



WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE
ORGANIZACION MUNDIAL DE LA SALUD

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Accident prev

First global liaison meeting on accident and injury prevention

Report

Geneva
7 May 1985

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Note

The issue of this document does not constitute formal publication. It has been prepared for distribution to all who participated in the meeting and other persons professionally concerned with the field of accident prevention. Additional copies are available from the WHO Global Programme on Accident Prevention, Scherfigsvej 8, 2100 Copenhagen, Denmark.

The views expressed are those of the participants in the meeting and do not necessarily reflect the policy of the World Health Organization.

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Background

Representatives of 11 nongovernmental organizations and a consultant of the WHO programme on Occupational Health attended this one day meeting which was organized by the WHO Global Programme on Accident Prevention (list of participants attached - Annex 1).

The meeting was opened by Dr C.J. Romer, Manager of the Global Programme and Secretary of the meeting. Dr R. Andreasson, International Association for Accident and Traffic Medicine, and Professor A. Rossier, International Society of Paraplegia, were unanimously elected as co-Secretary and Chairman respectively.

Introduction

In opening the meeting, Dr Romer presented an overview of WHO's role in the field of accident prevention and the main objectives of the global programme. For the last 10 years, WHO had been deeply involved in the field of accident prevention. In 1976 activities were intensified following the adoption by the WHO Executive Board of Resolution EB57.30 requesting the development of a formal programme. In 1980, the programme was decentralized to the WHO European Region in Copenhagen in order to take advantage of that Office's experience in the field. At that stage Europe was rather well advanced regarding development of policies for accident prevention, whereas about 75% of the Member States in the remaining part of the world had not achieved that level of development. The focus of the meagre resources available to the global programme have, therefore, been directed to those countries which requested assistance or where the country programme was already of a reasonable size that policy or programme formulation activities could be started.

The present global liaison meeting was timely, presenting an opportunity to discuss ways and means of pooling all resources in the most efficient way. The WHO programme focuses on prevention (primary and secondary), there being other programmes dealing with injury care. The programme covers all types of accident or injury, with the exception of what can be termed macro injuries (disasters), and there is now an Accident Prevention programme in all WHO regions. There are thus several countries cooperating with WHO and one interesting development has been that, whilst 10 years ago there was no real interest in the public health ministries concerning injury prevention, the current situation is totally different and health ministries in several countries are now setting up appropriate programmes, or are requesting WHO to assist in establishing such programmes. This change has gradually occurred over the last five to seven years.

The main aim of the meeting (Annex II) was to discuss WHO/NGOs mutual support for country programme development; such cooperation had already been established between WHO and some NGOs. The present meeting was also timely in view of the 38th World Health Assembly Technical Discussions on Collaboration with nongovernmental organizations in implementing the Global Strategy for Health for All¹

¹The WHA subsequently adopted Resolution WHA38.31 "Collaboration with nongovernmental organizations in implementing the global strategy for all". (Annex III).

The strategy to attain the goal of Health for All by the Year 2000 also includes a component on accident prevention and the liaison meeting's first aim was to exchange information in order to promote or develop action in countries.

The representatives of the various organizations made a presentation on the objectives and activities of their respective organizations:

International Touring Alliance (ITA) and International Automobile Federation (IAF)

These are two sister organizations working closely together.

The ITA is a world federation of automobile associations, touring and tourism bodies, which through its 135 member organizations, groups close to 63 million individual tourists and motorists, representing more than 250 million family members. The ITA's objectives are to protect the road users' interests in areas of tourism and travel.

The IAF is a world federation grouping national automobile associations and clubs in 90 countries. Its aim is to develop international traffic and tourism around the world as well as to promote the study of general and technical problems affecting the automobile.

Both organizations emphasize the education component and dissemination of information, e.g. on the prevention of accidents or reduction of injury impact through the use of seat belts.

Some of the member associations have the biggest newspaper distribution (e.g. in the Federal Republic of Germany, Switzerland and the U.S.A.) presenting excellent opportunities for communicating reliable information.

The organizations are interested in coordination. There are many commissions and organizations with programmes relating to various aspects of accident prevention, and the voices of the governments are often different in different bodies. The IAF and ITA regularly convene global and smaller regional meetings, and every second year a special subject is discussed; one such meeting will be the 15th International Study Week on Traffic Engineering and Safety, Venice, 23-28 September 1985, which will discuss 'traffic engineering and the driver'. The 1984 meeting of this type had studied primary and secondary safety.

International Association for Accident and Traffic Medicine (IAATM)

IAATM was admitted into official relations with WHO in 1970.

The objectives of the IAATM is to promote and develop the study of traffic medicine in its application to road, rail, air and sea transport; promote and maintain contact with governments, supra-national and national organizations concerned with traffic problems and with groups of private users of land, air and sea transport; sponsor efforts to unify and harmonize all legal aspects of traffic problems; ensure diffusion of the results of studies carried out.

The Association actively disseminates scientific information on traffic medicine through its publications and at its meetings.

Publications: Journal of Traffic Medicine; Quarterly Newsletter.

The IAATM representative pointed out that in the Alma-Ata document on Health for All by the Year 2000¹, there is almost no mention of road traffic safety, and very little mention of safety in the workplace or safety in general. At least four organizations at the present meeting would be represented at the Technical Discussions of the World Health Assembly, referred to above, and it would be useful if they would make an input in this connection at these discussions.

It was estimated that between now and the year 2000, 6 million persons will be killed in traffic accidents and 350 million people injured.

In 1974, the Association had been instrumental in having the World Health Assembly adopt resolution WHA27.59 which emphasized international action to be taken in the field of traffic safety. Today, a good 10 years later, WHO still has meagre resources for its global programme on accident prevention. Traffic medicine is a multidisciplinary and a multifacultative discipline. There is a need to adopt and enforce legislation for seat belts, use of helmets and to protect vulnerable groups - children, youths, elderly.

The representative called for a new action programme. The IAATM, at its 25th anniversary in Japan in May 1985, will adopt a programme for further action.

The representative regretted that there was little to celebrate at the Association's 25th anniversary: there had been little success in its work and the representative therefore called for WHO to take leadership in this field and hoped that it would be provided with the necessary financial resources and manpower.

League of Red Cross and Red Crescent Societies (LORCS)

The League was admitted into official relations in 1948.

The League of Red Cross and Red Crescent Societies is the international Federation of National Red Cross and Red Crescent Societies. Its objectives are to prevent and alleviate human suffering. The League encourages the creation and development of national societies in countries all over the world; it advises and assists national societies in the development of their services of the community. In 1982, the League prepared a position paper on health programmes, highlighting the community-based and primary health care approaches.

The League provides strong support for the goals of the global strategy for health for all by exchange and dissemination of information regarding WHO policies and activities in this respect. Its national societies play an active role in many countries in national health development programmes and are ready to assist in community-based primary health care programmes.

¹Primary Health Care, report of the International Conference on Primary Health Care, 1978. WHO, Geneva 1978.

Recently, the League formulated a programme in a number of developing countries to support community-based health services activities in tune with the primary health care approach. WHO collaborates with the League in this initiative as part of the promotion of NGO/government collaboration at the national level. The proposal is to create Red Cross action teams, i.e. volunteers trained universally concerning assessment of local needs and to work within the communities. This approach will be more responsive to community needs as far as accident prevention is concerned. The League plans to convene in Budapest in the near future a European workshop on the Red Cross role in the promotion of home accident prevention among children and youth.

The Red Cross has issued a manual for instructors for teaching laymen in developed and developing countries. The manual is available in Arabic, English, French and Spanish and costs 15 Sw.Frs. It has been given wide distribution, for example to all members of the World Federation of Societies of Anaesthesiologists and to all Red Cross national bodies.

The League representative considered that if there should be a follow up to the present meeting in 1986, it would be useful to have a survey on accident prevention in each country of the regions.

International Federation for Hygiene, Preventive and Social Medicine (IFHPSM)

The Federation has done little so far in this field. Per se it acknowledges the importance of accident prevention though it is involved in all other areas of prevention. Nevertheless, the representative acknowledged the importance of accident prevention. Speaking personally, he mentioned that in his country (Austria), some steps had been taken to reduce traffic accidents: (a) reduction of speed on minor roads; (b) proposal has been made to reduce the alcohol level from 08 to 0; (c) compulsory use of seat belts.

International Road Transport Union (IRU)

The IRU looks at accident prevention as a societal matter, but one which also relates to economics and productivity. Accident prevention is a crucial element in meeting productivity goals. This approach has been launched with the press and national associations. The IRU also aims to bring about and promote understanding by other road users about the physical behaviour of heavy vehicles dependent on their size, weight and construction. Recommendations for the inclusion of such knowledge in driving instruction have been adopted by the ECE commission on Road Safety. Also, in the field of training, ECE has been presented with recommendations on driver training, traffic training and on non-conflict issues between road safety and production. The IRU gives diplomas to outstanding international commercial vehicle drivers and is continuously looking into methods of improving their standards.

World Federation of Neurosurgical Societies (WFNS)

This Federation has a committee on neurotraumatology with expert members from all over the world. It has made recommendations for drivers, for the car and for the road. The Federation is also interested in home, work and sports accidents. The etiology of accidents is different in the various parts of the world and it is therefore difficult to make general recommendations for all countries.

In 1985, the Federation will convene its World Congress of Neurosurgery in Toronto and a committee will give an award (presented by Volvo) for scientific work done in the prevention of road traffic accidents. The epidemiology of the etiology of accidents is important and, at the present time, it seems to be possible, in France, Scandinavia and USA, to organize computerized data banks on neurotraumatology and to have a follow up of the patients in order to identify the cause of the accident. Information on the policies in different countries is difficult to get but of crucial importance in such surveys. The Federation will publish a book on neurotraumatology in 1985. This is one in a series of publications and it is important for the different departments, not only of neurosurgery but also for general surgeons and traumatologists.

During the Federation's congress in Sydney in 1986, discussions will be held on the means that can be employed in the schools to prevent accidents. It is important to include an education component on accident prevention in school curricula and to think about ways and means of interesting the children. It is probably easier to educate the children than adults.

Speaking as a national of France, he referred to a national campaign to reduce the number of traffic accidents in France. Over a one-year period, 1984-1985, there was a 10% reduction in accidents. Again it was important to stress that it is essential to know the etiology of the accidents, e.g. in Marseille, 80% of the accidents are caused by the driver.

International Union for Health Education (IUHE)

The IUHE has constituent members in 20 countries and collective or individual members in 75 countries, with regional bureaux in Africa, America, Europe, South-East Asia and North Western Pacific.

The Union is concerned with primary prevention and its approach to health through education and publishes results of successful programmes through international journals and newsletters. It is only concerned with one aspect of accident prevention and has a committee on industrial and occupational health in the European Region. It undertakes work with other organizations in preparing educational material.

As a national of Australia, the representative mentioned that road accidents have been of great concern to the national authorities and there are inter-town and inter-state competitions to see which can achieve the lowest accident rate. Police can stop any driver at any time and take an alcohol test.

The question of data is very important, e.g. for the etiology of home accidents, by age groups and vulnerable groups. There are a large number of accidents involving old people, e.g. because of worn carpets, broken steps, etc. Clubs have been organized in Australia to repair or replace such items.

World Rehabilitation Fund (WRF)

The WRF was admitted into official relations with WHO in 1984.

The objectives of the Fund are to increase the quality of life of all persons with impairments throughout the world, especially those in the emerging nations, through community-based rehabilitation programmes that are

available and acceptable to all sectors of the population, especially the rural and urban poor. To do this, WRF aims to increase the supply of trained rehabilitation personnel through appropriate training programmes, to increase the capacity for delivery of rehabilitation services through provision of necessary equipment and supplies and by continuing education programmes and self-study devices for health workers and the general public and to provide technical cooperation in developing countries, interchange of experts and exchange of information on rehabilitation topics.

The Fund and the Hospital for Joint Diseases, Orthopaedic Institute, New York convened a meeting, co-sponsored by WHO and the International Labour Organization (ILO) on injuries in the workplace in 1984 and will convene a follow-up meeting in 1986.

Orthopaedic experts are not as much aware of the accident prevention problem as other experts, e.g. neurosurgeons. The Fund has an educational programme to inform orthopaedists about the problem. The main problem is to disseminate what is already known; it is necessary to have several clear models and all disciplines involved as well as have a clear understanding of the natural history of injuries.

The representative recorded the fact that unfortunately there is not the same mobilisation of resources for accident prevention as for other less embracing (in numbers) conditions, e.g. AIDS.

International Paediatric Association (IPA)

The IPA has 99 members and 16 affiliated societies. In close collaboration with WHO each national and international meeting discusses the question of prevention of accidents in children. It is not easy to convince people in developing countries to pay attention to accident prevention. Between now and the year 2000, 800 million children will die before they reach their fifth birthday and accidents in children is the number five killer. Therefore, even though there are bigger killers of children, accident prevention is nevertheless given high priority with IPA.

IPA is very willing to continue its collaboration with WHO in the field of accident prevention in children, though convening workshops, education and activities encouraging medical schools and universities etc. to be more aware of the importance and complexity of the problem of accident prevention and the ways and means of preventing accidents and caring for the injured and their families.

Short-term consultant, WHO Programme on Occupational Health

The consultant referred to the importance of road, home and occupational safety education and training courses in schools and the advantages of linking with the universities.

Direct contact with the governments and with the media (cinema, newspapers, TV) and the public is important. The items of information should not be too long, but rather transmitted several times in the year.

CONCLUSIONS

1. There is a need to increase the awareness of all sectors (health, transport, education) at national, regional, community, professional level of the need for accident prevention programmes. Such programmes, if they are to be successful, have to take religious and cultural aspects into consideration.

2. There is a need to locate/collect, use and disseminate credible and appropriate information. Consideration should be given to the establishment of data banks. Attention should also be paid to the next revision of the International Classification of Disease (the section on injury).
3. Regarding education, it is important to set a base for the development of curricula for health professionals.
4. All the organizations represented have a lot of information and influence, each in a specific area. Therefore, through working together and complementing each other, the impact could be greater.
5. Each NGO, though interested in accident prevention, tackled the problem from different angles. It was therefore considered that the present meeting had been useful for exchanging information and the group should meet annually to continue this exchange. However, exchange of information is all well and good but action is necessary. The group therefore felt that it should have a concrete target towards which all NGOs and WHO could work independently as well as jointly.

The group concluded that their target would be related to 'seat belts for and to be used by all by the year 2000'. Where legislation existed, this should be enforced, and where it did not exist it should be introduced and enforced.

This target was measurable and provided a good test case against which to evaluate the effectiveness of the group. Several organizations and WHO already held very sound and useful material on this topic. It was therefore agreed that all organizations should send copies of their material to WHO, where a synthesis would be made and distributed to all NGOs to be used by them and WHO at appropriate opportunities. Included in the document referred to above would be the recommendation that it should be compulsory for car manufacturers, of which there are not so many in the world, to have seat belts in cars when they leave the factory. The participants also discussed when the use of seat belts should be exempted for medical reasons. The document should also make an authoritative statement on this matter.

Annex 1

LIST OF PARTICIPANTS

NONGOVERNMENTAL ORGANIZATIONS

Federation internationale de l'Automobile

Mr Luc de Saint-Laumer
Secretary of the International Technical Commission, Paris, France

International Association for Accident and Traffic Medicine

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International Society of Paraplegia

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Geneva, Switzerland

International Touring Alliance

Mr O. Mossé
Deputy Secretary, Geneva, Switzerland

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International Union for Health Education

Mr P. Hindson
President, Paris, France

League of Red Cross Societies

Dr H. Zielinski
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World Federation Neurosurgical Societies

Professor Vigouroux
Chairman Committee of Neurotraumatology, Academic Hospital, Leiden,
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World Rehabilitation Fund

Dr V.H. Frankel
President, Hospital for Joint Diseases Orthopaedic Institute, New York,
USA and Director, Occupational and Industrial Orthopaedic Center

WORLD HEALTH ORGANIZATION

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First Global Liaison Meeting on Accident
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SCOPE AND PURPOSE

In 1979, the World Health Assembly launched the Global Strategy for Health for All, when it endorsed the Alma-Ata report and declaration on Primary Health Care.

As a consequence, the Organization's Seventh General Programme of Work for the period 1984-89 was formulated in such a way as to support efforts by the Member States to implement the Strategy for Health for All and, among priority issues for WHO action, the prevention of accidents was given due concern.

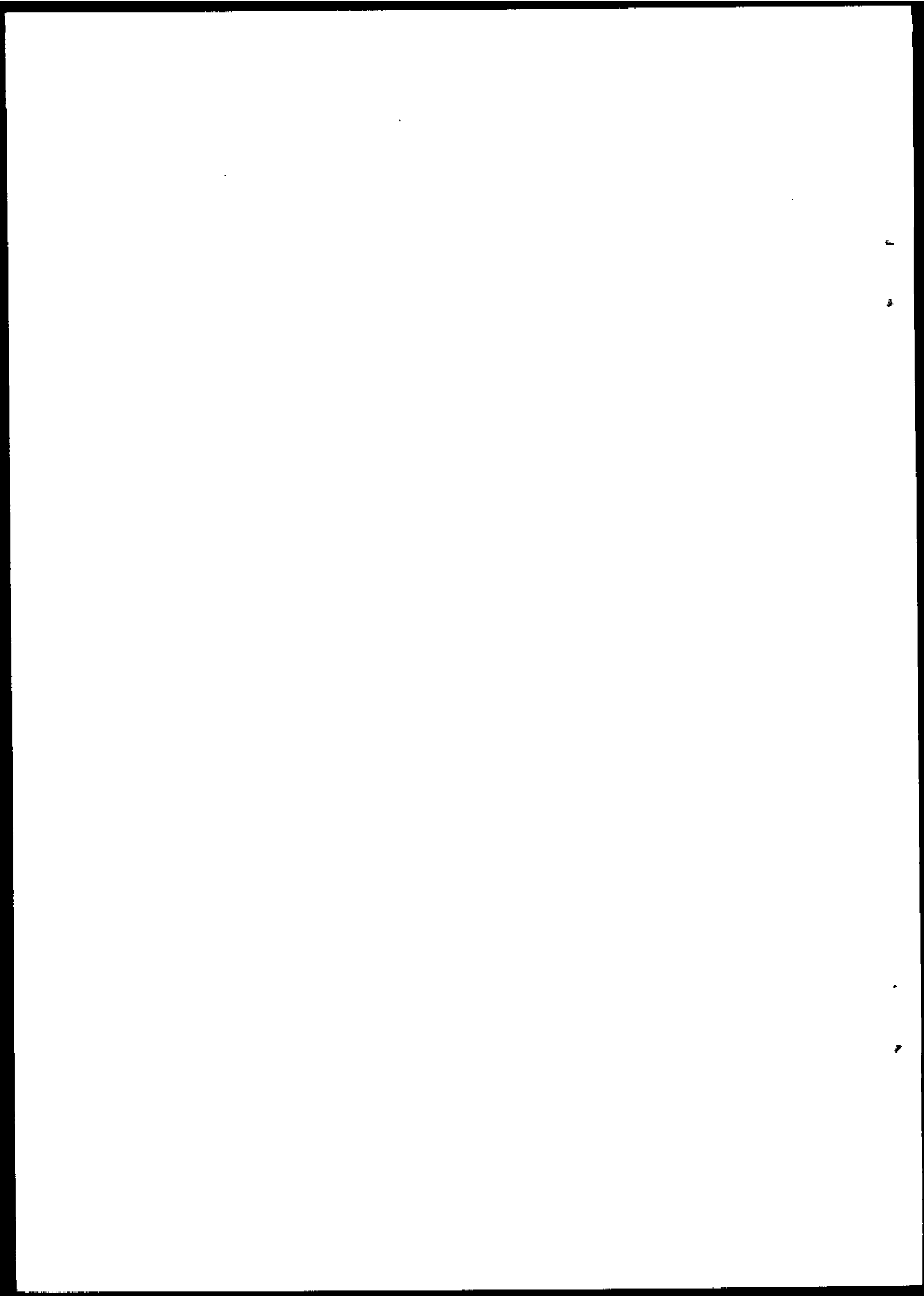
As part of its functions with respect to the Strategy, it is stated that "WHO will promote intersectoral action at the international level with a view to supporting it at the national level, in the following ways: the establishment of joint activities between nongovernmental organizations in the health and other sectors on priority intersectoral issues relevant to the Strategy". (Global Strategy for Health for All by the Year 2000, "Health for All" Series, No 3, WHO, Geneva 1981).

As a typical intersectoral issue, the WHO Regional Office for Europe has already convened four liaison meetings to ease the exchange of information among intergovernmental organizations and nongovernmental organizations concerned to some extent by road accident prevention.

On the basis of the experience gained through these liaison meetings and now that WHO is finalising its plan of action at the world-wide level for supporting accident prevention policies and programmes in countries, it appears worthwhile to engage in a dialogue with those nongovernmental organizations which share similar interests with WHO and which could use their influence and technical expertise in a joint effort for this purpose.

PROVISIONAL AGENDA

- (1) Presentation of the WHO programme on Accident Prevention
- (2) Presentation of objectives and activities of organisations represented
- (3) Definition of mutual areas of concern with regard to programme promotion in countries or research development in injury prevention
- (4) Proposals for a plan of action for strengthening a coordination for a joint approach at international or national level





世界衛生大會 決議

قارعة الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

ANNEX III

THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

WHA38.31

Agenda item 22.2

20 May 1985

COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS IN
IMPLEMENTING THE GLOBAL STRATEGY FOR HEALTH FOR ALL

The Thirty-eighth World Health Assembly,

Recalling resolution WHA34.36, and reaffirming its commitment to the implementation of the Global Strategy for Health for All by the Year 2000 through the solemnly agreed, combined efforts of governments, people and WHO;

Mindful that the attainment of the goal of health for all by the year 2000 is an integral part of international social and economic development as well as a direct contribution to world peace;

Emphasizing the crucial need for a real partnership between governments, nongovernmental organizations and WHO in order to achieve the goal of health for all by the year 2000;

Recognizing the commitment of nongovernmental organizations and the complementarity of the resources which they can mobilize for the achievement of strategies for health for all;

Taking into account the conclusions and recommendations of the Technical Discussions held during the Thirty-eighth World Health Assembly on "Collaboration with nongovernmental organizations in implementing the Global Strategy for Health for All";

1. APPEALS to the global family of nongovernmental organizations to support the strategies for health for all, and calls for their involvement and the increased use of national and international resources towards this end;

2. CALLS on the national nongovernmental organizations:

(1) to commit themselves in practice to the implementation of the strategies for health for all by the year 2000;

(2) to establish close collaboration with governments, in a spirit of partnership, for the implementation of national health for all policies and programmes;

(3) to encourage and support in all ways self-care and self-help groups at the community level for the effective implementation of primary health care;

(4) to establish appropriate national coordinating mechanisms, such as national councils of nongovernmental organizations, to provide a focal point for nongovernmental activities in health and health-related fields;

3. URGES international nongovernmental organizations:

(1) to take appropriate measures to further the collaboration between national nongovernmental organizations and Member States in the implementation of health for all strategies;

(2) to collaborate with WHO and other international organizations in providing support and cooperation in health for all activities;

(3) to coordinate their activities to ensure mutual support and cooperation in health matters;

4. CALLS on Member States:

- (1) to promote, foster and support the partnership approach by involving nongovernmental organizations in policy formulation, planning, implementation, and evaluation of the national health for all strategies;
- (2) to encourage and support the establishment of self-help and self-care nongovernmental groups at the community level, giving particular emphasis to women's groups, in order to implement primary health care approaches effectively;
- (3) to stimulate the active involvement of youth and student organizations, since these represent the generation that will be responsible for the world's health in the year 2000;
- (4) to encourage and support the establishment of nongovernmental coordinating or other appropriate mechanisms at the national level to facilitate mutual dialogue and close consultation on health matters;
- (5) to utilize the expertise and experience of nongovernmental organizations through consultation, and for this purpose prepare inventories of their resources, skills and collaborative health activities with governments;
- (6) to facilitate the mobilization of adequate resources for the work of national nongovernmental organizations for health work;

5. REQUESTS the regional committees to consider ways and means of strengthening the involvement of national and regional nongovernmental organizations in the implementation of regional and national strategies for health for all;

6. REQUESTS the Executive Board to review the existing framework of WHO's collaboration with organizations from the nongovernmental sector, together with the existing rules and procedures, with a view to strengthening it and making it more effective;

7. REQUESTS the Director-General:

- (1) to pursue his efforts to promote the involvement of international nongovernmental organizations in the Global Strategy for Health for All;
- (2) to promote and support partnership activities of Member States, WHO and nongovernmental organizations for the implementation of strategies for health for all;
- (3) to review periodically the progress made in promoting and fostering collaboration between governments and nongovernmental organizations.

Sixteenth plenary meeting, 20 May 1985
A38/VR/16

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