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Abstract

National accident prevention programmes need improvement if they are successfully to tackle the serious and, in some cases, increasing problems posed by accidents. Representatives of such programmes gathered at the third in a series of biannual meetings to review their progress and problems and those of the WHO regional programme on accident prevention, and to discuss the options for European networks of community intervention programmes and the methods needed to raise awareness and translate it into action. The participants noted some common problems in national programmes, particularly the lack of multisectoral coordination of both action and information. The participants recommended multisectoral action and improved communication as measures to increase the effectiveness of public awareness campaigns, programmes for safe communities, and the regional accident prevention programme in both assisting national programmes and acting as a clearing-house for information. The basic data set for accident prevention was recommended as a tool for monitoring the development of national programmes and improving communication between WHO and Member States.

Index:

ACCIDENT PREVENTION
CONSUMER PARTICIPATION
DATA COLLECTION
HEALTH POLICY
EUR

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Introduction

A Meeting of the representatives of national accident prevention programmes was held in Istanbul, Turkey, from 28 November to 1 December 1990. The Turkish Ministry of Health and the Hacettepe University, Ankara co-sponsored and co-hosted the Meeting. The Meeting was the third in a series beginning in 1986.

The participants represented a wide range of disciplines in the public health sector, and included: medical practitioners, traumatologists, orthopaedists, surgeons, pathologists, medical hygienists and specialists in social medicine, economists, sociologists, epidemiologists, statisticians, toxicologists, environmentalists, traffic specialists and university professors of various medical sciences. The participants came from 14 Member States of the European Region, and are listed in Annex 2. Annex 1 comprises a list of the background documents. The Meeting was held:

(a) to review the implementation of national accident prevention programmes in the Region, analysing the progress made and the constraints encountered;

(b) to analyse future options for the implementation of national European networks of safe communities programmes;

(c) to analyse methods that could be introduced to raise the awareness of accident prevention in decision-makers and the general public in countries;

(d) to discuss the feasibility of designing a model programme for accident prevention;

(e) to review the major recommendations made at the previous meetings of the Forum to analyse the follow-up measures adopted;

(f) to review the progress of the programme for accident prevention of the WHO Regional Office for Europe; and

(g) to make recommendations on the direction to be taken by the Regional Office and country programmes on accident prevention.

Country reports

Participants from all the countries represented reported on accident statistics from various sources; most of these were gathered from sectors other than health and included statistics on traffic accidents and work-related accidents. All countries acknowledge the severity of the problems posed by accidents. Almost all Member States therefore have set national targets for accident prevention programmes, and most have established such programmes. In only a few countries, however, are the responsibilities of the various government departments involved well defined. Although several national institutions are supposed to play the leading role in developing and implementing the national programme, too often only one sector (for instance, the health or the road transport sector) assumes this responsibility.

Similarly, few countries have an intersectoral national committee, council or intergovernmental coordinating unit for accident prevention. Such committees or units were thought to be important in such tasks as raising the awareness of politicians, fund raising and coordinating efforts.

Although all countries can provide statistics on accidents, these statistics are often neither comprehensive enough nor intersectorally coordinated. In a great number of countries, it is impossible to define reliable baseline data on accidents in some sectors (such as for sports injuries and home accidents), and to monitor progress in the implementation of prevention efforts. Nevertheless, targets have been set in some countries for the reduction not only of mortality but also of morbidity from accidents (such as treatment in accident and emergency departments).

The accident rates appear to be on the increase in some Member States and it was wondered whether country targets needed adjustment. This refers in particular to central and eastern European countries, where socioeconomic conditions are rapidly changing. It was noted that traffic injuries still contribute to a large proportion of the deaths and disability in these countries. The growth in transport demands and in international traffic will inevitably lead to an increase of traffic accidents as road infrastructures and the availability of safety provisions cannot keep up with the rapid increase in the volume of vehicles circulating.

Other Member States noted the growing importance of home, leisure and sports-related accidents. Although they are of moderate severity on average, their consequences in terms of disability should not be underestimated. It was concluded that such accidents will gain importance and preventive efforts in this area should be further stimulated throughout the Region.

Public awareness

The participants felt that a great deal of effort is being invested in raising the awareness of the public of safety issues. Most of these activities are initiated

and coordinated at the central or regional levels, and are usually conceived and implemented separately for traffic safety, the workplace and the home environment. Statistics aggregated at a high level seldom give the reasons for launching such activities. The mass media often provide the tools to convey the message to the public.

The participants concluded that public awareness campaigns fail too often. Mass media and public relations expertise should be included in the preparation of such campaigns to ensure that the target group is reached and sensitized. In addition, the messages should include simple and concrete suggestions for feasible preventive measures, thus giving the public the necessary tools for transforming awareness into action. Further, efforts to raise the awareness of the public should include work to raise that of politicians. Finally, the involvement of grassroots movements and of pressure groups (such as traffic safety groups, the consumer movement and trade unions) was thought to be effective in convincing policy-makers and politicans of the need for accident prevention programmes and feasible ways to implement them.

Safe communities programmes

The WHO Eighth General Programme of Work (1990-1995) proposed the establishment of a new strategy for the implementation of global action on injury prevention. The recommended strategy focuses intervention at the community level, and advocates that priority be given to groups at greater risk of accidents, such as children, the elderly and the disadvantaged.

A community is defined as a group of people with common interest, sharing the same geographic location and having common purposes. The strategy endorses the

principle that people have the right to live safely, remaining unhurt. They also have a number of rights in relation to accident prevention: to be involved in the decision-making process, to be informed, to decide on their own priorities and resources, and to acquire knowledge and skills. Although the strategy considers the community to be the foundation of an accident prevention programme, the importance of the assistance to be given to the community by the central and peripheral levels is underlined.

The strategy was endorsed at the First World Conference on Accident and Injury Prevention, held in 1989, at which the Manifesto for Safe Communities was adopted. The Manifesto urges governments and international organizations to develop and implement safe communities projects throughout the world. Two projects, in different parts of the world (Linköping, Sweden and Wang Khoi, Thailand), initiated safe community structures based on the above-mentioned principles. An initial evaluation of both gave promising results that have inspired other countries to follow their example. Thus, a similar project has started in Denmark.

Experience in Member States shows that more effort is needed to ensure that public awareness is translated into action. The pilot projects in Sweden, Thailand and elsewhere lead to the expectation that intervention that is more specifically aimed at the local community and involves all relevant professional and voluntary groups in the community may contribute to significant reductions in accident morbidity.

A community intervention project was launched in Denmark in January 1990, and called the five community project. It is intended to reduce injuries following home, leisure, occupational and traffic accidents, and to involve the local community in decisions on strategies for injury prevention.

The main thrust is prevention through interdisciplinary and intersectoral cooperation. Accident data recorded in local hospitals and other health establishments provide the basic guidelines for prioritizing and implementing intervention in the community. Various means for intervention are being designed for use in this project, ranging from mass media publicity campaigns to visits to homes and communities. The process of implementation and its outcome are being monitored through epidemiological research, process evaluation, behaviour change studies and cost-benefit analysis of the intervention introduced.

The participants recognized that similar safe community activities are being implemented in various Member States in the European Region, such as France, the Netherlands, Norway, Sweden and Yugoslavia. Within the framework of the WHO global programme for injury prevention, links have been established between both countries and regions involved in projects for safe communities. These demonstration projects will reveal in due course how best to develop and implement safe community programmes. WHO should follow not only the activities of the Danish project but also those of all the other projects mentioned, and facilitate the interchange of knowledge and experience between the various countries involved or interested in adopting this model.

WHO should request Member States to consider similar approaches, and to look for ways to develop them further in conjunction with more traditional methods of intervention. For example, accident prevention elements could be introduced into school curricula or national campaigns could be organized to promote coordinated action on accident prevention.

Issues related to the regional programme on accident prevention

A draft of the updated version of regional target 11 was circulated to the participants. Sports and leisure injuries have been added to this version. Discussion focused on further revision, namely, the inclusion of a reduction in the disabling consequences of accidents by the year 2000. No specific rate of reduction was suggested.

Further, in accordance with a resolution made by the WHO Regional Committee (EUR/RC40/R7) in 1990, the regional programme on accident prevention would shift part of its efforts and resources (including about 25% of its operating budget) to focus on the countries of central and eastern Europe.

A review of recommendations at the two earlier meetings in this series indicated that:

- some of the recommendations have been adopted by some Member States (for example, the adoption of Chapters 19 and 20 of the Tenth Revision of the International Classification of Diseases (ICD);

- some were being implemented in a few countries, for example, the application of the indicators of the basic data set (BDS) for accident prevention for data collection and monitoring progress in accident programmes;

- some had been endorsed, such as the principle of multisectoral cooperation within country programmes; and

- others had been ignored, such as the recommendation to develop progress indicators to monitor programmes' improvements in data collection (the Johns Hopkins University proposal).

Further discussion about the recommendations heightened the participants' awareness of the lack of the communication and exchange of information needed to ensure implementation and of the difficulty in interpreting some of the recommendations (such as that on cataloguing both problems and successful countermeasures). The participants also discussed the need to specify the people or bodies responsible for carrying out selected recommendations, within both WHO and Member States.

The problem of linking the WHO accident prevention programme with related WHO programmes, such as those on alcohol and drug abuse and primary health care, was reviewed. The problem of programme linkage within Member States needed similar consideration.

Recommendations

Data collection and analysis

1. The BDS has been designed and should be used as a guideline for the monitoring of the development of national accident prevention programmes and for the improvement of communication between the Regional Office for Europe and the Member States of the Region.

2. Member States should review BDS and report to the Regional Office on its applicability within a year.

3. To standardize the monitoring of progress towards the attainment of target 11, Member States should adopt as baseline data the average number of fatal accidents for the five-year period 1980-1984. The data collected should be divided according to age groups: children (0-14 years), youngsters (15-24 years), adults (25-64 years), the elderly (65-80 years) and the very old (over 80 years).

4. Indicators of the type of activity involved in and the site of an accident have been incorporated into the ICD. The use of such indicators should be made obligatory and the information included in the registration of deaths. This procedure will considerably improve monitoring and the Regional Office should ask Member States to consider taking such action.

5. The Regional Office should establish a small set of basic indicators for monitoring the progress of Member States towards achieving target 11. BDS should be revised to include only the minimum set of indicators necessary to monitor accidents (such as the severity and type of accident, and the age and sex of the victim).

6. WHO should contribute further to the improvement of the present methods of data collection on deaths from accidents and the standardization of information on non-fatal accidents.

7. Member States should give high priority to the training of all staff involved in the collection and analysis of data on accident prevention, and assess the training needs related to the use of BDS information system.

8. Member States should consider undertaking in-depth evaluations of the economic impact of accidents, using appropriate indicators.

The regional programme on accident prevention

9. Target 11 has two main components: accident prevention and disaster preparedness. These should constitute the subjects of separate targets.

10. The Regional Office should modify the text of target 11 to include the objective of significantly reducing the morbidity and disability resulting from accidents. WHO should convene a committee of experts to review the definitions of morbidity and disability and to develop suitable indicators to monitor the attainment of these subtargets, which should include primary, secondary and tertiary prevention.

11. The Regional Office should consider the need for establishing collaborating centres for accident prevention in the Region. Such centres should assist the Regional Office to monitor countries' progress towards target 11 and should disseminate the information gathered through periodic newsletters and annual reports.

12. The Regional Office should approach national research institutes to obtain the scientific and technical support needed for research activities in connection with the development of accident prevention programmes.

13. The Regional Office should give due attention to the need for allocating additional financial resources to the regional programme on accident prevention to facilitate its adequate functioning.

General

14. Member States should reflect on the important role that improved public transportation systems could play in reducing the risks of traffic accidents.

15. Member States should give increased consideration to the need for developing first-aid skills in the public and particularly in vehicle drivers.

16. Existing legislation and regulations dealing with measures to prevent accidents (such as those on the use of seat belts, road signs and alcohol control) need to be revised so that a common strategy can be developed.

17. Member States should define policies and implement strategies that will include sports accidents at school, with an emphasis on safe behaviour, products and environments.

18. The public in Member States should be educated on and sensitized to accidents and their sequelae. Measures heightening the awareness of politicians should be incorporated in such campaigns.

Annex 1

BACKGROUND PAPERS [a]

EUR/ICP/APR 113	Prevention of accidents - A basic data set and guidelines for its use
ICP/APR 111	Forum for the Exchange of Experience on National Accident Control Policies: report of a meeting held in Budapest, 10-12 November 1986
ICP/APR 111	Forum for the Exchange of Experience on National Accident Control Policies: report of a meeting held in Arandjelovac, Yugoslavia, 16-18 May 1988

[a] Copies may be obtained from the Accident Prevention and Disaster Preparedness Unit, WHO Regional Office for Europe, 8, Scherfigsvej, DK 2100-Copenhagen Ø, Denmark.

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TARGET 11

ACCIDENTS

By the year 2000, injury, disability and death arising from accidents should be reduced by at least 25%.

Note

NATIONAL ACCIDENT CONTROL POLICIES

WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN