



Challenges in preventing injuries and violence in Europe

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www.euro.who.int/violenceinjury

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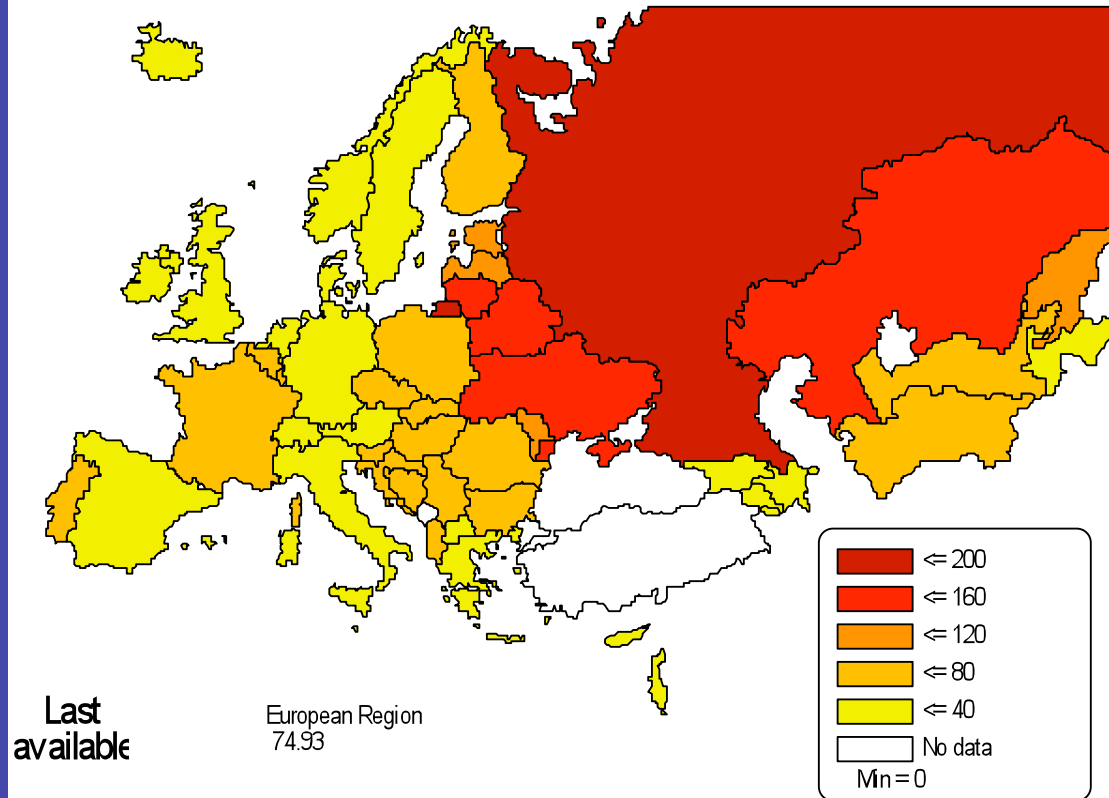


Outline

- Burden and inequalities
- European policy developments
- WHO and EC collaborative project to evaluate progress in prevention
- Results of assessment
- Constraints
- Way forward

800 000 deaths from injuries each year..

SDR, External causes of injury and poisoning, per 100000



Leading cause of death among people aged 5 - 44 years

Large inequalities between and within countries

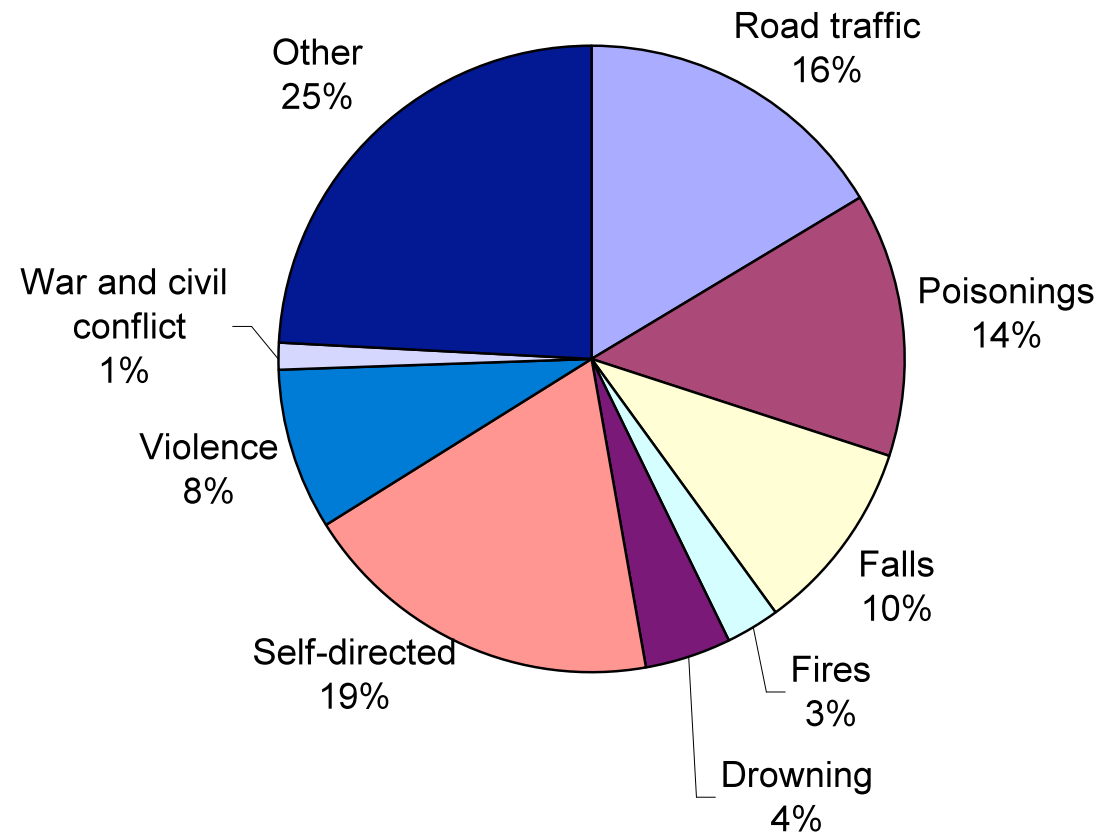
Large societal costs (2 % GDP for road traffic injuries alone)

Effective preventive measures exist

Rates in the CIS are 4 times higher than the EU.

Within the EU there is almost a 6 fold difference in the countries with the lowest (NTL) and highest (LTU) rates.

Leading causes of death in WHO European Region



GBD 2004

In the EU the 5 leading causes of injury death are self-directed violence, road traffic, falls, poisoning and drowning

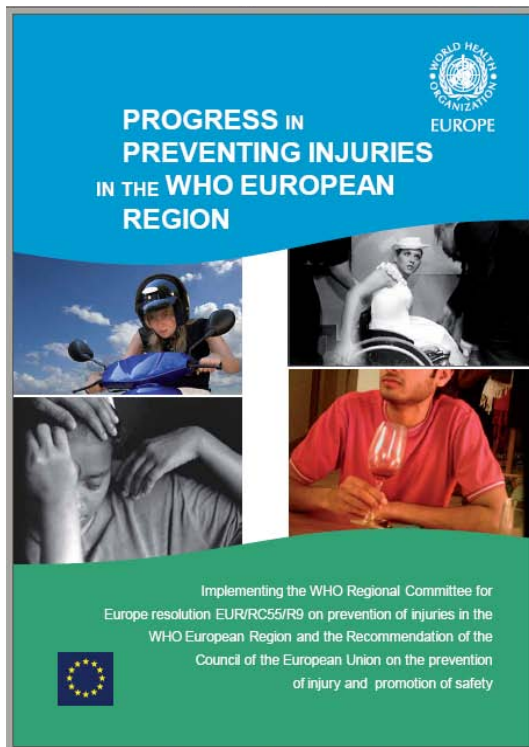


Framework for action in Europe: Resolution RC55/R9 and Council Recommendation on Prevention of injuries and promotion of safety

- Develop national plans
- Improve national surveillance
- Strengthen national capacity
- Prioritize research in primary prevention and trauma care
- Promote good practice
- Support network of focal points for VIP


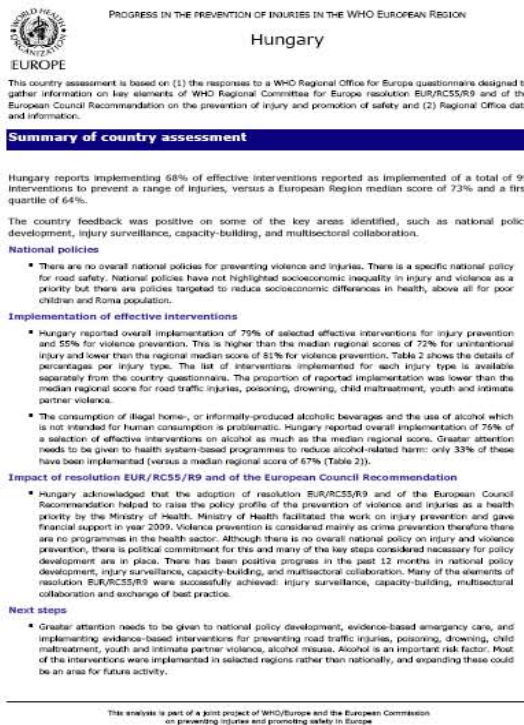
74% of respondent Member States report in 2009 that these policy documents have catalysed action

WHO project funded by DG SANCO



PROGRESS IN PREVENTING INJURIES IN THE WHO EUROPEAN REGION

Implementing the WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region and the Recommendation of the Council of the European Union on the prevention of injury and promotion of safety

PROGRESS IN THE PREVENTION OF INJURIES IN THE WHO EUROPEAN REGION
Hungary

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Hungary reports implementing 68% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance, capacity-building, and multisectoral collaboration.

National policies

- There are no overall national policies for preventing violence and injuries. There is a specific national policy for road safety. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but there are policies targeted to reduce socioeconomic differences in health, above all for poor children and Roma population.

Implementation of effective interventions

- Hungary reported overall implementation of 75% of selected effective interventions for injury prevention and 55% for violence prevention. This is higher than the median regional score of 72% for unintentional injury and lower than the regional median score of 82% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for road traffic injuries, poisoning, drowning, child maltreatment, youth and intimate partner violence.
- The consumption of illegal home-, or informally-produced alcoholic beverages and the use of alcohol which is not intended for human consumption is problematic. Hungary reported overall implementation of 76% of a selection of effective interventions on alcohol as much as the median regional score. Greater attention needs to be given to health system-based programmes to reduce alcohol-related harm: only 33% of these have been implemented (versus a median regional score of 67% (Table 2)).

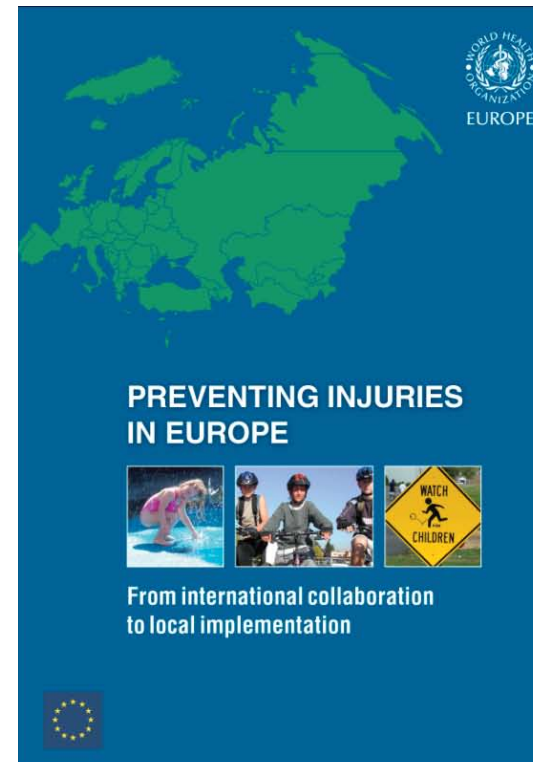
Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Hungary acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Ministry of Health facilitated the work on injury prevention and gave financial support in year 2009. Violence prevention is considered mainly as crime prevention therefore there are no programmes in the health sector. Although there is no overall national policy on injury and violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building, and multisectoral collaboration. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building, multisectoral collaboration and exchange of best practice.


Next steps

- Greater attention needs to be given to national policy development, evidence-based emergency care, and implementing evidence-based interventions for preventing road traffic injuries, poisoning, drowning, child maltreatment, youth and intimate partner violence, alcohol misuse. Alcohol is an important risk factor. Most of the interventions were implemented in selected regions rather than nationally, and expanding these could be an area for future activity.


This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe



PREVENTING INJURIES IN EUROPE



From international collaboration to local implementation



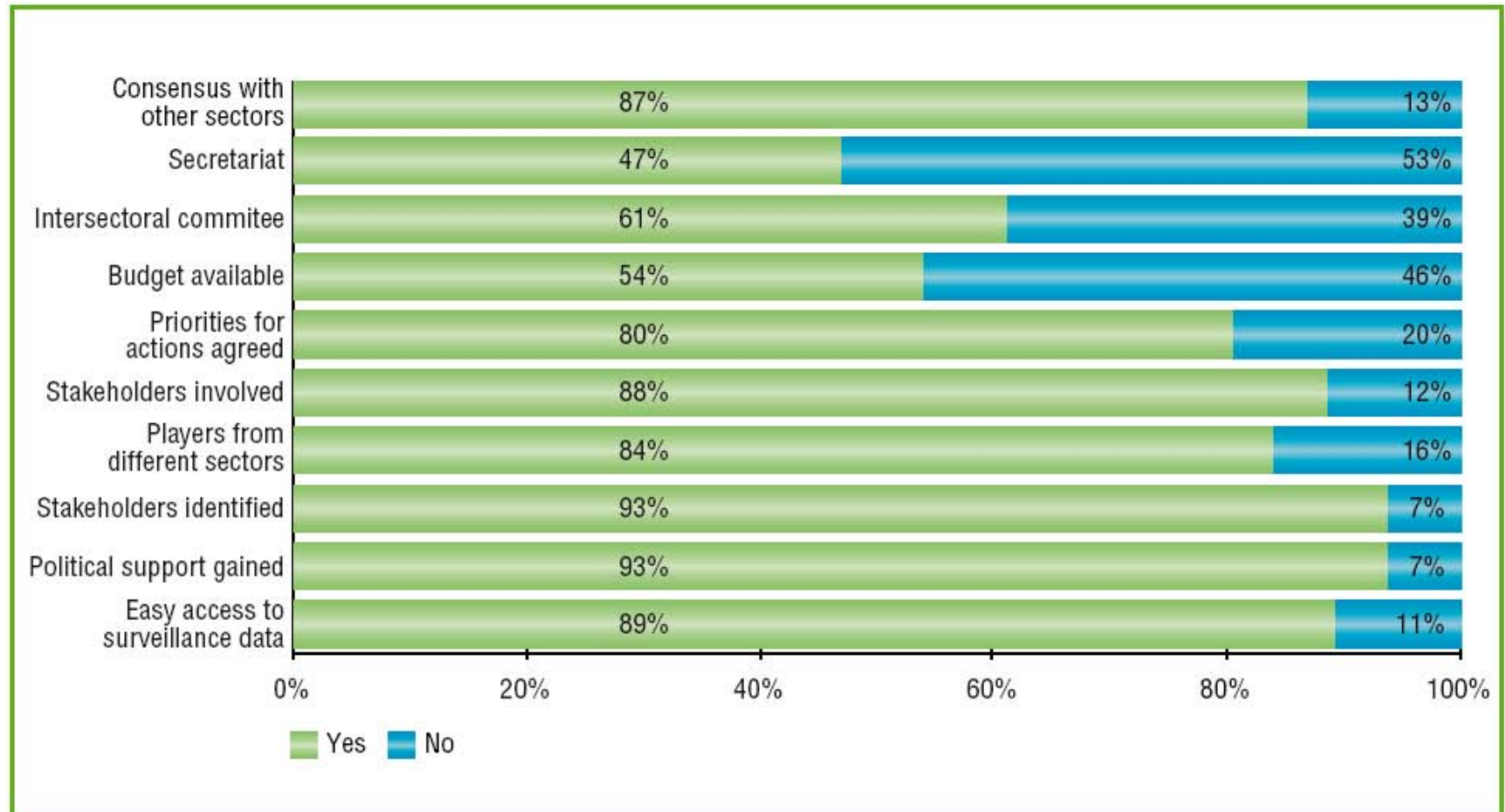
- Web based:
- European inventory of national policies
 - Monitoring and reporting tool
 - To share experiences in national policy
 - To provide support to policy development
 - To build capacity



Approach taken in joint WHO-EC project?

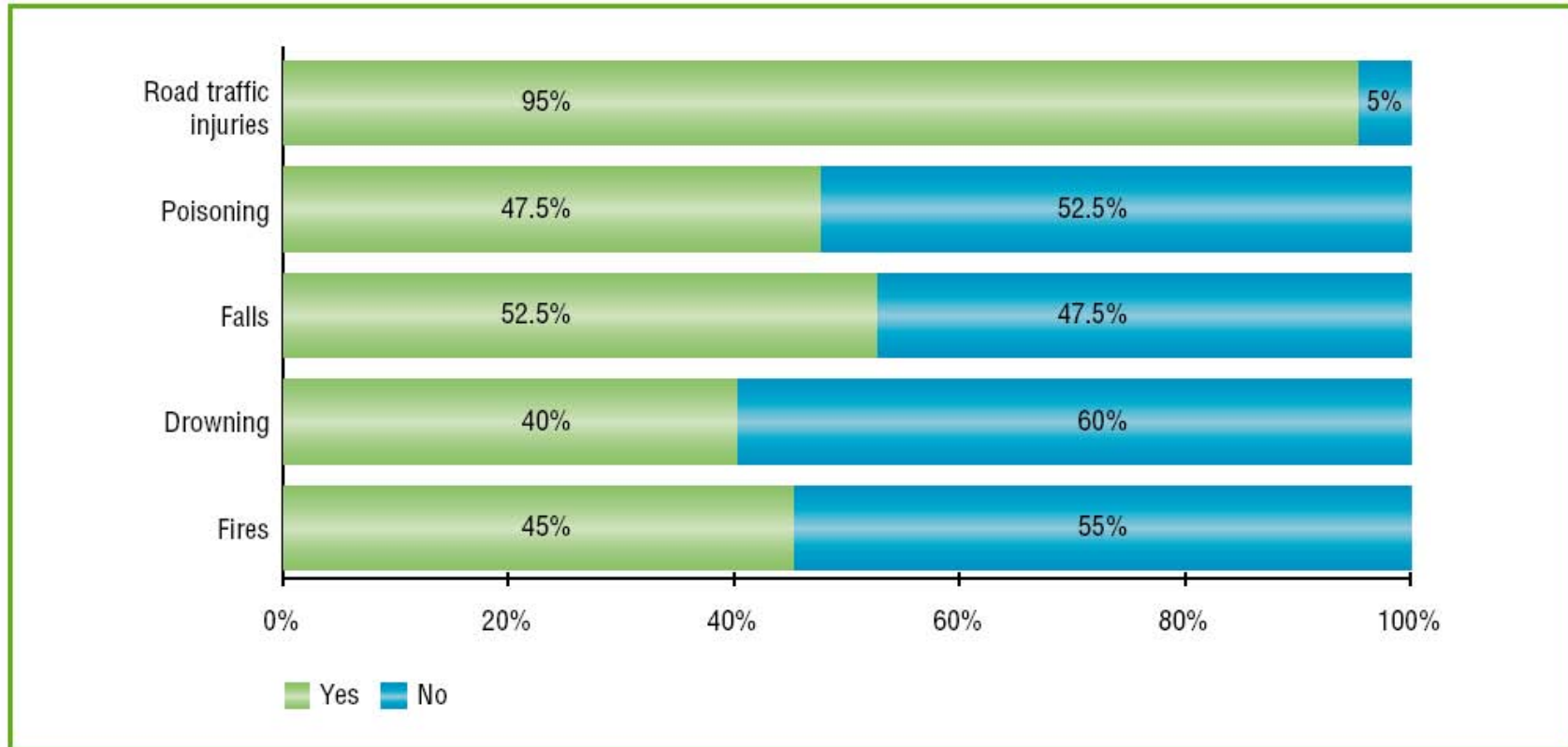
- **Joint** tool for both the WHO Resolution and European Council Recommendation;
- Focus on **supporting national action**;
- Developed with the **direct input of National Focal Persons for VIP**;
- Filling out questionnaire **stimulated inter-sectoral consultation** in countries;
 - Political support
 - Accessibility to surveillance information
 - Multisectoral collaboration
 - Changes in policy development in past year
 - Implementation of 99 evidence-based primary prevention interventions
- Asking Ministry approval **improved accuracy** of responses;
- Requirement to report back to the WHO Regional Committee created **ownership** amongst Focal Persons and **partnership** between Member States and WHO

Leadership and coordination and the policy-making process



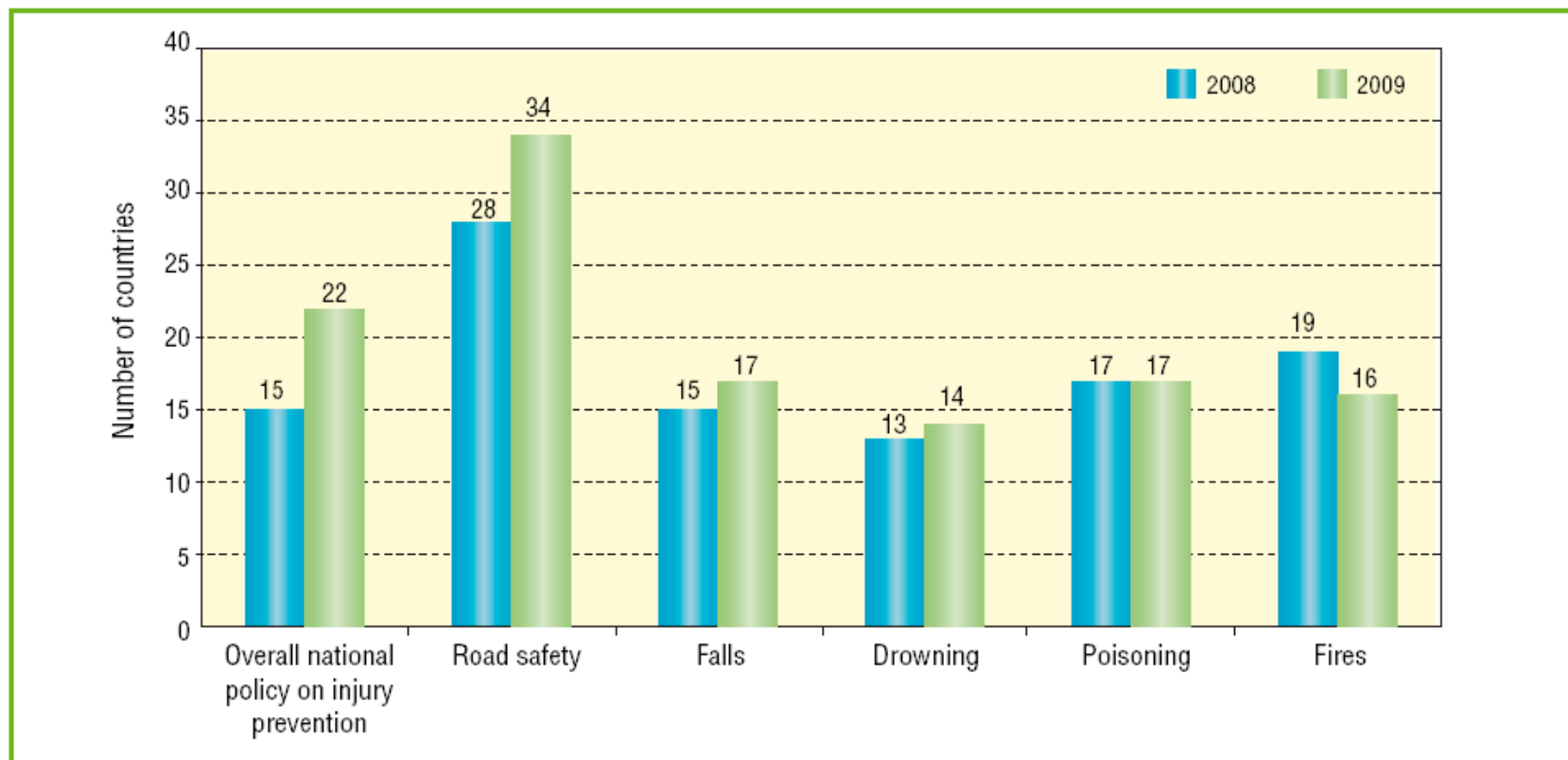
Although political support is reported for preventing violence and injuries (93%), only 61% reported having an intersectoral committee and 54% reported having a budget

National policies on preventing injuries



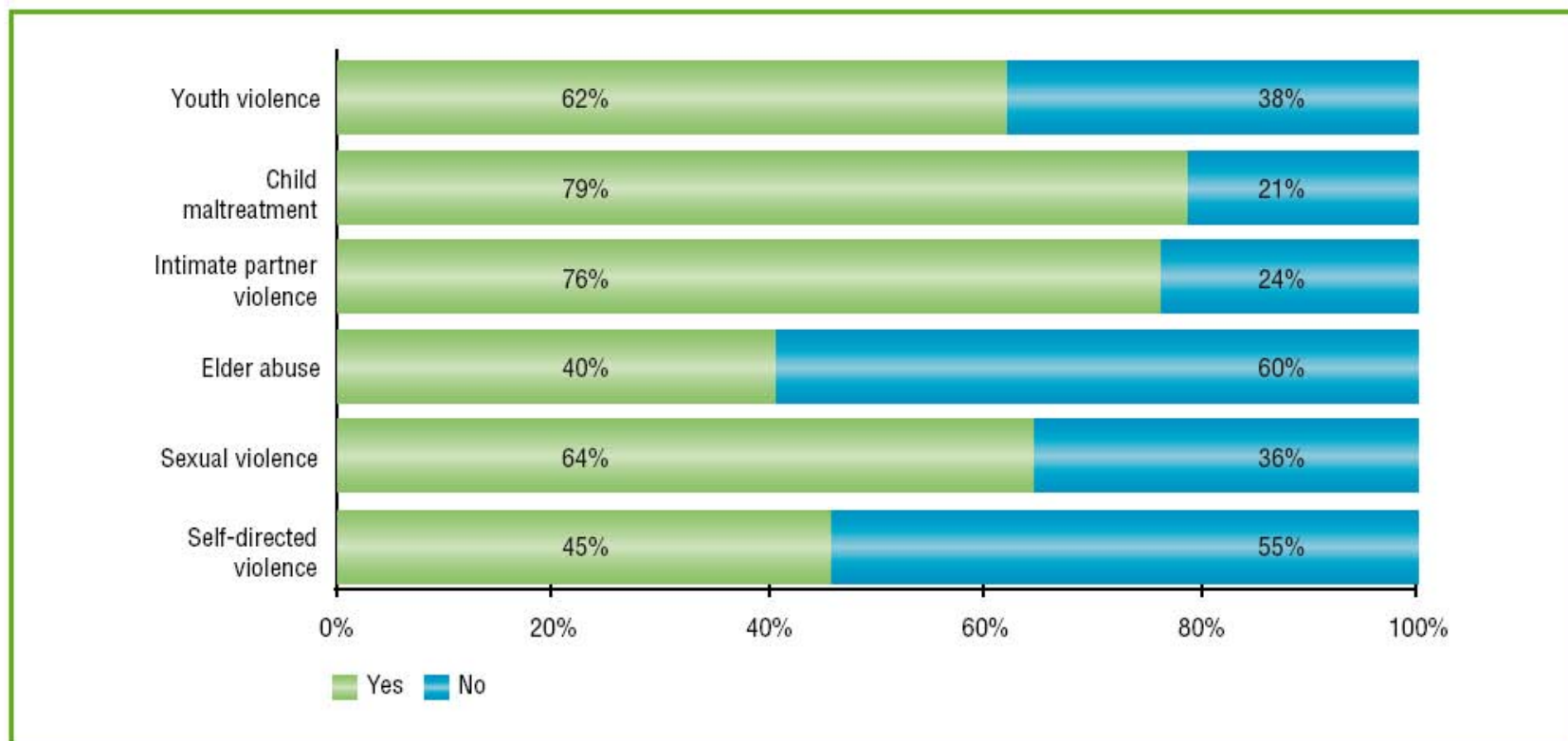
Whereas 95% of countries reported a national policy for road safety, only 45% have this for fires, 40% for drowning (46 countries)

Progress in developing national policies for injury prevention in 37 countries including 21 from the EU



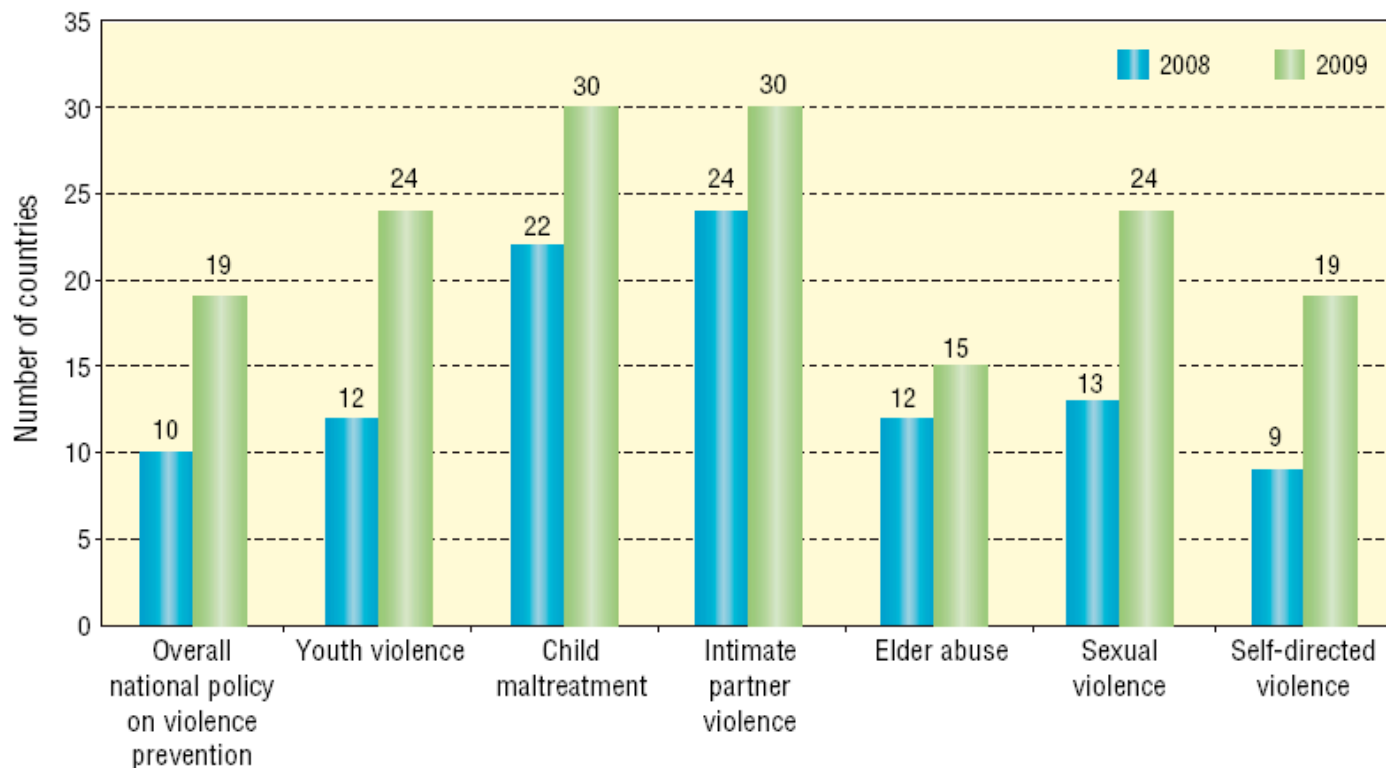
Progress has been made for unintentional injury and road safety policy. More needs to be done for drowning, falls, fires, poisoning

National policies to prevent violence



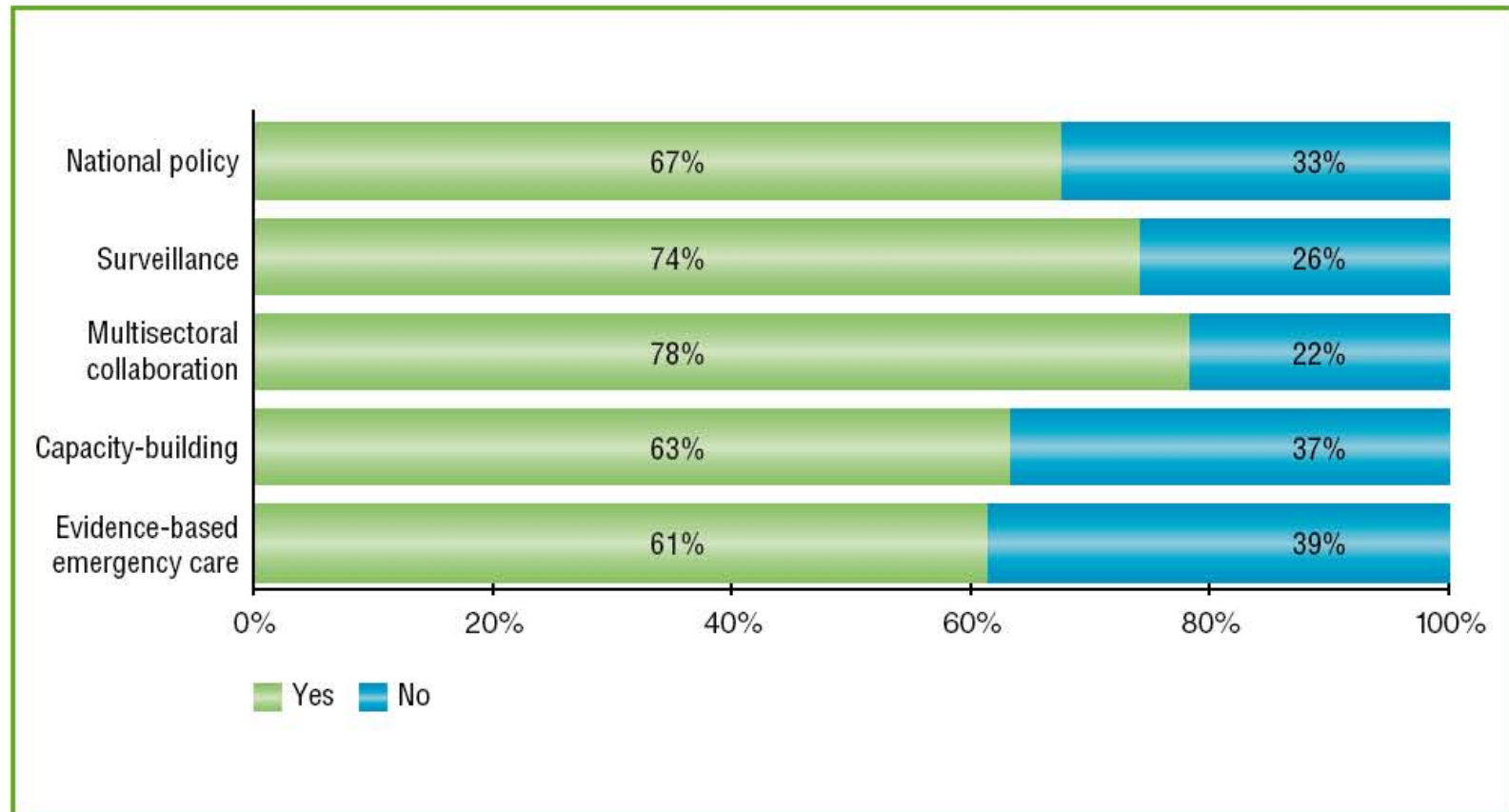
79% reported having a national policy for child maltreatment prevention, 76% for intimate partner violence; only 62% have this for youth violence and 40% for elder abuse (47 countries)

Progress in developing national policies for violence prevention in 37 countries including 21 from the EU



Improvement since 2008 when fewer countries reported national policies for different types of violence. More countries need to develop policies for elder abuse.

Areas where progress was reported in the past 12 months in Europe



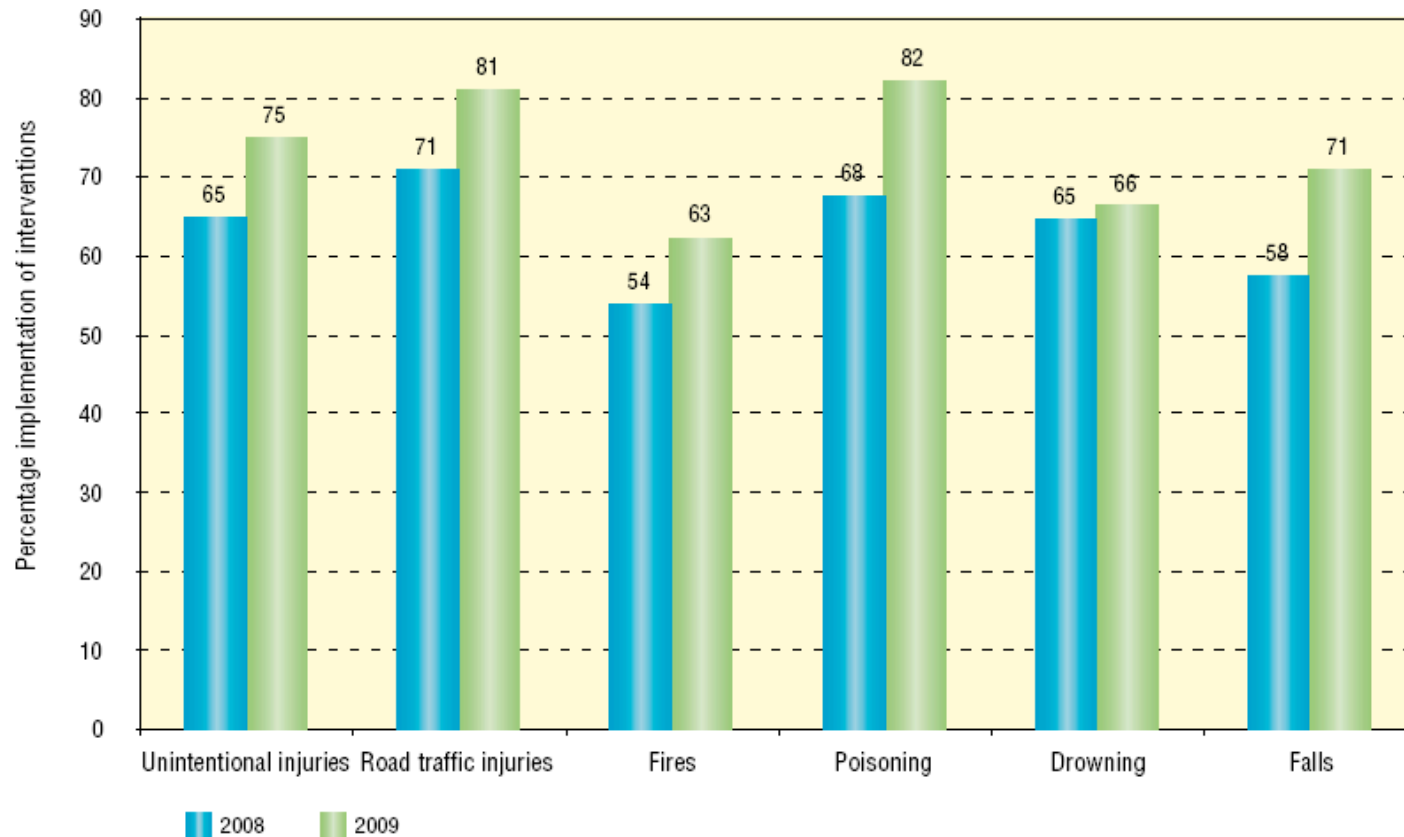
Of 46 responding countries, 67% reported progress in national policy, 74% in surveillance and 63% in capacity-building



Median percentage implementation of interventions in the EU and in the WHO European Region

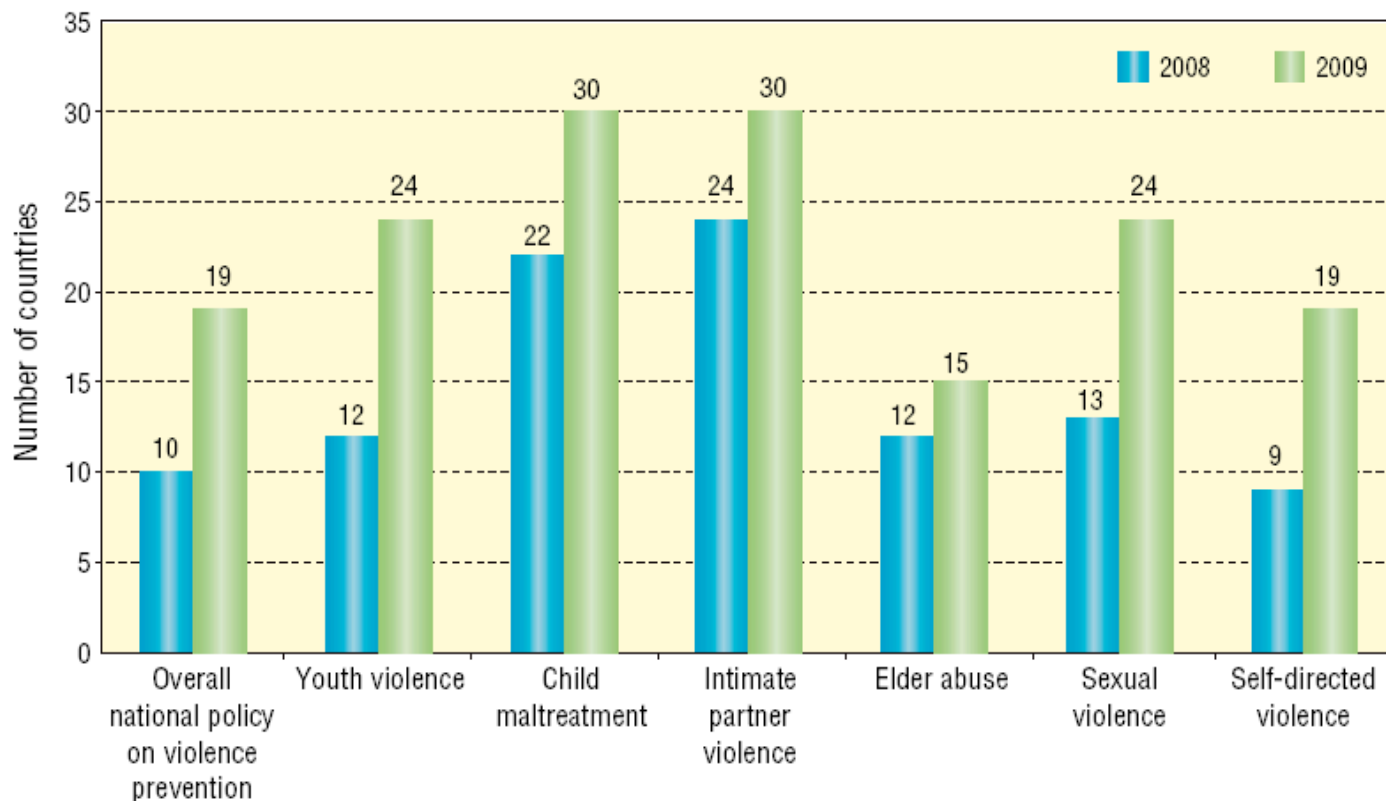
Interventions	EU Median	WHO/EUROPE Median
All interventions	73	73
Unintentional injuries	72	72
Road traffic injuries	81	81
Fires	60	60
Poisoning	60	80
Drowning	63	63
Falls	75	75
Intentional injuries	81	81
Youth violence	86	86
Child maltreatment	100	100
Intimate partner violence	100	75
Elder abuse	67	67
Self-directed violence	88	88
Alcohol	76	76
Alcohol (legal and fiscal)	71	71
Alcohol (health system)	83	67

Average scores of 32 countries for implementation of injury prevention measures including 19 from the EU



Better policy development has gone hand in hand with more interventions being implemented

Progress in developing national policies for violence prevention in 37 countries including 21 from the EU



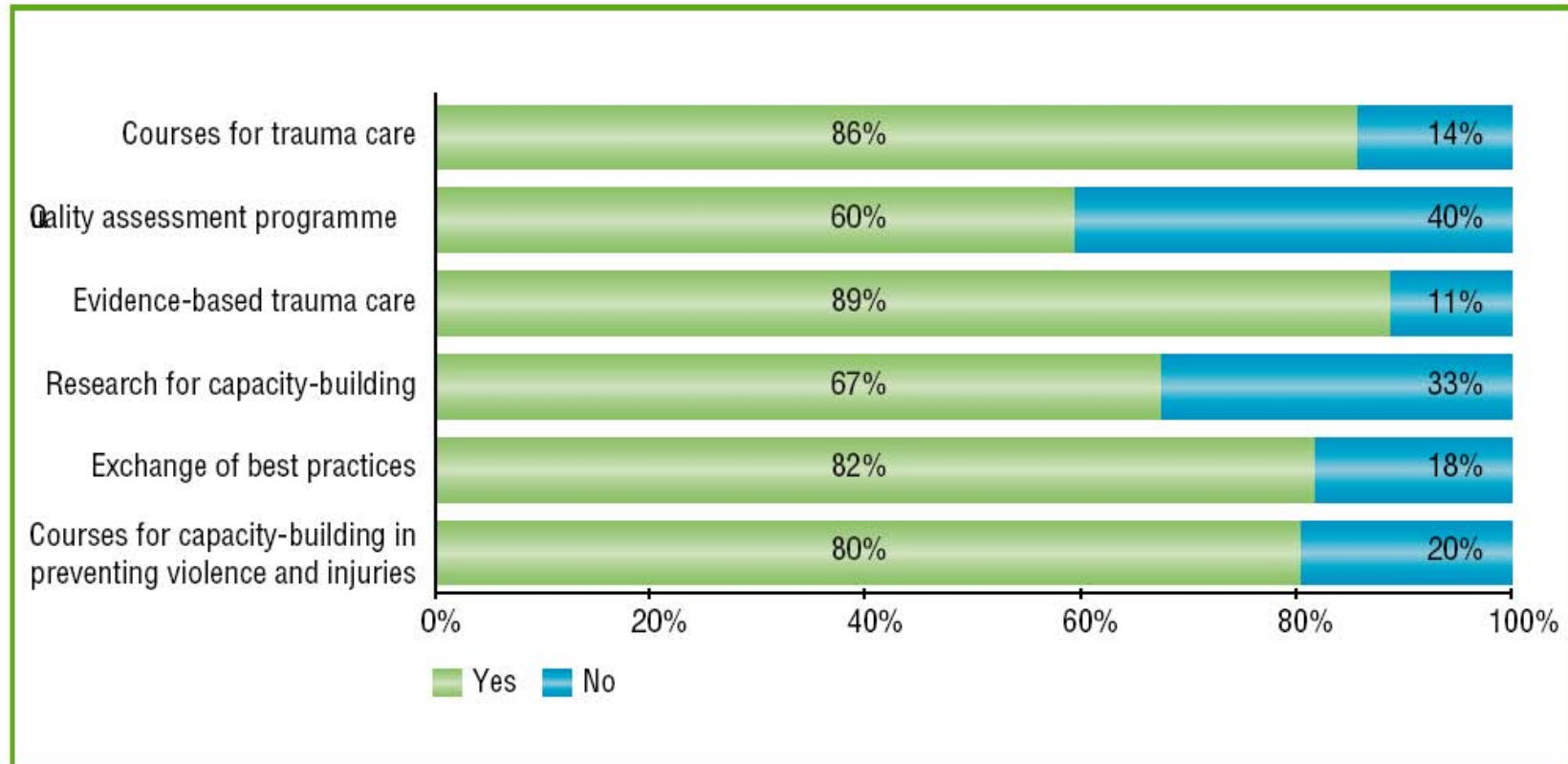
More countries need to develop policies for elder abuse.



Alcohol and socioeconomic factors and risk

- Alcohol perceived as risk factor in national plans for injuries in 80%;
- Alcohol perceived as risk factor in national plans for violence in 87%;
- 71% introduce fiscal measures, 57% provide physician brief counseling;
- Socioeconomic factors recognized as risk factor and 32% have policies targeting this;
- Only 33% have specific interventions targeting reductions in violence and injuries.

Capacity-building



Areas for improvement:

- 1) quality control programmes in emergency departments to improve trauma care
- 2) promotion of research



What is important in the approach taken in this WHO project funded by the EC?

- **Joint** tool for both the WHO Resolution and European Council Recommendation;
- Focus on **supporting national action**;
- Developed with the **direct input of National Focal Persons for VIP**;
- Filling out questionnaire **stimulated inter-sectoral consultation** in countries;
- Asking Ministry approval **improved accuracy** of responses;
- The need to report back to the WHO Regional Committee created **ownership** amongst Focal Persons and **partnership** between Member States and WHO.



Constraining factors identified by health ministry focal persons

- Weak political will
- Weak legislative and regulatory frameworks
- Lack of nationwide coordination
- Fragmented political responsibility
- Poor institutional capacity and poor training and motivation of staff
- Inadequate emphasis in university curricula
- Working without a common objective between the sectors
- Lower priority due to the economic downturn
- Gender and social inequity



Enabling factors identified by health ministry focal persons

- Support by international legal and policy frameworks
- Political commitment and resources
- Having legislative framework, action plans and well defined actions
- Intersectoral cooperation and action
- Access to reliable and complete surveillance data
- Strong institutions and well-trained and motivated professions
- Better alcohol regulation
- Laws to ban firearms
- A well-informed public



Conclusions and way forward

Encouraging progress has been made but gaps identified:

- More political commitment with **policy development** especially for fires, drowning, falls, poisoning, elder abuse and youth violence;
- Wider implementation of **evidence-based programmes** with **scaling up of successful local pilot projects**;
- Improve **surveillance** with the collection of reliable and comparable, including for violence;
- Build capacity by **mainstreaming** violence and injury prevention in health professional curricula;
- **Exchange good practice** through **networks** such as health ministry focal people;
- Exploit opportunities for working **across sectors** and with other networks;
- Address **socioeconomic determinants and alcohol** as risk factors;
- **Safe communities** model to achieve local implementation.



Thanks for your attention!
www.euro.who.int/violenceinjuries



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