



SEVENTH GENERAL PROGRAMME OF WORK  
COVERING THE PERIOD 1984-89

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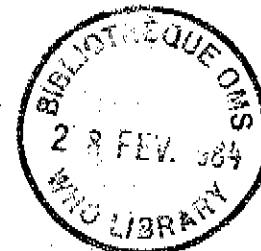
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Global Medium-Term Programme

Programme 8.3

ACCIDENT PREVENTION



The programme which will be carried out during the Seventh General Programme of Work has acquired another dimension by extending its scope beyond road accidents to all types of accidents.

The main thrusts of this programme during the period considered will be: 1) to continue the activities related to road accident prevention developed as part of the Sixth General Programme of Work, giving priority to application in countries of principles developed during this period and 2) to support the establishment of national policies and strategies for controlling accident hazards or minimizing their public health consequences through situation assessment, dissemination of information, support to research on technology for safety as well as promotion of the application of known efficient technologies.

Accidents are the third cause of general mortality in most industrialized countries and the first cause during half of the life-span. Nevertheless, developing countries are facing more severe situations in many places where accident and injury rates are sharply or continuously increasing. As a consequence, a special effort will be made to strengthen cooperation between developing countries, to generate locally adapted expertise, and at the same time to initiate cautious and appropriate transfer of expertise between developed and developing countries.

The programme is fundamentally one for the prevention of accidents or injuries but it also aims at minimizing their severity. Close links will be maintained with those programmes dealing with the management and organization of services for care and rehabilitation of the injured.

Finally, the basic approach will emphasize the fundamental role of the community, as well as the need to consider accident prevention as an essential part of many socio-economic programmes.

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## 1. Introduction and policy basis

The accident prevention programme activities and approaches aim at providing countries and regions with the necessary support to develop related national or regional preventive strategies within their overall efforts to implement the global strategy for Health for All by the Year 2000.

In line with the Seventh General Programme of Work, activities will concentrate on the development of epidemiological knowledge and preventive tools which will stimulate and support the development of national accident control policies and programmes. It will in particular aim at developing and adapting technology, to eliminate accident hazards at all levels of individual or community activities, as part of the strategy for general health protection and promotion. For road injuries more emphasis will be placed on service infrastructure and programme delivery; for injuries from other causes (such as domestic, occupational, sport, toxic, etc.) emphasis will be on technology development and situation assessment.

The first resolution requesting WHO to play an active role in accident prevention and coordination of related research was adopted by the Member States in 1966 (WHA19.36). A further resolution emphasizing international action to be taken in the field of traffic safety was passed in 1974 (WHA27.59), and in 1976 both the Executive Board and the World Health Assembly reviewed the programme, and the Executive Board adopted a new resolution requesting the development of a formal programme (EB57.R30). In addition, Member States in two regions adopted resolutions regarding the development of regional programmes relevant to the special requirements of the region (EURO/RC 26/R2) and (WPR/RC 28/SR/6).

## 2. Situation analysis

Accidents are as numerous in industrialized countries as they are in developing countries where they are increasing rapidly. Even though accidents form a smaller proportion of the mortality at present in the developing world, through improvements in the nutritional status of the population in general, the control of infectious and parasitic diseases during the course of the next decade will, hopefully, reduce death from these preventable causes and the emphasis on accidents will undoubtedly increase. It is a sociological phenomenon, as yet not fully recognized that automobiles are second only to weapons as tools of violence.

The growth of the transport system as a key element of economic development, accompanied by greater mobility of people and goods, urbanization and industrialization resulting in the introduction of new technological environments in the day-to-day life at home and at work, and as a consequence, rapidly changing lifestyles, are all parameters that interact with the capacity of individuals to overcome accident risks, which are a continuous product of this "socio-technological" evolution - even explosion - in certain societies.

In addition, a distinction must be made between industrialized countries, where adaptation to transport and other technological changes have been spread over half a century or more, and developing countries where changes are much more rapid. In certain of these countries vehicle ownership, for example, can double in a five-year period. One result is that the risk of involvement in an accident is becoming so high over a short period of time that fatalities per head of population or unit of car are now exceeding the levels experienced in industrialized countries. What is true of road traffic applies equally to other types of accidents, linked with industrial, environmental and, generally speaking, all modern technological development.

In fact this problem should be seen in the more general context of increasing risk factors owing to technological growth in societies or rapid transfer of certain technologies from developed to developing countries, which lead to increased accident mortality and morbidity when "natural" causes are a contrario diminishing.

In priority order, motor vehicle injuries rank first among accident injuries in most countries. The most recent figures obtained in the United States of America reflect the situation in the other developed countries. Motor vehicle crashes in this country cost about 2.6 per cent of the 1980 gross national product and the related social cost of motor

vehicle injuries are exceeded only by those of cancer and cardiovascular diseases. Motor vehicles were the leading cause of injuries ranging from minor to serious and the number one cause of very severe injuries. About half of the people with acute brain injury or spinal cord injury from external causes sustained their injuries in motor vehicle crashes.

Spinal cord injury is an excellent example of a low incident injury which has enormous catastrophic socio-economic impact. Brain injuries may result in permanent impairment. Both types of injuries are predominant in this category of accident and represent a large burden on medical and social services.

Domestic accidents are the second important cause of injuries, especially in the younger age groups. They particularly include falls, burns, poisoning and drowning.

In this respect, children and adolescents constitute an exposed group owing to their vulnerability at various stages of their development, and deserve special attention. These specific problems are underlined in the following remarks. In most developed countries, the only age group showing an increase in mortality is adolescents (both males and females); this is due of course to road traffic accidents, however, domestic accidents are also important, especially in children 1 to 4 years old, where they represent about 1/3 of all accidental deaths (burns alone represent 15%). A few of these accidents result in permanent disability and some, like poisoning, lead quite systematically to hospitalization. Brain injuries in children are also an important cause of hospitalisation and result in very high medical and social cost. The same situation applies to developing countries where the existing hospital facilities are swamped by accidents. In some African countries for example, half of the paediatric beds are occupied by children who have sustained an accident, predominantly caused by road traffic and domestic accidents.

Domestic accidents are also a relatively important cause of death and disability in the aged. In general about 75% of traumas which occur in this age group (65 and above) occur at home or in institutions.

Recreational and sports accidents which predominantly occur in youngsters are also producing fairly severe injuries: about 10% of brain injuries and 5% of spinal cord injuries are caused by this type of accident.

Occupational accidents in industry and agriculture are a relatively important cause of death and disability in both developed and developing countries. They result in many instances in severe injuries like brain and spinal cord trauma, burns and amputations. Nevertheless, little has been done regarding the assessment of the extent and severity of these types of injury especially in agricultural work.

Conclusion: In developed countries injuries are the leading cause of death for more than half of the human life-span and are probably going to be so during the next decade in most of the developing countries. Their burden in relation to the death and disability they cause is equal to the high cost to society they represent in terms of loss of productivity and diversion of scarce resources, especially in the health field. Each accidental death corresponds to several hundred injuries, requiring as a whole, more physician contact than any single disease. Regarding the impact of injuries on health services, they represent now in both developed and developing countries, a major cause of hospital admissions (between 10% and 30%) and require costly and sophisticated medical technology for emergency care, hospital treatment and long-term rehabilitation.

Up to now a public health problem of this magnitude has not received the proper attention it deserves, in scientific or policy circles. For a long time existing data collected on accidents served the purpose of documenting the basis for criminal charges reinforcing inappropriate notions about improper behaviour. It therefore calls for: 1) a shift towards sound scientific research on behavioural aspects of accident causation 2) a definite involvement of the public health research community to give the injury problem similar attention to that received by other more traditional environmental health problems.

In this respect there is a loss of potentially valuable expertise by not using existing information on injuries collected through the health sector or not applying the same epidemiological approach to analyse injuries as is applied to analyse cardio-vascular diseases or cancer. Knowledge on the type of injuries, their severity and the biomechanical

process to explain how they occur is necessary to assess the importance of the problem, to evaluate efficiency of preventive measures, to facilitate study of the outcome and cost and from a preventive standpoint, to generate appropriate "built-in" safety features in products or the environment which will prevent the injury from occurring or mitigate its effect.

So far, few countries, predominantly the developed ones, have established traffic safety policies and programmes, but it can be said in general that national policies for preventing or minimizing the various types of accident risks are either non-existent or suffer from lack of basic epidemiological data. Nevertheless injuries are an increasingly important cause of morbidity and disability in the community, and safety should now be an integral element of any national socioeconomic or technological development policy.

Consequently, in terms of action to be taken, the scope, activities and trend of the programme are based on the present situation summarized below, and they answer the three basic questions:

2.1 What is known and applicable? In the field of accidentology, the epidemiology of road accidents is the most advanced regarding knowledge acquired compared with other accidents. Managerial principles regarding programme delivery, basic epidemiological data on risk factors, such as the role of alcohol, and basic information on effects of prevention measures, such as those aiming at mitigating road accident-risk occurrence (particularly engineering oriented, such as traffic management, road planning and design, and ergonomics applied to car safety) or injury severity (restraints systems in cars) have been developed and now need to be largely applied at country level. The situation is substantially different for other types of accident hazards for which knowledge is either very limited or scattered among many and various sources.

To this end, simple technological measures have been established for preventing domestic accidents like burns, falls or those caused by electricity, in children and the aged and the organization of services for efficient management of poison cases is now well defined. However, this knowledge needs wide dissemination and application.

2.2 What is unknown or partly known and needs further research? In general research has to shift its objectives from engineering to human aspects of accident causation. More has to be known on behavioural aspects involved. Research is also needed to assess effects of socio-economic development, cultural patterns and different life styles on accident risk occurrence in society, particularly for the young and the aged.

In view of the wide under-reporting of accident cases and thus the likely under-estimation or even misinterpretation of the extent and nature of the problem, improved methods for collecting and analysing data are needed. In particular, thoughtful use of epidemiological techniques and health records by the health sector in order to develop comparable injury information systems should greatly improve the understanding of injuries and, to a noticeable extent the accident causation process. In addition, basic epidemiological data is needed regarding accidents other than road accidents, as well as on long-term effects of accidents on disability occurrence. Owing to their diversity, the assessment of their magnitude, the control of their occurrence and their prevention are more difficult to handle than is the case with road traffic accidents.

Finally, the socioeconomic cost of accidents at various stages of the human life has to be evaluated, in order to better assess the cost/effectiveness of alternative preventive strategies. This evaluation requires the identification of simple, yet reliable, indicators to monitor the immediate as well as the long term consequences of some types of accidents.

In relation to this, proper balance should be given to the need for change in the environment and in the behaviour of individuals. It should be assessed whether control of products or the environment, especially through "built in" safety changes would not be more efficient, faster to implement, less costly than attempting to influence human behaviour. This is particularly true for injury control and there is a fundamental need to promote development of sound public health expertise in this respect.

2.3 What has to be adapted? In terms of service delivery, the health sector will have to devote more attention to coordinate with other sectors and play a more active role, particularly regarding accident and injury prevention at the primary care level. Accidents are intimately linked to the socio-cultural pattern of society and the accident safety

"technological package" will have to be assessed or reassessed in the light of factors of the area where it is to be used. It is also the case for the medical care of the injured where services and treatment technology will have to be adapted, particularly at the primary care level to reach and cover the greatest possible part of the population.

#### 2.4 Scope and limitations of the programme

In view of the rather limited resources for the programme, targets and activities will concentrate on those public health issues and strategies which will complement those of other sectors involved. In accordance with the global HFA-2000 strategy and the 7th GPW, emphasis will be placed on providing technical expertise and the strengthening of national health authorities to encourage their full participation and appropriate use of their resources in the multisectoral effort needed for accident control in countries, especially at the primary care level. WHO will act as a catalyst and coordinator in the public health field for the development of national public health policies for accident and injury prevention but will not be technically involved in areas such as engineering technology for accident safety. Nevertheless, it should be stressed that at the global level the programme will focus on the needs of developing countries, and WHO, being the unique international body concerned with accident prevention at the global level, will have an important role in mobilizing all relevant resources from various aid agencies to promote comprehensive multisectoral country programmes.

The programme will concentrate on road traffic accidents and domestic accidents while giving lower priority to other types like sport and recreational accidents. Primary responsibility for occupational accidents will be left to occupational health programmes as well as to other agencies concerned like ILO, but close links will be maintained with these respective programmes.

### 3. Objectives

3.1 General objective To support the development, adaptation and use of methods for promoting accident prevention.

3.2 Specific objective 1: National accident prevention programme development. To promote appropriate multisectoral approaches and service infrastructure through stimulation of effective national policy and programme development to control accident occurrence in the community.

3.3 Specific objective 2: Accident safety technology development. To develop accident safety technologies or socio-behavioural alternatives and support their continuous adaptation with the aim of preventing accident risk occurrence or minimizing resulting injury or disability.

### 4. Targets

#### 4.1 Targets of the Seventh General Programme of Work

WHO will have:

(1)

set up by 1984 a multisectoral task force in each region, and by 1985 at the global level, to strengthen existing national intersectoral bodies in accident prevention, and promote the establishment of such bodies in countries where they do not exist, so that by 1986 such bodies will exist in at least 20% of the countries in each region;

(2)

published by 1985 a review and assessment of technology for accident prevention, including home accidents, and identifying priority research areas especially with regard to the influence of behavioural and socio-cultural aspects and life-style on accidents;

(3)

produced by 1986 guidelines on the planning and management of prevention programmes for all types of accidents, and by 1987 guidelines on the organization of services for care and rehabilitation of the injured, emphasizing the integration of accident prevention and treatment in primary health care programmes and giving special consideration to vulnerable population groups such as children, adolescents and the aged.

#### 4.2 Specific targets

Drawn from the general targets of the Seventh General Programme of Work and in order to guide programme management, the following two specific targets have been set:

##### 4.2.1 National accident prevention programme development

(a) Intersectoral collaboration will be ensured by 1984 in each region, by 1985 at the global level and by 1986 in at least 20% of the Member States

(b) promotion of national policies for accident prevention with special emphasis at the primary health care level, so that:

- by 1989, guidelines on the planning and management of prevention programmes for accidents and injuries such as road, domestic, sport and recreational accidents and poisoning will have been produced and tested;
- by 1989, support to accident prevention and control programmes will be available through various technologies and related training

##### 4.2.2 Accident safety technology development

(a) by 1985 WHO will have published a review and assessment of technology for accident prevention, including domestic accidents, and identification of priority research areas

(b) by 1989 WHO will have supported the development of specific research in priority areas and in particular as it relates to the influence of behavioural and socio-cultural aspects and life-style on accidents

#### 5. Approaches

The focus of the programme will be to develop activities that will have a direct influence or will directly support country programme formulation and implementation in the field, such as collection of relevant basic data for planning and programming purposes, legislation formulation, support to training and education, methodologies for research and service organization. This implies a selective and progressive process of development whereby WHO will concentrate on active involvement in formulation of country programmes on accident prevention, first in a few selected countries and then with progressive extension on the basis of the result achieved.

Regarding road accidents, emphasis will be on the implementation within countries of the recommendations and principles for programme and technology development arising from the analytical activities carried out during the 6th GPW.

In general the programme will identify priority research areas, especially with regard to the influence of behavioural and socio-cultural aspects and life-style, and will aim to promote epidemiological analysis at country level to obtain a better picture of the extent and characteristics of various types of accidents.

In both cases WHO will augment the exchange of national experience, particularly aiming at disseminating experience accumulated in technologically developed countries. Review, analysis and synthesis of various types of preventive technologies will be initiated as well as specific research for the development of appropriate technologies relevant to specific cultural or socio-economic settings. Immediate lines of approach will aim at producing guidelines for epidemiological surveys and educational material ensuring expert advice, the organization of scientific meetings between decision-makers and technical experts, providing fellowships and establishing panels of national experts involved in accident prevention or related fields at the programme planning or similar levels in the relevant sectors concerned, such as public health, transport, education and housing.

Mechanisms for supporting or developing national or regional centres on safety will be promoted and the network of collaborating centres will be extended, particularly through strengthening of cooperation with transport research institutes for road safety and promotion of research on other types of accidents and injuries in health or other concerned institutions. A special effort will also be made to coordinate, support or even decentralise activities by strengthening possible involvement of IGO's or NGO's in the programme, especially in view of the intersectoral character of accident and injury control and the large number of organizations concerned at various degrees.

6. Activities

6.1 National accident prevention programme development

Targets:

- (a) Intersectoral collaboration will be ensured by 1984 in each region, by 1985 at the global level and by 1986 in at least 20% of the Member States.
- (b) Promotion of national policies for accident prevention with special emphasis at the primary health care level so that:
  - by 1989, guidelines on the planning and management of prevention programmes for accidents and injuries such as road, domestic, sport and recreational accidents and poisoning will have been produced and tested;
  - by 1989, support to accident prevention and control programmes will be available through various technologies and related training.

Activities	1984/85	1986/87	1988/89	Linkages
Intersectoral coordination for programme support through establishment of multi-sectoral task forces at regional and global level	HQ, all regions			CWO
<u>Epidemiology and Training</u>				
In cooperation with OECD, UN/ECE, NGOs and collaborating centres, develop, maintain and expand an information bank on accidents including collection of epidemiological data, updated information on national policies and programmes and producing country accident profiles.	HQ, all regions			ISS HST*
Support to the development of appropriate information systems on accidents including harmonization of accidents and injury terminology and indicators, preparation of guides for reporting/recording of accidents and injuries and development of relevant indicators for programme monitoring in countries.	HQ, EURO			HST DES*
Promotion of application of epidemiological principles to accident and injury analysis through: producing international guides, inclusion in relevant training curricula, establishment of a master protocol for survey development in countries.	HQ, all regions			HST* HMD
Support to interregional, regional and national courses on epidemiology of accidents and injuries for health professionals.	HQ, AMRO EURO	HQ, SEARO AFRO	HQ, all regions	HMD*
Study on the epidemiology and socio-economic aspects of trauma, burns and poisoning with special regard to the impact on various levels of health services.	HQ, EURO, AMRO, SEARO			CLR*, PHC* HST*, ISBI* NCOs
<u>Intersectoral coordination for programme support</u>				
Promotion of intersectoral approach. Intersectoral coordination for programme support through establishment in countries of a multisectoral task force or committee either within national health development bodies or with active participation of health sector. (Global and regional task forces will include representatives of these country task forces or committees.)	All regions			PHC*
<u>Support to policy and programme development</u>				
Support to national intersectoral seminars and workshops between experts and decision-makers in sectors related to public health, transport, education, work, housing and others as appropriate, to formulate policies and programmes for prevention of road, domestic, occupational accidents and define related priorities for intervention and research.	HQ, all regions, countries			PHC*, MCH* OCH UN/ECE
Development of cooperation with 10 countries by 1985 to undertake pilot exercises in selected areas in view of producing draft guidelines for the monitoring of road, domestic and other types of accident prevention programmes of primary concern in countries.	HQ, all regions, countries			OCH*, MCH* MNH*, HMD* PHC*
Field testing of these guidelines in at least 10 additional countries by 1987 and on the basis of results to produce by 1989 guidelines primarily for road and domestic accidents.	HQ, all regions, countries			
Collaboration with other WHO programmes to encourage the development of programmes within the national health system for the management of accident cases with emphasis on the primary health care level and to support training for the management of accident-caused emergencies.	HQ, all regions			CLR**, PHC* RHB*, HMD* LRC++, NCOs

\* Joint activities

\*\* Programmes primarily responsible, with APR input as required

Joint funding

+ International Society for Burn Injuries

++ League of Red Cross Societies

6.2 Accident safety technology development

Targets:

(a) By 1985 WHO will have published a review and assessment of technology for accident prevention, including domestic accidents, and identification of priority research areas.

(b) By 1989 WHO will have supported the development of specific research in priority areas and in particular as it relates to the influence of behavioural and socio-cultural aspects and life-style on accidents.

Activities	1984/85	1986/87	1988/89	Linkages
<u>Analysis of alternative technologies for road accident prevention</u>				
Review and assessment of current environmental technologies or behavioural alternatives as well as related research needs and production of an intersectoral overall review document.	HQ, regions			MCH*, MNH* OECD* UN/ECE*, NGOs
To undertake multidisciplinary analysis and convene scientific group with relevant health input on the biomechanics of road accident trauma and its implication for road safety in countries with various types of vehicles and transport infrastructure.	HQ, EURO, AMRO, SEARO			CLR* IRCOBI** Collaborating centres
To convene ad hoc consultations with experts and industry representatives to promote appropriate safety standards in vehicles.		HQ		OECD UN/ECE, NGOs
To provide an authoritative statement for application in countries of technological means for road injury prevention through convening an Expert Committee on public health aspects of motor vehicle injury prevention.		HQ		Collaborating centres*
Support the production of technical guides for the control of alcohol involvement in road accident causation (and other types of accident causation).		HQ		MNH
<u>Analysis of alternative technologies for prevention of domestic and other major types of accidents</u>				
Analysis of various types of domestic accidents and review and assessment of current preventive strategies. Publication of a state of the art document.	HQ, regions			CLR* MCH
Studies on prevention of burns.	HQ, regions			CLR ISBT*
Studies on poisoning prevention and implications for organization of related services.	HQ, regions			CLR PHC*, HSR* IEH* VBC* CEH*
Studies on occupational injury prevention.	HQ, all regions			OCH**
In cooperation with other concerned programmes, identification of other types of accidents and related preventive measures.		HQ, all regions		MCH*
<u>Prevention and control of accidents in vulnerable groups</u>				
Support to community- and hospital-based surveys on accidents in childhood and the aged with development of guides adapted to local needs on accident prevention in the community.		HQ, all regions		MCH, IIEE
Studies on risk-taking behaviour of adolescents and accidents.		HQ, regions		MNH, MCH
<u>Information, education and legislation</u>				
Support to national workshops for the development of health education programmes for accident prevention.		HQ, all regions, countries		IEH*
Studies on the role of voluntary organizations and consumer groups in accident prevention at community level.		HQ, EURO, AMRO, WPRO		PHC*
Review of methods, messages and role of media in public information and support to countries for the production of learning material adapted to local needs.		HQ, all regions		IEH*, HMD*
Regulatory issues in the prevention of accident related health hazards:				
(a) Identification of hazards in domestic product safety and vehicle safety, review and critical analysis of national legislation.		HQ, all regions, countries		HLE
(b) Interagency cooperation on strategies for promotion of product safety and consumer protection policies.		HQ, all regions		
(c) Exchange of information and publication of a yearly bulletin.		HQ		
<u>Research</u>				
Pilot studies in selected countries on influence of life style, cultural aspects and economic development on accident risk occurrence in urban and rural communities including assessment of alcohol and drug influence as causation of accidents.	HQ, WPRO, AFRO, EURO, SEARO			MNH Collaborating centres
Establishment of a network of collaborative institutions to support development and research of epidemiological analysis of human and environmental aspects of accident causation.		HQ, all regions, countries		
Consultation on the coordination of research and policies related to all types of accidents		EURO, HQ, all regions		RPD*

\* Joint activities

\*\* Programmes primarily responsible with APR input as required

Joint funding.

+ International Committee on Biomechanics

## 7. Programme management and resources

Since this programme has extended its scope to all accidents, it represents now the only international programme dealing with accident prevention on world wide scale and as such, it is the focal point in terms of public health matters related to accident prevention.

As a result there is a major role of coordination and collection/provision of public health expertise to various programmes either national, regional or international.

In addition to the conventional use of collaborating centers which will be extensively developed, there will be the establishment of a network of various institutions in order to cover relevant fields of concerns and to promote technical project development and support to the programme.

During the Sixth General Programme of Work the programme was developed without extrabudgetary funds. Although a slight increase in the regular budget should be foreseen to comply with the extension of the programme to all categories of accident, growth will most likely remain modest and will serve mainly as a catalyst for developing activities through three major channels:

- national institutions to take responsibility for part of the programme (e.g. training activities)
- funding agencies using WHO as a technical body for programme development (e.g. World Bank for Traffic Safety Projects)
- specialized NGOs to develop specific priority areas such as burns.

Accident prevention is one important element of a few technical programmes of the Organization like OCH with regard to occupational safety, MNH with regard to alcohol, drugs or behavioural aspects of safety, MCH for childhood safety. The programme's internal policy will be to support or promote developmental activities within these programmes. One example of these joint activities being occupational safety.

At the regional level, all regions have either a responsible officer or focal point and close cooperation is established through interregional or joint HQ/Regional activities aiming at supporting regional programme development.

In view of the fact that this programme is a rather new concern in most regions with the exception of EURO, a strong headquarters support, especially in terms of provision of technical expertise, will be needed and will have a bearing on manpower resources.

## 8. Monitoring, evaluation and indicators

Each biennium, particularly in view of the updating of the medium-term programme and preparation of the programme budget, an advisory group of experts belonging to collaborating centres or other relevant institutes which have been involved in the development of the programme will undertake a situation analysis and make an external assessment of programme achievements. On the basis of the conclusions of this group, a peer group of programme managers at headquarters and regional levels will assess programme effectiveness, taking into account the targets set for the programme.

The programme will be monitored and assessed in terms of target achievement related to specific programme activities as detailed in section 6.

Indicators will be defined, applied and tested in a few countries where the national programme will be supported and they will be used as built-in indicators to assess activities in accident prevention and injury care particularly at primary health care level. These indicators should complement and detail those very general ones mentioned for accident treatment in the document "Development of indicators for monitoring progress towards health for all by the year 2000."

9. Linkages

The following list is only indicative and should be extended during the period of work with the aim of promoting in each of these programmes specific activities related to accidents.

Regarding inter-programme cooperation, lasting cooperation will have to be established with the following programmes: MCH, MNH, OCH, HST, HCE, HMD, PHC. They are the key programmes of concern and to the extent possible joint funding will be established.

MCH: Domestic safety, child safety, promotion of safety through MCH programmes.

MNH: Behavioural aspects of accidents including alcohol and drugs.

OCH: Primarily responsible for prevention of industrial or agricultural accidents and injuries with APR technical input.

HST: Methodologies for information systems and dissemination of information.

HLE: Dissemination of information. Promotion of appropriate safety regulations.

HMD: Training and manuals.

PHC, CLR, RHB: Management of injury cases and organization of related services. Technical input from APR. Curative, restorative and rehabilitative services are the domaine of the infrastructure programmes, particularly the Organization of Health Systems based on Primary Health Care (PHC) while direct responsibility for the development and transfer of technology for the "first-aid" treatment of injuries lies with the new Clinical Technology (CLR) programme and direct responsibility for rehabilitation technology lies with the Rehabilitation (RHB) programme.

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