



PREVENTING INJURIES IN EUROPE



**From international collaboration
to local implementation**



EXECUTIVE SUMMARY



INJURIES, whether intentional or unintentional, are the third leading cause of death in the World Health Organization (WHO) European Region and pose a threat to economic and social development. Preventing injuries is a critical public health challenge in the Region. Resolution EUR/RC55/R9 on the prevention of injuries in the WHO European Region (September 2005) and the European Council Recommendation on the prevention of injury and the promotion of safety (May 2007) provide a public health framework for action that includes the support of Member States in addressing this problem more comprehensively. These have placed injury and violence prevention firmly on the public health agenda.

Aims and methods

This report presents the results of a three-year collaboration between WHO and the European Commission on a project on progress made in implementing the WHO European Regional Committee Resolution and European Council Recommendation on the prevention of injury

and the promotion of safety. An additional aim is to report on the development of web-based tools comprising a database of country profiles compiled through a questionnaire survey and an inventory of national policies.

A database of country profiles has been developed using a questionnaire survey and WHO information sources such as the Health for All database, using similar methods to that described in *Progress in preventing injuries in the WHO European Region*. In 2009, there were questions on whether 78 evidence-based programmes for the primary prevention of 10 types of injury and violence are being implemented. These were selected from a WHO guide based on good or promising evidence of effectiveness, which was developed using systematic reviews of the literature. In addition, 21 questions were added on programmes for the prevention of alcohol-related harm and those targeting the reduction of socioeconomic disparities in injuries and violence.

Health ministry focal people for preventing injuries and violence received and completed the questionnaire electronically. They provided

information on progress in delivering key items of resolution EUR/RC55/R9 and on implementing evidence-based programmes to prevent unintentional injuries (road traffic, poisoning, drowning, falls and fires) and violence (youth violence, child maltreatment, intimate partner violence, elder abuse and self-directed violence). This information was analysed to provide a regional overview and country profiles. An inventory of national policies on preventing injuries and violence was collated. After being verified by focal people, the country profiles were uploaded on the WHO Regional Office for Europe web site to act as a resource and catalyst for action. Responses on 47 of 51 WHO European Member States with at least one focal person were obtained; of these, 25 are from the European Union (EU) and 10 from countries in which Russian is widely used. Of the country respondents (21 from EU countries) who returned a questionnaire in 2008, 37 returned one in 2009. Identical items are used to assess progress at these two points in time.

Progress made

Good progress is taking place, and resolution EUR/RC55/R9 and the European Council Recommendation catalysed change; 75% of the responding countries stated that the resolution had placed violence and injury prevention higher on the national policy agenda and had helped to stimulate action. During the past year, progress has been reported in the following items of resolution EUR/RC55/R9 and the European Council Recommendation on the prevention of injury and the promotion of safety: developing national policy in 67% of countries, surveillance in 74%, multisectoral collaboration in 78%, evidence-based emergency care in 61% and capacity-building in 63%. In terms of national policy development, 60% of countries have overall national policies for preventing injuries and 46% for preventing violence. The development of national policies for individual types of injury and violence varied. Whereas most countries had a national policy on road safety (95%), half or less had national policies for preventing other unintentional injuries. For preventing violence, 71% of responding countries had national policies on child maltreatment, 76% on preventing intimate partner violence, 64% on preventing sexual violence, 62% on youth violence and less than half on preventing elder abuse and self-directed violence. The number of countries with national policies has increased considerably since 2008; the largest increase has been for those concerned with preventing violence and the least for preventing fires, poisoning and drowning.

Of the 99 programmes assessed for preventing injuries and violence, the median¹ implementation score was 73% for all these together. The median was 72% for preventing unintentional injuries and 81% for preventing violence. The median values for individual types of unintentional injury ranged from 81% for preventing road traffic injuries to 60% for preventing fires, and for preventing violence this ranged from 100% for preventing child maltreatment to 67% for elder abuse and neglect. The median value was 76% for all the alcohol-related interventions combined, 71% for the fiscal and legal measures and 67% for the health system-based programmes. In many countries, policies were implemented in selected geographical areas rather than nationally. Progress has also been made between 2008 and 2009 in preventive programming for most types of injuries and violence, although progress has been minimal for some types such as drowning, fires, elder abuse and youth violence. This mapping exercise has shown that the health sector needs to commit to more widespread implementation of effective programmes both in number and coverage and to engage with other stakeholders in a multisectoral response to prevent injuries and violence.

The use of a survey has limitations of validity, reliability and completeness, but these findings are nevertheless an important baseline against which to measure progress for future evaluation and as a resource to advocate for greater action. The use of policy indicators needs to be supplemented in the future with epidemiological indicators to properly evaluate change.

How this progress has been achieved

Countries have shown increased interest in working in this previously neglected area. Momentum has been gained through a combination of World Health Assembly resolutions, resolution EUR/RC55/R9 and the European Council Recommendation on the prevention of injury and the promotion of safety, which have catalysed action. The number of countries working through biennial collaborative agreements with WHO has increased from 5 in 2004–2005 to 18 in 2010–2011. WHO has been working with countries to develop national policy (16 countries) and injury surveillance (13 countries).

¹ The median value is the value in the mid-point of the distribution. Thus it means that 50% of countries implement less than 73% of the interventions and 50% implement more than 73%.

Subregional train-the-trainer workshops using the WHO TEACH-VIP (Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention) curriculum have been held for countries in which Russian is widely used and countries in the South Eastern Europe Health Network. Capacity-building workshops have been held in a dozen countries using TEACH-VIP, which has been translated into eight languages (Hungarian, Latvian, Lithuanian, Macedonian, Romanian, Russian, Spanish and Turkish). Work is ongoing to mainstream the TEACH-VIP curriculum into health professional training. A new module on alcohol and violence has been developed. Lessons in national policy-making, advocacy and surveillance that are relevant for a European audience are being piloted. Mentoring workshops in the Nordic and Baltic subregion and in the southern and central Europe subregion are being held to promote the exchange of expertise.

Five European network meetings of health ministry focal people for preventing violence and injuries have been held, and the focal people have proven to be a conduit for the exchange of best practice and experience. Joint working has increased with other networks and with other international organizations, including the European Commission and civil society networks. The *European report on child injury prevention* has been launched in 13 countries, further advocating for evidence-based action to combat this leading cause of child death. A project on the global status report on road safety involved 49 countries and promoted intersectoral collaborative working between health and other sectors. Launches are being planned to advocate for road safety.

Conclusions and way forward

Encouraging progress has been made in implementing resolution EUR/RC55/R9 and the European Council Recommendation on the prevention of injury and the promotion of safety. The health sector and partners need sustained action to decrease the inequality in violence and injury between and within countries of the WHO European Region. The progress mapped in this report is encouraging and underlines the fact that future success can only be sustained through political and resource commitment by countries and international organizations. The key steps forward are listed below.

1. Build on current achievements with greater development of national policies and achieve more widespread implementation of evidence-based programmes in countries in the Region.
2. Reinvigorate political commitment and collaboration between WHO, the European Commission, countries and civil society to maintain the momentum that has been achieved.
3. Use research and routine information systems to evaluate programmes with an emphasis on using outcome indicators to increase the body of knowledge in the Region.
4. Improve access to reliable and comparable injury surveillance information to make the extent, causes and consequences of the problem more visible across the Region.
5. Step up existing efforts in building institutional capacity and train health professions from health and other sectors by mainstreaming courses such as TEACH-VIP into educational curricula.
6. Address the capacity-building needs to improve high-quality trauma care services in the Region.
7. Maintain support for the existing network of health ministry focal people for preventing violence and injuries and promote the exchange of experience and expertise at the subregional level.
8. Seek new opportunities and make better use of collaborative working with other sectors and networks, including academe and civil society organizations.
9. Conduct future evaluations using comparable policy indicators to those reported here and outcome measures.
10. Ensure that international collaboration that results in local implementation is sustained.
11. Increase investment in resources and political commitment to:
 - exploit the above opportunities to the fullest;
 - build on existing progress;
 - fill the gaps identified in this report; and
 - increase momentum in Member States and the Region.

Violence and injuries in the WHO European Region represents a major and largely avoidable public health problem. Cost-effective preventive strategies exist and need to be applied through multisectoral approaches. The key steps forward are listed below.

- Build on current national achievements with a greater emphasis on the development of national policies.
- Achieve more widespread implementation of evidence-based programmes in countries in the Region as defined in the report.
- Reinvigorate political commitment and the governance role of the health sector to engage other sectors and stakeholders for a multisectoral response.
- Strengthen collaboration between WHO, the European Commission, countries and civil society to maintain the momentum that has been achieved.
- Improve access to reliable and comparable injury surveillance information to make the extent, causes and consequences of the problem more visible across the Region.
- Step up efforts in building institutional capacity and train professions from health and other sectors by using the TEACH-VIP course.
- Address the capacity-building needs to improve quality of trauma care services in the Region.
- Maintain support for the exchange of experience between the network of Ministry of Health focal people for preventing violence and injuries.
- Address risk factors such as alcohol and socioeconomic inequalities.
- Increase investment in resources and political commitment to fill the gaps identified in this report.

This document summarizes the key findings of the WHO report *Preventing injuries in Europe: from international collaboration to local implementation*. The report presents the final results of a three year collaborative project between WHO and the European Commission funded by SANCO in the framework of the Public Health Programme (2003–2008) (2006WHO02 Prevention of injuries): Implementation of the European Council Recommendation on the prevention of injury and the promotion of safety and WHO Regional Committee resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region.

Key items of the European Council Recommendation on the prevention of injury and the promotion of safety and WHO Regional Committee for Europe resolution RC55/R9 on the prevention of injuries

- To support Member States in their efforts to strengthen injury prevention and to draw up national action plans.
- To facilitate the identification and sharing of good practice in the prevention of violence and unintentional injuries.
- To stimulate and support the network of national focal points and further develop collaboration with other relevant networks of experts and professionals.
- To provide assistance in building capacity at the technical and policy level in order to strengthen national response to injuries to include surveillance, evidence-based practice and evaluation.
- To provide technical assistance to improve prehospital treatment and care for victims of unintentional injuries and violence.
- To promote the development of partnerships and collaboration with the European Union and other international organizations.

The WHO Regional Office for Europe

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World Health Organization Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18.
E-mail: postmaster@euro.who.int
Web site: www.euro.who.int

For more detail, see the following publication:

Sethi D et al., *Preventing injuries in Europe: from international collaboration to local implementation*. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications>)

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