

Areas of Work and Activities

VIOLENCE PREVENTION

An estimated 2.3 million people died from violence in 1998: 948,000 from suicides, 736,000 from homicides and 588,000 from war-related injuries. Many more suffered some form of disability. Violence deprives societies of their major source of economic growth: the 15-44 year-old population. In 1998, 69% of all homicides occurred in this age group.

"Men and women have the right to live their lives and raise their children in dignity, free from the fear of violence, oppression and injustice." —The United Nations Millennium Declaration, 2000.

VIP's violence prevention program involves:

- Building an evidence base: e.g. *World Report on Violence and Health*. To be released in 2002, the Report describes cross-national patterns of violence; summarizes existing information on risk factors and prevention approaches; and includes recommendations for future public health action.
- Creating the tools: e.g. *Global Violence Prevention Framework*. Departing from the Report, the Framework will include methods to collect data on violence; strategies to plan programmes and monitor and evaluate their effectiveness; best practice models for violence prevention; and guidelines to manage the consequences of violence.
- Building capacities to implement prevention activities: e.g. VIP-supported country-level activities. In order to develop model approaches, VIP facilitates the creation of national violence prevention strategies. VIP provides technical support to governments in designing national policies and collaborating with municipalities to organize local violence prevention coalitions. The coalitions plan and implement violence prevention initiatives, develop laws to reduce the likelihood of violent events, and facilitate structural reforms to prevent violence among young people.

ROAD TRAFFIC INJURIES PREVENTION

In 1998, road traffic injuries killed an estimated 1,171,000 people, making them the tenth leading cause of death worldwide. Approximately half of these fatalities involved young adults aged 15-44 years. 88% of these deaths occurred in low and middle income countries.

VIP's road traffic injuries prevention program, as described in the five-year *WHO Strategy on Road Traffic Injury Prevention*, involves:

- Building capacities to implement prevention activities: e.g. *A Manual of Good Practice for the Prevention of Road Traffic Injuries*. The manual is a compilation of successful national and local interventions for the prevention of road traffic injuries.
- Incorporating road traffic injury prevention into national public health agendas: e.g. a course on road traffic injury prevention. As part of the Strategy, VIP is working with partners to develop curriculum for these courses, which will be issued in the form of a manual and a CD-ROM. The courses will be made available through an interactive Internet site.
- Promoting research into action-oriented strategies for the prevention of road traffic injuries, particularly as these relate to pedestrians and other vulnerable road users: e.g. advocacy documents. VIP is preparing a series of advocacy documents, including fact sheets on road traffic injuries and other documents such as *Road Traffic Injuries Prevention and the Role of Ministries of Health and other Public Health Professionals*. The latter describes the magnitude and social and economic costs of road traffic injuries and identifies the potential prevention role of public health.

In developing countries, people who will never be able to afford private vehicles account for approximately 60% of traffic-related deaths.

WEAPONS AND HEALTH

Estimates indicate that each year several hundred thousand people die worldwide from small arms and landmine-related injuries. In addition, millions of people are injured, and many suffer permanent disability due to these weapons.

VIP's program related to weapons and health involves:

- Building an evidence base: e.g. *Small Arms and Global Health*. The report, a compilation of currently available data on the impact of small arms on global health, completes the introductory phase of a comprehensive, three-year study on the topic. VIP also coordinates surveys on the impact of landmines on health in several African countries.

- Creating the tools: e.g. *Guidance for Surveillance of Injuries due to Landmines and Unexploded Ordnance*. To facilitate ongoing surveillance of injuries, VIP prepared the guidelines as a standardized tool for information gathering on victims of landmines and other injuries.

"Twenty years ago what kids worried about was getting bad grades. But now, kids are worried about getting killed. I'm scared too and I don't want to die. I have a whole lot of life to go and make my own goals and be what I want to be." —12-year old Miguel

Cross-cutting Activities

PRE-HOSPITAL CARE

In order to support the provision of timely and appropriate treatment for victims of injuries, VIP is working with experts to prepare *Guidelines for the Development of Pre-Hospital Care Systems*. The draft guidelines will be pilot tested in various countries. Once finalized, VIP will support training at the country level on the use of these guidelines.

SURVEILLANCE

WHO and its partners engage in surveillance activities, regularly collecting data on global mortality and morbidity. In collaboration with experts in the field, VIP published *Injury Surveillance Guidelines*, a manual for the development of injury surveillance systems in areas where resources are limited. VIP also prepared the *International Classification of External Causes of Injury*, a tool for injury researchers which allows them to capture detailed information about injuries and the circumstances in which they occur. VIP assists in the development and strengthening of capacities at the national level to plan, implement and evaluate injury surveillance systems.

ADVOCACY

Injuries are a major public health problem. VIP advocates for increased attention to injuries and resources for their prevention, primarily through the provision of data and information for informed priority-setting and decision-making regarding prevention policies and programs.

Goals

- Act as a facilitating authority for international science-based efforts to prevent violence and unintentional injuries and promote safety
- Promote and facilitate international violence and injury prevention research
- Promote improved standards of teaching and training for violence and injury prevention and safety promotion
- Foster multi-disciplinary collaboration between relevant global, regional and national stakeholders
- Compile and disseminate best practices for violence and injury prevention and control
- Facilitate implementation of violence and injury prevention and control at country level
- Collate, analyse and disseminate global data on violence and unintentional injuries

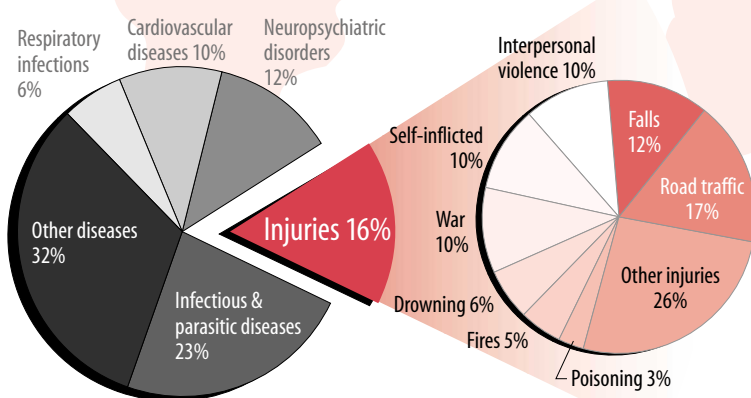
Resources

In addition to general guidelines on injury-related topics, VIP offers specific data and information on all injuries by topic and geographic region; fact sheets, reports and publications; and information about ongoing research in the field. This material can be accessed at VIP's website

http://www.who.int/violence_injury_prevention.

Global burden of disease attributable to injuries, 1998 estimates

Source: *World Health Report, 1999*



Partners

VIP works in collaboration with other WHO departments and regional and country offices; WHO collaborating centers; governments; UN agencies; academic institutions; and non-governmental organizations.

Global Burden of Injuries

Each year injuries account for more than 5 million deaths globally. This figure is dwarfed by the number of survivors of injuries, many of whom suffer life-long health consequences. Based on 1998 data, the following is known:

- Seven of the fifteen leading causes of death for men between the ages of 15-44 years are injury-related. In descending order they are road traffic injuries, interpersonal violence, self-inflicted injuries, war-related injuries, drowning, poisoning and falls.
- For women of the same age, five of the fifteen leading causes of death are injury-related. They are self-inflicted injuries, war-related injuries, road traffic injuries, fires and interpersonal violence (including deaths resulting from domestic violence and sexual assault).
- 88% of traffic-related deaths, 86% of suicides and 95% of homicides occurred in low- and middle-income countries. The poor are at high risk for injury because they are faced with hazardous situations on a daily basis, and lack resources and access to appropriate care and treatment for their injuries.
- It is estimated that by 2020 deaths from injuries will have increased from 5.1 million to 8.4 million every year.

Contact Information

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Every day nearly 16,000 people die from injuries around the world. For every person who dies of injuries, several thousand injured persons survive, but many suffer permanent disabling consequences. Traffic collisions, falls, drowning, burns and deliberate acts of violence against oneself or others are among the leading causes of these injuries. The World Health Organization's Department of Injuries and Violence Prevention (VIP) leads global action to prevent injuries as major threats to public health.



Department of

INJURIES AND VIOLENCE PREVENTION (VIP)

WORLD HEALTH ORGANIZATION