

Meeting Report

3rd Milestones of a Global Campaign for Violence Prevention
Scottish Police College, Tulliallan Castle, Kincardine, Fife, Scotland
17-19 July 2007

VIOLENCE
reduction unit



Background

On 3 October 2002 the *World report on violence and health* was launched at the Egmont Palace in Brussels, in the presence of His Majesty King Albert II of Belgium; the Prime Minister of Belgium; the Director-General of the World Health Organization (WHO), and ministers, ambassadors and leading members of NGOs from around the world. Since then, much has been achieved by way of establishing an awareness that violence is preventable; consolidating and disseminating normative guidance on how to prevent violence; carving a niche within government health ministries for focal persons to promote violence prevention, and taking stock at national and regional levels of the violence and health problem and of responses to it. For instance, since the launch of the *World report on violence and health* (WRVH), resolution WHA56.24 of the 56th World Health Assembly and three out of six WHO regional committees (Africa, the Americas and Europe) have adopted violence prevention resolutions, there are over 100 officially appointed health ministry focal persons for the prevention of violence, over 50 countries have had national launches of the WRVH, and over 25 countries have developed reports and/or plans of action on violence and health.

At the programme level, tens of thousands of people in scores of countries have been touched by violence prevention programmes and victim services established in response to the Global Campaign for Violence Prevention (GCVP). Since the last Milestones report in 2005, countries that have initiated new violence prevention activities in collaboration with WHO - including data collection, research on the costs of violence, prevention, programme evaluation, the establishment of national prevention institutes or task forces, and the improvement of victim services - include: Angola, Argentina, Colombia, Belgium, Brazil, Canada, Congo, El Salvador, Finland, France, Guatemala, Germany, India, Honduras, Jamaica, Jordan, Kenya, Latvia, Malaysia, Mongolia, Mozambique, Nepal, Nicaragua, the Philippines, Peru, Puerto Rico, the Russian Federation, South Africa, Tanzania, Thailand, The former Yugoslav Republic of Macedonia, Uganda, the United Kingdom, the United States of America, and Yemen.

The Milestones of a Global Campaign for Violence Prevention meeting series is a way to recognize these achievements and illustrate the advances in violence prevention since the launch of the WRVH. At the first Milestones meeting in January 2004, nearly 200 high-level policy-makers gathered in Geneva, Switzerland to review country activities in the period following the launch of the WRVH and develop strategies to further the implementation of the report's recommendations through the GCVP. In October 2005, the second Milestones meeting convened in San Francisco, California where participants revisited strategies to further implement violence prevention and discussed the future directions of the Violence Prevention Alliance (VPA).

Milestones 2007

With this 3rd Milestones of a Global Campaign for Violence Prevention Meeting held at the Scottish Police College, Tulliallan Castle in Kincardine, Fife, Scotland on 17-19 July 2007, we reflected on nearly five years of activity since the October 2002 WRVH launch. The 3rd Milestones meeting was an opportunity to highlight recent advances and ongoing work in violence prevention at the regional and country level.

The purpose of the meeting was to discuss scaling up violence prevention globally including primary prevention efforts, service delivery, data and monitoring, and outcome evaluation. The meeting objectives were:

- To highlight violence prevention progress in countries around the world;

- To identify strategies for country, regional and global partners to scale up primary prevention, service delivery, data and monitoring and outcome evaluation;
- To enhance the place of evidence-based approaches to violence prevention within the international development agenda.

WHO wishes to thank the Government of Belgium, the California Wellness Foundation and the United States Centers for Disease Control and Prevention for their generous financial support for the Global Campaign for Violence Prevention and the Third Milestones Meeting. WHO also gratefully acknowledges the Scottish Executive, the Violence Reduction Unit, and the Scottish Police College for the superb planning, organizing, and support extended to the Third Milestones in a Global Campaign for Violence Prevention Meeting.

Day 1

The meeting opened with a speech by Dr Catherine Le Galès-Camus, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO describing the need to scale up country level implementation of injury and violence prevention including promoting the central role of health in the international development agenda; fostering health security; strengthening health systems; harnessing research, information and evidence; facilitating partnerships; and increasing WHO's performance for results. In addition, Dr Le Galès-Camus launched the 3rd *Milestones in a Global Campaign for Violence Prevention Report 2007: Scaling-up*, which reviews progress and identifies priorities for the years ahead.

The Honourable Kenny MacAskill, MSP, Cabinet Secretary for Justice, Scottish Executive delivered a message that alcohol is no excuse for violent behaviour and the need to address alcohol-related violence in Scotland.

Presentations followed on violence and health in Mexico including a description of the expansion of violence prevention programmes by Dr José Ángel Córdova, the Minister of Health for Mexico; on global violence prevention achievements and challenges over the first years of efforts to implement that recommendations of the *World report on violence and health* by Dr Etienne Krug, Director, Department of Injuries and Violence Prevention, WHO; on the changing patterns of violence in city centres, violence as a contributing factor to health inequality gaps, and the response to violence in Scotland by Dr Peter Donnelly, Deputy Chief Medical Officer, Scottish Executive; and on violence prevention in Ghana by Dr Kofi Ahmed, Chief Medical Officer, Ghana.

Presentations by Mr Milton Mutto, Executive Director, Injury Control Centre (Uganda); Dr Irvin Waller, Professor of Criminology, University of Ottawa (Canada); Dr Jacquelyn Campbell of Johns Hopkins University School of Nursing (USA); and Mr Gary Yates, President and Chief Executive Officer of The California Wellness Foundation (USA) and a panel discussion focused on "getting serious about violence prevention: what's been achieved and what remains to be done" closed the afternoon session.

Day 2

The second day was highlighted by presentations describing the Adverse Childhood Experiences (ACE) Study by Dr Vincent Felitti, of Kaiser Permanente (USA), the Zurich Study by Dr Manuel Eisner of the University of Cambridge (UK), the IMAGE Study by Dr Charlotte Watts of the London School of Hygiene and Tropical Medicine (UK), and the prediction and prevention of child abuse and neglect in Europe by Dr Kevin Browne of University of Liverpool (UK).

A series of 14 workshops was conducted in the morning and afternoon sessions during which participants engaged in discussion with colleagues and workshop coordinators on specific topics noted in the attached workshop listing.

The session was closed by Mary Gordon, who gave a presentation based on her book Roots of Empathy, and comments by the Honourable Paddy Tomkins, Her Majesty's Chief Inspector of Constabulary for Scotland.

Day 3

The final day of the meeting opened with presentations and a panel discussion focused on the opportunities and challenges of scaling up international support for violence prevention. Dr Paul Eavis of the United Nations Development Programme described the UNDP decision to work on armed violence prevention; Mr Richard Matzopoulos described lessons from the efforts to mainstream violence prevention in the new public health initiative being developed as part of South Africa's Western Province Provincial Growth and Development Strategy; Dr Rodney Hammond, provided a US perspective on international violence prevention efforts; Mr Christoph Schmocker, Managing Director of the UBS Optimus Foundation described how participants might consider approaching private enterprise to assist in the funding of violence prevention efforts globally; and Dr Horst Kloppenburg, provided a perspective of violence prevention within the European Commission Directorate for General Health and Consumer Protection.

Of particular interest on Day 3 were group discussions to three questions addressing the visibility of violence prevention on the international development agenda and how to ensure effective programs are expanded at national and international levels. Participants were divided into 4 groups and engaged in information-sharing, brainstorming and strategizing to formulate responses to the questions below.

How do we make a strong case that high-income countries have an interest in preventing violence in the rest of the world?

What are the big research and programmatic priorities that should be undertaken to create a solid foundation for successful violence prevention?

How do we encourage collaborative efforts between nations, international agencies, and private enterprise to engage in the work of violence prevention?

Participants identified the opportunity cost of doing nothing, and thus called for the need to build a business case for integrating violence into the development agenda and increased visible advocacy for violence prevention. Participants stated that as a global good, violence prevention and primary prevention are of utmost importance in addition to policing and criminal justice system strategies.

Participants identified the need to educate high income countries (HIC) about the potential benefits of preventing violence in low- and middle-income countries (LMIC). High income countries have a strategic interest to integrate violence prevention development into international development agendas for reasons of regional stability as well as potential long-run economic returns (increased GDP) on investments.

In the area of research, participants called for much more research in primary prevention and the need to focus research on LMICs with an increased focus on (1) outcomes measured in evaluation, (2) the use of performance indicators in order to measure success, and (3) longitudinal studies. Both the existing and to-be-developed evidence base must be made more visible and available to programmatic efforts with a focus on positive examples that have been demonstrated to bring about results in LMIC. In doing so, participants identified the need for more context specific research and the need to recognize context and to tailor interventions to individual settings.

In the area of collaboration, participants noted that in some settings it may be important that violence prevention be linked with other programmes such as HIV/AIDS, tuberculosis, and malaria prevention, so as to capitalize on the considerable political and financial support these latter programmes enjoy.

However, it was also emphasized that in those settings where violence is among the top four or five causes of death and burden of disease, dedicated violence prevention programmes can be fully justified. Participants also suggested that violence prevention should look to colleagues in other substantive areas (e.g. HIV, heart disease, cancer) for lessons that can be learned with regards to shifting norms and attitudes (eg, tobacco) and to building successful collaborative campaigns and raising funds needed to organize effective violence prevention campaigns. There is a need to identify "best buys" that can be packaged and presented to donor agencies and investors. Finally participants recognized the potential role of an identified champion for violence prevention.

Summary

Through the global and country-level activities initiated in collaboration with WHO as well as those independent of WHO, violence prevention has arrived at a crucial turning point. Advocacy, normative guidance and the planting of programme seeds in many countries must now give way to expanded country-level implementation accompanied by a concerted effort to measure effectiveness using violence prevention outcomes -- such as rates for violence-related deaths and non-fatal injuries and for self-reported violent victimization and perpetration. Recently published outcome evaluation studies from low- and high-income settings using such measures have shown remarkable reductions in various forms of violence - including homicide, intimate partner violence and child maltreatment - as a result of carefully designed and properly implemented prevention strategies.

Feedback from participants to meeting organizers has been extremely positive. The 3rd Milestones meeting was an opportunity for violence prevention advocates, decision makers and practitioners to join together and help ensure that the next five years will be ones in which the effects of violence prevention visible by investing both in proven and promising prevention strategies and in good systems for the collection of epidemiological data to monitor the response of violence to our prevention efforts. In this way, we can capitalize on the heightened concern and harness the good will established by the first five years of the GCVP. Visible results for violence prevention, in turn, build confidence, political commitment and the momentum required to intensify and scale up the prevention of violence.



Programme
3rd Milestones of a Global Campaign for Violence Prevention
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DAY ONE: TUESDAY 17 JULY 2007 MC Dr Alexander Butchart, Coordinator, Prevention of Violence, WHO		
10:00-13:00	Registration	
13:00-13:10	Introductory remarks	Dr Catherine Le Galès-Camus Assistant Director-General, Noncommunicable Diseases and Mental Health WHO
13:10-13:20	Opening addresses	Hon. Kenny MacAskill MSP Cabinet Secretary for Justice, Scottish Executive United Kingdom
13:20-13:40	Keynote address: Violence and health in Mexico	Dr José Ángel Córdova Minister of Health Mexico
13:40-14:00	Implementation of the first <i>World report on violence and health, 2002-2007</i>	Dr Etienne Krug Director, Department of Injuries and Violence Prevention WHO
14:00-14:20	Keynote address: Actions on violence in Scotland	Dr Peter Donnelly Deputy Chief Medical Officer, Scottish Executive United Kingdom
14:20-14:40	Keynote address: Violence and health in Ghana	Dr Kofi Ahmed Chief Medical Officer Ghana
14:40-15:30	Recent violence prevention initiatives: opportunities and challenges for scaling up <i>Format: Facilitated discussion using prepared Qs & As, followed by a panel discussion.</i>	Facilitator: Dr Mark Bellis Director, Centre for Public Health, Liverpool John Moores University United Kingdom Presenters: Dr José Ángel Córdova Minister of Health Mexico Dr Kofi Ahmed Chief Medical Officer Ghana Dr Peter Donnelly Deputy Chief Medical Officer, Scottish Executive United Kingdom
15:30-16:00	Coffee break	
16:00-17:30	Panel discussion: Getting serious about violence prevention: what's been achieved and what remains to be done <i>Format: 15 min. each followed by 30 min. discussion</i>	Facilitator: Dr Jacqueline Tombs Co-director, Scottish Centre for Crime and Justice Research, University of Stirling United Kingdom Presenters: Mr Milton Mutto Executive Director, Injury Control Centre Uganda Dr Irvin Waller Professor of Criminology, University of Ottawa Canada Dr Jacquelyn Campbell Anna D Wolfe Chair, Johns Hopkins University School of Nursing USA Mr Gary Yates President and Chief Executive Officer, The California Wellness Foundation USA
17:30-17:45	Wrap-up of day one and notes for day two	Dr Alexander Butchart Coordinator, Prevention of Violence WHO
19:00	Reception and "Taste of Scotland" Informal Dinner	

DAY TWO: WEDNESDAY 18 JULY 2007
MC Karyn McCluskey, Deputy Head, Violence Reduction Unit, Scotland

09:00-10:30	<p>Panel discussion: Scaling up and producing visible violence prevention results</p> <p><i>Format: 10 min. each followed by 40 min. discussion</i></p>	<p>Facilitator: Dr Carol Tannahill Director, Glasgow Centre for Population Health United Kingdom</p> <p>Presenters: Dr Vincent Felitti Chief of Preventive Medicine, Kaiser Permanente USA</p> <p>Dr Kevin Browne Director, School of Psychology, University of Liverpool United Kingdom</p> <p>Dr Elizabeth Ward Director, Disease Prevention and Control, Division of Health Promotion and Protection, Ministry of Health Jamaica</p> <p>Dr Manuel Eisner Deputy Director, Institute of Criminology, University of Cambridge United Kingdom</p> <p>Dr Charlotte Watts Head, Health Policy Unit London School of Hygiene and Tropical Medicine United Kingdom</p>
Coffee served in workshop rooms		
10:30-11:30	Workshop Session 1	See separate workshop programme
11:30-11:45	Short break	
11:45-12:45	Workshop Session 2	See separate workshop programme
12:45-13:45	Lunch	
13:45-14:45	Workshop Session 3	See separate workshop programme
14:45-15:00	Short break	
15:00-16:00	Workshop Session 4	See separate workshop programme
16:00-16:15	Coffee break	
16:15-17:15	<p>Special plenary The roots of empathy and the primary prevention of violence</p> <p><i>Format: 45 min. followed by 15 min. reply</i></p>	<p>Facilitator: Mr Gordon Phaneuf Director, Strategic Initiatives, Child Welfare League of Canada Canada</p> <p>Speaker: Ms Mary Gordon President, Roots of Empathy Canada</p> <p>Discussant: HMCIC Paddy Tomkins QPM Her Majesty's Chief Inspector of Constabulary for Scotland United Kingdom</p>
17:15-17:30	Wrap-up of day two and notes for day three	Ms Karyn McCluskey Deputy Head, Scottish Violence Reduction Unit United Kingdom
19:00	Reception and Formal Dinner	

**DAY THREE: THURSDAY 19 JULY 2007
MC TBA**

<p>9:00-10:15</p>	<p>Panel discussion: Scaling up international support for violence prevention: opportunities and challenges</p> <p><i>Format: 10 min. each followed by 25 min. discussion</i></p>	<p>Facilitator: Dr Alexander Butchart Coordinator, Prevention of Violence WHO</p> <p>Presenters: Dr Paul Eavis Senior Adviser Disarmament, Demobilization and Reintegration, Bureau for Crisis Prevention and Recovery United Nations Development Programme</p> <p>Mr Richard Matzopoulos Specialist Scientist, Crime, Violence and Injury Lead Programme, Medical Research Council South Africa</p> <p>Dr Rodney Hammond Director, Division of Violence Prevention, US CDC USA</p> <p>Mr Christoph Schmocker Managing Director, UBS Optimus Foundation Switzerland</p> <p>Dr Horst Kloppenburg Principal Administrator, Directorate General Health and Consumer Protection, European Commission, Luxembourg</p>
<p>10:15-10:30 Coffee break</p>		
<p>10:30-11:30</p>	<p>Discussion groups</p> <p>How can governments, NGOs, United Nations and other development agencies strengthen their support for violence prevention programming, monitoring and evaluation?</p> <ul style="list-style-type: none"> • What are the opportunities for scaling up? • Which other sectors and groups should we engage with? • What are you going to commit to? <p><i>Format: Three simultaneous groups each discussing the same issues</i></p>	<p>Facilitators: Dr Peter Donnelly Deputy Chief Medical Officer, Scottish Executive United Kingdom</p> <p>Dr Alexander Butchart Coordinator, Prevention of Violence WHO</p> <p>Two further facilitators (TBA)</p>
<p>11:30-11:45 Rapporteurs prepare report backs</p>		
<p>11:45-12:30 Rapporteurs report back from three discussion groups</p>		
<p>12:30-13:00</p>	<p>Closing remarks</p>	<p>Chair: Dr Peter Donnelly Deputy Chief Medical Officer, Scottish Executive United Kingdom</p> <p>Presenters: Detective Superintendent John Carnochan Head, Scottish Violence Reduction Unit United Kingdom</p> <p>Dr Dinesh Sethi WHO Regional Office for Europe Italy</p>
<p>13:00-14:00 Lunch and farewell messages</p>		

WORKSHOPS

Session 1 = 10.15 to 11.15 - Session 2 = 11.30 to 12.30

Lunch = 12.30 to 13.30

Session 3 = 13.30 to 14.30 - Session 4 = 14.45 to 15.45

<u>Workshop Title</u>	<u>Presenter</u>	<u>Session 1</u>		<u>Session 3</u>	
Information for Violence Prevention Monitoring and Data Monitoring	Prof Jonathon Shepherd/Ann Outwater	Room 1		Room 1	
Policy to Practise	Richard Foggo/Gordon Phaneuf	Room 2		Room 2	
Early Years	Dr Suzanne Zeedyk /George Hosking	Room 3		Room 3	
Service-based prevention of repeat victimisation	Prof Ashraf Ayoub/DR Christine Goodall	Room 4		Room 4	
Life Skills and Training Diversion Programmes	Geoff Smith + Ian Fraser	Room 5		Room 5	
Policing and Criminal Justice – Less Law More Order	Irvin Waller/John Carnochan	Room 6		Room 6	
Media and Violence Prevention	Kevin Browne + 1 DCC Brian Moore	Room 7		Room 7	
Gangs and Prevention	Alberto Concha Eastman/Martin Hassard	Room 8		Room 8	
Weapons and Violence Prevention	Robert Muggah/Cindy Butts	<u>Session 2</u>		<u>Session 4</u>	
Advocacy for Prevention	Chris Green/Fran Henry	Room 1		Room 1	
Community based Violence Prevention Strategies	Prof Leif Svanstrom + 1	Room 2		Room 2	
Alcohol and Violence Prevention	Mark Bellis/Jack Law	Room 3		Room 3	
Violence prevention in Prisons and places of Detention	Audrey Park,/ Jan Ole Haagenen	Room 4		Room 4	
Outcome Evaluations	Linda Dahlberg/David Stone	Room 5		Room 5	



Discussion Questions



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1. How do we make a strong case that high-income countries have an interest in preventing violence in the rest of the world?
2. What are the big research and programmatic priorities that should be undertaken to create a solid foundation for successful violence prevention?
3. How do we encourage collaborative efforts between nations, international agencies, and private enterprise to engage in the work of violence prevention?