequality, lack of use of seatbelts and helmets, excessive speed, drinking and driving;

i) encourage the media to commit to conducting national campaigns on the prevention of violence and injuries, as well as develop initiatives to limit inclusion and presentation of violent images and emphasizing non-violent messages;

j) improve the provision of healthcare services – with a focus on the promotion of health, rights, specific gender and intercultural needs – to victims of violence and injury by the strengthening of emergency trauma care, rehabilitation services, as well as provide legal and social services;

k) foster cooperation between countries within the region for the exchange of information and technical support from those countries with initiatives and projects that have had an impact on the reduction of violence and injuries;

l) request organizations and international agencies to unite strengths, agendas and resources to jointly combat the problem of violence and injuries;

m) recognize, and at same time request the World Health Organization and the Pan American Health Organization for their continued technical support and distribution of documentation to improve our performance on health promotion and violence and injury prevention.

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March 14th ,2008
Merida, Yucatan
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