

# Injuries, Violence and Disabilities

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Injuries, Violence and Disabilities

B I E N N I A L

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# Foreword

I AM PLEASED TO SHARE WITH YOU the biennial report 2004–2005 of the World Health Organization (WHO) Area of Work on injuries, violence and disabilities. The report describes the most salient activities conducted by WHO headquarters and regional and country offices in this area. Most of these activities are conducted in close collaboration with other agencies and institutions. All of these partners are warmly thanked for their support and collaboration.

This report shows considerable progress in raising awareness about injuries and violence and their prevention. In all regions of the world, governmental and nongovernmental agencies are strengthening data collection systems, improving services for victims and survivors and increasing prevention efforts. I want to pay tribute to all those involved, and particularly to the WHO staff for their commitment, enthusiasm and perseverance. The many activities described below are a summary of the flurry of collaborative initiatives that were conducted throughout the biennium.

The biennium started on a high note with the launch in January 2004 of the Violence Prevention Alliance. The members of the Alliance – governments, nongovernmental organizations and foundations – take a public health approach to preventing violence, and focus on implementing the recommendations

of the *World report on violence and health*. An October 2005 meeting hosted by WHO and the California Wellness Foundation, Second Milestones of a Global Campaign for Violence Prevention, demonstrated through many country case studies the considerable progress



made by governments, nongovernmental organizations and academia in the areas of data collection, violence prevention, and services for victims. A series of WHO publications released since 2004, including *Preventing violence: a guide to implementing the recommendations of the World report on violence and health*, assist them in their efforts.

“Road Safety is No Accident” was the slogan of the highly successful World Health Day celebrated on 7 April 2004. This Day was a powerful catalyst for raising international attention to road safety. Events took place in every country of the world. These varied from a remembrance garden dedication in South Africa to a helmet programme in Cambodia and from a road safety film festival in Lebanon to the passing of a new seat-belt law in Hungary. This global advocacy event also provided the ideal opportunity for launching the joint WHO and World Bank *World report on road traffic injury prevention*. Subsequent resolutions in the United Nations General Assembly and the World Health Assembly have invited WHO to coordinate road safety efforts across the United Nations system, in

collaboration with the United Nations regional commissions. This coordination and follow-up in terms of assisting countries to implement the recommendations of the world report are being achieved through the United Nations Road Safety Collaboration, a network of eleven United Nations agencies and

more than 30 global, regional and national road safety organizations. Three meetings of the collaboration have taken place since April 2004. To date, efforts of the collaboration have focused on developing detailed guidance for countries on key factors (helmets, seat-belts and child restraints, speed, drinking and driving, and infrastructure) and on continued awareness raising.

In October 2005, WHO released TEACH-VIP, a CD-ROM and users' manual for use in providing training in violence and injury prevention. This training tool was developed over the previous three years by a global network of more than 60 violence and injury prevention experts across 19 countries. Created to fulfill the demand on the part of governments and professional groups for knowledge in the area of injuries and violence, TEACH-VIP covers a wide range of topics, including: data collection, violence and injury prevention, policy development, and evaluation of intervention measures. In the year prior to its release, TEACH-VIP was successfully piloted in more than 20 settings worldwide. It is currently one of the most sought-after products issued by the WHO Department of Injuries and Violence Prevention.

This biennium has also been an opportunity to strengthen regional and country

**In all regions of the world, governmental and non-governmental agencies are strengthening data collection systems, improving services for victims and survivors and increasing prevention efforts**

programmes. WHO regional committees in Africa and Europe placed violence and injury prevention on the agenda of their respective annual meetings.

The WHO Regional Director for the Americas and counterparts from the United States Department of Health and Human Services, the United States

Department of Transportation and the World Bank signed a joint declaration on World Health Day 2004 to do more to prevent road traffic injuries in the Americas. In addition, several important regional or subregional meetings took place to set the stage for further action. These included a first ever meeting of francophone African ministry of health officials on injury and violence prevention, meetings in the Eastern Mediterranean on national plans of action for road traffic injury prevention and on building capacities for violence prevention, and a consultation in the Americas on road safety. In Europe, delegates at the first regional meeting of ministry of health focal persons for injury and violence prevention adopted the slogan "LIVE – A Life free from Injuries and Violence in Europe", a vision which will guide their work for years to come.

During the past two years, many governments have increased their attention to the issues of injuries, violence and disabilities. WHO has provided them with technical support. Important milestones for violence prevention include: the development of national violence prevention strategies in Malaysia, the Russian Federation, South Africa and Thailand; work on strengthening medical and legal care for victims of sexual violence in Jordan, Mozambique, Nicaragua and the Philippines; and



the release of national reports on violence and health in Belgium, Brazil, France and the United Kingdom. With regard to road traffic injury prevention, Cambodia, Ethiopia, Mexico, Mozambique, Poland, and Viet Nam are among the countries supported by WHO which have made great strides since World Health Day 2004 in addressing their growing burden by developing road safety strategies and implementing prevention activities. For disability and rehabilitation, milestones include the adoption of community-based rehabilitation as a national development strategy in El Salvador and Ghana, implementation of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 18 countries and the development of national disability policies in more than 50 countries.

World Health Assembly resolution WHA58.23 on "Disability, including prevention, management and rehabilitation" was adopted in May 2005 and has provided the impetus to invigorate WHO's activities in this area. The resolution calls upon Member States to strengthen implementation of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities; support community-based rehabilitation; include a disability component in national health policies and programmes; and

promote the rights and dignity of people with disabilities. As follow-up, WHO will continue to support Member States in these areas, and to provide the scientific basis on which to do so through development of a *World report on disability and rehabilitation*.

Partnerships have opened up new possibilities. A collaboration with the BBC World Service, for example, has led to two high-profile radio series: "Death on the Roads", broadcast in April 2004 in the context of World Health Day; and "Violence Begins at Home", broadcast in October and November 2005 in the context of the violence prevention milestones meeting. Each series featured four weeks of radio broadcasts from around the world, as well as an accompanying web site.

During the course of our work, we come across family members and loved ones of people killed as a result of an injury, as well as victims and survivors themselves: from Rochelle who lost her son Aron in a bus crash in Turkey a decade ago, to Camilla a bright young student who fell victim to a random shooting on a street in Brazil, to Avinash a medical doctor who now struggles with daily life as a quadriplegic as a result of injuries sustained in a car crash in India. Their strength, courage and determination are an inspiration to us to intensify our efforts and continue to work to make the world a safer place for all.



Etienne Krug, Director  
WHO Department of Injuries  
and Violence Prevention

# I Introduction

**INJURIES ARE A THREAT TO HEALTH** in every country of the world. With more than 5 million deaths every year, violence and injuries account for 9% of global mortality. Eight of the 15 leading causes of death for people between the ages of 15 and 29 years are injury-related (see Table 1.1). They are traffic injuries, suicides, homicides, drowning, burns, war injuries, poisonings and falls. The extent of non-fatal injuries varies from country to country, but for every death it is estimated that there are dozens of hospitalizations, hundreds of emergency department visits and thousands of doctors' appointments. A large proportion of people surviving their injuries incur temporary or permanent disabilities. Recent studies have shown the extent of adverse consequences – in addition to death and disability – that arise from injuries, such as psychological disorders including depression, and changes in behaviour related to smoking, eating, and consumption of alcohol and drugs.

While present in all countries and societies, violence and injuries and their detrimental effects are not distributed evenly across the world. They are particularly prominent in low-income families and societies. People in such families and societies are at higher risk of injury because they often live, work, travel and go to school in unsafe environments. They also benefit less from prevention efforts, and have less access to high-quality treatment and rehabilitation services. Injuries often affect young people at the age of providing income for their families, and the loss of a breadwinner or the high cost of prolonged treatment will have a substantial effect on the economy both of the family concerned and the community.

The treatment of injuries often involves surgery and medical procedures, as well as psychological and physical rehabilitation that can last for years. The health sector's response to injuries also includes dealing with the indirect health consequences. Because of the numerous consequences, this response requires extensive health system resources. Many other economic costs to society are also incurred as a result of a variety of factors, such as absenteeism from work or school, or costs of the judicial and social systems. In addition, the suffering caused by injuries and violence – to the victims, survivors, their families, friends and colleagues – is enormous. Given current trends, the global burden of injuries is expected to rise disproportionately during the coming decades particularly in low-income and middle-income countries. It has been estimated that by 2030, road traffic injuries will have moved from 10th to 8th place among the leading causes of death, suicide will have advanced from 14th to 13th place, and homicide from 21st to 19th leading cause of death (see Table 1.2).

Beyond injuries and violence, other causes of disability include chronic conditions such as diabetes, cardiovascular disease, and cancer; birth defects; AIDS;

*Introduction*

environmental degradation; malnutrition; and other factors often related to poverty. At present an estimated 600 million people around the world are living with some form of disability, and this number is increasing primarily as a result of population growth and ageing. This trend is creating an overwhelming demand for health and rehabilitation services for people with disabilities, 80% of whom live in low-income and middle-income countries where access to such services is difficult. In many countries disability is insufficiently addressed in public health and other social policies which would ideally support and protect people with disabilities, and stigma and discrimination are among the underlying factors thwarting their full participation in their societies.

*Table 1.1 Leading causes of death, both sexes, 2002 (Shaded boxes indicate injury-related causes of death.)*

Rank	0–4 years	5–14 years	15–29 years	30–44 years	45–59 years	>60 years	All ages
1	Perinatal conditions	Lower respiratory infections	HIV/AIDS	HIV/AIDS	Ischaemic heart disease	Ischaemic heart disease	Ischaemic heart disease
2	Lower respiratory infections	Road traffic injuries	Road traffic injuries	Tuberculosis	Cerebrovascular disease	Cerebrovascular disease	Cerebrovascular disease
3	Diarrhoeal diseases	HIV/AIDS	Maternal conditions	Road traffic injuries	HIV/AIDS	Chronic obstructive pulmonary diseases	Lower respiratory infections
4	Childhood diseases	Drownings	Suicides	Maternal conditions	Tuberculosis	Lower respiratory infections	HIV/AIDS
5	Malaria	Childhood diseases	Tuberculosis	Ischaemic heart disease	Chronic obstructive pulmonary disease	Trachea, bronchus, lung cancers	Chronic obstructive pulmonary disease
6	Congenital anomalies	Fires	Homicides	Suicides	Trachea, bronchus, lung cancers	Diabetes mellitus	Perinatal conditions
7	HIV/AIDS	Tuberculosis	Lower respiratory infections	Homicides	Cirrhosis of the liver	Hypertensive heart disease	Diarrhoeal diseases
8	Protein-energy malnutrition	Protein-energy malnutrition	Drownings	Cerebrovascular disease	Road traffic injuries	Stomach cancer	Tuberculosis
9	Syphilis	Meningitis	Fires	Lower respiratory infections	Suicides	Tuberculosis	Trachea, bronchus, lung cancers
10	Meningitis	Leukaemia	War injuries	Cirrhosis of the liver	Stomach cancer	Colon and rectum cancers	Road traffic injuries
11	Drownings	Congenital anomalies	Ischaemic heart disease	Poisonings	Liver cancer	Nephritis and nephrosis	Childhood diseases
12	Road traffic injuries	Falls	Poisonings	Fires	Lower respiratory infections	Alzheimer and other dementias	Diabetes mellitus
13	Tuberculosis	Poisonings	Falls	War injuries	Diabetes mellitus	Cirrhosis of the liver	Malaria
14	Endocrine disorders	Homicides	Leukaemia	Drownings	Breast cancer	Liver cancer	Hypertensive heart disease
15	Fires	Leishmaniasis	Rheumatic heart disease	Liver cancer	Hypertensive heart disease	Oesophagus cancer	Suicides

Source: Global Burden of Disease Project for 2002, Version 5

## CHALLENGES AND WHO RESPONSE

Many challenges exist. They include the lack of awareness about the magnitude of the problem of injuries and violence and the possibilities for prevention. They also include the need for multisectoral collaboration and the lack of clear leadership in efforts to prevent injuries and violence. WHO's strategy to address these challenges has been to start by publishing authoritative documents describing the problem and by suggesting possible solutions. The *World report on violence and health* and the *World report on road traffic injury prevention* were launched by WHO in 2002 and 2004, respectively, with the objective of bringing these issues to the attention of world leaders and providing recommendations for action. These reports were endorsed by the World Health Assembly – the annual gathering of ministers of health – in resolutions WHA56.24 on “Implementing the recommendations of the *World report on violence and health*” and WHA57.10 on “Road safety and health”. These resolutions provide overall guidance for all of WHO's efforts in this area. The next steps have involved the development and publication of the guidelines needed to implement the recommendations of the two

*Table 1.2. Change in rank order for leading causes of death, world, 2002–2030*

2002			2030		
<i>Disease or injury</i>	<i>% deaths</i>	<i>RANK</i>	<i>% deaths</i>	<i>Disease or injury</i>	
Ischaemic heart disease	12.6	1	13.1	Ischaemic heart disease	
Cerebrovascular disease	9.7	2	10.3	Cerebrovascular disease	
Lower respiratory infections	6.9	3	8.7	HIV/AIDS	
HIV/AIDS	4.8	4	7.9	Chronic obstructive pulmonary disease	
Chronic obstructive pulmonary disease	4.8	5	3.5	Lower respiratory infections	
Perinatal conditions	4.3	6	3.1	Diabetes mellitus	
Diarrhoeal diseases	3.3	7	3.0	Trachea, bronchus, lung cancers	
Tuberculosis	2.7	8	2.8	Road traffic injuries	
Trachea, bronchus, lung cancers	2.2	9	2.4	Tuberculosis	
Road traffic injuries	2.1	10	2.1	Perinatal conditions	
Diabetes mellitus	1.7	11	1.8	Stomach cancer	
Malaria	1.6	12	1.8	Hypertensive heart disease	
Hypertensive heart disease	1.6	13	1.5	Self-inflicted injuries	
Self-inflicted injuries	1.5	14	1.3	Nephritis and nephrosis	
Stomach cancer	1.5	15	1.3	Liver cancer	
Cirrhosis of the liver	1.4	16	1.2	Diarrhoeal diseases	
Nephritis and nephrosis	1.2	17	1.2	Colon and rectum cancers	
Colon and rectum cancers	1.1	18	1.1	Cirrhosis of the liver	
Liver cancer	1.1	19	1.1	Interpersonal violence	
Measles	1.1	20	1.0	Oesophagus	
Interpersonal violence	1.0	21	23.0	Malaria	
Oesophagus	0.8	24	42.0	Measles	

Source: Mathers C, Loncar D. Updated projections of global mortality and burden of disease, 2002–2030: data sources, methods and results, World Health Organization, October 2005.

WHO reports. Now that the guidelines are being released, the focus is shifting towards the strengthening of responses in countries, mainly through support for model programmes that, it is hoped, will serve as inspiration to others.

## WHO PROGRAMME ON INJURIES, VIOLENCE AND DISABILITIES

In WHO's system of results-based management, for each of the 36 Areas of Work, a goal, objectives, strategic approaches, expected results, and indicators, as well as a proposed budget are developed on a biennial basis. This is done in a coordinated way across the three levels of the Organization – headquarters, the six regional offices, and the more than 100 country offices – and published after endorsement by the World Health Assembly. Box 1.1 shows WHO's programme for the Area of Work on injuries, violence and disabilities for the biennium 2004–2005. At headquarters, responsibility falls on the WHO Department of Injuries and Violence Prevention for coordination of this programme.

During the biennium, the budget of the Department approximated US\$ 7 million, of which around 25% was allocated from WHO regular budget (mandatory contributions from Member States) and the remaining 75% was received from additional voluntary donations from governments, foundations, United Nations agencies, nongovernmental organizations and private companies. Box 1.2 lists donors of extrabudgetary funds to the Department during the biennium.

### **BOX 1.1** *WHO programme for 2004–2005 in the Area of Work on injuries, violence and disabilities*

(For more information, see [www.who.int/violence\\_injury\\_prevention/en/](http://www.who.int/violence_injury_prevention/en/))

#### **Goal**

To prevent violence and injuries, promote safety and enhance the quality of life for people with disabilities

#### **Objective**

To equip governments, and their partners in the international community, to formulate and implement cost-effective, gender-specific strategies to prevent and mitigate the consequences of violence and injuries and disabilities

Indicators:

- Number of countries that have developed policies on disabilities or prevention of violence and injuries

- Number of countries implementing violence and injury prevention programmes

#### **Strategic approaches**

Compilation of information on the magnitude and determinants of violence, injuries, and disabilities; support for research and gathering of evidence on effective prevention strategies in developing countries; support to Member States to formulate and implement policies and strengthen services for victims; advocacy for increased attention and a stronger focus on primary prevention; and support for network development and capacity building

*Continues...*

**BOX 1.1** *(continued)****Expected results***

Support provided to high-priority countries for the implementation and evaluation of surveillance systems for the major determinants, causes and outcomes of violence and injuries

Support provided to selected countries on research to identify effective violence and injury prevention programmes and policies

Guidance available for multisectoral interventions to prevent violence and injuries

Support provided for policy development in selected countries for pre-hospital, hospital and integrated long-term care for victims of violence and injuries

Support provided to high-priority countries to build capacity for violence and injury prevention, research and policy development

Global, regional and national initiatives taken to strengthen collaboration between health and other sectors involving organizations in the United Nations system, Member States and nongovernmental organizations

Ability of Member States to integrate rehabilitation services into primary health care, for early detection and management of disabilities

***Indicators***

Proportion of targeted countries that use WHO guidelines to collect data on the determinants, causes and outcomes of violence and injuries

Number of evaluated interventions in targeted countries

Proportion of targeted countries that have national plans and implementation mechanisms to prevent violence and injuries

Proportion of targeted countries that have strengthened their health system response to violence and injuries

Proportion of targeted countries that have trained professionals on the prevention and management of violence and injuries

Number of global, regional and national multisectoral plans in place to prevent violence and injuries

Proportion of targeted countries implementing strategies for integrating rehabilitation services into primary health care

**STRUCTURE OF THE REPORT**

The information in this report reflects the activities of WHO's Area of Work on injuries, violence and disabilities in 2004–2005, and is presented by several thematic areas – prevention of violence, prevention of road traffic injuries, prevention of injuries to children and adolescents and prevention of drowning and burns. The report first presents these activities and then describes five cross-cutting areas: data collection, emergency services, disability and rehabilitation, national policies and capacity building. The report concludes with an outline of future directions for the Area of Work.

**BOX 1.2** *Financial contributors to the WHO Department of Injuries and Violence Prevention*

*WHO gratefully acknowledges the generous financial contributions received during 2004–2005 to the WHO Department of Injuries and Violence Prevention from the following:*

- Government of Norway: Ministry of Foreign Affairs
- Government of the United States: Centers for Disease Control and Prevention; National Highway Traffic Safety Administration; United States Agency for International Development
- Government of Belgium: Federal Ministry of Social Affairs, Public Health and the Environment; Federal Public Service Foreign Affairs, Foreign Trade and Development Cooperation
- FIA Foundation for the Automobile and Society
- Government of Sweden: Swedish International Development Cooperation Agency
- Government of the Netherlands: Ministry of Foreign Affairs; Ministry of Public Health, Welfare and Sport
- Government of Italy: Ministry of Foreign Affairs
- Christoffel-Blindenmission
- United Nations Development Programme
- Scania
- World Bank
- California Wellness Foundation
- Government of Flanders (Belgium): Administration of Foreign Affairs
- Michelin
- Arab Gulf Programme for United Nations Development Organizations
- Global Forum for Health Research
- Government of the United Kingdom: Department for International Development; Department for Transport
- Government of Canada: Department of Foreign Affairs

## II Prevention of violence

OVER 1.6 MILLION PEOPLE worldwide lose their lives to violence each year, of whom 90% are in developing countries. Violence is among the leading causes of death for people aged 15–44 years worldwide, accounting for 14% of deaths among

males and 7% of deaths among females. While deaths and injuries attributable to violence are its most visible effects, they are overshadowed by the enormous non-injury health consequences of violence, including alcohol and drug abuse, depression and anxiety disorders, suicide and suicide attempts, obesity and eating disorders, unsafe sexual behaviour and sexually transmitted diseases (including HIV/AIDS), and smoking. Violence is, however, preventable. A growing body of scientific research shows that population-level interventions to address the underlying causes of violent behaviour and victimization are effective in preventing new instances of violence. The challenge is to globalize these effective prevention strategies by encouraging and supporting countries and communities everywhere to begin taking preventive action now.

The foundation for WHO's efforts to meet this violence prevention challenge are set out in the *World report on violence and health*. Published in October 2002, this report reviews what is known about the causes and preventability of child maltreatment, youth violence, intimate partner violence, sexual violence, elder abuse, self-directed violence and collective violence. The *World report on violence and health* describes the public health principles that inform prevention, and provides nine recommendations as the backbone for effective prevention programming locally, nationally and internationally. A companion volume, *Preventing violence: a guide to implementing the recommendations of the World report on violence and health*, provides step-by-step guidance on how to do it, including country case studies to illustrate how each recommendation has been successfully carried out.

Dissemination of the *World report on violence and health* through the Global Campaign for Violence Prevention and the promotion of national launches of the *World report on violence and health* remained a key activity during 2004–2005. From January 2004 to August 2005 the number of national launches of the *World report on violence and health* increased from 40 to over 50; the number of national violence and health



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focal persons rose from around 40 to nearly 70, and the number of countries preparing national reports or plans of action for the prevention of violence rose from four to 25. During a May 2005 progress report on implementing the *World report on violence and health* recommendations, the World Health Assembly commended WHO on its efforts to prevent violence and the considerable progress achieved, and encouraged the Organization to expand and strengthen its support for global, regional and country-level activities.

## WHO ACTIVITIES

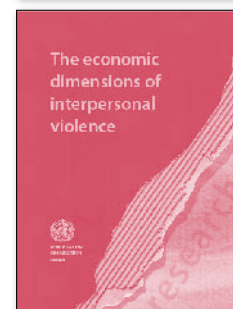
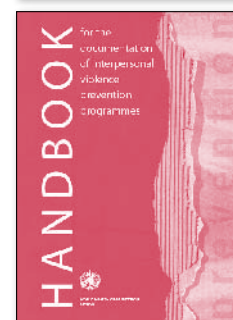
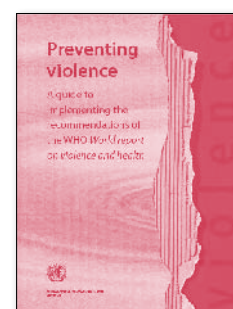
### Guidelines and normative documents

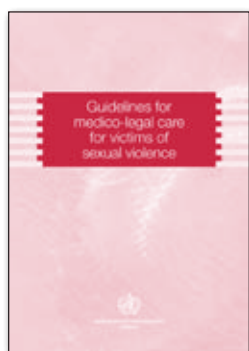
WHO activities to promote the prevention of violence and support implementation of the *World report on violence and health* recommendations are informed by a series of follow-up guidelines, research reports and other technical documents developed to provide countries and communities with a tool kit that they can use to tailor violence prevention policies, prevention programmes and victim services to their own realities. Publication of these documents is ongoing as new materials are prepared and existing documents revised to reflect the latest developments. Publications for the biennium include:

- *Preventing violence: a guide to implementing the recommendations of the World report on violence and health*
- *Handbook for the documentation of interpersonal violence prevention programmes*
- *The economic dimensions of interpersonal violence*
- *Violence Prevention Alliance: building global commitment for violence prevention*
- *Milestones of a Global Campaign for Violence Prevention 2005: changing the face of violence prevention*

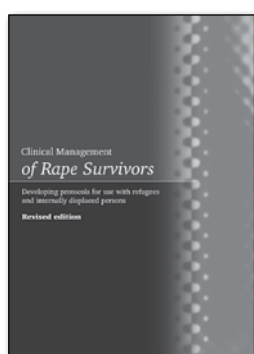
### Services

*Strengthening the health sector response to sexual violence.* Sexual violence is a widespread public health and human rights problem that occurs in every culture and at every level of society. Sexual violence has a profound impact on victims' physical, mental and social well-being both immediately and in the long-term, yet in many places around the world, available services fall far short of meeting their needs. To help ensure that women and children who have been sexually abused have access to adequate care, WHO began an initiative in 2001 to strengthen the health sector response to sexual violence. The first arm of this project aims at enhancing services for victims of sexual violence in stable, non-emergency settings, using the 2003 publication *Guidelines for medico-legal care for victims of sexual violence*. WHO is supporting governments and academic institutions to conduct field trials of the guidelines in Jordan, Nicaragua and the Philippines. In addition to the original English language version, the guidelines have now been translated into Arabic and Spanish, with a French translation expected in 2006. Part of this initiative is also the development of





a briefing paper to assist decision-makers to design health policy and service measures that will result in comprehensive, sensitive and high quality care for victims of sexual violence. Projects commissioned to inform this work included an overview of different models of service provision and situation analysis of medico-legal services in Egypt, Mozambique, and the Philippines and in several Central American countries. The briefing paper will be published early in 2006.



The second arm of the project aims to improve care for victims of sexual violence in emergency settings. WHO has worked with the Office of the United Nations High Commissioner for Refugees, the United Nations Population Fund and the International Committee of the Red Cross to develop the guide *Clinical management of rape survivors*. The first edition was published in 2001 and the second edition in 2005, in English and French. The new edition includes the most recent technical information on the various aspects of care of the sexually abused. It also takes account of the feedback received from the first edition field-tests. Intended for use by health care professionals working in refugee settlements or in other similar settings, it provides guidance on the development of protocols for medical care of rape survivors. The guide is currently used by field staff from the Office of the United Nations High Commissioner for Refugees and the International Committee of the Red Cross.

### **Research**

*Assessing the economic costs of interpersonal violence.* The June 2004 research report, *The economic dimensions of interpersonal violence*, identified the lack of data on the economic impact of violence as a major obstacle towards investing in prevention. In response, WHO and the United States Centers for Disease Control and Prevention are jointly coordinating the development of a set of guidelines to help researchers estimate the economic costs of interpersonal and self-directed violence in low-income, middle-income and high-income settings. A two-day expert consultation was convened in April 2005 to formulate these guidelines and recommendations which are expected to be released in the first half of 2006. Widespread implementation of these guidelines in different settings should yield scientifically robust estimates of the economic costs of violence and could be used to advocate for greater investment in efforts to understand and prevent the problem at national and municipal levels.



*Documenting domestic violence against women.* The search for solutions to domestic violence against women has been hampered by a lack of reliable data on the causes, magnitude, and consequences of such violence. To fill this gap, the *WHO multi-country study on women's health and domestic violence against women* was carried out by WHO's Department of Gender, Women and Health in collaboration with the London School of Hygiene and Tropical Medicine, United Kingdom, and PATH, Washington, DC, United States. The study was implemented in partnership with research institutions and national ministries in 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. In each country, household surveys were conducted among a representative sample of women aged 15–49 years in one or two sites covering urban and rural

populations. Initial findings on the prevalence and patterns of different types of intimate partner violence were presented in a report published in November 2005.

*Documenting and evaluating programmes to prevent armed violence.* The Armed Violence Prevention Programme is a joint endeavour between the United Nations Development Programme and WHO. It seeks to promote effective responses to armed violence by developing an international policy framework founded on a clear understanding of the causes, nature and impacts of armed violence. Initiatives have been launched in Brazil and El Salvador to survey national and local violence prevention efforts; research the causes, nature and impacts of armed violence; and strengthen national policy and institutional capacities. These initiatives will provide a platform to observe and analyse lessons learnt, and serve as a conduit for channelling further technical and policy support from the international level to country programmes. Outputs to date include comprehensive reports on firearm-related violence in Brazil and El Salvador, which have contributed significantly to national debates on the urgent need to become more effective in preventing firearm-related injuries. At the global level, through dissemination of results, technical exchanges, and regional meetings, the Armed Violence Prevention Programme is promoting dialogue between key stakeholders and practitioners in the field, complemented by research, to mainstream the issue of armed violence prevention within broader development assistance and international policy frameworks.

### **Prevention**

*Documenting programmes to prevent interpersonal violence.* Little is known about the successes or failures of the numerous violence prevention programmes present in many parts of the world, as few are formally documented or evaluated. This project

#### **BOX 2.1** *Inspired by the World report on violence and health, countries prepare national reports*

by Alexander Butchart, WHO Department of Injuries and Violence Prevention

The 2003 World Health Assembly resolution WHA56.24 on “Implementing the recommendations of the *World report on violence and health*” encouraged countries to take stock of the violence problem and of their violence prevention potential by preparing national reports on violence and health. The response to this call has been enthusiastic, with Belgium, Brazil, Costa Rica, France, Jordan, and the United Kingdom publishing reports during 2004–2005. A report from The former Yugoslav Republic of Macedonia is expected to be complete in the first quarter of 2006. Following

an October 2004 meeting of national violence and health focal persons, hosted by the WHO Centre for Health Development in Kobe, Japan, work on the planning and design of national reports on violence and health in Malaysia, Mongolia, Nepal, Thailand, and Sri Lanka is also under way. During the meeting it was agreed that each national report would include an audit of primary prevention resources so that it could serve to inform subsequent development of a national plan of action for the prevention of violence. Completion of these reports is anticipated for the second half of 2006.



aims to increase such knowledge by systematically documenting prevention activities in developing and transition countries where such knowledge is especially lacking. Since the January 2004 publication of the *Handbook for the documentation of interpersonal violence prevention programmes*, a documentation pilot project has been under way in provincial and municipal settings in eight countries: Brazil, India, Jamaica, Jordan, Mozambique, the Russian Federation, The former Yugoslav Republic of Macedonia, and South Africa. By October 2005, over 180 prevention programmes had been documented in four of the eight countries. The results of this pilot exercise are expected by early 2006 and will provide baseline information on the types of existing interventions. Each individual dataset from the countries will be integrated into a single global database of violence prevention programmes with the intention of highlighting similarities and differences in programming trends, and identifying programme strategies and characteristics that appear to be particularly promising.

*Technical support to country programmes.* WHO has worked with a number of governments which have requested assistance in developing their national plans of action for the prevention of violence. These include Jordan, Mozambique, and the Russian Federation. In Jordan, WHO provided technical input to the December 2005 Regional Conference on Family Protection in the Eastern Mediterranean, preceded by a training workshop for violence and injury prevention with ministry of health focal persons from 10 countries in the region. The WHO Regional Office for the Eastern Mediterranean, the WHO country office and the Jordanian Ministry of Health jointly organized the events, which are part of a broader strategy to develop a regional violence prevention network and enhance the technical capacity of national focal persons. In Mozambique, WHO has co-organized workshops and training sessions with the Ministry of Health and the Ministry of Women and Social Action as part of the process leading to publication of a national plan of action for violence prevention and establishment of a national violence prevention programme. In the Russian Federation, the Russian Ministry of Health and Social Development and WHO organized a June 2005 meeting of technical experts from the Ministry and other government departments. The purpose of the meeting was to provide a platform for exchange on the issue of violence; to assemble information, knowledge and experiences related to violence from different sectors and stakeholders in the country; and to recommend future public health action for the prevention of violence and the provision of improved services for victims.

### **Advocacy**

*Newsletter.* Advocacy materials have been prepared as part of awareness-raising activities. These include the ongoing publication of *Prevent*, the newsletter of the Global Campaign for Violence Prevention, which has provided information about activities, current publications and relevant events to a worldwide readership since January 2003. (For more information, see [www.who.int/violence\\_injury\\_prevention/publications/violence/globalcampaign\\_newsletters/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/globalcampaign_newsletters/en/index.html))

**Posters.** During the Fifty-eighth World Health Assembly in May 2005 a third series of WHO violence prevention posters – the *Family album* series – was released. The first two series: *Violence in red* and *Explaining away violence* enjoyed significant exposure in 2004–2005, having been translated into several languages, and featured in a number of international magazines (including *Time* and *Vanity Fair*). WHO violence prevention posters have been used to support national violence prevention campaigns in several countries (see Box 2.2). (For more information, see [www.who.int/violence\\_injury\\_prevention/publications/violence/album/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/album/en/index.html))

**Television documentary.** *A fistful of humanity* is a television documentary on violence and violence prevention, produced by a Swiss-based documentary production company with technical advice from WHO. Aiming to capture the hidden face of violence – including the many efforts at prevention – the film features interviews with victims and perpetrators of violence, practitioners trying to prevent violence, and decision-makers from around the world. The documentary, which will be launched in 2006, will be made available free of charge to broadcasters in low-income and middle-income countries, practitioners and advocacy groups.

**BOX 2.2** *Using WHO's Violence in red poster series, Latvia launches National Violence Prevention Campaign*

by Inge Baumgarten, WHO Regional Office for Europe

In Latvia, in response to high levels of interpersonal and self-inflicted violence, government officials worked with an interagency team of representatives from WHO, the United Nations Children's Fund, the United Nations Development Programme and the United Nations Population Fund to organize a national campaign for the prevention of violence. The campaign is supported by the ministries of health, justice, interior, education, children and family affairs and welfare, as well as the state mental health agency, nongovernmental organizations and private sector companies. WHO's Global Campaign for Violence Prevention, the United Nations Millennium Declaration (specifically, goal 4 on reducing child mortality and goal 5 on improving maternal health) and the Mental Health Declaration and Action Plan for Europe provide the underlying rationale for the work of the campaign. In March 2005, the campaign was launched in Riga and other large cities. The launch events consisted of the release of a hotline telephone number for victims of violence, press conferences and dissemination of information to the public through different media channels. With regard to the latter, WHO violence prevention posters from

the *Violence in red* series were placed on display in public spaces throughout these cities. As part of the campaign, the interagency team has provided training for teachers on how to recognize and respond to violence against children, training for prosecutors on dealing with victims, and training for journalists on presenting violence-related issues in the media. The team has also facilitated the review of existing legislation to improve intersectoral policies on violence prevention. (For more information, see [www.pretvardarbibu.lv](http://www.pretvardarbibu.lv))



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*Fact sheets.* The May 2005 World Health Assembly resolution WHA58.26 on “Public-health problems caused by harmful use of alcohol” highlighted the links between alcohol and violence. As a follow up, WHO headquarters and the WHO Regional Office for Europe collaborated with the Centre for Public Health at Liverpool’s John Moores University to develop a series of global and European-region specific fact sheets and policy briefings on alcohol and violence. The fact sheets emphasize that excessive alcohol use is both a cause and a consequence of violence, identify risk factors that heighten the likelihood of alcohol-related violence, and provide prevention programming and policy recommendations based on the latest evidence about what is effective in reducing alcohol-related violence. The briefings cover interpersonal violence in general, and there are separate fact sheets for child maltreatment, youth violence, intimate partner violence, and abuse of the elderly.

## **PARTNERSHIPS**

Violence is a complex public health issue requiring a multisectoral response. WHO continues to involve many partners in its violence prevention activities ranging from governments, United Nations agencies, nongovernmental organizations, foundations and the media. Some important partnerships of the past biennium are outlined below.

*Violence Prevention Alliance.* In 2004–2005 the Violence Prevention Alliance published a brochure and a policy paper to define and promote the Alliance, and established the Violence Prevention Alliance web site. Beginning in 2005, activities have focused on supporting the sharing of knowledge between Alliance participants and expanding the number of formal Alliance participants. In addition to the 12 founding partners of the Alliance, seven formal participants had been signed up by October 2005 and negotiations on formal participant status were under way with 14 governments and organizations. Knowledge sharing visits between Alliance participants included exchanges between Jamaica and the United Kingdom and the United Kingdom and the United States. Notable national Alliance achievements included formation by the Jamaican Ministry of Health of the Jamaican Chapter of the Violence Prevention Alliance; Alliance co-sponsorship of a United Kingdom national conference, Preventing Violence: From Global Perspectives to National Action; and publication by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Germany, of a joint GTZ/ Violence Prevention Alliance publication on gender-based violence and HIV/AIDS in Cambodia. (For more information, see [www.who.int/violenceprevention/en/index.html](http://www.who.int/violenceprevention/en/index.html))

*United Nations Secretary-General’s Study on Violence against Children.* In 2003, United Nations Secretary-General Kofi Annan appointed Professor Paulo Sergio Pinheiro to lead the Study on Violence against Children, working in close collaboration with the United Nations Office of the High Commissioner for Human Rights, the United Nations Children’s Fund and WHO. The study has involved the participation of a range of other United Nations, governmental, nongovernmental and civil-society organizations.



Study partners have stressed the importance of bringing together a human rights perspective with public health tools for analysis, prevention and victim services. WHO is providing extensive technical support for the study, drawing upon the violence prevention knowledge and experience brought together by the *World report on violence and health* and the Global Campaign for Violence Prevention. Examples of WHO support during 2004–2005 include the preparation of global estimates of deaths, disabilities and disease associated with violence against children, participation in the study steering and editorial committees, convening a consultation on violence against children in the home and family setting, and providing input to regional consultations. (For more information, see [www.violencestudy.org/r25](http://www.violencestudy.org/r25))

*United Nations Trust Fund to Eliminate Violence against Women.* The United Nations Trust Fund to Eliminate Violence against Women, a unique multi-lateral funding mechanism established by the United Nations General Assembly in 1996, is administered by the United Nations Development Fund for Women. In 2005, the selection process for awarding grants from the United Nations Trust Fund to Eliminate Violence against Women was decentralized to the regional level, and the WHO Regional Office for Europe served as one of several members of a regional project approval committee. The involvement of regional organizations in decisions related to the awarding of grants is part of an ongoing effort to strengthen interagency collaboration and ensure consultation and cooperation across ministries of health, labour, social affairs, interior, as well as civil-society organizations working to prevent violence and provide services for victims. In the WHO European Region, grants were awarded in 2005 to organizations in Tajikistan and The former Yugoslav Republic of Macedonia.

*BBC World Service season on violence and violence prevention.* During October and November 2005 the British Broadcasting Corporation (BBC) World Service and WHO collaborated on a four-week series of high-profile radio programmes on violence and its prevention. Entitled *Violence begins at Home*, the series made extensive use of the findings and key messages of the *World report on violence and health*. Through interviews with violence prevention researchers, practitioners and advocates as well as victims and perpetrators of violence, the series raised issues related to the impact of violence on the health sector, ways in which people are working to prevent violence and perspectives from people whose lives have been touched by violence in some way. (For more information, see [www.bbc.co.uk/worldservice/violence/index.shtml](http://www.bbc.co.uk/worldservice/violence/index.shtml))

## **NEXT STEPS**

WHO will continue to focus on implementation of the *World report on violence and health*, moving the emphasis from the global report to country action (see Box 2.3). The long-term goal is for violence prevention to be fully integrated into the routine activities of all health ministries so that they can provide leadership of this multisectoral endeavour and perform their clearly defined roles in primary, secondary and tertiary prevention. The plans are to achieve this goal through increasing technical

support for countries committed to establishing national programmes for violence prevention; strengthening global and regional networks that can support country activities; promoting improved evaluation of interventions; encouraging research to explore the role of violence as a cross-cutting risk factor for risky behaviours; and continuing to draw attention to the magnitude of the problem.

**BOX 2.3** *South African Department of Health steps up violence prevention efforts*

by Christelle Kotzenberg, South African Department of Health

Inspired by the *World report on violence and health*, the Non-communicable Diseases Cluster of the South African Department of Health is developing an intersectoral strategy for the prevention of deaths from external causes. Violence is a leading cause of death in the country. Development of an intersectoral strategy has involved comparing violence

prevention measures taken by the Government of South Africa with WHO recommendations. The strategy is part of a broader programme for the prevention of violence, which will be coordinated by a specialized unit in the South African Department of Health.



### III Prevention of road traffic injuries

IN 2002, approximately 1.2 million people were killed as a result of road traffic collisions and between 20 and 50 million more were left injured or disabled. The related economic and social costs are enormous, with the burden falling most heavily on developing countries, where nearly 90% of these deaths and injuries occur. This public health crisis threatens to grow rapidly unless swift and effective action is taken. Road traffic crashes can be prevented and their consequences mitigated. There are many available and affordable interventions that can prevent injuries and save lives. Such interventions include addressing some key factors such as helmets, seat-belts and child restraints, speed, drinking and driving, and infrastructure.



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#### WHO ACTIVITIES

##### **World Health Day 2004, launch of the World report on road traffic injury prevention and follow-up**

During the biennium, WHO undertook to draw the world's attention to the road safety crisis. On 7 April 2004, WHO, all Member States and hundreds of other partners celebrated World Health Day 2004 on road safety, with the slogan "Road Safety Is No Accident", a reminder that road safety will not happen by chance, but rather by the

deliberate efforts of all engaged in prevention. The global World Health Day 2004 event was co-hosted by the Government of France and WHO in Paris, France and was attended by President Jacques Chirac; Dr LEE Jong-wook, the Director-General of WHO; as well as senior officials from government, nongovernmental organizations and the private sector.



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At the Paris event, the WHO/World Bank *World report on road traffic injury prevention* was launched. The report was developed during a two-

year period with the support of more than 100 road safety professionals from around the world representing the sectors of health, transport, education, engineering and law enforcement. The *World report on road traffic injury prevention*, which presents a comprehensive overview of what is known about road traffic injuries – whom they affect, the factors that place people at risk of crashes and injuries, and what can be done to prevent injuries – will guide WHO's efforts in this area for years to come.

WHO regional offices organized and supported regional and national World Health Day 2004 events. Important regional events took place in: Copenhagen, Denmark; Cairo, Egypt; New Delhi, India; Nairobi, Kenya; Muscat City, Oman; Manila, the Philippines; and Washington, DC, United States. The events comprised a range of activities, including launches of the *World report on road traffic injury prevention*, new road safety legislation, and advocacy campaigns. Regional reports, such as the WHO Regional Office for Europe publication entitled *Preventing road traffic injury: a public health perspective for Europe*, and fact sheets and other advocacy materials were released during ceremonies led by WHO's regional directors. Poignant and somber, or festive and celebratory, through a mix of official proclamation and heartrending testimony, these high-profile events drew the world's attention to the serious health and development problem posed by road traffic injuries.

Within countries, WHO country and liaison offices supported many of the hundreds of road safety events which were observed in more than 130 countries across

### **BOX 3.1** *Global road safety organizations give recognition to WHO's efforts in road safety*

By Laura Sminkey, WHO Department of Injuries and Violence Prevention



WHO and the World Bank have been formally recognized for their contributions to global road safety by the granting of prestigious awards. In the

United Kingdom in December 2004, WHO and the World Bank received the Premier Award, the highest honour given as part of the annual Prince Michael International Road Safety Awards. The Premier Award was granted in recognition of the outstanding contribution of WHO and the World Bank to improving road safety, in particular for the publication of the *World report on road traffic injury prevention*. Announcing the Premier Award winners during the annual awards ceremony, His Royal Highness Prince Michael of Kent declared: "The

authors of the *World report on road traffic injury prevention* made us all think and take action – the fact that worldwide, an estimated 1.2 million people are killed in road crashes each year and as many as 50 million are injured is staggering." In the United States, in June 2004, during an event hosted on Capitol Hill in Washington DC, the WHO Department of Injuries and Violence Prevention and its Director, Etienne Krug, were attributed the Leadership in Global Road Safety Award by the Association for Safe International Road Travel. The award is granted annually to individuals and institutions demonstrating leadership in the field. During the awards ceremony, the President of the Association for Safe International Road Travel, Rochelle Sobel, and Congressman Robert Wexler stressed the enormous contributions made by WHO through World Health Day 2004 and related activities. A congressional caucus on international road safety was also launched during this event.

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the world. These varied from a remembrance garden dedication in South Africa to a helmet fashion show in Viet Nam, from a road safety film festival in Lebanon to the passing of a new seat-belt law in Hungary. The primary objective for most of the events was to raise awareness about road traffic injuries, the numbers of people they affect, their consequences and costs to society, as well as ways to prevent them.

A week after World Health Day 2004, the United Nations General Assembly discussed and adopted an historic resolution A/RES/58/289 on "Improving global road safety" urging countries around the world to take up the challenge of road safety and also inviting WHO to coordinate road safety efforts across the United Nations system, in collaboration with the United Nations regional commissions. This invitation was formally accepted by the World Health Assembly in May 2004 in resolution WHA57.10 entitled "Road safety and health". This resolution's recommendations broadly reflect those of the *World report on road traffic injury prevention*, including those related to the designation of a lead agency for road safety, preparation and implementation of national strategies for road safety, and putting in place of specific prevention measures, but also focus on the added value that public health can offer, particularly with regard to epidemiology, research, prevention, trauma care and advocacy.

In short, 2004 was the start of unprecedented attention to road safety. Governments, civil society, the private sector, and the injury prevention community around the world took up the issue with energy and enthusiasm. Many countries have begun implementing the recommendations of the award-winning *World report on road traffic injury prevention* (see Box 3.1). Tangible progress has already been made, but sustained

### **BOX 3.2** *Oman hosts regional road safety consultation to develop road safety plans of action*

by Syed Jaffar Hussain, WHO Regional Office for the Eastern Mediterranean

The WHO Regional Office for the Eastern Mediterranean organized a consultation in Muscat, Oman, in May 2005. Eight countries from the region were represented: Egypt, Islamic Republic of Iran, Jordan, Lebanon, Oman, Pakistan, Saudi Arabia, and Yemen.

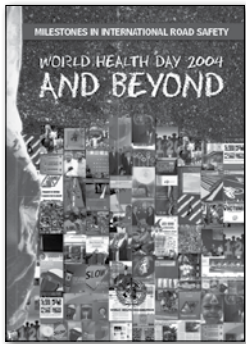
The objectives of the meeting were to:

- develop guidelines for the preparation of a regional plan of action to prevent road traffic injuries in the eight priority countries
- develop regional specific guidelines for injury surveillance systems based on the *WHO Injury surveillance guidelines*
- guide Member States on identifying the research priorities for the region in injury prevention, with a particular focus on preventing road traffic injuries

Recommendations for Member States were to:

- develop or update their national road safety plans
- design and implement multisectoral surveillance systems
- identify a lead agency to take efforts forward and establish a national safety council or similar body
- identify important stakeholders
- promote injury research
- foster intercountry collaboration





efforts will be required in order to decrease deaths on our roads. *Milestones in international road safety: World Health Day 2004 and beyond* published a year after World Health Day 2004 illustrates some of the key achievements made around the world. WHO will continue to support the public health community and Member States in this regard.

### Research

*Compiling road safety legislation worldwide.* WHO has developed an on-line global database of road safety legislation, building on the comprehensive work already undertaken by the United Nations Economic Commission for Europe Working Party on Road Traffic Safety. The database provides information on legislation targeting a number of factors that are important for the prevention of road traffic injuries, such as speed limits, safety-belts and child-restraint laws, helmet laws, blood alcohol concentration limits, daytime running light requirements, mobile phone laws, and licensing regulations. The database is searchable by factor, country or region, and links to other informative or legislative documents that can be found on the Internet. The database is housed on WHO's web site and will be updated regularly, through contributions from partner organizations. (For more information, see [www.who.int/violence\\_injury\\_prevention/roadsafety/roadsafety.aspx](http://www.who.int/violence_injury_prevention/roadsafety/roadsafety.aspx))

### Prevention

*Preparing manuals of good practice.* WHO is collaborating with the FIA Foundation for the Automobile and Society, the Global Road Safety Partnership and the World Bank to produce a series of manuals that will provide guidance to countries on how to implement some of the recommendations identified in the *World report on road traffic injury prevention*. These manuals will be practical and user-friendly, and will provide step-by-step guidance on implementing specific interventions. The documents will be produced using a standard template, with one agency taking the lead on producing each of the manuals. At this stage, six manuals are planned: four will be on key factors identified in the *World report on road traffic injury prevention*, namely, helmets, seat-belts and child restraints, speed, and drinking and driving, while the other two will address the establishment of a lead agency on road safety, and traffic and injury

data collection. Most of these documents will be launched in 2006. Additional manuals may be developed over time.

*Promoting the use of helmets.* The WHO Helmet Initiative seeks to address the safety of millions of people who use motorcycles and bicycles for transport and for recreation every day. Too many are killed or permanently disabled as a result of a head injury. The project promotes the use of motorcycle and bicycle helmets worldwide, and serves as a resource for those wishing to learn



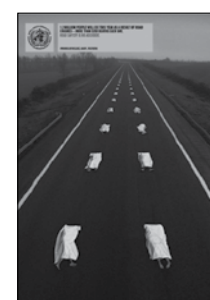
more about helmets, and to develop strategies to advocate their use. The WHO Helmet Initiative promotes universal helmet use, stimulates research on helmets and maintains a reference library on helmet promotion and efficacy. Following World Health Day 2004, the WHO Helmet Initiative web site was relaunched and the initiative expanded to include Cooperative Helmet Initiative Programmes, which are helmet-related centres of excellence from around the world. The Helmet Initiative web site, which recently won an award from the Canadian Association of Road Safety Professionals as the best traffic safety web site, also features links to the literature database *SafetyLit*, news of helmet programmes from around the world, a quarterly newsletter entitled *Headlines*, and links to other important organizations and resources. (For more information, see [www.whohelmets.org](http://www.whohelmets.org))

*Training public health specialists in road safety.* WHO, in collaboration with the Transport Research and Injury Prevention Programme of the Indian Institute of Technology, a WHO Collaborating Centre for Research and Training in Safety Technology, is finalizing a road safety training manual to strengthen capacity to implement measures to prevent road traffic injuries in different settings around the world. This manual is designed for a multidisciplinary audience, including public health practitioners, transport and road engineers, vehicle safety professionals, law enforcers, policy-makers, trainers, and social scientists. It will provide these audiences with information on: the magnitude of the problem and key risk factors for road traffic injuries; how to apply a scientific approach to preventing road traffic injuries; how to strengthen the evidence base for the prevention of road traffic injuries; and how to develop road safety policies, and implement and evaluate promising interventions.



### Advocacy

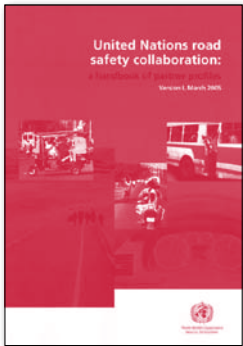
*Newsletters, posters, fact sheets.* To support World Health Day 2004 and illustrate some of the messages in the *World report on road traffic injury prevention*, WHO prepared a series of fact sheets and also commissioned the production of four road safety posters depicting: the magnitude of the problem; the vulnerability of some road users; the cost of road traffic crashes; and disabilities which result from these collisions. Hundreds of non-governmental organizations and other institutions from around the world have requested copies of the posters, which have been used by many groups to launch national and local road safety campaigns. The posters have appeared in prominent medical and lay publications. An electronic newsletter called *The Road Ahead* is produced twice a year. This newsletter is an important advocacy tool and keeps safety practitioners up to date with what is happening at a global level. (For more information, see [www.who.int/violence\\_injury\\_prevention/publications/road\\_traffic/en/index.html](http://www.who.int/violence_injury_prevention/publications/road_traffic/en/index.html))



## PARTNERSHIPS

Road safety is a multisectoral issue which requires a partnership approach. WHO systematically collaborates with many partners ranging from governments, non-governmental organizations, foundations, and the private sector in all its road safety activities. All of the above activities result from partnerships. Some other important partnerships fostered during the 2004–2005 biennium are outlined below.

*United Nations Road Safety Collaboration.* In April 2004, the United Nations General Assembly resolution A/RES58/289 on “Improving global road safety” invited WHO, working in close cooperation with the United Nations regional commissions, to act as coordinator on road safety issues across the United Nations system. Since the World Health Assembly accepted this invitation in May 2004, WHO has hosted three meetings of the United Nations Road Safety Collaboration. With representatives from more than 42 organizations (11 of which are United Nations agencies), the Collaboration has initiated work on the following activities: development of a series of manuals on good practice; creation of a dynamic, global web-based database on road safety legislation; completing and updating of a series of resolutions on road traffic signs and signals adapted in the European region; follow-up regional stakeholder meetings; and the establishment of an annual World Day of Remembrance for Road Traffic Victims. The number of governmental and nongovernmental organizations involved and the range of sectors they represent – health, transport, safety – attest to the broad interest that exists for this new effort. As a first product of the Collaboration, a document entitled *United Nations Road Safety Collaboration: a handbook of partner profiles* was published. It contains an overview of the missions, road safety activities, and strengths in the area of road safety, of partner organizations, as well as useful contacts within



### **BOX 3.3** *WHO Regional Office for the Americas supports creation of regional road safety network*

by Alberto Concha-Eastman, WHO Regional Office for the Americas

Following World Health Day 2004 and the launch of the *World report on road traffic injury prevention*, many countries across Central and South America expressed an interest in collaborating with WHO and their neighboring countries on road safety. In December 2005, the WHO Regional Office for the Americas hosted a regional meeting in Brasilia, Brazil, How to Strengthen the Health Sector Response for Safer Roads in the Americas. With delegates from 16 countries of the Americas, including senior officials from ministries of health, ministries of transport, and nongovernmental organizations, the meeting addressed such topics as: information systems; cost analysis; drinking and driving; care of

victims at prehospital and hospital settings; and collaboration. Participants were invited to respond to the United Nations General Assembly's request to do more for road safety, including continuing to implement the recommendations of the *World report on road traffic injury prevention*, host activities during the First United Nations Global Road Safety Week, and mark the World Day of Remembrance for Road Traffic Victims. The WHO Regional Office for the Americas will continue to support these activities and others identified by the regional network. The government of Costa Rica will host a subregional meeting of Central American countries in late 2006.

each agency. The resolution also requested the Secretary-General, Mr Kofi Annan, to report back to the sixtieth session of the United Nations General Assembly on the implementation of this road safety resolution. The report (A/60/181) was prepared by WHO in consultation with the members of the United Nations Road Safety Collaboration, and was submitted by Mr Annan to the United Nations General Assembly for its summer 2005 session. (For more information, see [www.who.int/violence\\_injury\\_prevention/road\\_traffic/irsi/en/index.html](http://www.who.int/violence_injury_prevention/road_traffic/irsi/en/index.html))

The report served as an impetus for resolution A/RES/60/5 entitled "Improving global road safety", adopted by the United Nations General Assembly in October 2005, inviting Member States to continue using the *World report on road traffic injury prevention* as a framework for road safety efforts. The resolution calls for particular attention to five major factors: helmets, seat-belts and child restraints, speed, drinking and

### **BOX 3.4** Cambodia adopts partnership approach to road safety

by Pamela Ann Messervy, WHO Cambodia

Although motorcycles make up more than 75% of the vehicle fleet in Cambodia and about 90% in Phnom Penh, few people who ride on these motorcycles wear helmets. Since 2002, WHO has supported a helmet wearing initiative in Phnom Penh. This collaborative effort involves: the Ministries of Health; Public Works and Transport; Education, Youth and Sport; the Interior; the Municipality of Phnom Penh; the Land and Transport Department; the Traffic Police Office; Handicap International; the United Nations Children's Fund; the International Federation of Red Cross and Red Crescent Societies; and the Cambodian Red Cross. Handicap International and the Ministry of Health are coordinating this project, which incorporates a media campaign, proposed helmet legislation, and policies to promote helmet wearing to prevent work-related injuries.

#### **Media campaign**

From April-July 2004 Handicap International and WHO supported the television and radio broadcast of advertisements urging traffic safety. On World Health Day 2004, 7 April 2004, there were high-profile activities to promote awareness about the importance of helmet

wearing. On this day the Cambodian Secretary of State for Health, Dr Mam Bunheng, and the WHO Representative in Cambodia, Dr Jim Tulloch, took part in the campaign, wearing helmets and posing as a motorcycle driver and passenger.

#### **Helmet legislation**

A new national plan for road safety has been formally adopted by the Government of Cambodia. A national road safety law has been proposed and is being reviewed. This is the first road safety legislation of its kind in the history of Cambodia. The draft legislation includes a section on motorcycle helmets.

#### **Adoption of a work-related helmet wearing policy**

This initiative encourages staff from governmental and nongovernmental organizations and United Nations agencies to lead by example by adopting, enforcing and monitoring policies that require helmet wearing for their employees when driving motorcycles. The WHO office in Cambodia contracted with Handicap International to visit several institutions to promote road safety and develop organization-wide road safety policies.



driving, and infrastructure. The resolution also invites WHO and the United Nations regional commissions to coordinate the First United Nations Global Road Safety Week targeted towards young road users and encourages Member States to recognize the third Sunday in November of every year as the World Day of Remembrance for Road Traffic Victims.

*Nongovernmental organizations involved in road safety.* In recognition of the enormous strength that nongovernmental organizations possess as advocates for road safety, WHO hosted a meeting of 12 nongovernmental organizations in September 2003. The meeting led to the creation of an informal network of agencies that advocates for road safety, and the identification of areas for joint activities. The network served as a mechanism to exchange ideas with regard to the events each organization would host in their respective countries to mark World Health Day 2004. For years many of the organizations involved in the network had hosted events in late November each year to remember friends and loved ones killed or injured on the world's roads. As a network, the organizations have been integral in advocating for recognition by the United Nations General Assembly of the third Sunday in November every year as a World Day of Remembrance for Road Traffic Victims. (For more information, see [www.who.int/violence\\_injury\\_prevention/road\\_traffic/activities/ngos/en/index.html](http://www.who.int/violence_injury_prevention/road_traffic/activities/ngos/en/index.html))

## NEXT STEPS

Over the coming years, WHO will continue to strengthen the United Nations Road Safety Collaboration and its focus on implementing the recommendations of the *World report on road traffic injury prevention* in countries. Attention will be especially directed to five main factors: helmets, seat-belts and child restraints, speed, drinking and driving, and infrastructure. The series of manuals of good practice will be important implementation tools. In addition, WHO will continue to support global road safety through its activities in the areas of research, prevention, advocacy, and care and services for victims. WHO headquarters, regional and country offices will provide technical support to countries as they seek to make progress towards their road safety objectives. The First United Nations Global Road Safety Week, scheduled for 23–29 April 2007, will be another major platform to maintain and hopefully elevate the level of attention to road safety.



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## IV Prevention of injuries to children and adolescents

EVERY YEAR, MILLIONS OF CHILDREN all over the world die from preventable causes. Injuries and violence are an important contributor. WHO estimates that, in 2002, around 875 000 children under the age of 18 years died as the result of an injury. This places injuries among the leading causes of death in children who survive beyond their first birthday. Aside from the high death toll, injuries during childhood and adolescence are also associated with high morbidity: for every injured child who dies, several thousand more survive with varying degrees of disability. The impact of these injuries on society is tremendous: every day, thousands of families are robbed of their children and thousands of children have to learn to cope with the consequences of their injury, which are often profound and long-lasting.



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*Humpty Dumpty sat on a wall, Humpty Dumpty had a great fall.  
All the king's horses and all the king's men couldn't put Humpty together again.*  
—Lewis Carroll, *Through the Looking Glass*

### WHO ACTIVITIES

#### **Child and adolescent injury prevention initiatives**

In March 2005, WHO hosted a consultation on child injury prevention during which staff from four WHO headquarters departments, WHO regional offices and the United Nations Children's Fund, along with 28 other experts from international and regional organizations, planned activities for child and adolescent injury prevention. Participants agreed on four major projects:

- an advocacy document calling for global action
- a ten-year WHO plan of action for child and adolescent injury prevention
- articles for medical and lay publications to raise awareness
- a *World report on child and adolescent injury prevention*.

The advocacy document, *Child and adolescent injury prevention: a global call to action*, a joint WHO and United Nations Children's Fund publication, was launched in November 2005. The WHO plan of action for child and adolescent injury prevention is currently being finalized and is scheduled for launch in early 2006. Its goal is to direct WHO's



work in this area over the coming ten years. It focuses on six areas: data and measurement; research; prevention; services; capacity development and advocacy (see Box 4.1). It will reinforce the idea that injury prevention is central to child and adolescent health and that, while many challenges to reducing injury exist, there are constructive and effective ways to address child and adolescent injury.

## PARTNERSHIPS

WHO has strong links with a number of global and regional organizations involved in child and adolescent injury prevention. Over the coming years, these partnerships will play an increasingly important role, as WHO begins to implement its plan of action and develop a world report. Among others, WHO and the United Nations Children's Fund are increasing their level of active cooperation. Both organizations

### BOX 4.1 *WHO outlines global plan of action for child and adolescent injury prevention*

by Margie Peden, WHO Department of Injuries and Violence Prevention

The WHO plan of action for child and adolescent injury prevention focuses on:

#### Data and measurement

- Facilitate and enhance the collection and analysis of data on child and adolescent injury and violence (including data on mortality, morbidity, health impacts, disability and associated costs) at the country, regional and global levels
- Identify, collate and improve information on risk and protective factors for child and adolescent injury and violence, including the identification of potential points of intervention

#### Research

- Identify key research needs in the field of child and adolescent injury and violence prevention, set an agenda of priorities, and ensure that information on these priorities is available to researchers, governments, donors and other stakeholders
- Promote and foster trials of promising interventions for preventing injury among children and adolescents in high burden regions



#### Prevention

- Support the development of stronger and more effective injury and violence prevention measures and programmes in all countries
- Increase the number of countries with national strategies and programmes for preventing injuries and violence among children and adolescents

#### Services for children affected by violence and injuries

- Promotion of local, national and international services for children affected by injury and violence

#### Capacity development

- Capacity development for data collection and the prevention of child and adolescent injuries and violence

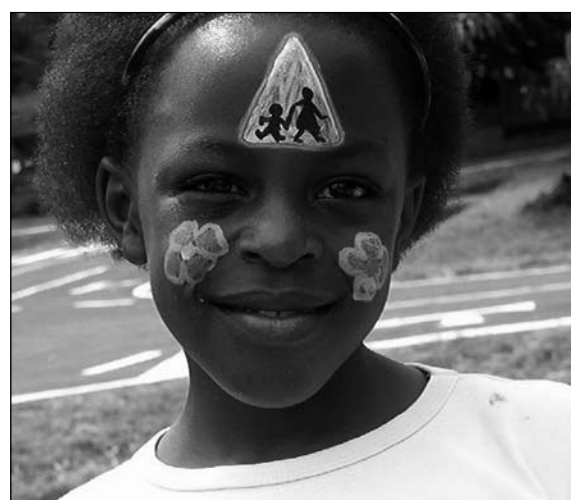
#### Advocacy

- Raise awareness and interest in the impact of child and adolescent injury and violence through the development and circulation of information
- Promote action on child and adolescent injury and violence prevention, principally through the fostering of political will and the generation of resources to address these issues
- Develop and foster international, multisectoral cooperation on injury and violence prevention relating to children and adolescents

recognize that preventing child and adolescent injury is a major challenge, especially in low-income and middle-income countries, and are looking for more effective ways to work together on this issue. Cooperative efforts already exist, particularly at country level and through such initiatives as the United Nations Secretary-General's Study on Violence against Children. The March 2005 consultation on child and adolescent injury prevention prompted agreement on further joint work. In 2006 a companion document to the jointly published *Child and adolescent injury prevention: a global call to action* which describes good practices will be released.

## NEXT STEPS

Over the next three years, WHO and the United Nations Children's Fund will work together to develop a *World report on child and adolescent injury prevention*. In line with the *World report on violence and health* and *World report on road traffic injury prevention* previously developed by WHO, this report will result from the collaboration of many experts in the area of child and adolescent injuries, and will aim to raise awareness of this problem and stimulate prevention efforts around the globe. The report will present what is known about the magnitude of the problem of child and adolescent injury, consolidate what is understood about risk factors, and examine the evidence on effective intervention strategies. It will conclude by offering a set of recommendations that can be implemented by all nations to effectively reduce various types of injuries to children and adolescents. The document will be important for governments and development agencies around the world.



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# *drowning and burns*

## **V Prevention of drowning and burns**



**IN 2002**, there were almost 5.2 million injury-related deaths worldwide. While violence and road traffic injuries accounted for the greatest proportion, other injuries such as drowning, burns, falls and poisoning made up nearly 50% of all fatal injuries. In addition, these other injuries account for a significant burden of disability, as they frequently result in scarring, disfigurement and physical or mental disability.

### **WHO ACTIVITIES**

In 2004–2005, WHO was involved in a number of activities related to drowning and burns prevention. Two fact sheets, one on drowning and one on burns, have become important

### **BOX 5.1** *Recommendations from The World Congress on Drowning*

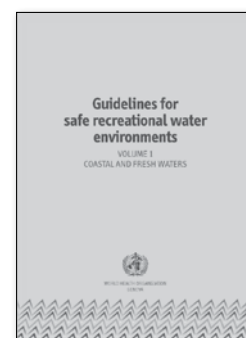
1. A new, more appropriate, world-wide uniform definition of drowning must be adopted
2. There is a great need for adequate and reliable international registrations of drowning incidents
3. More data must be collected and knowledge gained about drowning in low-income countries and societies
4. Preventive strategies and collaboration are needed
5. All individuals, and particularly police officers and fire fighters, must learn to swim
6. Rescue techniques must be investigated
7. Basic resuscitation skills must be learned by all volunteer and professional rescuers as well as lay persons who frequent aquatic areas or supervise others in water environments
8. A uniform glossary of definitions and a uniform reporting of drowning resuscitation must be developed and used
9. Hospital treatment of the severe drowning victim must be concentrated
10. Treatment of the patient with brain injury resulting from cardiopulmonary arrest attributable to drowning must be based on scientific evidence. Due to the absence of interventional outcome studies in human drowning victims, current therapeutic strategies must be extrapolated from studies of humans or animals having similar forms of acute brain injury
11. Wearing of appropriate and insulating life jackets must be promoted
12. The balance between safety and profitability of recreational diving must remain critically observed
13. The safety of diving fishermen needs more attention

[For more information, see [www.drowning.nl/](http://www.drowning.nl/) for a full report of The World Congress on Drowning.]

advocacy tools and have been translated into a number of languages. In addition, WHO published *Guidelines for safe recreational water environments* which includes a chapter on drowning prevention.

WHO headquarters and some regional offices and WHO Collaborating Centres also worked together with the Maatschappij tot Redding van Drenkelingen (Society to Rescue People from Drowning) in the Netherlands to develop a *Handbook on Drowning* which became available in late 2005. This comprehensive document is a compilation of the results of The World Congress on Drowning held in Amsterdam, the Netherlands in June 2002 (see box 5.1). It covers most areas related to drowning including: epidemiology, prevention, rescue, resuscitation, hospital treatment, and investigating drowning incidents. The handbook also publishes the definition of drowning agreed upon during the congress which is "drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid". This is an important document which will guide the field of drowning prevention for many years to come.

Although drowning and burns are not a main focus of WHO's work at present, the web site of the WHO Department of Injuries and Violence Prevention dedicates a section to these issues and is a useful resource with links to other specialist organizations. In particular, WHO collaborates with the International Lifesaving Association and the International Society for Burns Prevention on how to address these two growing concerns.



### **BOX 5.2** *China increases efforts to address the problem of drowning*

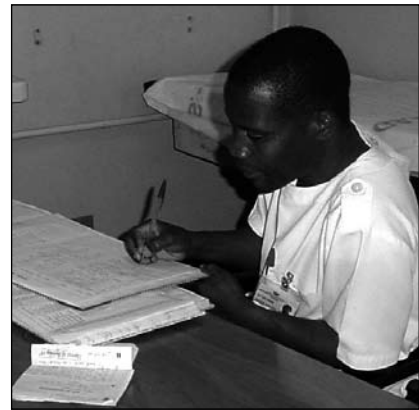
by Jonathon Passmore, WHO China and Ian Scott, WHO Department of Injuries and Violence Prevention

China has begun to recognize drowning as a serious public health concern, particularly for young people. Ministry of Health figures show that drowning is the cause of 60% of rural injury deaths among children aged 1–4 years. WHO estimates suggest that of the 112 000 annual drowning deaths across the country, half occur in children under 15 years of age, making it the leading cause of death overall in children aged 5–14 years. In November 2005, the Chinese Centers for Disease Control and Prevention hosted the International Workshop on Drowning Prevention in China, with support from WHO and Monash University's Accident Research Centre, a WHO Collaborating Centre for Violence, Injuries and Disabilities in Australia. The workshop brought together officials and delegates from the Chinese Centers for Disease Control and Prevention, the Ministry of Health, WHO, the United Nations Children's Fund, and nongovernmental organizations such as The Alliance for Safe Children and the Royal Life Saving Society. The

presentations at the workshop confirmed drowning as a leading cause of death among children and adolescents and the need for a concerted multisectoral approach to prevention. The results of work in progress on potential interventions, such as research into the protective value of water survival training or swimming training, will be of significant help in developing a prevention approach. As follow-up to this workshop, Guangdong Province will commence a school-based drowning prevention programme targeting rural children and their families. Through safety education including swimming lessons and the development of resuscitation skills; environmental modifications such as signs and isolation fencing; and the use of mass media, this programme aims to reduce local drowning mortality by 30% by the end of 2007. The country offices of WHO and the United Nations Children's Fund in China will develop a collaborative framework for their assistance to the government in child injury prevention, including drowning prevention.

## VI Data collection

**MANY COUNTRIES AROUND THE WORLD** still need to put in place effective systems to collect reliable information on violence and injuries in order to understand the magnitude and develop and assess prevention strategies. To assist these countries, WHO has collaborated with a number of agencies to develop guidelines on collecting data. These documents, one on the development of injury surveillance systems and one on conducting community-based surveys, were developed and launched over the last few years, the former in 2001 and the latter in 2004. They are currently being used in a number of countries.



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### WHO ACTIVITIES

#### ***Injury surveillance***

Using the WHO *Injury surveillance guidelines*, a number of countries have translated the document into their local language and have put in place (or are in the process of doing so) emergency room injury surveillance systems. These countries include Bolivia, Cambodia, Colombia, El Salvador, Egypt, Ethiopia, Honduras, Jamaica, Kenya, Libya, Lithuania (see Box 6.1), Mongolia, Mozambique, Nepal, Nicaragua, Oman, Peru, the Russian Federation, Saudi Arabia, The former Yugoslav Republic of Macedonia, the United Republic of Tanzania and Viet Nam. WHO has given technical, and in some cases financial, support to these countries to develop and implement locally appropriate systems. Most of these systems are currently in the evaluation phase, following a short pilot-testing period. Most have already provided important information to the countries concerned, so that policies and programmes for violence and injury prevention can be developed.

In Colombia, the WHO Regional Office for the Americas has given support to so-called “observatories of violence” where officials from health, transport, forensics, the police, and law offices share registries and a unified form of data collection on injury-related deaths. This system is now implemented in 30 cities across the country by the Instituto de Investigación y Desarrollo en Prevención de Violencia y Promoción de la Convivencia Social (CISALVA), a WHO Collaborating Centre for Violence and Health,

with support from the WHO Regional Office for the Americas. With the assistance of the United States Agency for International Development, the WHO Regional Office for the Americas and the Inter-American Coalition for the Prevention of Violence aim to set up similar observatories in selected cities in El Salvador, Guatemala, Honduras, Nicaragua and Panama.

### ***Injury surveys***

In 2004, WHO launched guidelines on the process of designing and implementing a community-based injury survey. The document, entitled *Guidelines for conducting community surveys on injuries and violence*, provides instructions on how to prepare for data collection, how to select and train fieldworkers, how to conduct fieldwork and deal with unexpected situations, how to deal with ethical considerations, as well as how to enter and analyze data, disseminate the results and use the information for advocacy purposes. In addition, the guidelines provide:

- a standardized tool for the collection of data, with core and optional components
- a set of model questionnaires
- detailed guidance on how to obtain representative samples
- an explanation on how to calculate sample size.

#### **BOX 6.1 *Lithuania facilitates hospital-based surveillance of violence and injuries***

By Dinesh Sethi, WHO Regional Office for Europe, and Ramune Meiziene, State Public Health Service, Lithuania

Lithuania is a middle-income country with per capita GDP of US\$ 7800. In 1990, the country gained independence from the former Soviet Union. Lithuania has since been undergoing rapid socio-economic transition, characterized by liberalization of markets and motorization. In common with some other countries which have undergone transition, injury rates are high. Injury is the leading cause of death for people under the age of 65 years. The standardized mortality rate for all injuries is 148 per 100 000, and the three leading causes are suicide (42 per 100 000), road traffic injuries (21 per 100 000) and poisoning (20 per 100 000).

Health information systems do not adequately capture injury information by cause, therefore the Ministry of Health decided to set up an injury surveillance system in a hospital setting using the *Injury surveillance guidelines*. The pilot site

chosen was the Vilnius University Emergency Hospital which has over a thousand beds and offers all trauma care specialties. A steering committee for the project was established. One of the first tasks was to translate the guidelines into Lithuanian and to develop a data collection form. These tools were pilot-tested, and training sessions on data collection were held for staff. There are about 100 trauma cases presenting daily to the emergency department, with about 10–20 requiring admission. Data collection is ongoing and it is estimated that data on about 10 000 cases will be collected over a period of about 6 months. To review the project, a feedback workshop with stakeholders was held in December 2005, during which recommendations on how to improve injury surveillance at national level were made. Data will be shared with an intersectoral committee on injury prevention to better develop injury and violence prevention plans.



Ethiopia, Mozambique, Oman, Saudi Arabia, and Sri Lanka are among the countries using these guidelines.

### ***Country capacity survey***

WHO is undertaking a survey to provide information on national activities, policy approaches, and basic capacities to prevent violence and injuries. A questionnaire was developed with the assistance of WHO regional office focal persons for violence and injury prevention, and surveys were carried out in countries. Methods of data collection varied according to circumstances. The results will be collated and entered in an online database. The project is a step in the collection of information to support global efforts to prevent violence and injuries. It will assist WHO and global partners in advocating for increased resources, and in identifying examples of successful prevention models. The information gained will put WHO in a better position to support ministries of health in their efforts to implement or improve interventions to prevent violence and injuries. It will also enable WHO to target its advice on underlying policy approaches and partnerships.

### ***Alcohol and injury multi-country study***

Alcohol involvement in injuries has been demonstrated in numerous studies. Hundreds of thousands of deaths occur each year as a result of alcohol-related injuries, both intentional and unintentional. Alcohol is involved in up to 30% of adult hospital admissions, particularly those to emergency rooms. The problem of alcohol-related injuries is particularly alarming in many developing countries, where alcohol consumption is increasing, injury rates are extremely high, and appropriate public health policies have not been implemented. However, the role of alcohol in injuries is not yet well enough understood and documented to allow for the development of adequate policy responses. The WHO Collaborative Study on Alcohol and Injuries initiated by the WHO Departments of Mental Health and Substance Abuse, and Injuries and Violence Prevention, has been implemented in Argentina, Belarus, Brazil, Canada, China, Czech Republic, India, Mexico, Mozambique, New Zealand, South Africa, and Sweden. Further international efforts in this area will focus on: assessing the causative role of alcohol in injuries presented to emergency rooms, and the associated role of drug use; the role of studies based on data from emergency rooms in developing alcohol policy; and the use of emergency rooms as entry points for interventions targeting harmful drinking and risk of repeated injuries (see Box 6.2).

### ***Classification systems***

For nearly a decade, under the auspices of WHO, and led by the Dutch Consumer Safety Institute, experts have been working on a classification system that better addresses the specific needs of activities targeting violence and injury prevention and control. The International Classification of External Causes of Injury has now been endorsed as a member of the WHO family of classifications. Version 1.2 of the ICECI classification was released in July 2004 and includes an index. The taxonomy is



currently being translated into French and Spanish. Many countries are using this classification in their injury surveillance systems. For more information, see [www.iceci.org](http://www.iceci.org).

### **Dissemination of data**

In 1999, WHO first published *Injury: a leading cause of the global burden of disease*. Updated in January 2003, this document containing tables ranking the leading causes of death and disability has become a firm favourite with practitioners and policy-makers alike. The third edition, using the Global Burden of Disease project data for 2002 (Version 5), will be launched in 2006. A companion document, *The injury chartbook*, presents the data as graphs. It was first published in 2002, and will be updated in 2006.

### **NEXT STEPS**

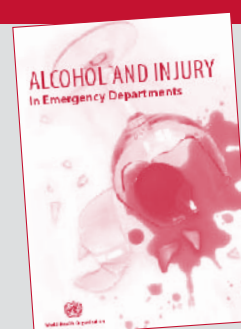
Over the coming years, WHO will continue to give technical support to countries to help strengthen their capacity for data collection and to further develop, implement and evaluate their information systems. Data on violence and injuries, apart from being essential at local level to develop prevention programmes, can also be fed into global estimates. WHO staff will also contribute to the development of the 11th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD). The chapter of ICD on External Causes of Morbidity and Mortality is of particular concern because in its 10th revision it lacks the scope and specificity needed to address violence and injury prevention effectively. A working group of injury classification experts has been established and they will be given the task of addressing these issues over the coming years. It is expected that the 11th revision of the ICD will start coming into use in about 2010.

#### **BOX 6.2** *Research group proposes priorities for future research on alcohol and injuries*

by Margie Peden, WHO Department of Injuries and Violence Prevention

In October 2005, during an international conference hosted by the Alcohol Research Group in Berkeley, USA, entitled *Alcohol and Injury: New Knowledge from Emergency Room Studies*, participants identified the following as main areas that warrant more research on alcohol and injuries in the emergency room setting:

- epidemiology of the magnitude of alcohol involvement in injury and involvement by type and cause of injury
- clinical assessment of alcohol intoxication
- methodological comparisons of control subjects for estimating risk of injury in emergency room patients
- methods of obtaining blood alcohol concentration estimates
- brief interventions in the emergency room, including counseling of patients about the harmful use of alcohol
- comparisons of individual-level risk of injury estimates from emergency room studies with aggregate-level data
- implementation of a national alcohol surveillance system
- dissemination of major research findings of recent emergency room studies



## VII Emergency services

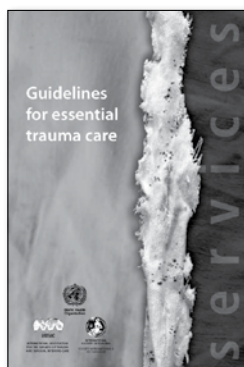
**FOR EVERY PERSON DYING** as a result of violence and injury, there are hundreds more who sustain non-fatal injuries and other health consequences. Although the ultimate goal must be to prevent violence and injuries from happening in the first place, much can be done to minimize the disability and ill-health arising from the injuries that do occur despite the best prevention efforts. Providing high quality support and care services to victims is therefore an essential component of any response to violence and injuries. Appropriate services for victims of non-fatal injuries can prevent future fatalities, reduce the amount of short-term and long-term disability, and help those affected to cope with the impact of the event on their lives.

The specific aims of strengthening such services are to: prevent unnecessary death and minimize harm and suffering; reduce the likelihood of secondary victimization – both intentional and unintentional – by service providers; facilitate redress through the criminal justice system, civil claims courts and other victim compensation mechanisms; and reduce the likelihood that individuals will suffer repeated injury in the future or, in relation to violence, that victims themselves will become perpetrators. Harm will be minimized when the individual's medical, psychological, social and legal needs are all met. Although the health sector alone cannot offer services to meet all these needs, an initial interaction with health services offers an opportunity for referral to other services.

### WHO ACTIVITIES

#### **Guidelines for essential trauma care**

In June 2004, WHO and the International Society of Surgery launched the *Guidelines for essential trauma care* at the 7th World Conference on Injury Prevention and Safety promotion held in Vienna, Austria. The main objective of these guidelines is to set achievable standards for making available essential trauma care in all settings, and to identify the resources, both human and material, necessary for such services. During the same month, WHO organized a consultation meeting to promote implementation of these guidelines. Based on the *Guidelines for essential trauma care*, participants elaborated different tools for implementing the guidelines. The guidelines are currently being pilot-tested in Ghana (see Box 7.1), India, Mexico, Mozambique, and Viet Nam. They have also been translated into Arabic, and have been used to develop a regional strategic framework for emergency medical services in the WHO Eastern Mediterranean Region.



### **Manual on prehospital trauma care systems**

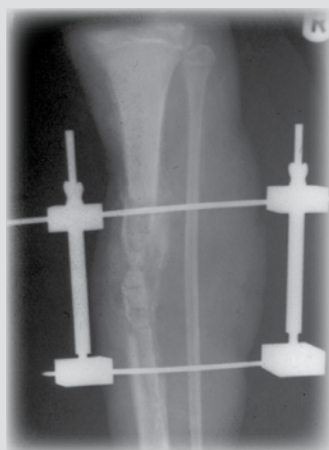
Launched in June 2005, the WHO manual *Prehospital trauma care systems* was prepared by a network of experts from all regions. WHO received strong technical support for the preparation of the manual from the Centre for Injury Control at Emory University, United States, a WHO Collaborating Centre for Injury Epidemiology and Control; St Stephen's hospital in New Delhi, India and several other experts. The manual focuses on the steps to set up prehospital trauma care systems, particularly those that require minimal training and relatively little in the way of equipment or supplies. The main areas covered include the organization of the system, capacity development, data collection, transport and communication, as well as ethical and legal considerations. This manual is being pilot-tested in Mozambique, Poland (see Box 7.2), and Viet Nam.

#### **BOX 7.1** *Ghana enhances its essential trauma care services*

by Robert Quansah, Kwame Nkrumah University of Science and Technology, Ghana, and Charles Mock, University of Washington, United States

Several individuals and organizations have been active in promoting road safety and improvements in trauma care in Ghana. Increased interaction has been facilitated recently by the WHO *Guidelines for essential trauma care* and related international efforts to catalyze affordable, sustainable enhancements in trauma care services.

As part of these efforts, the Road Safety and Essential Trauma Care Workshop was held at Akosombo, Ghana in June 2005. The workshop was jointly organized by the Global Road Safety Partnership-Ghana, the National Road Safety Commission, and the WHO country office, with funding from the Standard Chartered Bank. Participants included members of Parliament, and representatives of both the Committee on Health and the Committee on Transport, as well as representatives from the Ministry of Health, the Ministry of Transport, the Ghana Health Service, the Ghana Red Cross, the Ghana Medical Association, the Ghana Nurses and Midwives' Council, the Ghana Fire Service, and doctors and nurses involved in trauma care.



The workshop produced a set of recommendations for a national policy on strengthening care of injury victims. These recommendations were based on the premise that improvements in care and resultant decreases in injury-related death and disability could be achieved at a low cost and in a sustain-

able fashion, primarily through improved organization and planning. Recommendations addressed: injury surveillance; pre-hospital care; facility-based care; administrative supervision; and financing mechanisms. As part of developing these recommendations, the resource templates contained in the *Guidelines for essential trauma care* were adapted to the Ghanaian context. The recommendations are being used by the WHO country office in its forthcoming two-year work plan of collaboration with Ghana's Ministry of Health, a

process in which several of the meeting participants are involved. A detailed report entitled "Strengthening care for injury victims: recommendations for a national policy" has been drafted. It is being finalized by meeting participants before being presented to Parliament for consideration.

### **Disaster response**

In response to the Asian tsunami crisis in late 2004 and early 2005, the WHO Departments of Injuries and Violence Prevention, and Essential Health Technologies elaborated guidance on the prevention and management of wound infection in disaster situations. In the weeks following the tsunami, an expert from the staff of the WHO Department of Injuries and Violence Prevention spent one month in the tsunami-affected region to support countries in tackling trauma care management. Following the earthquake in Pakistan in mid-2005, the regional focal person for injury and violence prevention from the WHO Regional Office for the Eastern Mediterranean was sent to Pakistan for one month to spearhead WHO's support to the trauma care management of earthquake victims in the country.

#### **BOX 7.2** *Poland seeks to improve its emergency trauma care system*

by Jean-Dominique Lormand, WHO Department of Injuries and Violence Prevention

Compared to most other European Union countries, Poland has a high rate of road traffic fatalities: for every 100 road traffic crashes, there are 11 deaths, compared to an average 3 deaths per 100 road traffic crashes for the whole of the European Union. There are a number of reasons for this, and one relates directly to weaknesses in Poland's emergency rescue system. In 2002, Polish authorities began to address this problem through the development of a project to improve emergency rescue services for victims of road traffic collisions. The project is conducted in collaboration with WHO, the Global Road Safety Partnership-Poland,

Holmatro, the Polish Red Cross and the World Rescue Organization. To date, the main outcomes of this project are:

- creation of a multisectoral working group for the development and implementation of the project, with national and regional representatives from the Ministry of Health, the police and the fire brigade
- site visit of a member of the working group to Austria and the Netherlands for presentation and discussion on national emergency rescue systems in those countries
- identification of two counties in Poland for pilot-testing
- completion of a situational assessment in the two selected counties

This situational assessment has revealed poor coordination among the individual subdivisions of the emergency rescue system, and deficiencies in the training and supervision of personnel. The next step will be to address these shortcomings.



# VIII Disability and rehabilitation

**AROUND THE WORLD** an estimated 600 million people live with some form of disability. This number is increasing primarily as a result of population growth and ageing. The main causes of disability include: chronic conditions such as diabetes, cardiovascular disease, and cancer; injuries at home, work and on the roads; violence; birth defects; AIDS; environmental degradation; malnutrition; and other causes often related to poverty. These trends are creating an overwhelming demand for health and rehabilitation services for people with disabilities, 80% of whom live in low-income and middle-income countries where they often have difficulty accessing these services.

WHO's work in the area of disability and rehabilitation is guided by the May 2005 World Health Assembly resolution WHA58.23 on "Disability, including prevention, management and rehabilitation". The resolution calls upon Member States to: strengthen implementation of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities; support community-based rehabilitation; include a disability component in national health policies and programmes; and promote the rights and dignity of people with disabilities. The resolution invites the WHO Director-General to support Member States in these efforts.

An action plan was developed in 2005 by WHO for the period 2006–2011. It focuses on:

- developing a *World report on disability and rehabilitation*
- raising awareness about the magnitude and consequences of disability
- facilitating data collection and analysis and dissemination of disability-related data and information
- supporting, promoting and strengthening health and rehabilitation services for persons with disabilities and their families
- promoting community-based rehabilitation
- promoting development, production, distribution and servicing of assistive devices and technologies
- supporting the development, implementation, measuring and monitoring of policies to improve the rights and opportunities for people with disabilities
- building capacity among health and rehabilitation policy-makers and service providers
- fostering multisectoral networks and partnerships



## WHO ACTIVITIES



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### ***Developing guidance on strengthening medical care and rehabilitation services***

Most people with disabilities lack access to appropriate medical care and rehabilitation services. Without such services people with disabilities are not able to develop their skills and the compensatory mechanisms needed to be self-reliant. In response WHO organized a workshop in London, United Kingdom, in June 2005 to discuss strategies for strengthening national medical care and rehabilitation services, development of guidelines on the topic, and the possible creation of a global alliance to facilitate work in this area at country level. A follow-up meeting on developing guidelines for medical care and rehabilitation was held in October 2005, the objectives of which were to develop a draft outline and determine a process for moving forward. The draft outline includes five key elements relating to data and research, prevention, medical management, assistive devices and technologies and health promotion. After consultation with a broad range of partners, participants are planning to convene again in early 2006 to further refine the contents of the guidelines and identify responsibilities for drafting various sections. The guidelines will be released by the end of 2007.

### ***Advocating for adherence to the concepts of community-based rehabilitation***

In 2004, the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and WHO published a joint position paper, *Community-based rehabilitation: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities*, which describes the evolving concept of community-based rehabilitation and includes a call for action against the poverty that affects many people with disabilities. WHO has also supported a project on the revision of the guidelines currently in use for community-based rehabilitation. In this regard, WHO organized two consultations in November 2004 and July 2005. Based on these consultations, the revised guidelines will be finalized for field-testing in 2007, and jointly published by the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and WHO.

### ***Ensuring access to assistive devices and technologies***

Assistive devices and technologies such as wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware can allow people with disabilities to dramatically increase their mobility, hearing and vision; enhance their communication skills; and improve their functional abilities. Yet in many low-income and middle-income countries, only 5%–15% of people who require assistive devices and technologies have access to them. WHO has initiated a process to review current practices and improve access to and standards for assistive devices and technologies. WHO organized a workshop to coincide with the 20th World Congress of Rehabilitation International: Rethinking Rehabilitation held in June 2004 in Oslo, Norway. The workshop discussed common types of appropriate devices and technologies, and



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put forward a proposal for an improved system to ensure that people with disabilities have access to them. In April 2005, WHO hosted a consultation on the development, production and distribution of wheelchairs. Participants created a strategy for developing standards for the provision of wheelchairs and related services. The standards will be issued in 2007. In 2005 WHO also worked with representatives of SINTEF Health Research, the Special Fund for the Disabled of the International Committee of the Red Cross, the Swedish Handicap Institute, the United States Agency for International Development, and the World Bank to develop a proposal for research on assessing the impact of assistive devices and technologies on poverty reduction, particularly as relates to developing specific strategies to make these devices and technologies more widely available in low-income countries.



### ***Strengthening self-management activities for people with disabilities***

Based on the recommendations of the WHO publication *Innovative care for chronic conditions*, a project entitled “A new paradigm of medical care for disabled persons: a multi-country action-learning research initiative” was developed by WHO in collaboration with the Associazione Italiana Amici di Raoul Follereau in Italy and Disabled Peoples’ International. The objective is to study the process of empowering people with disabilities to take control of their own condition, by understanding the factors which promote or hinder this process. A common research protocol has been produced and will be evaluated. A first meeting related to the project was held in Rome, Italy, in April 2005, with presentations of case studies from China, Costa Rica, El Salvador, Ethiopia, Indonesia, and the United Republic of Tanzania. Pilot projects are under way in various countries.

### ***Providing technical support to country programmes***

In September 2005, WHO led a team, including representatives of the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and the network of organizations involved in community-based rehabilitation to Ethiopia to discuss the promotion of such rehabilitation with the Ministry of Education, the Ministry of Labour and Social Affairs, and the Ethiopian Federation of Disabled People. WHO assisted in forming a national multisectoral taskforce to promote and strengthen community-based rehabilitation activities across the country. In August 2005, WHO staff were invited to Ghana by the Ministry of Health to give guidance on ways to incorporate disability issues into Ghana’s health policy for 2006–2015. Also discussed were ways WHO could support the Ministry of Health to relaunch the National Centre for Prosthetics and Orthotics, and to initiate community-based rehabilitation in one region of the country as part of a pilot project. In June 2005 in Dakar, Senegal, a regional workshop was organized by the Fédération Africaine des Techniciens Orthoprothésistes, with support from Handicap International, the Swedish

Handicap Institute, the International Society for Prosthetics and Orthotics and WHO. The objectives of the workshop were to provide a platform for countries to share information about the state of rehabilitation services particularly in francophone African countries and to explore areas where WHO might be able to provide assistance. In the context of the meeting, orthopaedic consulting teams were trained on the management tools currently available. Rehabilitation personnel from 28 African countries participated in the meeting.

### **Developing policies on disability**

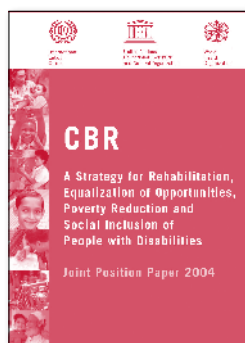
WHO closely follows the work of the Ad Hoc Committee which has the task of finalizing the United Nations Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. During the Ad Hoc Committee meeting in August 2005, WHO hosted an event to raise awareness among participants of the key issues which constitute the right to the highest attainable standard of health for people with disabilities. WHO is contributing to the development of a new Article on rehabilitation, to be proposed to the Ad Hoc Committee. WHO actively promotes adherence to the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities. In particular, WHO supports implementation of the rules related to: awareness raising; medical care; rehabilitation; support services, including assistive devices and technologies; and personnel training. During the biennium, WHO organized two intercountry workshops to promote knowledge about and use of the rules, one in Buenos Aires, Argentina, in April 2005 and another in Brazzaville, Congo, in November 2004. Both workshops sought to chart the current application of the rules in participating countries. Another intercountry workshop is planned for the WHO Eastern Mediterranean Region in early 2006.

## **PARTNERSHIPS**

Much of the work WHO conducts in the area of disability and rehabilitation is done in partnership with a range of organizations, including governments, United Nations agencies, and nongovernmental organizations, in particular the very dynamic network of disabled people's organizations active in countries around the world.

### **Community-based rehabilitation network**

The International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and WHO, the three key partners in the development of the document, *Community-based rehabilitation: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities*, have joined with a group of other agencies to create the community-based rehabilitation network. Other groups with which WHO has partnerships include the Associazione Italiana Amici di Raoul Follereau, Christoffel-Blindenmission, Disabled Peoples'





International, Handicap International, the International Disability and Development Consortium and Sight Savers International, among others. Together, these groups fund more than 400 community-based rehabilitation projects in all regions of the world.

## **NEXT STEPS**

In addition to following-up with the above initiatives, the main focus of WHO's work in the area of disability and rehabilitation in the years ahead will be the development, in consultation with disabled people's organizations and other experts from around the world, of the *World report on disability and rehabilitation*. The May 2005 World Health Assembly resolution WHA58.23 on "Disability, including prevention, management and rehabilitation" requests the WHO Director-General to produce such a report based on the best available scientific evidence. The *World report on disability and rehabilitation* will: contribute to raising awareness about disability, its magnitude, causes and consequences; examine policies, programmes and strategies; and make a number of recommendations.

## IX National policies

THE WHO *WORLD REPORT ON VIOLENCE AND HEALTH* and *World report on road traffic injury prevention* and related World Health Assembly resolutions call upon Member States, respectively, to develop national policies, strategies and plans of action for the prevention of violence and the prevention of road traffic injuries. WHO recommends that such tools be practical and contain objectives, priorities, timetables, and mechanisms for evaluation. WHO also suggests that policy-makers and planners take into account at an early stage the human and financial requirements that will be necessary for implementation. Most national policies, strategies and/or plans of action for injury prevention currently in use around the world originate in high-income countries. Few low-income and middle-income countries have such policies, although more have been developed in recent years. Of those which exist at present, few are comprehensive pertaining to all injury-related mortality and morbidity. Most focus on a particular type of injury (such as road traffic injuries or violence-related injuries) or a particular group of intended beneficiaries (such as children, youth or women). Much depends on the burden posed by these public health concerns in the country and the country's willingness and ability to recognize these as issues which need to be addressed and to take action.

### WHO ACTIVITIES

#### ***Developing national policies to prevent violence and injuries***

In early 2006, WHO will publish guidelines describing the necessary steps for development of a national policy on violence and injury prevention. The document, entitled *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners*, will assist government's efforts to prevent violence and injury-related death and disability. The contents of the guidelines were agreed upon during a WHO-hosted meeting held in the context of the 7th World Conference on Injury Prevention and Safety Promotion, held in Vienna, Austria, in June 2004. The document was drafted and reviewed by international experts in the months following, and pilot-testing of the guidelines was initiated in Yemen (see Box 9.1). Pilot-testing will also be conducted in several other countries.

**BOX 9.1** *Government of Yemen takes steps towards development of a national violence and injury prevention strategy*

by Hala Sakr, WHO Regional Office for the Eastern Mediterranean

In 2004, the WHO Regional Office for the Eastern Mediterranean and the WHO country office in Yemen provided support to the Government of Yemen on a biennial planning process, which included development of a five-year strategy for prevention of violence and road traffic injuries. An extensive situation analysis was carried out based on a desk review coupled with extensive field trips to assess the situation vis-à-vis burden of deaths and disabilities from different forms of injury. This entailed reviewing the available data and information from hospitals as well as national and local-level studies. Data from other sources, such as the police, were also reviewed and analysed.

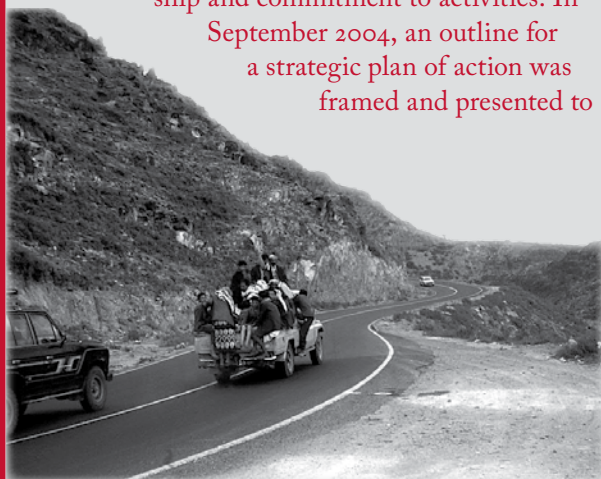
Although a situation analysis is a necessary prerequisite, it is not sufficient in itself to trigger the development and implementation of a national strategy; hence a consultative approach was adopted. Meetings were held with the main stakeholders, including officials from the Ministry of Public Health and Population, other concerned ministries and committees as well as the International Committee of the Red Cross and the Yemen Red Crescent. This was very important in order

to reach consensus, and enhance ownership and commitment to activities. In September 2004, an outline for a strategic plan of action was framed and presented to

the workshop Road Traffic Injuries and Violence in Yemen: Workshop for Elaboration of a Comprehensive National Prevention Strategy for Injury Prevention. With the participation in the workshop coming from key stakeholders and concerned sectors, the objective of the meeting was to pursue further discussion and agreement on the final product incorporating their inputs. The workshop was highly interactive, with vigorous and open discussion of general and local considerations and sensitivities that might be linked to violence and road traffic injuries.

Recommendations included having two individual strategies: one setting out actions for violence prevention and another encapsulating actions towards road safety. While stressing the importance of multisectoral collaboration, deliberations focused on strengthening of the violence and injury prevention programme within the Ministry of Public Health and Population and the National Road Safety Committee at the national as well as sub-national levels. The need for reliable information and research as well as better advocacy and more stringent law enforcement was reiterated. The participants also called for the enhancement of the emergency medical services system and the integration of preventive activities into various programmes within the Ministry of Public Health and Population, and in other sectors including education and media.

Taking into account the outcome of the workshop, the national strategic plan of action for road traffic injury prevention in Yemen was formulated, and, with the agreement of various stakeholders, has finally been submitted to the Government for endorsement.



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## NEXT STEPS



The document *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners* will be launched during the 8th World Conference on Injury Prevention and Safety Promotion in Durban, South Africa in April 2006. Once the guidelines are released, WHO will provide technical assistance to Member States to ensure that they are appropriately implemented at the country level. WHO will also support regional trainings and advocacy in this area.

# X Capacity building

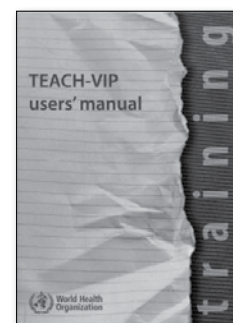
A PUBLIC HEALTH APPROACH to building capacity for violence and injury prevention and control requires enhancing knowledge, developing skills, and enabling systems in which violence and injury prevention and control efforts are supported. A priority need that has emerged following WHO dialogue with multiple stakeholders is in the area of training. Accordingly, a strong immediate focus of WHO's capacity-building efforts in this area has been on the development of an injury prevention and control curriculum known as TEACH-VIP. (For more information, see [www.who.int/violence\\_injury\\_prevention/capacitybuilding/en/](http://www.who.int/violence_injury_prevention/capacitybuilding/en/))

## WHO ACTIVITIES

### TEACH-VIP

The 2004–2005 period saw substantial progress on TEACH-VIP, the modular injury prevention curriculum developed by WHO and a global network of violence and injury prevention experts. Between September 2004 and June 2005, a total of 23 settings across all WHO regions participated in the pilot-testing of the peer reviewed materials (see Box 10.1). Administrators of TEACH-VIP in each of the settings selected the lessons that were appropriate for their training audiences, which included government staff working in sectors relevant to injury prevention, public health and medical students, injury response providers and members of nongovernmental organizations. Some revisions were made to the training material on the basis of the pilot phase evaluations and a TEACH-VIP users' manual was developed in order to help trainers administer the material more effectively. The final training package, consisting of the TEACH-VIP users' manual and CD-ROM, was published in September 2005 and over 500 training packages were immediately distributed to settings that had pre-registered to receive the material, a reflection of the substantial interest and important need for this undertaking.

WHO regional and country offices, which were instrumental in facilitating the pilot-testing phase and in a number of cases provided direct technical and financial support for training, have identified opportunities for dissemination of the TEACH-VIP training packages within their regions. WHO regional and country offices have also been instrumental in collaborating with WHO headquarters on translation of the vast amount of material within TEACH-VIP. By the end of 2005, translations of the TEACH-VIP training materials are under way in Arabic, French, Mandarin, Portuguese, Spanish and Russian.



During 2005, arrangements were made to integrate lessons on disability and rehabilitation into TEACH-VIP. In the future, training materials for national policy development will also be added. The evaluation mechanism embedded within TEACH-VIP will continue to provide a means to monitor feedback on the materials and improve them where indicated. WHO will work with its networks to have TEACH-VIP training materials delivered to virtual classrooms via online training sessions, and make these sessions available via the WHO web site and on future productions of the TEACH-VIP CD-ROM.

## NEXT STEPS

Knowledge is not the only domain that needs to be addressed in terms of building capacity for injury prevention. In March 2005, WHO hosted a strategic planning meeting on capacity building during which a number of WHO regional focal persons for injury and violence prevention and other injury prevention experts came together to consider additional needs. Among the conclusions of the meeting was that WHO should develop a strategic plan outlining its approach to capacity building for the next five years. The draft of this plan was presented and discussed at the 15th Meeting

### BOX 10.1 *China pilot tests TEACH-VIP* by Jonathon Passmore, WHO China

One of the 23 settings in which TEACH-VIP was pilot tested was Yantai City, China. There, a five-day workshop was held under the coordination of the National Centre for Chronic and Noncommunicable Disease Control and Prevention within the Chinese Centre for Disease Control and Prevention with the assistance of the WHO country office. This was the first national training workshop on injury prevention in China.

A total of 24 of the 60 TEACH-VIP lessons were translated into Mandarin and administered to 67 government agency staff drawn from more than 20 of China's 31 provinces. TEACH-VIP lesson materials were supplemented with three exercises, and a panel discussion forum. The training facilitators included

several leading Chinese public health practitioners, WHO country office staff, and a number of international injury prevention experts.

Despite three quarters of the training audience identifying themselves as injury prevention practitioners, only 25% had received more than six hours of injury prevention training previously, suggesting a lack of government-sponsored training opportunities of this kind. Training participants rated the TEACH-VIP materials highly, and follow-up questionnaires six months after the workshop revealed that over 95% were using the information gained from TEACH-VIP, with 50% indicating

that they were applying the knowledge gained “substantially” or “a great deal”.



of Heads of WHO Collaborating Centres on Injury and Violence Prevention and Control, held in October 2005. A key element of the next steps envisioned in this strategic plan is the development of a global mentoring programme. The objective of this programme will be to develop key skills among injury prevention practitioners through site visits, study exchanges and long-term mentoring arrangements. The network of WHO Collaborating Centres and WHO will play an important part in this effort in terms of collaborating on fundraising and providing the technical support necessary to develop the relevant sets of skills. The global mentoring programme would serve to strengthen global injury prevention networks, including the nascent network of focal persons for injury prevention within ministries of health. Development and strengthening of this network by promoting opportunities for technical exchange and cooperation will be an important activity, supported by all levels of WHO.

## XI Partnerships

*Partnerships*

**THE WHO WORK ON INJURIES**, violence and disabilities involves many parts of the Organization, across headquarters, regional and country levels. Within WHO headquarters itself, the Department of Injuries and Violence Prevention collaborates with several other departments including the Departments of Child and Adolescent Health and Development; Chronic Diseases and Health Promotion; Essential Health Technologies; Evidence and Information for Policy; Gender, Women and Health; Health Action in Crises; Mental Health and Substance Abuse; and Sustainable Development and Healthy Environments; as well as the WHO Center for Health Development in Kobe, Japan. Many of the collaborative projects on-going with these departments have been described in this report.

The WHO Department of Injuries and Violence Prevention also benefits from dynamic and fruitful collaboration with its regional focal persons for injury and violence prevention, and disability and rehabilitation. After several years of advocacy for greater attention and resources to be devoted to these issues, each of the six WHO regional offices currently has at least one staff member dedicated, at least part of the time, to this Area of Work. In the WHO Regional Office for Europe there are at present three staff members tasked with guiding the work in this area, and the benefits of dedicating these human resources are reflected in their many achievements during the biennium (see Box 11.1). In the autumn of 2004 and the autumn of 2005, WHO hosted, respectively, the fourth and fifth annual meetings of its regional focal persons. In October 2005, participants harmonized the headquarters and regional office work plans, updated information on the progress of various activities, and defined ways to collaborate on some key on-going and future initiatives, several of which are described in this report. Many WHO country offices are also dedicating an increasing amount of resources to this Area of Work, and several of their initiatives are also described herein.

### **WHO COLLABORATING CENTRES**

WHO Collaborating Centres are designated by the WHO Director-General as part of an international network that does specialized work on WHO's programme priorities. Twenty such bodies have been designated WHO Collaborating Centres on injuries and violence prevention. During the biennium, the following were added to the network of WHO Collaborating Centers on injuries and violence prevention: in Australia, the Monash University Accident Research Centre; in Brazil, the Center for the Study of



### **BOX 11.1** *WHO Regional Office for Europe greatly increases attention to violence and injury prevention*

by Inge Baumgarten, Francesca Racioppi and Dinesh Sethi, WHO Regional Office for Europe

During 2004–2005, the WHO Regional Office for Europe stepped up its efforts to prevent violence and injuries across the region. Below are some of the highlights of the Office’s achievements during the period. (For more information, see [www.euro.who.int/violenceinjury](http://www.euro.who.int/violenceinjury))

*Adoption of resolution EUR/RC55/R9 on “Prevention of injuries in the WHO European Region”.* This historic resolution was adopted by the 55th Regional Committee of the WHO European Region, held in Bucharest, Romania in September 2005. The resolution provides a strategic framework for action to reduce violence and injury in the region and urges Member States and WHO to:

- develop national plans for injury prevention
- improve national surveillance
- strengthen national capacity to respond to the burden of injury and provide services for victims
- advocate effective injury prevention activities
- promote good practice and the exchange of knowledge across the region
- prioritize research in primary prevention and trauma care
- strengthen partnerships across sectors and stakeholders
- report back on progress achieved in 2008

*First meeting of European national focal persons for violence and injury prevention.* Hosted in Noordwijkerhout, the Netherlands, in November 2005, this meeting brought together national focal persons from 35 European countries. It aimed at facilitating the establishment of the network of European national focal persons for violence and injury prevention and at increasing collaboration between national focal persons and WHO. The meeting allowed for the sharing of experiences about the on-going developments and challenges experienced by national focal persons across the region; and agreed on the goals, objectives and strategies for an informal network and on next steps.

*Publication of “Injuries and violence in Europe. Why they matter and what can be done”.* This document highlights the burden of injuries in the WHO European Region and identifies opportunities for policy-makers, civil-society organizations

and professionals in the health sector to improve health by reducing the burden of injuries across the region, in line with the strategic direction set out in the resolution EUR/RC55/R9 on “Prevention of injuries in the WHO European Region”. A policy-oriented summary of the publication was launched at the 55th Regional Committee for Europe in September 2005.

*“Stop Violence against Children – Act Now”.* In July 2005, the Government of Slovenia hosted a regional consultation to contribute to the United Nations Secretary-General’s Study on Violence against Children. The regional consultation for Europe and Central Asia, entitled “Stop Violence against Children – Act Now”, was organized by the WHO Regional Office for Europe, the United Nations Children’s Fund, the Office of the United Nations High Commissioner for Human Rights, the Council of Europe, and the study’s nongovernmental organization advisory panel. The Ljubljana final statement, which was adopted upon conclusion of the consultation, identifies nine priority steps to assure and strengthen national and regional action to prevent violence against children. This was one of nine such consultations held in mid-2005 across the globe to increase awareness and galvanize the commitment of government and civil society to protect children from all forms of violence.

*World Health Day 2004.* The WHO Regional Office for Europe coordinated the celebration of World Health Day 2004 in the region and supported a number of national launches of the *World report on road traffic injury prevention*. These took place in Belarus, Czech Republic, France, Denmark, Italy, Romania, the Russian Federation, Sweden, Turkey, and Turkmenistan. On World Health Day 2004, the WHO Regional Office for Europe also launched the report *Preventing road traffic injury: a public health perspective for Europe* and its executive summary (available in English and Russian). The report builds on and complements the world report, analyzing in depth the burden of road traffic injuries in the European region, framing the issue in the context of sustainable mobility, and presenting the successful experiences of some European Member States.

Violence at the University of Sao Paulo; and in Mexico, the National Institute of Public Health. In late 2004 and late 2005, the WHO Department of Injuries and Violence Prevention hosted, respectively, the 14th and 15th Meetings of Heads of WHO Collaborating Centres on Injury and Violence Prevention and Control. These meetings provided an opportunity to update participants on the current work of both WHO and the Collaborating Centres and to plan future collaboration. (For more information, see [www.who.int/violence\\_injury\\_prevention/about/collaborating\\_centres/en/index.html](http://www.who.int/violence_injury_prevention/about/collaborating_centres/en/index.html))

In the area of disability and rehabilitation, there are nine WHO Collaborating Centres. The Tanzania Training Centre for Orthopaedic Technologists in the United Republic of Tanzania was added to the network in 2004. During the biennium, representatives of WHO Collaborating Centres on disability and rehabilitation have participated in WHO meetings related to this Area of Work, and have contributed to the development and strengthening of activities. (For more information, see [www.who.int/disabilities/about/collaborating\\_centres/en/index.html](http://www.who.int/disabilities/about/collaborating_centres/en/index.html)).

**BOX 11.2** *WHO Regional Office for Africa responds to requests from francophone African countries to enhance initiatives to prevent violence and injuries* by Olive Kobusingye, WHO Regional Office for Africa

With support from the WHO Department of Injuries and Violence Prevention, the WHO Regional Office for Africa and the National Institute of Public Health in Quebec, Canada, a WHO Collaborating Centre for Safety Promotion and Injury Prevention, jointly organized an intercountry meeting in Brazzaville, Congo, in September 2005. The meeting sought to enhance the agenda for violence and injury prevention in Benin, Burundi, Cameroon, Central African Republic, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Niger, Rwanda, Tchad and Togo. Senior ministry of health officials from these countries deliberated on the burden of violence and injuries in their societies, the measures being taken to mitigate them and what needs to be done to match the efforts to the challenge. There was consensus on the fact that countries are still doing too little to address the problem. A declaration adopted at the closing of the meeting highlighted the importance of

country situation analyzes, the designation of focal persons with clear terms of reference, the need for a national policy on violence and injuries, and for a multisectoral committee or coordination desk to ensure the involvement of relevant sectors and stakeholders beyond the health sector. Since September 2005, several countries have taken the step to formally designate focal persons, and the Government of Comoros is presently considering a draft decree on violence and injury prevention. The informal network of francophone African ministry of health officials provides a good channel for exchanging information and experiences across francophone Africa. As next steps some members of the network will participate in a two-day training as a pre-meeting to the 8th World Conference on Injury Prevention and Safety Promotion in Durban, South Africa in early 2006. This will also serve as an opportunity to evaluate the progress of the network.

## SAFE COMMUNITIES

The network of “Safe Communities” is led by the Karolinska Institutet, Sweden, a WHO Collaborating Centre for Community Safety Promotion. Since 1989, a total of 96 demonstration programmes have been developed in 18 countries: Australia, Austria, Bosnia and Herzegovina, China (including the Province of Taiwan), Canada, the Czech Republic, Denmark, Estonia, Finland, Israel, the Netherlands, New Zealand, Norway, the Republic of Korea, South Africa, Sweden, the United Kingdom and the United States. These programmes promote safety through partnerships involving communities and their leaders, academic institutions and private sector bodies. Of the programmes, 17 were added to the network during 2004–2005. In addition, 15 centres in nine countries have been granted the status of Affiliate Safe Community Support Centre, three such centres being added during the biennium. A programme of Certifying Centres has been established to assist in the designation process, and the first of these was established in New Zealand in 2005.

In June 2004, Charles University and the Childhood Injury Prevention Board both of Prague, the Czech Republic, and, in June 2005, the city of Bergen, Norway and Vesta, an insurance company, organized, respectively, the 13th and 14th International Safe Communities Conferences. Several regional meetings were also hosted during the biennium by regional and subregional networks in Africa, Asia, Europe, the Pacific and in Nordic countries.

## WORLD CONFERENCES ON INJURY PREVENTION AND SAFETY PROMOTION

Since 1989, WHO has cosponsored a series of World Conferences on Injury Prevention and Safety Promotion. This bi-annual conference is the most important global gathering of injury and violence prevention researchers, practitioners and advocates. The seventh and most recent in the series took place in Vienna, Austria in June 2004, and was cohosted by the Austrian Institute for Home and Leisure Time Safety. More than 1200 individuals from 105 countries gathered to share the latest scientific research on injury and violence prevention and determine new directions for the field. The 7th World Conference on Injury Prevention and Safety Promotion came at an important time for the field, following a very successful World Health Day 2004 on road safety, the launch of the *World report on road traffic injury prevention*, and subsequent resolutions by both the United Nations General Assembly and the World Health Assembly calling on countries to do more for road safety. The conference also followed enthusiastic application by governments of the recommendations of the *World report on violence and health* launched by WHO in 2002. Highlights of the conference included state-of-the-art sessions on the global campaign on road traffic injury prevention, violence prevention, preparing and responding to mass casualties, priorities in injury prevention research, injury and safety inequalities, and the costs of injuries, among others; release of new information, such as the WHO report *The economic dimensions*



of interpersonal violence and the European Child Safety Alliance report on *Priorities for child safety in the European Union: agenda for action*; meetings on planning for the creation of an International Society for Violence and Injury Prevention; and hundreds of posters and presentations on all aspects of injury and injury prevention. In April 2006 WHO and the University of South Africa will host the 8th World Conference on Injury Prevention and Safety Promotion in Durban, South Africa and plans are already underway for the 9th World Conference on Injury Prevention and Safety Promotion to be held in Mexico in March 2008 cosponsored by WHO and the National Institute of Public Health of Mexico.

## XII *Future directions* **Future directions**

**DURING THE COMING BIENNIUM**, WHO's work on injuries, violence and disability will continue to focus primarily on implementation of the recommendations of the *World report on violence and health* and the *World report on road traffic injury prevention* with a gradual shift towards increasing technical support to countries. Awareness raising and developing normative guidelines and tools to address injuries, violence and disability were needed as a main focus during WHO's early efforts in this Area of Work. Now that many such instruments have been developed, additional support needs to be provided for their use at national and local levels. In 2006–2007, efforts will be made to expand the number of countries where comprehensive programmes are in place, in the hope that these countries will in turn, serve as examples to inspire neighboring countries (see Box 12.1). In the area of violence prevention, some examples of countries which WHO plans to assist with the development of model programmes include Brazil, El Salvador, Jamaica, Jordan, Malaysia, Mozambique, the Russian Federation, and The former Yugoslav Republic of Macedonia. More specifically, efforts to support countries in improving the quality of medico-legal services for victims of sexual violence will be stepped up in Jordan, Mozambique, Nicaragua, the Philippines and Uganda. In the area of road traffic injury prevention, WHO will support prevention activities in Cambodia, China and Ethiopia among others. WHO will continue to support country-level efforts in data collection in China, Ethiopia and Mozambique; in emergency services in Ghana, India, Mexico, Mozambique, Poland and Viet Nam; and in the development of policies on disability and rehabilitation in China, Ethiopia, Ghana and India. Two additional world reports – one on child and adolescent injury prevention and another on disability and rehabilitation – will be developed during the biennium to draw attention and encourage action on these topics. Other new initiatives including the First Global Meeting of Ministry of Health Focal Persons for Injury and Violence Prevention and the global mentoring programme should also help spur country-level activities.

### ***Some key regional activities for 2006–2007 will include the following:***

*Regional consultations on world reports.* In order to garner the support of researchers, practitioners and advocates across all regions of the world, WHO and its regional focal persons will host regional consultations on the world reports currently under preparation, the *World report on child and adolescent injury prevention* and the *World report on disability and rehabilitation*. Such consultations assist the development of these

reports by informing partners about the process, providing them an opportunity to contribute scientific and cultural perspectives, and identifying ways in which they can contribute at national level once the reports have been launched. It is planned that regional consultations will take place on both reports during the biennium.

*Regional conferences on injury prevention and safety promotion.* In the WHO European Region, the First European Conference on Injury Prevention and Safety Promotion will be held in June 2006 in Vienna, Austria. Entitled Challenges and Solutions for a Safer Europe, the conference will enable policy makers, injury prevention experts and representatives of nongovernmental organizations working on these issues to share the evidence as regards the impact of the injury issue on today's society and solutions for creating a safer world. In the Eastern Mediterranean region, the Ministry of Health and Medical Education in Tehran, Iran will host the 16th International Safe Communities Conference in June 2007. Preliminary plans are also being discussed for a Second Asia-Pacific Conference on Injury Prevention to be held tentatively in China in late 2007.

*Regional meetings of national focal persons for injury and violence prevention.* Following the first global meeting of ministry of health focal persons to be held in early 2006, and modeled on meetings held in 2004–2005 in several WHO regions, regional meetings of national focal persons from ministries of health and other ministries will be hosted in the WHO Eastern Mediterranean Region, the WHO South-East Asia Region and the WHO Western Pacific Region in 2006. In the WHO Eastern Mediterranean Region, this meeting will also include a training on the use of the TEACH-VIP materials.

***Some key global activities for the 2006–2007 biennium will include the following:***

*First Global Meeting of Ministry of Health Focal Persons for Injury and Violence Prevention.* This meeting will be held in Durban, South Africa on 31 March–1 April 2006, as a pre-meeting to the 8th World Conference on Injury Prevention and Safety Promotion, to initiate and/or strengthen collaboration between WHO and the ministry of health focal persons. Specific objectives are to inform the focal persons about WHO products and tools; to determine ways in which WHO can support the focal persons' efforts; and to create an informal network of focal persons allowing for the exchange of information and ideas.

*8th World Conference on Injury Prevention and Safety Promotion.* This bi-annual conference – the main international gathering of violence and injury prevention researchers, practitioners and advocates – is the opportunity to share up-to-date information on the prevention of violence and injuries that occur on the road, at home, at school or in the workplace. Related topics covered by the conference include trauma management; disaster control; and child safety. The theme for the conference, *Data*

## **BOX 12.1** *Mozambique pursues comprehensive injury and violence prevention programmes*

by Kidist Bartolomeos, WHO Mozambique

Since hosting its first national conference on violence prevention in June 2000, Mozambique has increasingly stepped up efforts to develop a comprehensive injury and violence prevention programme. The initial conference served as a starting point for addressing other types of injuries, including road traffic injuries, and work is currently ongoing in the areas of surveillance, care and services and disability and rehabilitation.

### **Preventing violence**

WHO Mozambique has been providing technical assistance to the Ministry of Health and the Ministry of Women and Social Action to implement the government's plan of action for violence prevention, developed following the June 2000 conference. An April 2004 workshop brought together more than 50 senior representatives of the Ministries of Health; Women and Social Action; the Interior; Justice; and Education, as well as United Nations agencies and nongovernmental organizations, to review the progress of recent efforts. The opportunity was used to prioritize actions for 2004–2005 and redefine partners' respective roles and responsibilities. In Maputo Province in 2005, a multisectoral coordinating group was established to oversee the development and further implementation of a provincial plan of action for violence prevention. Partnerships for violence prevention have been strengthened through existing mechanisms such as the Gender Coordinating Group, composed of governmental and nongovernmental organizations, United Nations agencies and donors.

WHO is advocating for harmonized support by all partners to increase government's capacity to respond to all types of violence, including intimate partner violence, sexual violence, child abuse and neglect, youth violence, and elder abuse.

### **Preventing road traffic injuries**

Mozambique celebrated World Health Day 2004: Road Safety is No Accident, through several events and activities prepared by a multisectoral committee composed of representatives from Maputo City Council, the National Institute for Road Traffic, the Ministries of Health, Transport, Home Affairs, Public Works and Housing, and Education as well as WHO. The week-long celebrations included a national public education campaign, a round-table discussion and extensive media coverage of related events. Senior officials from government debated the issue in Parliament, and participated in national radio and television programmes on road safety. With support from the private sector, partners issued a brochure for schoolchildren entitled *My road to school: prevention and road safety*. The brochure has become part of the curriculum for primary schools. As follow-up to World Health Day 2004, WHO provided technical assistance for a preliminary assessment of the road traffic crash reporting and monitoring system at Maputo City's traffic police department. Based on the recommendations of the assessment, a pilot project has been designed aimed at strengthening the department's data management capacity. With the support of private sector companies, new road signs and signals are being placed at busy intersections around Maputo City.

### **Injury surveillance**

Data are the basis of any public health action. For injuries, data need to be collected from a variety of different sources in order to paint the true picture of the problem. During the biennium, WHO has supported the Ministry of Health to strengthen injury data reporting from health facilities and mortuaries. WHO

*Continues...*



### **BOX 12.1** (continued)

provided technical assistance to the Ministry of Health to expand its injury surveillance system to all Maputo City and provincial hospitals. The system will be expanded to the national level, once an evaluation has been completed. WHO also supported a ten-year retrospective review of mortuary data issued by Maputo Central Hospital. Since March 2005, data have been routinely abstracted from register books and autopsy reports, presented on a standard form and entered into a computerized database. This system will be used to prepare the first annual injury mortality report, scheduled to be released in early 2006.

#### **Care and services for victims of injury and violence**

An appropriate response to injuries and violence includes the provision of adequate care and services for victims. WHO has assisted the Ministry of Health in its efforts to develop a strategic plan for prehospital and emergency trauma care, promoting targeted improvements that will enable providers to better respond to and care for patients with acute injury or medical illness. WHO and other experts in prehospital care conducted an in-depth situational analysis of the prehospital trauma care system in Maputo City, and have made recommendations for the development of a prehospital care system and for improving emergency care services in the city. With regard specifically to violence, WHO's support has focused on the assessment of

existing services for victims, specifically medico-legal services for victims of sexual violence. WHO supported work by the Ministry of Women and Social Action to conduct systematic documentation of governmental and nongovernmental organizations providing related services. Based on the results, a guide was prepared and disseminated by the Ministry to provincial offices. In order to obtain baseline data on the existing medico-legal services for victims of rape in Mozambique, WHO also supported a study which assessed these services. The study was conducted by the University of Eduardo Modlane's medical faculty. Results have been used to develop a pilot project on the integration of services for victims of violence in the Maputo and Tete Provinces.

#### **Disability and rehabilitation**

Mozambique's efforts to assist people with disabilities are coordinated by the Ministry of Women and Social Action, with support from other sectors. In 2005 WHO contributed to the development of the national plan of action on disability and rehabilitation for 2005–2009. WHO also provided technical support to conduct a rapid assessment of the current situation of medical rehabilitation services for people with disabilities. WHO's support in this area will focus on strengthening surveillance systems, building capacities to improve medical rehabilitation services and advocating for additional resources.

*to Action*, emphasizes the scientific approach to prevention. Several satellite conferences are associated with the 8th World Conference, including a summit of ministers of health from the Southern African Development Community. The 8th World Conference is co-sponsored by WHO and the Department of Health of South Africa. (For more information, see [www.safety2006.info](http://www.safety2006.info)) Following these events, the International Organizing Committee for this series of world conferences will turn its attention towards planning for the 9th World Conference on Injury Prevention and Safety Promotion to be hosted by the National Institute of Public Health of Mexico in Merida, Mexico in 2008.

*Meeting on Milestones of a Global Campaign for Violence Prevention 2007*. This meeting, the third in a series of milestones meetings, will feature presentations from government representatives on national achievements in terms of implementing the



recommendations of the *World report on violence and health*. Participants will assist WHO in defining the next concrete steps to be undertaken as part of the Global Campaign for Violence Prevention and the related Violence Prevention Alliance. A date and venue for the meeting are yet to be defined, although planning will begin in early 2006.

*First United Nations Global Road Safety Week*. WHO and the United Nations regional commissions will host the First United Nations Global Road Safety Week from 23–29 April 2007. The theme of the week will be young road users. The objectives will be to raise awareness about the societal impact and costs of road traffic injuries, highlighting in particular the risks for young road users, and to promote action around key factors: helmets, seat-belts, drink driving, speeding and infrastructure. WHO, the United Nations regional commissions and their partners will plan the global events which will be hosted in Geneva, Switzerland, and will develop a package of advocacy materials. It is anticipated that hundreds of activities will be hosted in countries around the world during the week.

*Global mentoring programme for injury and violence prevention practitioners*. WHO will continue to support institutions wishing to make use of the TEACH-VIP curriculum, and will work to enhance the training tool by refining existing modules and adding others such as one on disability and rehabilitation which is currently under development. TEACH-VIP is part of a strategic plan outlining WHO's approach to capacity building for violence and injury prevention, which also includes development of a global mentoring programme. This related programme would serve as a way to develop key skills among injury prevention practitioners through site visits, study exchanges and long-term mentoring arrangements.

In closing, WHO once again extends its appreciation to all of its partners for their important contributions to this Area of Work.





# Prevention

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