

The National Policy for the Reduction of Morbidity and Mortality resulting from Accidents and Violence (PNRMAV) needs to be urgently revitalized

In 2001, the Ministry of Health enacted the PNRMAV, officially incorporating the theme of violence among the issues that make up the framework of the health sector. This policy is now fully 22 years old¹. It was preceded by the decisions of the 1996 World Health Assembly², which for the first time established the issue as a priority, and preceded the most complete diagnosis on the theme, namely the 2002 Global Report on Violence and Health³.

The history of the PNRMAV has its roots in the Brazilian reality, as Brazil is a socially violent country. Deaths due to violence currently occupy the third place in the ranking of general mortality and seventh in morbidity. The trail of pain, suffering, and the negative consequences of deaths, trauma, and physical and emotional injuries diminish the quality of life not only for family members and friends, but also extend and drain the energy of society into fear, anger, and depression; and have a very high economic cost, estimated at 6% of GDP⁴. Inequality, which is our secular and pernicious evil, feeds on violence and contributes to its replication.

Epistemologically, although violence is an age-old problem and is in the genesis of humanity (one of the first stories in the Bible is Cain murdering his brother Abel), the incorporation of the topic into the health field is recent and the biomedical mentality persists that still tends to see it as a matter for police and justice. Professionals in the field, however, know that the consequences of physical and mental injuries and traumas overflow into the system, requiring specialized services and high costs.

The PNRMAV was incorporated into the Ministry of Health and discussed in an interdisciplinary and interprofessional manner in a seminar that brought together people from all over the country concerned about morbidity and mortality resulting from violence. It included health professionals, among them physicians working in pre-hospital services, emergency units, hospitals, and rehabilitation, psychologists, psychiatrists, health workers, nurses, social workers, researchers, and representatives of civil society. It is, consequently, a democratic institute, built upon the concepts of health promotion, quality of life, peace, and individual and collective protection.

Although the PNRMAV calls on society as a whole to reflect, understand and act on the problem, it emphatically endorses the fact that violence is prejudicial to health, as it only kills less than cardiovascular diseases and cancer, and it can and should be prevented. Therefore, it outlines seven guidelines for the sector: (1) promote safe and healthy behaviors and environments; (2) monitor the occurrence of accidents and violence; (3) systematize, expand, and consolidate pre-hospital care; (4) provide interdisciplinary and intersectoral assistance to victims of aggression and trauma; (5) structure and consolidate recovery and rehabilitation services; (6) train professionals to act; and (7) promote the development of studies and research on the subject.

Despite empirical evidence of the effects of violence on the sector, investments in the training of professionals and in strategies for prevention and action on the contexts, causes, and behaviors that provoke violence, as well as for the rehabilitation of survivors and family members, are still lacking. Police, justice, health and education must act in conjunction, allied with civil society, concentrating on the structural causes, such as racism and gender inequalities, that foment exclusion, prejudice and other violence.

The PNRMAV is a recent policy that needs to be consolidated. Many steps have been taken in this direction. However, under the last government, it was sidelined and dismantled. It is necessary that the current management revitalize it with all possible dedication and show its commitment to the promotion of life and peace in the country!

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