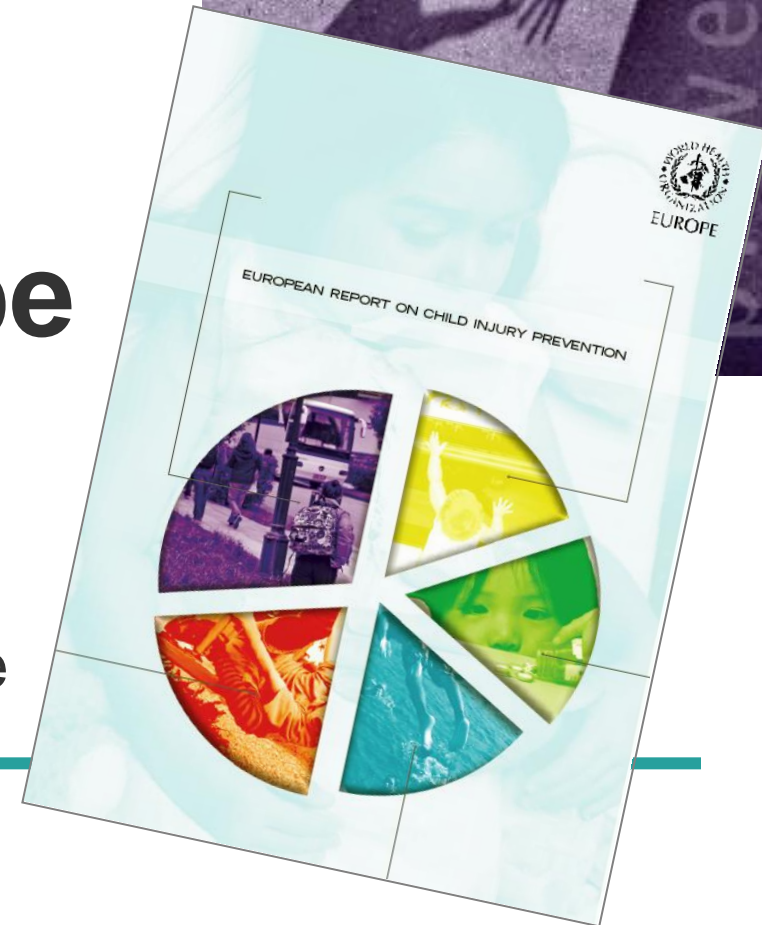


Child injury prevention – a priority for Europe

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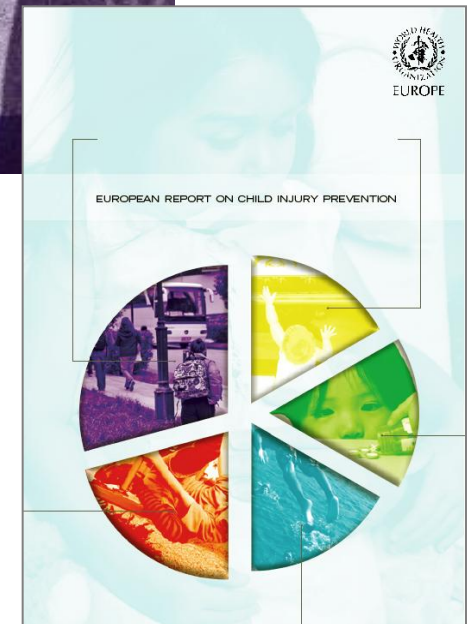
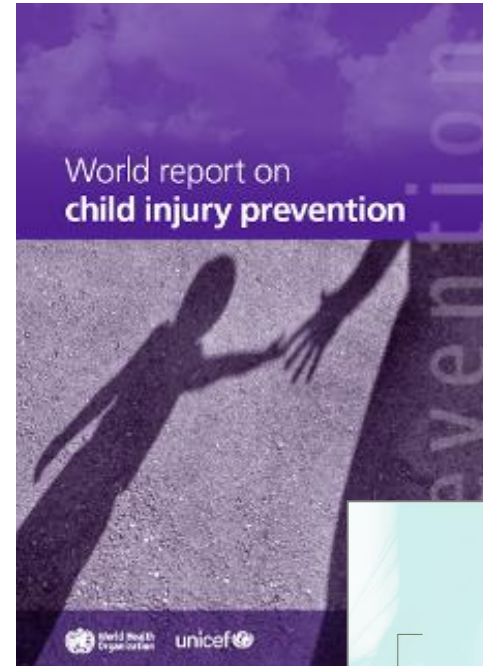
Presidency High-Level Conference on
“Healthy Ageing across the Lifecycle”
September 5th – 6th, 2012, Nicosia, Cyprus

Unintentional child injuries are a leading public health threat that could be largely prevented

The World and European reports highlight the magnitude of deaths and disabilities from unintentional injuries and urge action to ensure equity in safety.

Content

- European overview
- Children and inequalities
- The top 5 injury threats to children
- The winning strategy



In Europe, unintentional injuries are the leading threat for children and teenagers

- 58,000 deaths in children and adolescents 0-19 years (160 deaths a day).
- Almost 1 in 5 deaths are due to injury
- Huge drain on health and societal resources:
 - 7 million estimated annual hospitalizations
 - 97 million emergency department attendances in the Region.

Table 2.1

Ranking of 15 leading causes of death in people aged 0–19 years in the WHO European Region, 2004

Rank	Cause of death
1	Perinatal causes
2	Lower respiratory infections
3	Diarrhoeal diseases
4	Congenital anomalies
5	Road traffic injuries
6	Self-inflicted injuries
7	Meningitis
8	Drowning
9	Leukaemia
10	Violence
11	Upper respiratory infections
12	Poisoning
13	Endocrine disorders
14	HIV/AIDS
15	Epilepsy

Source: The global burden of disease: 2004 update (1).

The top 5 injury threats to children in the Region

Each year there is an unacceptable loss from:

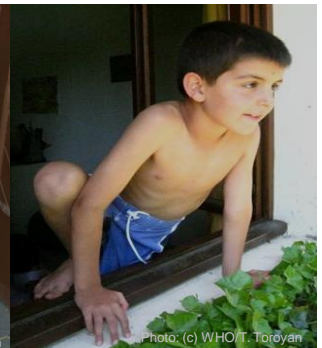
RTIs - more than 25 000 children deaths.

Drowning - 6300 children and teenagers die each year.

Poisoning - 5700 children and teenagers die each year.

Fires - 1900 children and teenagers die each year.

Falls - 2600 children and teenagers die each year.



The top 5 injury threats to children in 31 European countries

Each year there is an unacceptable loss from:

RTIs - more than 4300 children and teenagers deaths.
Drowning - 830 children and teenagers die each year.
Falls – 350 children and teenagers die each year.
Poisoning - 300 children and teenagers die each year.
Fires – more than 200 children and teenagers die each year.



Children are particularly at risk

- Children are not little adults.
- They live in a world built for adults.
- Strong association between injuries and
 - A child's age
 - Developmental stage
 - How s/he interacts with the world
 - Activities undertaken



Photo: (c) N. Di Tanno

Children and inequalities



Photo: (c) T. Diyakova



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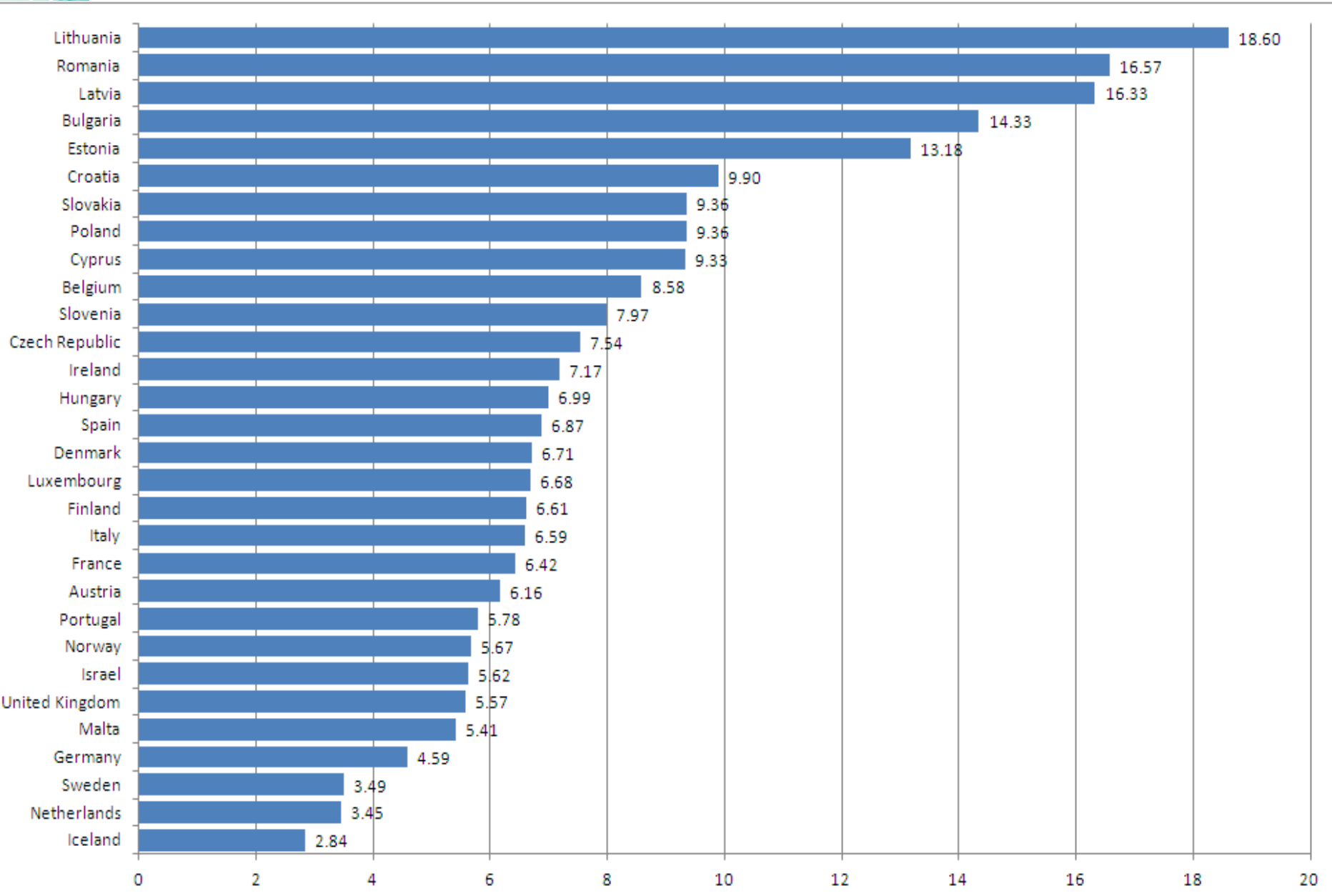
Injuries are the leading cause of inequality in child death in Europe between and within countries



Photo: (c) T. Divakova

- 3 out of 4 of child injury deaths are in poorer countries.
- There is up to an 8-fold difference between countries with the highest and lowest injury death rates.
- Death rates in the Commonwealth of Independent States are 2 times higher than in the European Union.
- Even in high-income countries unintentional injuries account for up to 30% of all child deaths.
- Within countries variations in death rates can be as high as 9 times.

There is a 6 fold difference in child mortality rates in the EU



Deaths per 100,000 - last available three years

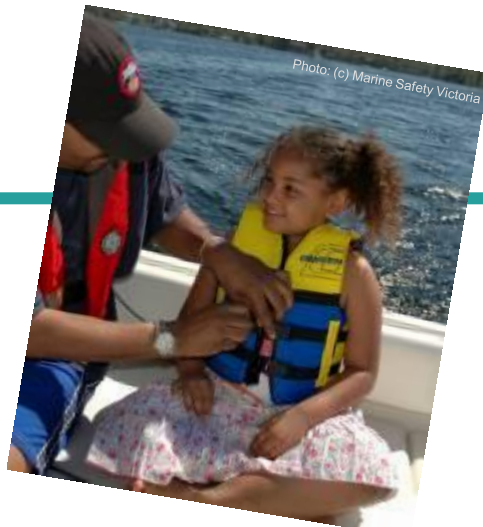
Source: WHO detailed mortality database

Opportunities to reduce the gap in inequalities are huge

If all countries reached the same death rates as the lowest in the Region, Europe could potentially save 1 out of 2 children's lives.

- Europe has some of the safest countries in the world.
- These countries have:
 - embraced safety as a societal responsibility;
 - systematically focused on providing safe environments; and
 - developed evidence based programmes.
- Their experience is a resource for the whole Region and needs to be shared.

The winning strategy



Reproducing safe strategies that are relevant to adults will not protect children sufficiently

- Prevention programmes should take into account the vulnerability of children and be multisectoral.
- The most successful have been those that combine:
 - legislation, regulation and enforcement;
 - environmental modification;
 - product modification;
 - education and skill development; and
 - appropriate emergency medical care.

RTIs: what works?

- Safe road design (e.g. separate road users through cycle lanes, pedestrian areas),
- Speed reduction (speed is the most important risk factor for child pedestrians and cyclists).
- Control of alcohol intake.
- Use of safety devices (helmets, seat-belts, child car seats).



Photo: (c) N. Di Tanno

Safe environments for children can encourage physical activity and bring beneficial effects such as reducing obesity and noncommunicable disease, noise, and air pollution.

If rates in all countries matched those of the countries with the lowest rates, 7 out of 10 deaths could be averted.

Drowning: what works?



Photo: (c) CDC

- Removing (or covering) water hazards.
- Requiring isolation fencing (four-sided) around swimming pools.
- Wearing personal flotation devices.
- Ensuring immediate resuscitation.

If rates in all countries matched those of the countries with the lowest rates, 9 out of 10 deaths could be averted.

Poisoning: what works?

- Legislating for (and enforcing) child-resistant packaging of medicines and poisons.
- Safe storage.
- Reducing the availability of toxic substances.
- Packaging drugs in non-lethal quantities.
- Establishing poison control centres.



Photo: (c) WHO/C. Black

If rates in all countries matched those of the countries with the lowest rates, 9 out of 10 deaths could be averted.

Burns: what works?

- Laws to enforce:
 - smoke alarm installation;
 - hot water regulation; and
 - cigarette lighter standards.
- First aid initiatives and provision of quality burns care are effective.



Photo: (c) J Ozanne Smith

If rates in all countries matched those of the countries with the lowest rates, 9 out of 10 deaths could be averted.

Falls: what works?



Photo: (c) R. Simpson

- Modifying or replacing unsafe products.
- Legislation for window guards.
- Implementing playground standards.
- Implementing multifaceted community programmes.

If rates in all countries matched those of the countries with the lowest rates, 8 out of 10 deaths could be averted.

Child injuries are preventable and cost-effective

- Report describes a large number of effective interventions.
- Some of these interventions are very good value for invested money.
- There is a huge potential for prevention by addressing underlying risks and exposures.

Table 8.2

Financial savings from selected injury prevention interventions

Expenditure of €1 each	Savings (€)
Smoke alarms	69.0
Car child restraints	29.0
Bicycle helmets	29.0
Motorcycle helmets	16.0
Upgraded marked pedestrian crossings	14.0
Roadside lighting	10.7
Guardrails on roadsides	10.4
Prevention counselling by paediatricians	10.0
Area-wide speed and traffic management	9.7
Poison control centres	7.0
Daytime running lights (normal bulbs)	4.4
Pedestrian bridges or underpasses	2.5

Sources: Data from *Cost effective EU transport safety measures* (27), Miller & Lever (28) and Cost-benefit analysis of measures for vulnerable road users (29).

Preventing injury is a priority of Europe's policy agenda

- In 2004, the WHO Children's Environment and Health Action Plan for Europe identifies injuries as one of the leading causes of preventable death from environmental factors.
- In 2005, a Resolution of WHO Regional Committee for Europe engages countries to reduce death and disability from this cause.
- In 2007, the Council of the European Union officially adopts the Council Recommendation on the prevention of injuries and promotion of safety.
- In 2010, the WHO Fifth Ministerial Conference on Environment and Health emphasized "protecting children's health in a changing environment".
- On 24 May 2011, the Sixty-fourth World Health Assembly adopted a resolution on child injury prevention (WHA64.27)
- Health 2020 with its guiding principles of equity and multisectorality

Health systems have a central role to play in this new approach as emphasised in the WHA resolution and the EC Recommendation

1. Integrate child injury into a **comprehensive approach** to child health and development.
2. Develop and implement a **child injury prevention policy** and a plan of action.
3. Implement **specific actions** to prevent and control child injuries.
4. Strengthen **health services** to address child injuries.
5. Build **capacity** and exchange **best practice**.
6. Enhance the quality and type of **data** for child injury prevention.
7. Define priorities for **research**.
8. Raise awareness and target **investments** in child injury prevention.
9. Address **inequity** in child injury.

Find further information on WHO websites:



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European report on child injury prevention

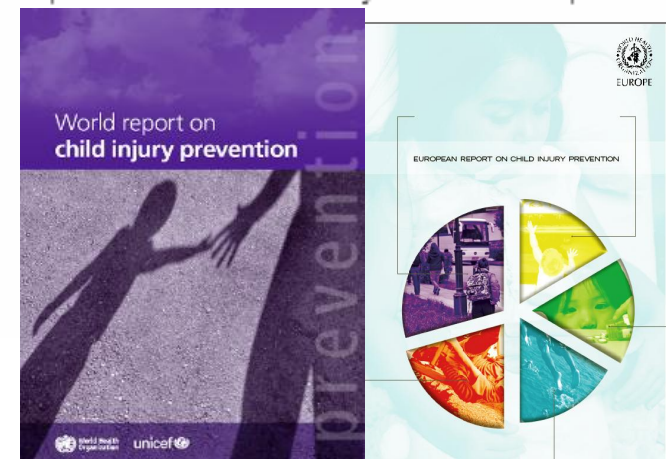
WHO and UNICEF are collaborating on the development of a *World report on child injury prevention*, to be released in December 2008. The focus is on unintentional injuries, to complement the 2006 report of the UN Secretary General's Study on Violence against Children.

The European report highlights Regional facts and figures, case studies, experiences and policy initiatives. It will support advocacy efforts to raise awareness on the importance and possibilities of addressing injuries, the leading cause of death among children and young people in our Region.

Both reports will be important advocacy tools as well as a science-based toolkit on what we know about child and adolescent injuries and how these injuries might be prevented. Content includes what is known about each type of injury, what the risk factors are and what the good practices or promising practices are for prevention. Case studies will be used to illustrate issues. Specific recommendations for each type of injury and overall recommendations for countries on how to prevent or contain the problem of child and adolescent injuries will be made. Topics covered include:

- child injuries in context
- road traffic injuries
- burns and scalds
- fatal and non-fatal drowning
- falls
- poisoning.

▶ [More about the World report on child injury prevention](#) [WHO headquarters]
Link to WHO global website



URL: <http://www.euro.who.int/violenceinjury>

http://www.who.int/violence_injury_prevention/child/injury/en