Capacity building for preventing injuries and violence:
Strategic plan 2009-2013

World Health Organization
Department of Violence and Injury Prevention and Disability
Strategic plan for capacity building 2009 - 2013

Why is capacity building for violence and injury prevention so important and what is needed?

Capacity building is one of the main challenges facing the injury prevention area today. Injuries and violence are a substantial burden to global public health, accounting for roughly the same number of deaths each year as HIV, TB, and malaria combined. Despite this, in many countries injuries and their prevention have been largely neglected or completely overlooked. As a result, there are many settings around the world where public health training does not address injury-related issues, medical training teaches treatment of trauma but overlooks prevention, and government staff in sectors relevant to injury have neither received injury-related training nor work within structures that allow for coordinated sharing of information relevant to injury prevention.

The combined effects of a number of additional factors increase the timeliness and importance of capacity building. In recent years injuries and violence have gained increasing global recognition as important health and development issues; this recognition has been accompanied by the adoption of important policy documents at the international, regional and country levels, including World Health Assembly resolutions on violence, road traffic injury, and emergency care services. Alongside this increased political commitment and shouldering of responsibilities, several quality tools have been developed and made available, including those to assist with improvement of surveillance systems, implement prevention strategies, increase access to appropriate and comprehensive care, and develop injury prevention policy and programming.

Thus, at the present time there is a combination of increased awareness, recognition and political commitment on the one hand, and sound technical guidance on the other. However, due to the longstanding neglect of the field, concerted action to build capacities will be required to capitalize on this. Preventing injuries and violence requires multi-sectoral collaboration, and individuals in health as well as non-health sectors need to understand how injuries and violence occur and how they might be prevented. An appropriately and effectively communicated knowledge base to a range of stakeholders is necessary for this. Essential skills need to be supported and developed amongst a number of key players and potential champions in the injury and violence field. Institutional support needs to be provided in the form of political, financial, and infrastructural investments in data collection, information sharing, and viable career paths, among others.

Finally, much work remains to be done to improve strategic use of partnerships and networks. To a large extent, injury remains excluded from broader public health, health promotion and development plans. Strategies too often are fragmented and led by single sectors, rather than using an integrated, multisectoral approach. Furthermore, this problem is most apparent in low and middle-income countries where the injury burden is greatest.
What is WHO doing to contribute to capacity building for injury and violence prevention?

Following a consultation with key stakeholders in December, 2007 WHO has identified expansion of capacity building efforts as one strategic direction it will prioritize over the timeframe of 2009-2013. A global consultation held in June 2008 reviewed gaps in capacities for injury and violence prevention, and considered how new and planned WHO capacity building activities could most constructively address these over the medium term. The draft strategic plan developed on the basis of this global consultation was further refined on the basis of inputs received following WHO's meeting of Collaborating Centres heads in October 2008.

What follows is the medium term strategic plan for WHO's work in the area of injury and violence prevention. While this is a plan for WHO, it must be stressed that WHO actively encourages those engaged in injury and violence prevention to review this plan, and determine whether there are potential opportunities for collaboration and synergy. Indeed, a major theme emerging from the consultations referred to above was the desirability of collaborative projects involving WHO and its Collaborating Centres as well as other partners to advance capacity building.

For purposes of conceptual clarity, WHO has divided consideration of capacity building activities into the following three domains:

1. **Human resources:** people and the knowledge and skills they require.
2. **Institutional and infrastructural capacity:** the systems and structures necessary to allow the people referred to above to be effective.
3. **Networks and partnerships:** a means by which capacities can be strengthened within and across settings and important for using resources effectively and priority setting.

Relating WHO's work to these domains the following provide a very brief overview of current WHO activities of relevance:

**Human resources:** TEACH-VIP ¹ (knowledge) and MENTOR-VIP ² (skills development) are the main initiatives.

**Institutional and infrastructural capacity:** Capacity building here is inherently longer term, tends to be more costly, and WHO's contribution will to a large extent depend on complementing and helping shape work of others in sectors such as country programming, surveillance, policy development, and services.

**Networks and partnerships:** there are a number of networks (e.g. Ministry of Health focal points, Collaborating Centres, Road Traffic Injuries Research Network, Violence Prevention Alliance, Global Road Safety Partnership, the International Safe

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¹ TEACH-VIP (Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention) is a modular injury and violence prevention training curriculum developed by WHO and a global network of experts. More information is available at: [www.who.int/violence_injury_prevention/capacitybuilding](http://www.who.int/violence_injury_prevention/capacitybuilding)

² MENTOR-VIP is a global injury and violence prevention mentoring programme developed by WHO and a global network of experts. It facilitates skills development in the violence and injury prevention area through exchange of experience between a more skilled or experienced person and a person seeking to develop those skills. More information is available at [www.who.int/violence_injury_prevention/capacitybuilding](http://www.who.int/violence_injury_prevention/capacitybuilding)
Communities movement etc.) that are relevant. Interactions with these extend beyond capacity building and capacity building is often not an explicit objective.

The following tables overleaf provide the activities for each of these three domains that WHO plans on undertaking over the 2009-2013 time period.
Strategic plan for capacity building in injury and violence prevention: Objectives, outputs, and activities (2009-2013)

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<th>Domain: Human resources</th>
<th>Objective</th>
<th>Output</th>
<th>Activities</th>
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|                         | Improved and more widely accessible knowledge base for injury and violence prevention and control | Revision of TEACH-VIP | • Synthesis of evaluation feedback, and adaptation of curriculum structure on basis of feedback  
• Incorporation of new local examples and case data  
• Incorporation of updated data |
|                         | Development of additional TEACH-VIP training content and tailored courses for diverse audiences/objectives | • Development of training content addressing specific areas of interest (e.g. child injury, alcohol, etc.)  
• Development of approximately 10 short courses targeting different training audiences and needs (e.g. policy makers, advocacy, key non-health sectors etc.). Courses to be developed in a standardized modular format and designed to be delivered over 2-5 days. |
|                         | Increased capacity to effectively administer and use TEACH-VIP | • Regional and country-based Training of Trainers  
• Development of appropriate mechanisms to support Training of Trainer participants and their follow-up from WHO regional offices |
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| Improved and more widely accessible knowledge base for injury and violence prevention and control | Broadened availability of violence and injury specific training materials | • Continued promotion and dissemination of TEACH-VIP and promotion of formal integration of relevant material into appropriate curricula wherever possible (e.g. schools of public health)  
• Adaptation of TEACH-VIP to an electronically based, self-paced training curriculum available via the internet and on CD-ROM (TEACH-VIP E-learning)  
• Secure translations of TEACH-VIP training content  
• Develop and disseminate other violence and injury specific training materials (e.g. WHO road traffic injury training manual, others)  
• Promote better integration and coverage of capacity building needs and activities within peer reviewed journals and make violence and injury specific information more accessible through journal networks (e.g. HINARI network) | |
| Intensified use of technologies to promote dissemination of knowledge base relevant to violence and injury prevention | Provision of TEACH-VIP training content via facilitated on-line training sessions and archiving of these to VIP website  
• Integration of violence and injury specific content within other WHO departments use of internet based training via webinars etc. and exploration of modalities such as discussion groups  
• Integration of TEACH-VIP and other relevant training material within knowledge dissemination initiatives such as the eGranary digital library | Development of a mechanism to allow exchange of practical violence and injury prevention training content and examples for TEACH-VIP via an internet-based repository  
• Provision of TEACH-VIP training content via facilitated on-line training sessions and archiving of these to VIP website  
• Integration of violence and injury specific content within other WHO departments use of internet based training via webinars etc. and exploration of modalities such as discussion groups  
• Integration of TEACH-VIP and other relevant training material within knowledge dissemination initiatives such as the eGranary digital library |
### Domain: Human resources

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| More fully developed skills among individuals working in injury prevention and control | Revision and expansion of MENTOR-VIP | • Completion of external pilot phase (2009) and programme (2012) evaluations of MENTOR-VIP and implementation of recommended revisions on the basis of these.  
• Expansion of annual recruitment of mentors and mentees to MENTOR-VIP to the order of 30 mentor-mentee pairs per year  
• Incorporation of a mechanism to allow for institution to institution mentoring (e.g. twinning of institutions). |
| Strategic linkages with other relevant programmes and between TEACH-VIP and MENTOR-VIP. | | • Integrate injury and violence prevention topics within other training initiatives such as health systems strengthening initiatives and policymaking training courses.  
• Integrate injury prevention topics within relevant WHO initiatives and areas of work (e.g. knowledge management and sharing, health action in crises, essential health technologies, etc.).  
• Utilization of TEACH-VIP Training of Trainers and other opportunities to disseminate information regarding MENTOR-VIP and recruit potential mentors and mentees.  
• Provision of input on aims and objectives of injury related programmes that favour skills development (e.g. Fogarty Center ICTIRT, etc.). |
| **Domain: Institutional and infrastructural capacity** |
|---|---|---|
| **Objective** | **Output** | **Activities** |
| Improved and more systematic support for institutional and infrastructural elements of capacity building for violence and injury prevention and control | Better understanding of the institutional needs and potential sources of support for institutional and infrastructural capacity building | • Mapping exercise to identify institutional needs and potential sources of support and how these may be incentivized  
• Advocacy with Ministries of Health to assure resources are identified for institutional and infrastructural components of capacity building |
|  | Strategic communications to better position institutional and infrastructural capacity building needs on agendas of donors and actors working in sectors relevant to violence and injury prevention | • Consultations with donors and other relevant stakeholders affecting different sectors relevant to violence and injury prevention to sensitize them to needs, gaps in current processes, and how they might better respond and support these  
• More systematic messaging and publicly available documentation by WHO highlighting importance of infrastructural and institutional support in capacity building for violence and injury prevention  
• Making the scientific case and defining the value of investments in such capacity building |
## Domain: Institutional and infrastructural capacity

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| Improved and more systematic support for institutional and infrastructural elements of capacity building for violence and injury prevention and control | Increased integration of institutional and infrastructural support for capacity building with other relevant initiatives | - Ensuring violence and injury prevention support is integrated into other relevant (e.g. urban planning and development, health systems etc) institutional and infrastructural development
- Closer coordination with other partners and entities supporting capacity building to identify synergies and opportunities to jointly address institutional capacity building needs (e.g. consolidating human resource investments of Fogarty Center fellowships through support for creation of injury centres)
- Creation of a number of strategic linkages with other agendas (e.g. non-communicable disease, industrial health, trauma and disaster care, global climate change etc.)
- Incorporate a mechanism for institution to institution mentoring arrangements within MENTOR-VIP
- Wherever possible, highlight and address the institutional and infrastructural capacity building implications of WHO country office programming (e.g. WHO recommendation for focal points and national plans of action for violence and injury prevention) |
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| More effective use of networks and partnerships to advance capacity building for violence and injury prevention and control | Improved coordination and integration of capacity building needs within agendas of those working in areas related to violence and injury prevention or in other general capacity building efforts | • Strategic use of programmatic networks and high profile events to communicate and reinforce the importance of capacity development (e.g. major programmes such as global status report on road safety, major report launches, etc.)
• Strengthen the relationship with the public health, clinical health, and research sectors of academia to engage them more effectively in contributing to capacity building and to assist with advocating and enabling effective implementation of WHO technical guidance.
• Ensure violence and injury issues and attendant capacity building needs are well represented within relevant undertakings and events (e.g. GBD 2005, world conferences)
• Exploration of possibilities to have some existing capacity building mechanisms (e.g. fellowship arrangements) also address capacity building needs for violence and injury prevention
• Continued and enhanced support to global and regional networks of Ministry of Health focal points for violence and injury prevention and identification of collaborative projects with these and opportunities for increased technical exchange
• Establishment of a central communications channel (possibly a web-based discussion group) to facilitate technical exchange about existing, planned, and potential capacity building efforts of partners |
## Domain: Networks and partnerships

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| More effective use of networks and partnerships to advance capacity building for violence and injury prevention and control | Better understanding of the context and strategic opportunities for improved networking and partnerships | • Mapping of major potential partners who can help advance capacity building  
• Identification of opportunities for collaboration with a number of entities whose core work involves capacity building (e.g. training centres) |