

Child injury prevention

Report by the Secretariat

BACKGROUND

1. In May 2010 the Executive Board at its 127th session considered an earlier version of this report and the draft resolution contained therein.¹ In order to allow time to prepare for a more in-depth discussion, the Board decided to defer consideration of the item to its 128th session in January 2011. Document EB128/19 Add.1 contains the draft resolution initially considered by Board members and additionally reflecting their comments and proposals. Document EB128/19 Add.2 contains the financial and administrative implications for the Secretariat.

ISSUES

2. By the time children reach five years of age, unintentional injuries are the biggest threat to their survival. About 830 000 children² die each year from unintentional injuries; that means that each day the lives of more than 2000 families are irrevocably changed by the devastating loss of a child to such injuries.³

3. Road traffic injuries are the leading cause of death among 10–19 year olds. The five leading causes of death from injury among children of all ages, in order of magnitude are: road traffic injuries, drowning, fire-related burns, falls and poisoning.

4. In addition to these deaths, tens of millions of children require health care and rehabilitation for non-fatal injuries. In 2004 unintentional injuries accounted for 8.1% of all global disability-adjusted life years lost among children under the age of 15 years. For the sake of comparison, malaria accounted for 6.6% and congenital anomalies for 4.4% of disability-adjusted life years lost in this age group.

¹ See document EB127/2010/REC/1, summary record of the second meeting, sections 1 and 5.

² For the purposes of this report, the terms “child” and “children” refer to people under 18 years of age.

³ Peden M et al, eds. *World report on child injury prevention*, Geneva, World Health Organization, and New York, United Nations Children’s Fund, 2008.

5. Boys are particularly at risk from injuries. They tend to have more frequent and more severe injuries than girls, and, although the pattern is less uniform in low- and middle-income countries, the overall gender differential is clear with rates of death from injury around one third higher for males under 20 years of age than for females in the same age group.
6. A striking feature of the global burden of child injury is how inequitably it is distributed around the world, both between and within countries. More than 95% of child injury deaths occur in low- and middle-income countries. The African and South-East Asia regions have the highest rates of child injury whereas high-income countries in the European and Western Pacific regions have the lowest rates. In high-income countries the child mortality rate due to injuries is much lower, but even there injuries still account for about 40% of all child deaths. Studies in countries at all levels of economic development have shown that socioeconomic disadvantage correlates highly with both fatal and non-fatal child injury.
7. Surveillance of unintentional injury among children in Bangladesh, Colombia, Egypt and Pakistan found that nearly half of children with an injury severe enough to require emergency-room treatment were left with some form of disability. For children who survive major injuries, the impact on them and their families may include physical, mental or psychological disability. The consequences may also include loss of family income. Child injury can thus be a precursor to family break up and poverty.
8. In some countries, the proportion of deaths due to injuries among children aged 1 to 4 years old is significant enough that these countries will need to pay attention to child injury in addition to infectious diseases and other priority diseases or conditions in order to attain Millennium Development Goal 4 (Reduce child mortality). Furthermore, the health-system costs and economic losses incurred by countries as a result of child injuries that lead to death or severe disability constrain efforts to attain the Millennium Development Goals.
9. Over and above the relationship between child injury and attainment of the Millennium Development Goals, the Convention on the Rights of the Child (1989) affirms the right of each child to the highest attainable standard of health and to protection from injury and violence. In addition, the Convention on the Rights of Persons with Disabilities (2006) covers the safety and protection of persons with disabilities, which includes children.
10. Child survival initiatives have successfully reduced the percentage of children living in regions of the world with high child mortality from 75% to 20% over the past 30 years. Further improvements in child health will also depend on preventing injury.
11. Preventing injury of children is possible. Examples of effective interventions include: enforcing speed limits, in particular reduced speed limits around schools, in residential areas and near play areas; setting and enforcing laws on drink-driving, wearing bicycle and motorcycle helmets, and using seatbelts; introducing child-restraint systems or "child safety seats"; removing or covering water hazards and fencing swimming pools to prevent drowning; installing smoke alarms; adopting legislation on the temperature of hot-water taps; treating children who have sustained fire-related burns in dedicated burn centres; placing guards on windows to prevent falls; setting up poison control centres; and packaging medicines in non-lethal quantities.

12. Other preventive measures exist. The experience of countries with concrete programmes and multisectoral efforts to improve the safety of physical and social environments shows that dramatic and sustained reductions in rates of child injury are possible. The size of such reductions is striking; death rates from unintentional child injury are 10-fold lower in several high-income countries that have taken preventive measures than they are in many countries where children are at highest risk of injury.

13. Preventing child injury is a shared responsibility. Health ministries, sometimes through designation of a focal point or an injury-specific entity within the health ministry, can play a leading role in collection and analysis of data and dissemination of the resulting information; advocacy; research on risk factors and evaluation; primary prevention; and care and rehabilitation of children with disabilities. Other sectors with an important part to play include those concerned with education, transport, environment, law enforcement, agriculture, construction, and product safety.

14. The multiplicity of sectors with roles to play means there is a benefit to explicit identification of leadership for child injury prevention within a government agency or unit. Such leadership should ensure that critical functions are carried out under clear lines of responsibility, with, for example, collection of national data across relevant sectors quantifying the burden of, risk factors for, and costs of child injury, and that the resources made available are commensurate with the extent of the problem.

15. In resolution WHA57.10, WHO accepted the invitation by the United Nations General Assembly to act as a coordinator on road safety issues within the United Nations system, working in close collaboration with the United Nations regional commissions. Subsequently, WHO has been working within the United Nations system to improve road safety, and this work has involved collaborating with numerous sectors.

16. The Health Assembly in resolution WHA58.23 on disability, including prevention, management and rehabilitation urged Member States to take all necessary steps to reduce risk factors contributing to disabilities in childhood. In resolution WHA60.22, on health systems: emergency-care systems, it recognized that improved organization and planning for the provision of trauma and emergency care were an essential part of integrated health-care delivery and requested the Director-General to provide support and guidance.

17. The joint WHO/UNICEF *World report on child injury prevention* describes how children's abilities and behaviours differ from those of adults, and how this difference influences their risk of injury and the effectiveness of interventions to prevent injury. It consolidates the best available information on patterns of injury and evidence on the effectiveness of preventive interventions. It also makes seven recommendations: integrate child injury into a comprehensive approach to child health and development; develop and implement a child injury prevention policy and a plan of action; implement specific actions to prevent and control child injury; strengthen health systems to address child injuries; enhance the quality and quantity of data for child injury prevention; define priorities for research, and support research on the causes, consequences, costs and prevention of child injuries; and raise awareness of and target investments towards child injury prevention. The report called for international, development and donor organizations to contribute to translating these recommendations into reality.

ACTION BY THE EXECUTIVE BOARD

18. The Executive Board is invited to consider the draft resolution contained in document EB128/19 Add.1 and the financial and administrative implications for the Secretariat contained in document EB128/19 Add.2.

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