

## Topic Overview

### Preventing Interpersonal and Self-directed Violence and Injuries in the Caribbean

#### Stakeholder Dialogue 24 June 2015

The McMaster Health Forum, in collaboration with the Caribbean Public Health Agency, convened a stakeholder dialogue on the subject of preventing interpersonal and self-directed violence and injuries in the Caribbean. With support from the Pan American Health Organization, the dialogue brought together 18 participants – 14 policymakers, two researchers and two stakeholders – from several Caribbean countries to examine the problem, options for addressing it, and key implementation considerations.



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#### Deliberation about the problem

The majority of participants agreed that violence is a major health problem in the Caribbean, women and youth are especially vulnerable to the negative effects of violence, and young men are at higher risk of engaging in and being victims of violent acts. It was also clear that most participants agreed the problem should be understood in relation to the following themes: 1) there are numerous ‘socio-cultural’ factors that contribute to the problem; 2) there are several systemic and measurement issues that make monitoring of violence and injuries difficult; 3) in addition to alcohol, abuse of other substances (i.e. illicit drugs) contributes to violence and injuries in the region; 4) there is variability across countries with respect to the level of priority given to addressing violence and injuries; 5) the issue often lacks associated messaging that is compelling, consistent and action-oriented, and that can motivate stakeholders to engage in multi-sectoral action; and 6) coordinating efforts across sectors, with health assuming a leading role, is challenging for a number of reasons.

*The views expressed in the evidence brief and dialogue summary should not be taken to represent the views of the Pan American Health Organization.*





Participants drawn from government and from health, professional and research organizations gather during the stakeholder dialogue on 24 June 2015

## Deliberation about an approach

There was consensus among participants that the options originally presented in the evidence brief should be re-worded and discussed as elements of a comprehensive approach given they were all equally important and not mutually exclusive. After each of the elements was considered, there was broad agreement that: 1) countries need to take advantage of the emphasis being placed on priority health issues in the region and internationally in order to shift the framing of violence and injuries to align with these priorities, highlight value-for-money arguments within the context of these priorities, and align efforts to address violence and injuries with initiatives underway to address emerging priority health issues that require similar approaches such as inter-sectoral collaboration; 2) there is a need to ensure robust monitoring and surveillance systems that produce meaningful, context-appropriate, valid and useful data that can be used to support decision-making are in place at national and regional levels; 3) there is a need to establish formalized inter-sectoral arrangements to ensure accountability across sectors for preventing violence and injuries, which could be achieved through a number of potential approaches, including the use of instruments such as memoranda of understanding, or by embedding formal relationships in proposed legislation by spelling out responsibilities required by various sectors; and 4) there is a need to strengthen the core delivery and programmatic arrangements in health required to address violence and injuries. There was some uncertainty about whether and how the health sector could yield influence over other sectors to lead such initiatives, but participants were unanimous in emphasizing the important role played by national and regional champions.

## Deliberation about next steps

Seven priorities for action were identified by participants. In particular, participants suggested that in order to move forward they need to: 1) identify and integrate relevant Caribbean data and studies about inter-personal and self-directed violence and injuries with the evidence presented in the brief that informed the stakeholder dialogue; 2) develop an inventory of current violence- and injury-prevention initiatives in the region; 3) conduct an assessment of the status of implementation of the various options presented in the evidence brief; 4) develop a common set of indicators that can inform improved monitoring and surveillance across sectors and across countries in the Caribbean; 5) collaboratively develop an implementation plan, written with clear and consistent messages about priorities (i.e. what needs to be done), accountability (i.e. who does what), and timelines (i.e. by when); 6) take advantage of current opportunities to collaborate with other sectors that are clearly willing; and 7) take the lessons learned from the deliberative dialogue back to individuals who can prioritize the issues and instigate meaningful actions at the country level.

## Dialogue deliverables

To learn more about this topic, consult the [evidence brief](#) that was presented to participants before the dialogue and the [summary](#) of the dialogue. For an electronic copy of the evidence brief or dialogue summary, visit our website [www.mcmasterhealthforum.com](http://www.mcmasterhealthforum.com) and click on 'Products' along the sidebar, or for direct access to our YouTube and iTunes U channels, simply click on the icons below.

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