

Child and adolescent injury prevention



A GLOBAL CALL TO ACTION



WHO Library Cataloguing-in-Publication Data
World Health Organization.

Child and adolescent injury prevention : a global call to action.

1.Wounds and injuries – prevention and control 2.Child 3.Adolescent 4.International cooperation I.Title.

ISBN 92 4 159341 5 (NLM classification: WO 700)

© World Health Organization 2005

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Layout and design by Aleen Squires

Printed in

Child and adolescent injury prevention:

A GLOBAL CALL TO ACTION

*Humpty Dumpty sat on a wall
Humpty Dumpty had a great fall
All the king's horses and all the king's men
Couldn't put Humpty together again.*

From *Through the Looking Glass* by Lewis Carroll



Acknowledgements

Participants* at a WHO/UNICEF child injury prevention meeting in March 2005 strongly supported an issues paper on global “call to action”. This document is the result.

Contributions of the following individuals are gratefully acknowledged: Loek Hesemans, Ministry of Health, Welfare and Sport, the Netherlands, for drafting this document; Etienne Krug, Margie Peden and Ian Scott, WHO, Switzerland; Kayode Oyegbite, Pascal Villeneuve and Huan Linnan, UNICEF; Spencer Paul, Ministry of Health, Welfare and Sport, the Netherlands; Eugênia Rodrigues, Ministry of Health, Brazil; Chamaiparn Santikarn, Ministry of Public Health, Thailand; and Ambassador Peterson, TASC, Thailand, for useful and constructive review comments on earlier versions of the document; Pascale Lanvers-Casasola, WHO, Switzerland for administrative support, Ann Morgan for editorial assistance, and lastly, some very important children for their creative contributions.

The World Health Organization wishes to thank the Netherlands Ministry of Health, Welfare and Sport which made the publication of this document possible.

This document can be downloaded from:

www.who.int/violence_injury_prevention/other_injury/childhood/en/

All data presented in this document are obtained from the WHO Global Burden of Disease project, 2002, Version 5, and UNICEF's community-based surveys. For technical reasons, tabular and graphical data are reported for children aged under 15 years.

Shehzad Noorani/UNICEF

“The cost of doing nothing is too high”.
Ambassador ‘Pete’ Peterson, TASC, Thailand



875 000 child and adolescent deaths every year

Every year, millions of children all over the world die from preventable causes. Injuries and violence are an important contributor. The World Health Organization (WHO) estimates that, in 2002, around 875 000 children under the age of 18 years died as the result of an injury, although recent community-based studies conducted by UNICEF suggests that this number could be much higher. This places injuries among the leading causes of death in children who survive beyond their first birthday.

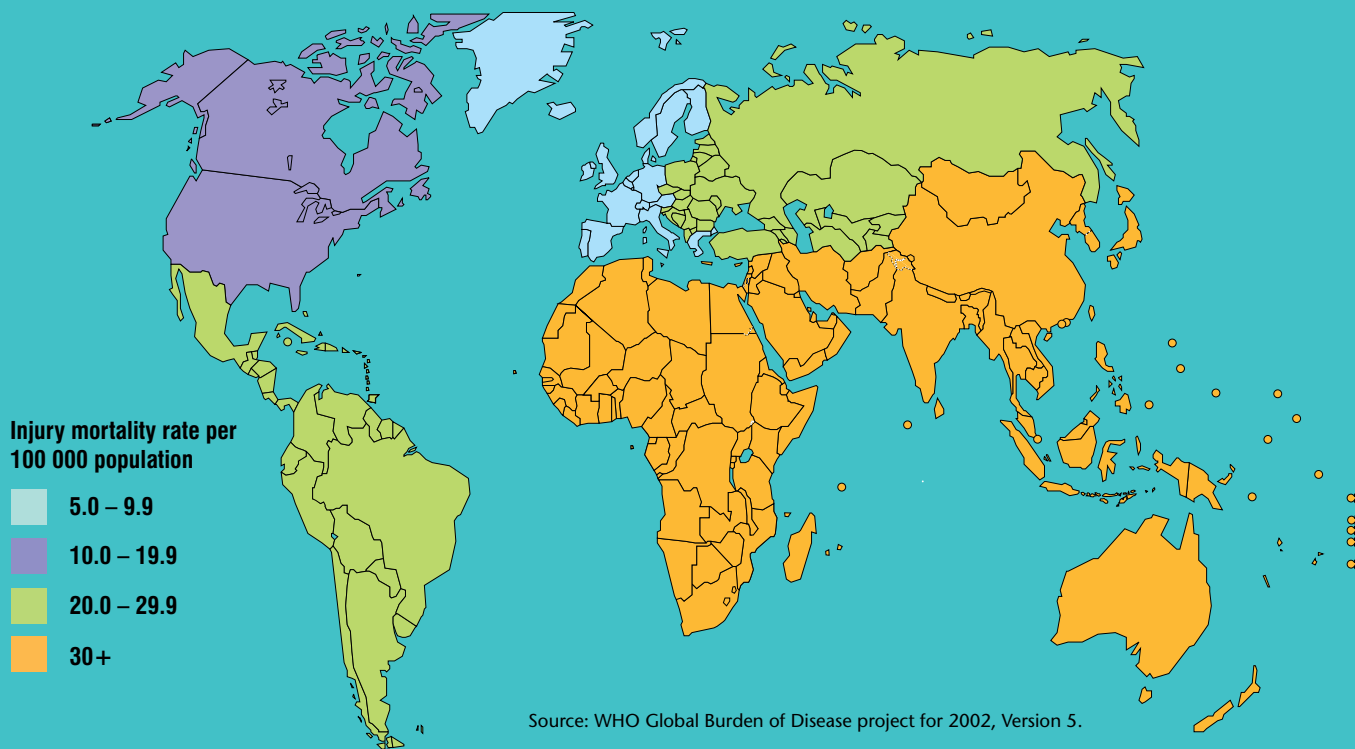
Aside from the high death toll, injuries during childhood and adolescence are also associated with high morbidity: for every injured child who dies, several thousand more survive with varying degrees of disability. The impact of these injuries on society is tremendous: every day, thousands of families are robbed of their children and thousands of children have to learn to cope with the consequences of their injury, which, in some cases, can be both long-lasting and profound.

Worldwide, road traffic crashes and drowning are the most common causes of injury deaths among children, followed by burns and falls. Sadly, violence and abuse also take a substantial toll. Children from poor families are disproportionately affected by injuries. More than 95% of all unintentional childhood injury deaths occur in low- and middle-income countries. Within the high-income countries there is also a strong socioeconomic gradient of child and adolescent injury, with children from poor families being considerably more likely to sustain an injury than their more affluent counterparts.

Injuries in childhood and adolescence: the facts

- More than 875 000 children under the age of 18 years die from injury every year.
- Injuries are a leading cause of death in children aged between 1 and 18 years.
- The two largest causes of child and adolescent injury deaths are road traffic crashes and drowning.
- Intentional injuries, such as child abuse and youth violence, are also a leading cause of death, especially among older children.
- Non-fatal injuries affect the lives of between 10 million and 30 million children and adolescents each year.
- Children in poor families are more at risk of injury.
- Many injuries occur in the home or while at play.
- Most injuries can be prevented.

GEOGRAPHICAL DISTRIBUTION OF CHILD AND ADOLESCENT INJURY MORTALITY RATES, 2002 (under 15 years)



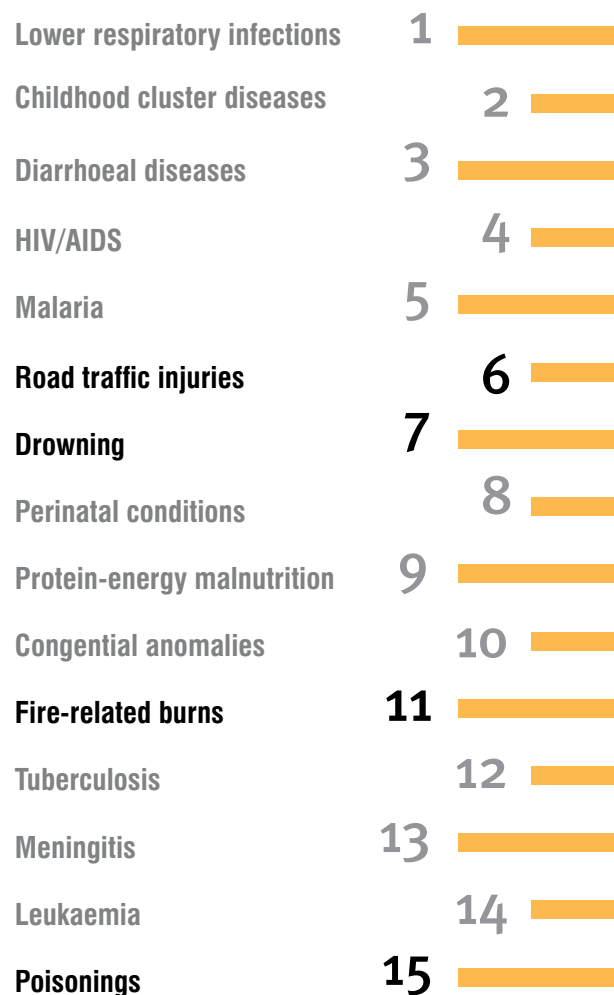
Tragic consequences

Losing a child unexpectedly leaves families and communities with emotional wounds that take decades to heal and which, for many parents, never do. The pain is even greater if simple measures could have prevented the incident that caused the death in the first place. Even when the outcome is not fatal, the medical costs and the special care that is often needed for a severely injured or disabled child can place a huge financial burden on parents and create challenging practical and emotional difficulties for families and/or carers. The toll on children when they lose one or both parents to injury is also considerable.

A preventable health problem

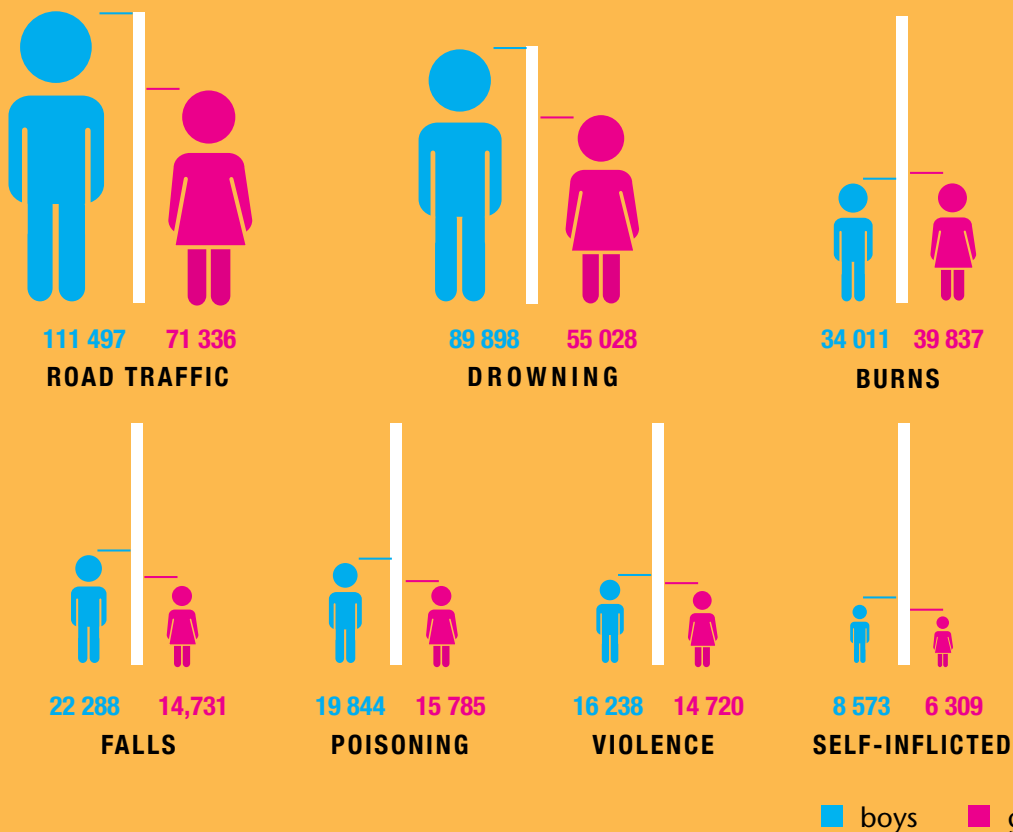
Child injuries are not necessarily purely “accidental” or random events; to a degree they are predictable and therefore largely preventable. As a public health problem, injuries cannot, and indeed must not, be neglected any longer. Now is the time to challenge the notion that injuries are unavoidable and make room for a pro-active, preventive approach to reducing injury mortality worldwide.

LEADING CAUSES OF DEATH IN CHILDREN AND ADOLESCENTS AGED ONE TO 15 YEARS, 2002, by rank

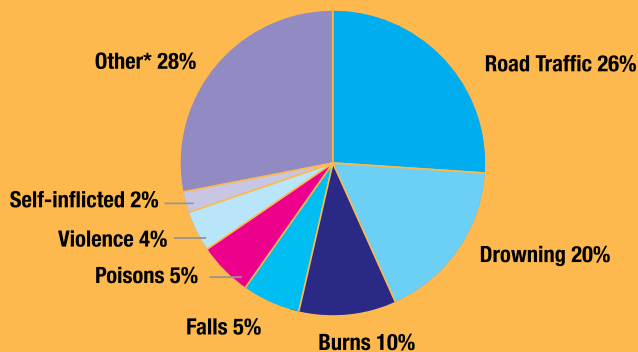


Source: WHO Global Burden of Disease project for 2002, Version 5.

INJURY DEATHS IN CHILDREN AND ADOLESCENTS UNDER THE AGE OF 15 YEARS, BY CAUSE AND SEX, 2002



INJURY DEATHS IN CHILDREN AND ADOLESCENTS UNDER THE AGE OF 15 YEARS, BY CAUSE, 2002



* includes death due to smothering, choking, venomous animals, electrocution, firearm accidents, war, etc.

Source: WHO Global Burden of Disease project for 2002, Version 5.

What is child and adolescent injury?

Injuries are usually put into two main categories: unintentional injuries (or “accidents”), of which road traffic crashes, drowning, burns and falls are the leading causes; and intentional injuries, which result from deliberate acts of violence or neglect. It is not always easy to classify some injuries as one or the other. For instance, it is sometimes hard to tell the difference between a child who has fallen down the stairs and one who was pushed. It is also hard to draw the line between neglect and abuse. Nevertheless, it has been estimated that the large majority of all fatal child and adolescent injuries are unintentional (90%), with road traffic crashes and drowning alone accounting for around half of these fatalities.

The United Nations Convention on the Rights of the Child defines children and adolescents as those under the age of 18 years.

Successes in saving lives

Strategies that work

There are proven ways of reducing both the likelihood and severity of all types of child and adolescent injury. Prevention programmes that use a multi-disciplinary strategy (i.e. a combination of education, environmental modification and legislation) have been shown to be particularly effective for reducing injury mortality in many high-income countries. For instance, the number of road traffic deaths has fallen greatly in many places by measures that collectively reduce speeding, deter drink-driving and encourage the use of child car seat restraints.

Child deaths due to fires and burns have been reduced by the increased use of smoke alarms, changes to the regulations governing the use of high fire risk materials for children’s nightwear and by controlling the temperature of hot water in the home. Drownings have been reduced by limiting access to obvious hazards such as pools, installing covers on wells, and teaching older children to swim. Home visitation and parent training programmes have helped to prevent youth violence, child abuse and neglect.

Reducing health-care and other costs

Prevention of child and adolescent injury can substantially reduce the cost burden on public health systems. Moreover, the cost of many interventions is often much lower than the overall cost of the consequences of injury, which makes injury prevention a particularly cost-effective public health strategy. In many high-income countries, the economic benefits of injury prevention have already been demonstrated. In the United States, for example, it is estimated that every dollar spent on a child car safety seat saves US\$ 32 in direct and indirect health-care costs and other costs to society.

Encouraging signs

While promising efforts are being made in several low- and middle-income countries, in terms of injury prevention, much more still needs to be done. Many of the interventions currently used in high-income countries have yet to be tested in low- and middle-income settings, and some measures have yet to be fully developed and evaluated. On the other hand, we cannot afford to wait for all of the research evidence to become available before taking action: every year hundreds of thousands of needless deaths occur as proven injury prevention measures go unimplemented.

Everyone must be involved

The prevention of child and adolescent injury demands the involvement of many sectors in a collaborative effort at both the national and local level. Although ministries of health and education have a key role to play, injury prevention is not possible without the input of other sectors such as transportation, housing and urban development, as well as public order, social welfare and consumer product design. There is also work to be done by nongovernmental organizations (NGOs) and academia. Clearly, the special responsibility of parents for ensuring the safety of their children should not be overlooked.

The wider perspective

World Health Assembly Resolutions

The World Health Assembly, the annual meeting of ministers of health, has encouraged the implementation of the recommendations of the world reports on violence and health, and on road traffic injury prevention through several of its resolutions, notably, Resolution WHA 56.24 on Implementing the Recommendations of the World Report on Violence and Health (2003), and Resolution A/RES/58/289 on Improving Global Road Safety (2004). Many of these initiatives focus on children and adolescents as a special target group for interventions.

Rights of the child

The 1989 United Nations Convention on the Rights of the Child initiated a new understanding of respect for children and their rights, from birth up to the age of 18 years. The Convention underlines the social responsibility to protect children and to provide them with appropriate support and services, as far as possible, with input from them. The Convention, and thus all the governments that have ratified it, supports the idea that children have the right to the highest attainable level of health and the right to a safe environment, free from injury and violence.

Child survival

The Bellagio Child Survival Study Group has described child survival as the most pressing moral dilemma of the new millennium. The Group described the causes and interventions for child survival and stated that “Millions of children will continue to die unnecessarily every year, unless there are major shifts in policy and funding at international and country levels. We can wait no longer. Knowledge must be translated into practice.” On the basis of available evidence, there is a strong case to be made for including child and adolescent injury prevention in any child survival strategy.



GMB Akash/UNICEF
Bangladesh 2004

Millennium Development Goals

The United Nations resolved in 2000 to reduce the nearly 11 million deaths among the under fives by two thirds by 2015 (Millennium Development Goal 4). Reducing injury and violence, a leading cause of death in children after their first birth year, will be an important contribution to achieving this goal.



Falan/UNICEF Bangladesh 2004

A world fit for children

In May 2002, the United Nations General Assembly held a special session on children. The outcome document, *A world fit for children*, adopted a set of goals for children and adolescents. One of the specific goals adopted in the Plan of Action requests that the global community “reduce child injuries due to accidents or other causes through development and implementation of appropriate preventive measures”.

Reducing child and adolescent injuries and deaths

WHO and UNICEF are stepping up their work in the area of child and adolescent injury prevention. A world report and 5–10 year global strategy for child and adolescent injury prevention will form part of this effort. The world report on child and adolescent injury prevention will provide a global picture of the patterns of child and adolescent injury, as well as recommendations and good practice for countries to adopt and follow. It will be a formidable platform to stimulate action. This work will be driven by child injury prevention organizations such as those that collaborated on this document*.

* See page 13 for a full list of participating organizations

Action will be taken on:

- increasing awareness among target groups of the problem and possible solutions;
- conducting injury-related research and trials;
- setting up a database of information about the health impacts of child and adolescent injuries;
- developing guidelines for national policies on injury prevention;
- developing guidelines for assessing the economic and social costs of injury, disability and injury deaths;
- documenting good examples of how injuries can be prevented (i.e. best practice);
- supporting capacity development programmes;
 - producing a training manual for public health practitioners;
 - assisting prevention efforts in a number of low- and middle-income partner countries.

Injury prevention: why children and adolescents deserve special consideration?

We have a duty to protect children from injury and violence for the following reasons:

- They are more vulnerable to forces on their body than are adults.
- Children live in a world designed for adults and are not always able to judge the potential hazards of many situations and products.
- They have an equal right to health and a safe environment.
- It is in the economic interest of our society.



What you can do

Add child and adolescent injury prevention to priority agenda

WHO and UNICEF urge you to:

- support child and adolescent injury prevention as a national public health priority;
- ensure adequate resources for child and adolescent injury research and prevention are available;
- integrate child and adolescent injury prevention into national and local policies, strategies and legislation;
- appoint a focal point for child and adolescent injury within the ministry of health.

Support the global strategy

External support for the development and implementation of the global strategy on child and adolescent injury prevention is welcome and will help reinforce its penetration and impact. UNICEF and WHO encourage shared responsibility and ownership of the strategy in the public, the private and non-profit sectors, in the belief that this will lead to more effective action.

In particular, help is needed with:

- data collection and interpretation;
- supporting the participation of low- and middle-income countries;
- networking for national focal points;
- expert meetings;
- promotional activities and advocacy campaigns;
- implementation of the strategy.

You can support the WHO/UNICEF initiative by:

- developing partnerships between low- and middle-income and high-income countries;
- forging partnerships with WHO and UNICEF;
- working with existing NGOs and public-private partnerships;
- allocating international aid country programmes to this goal;
- making other voluntary donations;
- providing technical support;
- lending political support.

In a nutshell:

- many children die unnecessarily from injuries and violence every day;
- developing countries bear a disproportionate share of the problem;
- injuries and violence can be prevented;
- political commitment and resources are needed to move this agenda forward.



Participating organizations:

Child Injury Prevention Foundation of Southern Africa
China Centers for Disease Control
Centre of Child and Adolescent Health, Bristol, UK
Department for Transport, UK
European Child Safety Alliance
Global Forum for Health Research
Health Canada, Health Surveillance and Epidemiology
Institute of Child and Mother Health, Bangladesh
International Society for Child and Adolescent Injury Prevention
Karolinska Institutet, Department of Public Health Science, Sweden
Kind en Gesin, Belgium
Klapéda College of Social Sciences, Lithuania

London School of Hygiene and Tropical Medicine
Monash University Accident Research Centre
Netherlands Ministry of Health, Welfare and Sport
Safekids Worldwide
Suez Canal University, Egypt
The Alliance for Safe Children
University of Georgia, Department of Health Promotion and Behavior
University of Birmingham, Forensic and Family Psychology
UN Secretary General's Study on Violence Against Children
US Centers for Disease Control and Prevention, National Center for Injury Prevention and Control
USAID, Bureau for Global Health
VietNam, Ministry of Health

"We have had great success in fighting diseases that kill and maim children. We can't now sit and watch children die or become severely disabled due to injuries that can be prevented. It is time to take an active approach to preventing child injuries."

Dr LEE Jong-wook, Director-General, WHO

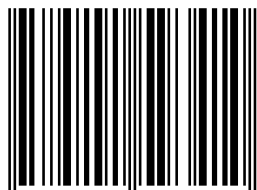


ASIRT, Kenya

"We have a duty to protect children from injury and violence. Children live in a world designed for adults, but they have special needs and are more vulnerable to forces on their body than adults."

Ann M. Veneman, Executive Director, UNICEF

ISBN 92 4 1593415



9 789241 593410

World Health Organization

Department of Injuries and Violence Prevention
20 Avenue Appia, CH-1211 Geneva 27
Switzerland

Tel: +41 22 791 2881

Email: childinjury@who.int

Web: www.who.int/violence_injury_prevention/other_injury/childhood/en/index.html