

Workshop on Prevention of Childhood Drowning in South-East Asian Countries



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REPORT

WORKSHOP ON PREVENTION OF CHILDHOOD DROWNING IN SOUTH-EAST ASIAN COUNTRIES

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NOTE

The views expressed in this report are those of the participants in the Workshop on Prevention of Childhood Drowning in South-East Asian Countries and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office of the Western Pacific for the participants in the Workshop on Prevention of Childhood Drowning in South-East Asian Countries, which was held in Manila, Philippines, from 23 to 25 March 2010.

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SUMMARY

The Workshop on Prevention of Childhood Drowning in South-East Asian Countries was conducted in Manila, Philippines from 23 to 25 March 2010 by the World Health Organization.

The workshop was attended by 17 participants from Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Maldives, the Philippines, Singapore, Thailand and Viet Nam and 15 representatives and observers from various organizations, including The Alliance for Safe Children, International Life Saving Federation, Safe Kids Worldwide, and the United Nations Children's Fund (UNICEF).

The objectives of the workshop were:

- (1) to acquire new knowledge in the areas of:
 - (a) development of data collection systems,
 - (b) monitoring and utilization of data on child drowning, and
 - (c) implementation and monitoring of evidence-based interventions to prevent childhood drowning; and
- (2) to identify the next steps for developing country-specific action plans for prevention of childhood drowning.

Presentations were made on the following: global overview on drowning, building partnerships for drowning prevention, lessons learnt in drowning prevention in Asia, issues in data collection, designing interventions for drowning prevention, capacity-building for drowning prevention, and situation of childhood drowning in participating countries. Group work and discussions focused on data collection and next steps in developing country-specific interventions for childhood drowning prevention.

The workshop participants arrived at the following conclusions:

- (1) Regarding drowning data, the major sources of data on drowning are vital statistics, health facilities, surveys and other agencies. The major causes of under-reporting are lack of reporting systems (including equipment, trained staff and funding), inconsistent reporting, lack of definition/standardization and mis-coding. In addition, there is weak data interpretation and sharing of data among agencies. It is important to obtain qualitative data including community's perception to interventions, and their swimming skills and practices.
- (2) A drowning prevention programme needs to be developed with content experts and in conjunction with the community. Strategies, which include supervision of children, barriers to water bodies, setting up of crèches, swimming lessons and teaching of water survival skills, need to be designed and adapted to the local environment. Close supervision, appropriate ratio of trainers to trainees, evaluation and quality assurance are crucial in survival swimming programmes.

(3) Other strategies for drowning prevention include avoidance of overcrowding of boats and ferries, availability of adequate and certified life jackets in boats and ferries, availability of lifeguards on beaches, disaster preparedness and response and restriction of sale of alcohol to youth.

The following themes emerged as priority next steps in countries: strengthening quantitative and qualitative data collection from health and non-health sources; identifying risk factors for drowning; developing age, context and environment specific interventions; rigorous monitoring and evaluation; and cross-sectoral collaboration for interventions. Other themes that were identified were capacity-building, raising awareness within government and the population at large, development of specific drowning prevention national policy and strengthening emergency response to drowning.

1. INTRODUCTION

1.1 Background information

Drowning is a leading cause of death in children aged 5 to 14 years in the Western Pacific Region. An estimated 56 000 children under 15 years of age die from drowning every year in the Region. Aside from the significant number of deaths, there is a very substantial health burden due to non-fatal cases of drowning, with one to four cases of non-fatal drowning requiring hospitalization for every fatal drowning. Disability is an important consequence of near-fatal drowning among children, and is due principally to severe neurological deficits with long-term consequences.

The *World Report on Child Injury Prevention*, launched by WHO and UNICEF in 2008, called for Member States to step up efforts in child injury prevention to enhance child survival. It recommended the integration of child injury prevention into child health and development activities. Implementing this recommendation, particularly in low- and middle-income countries will require enhanced capacity.

The Regional Framework for Action on Injury and Violence Prevention 2008–2013, which aims to guide key regional stakeholders on recommended actions in the area of injury prevention, has identified drowning prevention as a priority issue for the Region. In 2009, WHO collaborated with select countries on drowning-prevention activities.

Two priorities have emerged in advancing drowning prevention in low- and middle-income countries in South-East Asian countries. One is the establishment of data collection systems that provide insight into the magnitude of the problem and risk factors for drowning. The other is the adaptation and implementation of evidence-based interventions. In many South-East Asian countries, the capacity to act on both of these priorities is very limited.

Both of these priorities will be addressed in the workshop, which will bring together public health professionals responsible for drowning-prevention activities in South-East Asian countries. This workshop will provide an opportunity to learn new knowledge as well as to share experiences.

1.2 Objectives

- (1) To acquire new knowledge in the areas of:
 - (a) development of data collection systems,
 - (b) monitoring and utilization of data on child drowning, and
 - (b) implementation and monitoring of evidence-based interventions to prevent childhood drowning.
- (2) To identify the next steps for developing country-specific action plans for prevention of childhood drowning.

1.3 Participants

The workshop was attended by 17 participants who are responsible for developing the national programme on drowning prevention and data systems for injury/drowning from Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Maldives, the Philippines, Singapore, Thailand and Viet Nam. There were 15 representatives and observers from various organizations, including The Alliance for Safe Children, International Life Saving Federation, Safe Kids Worldwide, and UNICEF. The Secretariat consisted of seven WHO staff members. A list of participants, resource persons, representatives, observers and Secretariat members is given in Annex 1.

1.4 Organization

The workshop programme is given in Annex 2 and a list of documents distributed during the workshop is in Annex 3. The documents included country reports and other handout material.

The workshop was chaired by Dr Juanita A. Basilio of the National Center for Disease Prevention and Control, Department of Health, Philippines. The Vice-Chairperson was Dr Nguyen Trong An, Deputy Director, Administration for Child Care and Protection, Ministry of Labour, Invalids and Social Affairs, Viet Nam. The Rapporteur was Dr Anbumalar Ramiah, Senior Manager, Youth Health Division, Health Promotion Board, Singapore.

The technical sessions of the workshop started with a global review of drowning and presentations on building partnerships and lessons in drowning prevention in Asia. Participants then presented the magnitude of childhood drowning and status of child drowning prevention in their countries.

The second day started with a presentation and group discussions on issues with data collection. Presentations on designing interventions followed the group discussions. These activities achieved the first second objective of the workshop.

The third day started with a presentation on capacity-building. Participants then identified the next steps for developing country-specific plans for prevention of childhood drowning through group discussion. These activities addressed the second objective of the workshop.

1.5 Opening remarks

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, welcomed the participants to the workshop. He stated that about 56 000 children under 15 years of age die from drowning every year in the Western Pacific Region. This makes drowning one of the leading causes of childhood deaths in the Region. The Millennium Development Goal 4 calls for a two thirds reduction in under-5 mortality by 2015. Governments have made great progress in preventing communicable diseases and improving child nutrition. Nevertheless, efforts to prevent injuries, including drowning, need to be enhanced. The United Nations Convention of the Rights of the Child, ratified by almost all governments, states that all children have a right to a safe environment and to protection from injury and violence. Safeguarding these rights is a challenge, but it can be achieved through concerted effort.

The World Report on Child Injury Prevention called for renewed efforts in child injury prevention by Member States as a means of improving child survival. Implementing this recommendation, particularly in low- and middle-income countries, where the problem of childhood drowning is most pressing, will require enhanced capacity. This need will be

addressed in this workshop, with the sharing of latest knowledge, technical experience and lessons learnt.

Dr Shin stressed that, given the complexity of childhood drowning, prevention requires a holistic approach, based on circumstances and particular patterns observed in each country. Strategies, such as the building of safe bridges, installation of safe water supply, building of barriers at pools, ponds and other bodies of water, covering of wells and use of personal floatation devices are effective in reducing drowning in children. The challenge comes in incorporating these ideas into new and existing housing environments. Innovative cost-effective and sustainable community-based projects are needed.

WHO will continue to cooperate with partners such as UNICEF, the International Life Saving Federation, Safe Kids Worldwide, and the Alliance for Safe Children to achieve the common goal of preventing drowning among children. Wishing participants fruitful discussions, Dr Shin declared the workshop officially open.

2. PROCEEDINGS

2.1 Summary of papers

2.1.1 Global overview of drowning

Dr David R. Meddings, Medical Officer, Violence and Injury Prevention and Disability, WHO Headquarters, Geneva, presented an overview of the magnitude of drowning. An estimated 388 000 people drowned globally in 2004. The South-East Asian and Western Pacific Regions accounted for 26% and 36% of global drowning cases in 2004, respectively. Males were about twice more likely to drown than females. More than 10 million disability adjusted life years (DALYs) were lost due to drowning in 2004. He stated that an estimated 175 000 children below the age of 20 years drowned in 2004 globally. The overwhelming majority, 98% of these childhood drowning deaths, occurred in low- and middle-income countries, usually in lakes, ponds and rivers, and especially in rural areas. Children under the age of five years are at most risk. The principles of drowning prevention include removing the hazard, creating barriers, protecting those at risk, and limiting the damage. The role of the health sector in drowning prevention is to collect data on mortality and morbidity; to study exposure and risk, and protective factors; to advocate for greater resources for drowning prevention; to promote prevention through policy and programmes; to monitor and evaluate interventions; and to strengthen emergency response to drowning.

2.1.2 Building partnerships for drowning prevention

Mr Justin Scarr, Chair, Child Drowning Committee, International Life Saving (ILS) Federation, presented the importance of building partnerships at community, national and regional levels. The ILS leads, supports and partners with national and international organizations committed to drowning prevention, aquatic safety supervision, emergency response and sport. The ILS has worked with local partners to implement demonstration projects in Bangladesh, Thailand and Viet Nam. It is organizing an international conference on drowning prevention in Danang, Viet Nam, in 2011.

2.1.3 Lessons learnt in drowning prevention in Asia

Dr Aminur Rahman, Member, ILS Research Committee, presented the lessons learnt in the Asian context. He stressed that it is important to obtain quantitative data as well as qualitative data on drowning. Qualitative data include those on the community's perception to interventions, and their swimming skills and practices. Risk factors include lack of supervision, exposure to natural bodies of water and inability to swim. Drowning in children mainly occur during daytime and peak during rainy season and disasters. The following broad strategies are currently available for the different child age groups: 8–18 months – playpens; 18 months to 4 years – crèches or nurseries; 4–10 years months – SwimSafe lessons; 5–17 years – safe school approach. The drowning prevention programme needs to be developed with content experts and in conjunction with the community. If necessary, barriers to water bodies have to be designed and adapted to the local environment. Rigorous monitoring, evaluation and quality assurance are crucial aspects of the programme. Close supervision and appropriate ratio of trainers to trainees is also crucial in SwimSafe programmes. About 50 000 children from 4 to 10 years of age have undergone SwimSafe programme in Bangladesh from 2006 to 2009. The curriculum was locally developed and the instructors recruited and trained at the community level. Ponds were modified for this purpose. Some major concerns were the availability of suitable ponds and quality of water. Details of the evaluation of the programmes in Bangladesh will be available by the end of 2010. Preliminary results are encouraging.

2.1.4 Issues in data collection

Dr Michael Linnan, Technical Director, The Alliance for Safe Children (TASC), highlighted the gross under-reporting of drowning in Asia. Drowning usually occurs in the community and is rarely treated since victims usually succumb quickly. Hence, these cases are not captured in data from health facilities. According to TASC surveys, injury (both fatal and non-fatal, including drowning) was a leading cause of death and disability in children up to 18 years. While communicable diseases and under-nutrition have been addressed effectively, injury, especially drowning remained a major cause of death in children below five years of age. Data on drowning should be accurate, representative and comprehensive. There has been a gradual decline in incidence in drowning over the decades in some countries, probably due to urbanization. Studies have shown some protection from drowning by children's ability to swim (as assessed by using a standard story of a potential drowning situation). He emphasized that there may be some drowning cases in children taught to swim. Hence, it is important to standardize and certify both the swimming lessons and the instructors.

2.1.5 Designing interventions for drowning prevention

Mr Justin Scarr facilitated the plenary discussion on designing interventions for drowning prevention. The following table is a summary of the interventions designed for different ages.

Age	Key interventions	Entry points for interventions
Under 1 year	<ul style="list-style-type: none"> Education of parents on supervision practices including checklists for injury prevention Covering of water containers (buckets, pails) and wells Modification of home environments including barriers to bodies of water Usage of playpens for infants 	<p>Village health workers and volunteers</p> <p>Integrate with antenatal and postnatal care</p> <p>Parenting courses</p>

1–4 years	<ul style="list-style-type: none"> • Supervision of children in day care, kindergarten • Covering of wells and containers of water • Environmental modification including barriers to water bodies • Life jackets for use in boats 	Social/welfare ministries Local authorities Transport/maritime authorities
5–14 years	<ul style="list-style-type: none"> • Survival swimming lessons • Teacher supervision for outdoor activities • Safety in school environment and recreational activities • Education on drowning prevention for children and parents 	Education/social/agencies/ nongovernmental organizations (NGOs)
Over 15 years	<ul style="list-style-type: none"> • Survival swimming lessons • Basic rescue/resuscitation skills • Restriction of use and sale of alcohol • Occupational safety for fishing activity • Education on drowning prevention 	Education/social/labour/trade/ consumer/agencies/NGOs

For all groups, the following strategies are important:

- a national policy on drowning prevention;
- development of standards for swimming lessons, appropriate legislation and enforcement;
- disaster and emergency preparedness and response; and
- medical care, resuscitation for near drowning cases.

Survival swimming lessons should be governed by the following:

- Safety should be of utmost importance in developing curriculum.
- An optimum ratio of instructors to trainees should be maintained at all times.
- Trainers should be registered and provided with regular re-training and feedback.
- The programme should be rigorously monitored and evaluated, with feedback provided to stakeholders.

The role of the health sector is as follows:

- advocacy for childhood drowning prevention through policy, resource mobilization, relevant legislation and enforcement;
- collaboration with all relevant sectors for surveillance, intervention, monitoring and evaluation;
- partnership with other sectors for emergency preparedness and response;
- development of guidelines, standards and tools;
- training for resuscitation and rescue; and
- integration of childhood drowning activities into existing programmes.

2.1.6 Building capacity for drowning prevention

Dr D Meddings presented the WHO capacity-building plan for violence and injury prevention (VIP). Capacity-building consists of development of human resources (knowledge and skills) as well as institutional/infrastructural capacity. WHO has developed the following for capacity-building in violence and injury prevention: TEACH-VIP (including e-learning), MENTOR-VIP, and short courses. The second edition of TEACH-VIP was launched in 2010 and is available for e-learning.

2.1.7 UNICEF's experience in Bangladesh and China

Dr Shumona Shafinaz, from UNICEF, Bangladesh, and Mr Xu Zhu, from UNICEF, China, presented the UNICEF experience in Bangladesh and China. UNICEF has collaborated with many local agencies in developing policy, supporting surveys, and implementing interventions, including educational programmes for mothers and children. UNICEF has integrated child drowning prevention activities with other child and adolescent health care programmes.

2.2 Country reports

2.2.1 Cambodia

According to the Cambodia Accident and Injury Survey 2007, more than 4000 children died from injury in 2006. Drowning causes 55% of all injury deaths and is the leading cause of death in children aged 1 to 4 years. The vast majority of drowning cases occur in the home or the near vicinity. Wells, ponds, lakes, rivers, water containers, swimming pools and the seaside are the most frequent locations where drowning occurs. Risk factors include non-supervision of children and falls from boats. The Government has established both hospital-based and community-based injury surveillance systems. A pilot drowning intervention programme was implemented in Kampung Chhnang.

2.2.2 Indonesia

Drowning is under-reported in Indonesia. Most of the victims die before they can reach a health facility. An injury surveillance system is lacking. There is no qualitative data on community perception to drowning. Some private schools have swimming lessons for children. Laws exist for use of life jackets for use in commercial boats. There is a need to develop the infrastructure to collect data.

2.2.3 Lao People's Democratic Republic

The Lao People's Democratic Republic has no data on child injuries (including drowning). Attempts are currently being made to document drowning deaths in a province through verbal autopsy method.

2.2.4 Malaysia

Data on drowning are available from the National Informatics Centre of the Ministry of Health, Statistics Department, and the media. Drowning is the tenth most common cause of unintentional injury among those admitted to Ministry of Health hospitals. According to the Life Saving Society of Malaysia, a total of 295 deaths were attributed to drowning in 2006–2007, as reported in the media. Most of the cases occurred at sea and one third involved children below 10 years of age.

There are no specific programmes for prevention of drowning in Malaysia. Current activities are scattered and are carried out on a small scale. The Life Saving Society conducts swimming lessons for the public.

2.2.5 Maldives

Data on drowning are limited and available from police. The Swimming Association of Maldives conducts survival swimming lessons for the public. The Coast Guard and police provide information on drowning prevention to students.

2.2.6 Philippines

Data on drowning are available from the National Epidemiology Centre of the Ministry of Health, Philippines National Injury Survey 2003, Maritime Industry Authority, Philippines Coast Guard, and the media. According to the Philippines National Injury Survey 2003, drowning is the leading cause of death in children and adolescents aged between 1 and 17 years. Drowning rates are higher in males compared to those in females. Of special concern is the contribution of maritime disasters to drowning. Overall, data on drowning are inadequate.

Maritime laws and regulations exist for availability of life jackets on boats. Enforcement of these laws needs to be strengthened. Two community-based pilot projects on drowning prevention are being implemented in Pangasinan. The Philippines Life Savers, Red Cross and other bodies provide swimming lessons.

2.2.7 Singapore

There were 22 cases of drowning deaths in 2008. Of these, two occurred in children and adolescents up to 19 years of age. The Ministry of Community Development, Youth and Sports (MCYS) formed a Water Safety Council in 2007. The council, comprising of members from various government and nongovernmental agencies, initiates and coordinates water safety activities. It promotes education and research, and establishes water safety standards. The council has developed codes of practice for design and maintenance of aquatic facilities and swimming pools, and comprehensive volunteer lifeguard programme for unmanned beaches. The Singapore Sports Council is working with the local universities to develop an injury repository.

2.2.8 Thailand

Drowning was the leading cause of death in children less than 15 years of age in 2007. Males are more affected than females. About half of the drowning occurs in natural bodies of water like canals, agricultural land and rivers. Since 2006, the Ministry of Health has embarked on a policy-driven programme, which includes surveillance, mass education on drowning, swimming lessons, and capacity-building. The Bureau of Noncommunicable Diseases, Ministry of Health, is the secretariat for the National Child Drowning Prevention Committee, which comprises representatives from many relevant government and nongovernmental agencies. In recent years, there has been a slight decline in the number of child drowning deaths in Thailand and a detailed evaluation of the programme and activities is being planned.

2.2.9 Viet Nam

In 2007, 3786 drowning deaths occurred in children aged 0–19 years (10.4/100 000 children). According to the National Health Survey in 2002, drowning is the leading cause of death in the 1–14 year age group. A National Policy on Accident and Injury Prevention was promulgated in 2001. An interdisciplinary plan on child injury prevention was developed in 2009 with the Ministry of Labor, Invalids and Social Affairs as the focal ministry. Activities for drowning prevention include mass education, use of fences and barriers, swimming lessons and rescue training.

2.3 Summary of group discussions on data collection

The participants were divided into two groups to discuss the current situation in collection of data on drowning and recommendations to improve data collection. The groups reported on the results of their discussions at a plenary session.

The major sources of data on drowning are:

- vital statistics – death certificates;
- health facilities – clinic and hospital-based data, coroners' reports, dedicated injury surveillance systems;
- surveys – demographic, health, multiple indicator cluster; and
- other agencies – maritime, Coast Guard, disaster reports, media reports.

Major causes of under-reporting are:

- lack of reporting systems, including equipment, trained staff and funding;
- inconsistent reporting;
- lack of definition and standardization; and
- miscoding.

In addition, there is weak data interpretation and sharing among agencies.

2.4 Developing country-specific next steps

The participants and Secretariat members were divided into nine country-specific groups to discuss the next steps for developing interventions in each country. The groups reported on their action plans at a plenary session.

2.4.1 Cambodia

The next steps for Cambodia include:

- expansion of pilot interventions to 10 communes;
- use of environmental barriers, playpens and crèches for drowning prevention in young children;
- raising community awareness on drowning prevention;
- teaching resuscitation and rescue to older children, volunteers, etc.; and
- collaborating with the Ministry of Education, local authorities and nongovernmental organizations for interventions.

2.4.2 Indonesia

The next steps for Indonesia include:

- stakeholders' meeting among health, education, maritime and fishing, social welfare and island authorities to review existing policy and strategy related to drowning prevention;
- advocacy and education through the media for raising awareness of the issue;
- development of capacity among all sectors;
- integration of drowning prevention activities into child health programmes; and
- introduction of survival swimming lessons for older children.

2.4.3 Lao People's Democratic Republic

The next steps for the Lao People's Democratic Republic include the following:

- obtaining data on drowning from health facilities, community and special surveys;
- use of verbal autopsy method to pilot surveillance system;
- establishing a mechanism to coordinate activities of all sectors;
- raising community awareness in drowning prevention;
- development of barriers to bodies of water; and
- introduction of survival swimming lessons for older children.

2.4.4 Malaysia

The next steps for Malaysia include:

- obtaining information on drowning from various agencies to assess burden, risk factors and swimming skills among children;
- mapping out current efforts, guidelines and policies by health and other sectors;
- forming a working group to identify gaps in interventions and areas to be strengthened; and
- developing partnerships with other ministries to initiate interventions on drowning prevention.

2.4.5 Maldives

The next steps for Maldives include:

- obtaining data on drowning from the Ministry of Health and other sources;
- strengthening the capacity of the Swimming Association to conduct survival swimming lessons to the public; and
- establishing partnerships with the Coast Guard and other agencies.

2.4.6 Philippines

The next steps for Philippines include:

- improving data collection from hospitals and other sources;
- advocacy for drowning prevention through education;
- expanding interventions to areas with high drowning rate in collaboration with key local stakeholders; and
- establishing partnerships (including capacity-building) with all relevant stakeholders.

2.4.7 Singapore

The next steps for Singapore include:

- enhancing the volunteer lifeguard programme;
- developing a targeted programme for the community;
- establishing partnerships with schools, private agencies, day-care centres, instructors, etc.;
- building capacity for resuscitation and rescue; and
- monitoring and evaluating programmes.

2.4.8 Thailand

The next steps for Thailand include:

- advocacy for legislation for barriers and fences to bodies of water;
- developing warning labels for water containers;
- expanding resuscitation programmes and safe communities projects;
- setting up drowning prevention committees in all provinces;
- monitoring and evaluating survival swimming programmes;
- incorporating drowning prevention into disaster preparedness in communities;
- integrating child drowning prevention into mother and child health programmes; and
- promoting research into child drowning.

(9) Viet Nam

The next steps for Viet Nam include:

- strengthening coordination of committee;
- expanding safe home, school and community programme;
- improving data collection on drowning;
- integrating child drowning prevention into child health programmes; and
- building capacity for drowning prevention at all levels.

3. CONCLUSIONS

The workshop participants arrived at the following conclusions:

3.1 Acquiring new knowledge in childhood drowning prevention

3.1.1 The major sources of data on drowning are vital statistics, health facilities, surveys and other agencies (maritime, Coast Guard, disaster reports, media reports). The major causes of under-reporting are lack of reporting systems (including equipment, trained staff and funding), inconsistent reporting, lack of definition/standardization and miscoding. Data on drowning should be accurate, representative and comprehensive.

3.1.2 A drowning prevention programme needs to be developed with content experts and in conjunction with the community. Strategies, which include supervision of children, barriers to water bodies, setting up of crèches, swimming lessons and teaching of water survival skills, need to be designed and adapted to the local environment. Close supervision, appropriate ratio of trainers to trainees, evaluation and quality assurance are crucial in survival swimming programmes.

3.1.3 Other strategies for drowning prevention include avoidance of overcrowding of boats and ferries, availability of adequate and certified life jackets in boats and ferries, availability of lifeguards on beaches and restriction of sale of alcohol to youth.

3.2 Identifying the next steps for developing country-specific action plans for prevention of childhood drowning

3.2.1 Participating countries are different in terms of magnitude of the problem of child drowning; availability of data reporting systems, policies, plans and interventions; and involvement of various agencies

3.2.2 Participants discussed and set forward a variety of next steps for developing country-specific action plans upon return to their countries. There was overlap in terms of thematic direction. The following themes emerged as priority next steps: strengthening quantitative and qualitative data collection from health and non-health sources; identifying risk factors; developing interventions that are specific to age, context and environment; rigorous monitoring and evaluation; and cross-sectoral collaboration for interventions. Other themes that were identified were capacity-building, raising awareness within the government and the population at large, development of specific drowning prevention national policy, and strengthening emergency response to drowning.

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PROGRAMME OF ACTIVITIES

23 March 2010

- 07:30-08:30 Registration
- 08:30-09:00 Opening ceremony
 Opening address by the WHO Regional Director for the Western Pacific
 Self-introduction of participants, resource persons, representatives, observers
 and members of Secretariat
 Selection of workshop officers (e.g. Chairperson, Vice-Chairperson, Rapporteur)
- 09:00-09:30 Coffee/tea break and group photograph
- 09:30-09:50 Introduction to the workshop (e.g. objectives, programme of activities)
 Dr H. Ogawa, Regional Adviser, Environmental Health, WHO
- Objective 1: To acquire new knowledge in the development of data collection systems, and
 monitoring and utilization of data on childhood drowning; and implementation and
 monitoring of evidence-based interventions to prevent childhood drowning
- 09:50-10:20 Global overview on drowning
 Dr D.R. Meddings, Medical Officer, Violence and Injury Prevention and Disability, WHO
- 10:20-10:50 Building partnerships for drowning prevention
 Mr J. Scarr, Chief Operating Officer, The Royal Life Saving Society Australia
- 10:50-11:20 Lessons learnt in drowning prevention in Asia
 Dr A. Rahman, Technical Director, Centre for Injury Prevention and Research
- 11:20-11:40 Discussion
- 11:40-13:00 Lunch break
- 13:00-15:00 Country presentations
- 15:00-15:30 Coffee/tea break
- 15:30-16:00 Country presentations (continuation)
- 16:00-16:30 UNICEF's experience with drowning prevention in Bangladesh and China
- 16:30 Informal get-together

24 March 2010

- 09:00-09:20 Summary of Day 1 proceedings
Dr K. Rajam, Technical Officer, Violence and Injury Prevention and Disability, WHO
- 09:20-09:50 Issues in data collection
Dr Michael Linnan, Technical Director, The Alliance for Safe Children
- 09:50-10:00 Group work: Introduction to group discussion
- 10:00-10:30 Coffee/tea break
- 10:30-12:00 Group work
- 12:00-13:00 Lunch break
- 13:00-14:00 Group work (continuation)
- 14:00-15:00 Presentation and discussion of group work
- 15:00-15:30 Coffee/tea break
- 15:30-16:00 Designing interventions for drowning prevention
Mr J. Scarr

25 March 2010

- 08:30-08:45 Summary of Day 2 proceedings
Dr C. Santikarn, Regional Adviser, Disabilities, Injury Prevention and Rehabilitation, WHO
- Objective 2: To identify the next steps for developing country-specific action plans for prevention of childhood drowning
- 08:45-09:00 Capacity-building for drowning prevention
Dr D.R. Meddings
- 09:00-10:00 Group work: Developing country-specific interventions for childhood drowning prevention
- 10:00-10:30 Coffee/tea break
- 10:30-12:00 Presentation of country action plans
- 12:00-12:30 Summary
- 12:30-12:45 Closing ceremony

LIST OF DOCUMENTS

WPR/DHP/07/HSE(1)/2010/IB/1	- Information Bulletin
WPR/DHP/07/HSE(1)/2010/IB/2	- Provisional List of Participants, Resource Persons, Representatives, Observers and Secretariat
WPR/DHP/07/HSE(1)/2010.1a	- Provisional Agenda
WPR/DHP/07/HSE(1)/2010.1b	- Tentative Programme of Activities
WPR/DHP/07/HSE(1)/2010/INF./1	- Country Report (Viet Nam)
WPR/DHP/07/HSE(1)/2010/INF./2	- Country Report (Cambodia)
WPR/DHP/07/HSE(1)/2010/INF./3	- Country Report (Philippines)
WPR/DHP/07/HSE(1)/2010/INF./4	- Country Report (Malaysia)
WPR/DHP/07/HSE(1)/2010/INF./5	- Country Report (Singapore)
WPR/DHP/07/HSE(1)/2010/INF./6	- Country Report (Thailand)
WPR/DHP/07/HSE(1)/2010/INF./7	- Country Report (Lao People's Democratic Republic)
WPR/DHP/07/HSE(1)/2010/INF./8	- Country Report (Maldives)
WPR/DHP/07/HSE(1)/2010/INF./9	- Country Report (Indonesia)

OPENING REMARKS BY DR SHIN YOUNG-SOO
WHO REGIONAL DIRECTOR FOR THE WESTERN PACIFIC
AT THE WORKSHOP ON PREVENTION OF CHILDHOOD DROWNING
IN SOUTH-EAST ASIAN COUNTRIES, MANILA, 23-25 MARCH 2010

DISTINGUISHED GUESTS,

LADIES AND GENTLEMEN.

I would like to welcome you warmly to the Workshop on the Prevention of Childhood Drowning in South-East Asian Countries.

About 56 000 children under 15 years of age die from drowning every year in the Western Pacific Region. This makes drowning one of the leading causes of childhood deaths in the Region. For every fatal drowning, there are many more non-fatal cases of drowning, serious enough to require hospitalization. Disability is a tragic consequence of near-fatal drowning among children.

As you are aware, Millennium Development Goal 4 calls for a two thirds reduction in under-5 mortality by 2015. Governments have made great progress in preventing communicable diseases and improving child nutrition.

Nevertheless, we need to enhance our efforts to prevent injuries---including drowning---in children. Injuries significantly affect child development as well.

The Convention on the Rights of the Child, ratified by almost all governments, states that all children have a right to a safe environment and to protection from injury and violence. Safeguarding these rights is a challenge, but it can be achieved through concerted effort.

The 2008 World Report on Child Injury Prevention called for renewed efforts in child injury prevention by Member States as a means of improving child survival.

Implementing this recommendation, particularly in low- and middle-income countries where the problem of drowning is most pressing, will require enhanced capacity. This need will be addressed in this workshop, with the latest knowledge and the sharing of technical experience and lessons learnt. A central issue is the need to strengthen the quality of data on childhood drowning.

Given the complexity of childhood drowning, prevention requires a holistic approach, based on the circumstances and particular pattern observed in each country.

Strategies such as the building of safe bridges; the installation of a safe water supply; building barriers at pools, ponds and other bodies of water; the covering of wells; and the use of floating devices are effective in reducing drowning among children.

The challenge comes in incorporating these ideas into new and existing housing environments. We need to develop innovative community-based projects that are cost-effective and sustainable.

WHO looks forward to cooperation with Member States and partners such as UNICEF, the International Life Saving Federation, Safe Kids Worldwide, and The Alliance for Safe Children to achieve our common goal of preventing drowning among children.

I urge you to participate actively in the discussions and look forward to the outcomes of the workshop. I hope that you will have a fruitful and enjoyable stay in Manila.

Thank you.



World Health
Organization

Western Pacific Region

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