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VIOLENCE AND INJURY PREVENTION

In the Western Pacific Region, violence and injuries accounted for an estimated 1.2 million deaths in 2008 representing about one quarter of the global death toll from such causes. Millions more sustain non-fatal injuries and suffer lifelong disability. WHO estimates that deaths due to violence and injuries are expected to increase in the future.

The health sector, in partnership with other sectors, has a crucial responsibility for developing policies and action plans, establishing surveillance and monitoring systems, implementing evidence-based, cost-effective interventions, ensuring a continuum of care for victims, and advocacy.

WHO, other international and regional partners, and Member States have initiated efforts to halt the increase and bring about a reduction in violence and injuries.

The Regional Committee is invited to consider a resolution calling for regionwide enhanced responses to violence and injuries.

1. CURRENT SITUATION

In the Western Pacific Region, violence and injuries accounted for an estimated 1.2 million deaths in 2008, the most recent year with complete data, representing about one quarter of the global death toll from such causes. Millions more suffer from permanent or temporary disability due to non-fatal injuries. In 2008, about 350 000 people died on roads, 142 000 from falls and 100 000 from drowning. Deaths from suicide and from other intentional and unintentional injuries accounted for the remaining number of deaths due to violence and injuries.

In children up to four years of age, drowning is the fifth leading cause of death, while drowning and road traffic injuries are the leading causes of death for those aged five to 14 years. From 15 to 44 years of age, road traffic injuries are the leading cause of death, drowning and interpersonal violence being the fourth- and fifth-leading causes, respectively. Those above 60 years of age account for about two thirds of deaths due to falls. Falls are an important cause of morbidity and prolonged hospitalization in all age groups.

Deaths due to interpersonal violence are four times more common in men than in women. Nevertheless, violence against women is of concern in the Region. WHO-assisted studies in the Region show a wide prevalence of physical violence against women, such as 32% in a Mekong country and 68% in a Pacific island country. Women in vulnerable situations, such as humanitarian crises, and those with disabilities suffer higher levels of violence. Violence against women, including sexual violence, results in multiple physical, mental, sexual and reproductive health problems and has been associated with a higher maternal mortality ratio. All forms of violence against children, including sexual violence, have serious lifelong health consequences, such as depression, aggressive behaviour, smoking, high-risk sexual behaviour, unintended pregnancy, alcohol and drug abuse, and involvement in violence later in life.

Globally, the number of deaths due to violence and injuries is expected to increase. WHO estimates that by 2030 road traffic injuries will be the fifth leading cause of death (rising from ninth in 2004) and interpersonal violence will become the 16th-leading cause of death. The cost of violence and injuries is a significant strain on national economies, with the economic cost of road traffic deaths and injuries accounting for between 1% and 3% of gross national product.

WHO and other partners have initiated responses to the growing problem. The World Health Assembly has passed resolutions calling on governments to implement the recommendations of the *World Report on Violence and Health* (WHA56.24), promote multisectoral action to promote road safety (WHA57.10), strengthen emergency care systems (WHA60.22) and prevent child injuries

(WHA64.27). The United Nations has launched the global Decade of Action for Road Safety (2011–2020). The United Nations General Assembly has called for Member States to intensify efforts to eliminate all forms of violence against children (1990) and women and girls (2009). Most Member States have ratified the United Nations Convention on Elimination of Discrimination against Women, which includes violence against women in its scope.

The WHO Regional Office for the Western Pacific developed the *Regional Framework for Action on Injury and Violence Prevention (2008–2013*) in consultation with Member States. In recent years, WHO has supported the efforts of Member States to review their national policies, develop action plans and build capacity among government focal points and has assisted in implementation of injury and violence prevention projects.

2. ISSUES

The health sector, in partnership with other sectors, has a crucial responsibility for developing policies and action plans to address injuries and violence, establishing surveillance and monitoring systems, organizing and delivering evidence-based and cost-effective interventions, ensuring a continuum of care for victims, and advocacy. Depending on the country situation, the capacity of stakeholders and the type of injury or task concerned, the health sector could play a leadership, coordination or supportive role in efforts to prevent violence and injuries.

2.1 Development and implementation of national policies and action plans

Many Member States lack comprehensive national policies and plans for violence and injury prevention. The health sector, in conjunction with other sectors, should catalyse the development of such policies and plans, integrating them fully with existing government health and development policies and plans at all levels. Leadership at the highest level is required in both health and other sectors to ensure a whole-of-government approach. The process should involve representatives from appropriate government departments, nongovernmental organizations, academia and other sectors. National plans should cover all relevant areas, including situational assessment, prevention measures, health services for victims, roles of stakeholders, capacity-building and advocacy. The establishment of monitoring frameworks and accountability processes will assist in evaluating the implementation of national policies and plans.

2.2 Need for surveillance and monitoring

Underreporting of violence and injuries is a matter of concern in the Western Pacific Region. Reasons for underreporting include inadequate vital registration, lack of surveillance systems, issues relating to definitions, and the stigma attached to the reporting of violence, especially against women and children.

Reliable information on the magnitude, consequences and risk factors relating to violence and injuries is key to sound policy-making. Data on violence and injuries can be obtained from a wide range of government and nongovernmental sources, such as health facilities, vital registration services, the police, community surveys, industrial compensation records and the insurance sector. A comprehensive surveillance system should be established, with inclusion of special surveys and research to address special needs. The preparation of the *Global Status Report on Road Safety* is an example of close collaboration between Member States and WHO in this regard. WHO supported the development of the Road Crash and Victim Information System (RCVIS) in Cambodia, which serves as a comprehensive source for all stakeholders.

2.3 Collaboration with other sectors to implement prevention programmes

The prevention of any type of violence or injury requires the involvement of various sectors and a combination of multiple interventions at all levels of society. The lack of a lead agency or effective intersectoral coordinating mechanism for a particular type of violence and injury often hampers the implementation of community-wide interventions. The health sector could initiate these efforts by providing data obtained from surveillance or through research. Examples of evidence-based community-wide interventions for different types of violence or injury are given below.

To improve road safety, the transport needs of the community need to be incorporated into planning of residential and commercial zones in both rural and urban areas. Australia, Japan, New Zealand, the Republic of Korea and Singapore have all reduced the number of road traffic deaths in their countries through investments in systematic multisectoral approaches, including establishment of effective public transportation systems and safer road systems and enforcement of appropriate road safety legislation, such as laws on wearing helmets, speeding, drinking and driving, seat belts and child restraints. WHO is assisting government partners to implement multisectoral road safety interventions in Cambodia, China, the Philippines and Viet Nam, addressing such issues as motorcycle helmets, drinking and driving, and speeding. Many cities in the Region have adopted the Healthy Cities initiative as an effective approach to promote road safety.

To prevent childhood drowning, effective interventions include installation of physical barriers to bodies of water. An example is the WHO-assisted demonstration projects to cover open wells and build fences around pools in Cambodia and the Philippines. To prevent burns in children WHO is assisting the Government of Mongolia to develop safer stoves. Interventions to prevent poisoning in children include legislation and enforcement of child-resistant packaging for medicines and household chemicals. Prevention of child injuries should be integrated into child health care.

To prevent falls among the elderly, homes, workplaces, public places and transportation need to be designed in an "age-friendly" manner. Tailored exercises and physical activity, as well as gait training, have been found to be effective in preventing falls.

To address violence against women and children, all sectors should work together towards a change in societal norms and attitudes, reducing access to the harmful use of alcohol, providing parenting support and conducting life-skills training. Additional responses might include empowering women and girls, including men in programmes, providing for the special social and psychological needs of victims, and increasing enforcement of relevant laws. WHO has assisted in capacity-building for professionals from selected Member States in these areas and has provided support for a one-stop centre for victims in Mongolia.

2.4 Provision of a continuum of care

The health sector plays a key role in providing comprehensive and effective pre-hospital and trauma care. The lack of such services in many Member States contributes significantly to increased mortality and morbidity from violence and injury. The continuum of care ranges from pre-hospital care to trauma care in health facilities and on to rehabilitation. Evidence shows that up to 30% of trauma deaths can be prevented by the provision of prompt, effective pre-hospital and trauma care.

Pre-hospital care covers services provided on the site where the injury occurred and the proper transport of victims to a health facility by ambulance. Development of pre-hospital care systems should include the following: minimum standards for training and certification of staff; standards for equipment, supplies and ambulances; sufficient numbers of ambulance stations on duty; and coordination with other emergency response systems, including the police and fire services. WHO has supported the governments of Cambodia and Mongolia to review their pre-hospital care services.

Provision of trauma care should include the adoption of a core set of trauma care services at designated health facilities, development of human resource skills through appropriate curricula, and coordination between health-care facilities to address the referral of victims. Trauma care services should be monitored regularly and evaluated for their efficiency and effectiveness.

A wide range of rehabilitative services, including community-based rehabilitation, are required to minimize disability and hasten the return of victims to active lives.

2.5 Advocacy

Advocacy for violence and injury prevention is inadequate in many Member States. The health sector should share data with other sectors and advocate for allocation of sufficient resources for the prevention of violence and injuries. Multisectoral advocacy needs to be coordinated with legislation, enforcement and targeted activities, including education of the public.

3. ACTIONS PROPOSED

The Regional Committee is requested to consider for endorsement a resolution calling for regionwide enhanced responses to violence and injuries.