Preventing injuries and violence

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A GUIDE FOR MINISTRIES OF HEALTH

World Health Organization

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Table of contents

Foreword

Injuries and violence are a threat to health in every country of the world. Between them, they account for 9% of global mortality – more than five million deaths every year. Eight of the 15 leading causes of death for people between the ages of 15 and 29 years are injury-related. These are road traffic injuries, suicides, homicides, drowning, burns, war injuries, poisonings and falls.

The extent of non-fatal injuries varies from country to country. For every death, though, it is estimated that there are dozens of hospitalizations, hundreds of emergency department visits and thousands of doctors' appointments. A large proportion of people surviving their injuries incurs temporary or permanent disabilities.

In the light of this public health calamity, awareness of injuries and violence and knowledge of prevention policies and programmes are increasing in some countries. In these places considerable progress is being made. Governmental and nongovernmental agencies are strengthening data collection systems, improving services for victims and survivors and stepping up prevention efforts. Yet for much of the world, the idea that violence and injuries can be systematically prevented is still a novel one. Though the main causes of mortality and morbidity are as old as the human species, it is only recently that the public health sector has begun to regard violence and injuries as preventable.

With the public health approach to violence and injury prevention becoming more accepted around the world, those in the field are seeking guidance for their work. A wide array of governmental and nongovernmental organizations is involved in violence and injury prevention. This document, though, will focus on the main governmental body responsible for carrying forward the public health response: the ministry of health. The document was developed to help ministries of health understand their precise role in violence and injury prevention at the national and local levels, and set up durable and effective programmes.

This document should be used by ministries of health and their focal points as both a guide and a reference book. It leads the user through the stages of setting up, developing and evaluating violence and injury prevention efforts, always stressing collaboration with other sectors. The various tasks of organization, policy development, data collection, advocacy work and capacity-building are described in detail. Both new and established units of violence and injury prevention should find inspiration for their programmes in this document.

Around the world, morgues fill with victims of injuries and violence and hospital beds and doctors' waiting rooms overflow with survivors. The huge amount of suffering, time and expense our societies bear as a result could be spared. While violence and injury prevention is not a minor or easy undertaking, with good collaboration and systematic effort, even this oldest of human afflictions can be prevented.

Dr Etienne Krug
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Introduction

WHY THE GUIDE WAS DEVELOPED

Injuries – resulting from traffic collisions, drowning, poisoning, falls or burns – and violence – from assault, self-inflicted violence or acts of war – kill more than five million people worldwide annually and cause harm to millions more. In some parts of the world, the public health community has long recognized injuries as a major public health problem. In other countries, the enormous medical, social and economic costs of violence and injuries are only now being recognized and serious efforts begun to prevent injuries and address their consequences.

In recent years, the World Health Organization (WHO) has significantly increased its activities in the field of injury and violence prevention. In the past four years, the Organization has produced two major reports, the *World report on road traffic injury prevention* and the *World report on violence and health*. Specific World Health Assembly (WHA) and United Nations General Assembly resolutions endorsed the reports' recommendations. Both the reports and the resolutions called on governments to greatly step up national efforts to prevent injuries and violence, and to coordinate these efforts through their ministries of health. In response to these calls, and in some cases also in response to formal requests from WHO's regional directors and regional resolutions, more than 100 governments have already appointed ministry of health "focal points" for injury and violence prevention.

In 2006, WHO convened the first global meeting of ministry of health focal points for injury and violence prevention in the margins of the 8th World Conference on Injury Prevention and Safety Promotion, in Durban, South Africa. From the discussions at this meeting it was apparent that a document clearly setting out the role of the ministry of health in the prevention and management of injuries and violence was sorely needed. Such a document could also help those campaigning to boost national or local injury and violence prevention programmes.

HOW THE GUIDE WAS DEVELOPED

This guide was prepared by WHO staff and outside experts between April and October 2006. Its content derives from resolutions of the WHA and WHO Regional Committees, WHO guidelines and world reports, and peer-reviewed literature, as well as the experience of experts and ministry of health focal points. The document underwent extensive review by ministry of health focal points and experts in all WHO regions.

WHOM THE GUIDE IS AIMED AT

This guide is aimed at ministry of health staff and policy-makers. These range from the specific violence and injury prevention focal points to staff in related fields – including in epidemiology, child and adolescent health, women's health, health of the elderly, health promotion, mental health, health services, international health, information technology, disaster management and occupational health. Furthermore, the document should be of assistance to those who allocate resources to ministries of health, and to all others working in violence and injury prevention and wishing to support their ministry of health in its efforts.

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Section 1

Background

Injuries and violence represent a major health threat to every country in the world, being responsible for over five million deaths each year and accounting for 9% of global mortality. Eight of the 15 leading causes of death for people aged 15–29 years are injury-related or violence-related. These are: road traffic injuries, self-inflicted injuries, interpersonal violence, drowning, fires, war injuries, poisonings and falls (see Table 1). For every death, it is estimated that there are dozens of hospitalizations, hundreds of emergency department visits and thousands of doctors' appointments. Many of those who survive injuries or violence incur temporary or permanent disabilities or suffer other consequences, such as depression and behavioural changes related to smoking, eating and alcohol and drug consumption. Given current trends, the global burden of injuries and violence is expected to rise during the coming decades.

TABLE 1: LEADING CAUSES OF DEATH, BOTH SEXES, 2002

Rank	0–4 years	5–14 years	15–29 years	30–44 years
1	Perinatal Conditions 2 461 976	Lower Respiratory Infections 278 291	HIV/AIDS 604 943	HIV/AIDS 1 326 345
2	Lower Respiratory Infections 1 804 282	Road Traffic Injuries 132 695	Road Traffic Injuries 304 994	Tuberculosis 379 755
3	Diarrhoeal Diseases 1 681 060	HIV/AIDS 126 424	Maternal Conditions 258 128	Road Traffic Injuries 287 730
4	Childhood Diseases 1 033 321	Drowning 86 953	Self-inflicted Injuries 251 446	Maternal Conditions 233 640
5	Malaria 821 718	Childhood Diseases 72 078	Tuberculosis 241 246	Ischaemic Heart Disease 232 746
6	Congenital Anomalies 425 431	Fires 34 180	Interpersonal Violence 216 648	Self-inflicted Injuries 230 997
7	HIV/AIDS 340 219	Tuberculosis 33 182	Lower Respiratory Infections 143 320	Interpersonal Violence 166 661
8	Protein-energy Malnutrition 147 865	Protein-energy Malnutrition 31 630	Drowning 89 196	Cerebrovascular Disease 124 858
9	Syphilis 67 068	Meningitis 31 165	Fires 89 130	Lower Respiratory Infections, 117 663
10	Meningitis 64 495	Leukaemia 21 146	War Injuries 69 707	Cirrhosis Of The Liver 100 617
11	Drowning 57 973	Congenital Anomalies 21 099	Ischaemic Heart Disease 54 125	Poisonings 81 678
12	Road Traffic Injuries 50 139	Falls 20 580	Poisonings 51 494	Fires 64 494
13	Tuberculosis 43 241	Poisonings 19 982	Falls 37 874	War Injuries 59 359
14	Endocrine Disorders 42 444	Interpersonal Violence 18 340	Leukaemia 37 208	Drowning 58 725
15	Fires 39 669	Leishmaniasis 18 260	Rheumatic Heart Disease 36 985	Liver Cancer 55 519

Source: Injury: a leading cause of burden of disease, 2002. Geneva, World Health Organization, (in press).

While present in all countries, violence and injuries and their consequences are unevenly distributed around the world. They are particularly prominent among low-income and middle-income groups, where unsafe conditions of living, working and travel greatly increase the risk of injury and violence. Such groups usually also lack prevention efforts, as well as access to high-quality treatment and rehabilitation services. In addition, because injuries and violence so often affect those young people who are breadwinners for their households, their resulting deaths or disabilities can have a profound impact on their families.

At the individual level, the treatment of injuries and violence involves both immediate medical care and long-term psychological, social and physical care and rehabilitation. At the communal level, injuries and violence have wider medical, social and financial repercussions that call for a coordinated

45–59 years	≥ 60 years	All Ages
Ischaemic Heart Disease 1 052 259	Ischaemic Heart Disease 5 857 506	Ischaemic Heart Disease 7 207 725
Cerebrovascular Disease 624 037	Cerebrovascular Disease 4 703 481	Cerebrovascular Disease 5 508 950
HIV/AIDS 481 459	Chronic Obstructive Pulmonary Disease 2 401 255	Lower Respiratory Infections 3 943 386
Tuberculosis 384 212	Lower Respiratory Infections 1 423 320	HIV/AIDS 2 919 373
Chronic Obstructive Pulmonary Disease, 310 061	Trachea, Bronchus, Lung Cancers 931 173	Chronic Obstructive Pulmonary Disease, 2 748 490
Trachea, Bronchus, Lung Cancers 263 206	Diabetes Mellitus 754 582	Perinatal Conditions 2 462 124
Cirrhosis Of The Liver 251 849	Hypertensive Heart Disease 739 357	Diarrhoeal Diseases 1 869 446
Road Traffic Injuries 222 249	Stomach Cancer 606 072	Tuberculosis 1 566 003
Self-inflicted Injuries 187 696	Tuberculosis 484 367	Trachea, Bronchus, Lung Cancers 1 243 199
Stomach Cancer 185 403	Colon And Rectum Cancers 478 747	Road Traffic Injuries 1 191 796
Liver Cancer 179 770	Nephritis And Nephrosis 440 669	Childhood Diseases 1 120 831
Lower Respiratory Infections 176 511	Alzheimer And Other Dementias 384 147	Diabetes Mellitus 987 816
Diabetes Mellitus 176 443	Cirrhosis Of The Liver 367 539	Malaria 911 574
Breast Cancer 148 096	Liver Cancer 366 887	Hypertensive Heart Disease 911 397
Hypertensive Heart Disease 130 200	Oesophagus Cancer 318 464	Self-inflicted Injuries 873 361

response. Management of the enormous health burden requires extensive health system resources. Financing the economic costs – including absenteeism from work and school, and the costs of the judicial and social systems – similarly represents a major drain on national economies.

Injuries and violence can be studied and documented, and their causes understood and acted upon. Research has provided clear evidence that certain interventions can prevent injuries and violence. Among those interventions proven effective are:

- seat-belts, helmets and enforced blood alcohol limits to prevent road traffic injuries;
- child-resistant containers to prevent poisonings;
- home hazard modification to prevent falls among the elderly;
- pool fencing to reduce the risk of drowning;
- treatment of depression to prevent suicide;
- school-based educational programmes to prevent intimate partner violence;
- home visitation programmes to reduce child maltreatment.

The *World report on violence and health* and the *World report on road traffic injury prevention* were launched by WHO in 2002 and 2004, respectively, in order to bring these issues to the attention of world leaders and put forward recommendations for action. The reports were endorsed by the World Health Assembly in resolutions WHA 56.24 (Implementing the recommendations of the *World report on violence and health*) and WHA 57.10 (Road safety and health). These reports and resolutions followed earlier WHA Resolutions

contribution to make. The health sector, however – health care and public health – must play a central role in these efforts, not only in providing care and support for victims[1] but also in applying the unique public health models to the problem of violence and injuries (see Box 2). Many ministries of health do not yet fully realize how central their work is in these areas, and as a result are not yet contributing sufficiently to injury prevention efforts. Individual ministries of health will be at different stages in developing violence and injury prevention infrastructure, but all must ultimately address the following areas:

- policy making;
- data collection;
- services for victims;
- prevention;
- capacity-building;
- advocacy.

Each of these areas is described in greater detail in this guide.

BOX 1
WORLD HEALTH ASSEMBLY RESOLUTIONS FOCUSING ON INJURY PREVENTION

2004 – Road safety and health, WHA57.10

2003 – Implementing the recommendations of the *World report on violence and health*, WHA56.24

1998 – Concerted public health action on anti-personnel mines, WHA51.8

1997 – Prevention of violence, WHA50.19