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# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BAC</td>
<td>Blood Alcohol Concentration</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
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<tr>
<td>GDP</td>
<td>gross domestic product</td>
</tr>
<tr>
<td>GSHS</td>
<td>Global school-based health survey</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>UHC</td>
<td>universal health coverage</td>
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<tr>
<td>VIP</td>
<td>Violence and injury prevention</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>STEPs</td>
<td>Stepwise approach to surveillance</td>
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Violence and injuries kill more than one million people each year in the Western Pacific Region. As the leading cause of death among people 5 to 49 years old, violence and injuries claim more lives than diabetes, diarrhoeal diseases, HIV/AIDS, malaria, respiratory infections and tuberculosis — all together.

Sadly, efforts to prevent and respond to violence and injuries have not matched the magnitude of the problem. Too often injuries are viewed as unforeseeable “accidents” when, in reality, violence and injuries can be predicted and prevented by addressing modifiable risk factors and unsafe environments.

To guide Member States in accelerating evidence-based action to prevent violence and injuries, the sixty-sixth session of the Regional Committee for the Western Pacific endorsed this first-ever Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016–2020). The plan aligns prevention efforts with the Sustainable Development Goals (SDGs) and national public health agenda, calling for national actions that are backed by quality data and coordinated across sectors.

Preventive efforts vary greatly from country to country in the Region. For this reason, some countries have mortality rates for violence and injuries that are among the highest in the world, while others are among the lowest. This disparity makes sharing experiences and lessons learnt between countries crucial to maximize opportunities to scale up violence and injury prevention across the Region.

If Member States do not redouble efforts, the spiral of needless pain and suffering from violence and injury will continue to chip away at productivity and health. We have seen encouraging drops in fatal violence from 2000 to 2014 and in road traffic deaths from 2010 to 2013. But we still have a long way to go to keep the Region’s 1.8 billion people safe from preventable violence and injury.

Shin Young-soo, MD, Ph.D.
Regional Director
EXECUTIVE SUMMARY

In the Western Pacific Region, violence and injuries kill more than one million people every year. The major causes include road traffic injuries, falls, drowning, poisoning, interpersonal violence and burns, with 85% of fatal injuries occurring in low- and middle-income countries.

Despite the lives lost, especially among the young and economically active age groups, and the economic consequences associated with these deaths and other non-fatal injuries, the prevention of and response to violence and injuries have not been given adequate priority. The complacency stems from a perception that injuries are “accidents” or the result of “fate” and, therefore, are unlikely to be prevented. Far from being unpredictable, violence and injuries have well-examined determinants and predictors, and violence and injuries can be prevented by addressing modifiable risk factors. Yet, despite evidence from highly cost-effective injury prevention programmes, efforts to protect populations from violence and injuries in most countries are fragmented and poorly resourced. The lack of clarity on institutional mandates results in inadequate capacities and systems (for example for risk assessment and epidemiologic surveillance), impinges on collaboration, and may also be preventing strong leadership on violence and injury prevention.

There is a range of evidence-based approaches that can be adapted by Member States, particularly in low- and middle-income countries.

These interventions include:

a. advocating safety as a parameter for health and national development, and making safety a principle that underpins infrastructure and industrial development, transport systems, urban planning and health systems;

b. investing in prevention to produce recognizable outcomes;

c. strengthening the role of the health sector in violence and injury prevention since ministries of health play an essential role in evidence-based advocacy and service provision for the injured and for victims of violence and trauma; and

d. demonstrating leadership from the highest levels of government to ensure effective coordination and collaboration among sectors.
This Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020 recommends immediate and sustainable steps to reduce high national burdens of violence and injuries and highlights the importance of intersectoral partnership. The plan outlines strategic actions and establishes regional targets to be achieved by 2020. The plan has four objectives and a number of specific actions for Member States and WHO, guided by a set of indicators.

The objectives are:

1. Aligning violence and injury prevention to national development strategies
2. National action plans for violence and injury prevention
3. Leadership and coordination for violence and injury prevention
4. Information systems for violence and injury prevention

Aligned to the Sustainable Development Goals and anchored in the principles of human rights and empowerment of people and communities, success in meeting these objectives recognizes the value of leadership and coordination, evidence-based interventions, and the life-course approach.
PART A. Background

1. Violence and injury prevention in the Western Pacific Region: why we need to act

Violence and injuries are serious public health concerns in all countries and areas of the Western Pacific Region. With more than one million deaths each year (1), violence and injuries kill more people than tuberculosis, malaria, HIV/AIDS, respiratory infections, diabetes and diarrhoeal diseases combined and are the leading cause of death in the Region for those aged 5–49 years (Annex 1). Major causes include road traffic injuries (33%), falls (14%), drowning (8%), poisoning (4%), interpersonal violence (4%) and burns (2%) (Annex 2). The public health priority accorded the prevention of, and response to, violence and injuries is far from commensurate with the magnitude of the problem.

Road traffic injuries are the leading cause of injury deaths in the Western Pacific Region. With 337 000 people dying on the Region’s roads each year (2), traffic crashes kill more people in their first 50 years of life than any other cause and cost economies up to 3% of their gross domestic product (GDP). Of those killed on the roads, 75% are male and 69% are pedestrians, cyclists and motorcyclists. These “vulnerable” road users require specific protection under national road safety strategies and policies.

With rapidly ageing populations, falls are the second leading cause of fatal injuries. Indicating the major risk factor of declining strength and balance, 67% of the annual 142 000 fatal falls in the Region occur among those aged 60 years and over. Children under 5 years and those aged 15–29 years account for only 1.8% and 5.4% respectively of fatal falls.

Drowning is the third leading cause of injury death in the Region with an estimated 81 000 deaths each year. Drowning particularly impacts young people, with more than 30% of all drowning deaths in children under 15 years of age. Drowning is ranked in the top five causes of death in all age groups up to 29 years of age, and 58% of all drowning deaths in the Region occur among males.

Burns and poisonings claim the lives of more than 60 000 people in the Western Pacific Region every year. The greatest burden of burns (55%) and poisonings (35%)
fall on those aged 60 years and above. Only 10% occur in children under the age of 15. With 45% of deaths occurring in females, burn injuries are the most evenly distributed injury type between the sexes except for suicide (46%).

More than 36 000 people are murdered in the Region each year, of which 75% are male. Men are 2.9 times more likely to be murdered than women in the Region. With two homicides for every 100 000 people, the mortality rate in the Western Pacific is the lowest of all WHO regions. Fatal interpersonal violence has decreased 34% since 2000 in the Region, more than double the global decrease (16%) over the same period. In the East Asia and Pacific region, the economic burden of child maltreatment is estimated to be equivalent to 1.9% of regional GDP [3]. Magnitudes of non-fatal violence are however substantially higher, particularly for vulnerable groups. WHO reports one in four women in the Region have experienced physical and or sexual violence at the hands of their intimate partners [4] and people with disabilities are at greater risk of violence than those without disabilities [5].

Beyond deaths, non-fatal injuries can lead to various degrees of disability. Globally, road traffic crashes are estimated to result in more than 50 million non-fatal injuries each year and prevalence rates for intimate partner violence in the Western Pacific are among the world’s highest. Regionally, violence and injuries account for a disease burden 35% greater than all communicable diseases combined. Certain types of non-fatal injuries such as elder falls (hip fractures), road traffic head injuries and full thickness burns can have an enormous impact on health systems. In many instances these injuries require long-term care, treatment and rehabilitation albeit with uncertain prognoses.

Despite these data, violence and injuries are often not seen as public health priorities. Society often incorrectly labels injuries as the result of “fate” or “accidents” that are unlikely to be preventable. Violence and injuries are not chance occurrences or, they have well-studied determinants and predictors and can be prevented by addressing modifiable risk factors, hence the rationale for injury prevention programmes.

The effectiveness of injury prevention programmes has long been recognized and adopted by governments in many high-income countries. However, the challenge remains in the Western Pacific Region, with 85% of fatal injuries in low- and middle-income countries.

Despite compelling evidence of the existence of highly cost-effective interventions (Annex 3), in many countries, programmes to protect populations from violence and injuries are fragmented, poorly resourced and limited.

Sectors other than health may have a strong mandate and desire to develop national programmes relating to one or more areas of violence and injury prevention, but
those sectors may lack the epidemiologic tools or surveillance systems to fully quantify the problem or measure successful outcomes. Ministries of health have the tools and expertise to support a whole-of-government approach to violence and injury prevention by contributing to evidence-informed policy and advocacy.

With violence and injuries having a particular impact on the young and economically active segments of the population, governments must recognize the consequences of inaction. In low- and middle-income countries of the Region, the already high burden of violence and injuries is predicted to increase in the absence of sustained and coordinated action. Concurrently, there are many opportunities to achieve substantial reductions in mortality and morbidity, particularly in the prevention of road traffic injuries, falls, drowning and interpersonal violence.

2. What we need to do

Member States, particularly low- and middle-income countries, can adapt and adopt a range of evidenced-based interventions that have demonstrated reductions in violence and injuries.

Advocate including safety as a parameter for health and national development

Governments must include safety as a parameter for measuring national development. Safety needs to be a principle that underpins infrastructure and industrial development, transportation systems, urban planning and health systems.

Development targets that directly or indirectly relate to violence and injury prevention and the health of populations have been adopted under the Sustainable Development Goal (SDGs) (Annex 4). This provides a platform for Member States in the Western Pacific Region, especially low- and middle-income countries, to scale up national action for violence and injury prevention. The regional action plan represents a tool to support Member States in achieving specific SDG targets.
Invest in prevention of violence and injuries

The most recognizable outcomes in reducing the burden of violence and injury have been achieved when governments have invested in prevention. Prevention through policies, legislation and enforcement has shown population-wide health and safety benefits.

Prevention of violence and injury reduces the enormous financial liability of medical costs and lost productivity, for example preventing premature mortality, disability, absenteeism and reduced quality of life.

Innovative mechanisms for sustainable funding for violence and injury prevention exist in regional countries. For example, mechanisms for road safety include insurance levies on vehicle registrations, earmarking fuel and road taxes, and apportioning revenue from penalties and infringement notices. Options for violence and other injuries include premium-based insurance and an earmark on alcohol excise taxes.

Strengthen the role of the health sector in violence and injury prevention

Effective violence and injury prevention requires action across all sectors and disciplines. Ministries of health play an essential role in advocating data-driven and evidence-based policy and action. The health sector also provides care and treatment for the injured, counselling or other forms of mental health services for victims of violence and trauma, the design, implementation and evaluation of public health interventions, and the collection, analysis, reporting, use and dissemination of surveillance data. All of this contributes to a coordinated, systematic and scientific approach to reduce morbidity and mortality associated with violence and injuries.

Effective coordination and collaboration requires leadership from the highest levels of government

Political commitment at the highest levels of government enables intra-ministerial cooperation, cross-sectoral collaboration, allocation of resources and social change. Political leadership and champions are also needed to bring sectors together. Examples of sectors/jurisdictions/disciplines that are often involved in the prevention of major subtypes of violence and injuries include health, police, justice, transport, finance, infrastructure, planning, education, housing, labour, and urban and rural development (Annex 5).
3. Where we are

Violence and injury prevention has been prioritized by the Regional Committee for the Western Pacific (6) and the World Health Assembly (7). In 2010, the United Nations General Assembly proclaimed 2011–2020 as the Decade of Action for Road Safety (8). The sixty-third session of the Regional Committee for the Western Pacific endorsed its first resolution on violence and injury prevention, urging Member States to strengthen intersectoral coordination, prioritize the development and implementation of national action plans and strengthen surveillance systems and data collection. This regional action plan provides specific guidance to Member States in these areas.

The concept of safety promotion supports a greater focus on road safety, drowning prevention, urban health, disaster response and resilience building. Safety promotion describes the process applied at local, national and international levels by individuals, communities, governments and others to develop and sustain safety. This includes all efforts agreed upon to modify structures and physical, social, technological, political, economic and organizational environments, as well as safety-related attitudes and behaviours (9).

This Regional Action Plan for Violence and Injury Prevention in the Western Pacific 2016–2020 will support countries and areas in taking immediate and sustainable steps to reduce high national burdens of violence and injuries and introduce mechanisms to normalize and institutionalize safety promotion.

In establishing recommended actions for countries and areas, the role of a wide range of intersectoral partners is highlighted. Since violence and injuries have a major impact on urban health and safety, action by city-level governments, as agents of rapid action and change, is also appropriate and timely. United Nations agencies, nongovernmental organizations, donors and other actors in public health and safety sectors play a crucial role in supporting the implementation of this regional action plan.
PART B. Implementation of the Regional Action Plan

1. Goal, purposes and principles

GOAL
To reduce the burden of death and disability due to violence and injuries in the Western Pacific Region.

PURPOSE
To provide strategic guidance for the prevention of violence and injuries and the promotion of safety in the Western Pacific Region.

OVERARCHING PRINCIPLES AND APPROACHES
This regional action plan was developed based on the following overarching principles and approaches.

Human rights
Strategies and interventions for the prevention of violence and injuries must be gender responsive, culturally appropriate and compliant with international human rights conventions and agreements. Strategies and interventions should consider conventions and agreements relating to people at greater risk of violence and injuries, such as the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).

Leadership and coordination
The determinants of violence and injuries are intersectoral and multidisciplinary, so effective action for injury prevention requires a whole-of-government approach.
Evidence-based interventions

Strategies and interventions for violence and injury prevention are based on scientific evidence and best practices.

Life-course approach

National strategies and programmes for violence and injury prevention must consider health and social needs at all stages of the life course.

Empowerment of people and communities

Individuals, families, communities and societies should be empowered and involved in the prevention of violence and injuries.

STRATEGIC ACTIONS

• Advocate action that addresses leading causes of death and disability caused by violence and injury.
• Strengthen national capacity for coordinated and collaborative multisectoral responses to violence and injuries.
• Disseminate examples of evidenced-based best-practice interventions to promote safety, prevent violence and injuries and save lives.

REGIONAL TARGETS BY 2020

• 80% of countries and areas have designated senior managers within the ministry of health with responsibility for violence and injury prevention, and these managers are actively engaged with counterparts in other relevant ministries and jurisdictions.
• 80% of countries and areas have a mechanism for strengthening institutional capacity, including human resources, for the prevention of and response to violence and injuries.
• 100% of countries and areas are implementing action plans or programmes for the prevention of violence and injuries, according to needs and the national context.
2. Objectives and recommended actions


OBJECTIVE 1  Aligning violence and injury prevention to national development strategies

This objective is to ensure evidenced-based actions for violence and injury prevention are part of national plans for achieving the SDGs.

RECOMMENDED ACTIONS FOR COUNTRIES AND AREAS

1. Develop policy briefs for decision-makers on the magnitude, consequences, risks and preventability of violence and injuries.
2. Identify and prioritize policies and actions to address violence and injury prevention.
3. Conduct a situational assessment on the health, social and economic impact of violence and injuries, particularly in relation to relevant SDG indicators.
4. Set time-specific targets for enforced legislation, regulations and interventions to prevent violence and injuries and promote safety in various settings.
5. Develop national indicators in line with implementation of the SDGs.
6. Raise awareness among policy-makers on the magnitude, consequences, risks and preventability of violence and injuries.

7. Develop advocacy and social mobilization strategies to highlight the importance of violence and injury prevention in development planning.

8. Develop and implement a communications plan for violence and injury prevention.

**Country indicators**

- Countries have targets for violence and injury prevention included in national plans towards achieving the SDGs
- Countries have conducted a baseline situational assessment with reference to the magnitude of the problem, as well as the health, social and economic impact of violence and injuries.
- Countries have a communications plan for violence and injury prevention.

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**ACTIONS BY WHO**

1. Widely communicate, through regional and international forums, the violence and injury prevention objectives under the SDGs.

2. Develop tools, approaches and strategies to support situational assessments, prioritization of policies and action, cost of injuries and violence, advocacy and social mobilization.

3. Organize regional training opportunities for media to generate public support for violence and injury prevention.

4. Disseminate best practices and facilitate exchange of information including key WHO publications, for example the global status reports for road safety and violence prevention and the *Global Report on Drowning*.

**WHO indicators**

- Number of countries supported in the conduct of national situational assessments for violence and injuries.
- Number of media-training programmes implemented to raise public awareness on the importance of violence and injury prevention.
OBJECTIVE 2 National action plans for violence and injury prevention

This objective is to develop and implement national action plans that consolidate data-driven evidence-based action for violence and injury prevention and reflect national policies, infrastructure, capacity and national context.

Recommendations for core, expanded and comprehensive actions are provided for Objective 2 of the Regional Action Plan.

- **Core actions** are proposed for countries and areas within the Region where violence and injury prevention is absent or in an initial stage with limited resources. Generally, the needs of violence and injury prevention are not addressed in this scenario.

- **Expanded actions** are set out for countries and areas that have already established and resourced some important actions for violence and injury prevention but coverage and scale still pose a major challenge.

- **Comprehensive actions** are set out for countries and areas that are further along in their evidence-based action for violence and injury prevention and, therefore, closer to realizing the goal of the *Regional Action Plan for Violence and Injury Prevention 2016–2020*.

RECOMMENDED ACTIONS FOR COUNTRIES AND AREAS

**CORE ACTIONS**

1. Raise awareness among the general public on the magnitude, consequences, risks and preventability of violence and injuries.

2. Review coverage and implementation of policies, legislation and regulations, identifying loopholes and limitations, for example, national road safety strategy targets aligned with the objectives of the United Nations Decade of Action for Road Safety 2011–2020.

3. Review available preventive services and their utilization by the community.


5. Develop mechanisms for timely care, treatment and referral of victims of violence and injuries, starting with community networks and grassroots first responders.
6. Advocate to leaders and champions for greater prioritization of action for violence and injury prevention.

7. Develop and implement localized evidence-based interventions addressing the greatest opportunity for outcomes in populations with the highest risk of violence and injury, including women, youth, children and people with disabilities.

8. Adopt strategic approaches for the delivery of evidence-based interventions such as the Safe Communities model.

**EXPANDED ACTIONS**

1. Advocate for, develop and enforce legislation for all forms of violence and injury prevention consistent with evidence-based best practices and national contexts.

2. Allocate human and material resources to implement interventions, including innovative mechanisms and partnerships to:
   - train and equip relevant authorities in strategic enforcement practices and approaches;
   - expand the reach and coverage of preventive services utilized by communities; and
   - train “trainers” in order to expand workforce competencies and institutional capacity.

3. Formalize pre-hospital trauma care to provide timely, call-centre dispatched services catering to an increasing severity of injury.

4. Scale up subnational, evidence-based interventions for priority forms of violence and injury.

**COMPREHENSIVE ACTIONS**

1. Stringent and consistent enforcement of all legislation and regulation pertaining to violence and injury.

2. Fully allocate financial and human resources to multi-year frameworks and programmes to prevent violence and injuries at national, subnational and community levels.

3. Expand all evidence-based interventions to national scale, monitoring and evaluating for implementation and outcomes.

**Country indicators**

- Countries achieve the objective of SDG 3.6 reducing deaths and injuries from road traffic “accidents” by 50% by 2020.
Countries have comprehensive legislation [19] for the five major risk factors for road traffic injury: speed, drink-driving and the non-use of motorcycle helmets, child restraints and seatbelts.

Countries implement at least one national evidence based policy or programme to address interpersonal violence, particularly violence against women, children, youth, older people and people with disabilities.

Countries implement at least one national policy or programme to prevent child injuries.

Countries allocate human and financial resources specifically for violence, injury prevention.

Countries align their national violence and injury prevention programme to the relevant SDGs.

**ACTIONS BY WHO**

1. Develop tools and workshop materials and provide guidance and technical support for planning and implementation of national and local violence and injury prevention programmes.

2. Support advocacy for policies, legislation, regulations and enforcement measures for violence and injury prevention.


4. Create opportunities for the development of technical knowledge, skills and institutional capacity with intersectoral national counterparts.

5. Through active engagement with national focal point networks for violence and injury prevention, disseminate examples of effective best practices among regional countries and areas.

**WHO indicators**

- Number of countries and areas supported for advocacy for legislation, policies, regulations and enforcement of national programmes on violence and injury prevention.

- Number of tools and workshop materials developed to support and improve programme planning, implementation and monitoring for violence and injury prevention.

- Number of demonstration sites established to disseminate best practices for effective violence and injury prevention.
OBJECTIVE 3  Leadership and coordination for violence and injury prevention

This objective aims to establish or strengthen effective mechanisms for leadership and intersectoral coordination and collaboration for violence and injury prevention.

RECOMMENDED ACTIONS FOR COUNTRIES AND AREAS

1. Identify and map jurisdictional responsibilities for violence and injury subtypes and determine roles, responsibilities and accountabilities for injury prevention and safety promotion across all relevant government and nongovernment sectors.

2. Establish and/or strengthen a national mechanism for coordination and collaboration that will also facilitate local action, community participation and engagement with all sectors of society.

3. Build consensus around parameters for successful intersectoral collaboration.

4. Map opportunities and political support to scale up violence and injury prevention.

5. Designate senior management officers responsible for violence and/or injury prevention within ministries of health, minimizing rotation into the post to maximize capacity, competence, experience and expertise in the role(s).

6. Conduct a capacity-needs assessment for relevant staff of the ministry of health and develop opportunities to build capacity based on the results.

Country indicators

- Countries have mapped the national jurisdictional responsibilities (government and nongovernmental) for violence, injury prevention.
- Countries have functional sustainable mechanisms for intersectoral coordination.
- Countries have a senior management officer designated with responsibility for violence and injury prevention in the Ministry of Health and/or other relevant ministries.
- Countries have completed a capacity-needs assessment.
- Countries are implementing a workforce capacity development plan.

ACTIONS BY WHO

1. Regularly convene national focal points for violence and/or injury prevention to support opportunities for professional development.
2. Develop tools and provide guidance to improve the effectiveness of mechanisms for leadership and intersectoral action that enable local action, community participation and engagement with all sectors of society.

3. Widely communicate the role of Ministries of Health as part of whole of government action for violence and injury prevention.

4. Develop tools and provide guidance for building consensus on parameters for successful intersectoral collaboration.

5. Organize regional training opportunities for leadership and intersectoral action for violence and injury prevention.


**WHO indicators**

- Number of training opportunities for leadership development for effective mechanisms for intersectoral action.
- Number of tools and guidance developed for strengthening coordination for intersectoral action.

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**OBJECTIVE 4  Information systems for violence and injury prevention**

This objective aims to establish and/or strengthen violence and injury data management systems that include fatal and non-fatal outcomes plus behavioural, gender and age-related risk factors.

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**RECOMMENDED ACTIONS FOR COUNTRIES AND AREAS**

1. Based on national contexts, develop or strengthen surveillance systems to capture violence and intentional injury deaths, non-fatal injuries and risk factors using a range of sources:
   - violence and unintentional injury deaths, for example vital registration, death-cause registries, verbal autopsy, fatal injury surveillance systems, homicide data, police, transport-related and occupational databases;
• non-fatal outcomes, for example hospital admissions diagnosis and data from external-cause codes and emergency department data, WHO Global Burns Registry;
• behavioural, environmental and activity risk factors, for example community-based surveys for violence and injuries, injury modules in routine national censuses and risk factor surveys, role of alcohol, WHO STEPS, the Demographic Health Survey and the Global School-based Student Health Survey; and
• data collections should have a particular focus on groups identified as at risk of violence and injury, including women, youth, children and people with disability.

2. Use data and research findings as the basis for developing policy and programmes for violence and injury prevention.

3. Engage with academia and research institutions to strengthen capacity for research on prevention and control of violence and injuries and support monitoring and evaluation of multisectoral actions.

4. Participate in WHO’s standardized monitoring activities including all global and regional status reports and situational assessments.

Country indicators

- Countries have a vital registration/death-cause registry that quantifies and classifies violence and injuries via International Classification of Disease (ICD) external-cause codes.
- Countries have a hospital surveillance system that quantifies and classifies violence and injuries via ICD external-cause codes.
- Countries have completed national violence and injury surveys including behavioural, social and environmental risk factors or inclusion of violence- and injury-related questions in national censuses or surveys.
- Countries have policies for violence and injury prevention referencing country-specific research and local data.
- Countries have mechanisms to frequently review behavioural risk factors for road traffic injuries, such as use of motorcycle helmets, seatbelts and child restraints, speeding, alcohol impaired driving.
- Countries have participated in standardized regional or global status reports.

## ACTIONS BY WHO

1. Develop country profiles, using a range of published sources, highlighting the national situation of violence and injury prevention in all countries in the Region.
2. Develop tools and provide guidance to facilitate the collection, coding and use of national data on fatal and non fatal injuries, including the prevalence of risk and protective factors.

3. Assist countries in building capacity for sustainable surveillance systems.

4. Support monitoring and evaluation of programmes for the prevention and response to violence and injuries.

**WHO indicators**

- Number of capacity-building opportunities organized to strengthen surveillance systems for effective violence and injury prevention.
- Number of countries provided guidance to assist the development and implementation of data collection systems for violence and injury prevention.

3. **Monitoring and evaluation**

A midterm review of progress in implementing this action plan will be undertaken in 2018. A final review of the outcomes of this regional action plan will be undertaken in 2021. A regional advisory committee for both implementation and evaluation will be established.
REFERENCES


2. Road Safety in the Western Pacific Region. Manila: WHO Regional Office for the Western Pacific; 2013.


6. Regional Committee for the Western Pacific Resolution WPR/RC63.R3.

7. World Health Assembly Resolutions WHA67.15 [interpersonal violence], WHA64.27 [child injury] and WHA57.10 [road safety].


### ANNEX 1.

Leading causes of death in the Western Pacific, 2012

<table>
<thead>
<tr>
<th></th>
<th>0–27 days</th>
<th>1–59 months</th>
<th>5–14 years</th>
<th>15–29 years</th>
<th>30–49 years</th>
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</table>
| **1.** Preterm birth complications  
  $n = 60,811$ | Lower respiratory infections  
  $n = 46,653$ | Drowning  
  $n = 14,442$ | Road traffic injury  
  $n = 72,472$ | Road traffic injury  
  $n = 100,107$ |   |
| **2.** Birth asphyxia and birth trauma  
  $n = 54,286$ | Diarrhoeal diseases  
  $n = 17,854$ | Road traffic injury  
  $n = 8,382$ | Self-harm  
  $n = 24,440$ | Stroke  
  $n = 95,627$ |   |
| **3.** Other neonatal conditions  
  $n = 32,578$ | Other unintentional injuries  
  $n = 14,346$ | Other infectious diseases  
  $n = 4,494$ | Other unintentional injuries  
  $n = 14,747$ | Ischaemic heart disease  
  $n = 76,520$ |   |
| **4.** Congenital heart anomalies  
  $n = 22,622$ | Congenital heart anomalies  
  $n = 11,958$ | Other unintentional injuries  
  $n = 4,204$ | Drowning  
  $n = 11,110$ | Liver cancer  
  $n = 72,838$ |   |
| **5.** Neonatal sepsis and infections  
  $n = 15,760$ | Drowning  
  $n = 10,307$ | Leukaemia  
  $n = 3,931$ | Interpersonal violence  
  $n = 10,986$ | Self-harm  
  $n = 42,024$ |   |
| **6.** Other congenital anomalies  
  $n = 6,526$ | Meningitis  
  $n = 9,093$ | Congenital heart anomalies  
  $n = 3,598$ | Ischaemic heart disease  
  $n = 10,696$ | Trachea bronchus lung cancers  
  $n = 41,016$ |   |
| **7.** Lower respiratory infections  
  $n = 13,414$ | Preterm birth complications  
  $n = 7,847$ | Lower respiratory infections  
  $n = 3,441$ | Stroke  
  $n = 9,924$ | HIV/AIDS  
  $n = 39,184$ |   |
| **8.** Other unintentional injuries  
  $n = 5,478$ | Childhood-cluster diseases  
  $n = 6,959$ | Other malignant neoplasms  
  $n = 3,116$ | Leukaemia  
  $n = 8,989$ | Other malignant neoplasms  
  $n = 32,298$ |   |
| **9.** Other infectious diseases  
  $n = 4,214$ | Road traffic injury  
  $n = 5,835$ | Epilepsy  
  $n = 2,415$ | HIV/AIDS  
  $n = 8,859$ | Other unintentional injuries  
  $n = 28,916$ |   |
| **10.** Other infectious diseases  
  $n = 3,699$ | Other infectious diseases  
  $n = 5,007$ | Parasitic and vector diseases  
  $n = 2,223$ | Other malignant neoplasms  
  $n = 8,420$ | Tuberculosis  
  $n = 25,787$ |   |

$n =$ number of deaths
<table>
<thead>
<tr>
<th></th>
<th>50–59 years</th>
<th>60–69 years</th>
<th>70+ years</th>
<th>TOTAL</th>
</tr>
</thead>
</table>
| 1 | Stroke  
\(n = 221\,161\) | Stroke  
\(n = 515\,128\) | Stroke  
\(n = 1\,860\,179\) | Stroke  
\(n = 2\,703\,356\) |
| 2 | Ischaemic heart disease  
\(n = 145\,395\) | Ischaemic heart disease  
\(n = 325\,757\) | Ischaemic heart disease  
\(n = 1\,271\,610\) | Ischaemic heart disease  
\(n = 1\,831\,039\) |
| 3 | Trachea bronchus lung cancers  
\(n = 100\,512\) | Trachea bronchus lung cancers  
\(n = 167\,583\) | Chronic obstructive pulmonary disease  
\(n = 896\,325\) | Chronic obstructive pulmonary disease  
\(n = 1\,097\,676\) |
| 4 | Liver cancer  
\(n = 94\,708\) | Chronic obstructive pulmonary disease  
\(n = 149\,607\) | Trachea bronchus lung cancers  
\(n = 420\,930\) | Trachea bronchus lung cancers  
\(n = 731\,680\) |
| 5 | Stomach cancer  
\(n = 56\,581\) | Liver cancer  
\(n = 99\,829\) | Lower respiratory infections  
\(n = 336\,755\) | Lower respiratory infections  
\(n = 463\,315\) |
| (continued) | Road traffic injury  
\(n = 51\,534\) | Stomach cancer  
\(n = 94\,692\) | Other circulatory diseases  
\(n = 291\,829\) | Liver cancer  
\(n = 461\,122\) |
| 7 | Other malignant neoplasms  
\(n = 43\,478\) | Other malignant neoplasms  
\(n = 60\,485\) | Stomach cancer  
\(n = 226\,840\) | Stomach cancer  
\(n = 404\,420\) |
| 8 | Chronic obstructive pulmonary disease  
\(n = 39\,368\) | Oesophagus cancer  
\(n = 58\,826\) | Hypertensive heart disease  
\(n = 218\,264\) | Other circulatory diseases  
\(n = 390\,253\) |
| 9 | Oesophagus cancer  
\(n = 33\,277\) | Other circulatory diseases  
\(n = 49\,413\) | Liver cancer  
\(n = 187\,684\) | Road traffic injury  
\(n = 337\,329\) |
| 10 | Cirrhosis of the liver  
\(n = 32\,869\) | Hypertensive heart disease  
\(n = 49\,172\) | Other malignant neoplasms  
\(n = 143\,865\) | Hypertensive heart disease  
\(n = 298\,445\) |

Source: WHO Global Health Estimates, 2014
Note: blue cells indicate violence and injury causes
## ANNEX 2.

Typology of injuries and its inclusion in WHO regional action plans

<table>
<thead>
<tr>
<th>INJURY</th>
<th>UNINTENTIONAL INJURY</th>
<th>INTENTIONAL INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Interpersonal violence</td>
</tr>
<tr>
<td>Road traffic injury</td>
<td></td>
<td>Child maltreatment</td>
</tr>
<tr>
<td>Drowning</td>
<td></td>
<td>Intimate partner and sexual violence</td>
</tr>
<tr>
<td>Falls</td>
<td>Burns</td>
<td>Youth violence</td>
</tr>
<tr>
<td>Burns</td>
<td>Poisoning</td>
<td>Elder maltreatment</td>
</tr>
<tr>
<td>Poisoning</td>
<td>Other unintentional injuries</td>
<td></td>
</tr>
</tbody>
</table>

**Key**

- Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific
- No global or regional action plan
ANNEX 3.

Examples of evidenced-based interventions to prevent violence and injuries

### ROAD TRAFFIC INJURY
- Stringent and consistent enforcement of all road safety legislation
- Mandatory use of motorcycle helmets
- Mandatory use of seat belts for all vehicle occupants
- Correctly fitted and age/height/weight appropriate child restraints
- Establish drink-driving legislation with a maximum Blood Alcohol Concentration (BAC) of 0.05 g/dl for the general population and 0.02 g/dl for professional and novice drivers
- Setting urban speed limits that maximize the safety and survivability of pedestrians and other vulnerable road users
- Road infrastructure that separates pedestrians and other vulnerable road users from faster moving, heavier vehicles

### DROWNING
- Install barriers controlling access to water
- Provide safe places away from water for pre-school children, with capable child care and supervision
- Teach school-age children basic swimming, water safety and safe rescue skills
- Train bystanders in safe rescue and resuscitation
- Lifeguards at designated swimming locations
- Personal flotation devices

### FALLS
- Physical strength and balance training for older people
- Community-based group programmes which may incorporate fall prevention education and Tai Chi-type exercises or dynamic balance and strength training
- Use of hip protectors for those at risk of a hip fracture due to a fall
- Prescription of appropriate assistive devices to address physical and sensory impairments
- Home assessment and environmental modification for those with known risk factors or a history of falling
- Mandatory fall protection measures for high windows and balconies
- Community programmes such as “Kids Can’t Fly”
- Standards for nursery and play equipment for children
- Setting and enforcing safety standards for construction sites
BURNS

- Mandatory smoke detectors in homes and other premises
- Safer lamps and stoves
- Temperature controls on hot water supplied at taps
- Child resistant cigarette and stove lighters
- Ban sales and unregulated production of fireworks
- Treatment in dedicated burns centres
- Demarcation of cooking and living areas
- Immediate first aid including cooling

POISONING

- Poisons information and reference centres/ hotlines
- Child-resistant closures for medicines and other chemicals
- Package medicines in non-lethal quantities
- Replace toxic ingredients with safer alternatives
- Locked storage of medicines, agricultural pesticides and other toxic chemicals

INTERPERSONAL VIOLENCE

- Home visitation programmes by nurses to support parents for the prevention of child maltreatment
- Parenting education programmes for the prevention of child maltreatment
- Child sexual abuse avoidance training
- Preschool enrichment programmes for the prevention of youth violence
- Life skills training for the prevention of youth violence
- Mentoring and bullying prevention programmes
- School-based programmes for the prevention of dating violence against women and girls and violence against people with disability
- Microfinance and gender equality training to prevent violence against women; accompanied by treatment for abusers (including rehabilitation) and criminalizing abuse
- Social and cultural norms changes to prevent physical and sexual violence against women and people with disability
- School and university programmes for the prevention of sexual violence
- Changes to the physical environment (such as increasing street lighting) for the prevention of sexual violence
- Professional caregivers awareness programmes to prevent elder abuse
- Public information campaigns to prevent elder abuse
- Caregivers support programmes to prevent elder abuse
- Residential care policies to prevent elder abuse
NOTES FOR ANNEX 3

1. Road Safety in the Western Pacific Region. Call for Action. Manila, Philippines: WHO; 2009
   http://www.wpro.who.int/publications/docs/RoadSafetyintheWPR.pdf


   http://apps.who.int/iris/bitstream/10665/9789241505109_eng.pdf


   http://apps.who.int/iris/bitstream/10665/9789241505352_eng.pdf

   http://whqlibdoc.who.int/publications/2008/9782940395040_eng.pdf

   http://apps.who.int/iris/bitstream/10665/143893/1/9789241564786_eng.pdf

    http://apps.who.int/iris/bitstream/10665/43336/1/9241546808_eng.pdf

    http://apps.who.int/iris/bitstream/10665/43811/1/9789241563536_eng.pdf


    http://apps.who.int/iris/bitstream/10665/77936/1/9789241500845_eng.pdf


    http://apps.who.int/iris/bitstream/10665/43628/1/9789241595254_eng.pdf

    http://whqlibdoc.who.int/publications/2008/9789241596589_eng.pdf
ANNEX 4.

Sustainable Development Goals relating to violence and injury prevention

<table>
<thead>
<tr>
<th>SUSTAINABLE DEVELOPMENT GOAL</th>
<th>Link to violence and injury prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 3.2</strong></td>
<td>Killing more than 43 000 children each year, injuries are responsible for 10.5% of all under-5 mortality. Drowning (25%), road traffic injuries (14%) and other unintentional injuries (46%) are the leading causes of injury death.</td>
</tr>
<tr>
<td>By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 3.4</strong></td>
<td>Promotion of mental health and well-being and provision of mental health care is recognized as essential for both prevention and response to the different forms of interpersonal violence.</td>
</tr>
<tr>
<td>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 3.5</strong></td>
<td>Alcohol consumption is increasing and is now associated with the majority of road traffic fatalities in many countries in the Region. Alcohol significantly increases the frequency and severity of violence, contributing to both the perpetration and victimization of violence. Globally, 30% of violence is associated with alcohol.</td>
</tr>
<tr>
<td>Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 3.6</strong></td>
<td>Someone dies on the roads every 90 seconds in the Western Pacific Region. Almost 70% of those killed on the Region’s roads are the so-called vulnerable road users — pedestrians, bicyclists and motorcyclists. In many low- and middle-income countries of the region, road trauma continues to increase.</td>
</tr>
<tr>
<td>By 2020 halve global deaths and injuries from road traffic &quot;accidents&quot;.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 3.7</strong></td>
<td>Recognizing the sexual and reproductive health consequences of violence against women and girls, SRH services are key entry points for integrating violence against women services and the inclusion of violence against women as part of national RH strategies and programmes.</td>
</tr>
<tr>
<td>By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 3.8</strong></td>
<td>The principle of UHC is a key guiding principle for provision of health services to survivors/victims of violence and injuries, highlighting the need for financial protection, and provision of quality essential services for managing the health consequences of such trauma.</td>
</tr>
<tr>
<td>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</td>
<td></td>
</tr>
<tr>
<td><strong>Goal 4.2</strong></td>
<td>Quality early childhood development, care and primary education are protective against subsequent involvement in violence when boys and girls become older.</td>
</tr>
<tr>
<td>By 2030, ensure that all girls and boys have access to quality early childhood development, care and primary education so that they are ready for primary education.</td>
<td></td>
</tr>
<tr>
<td>SUSTAINABLE DEVELOPMENT GOAL</td>
<td>Link to violence and injury prevention</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td><strong>Goal 4.7</strong></td>
<td>By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development.</td>
</tr>
<tr>
<td><strong>Goal 4.a</strong></td>
<td>The health and education systems must collaborate to support implementation of comprehensive sexuality education, life and social skills with an emphasis on non-abusive, respectful and egalitarian relations that maintain positive relationships and prevent all forms of violence later in life.</td>
</tr>
<tr>
<td><strong>Goal 5.2</strong></td>
<td>According to the Global school-based health survey (GSHS) prevalence of physical fights and bullying ranges from 11.6% to 71.1% and 17.7% to 74% respectively in regional countries. The Global Status Report on Violence Prevention 2014 documents that 13 regional countries have national or subnational laws banning corporal punishment in one or more settings (e.g. in the home and school).</td>
</tr>
<tr>
<td><strong>Goal 5.3</strong></td>
<td>Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.</td>
</tr>
<tr>
<td><strong>Goal 5.6</strong></td>
<td>Eliminate all forms of violence against women and girls in public and private sphere, including trafficking and sexual and other types of exploitation.</td>
</tr>
<tr>
<td><strong>Goal 6.1</strong></td>
<td>Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation are harmful practices against women and girls requiring prevention and a whole of government response.</td>
</tr>
<tr>
<td><strong>Goal 6.1</strong></td>
<td>In the Western Pacific Region, one in four women has experienced physical and/or sexual violence at the hands of their intimate partner. Prevalence ranges from 15–68% in regional countries.</td>
</tr>
<tr>
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</tr>
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</tr>
<tr>
<td><strong>Goal 6.6</strong></td>
<td>The promotion of all human rights including those related to sexual and reproductive health are key to preventing and responding to violence against women and girls.</td>
</tr>
<tr>
<td><strong>Goal 6.6</strong></td>
<td>Access to safe drinking water has historically been a major determinant in countries reducing the risk of drowning. Not having to collect water from natural sources reduces the exposure of those collecting water (often children). Almost 30 000 women and girls aged 5–70+ drown in the Western Pacific Region every year.</td>
</tr>
<tr>
<td><strong>Goal 6.6</strong></td>
<td>Support and strengthen the participation of local communities for improving water and sanitation management.</td>
</tr>
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</tr>
<tr>
<td><strong>Goal 6.6</strong></td>
<td>Any accumulation of water can result in drowning, particularly for young children. Recommended community actions for drowning prevention centre around the identification of potential hazards and removing the drowning risk by strategic use of barriers such as a well covers.</td>
</tr>
</tbody>
</table>
## SUSTAINABLE DEVELOPMENT GOAL

<table>
<thead>
<tr>
<th>Goal</th>
<th>Link to violence and injury prevention</th>
</tr>
</thead>
</table>
| **Goal 11.2** | By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, people with disabilities and older people.  
Of the 337 000 people killed on the Region’s roads each year, 33% are women, 4% are children under 15 and 29% are aged above 60 years. 25% of all road traffic fatalities in the Region are pedestrians. |
| **Goal 11.5** | By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.  
More than 81 000 people drowning in the Region each year, making it the leading cause of death for children aged 5–14. |
| **Goal 11.7** | By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities.  
Of the 337 000 people killed on the Region’s roads each year, 33% are women, 4% are children under 15 and 29% are aged above 60 years. 25% of all road traffic fatalities in the Region are pedestrians. |
| **Goal 16.1** | Significantly reduce all forms of violence and related death rates everywhere.  
More than 36 000 people are murdered in the Western Pacific Region each year. The Western Pacific has the lowest homicide rate of all WHO regions, however within the range across regions varies dramatically from 0.4 per 100 000 in Japan to 12.4 per 100 000 in the Philippines. |
| **Goal 16.2** | End abuse, exploitation, trafficking and all forms of violence and torture against children.  
The regional prevalence of violence against children remains to be determined however globally; one in four adults has reported experiencing physical violence during their childhood. |
| **Goal 16.3** | Promote the rule of law at the national and international levels and ensure equal access to justice for all.  
Actions to strengthen the interface between the health and police/justice sectors, particularly through medico-legal evidence are a key element of supporting access to justice for survivors of inter-personal violence. |
| **Goal 16.a** | Strengthen relevant national institutions, including through international cooperation, for building capacities at all levels, in particular in developing countries, for preventing violence and combating terrorism and crime.  
WHO has developed a wide range of materials and guidance for the development of national and subnational capacity for the prevention of interpersonal violence. |
ANNEX 5.

Examples of multisectoral stakeholders for prevention and response to various types of violence and injuries

<table>
<thead>
<tr>
<th>ROAD TRAFFIC INJURY</th>
<th>DROWNING</th>
<th>FALLS</th>
<th>BURNS</th>
<th>POISONING</th>
<th>INTERPERSONAL VIOLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Children’s affairs</td>
<td>Construction</td>
<td>Children’s affairs</td>
<td>Agriculture</td>
<td>Education</td>
</tr>
<tr>
<td>Finance</td>
<td>Cost guard</td>
<td>Health</td>
<td>Energy</td>
<td>Health</td>
<td>Finance</td>
</tr>
<tr>
<td>Health</td>
<td>Disaster response</td>
<td>Housing</td>
<td>Health</td>
<td>Occupational health and safety</td>
<td>Health</td>
</tr>
<tr>
<td>Planning and development</td>
<td>Education</td>
<td>Infrastructure</td>
<td>Housing</td>
<td>Rural affairs</td>
<td>Justice</td>
</tr>
<tr>
<td>Police</td>
<td>Finance</td>
<td>Labour</td>
<td>Labour</td>
<td>Labour</td>
<td>Planning and development</td>
</tr>
<tr>
<td>Statistics</td>
<td>Health</td>
<td>Occupational health and safety</td>
<td></td>
<td></td>
<td>Police</td>
</tr>
<tr>
<td>Transport</td>
<td>Planning and development</td>
<td>Senior’s affairs</td>
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<td></td>
<td>Social affairs</td>
</tr>
<tr>
<td>Urban development</td>
<td>Police</td>
<td>Urban development</td>
<td></td>
<td></td>
<td>Women’s and children’s affairs</td>
</tr>
</tbody>
</table>
ANNEX 6.
Tools and resources for violence and injury prevention

ALL VIOLENCE AND INJURIES

United States Centers for Disease Control and Prevention (CDC): Injury Prevention & Control
http://www.cdc.gov/injury/

For more than 20 years, the CDC Injury Centre has conducted research on ways to prevent violence and injuries. In 1992, CDC established the National Center for Injury Prevention and Control (NCIPC) as the lead federal organization for injuries and violence prevention. The site offers information on motor vehicle safety (from seat belts to global road safety and social media content), violence prevention (presenting funded programmes and initiatives plus information on different forms of violence), data and statistics and a range of internal and external publications and resources.

Cochrane Injuries Group: WHO Collaborating Centre for Research and Training in Injury, Violence and Accident Prevention
http://injuries.cochrane.org/

The Injuries Group at London School of Hygiene and Tropical Medicine is a designated WHO Collaborating Centre for Research and Training in Injury and Violence Prevention. Its members include researchers, health-care professionals and anyone using health services. The Centre’s work involves preparing, maintaining and promoting the accessibility of systematic reviews in the prevention, treatment and rehabilitation of traumatic injury, from road traffic injuries to poisoning, and the emergency resuscitation of seriously injured and burned patients.

Community Tool Box
http://ctb.ku.edu/en

The Community Tool Box is a public service of the University of Kansas (KU). It is developed and managed by the KU Work Group for Community Health and Development and partners in the United States of America and internationally. The Community Tool Box is a part of the KU Work Group’s role as a designated WHO Collaborating Centre for Community Health and Development. The Community Tool Box is a free, online resource of tips and tools for people working to build healthier communities and bring about social change.

http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-international-injury-research-unit/

The Johns Hopkins International Injury Research Unit was established within the Johns Hopkins Bloomberg School of Public Health as a way to respond to the growing burden of injuries worldwide. Through research, collaboration and training, the Johns Hopkins International Injury Research Unit strives to identify solutions to the growing burden of injuries in low- and middle-income populations, influence public policy and practice, and advance the field of injury prevention. Capacity development is a core feature of JH-IIRU. Workshops and courses in injury prevention are available as online publications.
Monash University Injury Research Institute (MIRI): WHO Collaborating Centre for Violence, Injuries and Disabilities
http://www.monash.edu/miri/research/reports/index.html

The Monash Injury Research Institute is a comprehensive injury prevention research centre. The Centre produces research that has real-life implications for translation into policy. MIRI focuses on the prevention of injuries as well as treatment and recovery from injury. Research papers, reports and safety resources are available on the website, on topics ranging from violence to transport safety and injury outcomes.

Pan Pacific Safe Communities Network (PPSCN)
http://www.ppscn.org/

The Pan Pacific Safe Community Network (PPSCN) was established in 2013 by representatives from four countries (Australia, Canada, New Zealand and the United States of America). Collectively there are around 122 designated (international/regional/national) Safe Communities in Australia, Canada, New Zealand and the United States of America. The PPSCN provides a forum for collaboration and knowledge sharing between Safe Communities within the Pan Pacific region, identifies ways to strengthen the uptake of best-practice in injury prevention and safety promotion, identifies ways to strengthen the lead roles for Safe Communities in the Pan Pacific region, and works collaboratively with the International Safe Community Network, WHO and other Safe Community networks. The website offers webinars on topics such as child safety, injury data and crime prevention.

WHO: Violence and Injury Prevention
http://www.wpro.who.int/entity/violence_injury_prevention/en/

WHO directs and coordinates international health within the United Nations’ system. Through the Violence and Injury Prevention (VIP) Unit, WHO supports countries to coordinate the efforts of multiple sectors of the government and partners to attain public health objectives and support national health policies and strategies on violence and injury prevention. The global and regional websites includes a series of publications and materials on road traffic injuries, child injuries and violence, and data collection. WHO has also collaborated with a global network of experts to develop a modular violence and injury prevention and control curriculum known as TEACH-VIP and a global mentoring programme for violence and injury prevention known as MENTOR-VIP (http://www.who.int/violence_injury_prevention/capacitybuilding/en/).

ROAD SAFETY

Global Alliance of NGOs for Road Safety
http://www.roadsafetyngos.org

With more than 140 member nongovernmental organizations (NGOs) active in more than 90 countries, the Global Alliance of NGOs for Road Safety was founded to share best practices and collectively advocate road safety and the rights of victims of road traffic injury. The Alliance provides concise information on nongovernmental organizations activities to governments, foundations, inter-governmental agencies, the media and other stakeholders. The Alliance also organizes the biennial Global Meeting of NGOs Advocating for Road Safety. The Alliance was established in 2011 by nongovernmental organization members of the United Nations Road Safety Collaboration. Updates, news and activities are shared through the website.
The Global Road Safety Partnership (GRSP)
http://www.grsproadsafety.org/

GRSP, formed in 1999, is hosted by the International Federation of the Red Cross and Red Crescent Societies. The GRSP Steering Committee includes bilateral and multilateral development agencies, governments, businesses and civil society organizations. GRSP creates and supports multisectoral road safety partnerships engaged with front-line road safety interventions. While working on capacity-building and training of road safety practitioners, GRSP is actively engaged in advocacy at all levels and provides global road safety programme coordination. The website includes a discussion forum for people interested in global road safety, reports, news and events.

The Road Traffic Injury Research Network (RTIRN)
http://rtirn.net/

The RTIRN is an initiative of the Global Forum for Health Research supported by WHO and the World Bank. It is a global partnership which promotes, conducts and uses research for the prevention of road traffic injuries in low- and middle-income countries. The website includes information on research grants, publications, newsletters, news and events. The RTIRN Secretariat is currently hosted by the Hanoi School of Public Health.

United Nations Road Safety Collaboration (UNRSC)
http://www.who.int/roadsafety/en/

WHO established the UNRSC in 2004. The Collaboration is an informal consultative mechanism whose members are committed to road safety efforts and in particular to the implementation of the recommendations of the World Report on Road Traffic Injury Prevention (2004). The UNRSC holds biannual meetings to discuss global road safety issues. Funding opportunities, publications and information on networks and related events can be found in the website.

World Road Association (PIARC)
http://roadsafety.piarc.org/en

PIARC was established in 1909. It brings together the road administrations of 122 governments and has members-individuals, companies, authorities and organizations in over 140 countries. PIARC’s Road Safety Manual was launched in November 2015. A web-based tool, it is designed to help practitioners and decision-makers in countries and regions at all stages of development to implement a safe systems approach to road safety, contributing to the goals in the United Nations Decade of Action.

Youth for Road Safety (YOURS)
http://www.youthforroadsafety.org/

YOURS was established in 2010, representing young road safety advocates in 85 countries. Activities include advocacy, networking and capacity development. Based on its Youth and Road Safety Action Kit, YOURS holds trainings on behalf of governments, development banks, foundations and private companies to build the knowledge and skills of young road safety leaders worldwide. The Action Kit is available for download (http://www.youthforroadsafety.org/activities/capacity_development/publications), along with information on the core group managing the local network and country-specific activities.
DROWNING

Flood List
http://floodlist.com/
Flood list brings information on floods from around the world to inspire discussion and collaboration in preparing for and dealing with the effects of flooding. The website includes articles and news on floods as well as information on flood protection, insurance and recovery.

Foundation for Aquatic Injury Prevention (FAIP)
http://aquaticisf.org/
FAIP is a non-profit educational organization dedicated to reducing the number of diving injuries, drownings and near drowning injuries, and other aquatic accidents. FAIP represents victims, their families and others dedicated to the prevention of tragedy in aquatic accidents. FAIP is actively engaged in water safety education, legislation and support for victims and their families. The website includes injury and water safety facts and a series of resources and legal options.

International Life Saving Federation (ILS): An NGO in official relations with WHO
http://www.ilsf.org
The ILS is a world authority on drowning prevention, lifesaving and lifesaving sport. ILS leads, supports and collaborates with national and international organizations engaged in drowning prevention, water safety, water rescue, lifeguarding and lifesaving sport. The ILS is composed of national aquatic lifesaving organizations (known as Member Federations) from around the world. The ILS website includes drowning prevention strategies, the World drowning report and information on the World Conference on Drowning Prevention.

International Tsunami Information Center (ITIC)
ITIC, established in 1965 under the United Nations Educational, Scientific and Cultural Organization (UNESCO), is hosted by the US National Oceanic and Atmospheric Administration National Weather Service. ITIC maintains and develops relationships with scientific research and academic organizations, civil defense agencies, and the public to improve tsunami preparedness for all Pacific Ocean nations. ITIC assists in the development and implementation of tsunami warning and mitigation systems globally. The website includes information on current warnings, recent tsunamis, what to do in case of a tsunami, technical information and research.

Royal Life Saving Society of Australia
The Royal Life Saving Society of Australia works to prevent drowning and facilitate healthy, active lifestyles by equipping people with water safety skills. For the past 120 years, Royal Life Saving has worked to harness community strengths to reduce drowning and turn everyday people into everyday community lifesavers. Activities include advocacy and awareness-raising, education, training, health promotion, aquatic risk management, community development, research, and media and marketing. Facts, reports and training programmes can be found in the website.
FALLS, BURNS, POISONING

Australian & New Zealand Burn Association (ANZBA)
http://anzba.org.au/

ANZBA is a non-profit organization and the peak body for health professionals responsible for the care of the burn injured in Australia and New Zealand. ANZBA is dedicated to improving the lives or people with burn injuries by encouraging higher standards of patient care through education, performance monitoring and research. ANZBA and its multidisciplinary members seek to engage the public to promote community awareness of burn injury prevention. The website includes information on the Burn Registry of Australia and New Zealand and a course on emergency management of severe burns.

Interburns
http://interburns.org/

Interburns is an international network of expert burn care professionals seeking to transform burn care and prevention in low- and middle-income countries. Interburns is a small, low-cost organization that leverages volunteer time from experienced medical personnel – including plastic surgeons, therapists, nurses and other specialists – to deliver high quality training, education, research and capacity-building. Interburns works in close collaboration with local partners to deliver long-term, sustainable improvements in burn care and prevention. The website includes information on trainings, fellowships and research projects.

International Society for Burn Injuries (ISBI)
http://www.worldburn.org/

ISBI, founded in 1965, aims to disseminate knowledge and stimulate prevention of burns. The website includes information on educational opportunities, awards, grants, fellowships, membership information and related links.

World Directory of Poison Centres
http://www.who.int/gho/phe/chemical_safety/poisons_centres/en/

Poisons centres provide expertise on poisoning diagnosis and management. Most centres provide emergency advice to the public and health professionals. As of February 2012 only 46% of WHO Member States had a poison centre. Poisons centres also compile data on toxic exposures and on toxic substances, characterize the epidemiology of poisoning to prioritize preventive efforts, advice on the management of health impacts of chemical incidents, conduct surveillance of chemical exposures and act as sentinels for chemical release. Through these roles poisons centres contribute to national capacities under the International Health Regulations (2005). The website includes an interactive map and excel file world directory of poison centres.

CHILD INJURY

Child Injury Prevention Alliance (CIPA)
http://childinjurypreventionalliance.org

CIPA is dedicated to the prevention of unintentional and intentional injuries to children and adolescents in the United States of America and globally. Activities include trans-disciplinary scientific research, translation of research findings into programmes and policies, leadership in injury prevention initiatives and advocacy, and fostering national and global collaboration in injury research and prevention.
Safe Kids Worldwide
http://www.safekids.org/
Safe Kids Worldwide aims to prevent injuries in children. Safe Kids works with more than 400 coalitions in the United States of America and partners with organizations in 25 countries to reduce injuries from motor vehicles, sports, drownings, falls, burns and poisonings. Foci include research, educational and awareness programmes and addressing public policies on child safety. The website includes safety tips, options to ideas and actions get involved.

Save the Children
https://www.savethechildren.net/
Save the Children is a leading independent organization for children, working in around 120 countries. Save the Children fights for child rights and helps children to fulfil their potential. It works to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. Their website includes annual reports, reports on child protection, children's rights and education.

The Alliance for Safe Children (TASC)
http://www.tasc-gcipf.org/
The Alliance for Safe Children focuses on reducing child death and disability rates from injury in South-East Asia, with offices in Thailand and Viet Nam. Projects are underway in Bangladesh, Cambodia, China, Indonesia, Malaysia, Philippines, Thailand and Viet Nam. The website includes an interactive map of programmes.

http://www.unicef.org/eapro/activities_3598.html
The UNICEF Regional Office is a hub for information, technical expertise, coordination and resource mobilization for UNICEF country offices. Their website includes publications on child protection, country fact sheets and resources, such as a research fact sheet on estimating the economic burden of violence against children in East Asia and the Pacific.

**ALL INTERPERSONAL VIOLENCE**

The Centre for Public Health at Liverpool John Moores University: A WHO Collaborating Centre for Violence Prevention
http://www.preventviolence.info/
The Centre for Public Health at Liverpool John Moores University is a WHO Collaborating Centre for Violence Prevention. The Centre conducts original research, systematic literature reviews and maintains intelligence systems to measure and monitor violence. The website includes abstracts of peer reviewed articles, ongoing violence prevention research trials and key publications and resources on violence prevention.

WHO: Violence Prevention Alliance (VPA)
http://www.who.int/violenceprevention/en/
VPA is a network of Member States, international agencies and civil society organizations working to prevent violence. VPA participants share an evidence-based public health approach that targets the risk factors leading to violence and promotes multisectoral cooperation. Participants are committed to implement the recommendations of the World Report on Violence and Health (2002). Their website includes information on VPAs approach, project groups, publications, participants and events.
INTIMATE PARTNER AND SEXUAL VIOLENCE

Equality Now
http://www.equalitynow.org

Equality Now, founded in 1992, advocates human rights of women and girls by raising the international visibility of individual cases of abuse, mobilizing support through their global network and using strategic political pressure to ensure that governments enact or enforce laws and policies that uphold the rights of women and girls. Online resources include reports on human rights violations, factsheets and updates on country actions.

Sexual Violence Research Initiative (SVRI)
http://www.svri.org/

The SVRI, established in 2003, promotes research on sexual violence and generates empirical data to ensure that sexual violence is recognized as a priority public health issue. Information on activities (e.g. grants, forums, capacity building), issues (e.g. health effects, human rights, disabilities, trafficking), research tools (e.g. methods and guides, survey tools, dissemination and advocacy) as publications and work done per country, can be found in their website.

CHILD MALTREATMENT

International Network on Children’s Health, Environment and Safety (INCHES)
http://inchesnetwork.net/

INCHES promotes children’s health and protection from harmful environmental exposures. Environmental health risks to children are increasingly recognized as a key concern. The website includes a training manual on children's environmental health, along with the activities and themes addressed by the organization.

The Global Initiative to End All Corporal Punishment of Children
http://www.endcorporalpunishment.org

The Global Initiative to End All Corporal Punishment of Children was launched in 2001. The Initiative encourages governments and others to “own” corporal punishment of children and work actively to address it, the Initiative also supports national campaigns with information and assistance. The context for the Initiative’s work is implementation of the United Nations Convention on the Rights of the Child. The website includes research on the negative impact of corporal punishment and progress on implementing laws aiming to go from prohibition to elimination of corporal punishment.

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
http://www.ispcan.org/

ISPCAN, founded in 1977, is a multidisciplinary international organization that brings together committed professionals to work towards the prevention and treatment of child abuse, neglect and exploitation. ISPCAN’s mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, and children of war, emotional abuse and child labour. ISPCAN works to increase public awareness, developing prevention activities and promoting the rights of children. Publications, resources and tools including guides, e learning courses, webinars, reports and newsletters are available on their website.
ELDER ABUSE

Age Concern
http://www.ageconcern.org.nz/

Age Concern is a charitable organization in New Zealand dedicated to people over 65. It promotes dignity, well-being, equity and respect while providing expert information and support services in response to older people's needs. Age Concern works to ensure older people stay connected with their family, friends and community. The website includes reference information on issues related to ageing including elder abuse.

Help Age International
http://www.helpage.org/

Help Age International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives, working in more than 65 countries with more than 100 affiliates and 180 other partners. The website includes information on training, publications and the Global age watch index which ranks countries by how well their ageing populations are faring.

International Network for the Prevention of Elder Abuse (INPEA)
http://www.inpea.net/

INPEA, founded in 1997, is dedicated to the global dissemination of information as part of its commitment to the worldwide prevention of abuse of older people. Reports and resources from different countries and organizations are shared in their website.

YOUTH VIOLENCE

Centre for the Study and Prevention of Violence: Blueprints for Healthy Youth Development
http://www.colorado.edu/cspv/blueprints/
http://www.blueprintsprograms.com/

Blueprints for Healthy Youth Development is a research project at the Centre for the Study and Prevention of Violence, at the University of Colorado Boulder. The Blueprints mission is to identify evidence-based prevention and intervention programmes to reduce antisocial behaviour and promote healthy youth development. The Blueprints programme website includes a search engine of programmes that have been reviewed and rated in terms of promotion of positive youth development.

International Centre for the Prevention of Crime (ICPC)
http://www.crime-prevention-intl.org/

ICPC promotes safer and healthier societies and communities through strategic and evidence-led initiatives that aim to reduce and prevent offending and victimization and to support international norms and standards, in particular the United Nations Guidelines on the prevention of crime (1995 and 2002). ICPC encourages countries, cities and institutions to invest in prevention rather than relying on more costly criminal justice responses to crime. ICPC is often asked to provide expertise in crime prevention. Their website displays projects, strategies, practices and tools (although this component is reserved only for members). Articles and research papers on youth violence are also available, such as Youth and Gun Violence: The Outstanding Case for Prevention.