Progress reports on selected Regional Committee resolutions:

Injury prevention and safety promotion (SEA/RC63/R2)

The resolution on injury prevention and safety promotion (IPSP), SEA/RC63/R2 of 2010, was adopted by Member States at the Sixty-third Session of the Regional Committee for South-East Asia, with a request for a progress report to be presented to the Regional Committee in 2014. The progress report reveals that all Member States have national policies or plans on injury or violence prevention. Six of the Member States have an injury management unit in their ministries of health and one is in the process of establishing such a unit. These units, with four or more staff members, have made substantial progress in IPSP. About half the member States of the Region have implemented, sustained or budgeted plans for activities outlined in the resolution. However, some have no plans or have plans without a budget for its implementation.

The High-Level Preparatory (HLP) Meeting at the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached working paper and made the following recommendations:

**Action by Member States**

1. Member States should continue the implementation of Resolution SEA/RC63/R2 on IPSP and take ahead the way forward for IPSP in the South-East Asia Region as outlined in the progress report.

**Actions by the WHO Regional Office**

1. Support Member States in implementing various initiatives.
2. WHO should report on the progress made with the activities stated in resolution SEA/RC63/R2 on IPSP and those outlined in the way forward in the Seventy-first Session of the Regional Committee in 2018.
Introduction

1. Globally, injuries have emerged as major causes of mortality and morbidity. According to the World health statistics 2013, the WHO South-East Asia Region has the second-highest rate of injury-related mortality globally (101 per 100,000 population), after the African Region (107 per 100,000 population). The resolution on injury prevention and safety promotion (IPSP) (SEA/RC63/R2) adopted at the Sixty-third session of the Regional Committee for South-East Asia requested a progress report on the subject to be presented before the Regional Committee in 2014 (resolution provided as annex to this document).

2. The WHO Regional Office, in collaboration with all country offices and ministries of health of Member States of the region, conducted a situation analysis of the achievements made in keeping with the Regional Committee resolution on IPSP. The tool for self-assessment was sent from the WHO Regional Office to all Member States. The data were provided by Member States. The results were distributed to each Member State of the Region and presented at the regional meeting of focal points in June 2013. Additional information was obtained from the Global Status Report on Road Safety 2013 and the end-of-biennium 2012–2013 assessment.

Achievements by Member States

3. A few countries (Bangladesh, Democratic People’s Republic of Korea and Thailand) reported having implemented and sustained IPSP in most activities in the resolution. All Member States have national policies or plans on IPSP. Greater progress has been made in establishing national mechanisms at the highest level for road safety and interpersonal violence than for prevention of suicide, drowning and burns. However, these activities are coordinated by the non-health sectors.

4. Six Member States (Democratic People’s Republic of Korea, India, Indonesia, Maldives, Sri Lanka and Thailand) have an injury unit in their ministries of health to implement the injury prevention programme and coordinate with other sectors. Myanmar is in the process of establishing such a unit. The other Member States (Bangladesh, Bhutan, Nepal and Timor-Leste) have plans without budgets to establish injury prevention units in their ministries of health or to strengthen the functions of these units.

5. Eight Member States (Bangladesh, Bhutan, Democratic People’s Republic of Korea, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand) are implementing or have plans with budget for engaging non-health sectors in IPSP at all levels. There are more multisectoral activities but mainly for information exchange and few are for improving service systems or interventions. This is due to the limited budget and the budget ceiling of each sector.

---

6. Activities are planned to support and foster full involvement of communities, civil society, the private sector, nongovernmental organizations (NGOs) and the mass media. These include strengthening IPSP activities as a part of primary health care packages but there is no budget for these activities in most of the Member States. Some road safety training of children and parents, police, lawyers, NGOs and journalists was conducted in India, Indonesia and Thailand.

7. Six Member States (Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Sri Lanka and Thailand) have budgeted plans to strengthen injury-related data systems, and monitor and evaluate injury prevention. Thailand and Myanmar have national injury surveillance systems that generate regular reports and evidence for IPSP. (Myanmar operates without a fiscal budget.) The other Member States have plans but no budget to initiate.

8. For local priorities, seven Member States (Democratic People’s Republic of Korea, Indonesia, India, Nepal, Sri Lanka, Thailand and Timor-Leste) have national policies and budgeted plans for road traffic injuries, and also have a mechanism at the highest level to deal with motorcycle-related injuries. Two Member States (Indonesia and Thailand) promote the wearing of standardized, inexpensive child motorcycle helmets by the highest authorities. The helmets are also manufactured locally and exported globally. A workshop on motorcycle safety, attended by academia and authorities from different sectors, was conducted by the Ministry of Public Health, Thailand. This workshop discussed the differences in certain specifications of motorcycles sold only in Thailand and countries of the Association of Southeast Asian Nations (ASEAN) compared to those manufactured in the country of origin of the manufacturers, and their implications on consumer safety. All Member States provided inputs to the Second Global Status Report on Road Safety, 2013. The third survey on road safety is ongoing. All Member States (except Democratic People’s Republic of Korea and Timor-Leste) are participating in the Global Status Report on Violence Prevention. Interventions for childhood drowning are addressed as local projects in Bangladesh and India, and as a national programme in Thailand. Burns, which predominantly affect women in the Region, are being researched to validate the intention, gender, risks and social factors. Five Member States (Bangladesh, Democratic People’s Republic of Korea, Nepal, Thailand and Timor-Leste) have budgeted plans to establish, implement or sustain national mechanisms at the highest level for suicide prevention.

9. Seven Member States (Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Sri Lanka and Thailand) have implemented, are sustaining, or have budgeted plans to integrate IPSP into public health programmes/policies. Integration of injury prevention into the medical curriculum is adopted by the National Medical Consortium of Thailand and Myanmar. Two medical schools in India have included injury prevention in their undergraduate medical curriculum. An undergraduate nursing curriculum on injury prevention has been piloted and is being implemented countrywide in Thailand and being developed in Sri Lanka. IPSP in children has been integrated into the maternal and child health handbook and programme in Thailand, Indonesia and Sri Lanka. Five Member States (Bangladesh, Democratic People’s Republic of Korea, Nepal, Maldives and Thailand) are implementing, sustaining or have plans and budgets for strengthening IPSP as part of the primary health-care package.
10. Seven Member States (Bangladesh, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Thailand and Timor-Leste) are implementing, sustaining or have budgeted plans to strengthen qualified pre-hospital emergency medical services. All except Bhutan and Nepal have strengthened the trauma care system. However, most still have no budgeted plans to strengthen rehabilitation.

11. Most Member States have no budget for plans/activities to create a network of national and academic institutions and individuals who practise IPSP or organize regular national conferences to share experiences and advance the agenda of IPSP.

12. WHO has provided technical support to Member States as per the stipulations of the resolution. Since 2010, eight important technical and advocacy documents have been developed and published by the Regional Office. The draft document to encourage operational research and adoption of “Alternative, innovative and sustainable sources of financing for IPSP” is being reviewed. WHO coordinates the Decade of Action in Road Safety (2011–2020) and achieved in 5 budgeted national plan for the Decade. A few hospital information systems and injury-related death data system have been enabled in reporting injury by causes. International and national networks of institutions and individuals have participated in the regional workshop and meetings.

**Challenges and lessons learned**

13. An injury management unit is defined differently based on each country’s context and limitations. However, injury units with a full-time, long-term medical and technical staff team of four or more have achieved substantial progress, even with minimal budgets.

14. There is greater political commitment to IPSP, but this has not yet been translated into full action, especially in allocating the government and WHO country budget for IPSP, establishment of injury management units with fulltime staff team, and setting up financial mechanisms to facilitate a non-fragmented government budget for multisectoral interventions.

15. While multisectoral collaboration is important, intra-ministerial collaboration and integration of IPSP into routine service systems in the ministry of health are also important. Weak basic health information systems, and unclear policies for responsibility of the epidemiology and health information divisions in generating epidemiological information on major injury by causes, hinders improvement of the injury related data systems.

**Way forward**

16. Appeals member state to:

   (1) Modify and improve guidelines/protocols and services to integrate IPSP is required more than just train the people.

   (2) Emphasize population-wide public health interventions rather than focused interventions on high-risk groups.
(3) Strengthen the roles of health professionals, focusing on: (a) identifying, improving/strengthening the functions and responsibilities of doctors, nurses and health workers in supporting IPSP and develop IPSP guidelines/handbook for hospital and special clinic settings (e.g. ANC, parental training/counselling clinic, well-baby and occupational health clinic; all hospital departments, pre-hospital services and home visit team). Training should follow afterward; (b) Requesting medical and nursing councils to encourage members to advocate and be the role models for IPSP; (c) Revisiting and improving the requirements for medical certificates for each type of driver’s license.

(4) Establish innovative budget sources and financial mechanisms to facilitate multisectoral collaboration.

17. Strengthen consumer protection, monitor and control the advertisement of automobiles, motorcycles, alcoholic beverages and any products that promotes risk behaviours and violent settings.

18. Develop and implement an IPSP curriculum for nursery, kindergarten and primary schools that addresses local priorities.

Conclusion and recommendations

19. The resolution on IPSP (SEA/RC63/R2) of 2010 is still relevant and countries are strongly encouraged to continue its implementation. An injury management unit in the ministries of health with full-time staff team is the determining factor to achieve substantial progress even with limited budgets. The way forward as above are an important addition to SEA/RC63/R2 to promote IPSP.

20. Resources should be allocated in proportion to the burden of disease/injuries. Adoption of the World Health Assembly and Regional Committee resolutions should be followed by adequate budget allocation by WHO and national governments.

21. WHO should report the progress made by IPSP programmes in the Region to the Seventy-first Session of the Regional Committee in 2018.