

Child injury prevention

The Sixty-fourth World Health Assembly,

Recalling resolution WHA57.10 on road safety and health, which affirmed that road traffic injuries constitute a major public health problem that required coordinated international efforts;

Recalling also that the Health Assembly in resolution WHA57.10 accepted the invitation by the United Nations General Assembly for WHO to act as a coordinator on road safety issues within the United Nations system, working in close collaboration with the United Nations regional commissions;

Further recalling resolution WHA60.22 on health systems: emergency-care systems, which recognized that improved organization and planning for provision of trauma and emergency care is an essential part of integrated health-care delivery, and resolution WHA58.23 on disability, including prevention, management and rehabilitation, which urged Member States to take all necessary steps for the reduction of risk factors contributing to disabilities in childhood;

Acknowledging the responsibilities to ensure safety in the care and protection of children affirmed in the Convention on the Rights of the Child (1989), in the International Labour Organization Convention 182 (1999) and in the International Labour Organization Convention 138 (1973), and further acknowledging the responsibilities to protect persons with disabilities set out in the Convention on the Rights of Persons with Disabilities (2006) particularly in developing, low- and middle-income countries where there exists a significant burden of child injuries;

Recognizing that child injuries are a major threat to child survival and health, that they are a neglected public health problem with significant consequences in terms of mortality, morbidity, quality of life, social and economic costs, and that in the absence of urgent action this problem will hamper attainment of the Millennium Development Goals, particularly in developing, low- and middle-income countries, where there exists a significant burden of child injuries;

Recognizing that the leading causes of child death from unintentional injury include road traffic injury, drowning, fire-related burns, falls and poisoning. In some regions of the world, drowning is responsible for about half of total child injury deaths; context-specific preventive measures including safe environment, safety products, safety management and awareness raising are crucial;

Further recognizing that multisectoral approaches to preventing child injuries and limiting their consequences through implementation of evidence-based interventions have resulted in dramatic and sustained reductions in child injury in countries that have made concerted efforts;

Welcoming the joint WHO/UNICEF *World report on child injury prevention*¹ and its recommendations for public health policy and programming;

Considering that existing programmes on child survival and child health and development should introduce child injury prevention strategies, ensuring these are an integrated part of child health services, and that the success of child health programmes should not only be gauged by the use of traditional measures of infectious disease mortality but also by indicators of fatal and non-fatal injury,

1. URGES Member States:

- (1) to prioritize the prevention of child injury among child issues and ensure that intersectoral coordination mechanisms necessary to prevent child injury are established or strengthened;
- (2) to continue and, if necessary, to strengthen the fulfilment of their obligations under the Convention on the Rights of the Child (1989) to respect, protect and fulfil the rights of children to the highest attainable standard of health and to take all appropriate legislative, administrative, social and educational measures to protect children from injury;
- (3) to ensure that funding mechanisms for relevant programmes, including health programmes, cover child injury and prevention, emergency care, pre-hospital care, treatment and rehabilitation services;
- (4) to implement, as appropriate, the recommendations of the WHO/UNICEF *World report on child injury prevention*, including, if not already in place, the assignation of a leadership role to a government agency or unit for child injury prevention and the appointment of a focal person for injury prevention, ensuring that such leadership facilitates collaboration between relevant sectors of government, communities and civil society; and, according to national needs, the key strategies identified in the *World report* as effective interventions for preventing child injury; and to monitor and evaluate the impact of these interventions;
- (5) to integrate child injury prevention in national child development programmes and in other relevant programmes, and to establish multisectoral coordination and collaboration mechanisms, in particular ensuring that prevention of child injury is accorded appropriate importance within programmes for child survival and health;
- (6) to ensure that national data collection across relevant sectors or surveillance systems quantifies the demographic, socioeconomic and epidemiological profile of the burden of, risk factors for, and costs of child injury, and to assure that the resources available are commensurate with the extent of the problem;
- (7) to develop and implement a multisectoral policy and plan of action, where necessary, that contain realistic targets for child injury prevention and include promotion of standards and codes on the prevention of child labour, as well as on legal adolescent employment, product safety, school and play spaces, transportation, construction regulations and laws, and that either stand alone, or are incorporated within the national child health policy or plan;

¹ *World report on child injury prevention*, Geneva, World Health Organization, and New York, United Nations Children's Fund, 2008.

(8) to enforce and, if necessary, strengthen the existing laws and regulations relevant to the prevention of child injury;

(9) to strengthen emergency and rehabilitation services and capacities, including first-response teams, acute pre-hospital care, management at health facilities, and suitable rehabilitation programmes for injured or disabled children;

(10) to define priorities for research, taking into consideration the WHO/UNICEF *World report on child injury prevention*, and working closely with research and development communities, including relevant manufacturers and distributors of safety products;

(11) to raise awareness and health literacy, in particular on child safety among parents, children, employers and relevant professional groups, as well as all members of the society, about risk factors for child injury, especially transport, including the use of “cell” phones and other such mobile devices while driving, workplace hazards, water and fire hazards, and lack of child supervision and protection of children, and to advocate dedicated child injury prevention programmes;

2. REQUESTS the Director-General:

(1) to collaborate with Member States in improving data collection and analysis systems for child injuries and in establishing science-based public health policies and programmes for preventing and mitigating the consequences of child injury;

(2) to collaborate with organizations of the United Nations system, international development partners and nongovernmental organizations to establish a network to ensure effective coordination and implementation of activities for child injury prevention in low- and middle-income countries;

(3) to encourage research that expands the evidence base for interventions to prevent child injuries and mitigate their consequences, and that evaluates the effectiveness of such interventions through collaborating centres and other partners, including translation into affordable safety products, policy interventions and effective implementation;

(4) to facilitate the adaptation and transfer of knowledge on measures and instruments to prevent child injury, from developed to developing settings;

(5) to support Member States in developing and implementing child injury prevention measures;

(6) to provide additional support to national injury prevention focal persons by organizing regular global and regional meetings and providing technical assistance;

(7) to provide technical support for strengthening systems and capacities for emergency and rehabilitation services;

(8) to collaborate with Member States, organizations in the United Nations system, and international development partners and nongovernmental organizations in order to mobilize resources and to augment the capacities needed to prevent child injury and undertake related rehabilitation programmes; to organize advocacy activities for governments of Member States;

and to raise awareness that, in the absence of urgent action, this problem will hamper attainment of the Millennium Development Goals, particularly in developing, low- and middle-income countries where there exists a significant burden of child injuries;¹

(9) to invest more in building institutional and individual capacities among Member States so that they are able to develop cost-effective interventions at national and subnational levels;

(10) to report progress made in implementing this resolution, through the Executive Board, to the Sixty-seventh World Health Assembly.

Tenth plenary meeting, 24 May 2011
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¹ Note from WHO Secretariat: The *World report on child injury prevention* provides the following data. Mortality for under 20 year-olds in the South-East Asia and African regions combined totalled 558 000 deaths out of the total of 950 366 deaths reported worldwide.