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STATISTICAL INDICATORS FOR ACCIDENTS

Report of the Fifth Meeting of the Steering Committee

Istanbul
26-27 November 1990

Abstract

The WHO Steering Committee on Statistical Indicators for Accidents held its fifth biennial meeting to review the application in countries of the basic data set information system for injury prevention, and discuss other issues related to accidents. The Committee recommended that the WHO Regional Office for Europe should advise countries on how to develop accident prevention programmes, using the basic data set; monitor and evaluate the use made of the basic data set; and keep interested agencies informed. The items included in the basic data set should be kept to a minimum, incorporating indicators from other systems only if desired. Work is needed to improve certification of death from accidents, explore what makes some accidental injuries result in disability, and review existing studies of the economic costs of accidents. Greater cooperation is advised between the Regional Office and WHO headquarters in all areas pertaining to accidents, but particularly in the area of acute poisonings, to encourage information exchange among European poison centres and harmonize data collection on poisonings.

Introduction

Following the recommendations of a meeting in Arandjelovac, Yugoslavia (16-18 May 1988) about the development of the accident prevention programme of the WHO Regional Office for Europe, and in accordance with the aims of target 11, the biennial meeting of the group of experts on statistical indicators for accidents was convened in Istanbul on 26-27 November 1990.

The Meeting was attended by seven experts in various health disciplines: sociology, public health, reconstructive surgery, statistics, behavioural sciences and the environment (see Annex 2).

The Meeting was held:

- to review the application at the country level of the basic data set (BDS) information system for injury prevention (part of the overall BDS information system for accident prevention), and to analyse the constraints encountered;
- to review the European Home and Leisure Accidents Surveillance System (EHLASS) and to analyse its links with the BDS information system for accident prevention;
- to review the links between the International Classification of Diseases (ICD Tenth Revision), the BDS information system for accident prevention and the EHLASS, and to analyse the constraints encountered;
- to review the problems of rehabilitation from disability;
- to review acute poisoning policies in Europe at the country level; their links with the European

Community policies; and the links among relevant WHO programmes in the Regional Office and at headquarters, the International Programme on Chemical Safety (IPCS) and the International Centre for Pesticide Safety (ICPS), a WHO collaborating centre in Busto Garolfo, Italy;

- to review problems related to the economic effects of accidents; and
- to analyse future activities of the Steering Committee and formulate recommendations.

Recommendations

The BDS information system for accident prevention

1. The BDS information system for accident prevention is a core set of items reflecting basic ideas relevant to planning prevention programmes. The BDS should be used as guidelines for the evolution of national accident prevention programmes and to help stimulate the development of indicators for monitoring accidents in the Member States.
2. The 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). If more indicators are required, use should be made of appropriate indicators from EHLASS and the Nordic Medico-Statistical Committee (NOMESCO).
3. Through its accident prevention programme, the Regional Office should monitor the way the BDS is applied in different Member States. It could thus collect information about and evaluate the use made of the BDS and act as a clearing-house to disseminate such information to those agencies directly concerned with accident prevention.

4. The Regional Office should work to raise awareness about the implementation of the BDS among Member States not yet using it, and should also give guidance to those developing accident prevention programmes in the Member States.

Data collection and analysis

1. The quality of the statistics on mortality due to accidents, provided by Member States to WHO headquarters, needs evaluating. To improve death certification, consideration should be given to:

- procedures;
- instructions;
- the training levels of the professionals involved in collecting the relevant information;
- reporting classification and the consequences of having different national structures and systems for reporting and classifying accident mortality.

2. Owing to the lack of information on the causes of disability resulting from accidental injuries, the Steering Committee strongly recommends the development of a minimum set of indicators to measure the action being taken to prevent disability.

Acute poisoning

1. The WHO Regional Office for Europe should request greater support from IPCS in Geneva in the field of acute poisonings:

- to establish a system of information exchange among European poison centres to strengthen their role in toxicovigilance;

- to establish harmonized data collection systems on poison "accidents" following the main guidelines of the BDS and collating the information at the European level.

Economic costs

1. The Regional Office should have an evaluation made of the studies on the cost of accidental injuries so far undertaken. This evaluation should lead to the drafting of WHO guidelines for Member States to assess the economic and societal impact of the injury problem and help them to set priorities in this area.

Cooperation

1. Cooperation should be strengthened between the European accident prevention programme and other programmes within the Regional Office, as well as with global programmes whose activities may tie in with those of the European programme, such as the injury prevention programme and the strengthening of epidemiological and statistical services programme.

Annex 1

LIST OF BACKGROUND PAPERS^a

- ICP/APR 113 Prevention of accidents - A basic data set and guidelines for its use
- ICP/APR 113 Statistical Indicators for Accidents: report of the third meeting of the Steering Committee held in Berlin, 14-16 October 1986
- ICP/APR 113 Statistical Indicators for Accidents: report of the fourth meeting of the Steering Committee held in Arandjelovac, Yugoslavia, 19-21 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 O, Denmark.

Annex 2

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WHO Regional Office for Europe

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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has set out a strategy for the health care system to meet the needs of older people, and the Health Service Research Unit (2000) has set out a strategy for the health care system to meet the needs of older people.

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TARGET 11

REDUCING ACCIDENTS

By the year 2000, deaths from accidents in the Region should be reduced by at least 25% through an intensified effort to reduce traffic, home and occupational accidents.

Index:

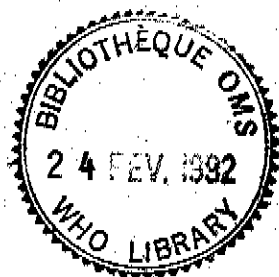
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WORLD HEALTH ORGANIZATION
Regional Office for Europe
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