# Violence, Injuries and Disability

## BIENNIAL REPORT

## 2008–2009

World Health Organization

WHO Library Cataloguing-in-Publication Data

Violence, injuries and disability: biennial report 2008–2009.

1.Wounds and injuries - prevention and control. 2.Violence - prevention and control. 3.Accidents, Traffic - prevention and control. 4.Disabled persons. 5.Program evaluation. I.World Health Organization.

ISBN 978 92 4 159947 4 (NLM classification: WO 700)



Printed in France.

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BIENNIAL

2008
2009

REPORT

World Health Organization

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## Acknowledgements


This report was compiled by Laura Sminkey of the WHO Department of Violence and Injury Prevention and Disability, based on contributions from colleagues in the Department, including Alexander Butchart, Meleckidzedeck Khayesi, David Meddings, Christopher Mikton, Charles Mock, Alana Officer, Margie Peden and Tom Shakespeare, and from WHO regional and country office focal points for violence, injuries and disability, including Syed Jaffar Hussain, Francesco Mitis, Hisashi Ogawa, Jonathon Passmore, Krishnan Rajam, Eugenia Rodrigues, Chamaiparn Santikarn, Dinesh Sethi, Joe Ubiedo and Armando Vasquez. Thanks are due to Etienne Krug who reviewed the drafts, Angela Burton who edited the document and Hélène Dufays who provided administrative support for its production. Design and layout was done by Inís Communication (www.iniscommunication.com).

# Foreword

I am pleased to share with you the World Health Organization's 2008–2009 biennial report on its work to prevent violence and injury, and improve the quality of life for people with disabilities.

Each year more and more countries seek guidance and support to address these public health challenges. This is a good sign. From Mexico to Viet Nam, Brazil to Cambodia, and the Czech Republic to Ghana, countries around the world are taking action and beginning to see the results of stepped-up efforts.

During the past biennium, WHO has continued to engage beyond its traditional health-sector partners to collaborate with government ministries, including justice, welfare and transport, and with non-governmental organizations, the private sector and the media.

To be better able to support its partners, WHO published a wealth of new guidance during the biennium. These tools include manuals on preventing violence, estimating the economic costs of injuries resulting from violence, setting up programmes on seat-belts and child restraints, managing speed, making quality improvements to trauma care and providing manual wheelchairs in less-resourced settings.

New fronts in WHO's injury prevention programmes were opened with the publication of the first *World report on child injury prevention*, which helped draw attention to the leading causes of death for children over the age of 5 years, and suggested possible solutions. WHO also published the *Global status report on road safety*, which for the first time described in detail the road safety situation in almost all countries in the world.

The biennium culminated with the First Global Ministerial Conference on Road Safety in November 2009. The conference, opened by Russian President Dmitry Medvedev, saw the largest ever gathering of ministers and senior policy-makers to discuss road safety efforts. It was the perfect setting for the announcement of a US$ 125 million grant from Bloomberg Philanthropies for a consortium of organizations led by WHO to strengthen road traffic injury prevention in 10 countries. This is by far the most significant financial contribution towards global injury

prevention to date, and is a recognition of the public health impact of injuries and the potential for prevention. It is our sincere hope for the years ahead that such recognition and support is forthcoming for other areas in the field of violence and injury prevention and disability.

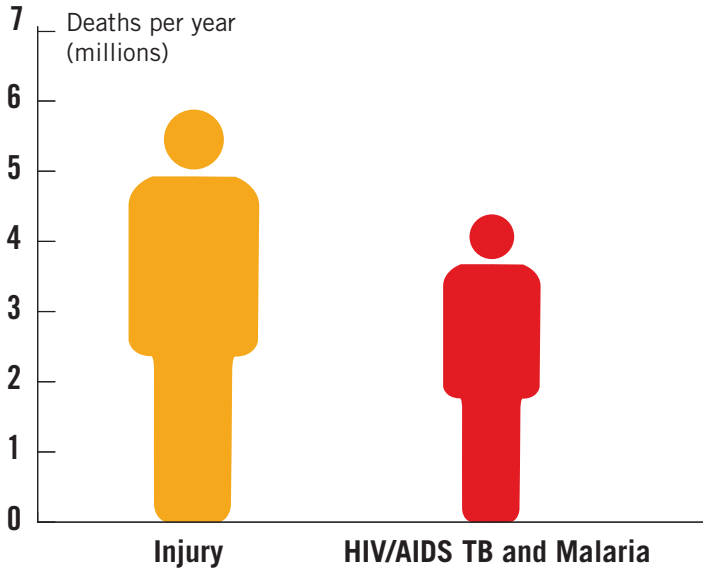
This biennial report provides more information on these and many other initiatives undertaken by WHO to address violence, injuries and disability. None of these initiatives would have been possible without the dedication of staff across all levels of WHO, as well as the excellent support received from partners around the world. I warmly thank all of them for their cooperation.

**Dr Etienne Krug, Director**
Department of Violence and Injury
Prevention and Disability

# Facts about violence, injuries and disability

Violence and injuries are a global public health problem. About 5.8 million people die each year from their injury or related causes. This accounts for 10% of the world's deaths – 32% more than the number of deaths resulting from malaria, tuberculosis and HIV/AIDS combined (see Figure 1).

**Figure 1:**
**The scale of the problem: deaths from violence and injuries compared to other leading causes**




*Source: WHO (2008), Global burden of disease: 2004 update*

Violence and injuries affect all age groups, but have a particular impact on young people. For people aged between 5 and 44 years, road traffic injuries are one of the top three causes of death (see Table 1).

Around the world an estimated 650 million people live with disabilities, the vast majority in low-income and middle-income countries. The number of people with disabilities rises as a consequence of ageing populations, the spread of noncommunicable diseases, and medical interventions which save lives, but which frequently mean people live with a disability. Often people with disabilities live in poverty, and are excluded from playing a full part in society.

Table 1:

## Injury: a leading killer of young people

***Leading causes of death by age group, both sexes, World, 2004***

| Rank | 0-4 | 5-14 | 15-29 | 30-44 |
|---|---|---|---|---|
| 1 | Perinatal causes<br>3 180 174 | Lower respiratory infections<br>224 308 | Road traffic injuries<br>335 805 | HIV/AIDS<br>958 851 |
| 2 | Lower respiratory infections<br>1 755 385 | Road traffic injuries<br>109 905 | HIV/AIDS<br>333 953 | Tuberculosis<br>367 837 |
| 3 | Diarrhoeal diseases<br>1 716 410 | Malaria<br>103 738 | Tuberculosis<br>249 023 | Road traffic injuries<br>329 142 |
| 4 | Malaria<br>828 666 | Drowning<br>77 117 | Homicide<br>238 003 | Ischaemic heart disease<br>255 842 |
| 5 | Measles<br>396 072 | Meningitis<br>63 755 | Suicide<br>230 979 | Suicide<br>219 557 |
| 6 | Congenital anomalies<br>370 785 | Diarrhoeal diseases<br>57 716 | Lower respiratory infections<br>122 707 | Homicide<br>179 916 |
| 7 | HIV/AIDS<br>258 861 | HIV/AIDS<br>43 118 | Drowning<br>89 434 | Lower respiratory infections<br>154 950 |
| 8 | Whooping cough<br>254 314 | Tuberculosis<br>38 074 | Fire-related burns<br>84 983 | Cerebrovascular disease<br>147 224 |
| 9 | Meningitis<br>156 304 | Protein-energy malnutrition<br>36 232 | War-related injuries<br>66 319 | Cirrhosis of the liver<br>101 593 |
| 10 | Tetanus<br>144 325 | Fire-related burns<br>26 703 | Maternal haemorrhage<br>65 077 | Poisoning<br>87 576 |
| 11 | Protein-energy malnutrition<br>135 517 | Measles<br>24 202 | Ischaemic heart disease<br>59 102 | Maternal haemorrhage<br>71 774 |
| 12 | Syphilis<br>63 875 | Leukaemia<br>20 861 | Poisoning<br>55 139 | Fire-related burns<br>67 338 |
| 13 | Drowning<br>58 467 | Congenital anomalies<br>19 942 | Abortion<br>46 335 | Nephritis and nephrosis<br>66 145 |
| 14 | Road traffic injuries<br>56 778 | Trypanosomiasis<br>18 583 | Leukaemia<br>44 388 | Drowning<br>62 683 |
| 15 | Fire-related burns<br>46 656 | Falls<br>17 862 | Cerebrovascular disease<br>40 827 | Breast cancer<br>57 370 |

| | 45-59 | 60-69 | 70-79 | 80+ | All ages |
|---|---|---|---|---|---|
| | Ischaemic heart disease 1 101 400 | Ischaemic heart disease 1 524 131 | Ischaemic heart disease 2 174 957 | Ischaemic heart disease 2 072 949 | Ischaemic heart disease 7 198 257 |
| | Cerebrovascular disease 678 971 | Cerebrovascular disease 1 099 231 | Cerebrovascular disease 1 860 743 | Cerebrovascular disease 1 864 012 | Cerebrovascular disease 5 712 241 |
| | HIV/AIDS 395 052 | Chronic obstructive pulmonary disease 631 369 | Chronic obstructive pulmonary disease 1 060 089 | Chronic obstructive pulmonary disease 960 598 | Lower respiratory infections 4 109 354 |
| | Tuberculosis 359 282 | Lower respiratory infections 397 922 | Lower respiratory infections 548 203 | Lower respiratory infections 674 079 | Perinatal causes 3 180 421 |
| | Chronic obstructive pulmonary disease 332 183 | Trachea, bronchus, lung cancers 382 816 | Trachea, bronchus, lung cancers 421 150 | Alzheimer and other dementias 318 868 | Chronic obstructive pulmonary disease 3 024 912 |
| | Trachea, bronchus, lung cancers 279 897 | Diabetes mellitus 274 630 | Diabetes mellitus 342 482 | Hypertensive heart disease 311 973 | Diarrhoeal diseases 2 127 154 |
| | Cirrhosis of the liver 261 132 | Tuberculosis 215 416 | Hypertensive heart disease 300 088 | Diabetes mellitus 246 218 | HIV/AIDS 2 039 727 |
| | Road traffic injuries 238 852 | Hypertensive heart disease 193 316 | Stomach cancer 231 723 | Trachea, bronchus, lung cancers 185 916 | Tuberculosis 1 463 792 |
| | Lower respiratory infections 231 801 | Stomach cancer 192 172 | Colon and rectum cancers 190 792 | Nephritis and nephrosis 172 709 | Trachea, bronchus, lung cancers 1 323 218 |
| | Diabetes mellitus 207 605 | Cirrhosis of the liver 170 763 | Nephritis and nephrosis 170 653 | Colon and rectum cancers 162 987 | Road traffic injuries 1 274 845 |
| | Suicide 183 582 | Liver cancer 155 697 | Liver cancer 157 901 | Stomach cancer 148 299 | Diabetes mellitus 1 140 881 |
| | Stomach cancer 176 110 | Oesophagus cancer 147 747 | Oesophagus cancer 146 484 | Inflammatory heart diseases 122 263 | Malaria 1 021 028 |
| | Liver cancer 166 012 | Colon and rectum cancers 137 515 | Tuberculosis 142 380 | Prostate cancer 109 217 | Hypertensive heart disease 986 560 |
| | Breast cancer 163 505 | Nephritis and nephrosis 134 522 | Alzheimer and other dementias 138 409 | Falls 100 954 | Suicide 844 460 |
| | Hypertensive heart disease 136 806 | Breast cancer 113 698 | Cirrhosis of the liver 131 267 | Breast cancer 80 322 | Stomach cancer 803 095 |

*Source: WHO (2008), Global burden of disease: 2004 update*

# Violence prevention

In our work to prevent violence worldwide, we constantly seek the most effective methods. To this end, in 2009 WHO and Liverpool John Moores University, a WHO Collaborating Centre, released *Violence prevention: the evidence*, a series of briefings on successful strategies to prevent violence. The series looks at the following interventions:

- Developing safe, stable and nurturing relationships between children and their parents and caregivers.
- Improving life skills in children and adolescents.
- Decreasing the availability and harmful use of alcohol.
- Reducing access to guns, knives and pesticides.
- Promoting gender equality.
- Changing cultural and social norms that encourage violence.
- Enhancing victim identification, care and support programmes.

By highlighting evidence of the effectiveness of specific interventions, the series provides clear directions on how violence prevention policy-makers, programme implementers and funders can boost the impact of their efforts. The focus will now be on disseminating this evidence, and making use of it to develop or reshape current policies and programmes.

During the biennium, WHO also supported a number of research initiatives on preventing child maltreatment, reducing armed violence, and estimating the costs of violence to societies.

As part of a project to assess the readiness of countries to prevent child maltreatment, country situation reports were developed in Malawi, Mozambique and South Africa. The reports provide information on what is known about the problem in each country, and what resources are currently in place to address it. Similar studies are underway in Brazil, China, Malaysia, Saudi Arabia, South Africa and The former Yugoslav Republic of Macedonia. A related project, conducted in collaboration with the United States Centers for Disease Control and Prevention, a WHO Collaborating Centre, has looked at "adverse childhood experiences" – experiences of child maltreatment and family dysfunction that have life-long consequences on health. A questionnaire is being piloted in China, Latvia, Lithuania, the Philippines, Thailand, Saudi Arabia, South Africa and The former Yugoslav Republic of Macedonia to assess the extent of adverse childhood experiences.



Following work conducted in Brazil and El Salvador, participants in the Armed Violence Prevention Programme (AVPP) visited Kenya in April 2009. As has been done in Guatemala and Jamaica, existing efforts to reduce armed violence were identified, and recommendations were made for strengthening related programmes. Other partners who joined this second phase of the AVPP, led by the United Nations Development Programme, include the United Nations Children's Fund, the United Nations Human Settlements Programme and the United Nations Office on Drugs and Crime, making it a truly collaborative project.

WHO also supported research to estimate the costs of violence in Kenya, Tanzania and Uganda. Using the *Manual for estimating the economic costs of injuries due to interpersonal and self-directed violence*, released by WHO and the United States Centers for Disease Control and Prevention in 2008, collaborators sought to estimate the direct medical costs resulting from homicide, suicide and non-fatal, violence-related injuries, as well as the indirect costs arising from lost productivity. The findings from this groundbreaking research will be published in 2010.

## 4th Milestones of a Global Campaign for Violence Prevention Meeting

Every two years WHO hosts a global meeting of violence prevention policy-makers and practitioners to take stock of progress made to prevent violence within families and communities. In September 2009 this 4th Milestones Meeting hosted more than 200 participants from 50 countries, highlighting violence prevention programmes in Brazil, Lithuania, Mexico, South Africa, Switzerland, the United Kingdom and the United States of America. The interventions described exemplified those flagged by experts as most effective at preventing violence – a clear sign of the greater convergence across countries around the evidence on what works to prevent violence.

Participants came to an agreement on the need for a strategy to strengthen coordination of violence prevention at global level – a particular challenge because of the many sectors and agencies involved. Proposals for carrying forward such a strategy include development of a 5-year action plan with clearly defined roles and responsibilities, a global status report on violence against which progress can be measured, and a strengthened political mandate, perhaps through a United Nations General Assembly resolution calling for an integrated approach.



"The clear evidence is that rates of violence are related to the social and economic arrangements of society. [Violence] follows inequality and it follows poverty."

—Chair of the Commission on the Social Determinants of Health, Sir Michael Marmot


# Road safety

During the biennium, WHO and its partners supported road safety projects in several countries. These included promoting the use of helmets in Cambodia; promoting the use of seat-belts and child restraints and preventing drinking and driving in Mexico; and promoting the use of helmets and preventing drinking and driving in Viet Nam. These were concentrated efforts focused in a particular region or municipality. The projects were conducted with ministries of health and transport, and involved implementing new or amending existing legislation coupled with improved enforcement, related public information campaigns, and the provision of equipment such as breathalyzers. These initiatives have already demonstrated success in terms of lives saved.

In addition, WHO supported other road safety initiatives such as one to further develop a police data system in Ethiopia to collect and analyze data to inform decisions about national policies, and make practical interventions. In Malawi and Mozambique, WHO supported the preparation of national road safety strategies and worked with local governments to improve road safety for children at selected sites.

The valuable lessons learned from these pilot projects in recent years will influence preparations for the new “Road Safety in 10 countries Project”. The 10 countries identified to take part in this Bloomberg Philanthropies-supported project – Brazil, Cambodia, China, Egypt, India, Kenya, Mexico, the Russian Federation, Turkey

and Viet Nam – together account for nearly 50% of all road deaths. The project will focus on reducing drink-driving; increasing the use of seat-belts, child restraints and motorcycle helmets; limiting speed and strengthening trauma care. It will also allow for continued monitoring of road safety at global and national levels.

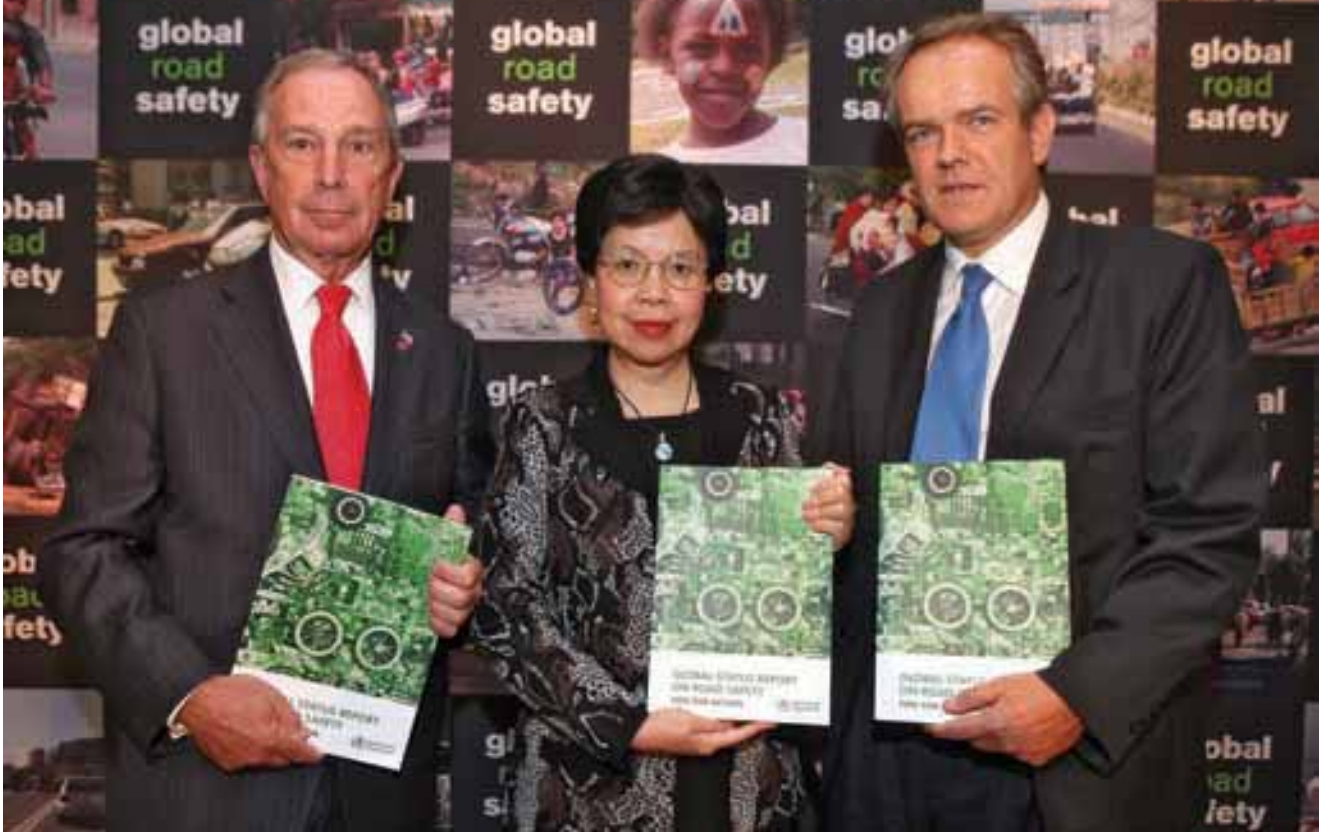
## Saving lives in Viet Nam

Road traffic injuries are a leading cause of death and disability in Viet Nam, with official police data recording more than 11 000 deaths on the nation's roads each year. Motorcycles comprise 95% of the country's 31 million registered vehicles and an estimated 60% of all road traffic fatalities are motorcycle riders and passengers.

In December 2007, with the support of WHO and other members of the international community, the Government of Viet Nam implemented a new law requiring motorcyclists to wear helmets. In contrast to previous laws, the new helmet legislation was well publicized and stringently enforced. Penalties were increased ten-fold, and in the first 12 months more than 680 000 penalties were issued against riders and passengers for failure to wear a helmet.

While there are no ongoing systems to collect nationwide data, road side observational studies were completed in three provinces before and after the new helmet law took effect. The studies demonstrated an increase in average helmet-wearing rates from 43% to 94% by June 2008. Importantly, these high rates have been maintained, with an average helmet-wearing rate of 92% recorded in September 2009.

Associated with the increase in helmet wearing, preliminary data from a sample of 20 hospitals indicated that the risk of road traffic head injuries and deaths had decreased by 16% and 18% respectively in the three months after the helmet law was introduced. These successful efforts to save lives on the roads of Viet Nam by enforcing helmet wearing for motorcyclists are being replicated in other countries.

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## The *Global status report on road safety*

In June 2009, road safety policy-makers, practitioners and campaigners were handed an important new tool. The *Global status report on road safety* is the first broad assessment of the road safety situation in 178 countries. The report provides a one-page profile for each of the participating countries, highlighting, among other things: fatality and injury rates; the number and type of registered vehicles; and the status of legislation on speed, drinking and driving, motorcycle helmets, seat-belts and child restraints. It is hoped that the report will stimulate road safety activities at a national level by helping to identify the main priorities for intervention. Formally launched by WHO Director-General Dr Margaret Chan and New York City Mayor Michael Bloomberg, the report concludes that:

- road traffic injuries remain an important public health problem, particularly for developing countries;
- pedestrians, cyclists and motorcyclists make up almost half of those killed on the roads, and there is a need for these road users to be given more attention in road safety programmes;
- in many countries, road safety laws need to be more comprehensive, and enforcement should be strengthened.

Based on the global report, but highlighting regionally specific issues and trends, several regional reports were also produced in the latter half of 2009, including from the WHO European Region, the WHO South-East Asia Region and the WHO Western Pacific Region. The

"For the first time, we have solid data to hold us accountable and to target our efforts. Road safety must be part of all transport planning efforts."

—New York City Mayor, Mr Michael Bloomberg

*European status report on road safety* was released at the First Global Ministerial Conference on Road Safety. Future editions of the *Global status report on road safety*, which will evaluate progress are planned for 2012 and 2014.

"…We need to work to instill a culture of road safety. [Preventive] measures would avert a tremendous amount of suffering for those who lose their loved ones to these tragedies and whose lives are changed forever."

—WHO Director-General, Dr Margaret Chan

## Road safety manuals for decision-makers and practitioners

One of the most important outcomes of the WHO-led UN Road Safety Collaboration, a network of more than 40 agencies, is the series of "how to" manuals that give practical, step-by-step guidance to governments on how to implement some of the recommendations of the *World report on road traffic injury prevention*. Four partners – the FIA Foundation for the Automobile and Society, the Global Road Safety Partnership, the World Bank and WHO – have to date developed four of these manuals. Two were released during the biennium: *Speed management: a road safety manual for decision-makers and practitioners* and *Seat-belts and child restraints: a road safety manual for decision-makers and practitioners.* The two previously released manuals focus on drinking and driving and helmets. The manuals, which are produced using a standard template, are practical and user-friendly. During the biennium, training has focused on the use of select manuals in Benin, Brazil, Cambodia, China, Iran, Kenya, Lao People's Democratic Republic, Mexico, Romania, the Russian Federation, Thailand and Viet Nam among others. The manuals are available in multiple languages.

## First Global Ministerial Conference on Road Safety

When the seeds were first planted for this road safety event in mid-2008, no one could have imagined its huge success. Hosted by the Government of the Russian Federation in November 2009, the First Global Ministerial Conference on Road Safety convened more than 70 ministers of transport, health and interior, and 1400 of the world's leading road safety experts from 150 countries. Participants represented governments, United Nations agencies, regional development banks, civil society organizations, foundations and the private sector. They drew attention to the need for action to address the large and growing global impact of road traffic crashes; reviewed progress on implementation of the *World report on road traffic injury prevention*; and shared information and good practices on road safety. Sessions focused on a range of issues, from safe behaviour, vehicles and roads, to partnerships, policies and data for road safety.

New programmes were launched, and announcements of new funding were made, including the largest ever contribution to the road safety field: US$ 125 million from Bloomberg Philanthropies to WHO and a number of partners to support projects in 10 countries, and continue to monitor progress at global level. The Ministerial Conference concluded with adoption of the "Moscow Declaration", inviting the United Nations General Assembly to declare a Decade of Action for Road Safety 2011–2020. The declaration also encourages further implementation of the recommendations of the *World report on road traffic injury prevention*, calls for particular efforts to address the needs of pedestrians, cyclists and motorcyclists; recommends strengthening road safety legislation and enforcement; supports enhancing emergency trauma care; and requests additional funding from the international development community.

"We must coordinate international efforts in road safety, as the problem we are talking about, the figures we are citing, are no less dramatic for our planet than the consequences of global recession, or even issues of food security."

—President of the Russian Federation, Mr Dmitry Medvedev

"The issue of road safety has finally taken its rightful place among the other leading health issues to which the international community devotes its attention and resources. A new page has been turned."

—WHO Director of the Department of Violence and Injury Prevention and Disability, Dr Etienne Krug

# Other injuries



## The *World report on child injury prevention*

Injuries are a leading cause of death for children over the age of 5 years. To draw attention to this situation, WHO and the United Nations Children's Fund jointly launched the *World report on child injury prevention* in December 2008 at an event hosted in Hanoi by the Viet Nam Ministry of Health. The launch was attended by WHO Assistant Director-General Dr Ala Alwan, UNICEF Representative Mr Jesper Morch and experts from many countries.

The report presents current knowledge about the five leading causes of "accidental" or unintentional injury to children – road traffic injuries, drowning, burns, falls and poisoning – and makes recommendations for action. Its overarching message is that many of the 830 000 child injury deaths that occur every year could be prevented if proven strategies were integrated into other child survival programmes and implemented on a larger scale. Improved health services could also go a long way towards reducing the consequences of child injuries.

Following the launch, a seminar was held to discuss ways to garner support for implementation of the report's recommendations. To coincide with the global launch, WHO's Regional Office for Europe prepared a complementary regional version of the report, the *European report on child injury prevention*. The report has now been launched alongside the global report at press conferences in several European countries, including the Czech Republic, Hungary, Italy, Kyrgyzstan, Portugal, the Russian Federation, Slovakia, Spain and The former Yugoslav Republic of Macedonia. These events have served as a platform for advocating for the development of national child injury prevention policies.

"Implementing proven injury prevention strategies could save more than a thousand children's lives every day."

—WHO Assistant Director-General, Dr Ala Alwan

### A WHO plan for burn prevention and care

With the support of the International Society for Burn Injuries, *A WHO plan for burn prevention and care* was developed with input from experts in 14 countries. Released in March 2008, the plan outlines a broad strategy for work in this area in the coming decade, and seeks to draw attention to this neglected health issue. Fire-related burns claim the lives of more than 300 000 people every year and disable and disfigure millions more. Survivors lives are often affected not only by the physical consequences of their injuries, but also by stigma and discrimination.

Since the release of the plan, WHO has worked to promote awareness of burn prevention and care among policy-makers and donor agencies, and advocated for the inclusion of burn prevention and care in national health plans; improved national data on burn deaths and disabilities, and facilitated greater access to rehabilitation services. WHO is also currently preparing a booklet on good practice in burn prevention and care.

# Emergency services

While preventing injuries is the ideal, when prevention fails, it is vital to the survival of injured people that they receive timely and effective emergency care. To this end, WHO supports countries in implementing the recommendations of World Health Assembly resolution WHA60.22 on *Health systems: emergency care systems*. Since its adoption in May 2007, there has been an increasing demand from countries for support in this area. Over the biennium, WHO has given technical guidance to these efforts in several countries. In Ghana in 2009, support was provided in the form of in-service training courses for emergency medical technicians. Through the Ghana National Ambulance Service, and with experts from local hospitals as trainers, more than 200 technicians took courses to improve their skills in specific areas.

During the same period, the Injury Control Centre of Uganda, a WHO Collaborating Centre, offered first aid training with the support of local experts to “first responders”, those most likely to arrive first at the scene of an injury. These included police officers, bus and taxi drivers, and local community leaders from Kampala and neighbouring areas. In November 2008, a two-day training course on trauma care quality improvement was offered to doctors in Brazil. This training experience informed the development of the *Guidelines for trauma quality improvement programmes* released in 2009. WHO’s work in road safety has been a particularly useful entry point to supporting improvements in emergency services in many countries.




## Global Forum on Trauma Care

In October 2009, with the support of the Ministry of Health of Brazil, the State Government of Rio de Janeiro, and the Bone and Joint Decade, WHO hosted the first Global Forum on Trauma Care in Rio de Janeiro, Brazil. Around 120 of the world's leading trauma care experts attended, including representatives of 15 professional societies, ministry of health planners and others. Using the World Health Assembly resolution WHA60.22 as their guiding framework, participants sought ways to achieve affordable and sustainable improvements in trauma care services globally. It has been estimated that at least two of the nearly six million people who die from trauma each year could be saved by such improvements.

During the forum, participants agreed a set of strategies and messages around which to lobby for future support. They also discussed an agenda for action, which included inviting WHO to play a key role in the creation of an informal network or alliance. This network would provide a global platform for the many different trauma care groups from which they could more effectively advocate for improvements in countries worldwide. A group of 20 experts gathered following the forum to define a process for developing a "trauma care checklist". Ideas were collected on the proposed content of such a checklist, who would be best placed to administer it, and at what time point(s) in care of the injured it should be administered.

### Guidelines for trauma quality improvement programmes

Improving the care of injured people could do much to save lives. Quality improvement programmes offer a practical means to achieve improvements in trauma care. These programmes enable health care institutions to better monitor their trauma care services, detect problems, and enact and evaluate corrective measures. To give guidance in this area, WHO, the International Association for Trauma Surgery and Intensive Care and the International Society of Surgery released *Guidelines for trauma quality improvement programmes* in June 2009.

The guidelines outline the most common methods of quality improvement in trauma care in a "how-to" style, covering a wide range of techniques that can be applied across all countries. Ideally, the techniques should lead to strategies that fix identified problems, monitor the effectiveness of the techniques used, and ensure that they have had their intended effect. The guidelines also address the appropriateness of different techniques at different levels of the health-care system. Noted too is that in many circumstances there is a need to address improvements in data collection and use to ensure more timely, reliable, and adequate data on which to base interventions.

Several case studies are provided in the annex of the guidelines to illustrate the scrutiny of clinical data, how to identify health-care problems, and the design of practical and effective corrective strategies.

# Capacity building

Capacity building is an essential part of addressing violence, injuries and disability. In 2009, WHO published *Capacity building for preventing injuries and violence: strategic plan 2009–2013*. The plan sets out four objectives: an improved and more widely accessible knowledge base; more fully developed skills; more systematic support to institutional capacity; and more effective use of networks and partnerships.

Many activities have been undertaken by WHO to support these objectives. In terms of improving the knowledge base, TEACH-VIP – the WHO modular training curriculum which has been used in more than

80 countries – has been translated into several languages, including Arabic, Lithuanian, Macedonian, Romanian, Russian, Spanish and Turkish. A major project to adapt the TEACH-VIP curriculum to an e-learning platform was undertaken and completed, and TEACH-VIP e-learning is set for launch in early 2010. Work also began on the updating of TEACH-VIP in preparation for the launch of its second edition in 2010. In order to mainstream TEACH-VIP into medical and public health curricula, "train the trainer" workshops have also been held at sub-regional and national levels in the WHO African Region, the WHO European Region and the WHO Eastern Mediterranean Region.

MENTOR-VIP, a global mentoring programme for violence and injury prevention, seeks to address skills development. Initiated in 2007, the programme matches demand for technical guidance with offers to provide technical support. During the biennium, MENTOR-VIP matched 25 mentor-mentee pairs, who collaborated on a wide range of violence and injury-related projects across all WHO regions. This programme makes extensive use of Internet-based channels of communication, and provides a low-cost means of providing highly targeted capacity building to a group of specially selected practitioners.

### Examples of MENTOR-VIP mentorships 2008–2009

| Year of mentorship | Country of mentor | Country of mentee | Mentorship topic |
|---|---|---|---|
| 2008 | South Africa | Pakistan | Family violence research; communication and training |
| 2008 | Mexico | Paraguay | Development, implementation and evaluation of a policy/action plan on alcohol and road safety |
| 2008 | Australia | Bangladesh | Review and situation analysis of poisoning; development of an intervention strategy for poisoning prevention |
| 2008 | Spain | Romania | Implementation and evaluation of a local road safety plan; establishment of a multi-sectoral road safety mechanism |
| 2009 | New Zealand | Nigeria | Prospective Geographic Information System study of emergency care admissions |
| 2009 | Egypt | Iran | Development of a study protocol on cultural risk factors for injury and violence and preparation of a related grant application |
| 2009 | South Africa | India | Qualitative study on child burn injuries |
| 2009 | Australia | China | Use of injury data and gap analysis to inform government policy and priorities |

Capacity building efforts were also directed at promoting institution building and improving networks and partnerships.

### Building institutional capacity in the WHO European Region

The Directorate General of Health and Consumer Safety of the European Commission and the WHO Regional Office for Europe (EURO) are working jointly to address violence and injuries in Europe. Two policy instruments are in place to guide their efforts: a European Council recommendation on the prevention of injuries and promotion of safety, and a WHO Regional Committee for Europe resolution (EUR/RC55/R9) on the same topic. To date the collaboration has yielded a web-based inventory of more than 150 national policies for violence and injury prevention; a series of capacity building workshops; and a collection of individual country profiles prepared by ministry of health focal points in 47 countries. The country profiles reflect how far Member States have come in implementing injury prevention policies. A report entitled *Preventing injuries in Europe: from international collaboration to local implementation* is underway for release in 2010, and will highlight progress made.

# Disability and rehabilitation

WHO works to support the rights of people with disabilities, helping countries implement the recommendations of World Health Assembly resolution WHA58.23 on *Disability, including prevention, management and rehabilitation.* Since its adoption in May 2005, and the advent of the Convention on the Rights of Persons with Disabilities, there has been an increasing demand from countries for support in this area.

Over the biennium, WHO has given technical guidance to these efforts in several countries. In Jordan, the WHO Regional Office for the Eastern Mediterranean has provided technical advice to the Higher Council in Charge of the Affairs of Persons with Disabilities to review its disability action plan, and set standards for accreditation and the provision of rehabilitation services. During the same period, El Salvador, Honduras, Mexico, Nicaragua and Venezuela have strengthened the disability component of their health information systems using the International Classification of Functioning, a framework for measuring health and disability at both individual and population levels.

Having better information on the prevalence of disability and the responses provided is pivotal to improving the quality of services and support for people who need them. In Chile a new law has been passed establishing standards for the equality of opportunities and social inclusion of people with disabilities. In Africa, countries are working to align their national polices, plans and programmes with the CRPD. For example, Botswana and Sierra Leone formulated national policies and legislation on disability after broad consultation with stakeholders. With support from WHO, the Health Department and the Ministry of Social Welfare in Liberia finalized an assessment and recommendation for the strengthening of the country's physical rehabilitation sector. The *World report on disability*, currently in preparation for release in 2010, will give guidance to countries on good practice in these and other areas.

## WHO Task Force on Disability

To ensure its compliance with the Convention on the Rights of Persons with Disabilities, the WHO Director-General, Dr Margaret Chan, created a Task Force on Disability in mid-2008 with membership from all WHO headquarter clusters and regional offices. Its aim is to ensure that WHO information, buildings and employment are accessible to people with disabilities, and that disability is a mainstream issue across the policies and programmes of the organization. A report by the Task Force on its first full year of operation suggests that good progress is being achieved on all of these fronts. Examples of initiatives include the following:

- The WHO website has been audited to ensure compliance with the World Wide Web Consortium accessibility guidelines.
- WHO Press has issued guidance on making WHO publications and other printed materials accessible to people with visual impairments and offers related trainings for staff.
- WHO headquarters and several WHO regional offices have been audited for access to people with physical and sensory impairments.
- The WHO Department of Human Resource Management has developed a draft policy on disability and employment, as part of a United Nations-wide initiative to develop a policy related to people with disabilities in the United Nations workplace.
- WHO Department of Violence and Injury Prevention and Disability has commissioned a systematic review of research on violence against people with disabilities.
- WHO Cluster of Health Action in Crisis is working with the non-governmental organization Christoffel Blindenmission to develop resources for addressing the needs of people with disabilities in emergencies.
- WHO Department of Chronic Diseases and Health Promotion included a disability stream in its December 2009 conference on young people and obesity.
- WHO Department of Reproductive Health and Research is proactively addressing disability in various aspects of its work.

The next step for the WHO Task Force on Disability is a survey of all the departments at WHO headquarters, in order to identify opportunities for further mainstreaming, and to ascertain needs for staff training and other support.

## *Guidelines on the provision of manual wheelchairs in less resourced settings*

In August 2008, at the 21st World Congress of Rehabilitation International, WHO, the United States Agency for International Development and the International Society for Prosthetics and Orthotics launched an important new tool for the disability field: *Guidelines on the provision of manual wheelchairs in less resourced settings.*

An estimated 1% of the world's population, or just over 65 million people, need a wheelchair. Providing wheelchairs that are appropriate, well designed and properly fitted not only enhances mobility, but also opens up a world of education, work and social life for those in need of such support. Unfortunately, in most developing countries, few of those who need wheelchairs have access to them. Production facilities are insufficient, and wheelchairs are often donated without the necessary related services.

The guidelines, which address the design, production, supply and service delivery of manual wheelchairs for long-term wheelchair users are targeted at a range of audiences, including policy-makers; planners, managers, providers and users of wheelchair services; designers, purchasers, donors and adapters of wheelchairs; trainers of wheelchair provision programmes; representatives of disabled people's organizations; and individual users and their families. By developing an effective system of wheelchair provision, Member States support implementation of the Convention on the Rights of Persons with Disabilities and the May 2005 World Health Assembly resolution WHA58.23 on *Disability, including prevention, management and rehabilitation.* Since the launch of the guidelines, countries such as Namibia have developed their own national guidance for the provision of manual wheelchairs.

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"The *Guidelines…* are already proving key in persuading wheelchair agencies to change their methods and attitudes. It's not just about the wheelchair, it's about the user. You are aiming to improve their life and enable them to take part in society… We are working to make more people aware of these standards."

—Motivation Co-Founder, Mr David Constantine

# Policies

Policy development is a critical part of addressing violence, injuries and disability. All World Health Assembly resolutions and WHO world reports related to these programmes have referred to the need to develop and implement national policies. During the biennium, WHO has supported policy development through a variety of means.

Direct technical support was provided to a number of countries including the Islamic Federal Union of the Comoros, the Kingdom of Saudi Arabia, Madagascar and Mozambique. There have been important efforts undertaken at regional level as well. The WHO Regional Office for the Western Pacific coordinated a policy workshop for countries in the region to promote technical exchange and collaboration. The WHO Regional Office for Europe compiled an online searchable inventory of policy initiatives which was added to a global repository of national and regional policy documents housed on the WHO website. This has also been updated during the biennium. By December 2009, more than 150 national policies for violence and injury prevention have been uploaded from 32 countries in the WHO European Region.

Some of WHO's efforts during the reporting period, while not directly policy focused, have provided an important impetus to policy development. The *Global status report on road safety* provides a means to review the policy environment in relation to road safety; contrast how this compares with similar countries within a particular region; and identify important gaps in existing policy or legislation. WHO has promoted the rights for people with disabilities that are laid out in the Convention on the Rights of Persons with Disabilities, and action on this has led to the development of related policies in Botswana and Sierra Leone. Finally, WHO's MENTOR-VIP programme provides a framework for targeted collaboration within which a number of efforts are being undertaken to advance policy development.

# Partnerships

WHO carries out its work with the support and collaboration of many partners, including governments, United Nations agencies, foundations, civil society organizations and the private sector. Since 2004, WHO has led two dynamic networks of partners on violence and injury prevention: the Violence Prevention Alliance and the United Nations Road Safety Collaboration. Both groups involve more than 40 organizations, and promote the messages and recommendations of the landmark world reports dedicated to these topics.

During the biennium, Violence Prevention Alliance members launched two major publications: *Preventing violence and reducing its impact: how development agencies can help* and *Violence prevention: the evidence*. Working groups enhanced collaboration between the criminal justice/law enforcement sector and the health sector, developing short courses on violence prevention and creating a database of violence prevention resources. Members also formally welcomed newcomers – the Ministry

of Health of Norway, the United Nations Development Programme, the United Nations Children's Fund, the United Nations Office on Drugs and Crime, the International Centre for the Prevention of Crime and the Preventing Violence Across the Lifespan Research Network of the Canadian Institutes for Health Research. Their joining the alliance was seen as a positive sign that a public health approach to violence prevention continues to gain ground.


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In 2008–2009, members of the United Nations Road Safety Collaboration focused on preparations for the First Global Ministerial Conference on Road Safety and the annual World Day of Remembrance for Road Traffic Victims; production of two of the series of road safety manuals for decision-makers and practitioners and implementation of the manuals in countries; drafting of the United Nations Secretary General's report on the road safety crisis; and furthering the work of project groups on fleet safety, road infrastructure and implementation of the manuals. In its 6 years of existence, the United Nations Road Safety Collaboration has become one of the driving forces behind global road safety.

In addition to these informal networks, WHO has also increasingly reached out to civil society organizations. In May 2009 WHO hosted the Global Meeting of Nongovernmental Organizations Advocating for Road Safety and Road Victims. More than 70 organizations were represented from more than 40 countries. Participants were grateful for the opportunity to share knowledge, experiences and approaches to advocacy in support of road safety and road crash victims. As a result of the meeting, stronger collaboration among participating organizations has emerged and many have started to play a more prominent role in the international road safety field. This was concretized by a strong presence of such organizations in the First Global Ministerial Conference on Road Safety held in Moscow in November 2009.

WHO's Collaborating Centres on violence and injury prevention and disability have also continued to make significant contributions to WHO's work through collaboration on research and the development of documents setting out norms for training for capacity development. Designated by the WHO Director-General, 19 WHO Collaborating Centres support work in violence and injury prevention and nine support work in disability. The network of "Safe Communities", coordinated by the Karolinska Institutet in Sweden (itself a WHO Collaborating Centre), is another partnership supported by WHO that seeks to promote safety at community level. This network provides a valuable opportunity for advocacy around violence and injury prevention.

# Knowledge sharing

One of WHO's stated objectives is to raise awareness about the magnitude and consequences of violence, injuries and disability. This is achieved in part through global and regional scientific conferences. WHO co-sponsors the biennial World Conference on Injury Prevention and Safety Promotion. The 9th edition was held in March 2008 in Merida, Mexico. Hosted and organized by the National Institute of Public Health of Mexico, a WHO Collaborating Centre, the event drew 1200 participants from nearly 130 countries. The overall conference theme was globalization. Topics included: child maltreatment; youth violence; intimate partner violence; suicide; workplace violence; child injuries; road traffic injuries; occupational injuries; sports and recreational injuries; and trauma care. As the major scientific platform for furthering knowledge on violence and injuries, the World Conference draws many of the world's leading researchers and practitioners; increasingly, it also draws national policy-makers. In Mexico, two important pre-meetings took place: the Meeting of Ministers of the Americas on Injury and Violence Prevention and the Second Global Meeting of Ministry of Health Focal Points for Injury and Violence Prevention.

In recent years there have been efforts to replicate this series of World Conferences at regional level in order to engage a greater number of professionals who are not able to travel far afield, and build on their cultural and linguistic similarities. Across the biennium, two regional conferences on violence and injury prevention were held, one in the WHO European Region and one jointly in the WHO South-East Asia Region/WHO Western Pacific Region. Also at regional level, WHO supported the First Asia-Pacific Community-based Rehabilitation Congress in Bangkok, Thailand, in February 2009. As the largest gathering of community-based rehabilitation practitioners to date, the congress highlighted evidence of innovative initiatives in the region, including how community-based rehabilitation workers have helped mobilize people with disabilities in Bangalore, India, as well as interesting work being done in research on community-based rehabilitation.

## Meeting of Ministers of the Americas on Injury and Violence Prevention

As a first meeting of its kind for the region, the Meeting of Ministers of the Americas on Injury and Violence Prevention was well attended by Ministers of Health or their representatives from 30 countries across the Americas. Participants made presentations on the impact of violence and injuries on the peoples of the region, the role of the Ministry of Health in prevention and best practices. The meeting resulted in the adoption of the "Merida Declaration", through which ministers pledged to implement national violence and injury prevention plans; strengthening prevention programmes that address root causes such as alcohol abuse, availability of firearms, lack of use of seat-belts and helmets, excessive speed, drinking and driving; enhancing data collection efforts; and improving services for casualties. The declaration has been a useful tool for lobbying for increased attention for violence and injury prevention across the Americas, and has led to several follow-up events at national level.

# Future directions

In the biennium ahead, WHO's Department of Violence and Injury Prevention and Disability and related regional and country programmes and their many partners will continue to strengthen the support they provide to Member States to enhance their efforts to prevent violence and injuries, and address the needs of people with disabilities. The department will focus on several key initiatives. The Road Safety in 10 Countries Project will require a great deal of attention. Such national and local efforts will form the backbone of the activities comprising the Decade of Action for Road Safety which will kick off in early 2011. The Decade of Action for Road Safety will provide a structure around which Member States and their partners can generate additional action to make our roads safe. Other key activities include:

- a discussion in the WHO Executive Board in May 2010 on child injuries, which will hopefully lead to a resolution on the topic adopted by the World Health Assembly the following year;
- the 10th World Conference on Injury Prevention and Safety Promotion and related meetings in September 2010 in London – including the first European Public Health Ministerial Conference on Injury and Violence;
- the release of three key disability-related documents, the *Guidelines on community-based rehabilitation* (October 2010); the WHO and World Bank *World report on disability* (December 2010); and in 2011, the *International perspectives on spinal cord injury*;
- the hosting in early 2011 of the Second United Nations Global Road Safety Week, which will serve as the occasion to launch the Decade of Action for Road Safety.

Together with its partners, WHO is prepared for the challenge of the coming years, confronting violence and injuries and improving the lives of people with disabilities.

# Financial contributors

The WHO Department of Violence and Injury Prevention and Disability gratefully acknowledges the generous financial contributions received in the past two years from the following:

- AGFUND
- Associação de Medicina Intensiva Brasileira
- Bloomberg Philanthropies
- Bone and Joint Decade
- Christoffel Blindenmission
- Dutch Burns Foundation
- Education Development Centre, Inc.
- European Federation of National Associations of Orthopaedics and Traumatology
- F. Felix Foundation
- Fetzer Institute
- FIA Foundation for the Automobile and Society
- Global Forum for Health Research
- Government of Australia
- Government of Austria
- Government of Belgium
- Government of Brazil
- Government of Canada
- Government of Finland
- Government of Flanders (Belgium)
- Government of Italy
- Government of Japan
- Government of the Netherlands
- Government of New Zealand
- Government of Norway
- Government of Sweden
- Government of the United Kingdom of Great Britain and Northern Ireland
- Government of the United States of America
- International Association for Trauma Surgery and Intensive Care
- International Labour Organization
- International Society for Burn Injuries
- Italian Association of Friends of Raoul Follereau
- Michelin
- Pan American Health and Education Foundation
- Scania
- Sightsavers International
- The California Wellness Foundation
- United Nations Children's Fund
- United Nations Development Programme
- United Nations Educational, Scientific and Cultural Organization
- United Nations Population Fund
- World Bank

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