



 **Safety**
2010
World
Conference

Implementation of evidence-based interventions to prevent drowning: results from a WHO collaborative project

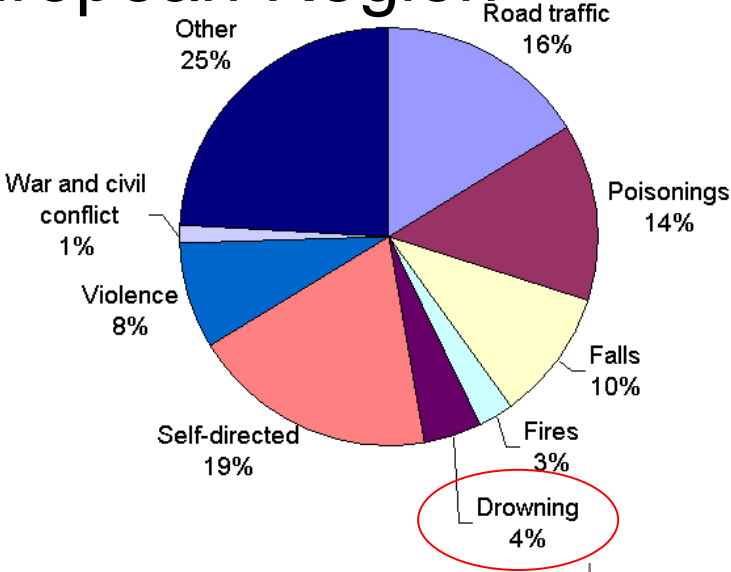
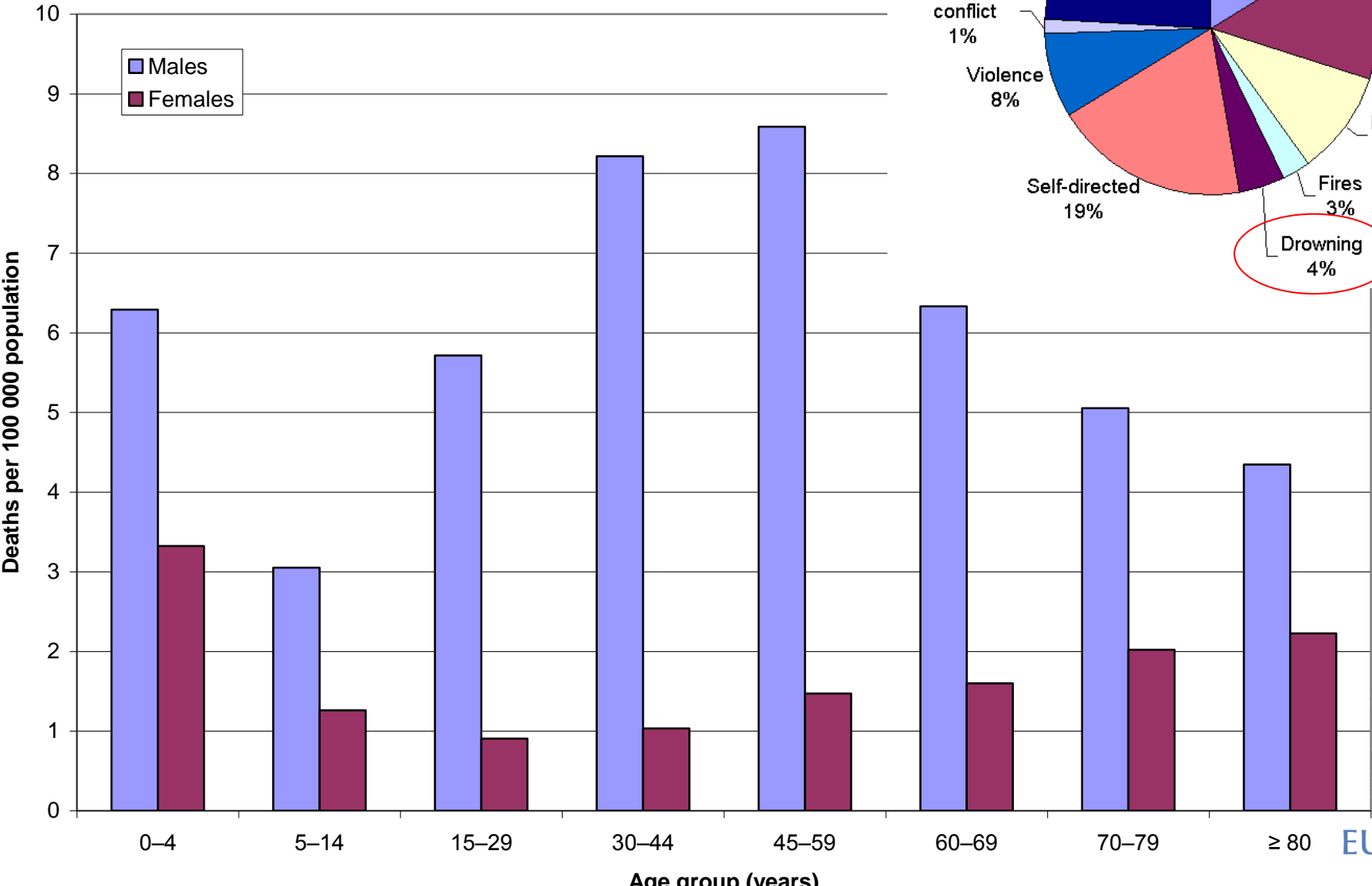
**SAFETY2010 World Conference
London, 22 September 2010**

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34000 drownings/year in WHO European Region

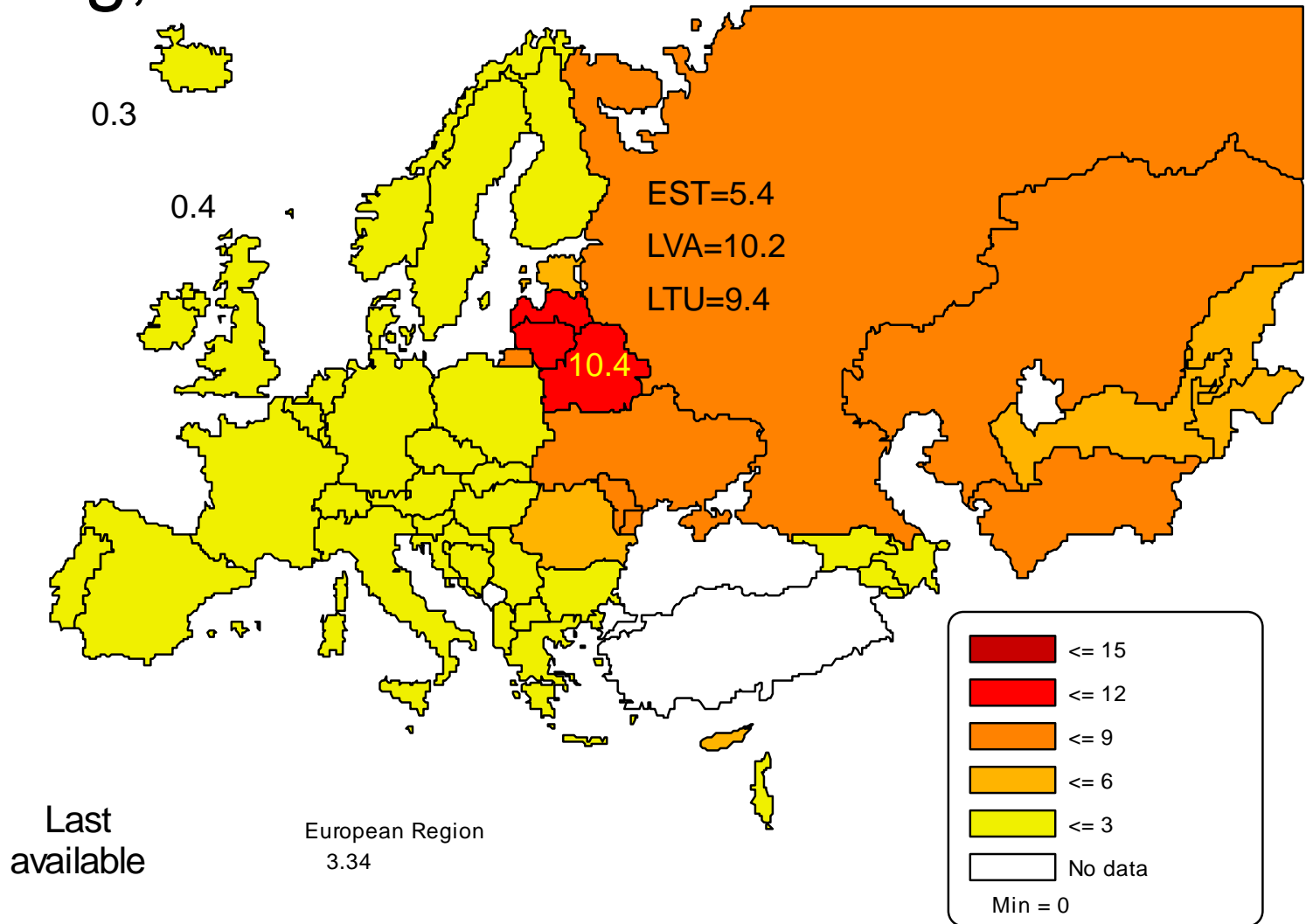


A leading cause of death in children

0-4	5-14	15-29	30-44	45-59
Perinatal conditions (87 536)	RTIs (4 185)	RTIs (39 278)	Ischaemic heart disease (56 952)	Ischaemic heart c (279 189)
Lower respiratory infections (34 484)	Drownings (2 432)	Self-inflicted injuries (29 548)	Self-inflicted injuries (41 011)	Cerebrovascular i (111 901)
Diarrhoeal diseases (32 400)	Lower respiratory infections (1 956)	Violence (14 899)	Poisonings (33 627)	Trachea, bronchus, lu (82 828)
Congenital anomalies (25 782)	Leukaemia (1 680)	Poisonings (14 066)	RTIs (33 218)	Cirrhosis of the (69 915)
Meningitis (5 360)	Congenital anomalies (1 390)	HIV/AIDS (7 009)	Tuberculosis (28 880)	Poisonings (41 597)
Upper respiratory infections (2 998)	Self-inflicted injuries (1 288)	Tuberculosis (6 696)	Cirrhosis of the liver (27 376)	Self-inflicted in (41 425)
Drownings (2 467)	Lymphomas, multiple myeloma (701)	Drownings (6 568)	Cerebrovascular disease (23 038)	Breast canc (39 964)
RTIs (1 735)	Epilepsy (649)	Ischaemic heart disease (4 615)	Violence (22 633)	Colon and rectum (31 163)
HIV/AIDS (1 664)	Violence (638)	Cerebrovascular disease (4 384)	HIV/AIDS (13 732)	Lower respiratory i (28 242)
Endocrine disorders (1 648)	Cerebrovascular disease (594)	Leukaemia (4 252)	Inflammatory heart diseases (10 745)	Stomach can (28 056)

Source: GBD project, 2004

Drowning, the burden: an uneven distribution



35 fold difference between the countries with highest and the lowest rates (HFA data, Jan 2010)

9.2 fold difference between low- and middle income and high-income countries – 90% of lives (around 31000) could be saved (WHO 2006) – unpublished update: 6.5 fold difference

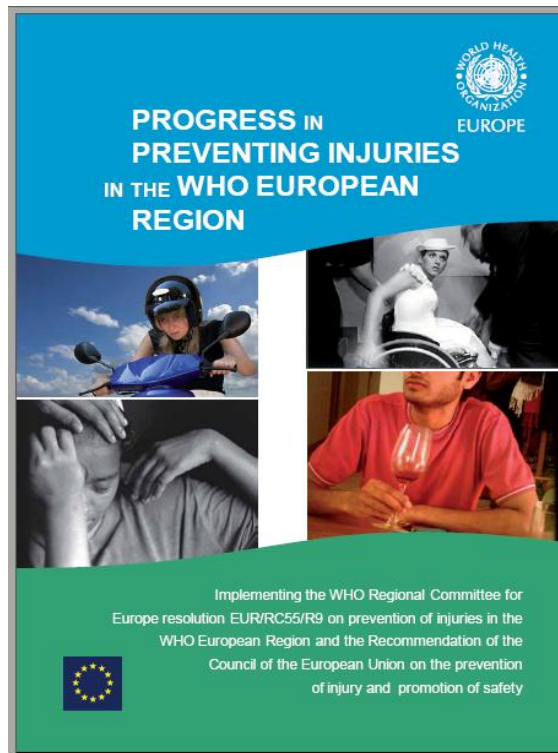
Children 0-9 yrs old: 7 fold difference between low- and middle income and high-income countries (WHO 2008)

WHO Resolution RC55/R9 (2005) and Council Recommendation on the prevention of injuries and promotion of safety (2007)

A public health framework for action

- Develop national plans
- Improve national surveillance
- Strengthen national capacity
- Prioritize research in primary prevention and trauma care
- Promote good practice
- Support network of focal points for VIP

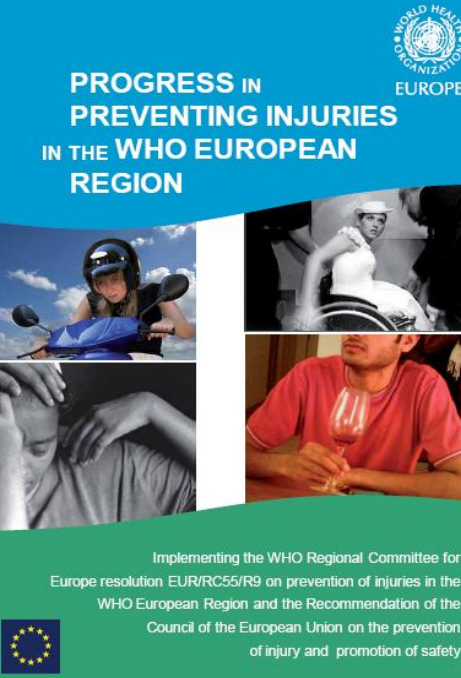
Joint project with EC/DG SANCO



WORLD HEALTH ORGANIZATION EUROPE

PROGRESS IN PREVENTING INJURIES IN THE WHO EUROPEAN REGION

Implementing the WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region and the Recommendation of the Council of the European Union on the prevention of injury and promotion of safety



WORLD HEALTH ORGANIZATION EUROPE

PROGRESS IN THE PREVENTION OF INJURIES IN THE WHO EUROPEAN REGION

Hungary

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Hungary reports implementing 68% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 72% and a first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance, capacity-building, and multisectoral collaboration.

National policies

- There are no overall national policies for preventing violence and injuries. There is a specific national policy for road safety. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but there are policies targeted to reduce socioeconomic differences in health, above all for poor children and Roma population.

Implementation of effective interventions

- Hungary reported overall implementation of 79% of selected effective interventions for injury prevention and 55% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and lower than the regional median score of 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for road traffic injuries, poisoning, drowning, child maltreatment, youth and intimate partner violence.
- The consumption of illegal home-, or informally-produced alcoholic beverages and the use of alcohol which is not intended for human consumption is problematic. Hungary reported overall implementation of 76% of a selection of effective interventions on alcohol as much as the median regional score. Greater attention needs to be given to health system-based programmes to reduce alcohol-related harm: only 33% of these have been implemented (versus a median regional score of 67% (Table 2)).

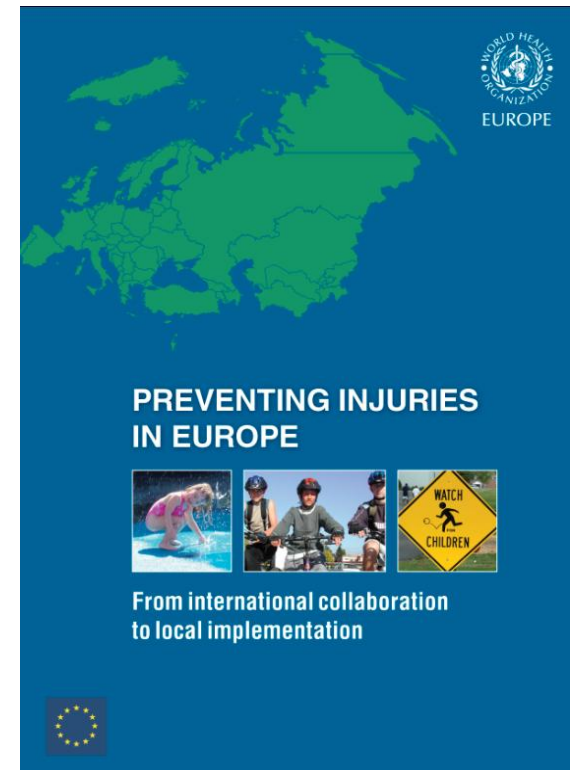
Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Hungary acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Ministry of Health facilitated the work on injury prevention and gave financial support in year 2009. Violence prevention is considered mainly as crime prevention therefore there are no programmes in the health sector. Although there is no overall national policy on injury and violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building, and multisectoral collaboration. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building, multisectoral collaboration and exchange of best practice.

Next steps

- Greater attention needs to be given to national policy development, evidence-based emergency care, and implementing evidence-based interventions for preventing road traffic injuries, poisoning, drowning, child maltreatment, youth and intimate partner violence, alcohol misuse. Alcohol is an important risk factor. Most of the interventions were implemented in selected regions rather than nationally, and expanding these could be an area for future activity.

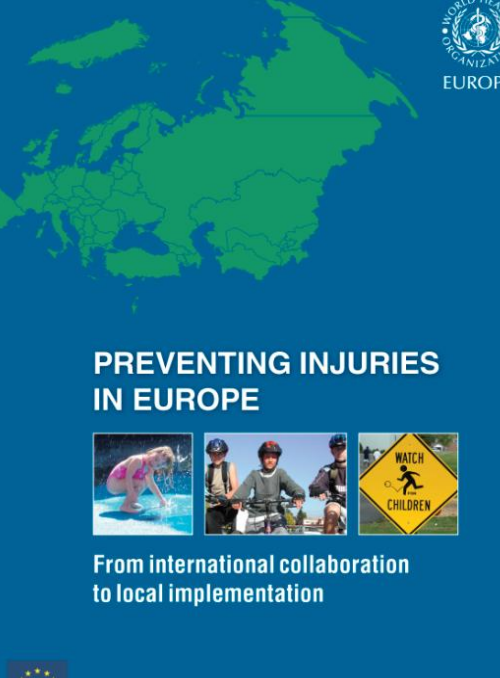
This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe



WORLD HEALTH ORGANIZATION EUROPE

PREVENTING INJURIES IN EUROPE

From international collaboration to local implementation



Web based:

- European inventory of national policies
- Monitoring and reporting tool (questionnaires and country assessments)

The WHO survey/1

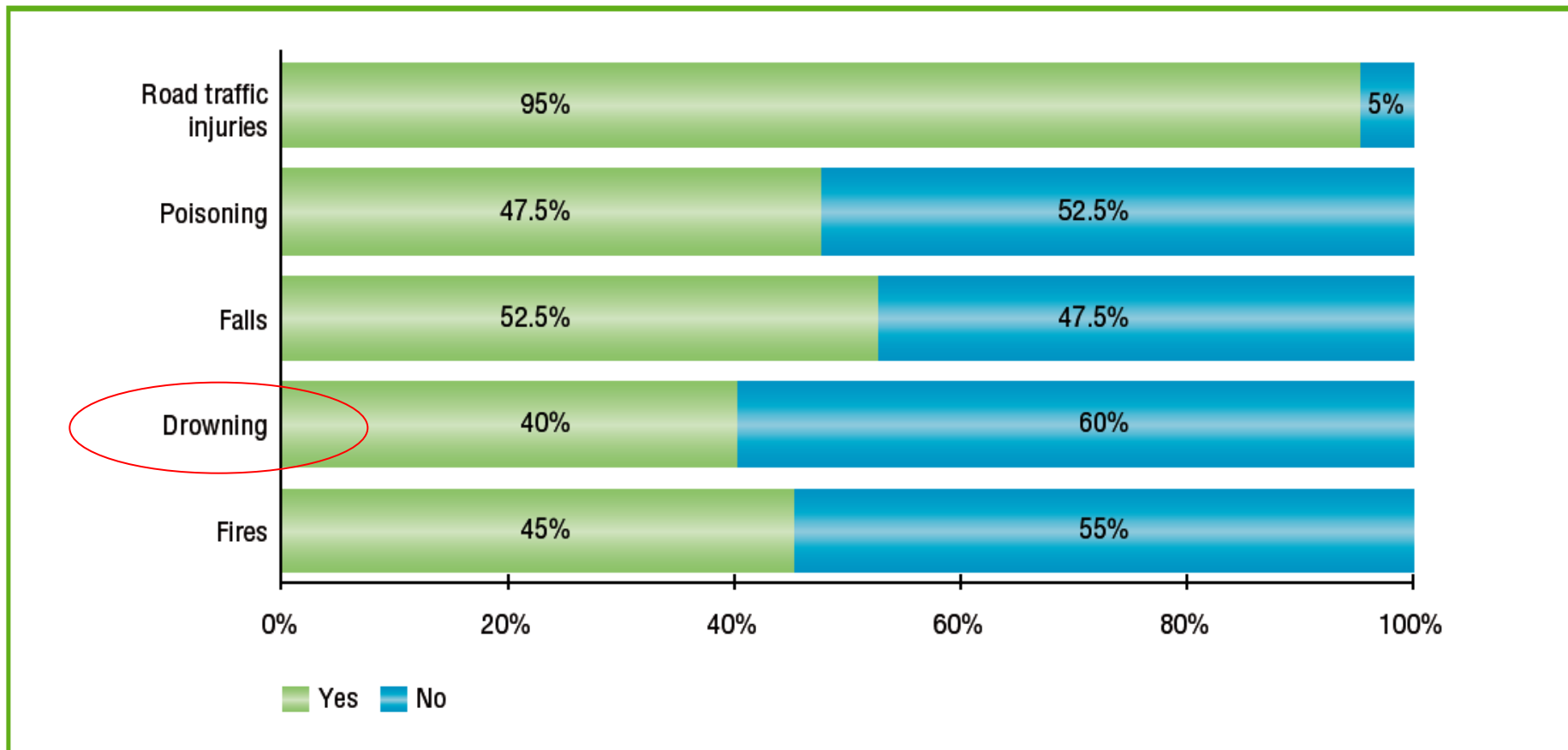
- It is about:
 - Political support
 - Easy access to surveillance information
 - Multisectoral working
 - Changes in policy development in past year
 - Implementation of evidence-based primary prevention interventions
 - Calculation of country scores based on reported implementation of 99 effective preventive measures;
 - New questions on interventions for alcohol and socioeconomic factors.

The WHO survey/2

- Questionnaire distributed to national focal persons appointed by the Ministry of Health
- Response rate: 92% (47 out of 51 countries with a focal person)
- Results published in 2010 and presented in March at the 5th Ministerial Conference on Environment and Health held in Parma and at the European Parliament

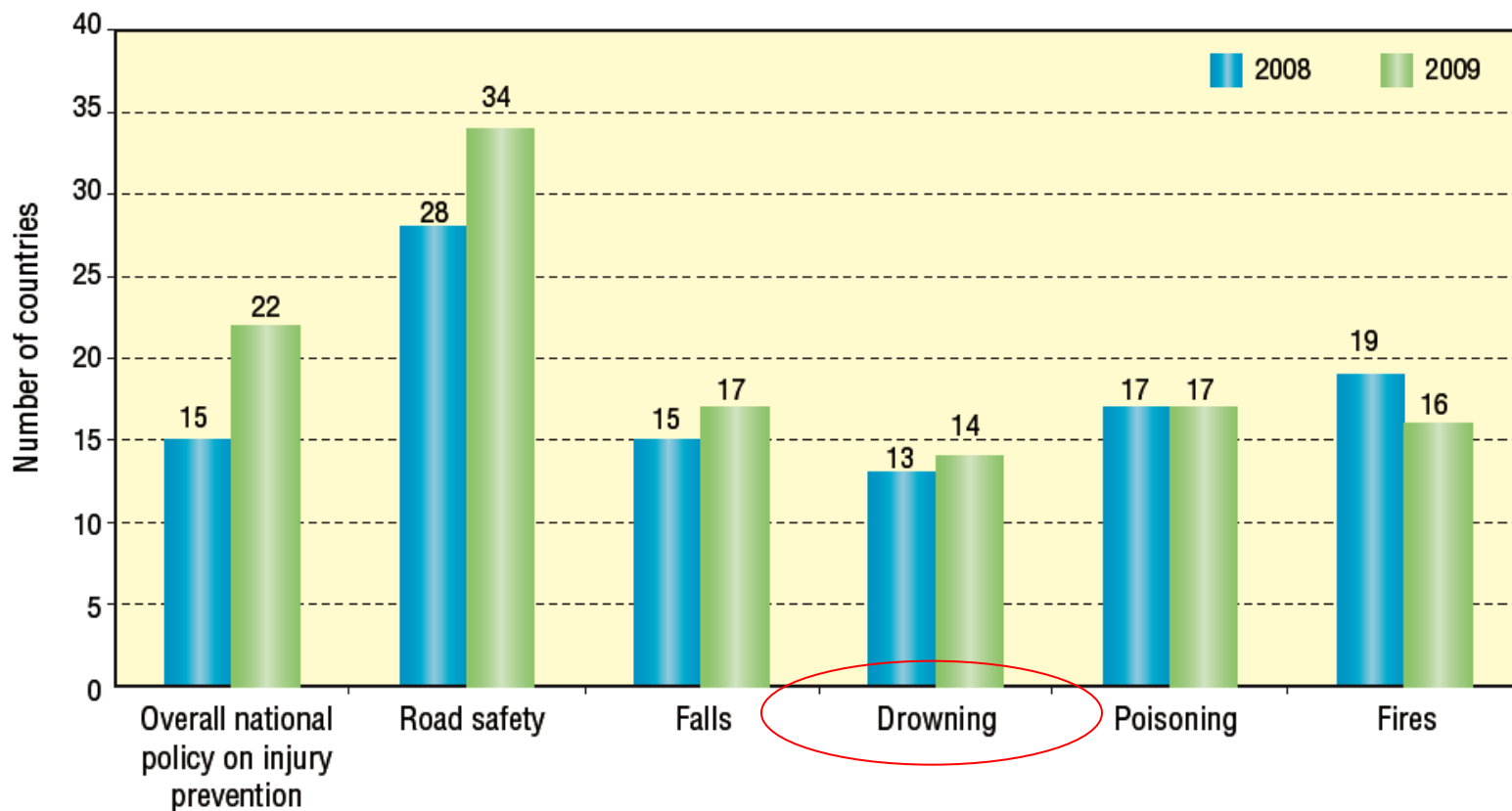
74% of respondent Member States report in 2009 that the Resolution has helped catalyse action

National policies on preventing injuries



Whereas 95% have a national policy for road safety only 45% have this for fires, 40% for drowning (based on 46 countries)

Progress in developing national policies for injury prevention in 37 European countries



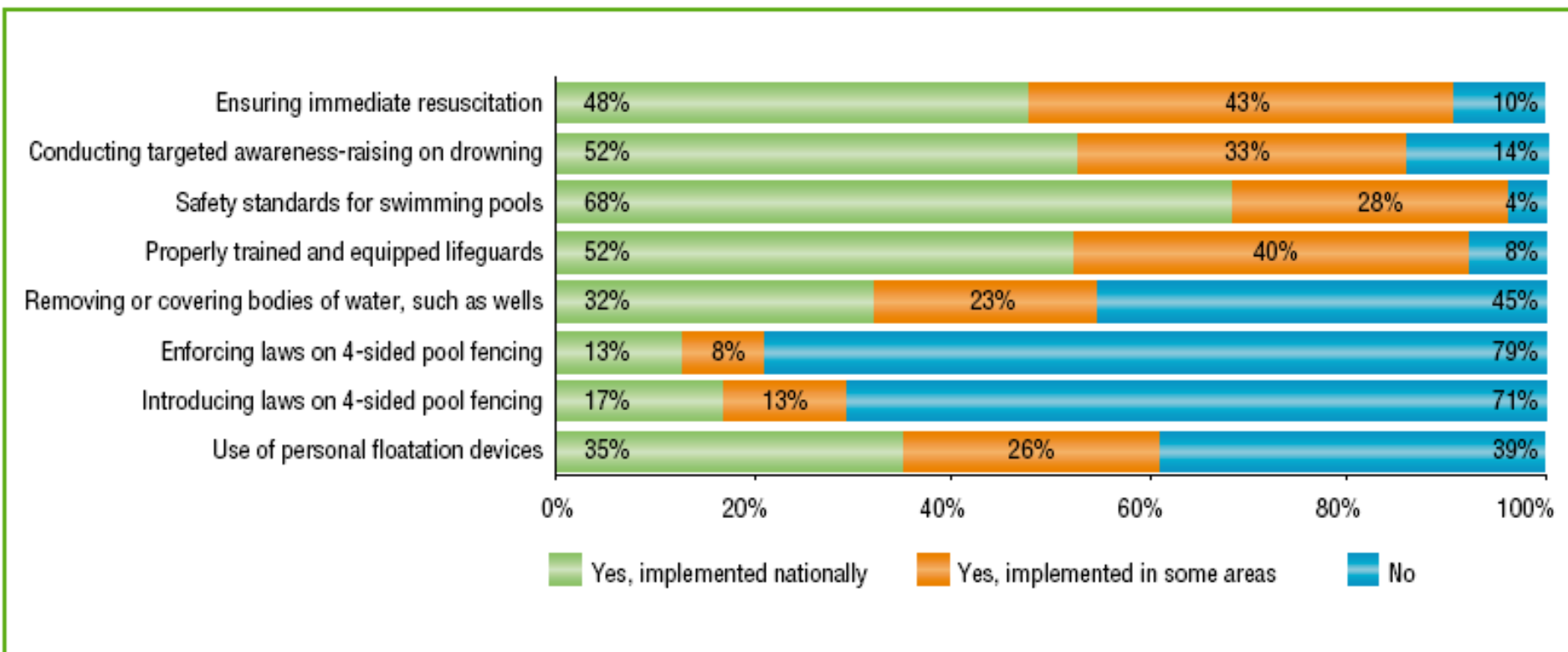
Progress has been made for unintentional injury and road safety policy but more needs to be done for other injuries

Evidence-based interventions to prevent drowning

1. Ensuring immediate resuscitation
2. Conducting targeted awareness-raising on drowning
3. Safety standards for swimming pool
4. Properly trained and equipped lifeguards
5. Removing or covering bodies of water, such as wells
6. Introducing laws on 4-sided pool fencing
7. Enforcing laws on 4-sided pool fencing
8. Use of personal floatation devices

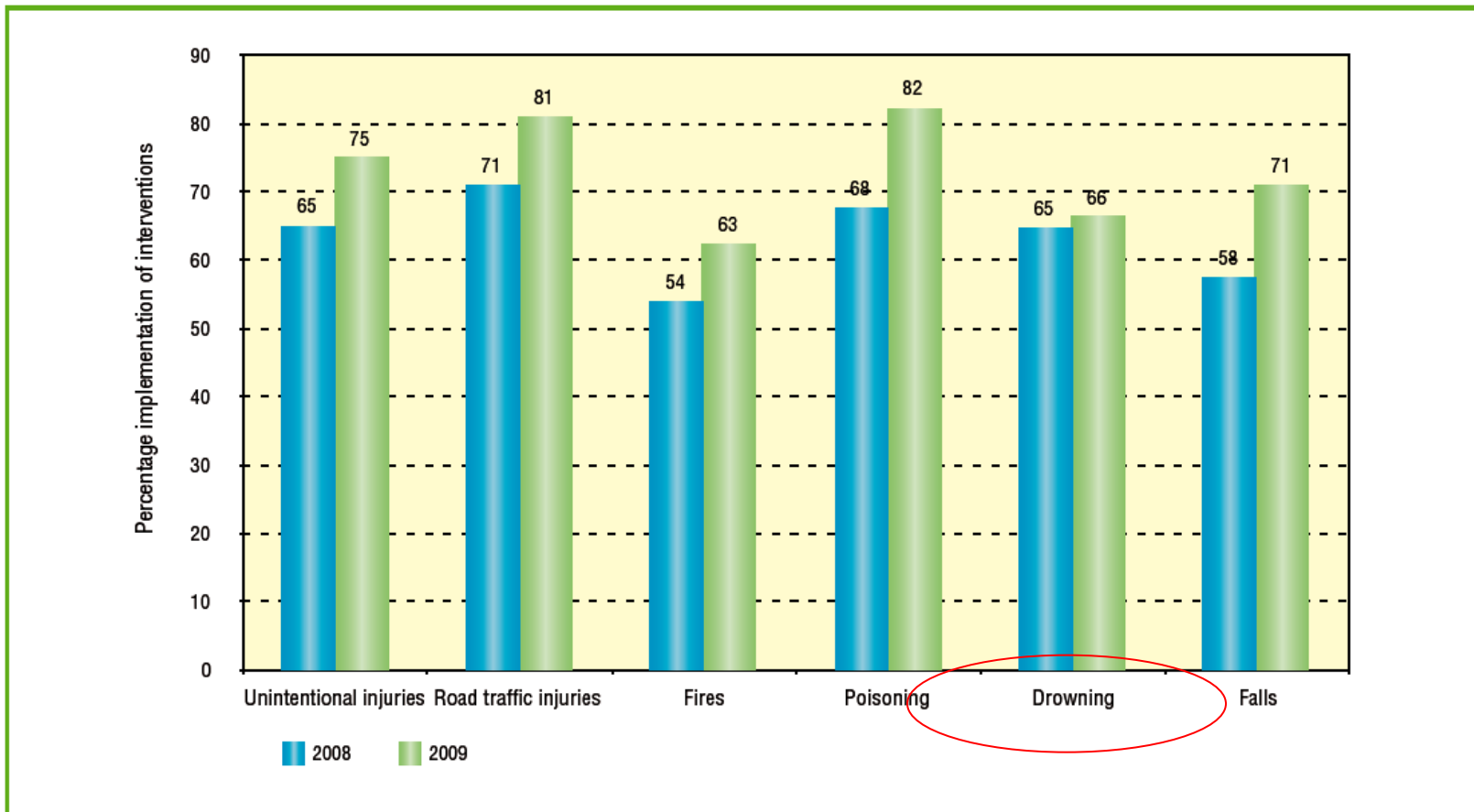
Results from the survey

Fig. 11. Do you have in place any of the following programmes for preventing drowning or submersion?



Source: Sethi, Mitis & Racioppi. *Preventing injuries in Europe: from international collaboration to local implementation*, WHO Europe, Copenhagen, 2010.

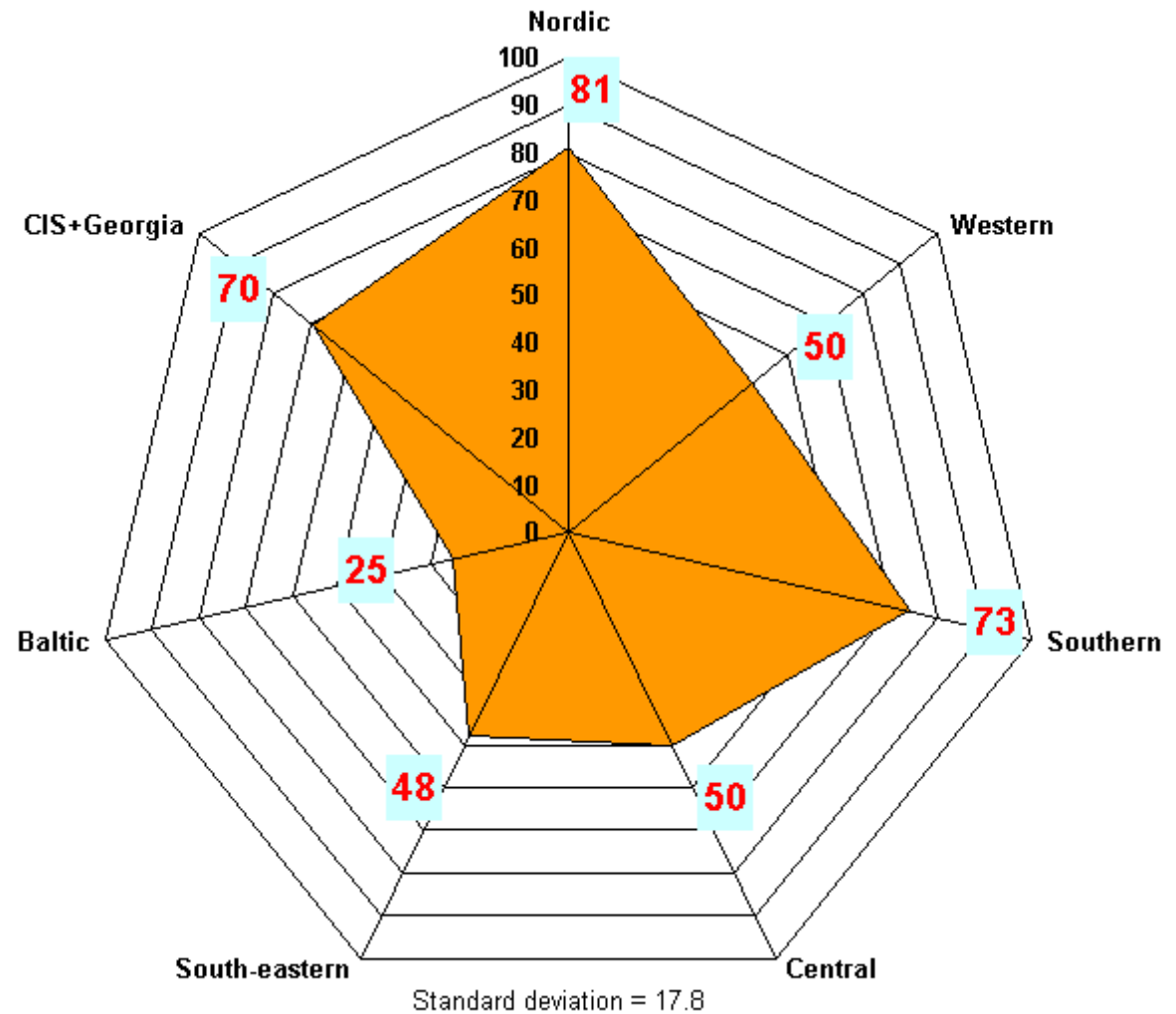
Average scores of 32 countries for implementation of injury prevention measures



Better policy development has gone hand in hand by more interventions being implemented

Implementation at subregional level

- Countries grouped according to location
- Low heterogeneity within groups (both in mortality rates than in implementation)



No implementation in LVA,
25% in LTU, 50% in EST

Highlights


- A very high implementation rate in the Nordic and in the Central European countries where some mortality rates are also high (for example, Finland, Hungary and Slovenia) – a good way to decrease mortality rates;
- Implementation rates are among the lowest in Southern countries but mortality rates are among the lowest too; and
- Implementation rates are among the lowest in the Baltic countries and mortality rates are high – an important area for improvement

Limitations/Interpretation


- The questionnaire itself – reliability and validity
- Responder bias – language, same assessment criteria?
- Comparison with previous years could have affected results
- The list of interventions selected
- Time lag for mortality data of 3 years – 2 countries had data for 2008
- Time scale for interventions: difficult to assign a date
- Interventions may have a latency period
- Responses in countries with a federal structure are difficult
- Geographical coverage may be variable

Conclusions and way forward


- Drowning a leading cause of death in children
- Survey has highlighted few countries have a national policy for drowning prevention
- Few countries implement programmes at a national level
- Sub-regional analysis has shown different patterns
- Baltic countries stand out as having high mortality but low implementation
- Survey developed with the direct input of National Focal Persons for VIP
- Opportunities ahead
 - More political commitment with policy development
 - Implementation of evidence-based programmes with scaling up of successful local pilot projects
 - Exchange good practice through networks such as health ministry focal people

 EUROPE

**PREVENTING ROAD TRAFFIC INJURY:
A PUBLIC HEALTH PERSPECTIVE
FOR EUROPE**



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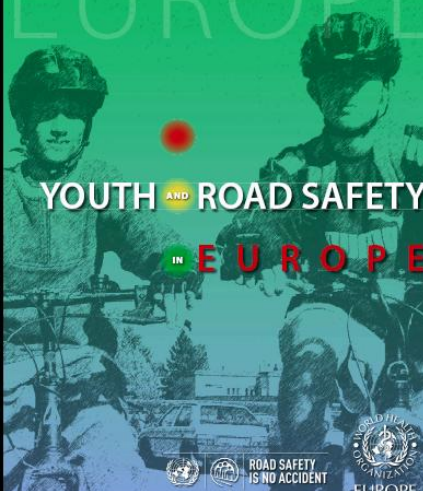
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**INJURIES AND
VIOLENCE
IN EUROPE**


Why they
matter
and what can
be done


EUROPE

**YOUTH AND ROAD SAFETY
IN EUROPE**




ROAD SAFETY IS NO ACCIDENT

 EUROPE



 EUROPE


**NATIONAL
RESPONSES
TO PREVENTING
VIOLENCE AND
UNINTENTIONAL
INJURIES**

**WHO
EUROPEAN
SURVEY**

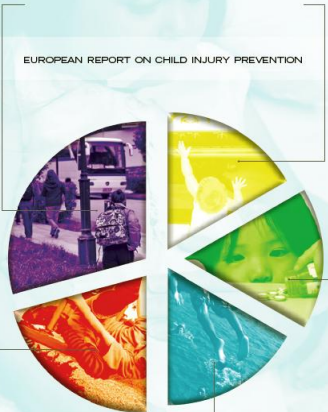
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**EUROPEAN REPORT ON
PREVENTING
VIOLENCE AND
KNIFE CRIME
AMONG YOUNG PEOPLE**



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EUROPEAN REPORT ON CHILD INJURY PREVENTION





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**PREVENTING INJURIES
IN EUROPE**





From international collaboration
to local implementation




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<http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries>



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