Policy briefing 2

Developing national policy for injury prevention

Rationale

Injuries are a preventable yet neglected epidemic in the 53 countries of the WHO European Region accounting for 8% of the deaths (790 000 deaths) and 14% of the burden (21 million disability-adjusted life years or DALYs) in 2002.[1,2] The health care costs and economic losses to society are enormous, and for road traffic injuries alone, the latter amount to 2% of gross domestic product.[3] Injuries represent a major health threat to every country in the Region and left uncontrolled would pose an even greater economic threat.

Recent advances in science and practice have suggested that most injuries are preventable through a public health approach.[4] This is a science-based approach that requires a multisectoral response with programmes targeting risk groups or entire populations to decrease the burden of injuries. To do so requires the use of policy tools that include setting the vision, targets and strategies, using independent research and data analysis, and using performance indicators for monitoring and public opinion surveys.

As injuries can happen in any setting, to anyone, and at any time, the preventative responses required need to be comprehensive. Such preventive action thus requires the involvement of many stakeholders from the different sectors (such as health, justice, transport, social welfare, education) and disciplines (such as doctors, police, lawyers, engineers, teachers, social workers).[5,6] Each sector has a specific role to play, and the development and implementation of national policies is a rational way of obtaining the commitment and coordinating the efforts, roles, responsibilities and resources of the many actors involved.[7,8] The lack of such coordination may lead to an incomplete response, which may be fragmented and where there may be duplication and/or divergence of efforts. A policy will have essential elements that include a vision, with targets, actions, resources, and actors required to successfully implement it over a defined time scale.

There have been recent international policy developments at the global level with World Health Assembly (WHA) resolutions that ask Member States to make a more concerted effort to prevent injury and violence:

- WHA56.24: *Implementing the recommendations of the* World report on violence and health;
- WHA57.10: *Road safety and health*;
- United Nations General Assembly resolution 58/289: *Improving global road safety*.

In Europe, injury prevention has also received policy priority principally through:

- WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region;
- Communication from the Commission to the European Parliament and the Council on actions for a safer Europe COM(2006) 328 and the Council Recommendation on the prevention of injury and the promotion of safety adopted in 2007.

Both the Regional Committee resolution and the Council Recommendation recognize that organized efforts of society are needed to mount the public health response to decrease the relentless daily toll of injuries and to promote safety in the Region.[9,10] In this regard, both European policies recommend more concerted national action through the development of national policies and action plans. This requires reshaping the role of the health sector to embrace a wider response capacity, which includes but goes beyond providing services for victims.[8] The current policy briefing focuses on the contribution that the health sector can make to developing national policy or plans for injury prevention. It draws upon the World Health Organization's Developing policies to prevent injuries and violence: guidelines for policy-makers and planners, as well as other references.[7]

Aim

The aim of this policy briefing is to highlight the key steps needed to formulate national policies and to act as a guide for the health sector on how to proceed in developing injury prevention policy. It is targeted at policy-makers working in the health sector, nongovernmental organizations, and other injury prevention practitioners.

What is a national policy on injury prevention?

A national policy on violence and injury prevention is a document that sets out the main principles and defines goals, objectives, prioritized actions and coordinated mechanisms, for preventing intentional and unintentional injuries and reducing their health consequences (see Box 1).[7] Policy

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and legislation are intricately linked, and policy may require the drawing up of legislation. Laws may be a key component of the policy, such as those on drink–driving and speeding for a policy on road safety. Specific legislation may be drafted as part of the policy and may be a key part of its implementation. Whereas a policy may not be legally binding in itself, if legislation is drawn up as part of it, then it clearly is. Injury prevention policies may thus intervene at the level of policies and practices of governments and large institutions, by introducing laws and regulations, by regulating the commercial marketing practices of industries or by curbing the activities of counter-health lobbies.

The process of forming a national policy is very important because if done correctly it ensures long-term political commitment, ownership by the different partners, clarification of roles, development of realistic targets, commitment of resources and hence greater likelihood of success.

Box 1. Is there any difference between a policy and a plan?

In most settings, a national policy is regarded as a set of guiding principles or rules intended to influence decisions or actions to achieve intended goals in injury or violence reduction. A national action plan may instead be more prescriptive and consist of operational programmes that set out planned activities to achieve certain outcomes over a defined period of time, and that may also provide guidance on how to implement, monitor and evaluate these activities. National action plans are therefore an interpretation of how to operationalize national policy. Developing national policy may be the first essential step in this process. Whereas this briefing focuses mainly on the formation of national policy, the processes needed for the formulation of both policy and action plans are essentially similar.

Why develop a national policy on injury prevention?

A national policy for injury or violence prevention provides the necessary vision and framework to achieve the goals of reducing mortality and disability from injury in a coordinated way. Box 2 summarizes some of the reasons for developing a national policy

Box 2. Why develop a policy for violence and injury prevention?

1. Set a common vision, objectives and strategies
2. Give coherence and visibility at the political level
3. Identify possible conflicts and inconsistencies in legislation
4. Obtain adequate resources and optimize their use
5. Channel efforts in the same direction
6. Define roles and responsibilities
7. Avoid overlap and gaps in programme development.

The role of the health sector

Effective injury prevention requires multi-agency working at the international, national and local level. The health sector has an important role to play in developing policy and plans for prevention, ranging from leadership and coordination to a participatory role, according to the type of injury. For burns, drowning and falls, the health sector is likely to have the lead role in ensuring national policy development. In the case of violence and road safety, the role may be catalytic as a change agent through advocacy, or supportive through surveillance and evaluation, with the transport and or justice sectors having the lead. Box 3 lists the potential roles for health.[7]

Box 3. Role of the health sector in developing national policy	
Role	**Activity**
Leadership	Make initial situation assessment, raise awareness among partners, advocate for political support and set up a mechanism for multisectoral planning
Coordination	Provide a collaborative environment for working across institutions
Catalysis (change agent)	Prepare national report on the extent of the problem so as to fuel debate but other sectors could lead
Supportive	Provide surveillance data and use this for outcome measurements in evaluation and research

How to get injury and violence prevention on the policy-making agenda?

A number of international and European policy initiatives (see above) could be used to foster political support locally and to legitimize the need for coordinated prevention planning, in order to overcome the large injury burden. The WHA resolutions, the Regional Committee resolution and the Council Recommendation are not legally binding, but give ministries of health and other organizations a mandate to develop policies for injury and violence prevention, and would be one way of fostering political support. In some cases, the ministry of health focal person for violence and injury prevention may be leading the policy development process (such as in Austria, Cyprus, Greece, The former Yugoslav Republic of Macedonia and the United Kingdom,); if not it is nevertheless essential to have their commitment.[1,9] In other cases, civil society, such as professional associations or nongovernmental organizations, may act as change agents for political action. Policy-making is carried out by all governments and as such the process may vary from place to place. The conditions that influence whether an issue gets onto the policy agenda are summarized in Box 4.[11] Clearly for injury or violence prevention, most of the conditions are already met, but the team leading on making policy may want to emphasize these and "take advantage" of situations such as a bus disaster or a multiple homicide when the issue of safety is at the front of the public's and the media's mind.[12,13] Such emotionally charged events would represent opportunities to use such attention to highlight the need for policy action by emphasizing the benefits of national action to stakeholders, including the press.

Box 4. Conditions influencing whether issues get on the policy agenda

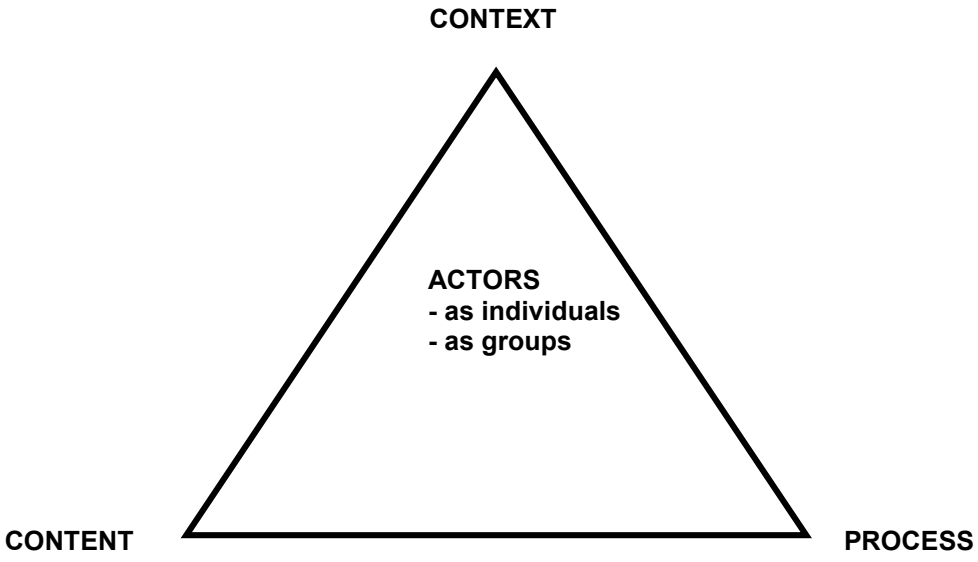
- When, owing to its magnitude, an issue can no longer be ignored
- When there is a particular example of a larger issue
- When there is a "human interest angle"
- When the impact of not addressing the issue affects a large proportion of society
- When inaction on a particular issue could raise questions about power and legitimacy in a society
- When government is encouraged to take action by pressure groups
- When it is "fashionable" for authorities to address a particular issue

Fig. 1 illustrates the inter-relationship of the actors (stakeholders), the context (the policy environment and country), and the content of the policy (injury prevention), which needs to be considered in the formation of the policy process.[12] The importance of this figure is that it emphasizes the complexity of the policy-making process and the different forces that need to be considered for the successful formulation of policy.

Several factors have been identified in political decision-making and need to be considered.[14] When involving stakeholders, these should include not only proponents of the policy (such as health professionals and nongovernmental organizations) but also opposition groups (such as a powerful industrial lobby). Consideration also needs to be given to how the content of the

measure fits in with the overall economic and regulatory policies of the government (for instance an economic policy context that promotes free market versus intervention), to how the issue is presented and the debate framed, to what public opinion may be (for instance alcohol regulation may be an unpopular part of the content) and to the strength of political leadership provided (whether government ministers as key actors wish to take a lead or be more passive). These are some of the key issues in the policy process.

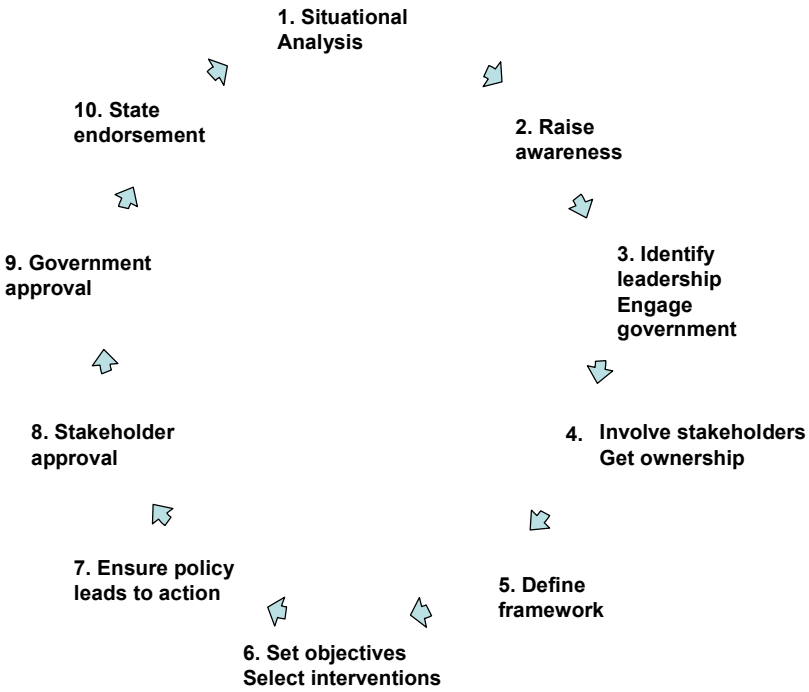
Fig. 1. The process of policy development



Ten steps to policy development

Fig. 2 outlines the steps that may be needed in policy development.[7] Steps 1–4 are concerned with initiating the policy development process, followed by the actual formulation of the national policy itself (steps 5–7). The final phase of the process involves endorsement of the policy as shown in steps 8–10. These are presented in a sequence although some may precede others or occur concurrently such as 1, 2 and 4 or 8 and 9.

Fig. 2. Ten steps to policy development[7]



Step 1. Situation analysis. This defines the extent and causes of injury

- *An epidemiological assessment* involves peer review papers, grey literature and routine information sources both from the health sector (emergency department and hospital admissions), vital registration (mortality) and other stakeholders in other sectors such as transport, police, social services (for information on road traffic injuries, violent crime, child care etc.). This information will be an important baseline for the evaluation and monitoring of policies and programmes.
- *A stakeholder analysis* identifies all possible partners with an interest in violence and injury prevention and will include other government departments, nongovernmental organizations, community leaders and institutions likely to be affected by the policy. It is important to engage these early so as to foster ownership and to engage important sources of information.
- *An assessment of the current policies* on injuries and violence is important as a baseline to determine their success or failure in implementation.
- *An appraisal should be made of existing effective interventions* in the country and potential interventions, which can be sourced from the literature and adapted to local contexts. Information on evidence-based interventions and programmes have been summarized in *World report on violence and health, World report on road traffic injury prevention*, as well as other sources, depending on the area of interest for the policy.[1,3,5,6,15,16]
- *The local capacity* to respond to injuries and violence by developing and implementing prevention programmes needs to be estimated.

Step 2. Raise awareness. Communication, awareness raising and advocacy can influence public opinion and policy-makers and are a crucial part of the policy process. The target groups are law-makers, manufacturers and the public; this is best done in partnership with nongovernmental organizations and interest groups with the help of the media. It may be best to exploit an opportune moment when safety issues are being highlighted by the media, or to coincide with international days such as International Women's Day to promote the prevention of domestic violence. Alternatively, international conferences or political mandates can be used as a hook, as was used in Austria (Box 5).

Box 5. Austrian programme for the prevention of unintentional injuries, 2006–2010

The Austrian programme for the prevention of unintentional injuries 2006–2010 was announced at the First European Conference on Injury Prevention and Safety Promotion in Vienna in June 2006. This was also during the Austrian presidency of the European Union (EU). The occasion was used to give the plan greater visibility and importance. Austria therefore became one of the first EU countries to develop a plan in response to the Regional Committee resolution and the Commission Communication.[17] As part of the 2-year development process of the plan, great care was taken to ensure adequate consultation with involved ministries. The vision in the plan is that Austria should become one of the safest countries in the EU, with targets to reduce by 2010 fatal accidents by 25%, fatal accidents in children by 50%, and morbidity by 10%. The plan is due to be ratified by parliament.

Step 3. Identify leadership and foster political commitment. Political commitment and leadership are required for successful policy development and endorsement. The lead agency, which could be the ministry of health, has to create a supportive environment that ensures cooperation and input from partners from different sectors and agencies with clear delineation of responsibilities. Ideally this should be at senior level with intersectoral committees that represent the interests of the various government departments and other agencies. Such a body would benefit from high-level political support. Interdepartmental working ensures that safety is put high on the priority agenda of concerned agencies and their policies.

Step 4. Involve stakeholders and foster ownership. Involvement of stakeholders is critical to fostering ownership, from the whole range of actors, from government departments, parliament, nongovernmental organizations, special interest groups, users/citizens, the private sector, industry, the media, and other institutions and members of civil society who stand to gain or lose

by a policy. Each actor brings different experience and interests to the table and consultation will enrich the process and foresee constraints and enabling factors (see Box 6). The kind and level of resistance that might be encountered by different stakeholders need to be understood so as to develop counteracting strategies. Defining these interests would be part of the situation analysis. It is important to engage partners early in order to get their true involvement.

Box 6. Child Safety Action Plan project

The Child Safety Action Plan project is working with 18 countries to develop national plans and aims to raise awareness of the issue, develop plans for effective action by government, industry, professionals, academics and other members of civil society.[18] The project is led by the European Child Safety Alliance in partnership with the European Commission, WHO, the United Nations Children's Fund (UNICEF) and the Health and Environment Alliance. Partners are engaging government departments and a range of stakeholders through a guided planning process to ensure ownership of multidisciplinary national plans. By 2007, the project aims to achieve:

- significant progress toward government endorsed national child safety action plans in participating countries;
- comparable child injury indicators to assist countries to assess progress;
- a good practice guide.

Step 5. Formulate policy framework. Stakeholders need to agree to the broad policy framework, which encompasses the broad goal of the policy, the time period to achieve it and the guiding or ethical principle. The latter may be for example one of human rights, social justice or equity for health.

Step 6. Set objectives and select interventions to achieve them. The objectives contain the detailed health outcomes in terms of injury mortality or morbidity or incidence of violence that are expected to be achieved over a specified time period, and compared against a baseline assessment. The latter is usually a 10-year period and achieving this requires monitoring over the duration of the policy, having interim targets or indicators and defining evidence-based interventions that will result in the desired objectives. These will need to be allocated to the implementers as part of their roles and responsibilities.

Step 7. Ensure policy leads to action. This is achieved by setting priorities for action (for example the Ministry of Health in Cyprus chose to tackle child injury prevention in the first instance), by defining responsibilities and by providing a coordination mechanism through a lead organization identified in the policy document. This requires an assessment and statement of the resources needed, both financial and human, including training to build capacity. Defining mechanisms for monitoring and evaluation are important in the plan to ensure that it is well evaluated and therefore likely to be successful.

Step 8. Stakeholders' approval. After drafting the policy, approval from stakeholders must be sought. This is often in the form of a consultative meeting where views on the policy are sought. It is important to anticipate and be ready to accommodate different stakeholder views. After a new draft is written to reflect these, approval and commitment to the policy should be sought. In some countries, it is necessary to obtain government approval before approaching stakeholders.

Step 9. Government approval. A formal approval process by government is needed. This may require approval by the minister of health, and then the cabinet or interministerial council. It may be important to find an individual who takes on the leadership role for this task. If high political support is obtained, then resource mobilization and commitment from relevant actors is easier.

Step 10. State endorsement. As the policy will require involvement of several ministries and may stretch over several years, it is desirable to obtain endorsement in parliament and be given a legal basis. This may take a few months, so it is important to start implementing the policy before seeking approval.

Way forward in the WHO European Region

Developing a national plan or policy on injury and/or violence prevention is an important process and sufficient development time and resources should be devoted to it, to maximize its likelihood of endorsement by the state, followed by implementation by all the partners in a coordinated way Monitoring, evaluation and dissemination are important parts of implementation of the policy.[19,20] Depending on the setting, building of local capacity may also be a critical element. The development of national policies and plans has been endorsed by the WHO Regional Committee for Europe as one way of achieving this. There is a requirement for Member States to report on progress made in the prevention of injury and violence to the Regional Committee in 2008. To help partners to develop policies and plans, a web-based directory of injury and violence prevention policies and plans, and a guided planning process, with tools to monitor progress, are being developed for the European Region.[21]

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