## Profiles of participating organisations

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Appendix 7
Organizational mission and child injury prevention

The Child Accident Prevention Foundation of Southern Africa (CAPFSA) promotes optimal health and development of all children in South Africa. CAPFSA aims to reduce and prevent intentional and unintentional injuries of all severity through research, education, environmental change and recommendations for legislation. To achieve this we work in co-operation with government, industry, non-governmental and community based organisations, community groups and individuals.

CAPFSA believes that every child has a right to grow and flourish in a safe environment without the threat of being hurt.

The primary objectives of the Foundation are:

- To promote a general understanding of the nature, extent and cost of childhood injuries.
- To raise community awareness about childhood safety and injury prevention.
- To reduce the frequency, minimize the severity, or prevent the occurrence of childhood injuries.
- To serve as a resource centre to the community providing meaningful information and resources regarding childhood injuries and their prevention.
- To serve as a scientific body of knowledge regarding childhood injuries and preventative methods.
- To foster community involvement as a basis for childhood accident and injury prevention services.
- To increase the levels of participation from all sectors of the community (Government and Private organisations) to develop and implement injury prevention measures.
- To lobby and motivate for standards and legislation regarding children’s products and safer environments.

Global level activities - child injury prevention

- Conferences
  - Over the past years CAPFSA have been attending the Bi Annual world injury prevention conferences and did presentations at each of these (Melbourne, Amsterdam, Montreal, Vienna).
  - CAPFSA also presented at various clinical/ medical conferences in Oxford, Egypt, Tanzania and Washington
  - In 2006 (9 – 11 April) The Child Accident Prevention Foundation will be hosting the 15th International Safe Communities Conference in Cape Town.

- Research
  - The Child Accident Prevention Foundation was approached to supply information from South Africa to Safe Kids Worldwide for the Childhood Unintentional Injury Worldwide study: Meeting the Challenge, October 2002.
  - Comparative injury risk for (and subsequent admission of) children under the age of 12 year to a children’s hospital. Comparison between Birmingham hospital, UK, and Red Cross Children’s Hospital in Cape Town.
Regional / cross country activities - child injury prevention

- CAPFSA distributes educational resources to other countries in Africa on request.
- CAPFSA is a member of IPIFA.
- Conferences:
  - Child Safety in Southern Africa February 1993
  - CAPFSA arranged the first Southern African Conference on Child Safety Cape Town. Delegates from Africa and guest speakers form UK, USA and India.

Country activities - child injury prevention

Research:
- CAPFSA are based at the Red Cross Children’s Hospital and work very closely with this hospital. Children who present at this hospitals trauma unit are captured on the CAPFSA injury database. More than 100,000 cases have been captured on this database to date. Children who present at this trauma unit are mostly from the Western Cape but some national cases are also seen here occasionally. This database serves as an important basis for CAPFSA’s prevention programmes. This is the only paediatric database in South Africa. Data are used extensively by other research institutions, intern the media and health professionals involved in injury prevention and also for advocacy purposes.

Data Analysis:
- Analysis of burn injury RCCH Cape Town 1999 and 200 Supplied Medical Research Council with injury data from Red Cross Children’s Hospital for analysis.
- Ongoing analysis of data by intern and postgraduate students
- Annual analysis and report by CAPFSA on injuries presenting to the Red Cross Children’s Hospital Trauma Unit.
- Publication of Academic articles in local Journals

Prevention/Education:
- National Child Accident Prevention Week: This week is an annual event and was the initiation of CAPFSA who lobbied for the week to be placed on the national health calendar in 1992. Annually this week aims to raise public awareness of childhood injuries and ensuring a safe environment. Nationally in South Africa CAPFSA partner with other role-players to create as much possible public awareness on the importance in reducing the impact of injuries and to encourage community participation in the aspect of injury prevention and control. Various activities take place annually. This week is also used to lobby policy makers.
• **Safety Training programme for childcare facilities in Gauteng and the Western Cape:** The training programme (20 Hours) provides child minders with comprehensive health and safety management abilities within day care centers, crèches and educare facilities. Target is children under the age of six years. The Gauteng training combines the WHO/UNICEF’s integrated management of childhood Illnesses (IMCI) with the Child Accident Prevention Foundations health and safety education. In the past two years more than 1500 child minders have been trained in Gauteng and the Western Cape. Currently in process of getting training course accredited.

• **Home Visitation Programme** – (Lead Agency Medical Research Council): Area: Johannesburg (2 Communities) and Cape Town. Target: Parents and caregivers with children. CAPFSA did training of all the volunteer home visitors, communities in Gauteng and the Cape Province visitors. The Medical Research Councils Home visitation pilot programme that ran from 2002 – 2004.

• **Development and Pilot Implementation of a Life Orientation Injury Prevention Resource Pack for Educators.** Partner (Department of Education): Area: Western Cape. Target – Foundation Phase learners (Grade 1 – 4) Primary schools. CAPFSA identified the need for educational resources for educators that have to educate child injury prevention in the Life Orientation curriculum in the Primary Schools. A resource pack focusing on various safety topics were compiled by CAPFSA. The first resource pack has been piloted in schools in the Western Cape. Project is now at the stage of developing a final edited resource pack that would be made available to all primary schools in the Western Cape. It is hoped with further intervention form CAPFSA that this resource pack will also ultimately be made available in all provinces of South Africa

• **Safe House Project Cape Town.** Partnership project with Emergency and Fire Services of Cape Town. Target adults and children in the Cape Peninsula. CAPFSA and EMS in process of developing a safe @ home center. This center will serve as an educational tool and resource centre where adults and children can be taught home safety (Formal and Informal settings).

• **Educational Lectures and workshops** (Western Cape and Gauteng Province). Target; Professionals, adults, children. Ongoing and at request from various institutions and educational facilities

• **Resource and Information Centre.** CAPFSA serve as a resource and information center. The Resource Center is based in Cape Town at the Red Cross Children’s Hospital. Information supplied, on enquiry, on a national basis.

**Media**
CAPFSA use the media extensively for educational and lobbying purposes. Annually CAPFSA does more than 30 radio talks, 2-3 television programmes and more that 40 newspaper and magazine articles on childhood injuries and prevention. Some of these are local and others national.

**Advocacy**
The following are just some examples that CAPFSA are involved in regarding advocacy for child injury prevention:
• CAPFSA was instrumental in advocating for mandatory legislation of child restraints for motor vehicles.
• Motivated the local South African Bureau of Standards to compile standards for specific nursery furniture. Next step for CAPFSA is to motivate for Standards to become mandatory.
• CAPFSA is involved in Toys safety committee for local standards.
• CAPFSA did presentation at parliamentary level that assisted with the motivation of the New Firearms Control Legislation, which came into effect last year.
• Parliamentary presentations to Portfolio committees on Child Abuse and neglect.
• CAPFSA is also members of the following which plays and important advocacy role for children rights and safety.
• Member of Access Alliance for Children’s Entitlement to Social Security
• Member off SASPCAN – Society for the Prevention of Child Abuse and Neglect.
• Member of the Gun Control Alliance

Conferences
• Towards a Childsafe South Africa Conference – 15 – 17 October 2003. CAPFSA organized this conference in 2003 in celebrating of 25 years of the Foundations input child injury prevention. The conference ran over two days with day one focusing on unintentional injuries and day two on intentional injuries. Two international speakers specializing in injury prevention and paediatric trauma were guest speakers at this conference. Some 200 delegates from various provinces in South Africa attended this conference.

Significant child injury prevention publications produced by your organization within the last five years.

7. Savva S, Van As Sebastian. South African doctors call for an Alcohol Injury Fund


19. Data mining the CAPFSA Red Cross Children’s Hospital Database 1991 –2000 as part of Injury Prevention Planning. REPORT


**Future activities in relation to child injury prevention**

**Global and regional**

• Applied for a Fogarty Grant in co-operation with the University of San Diego to set up a research and training center for health care workers and injury prevention practitioners with a specific focus on injury research and prevention in poorly resourced countries.

• We would also like to enhance our international co-operation with child accident prevention organizations elsewhere, but especially in Sub-Saharan Africa, where there are presently hardly any preventative strategies for children in spite of the fact that over 50% in this area are children under 18 years of age. We would like to grow to the level of an international (African) training center for child accident prevention health care workers.

Country Level

• Further development of the Safe House

• Capacity building – CAPFSA aims to continue with capacity building of healthcare professionals and educators in the pre-school sector. The capacity model has been introduced by CAPFSA in Gauteng and Cape Province. It is planned to role out the education and training programme to other provinces in South Africa over the next five years.

• Develop close co-operation with private and governmental sectors. Aim to launch a National Child Injury prevention Network on a national scale with provincial networks.

• National distribution of Life Orientation Injury Prevention Resource Pack for the use by educators at primary school level.

• Development of the Current database into an injury surveillance system.

• Currently CAPFSA is going through a financial crisis and further strategies will only materialize and developed once financial capacity improves. Limited human and financial resources are hampering the optimal functioning of this Foundation on a National, regional and global level

Organizational strengths in the area of child injury prevention

Data Collection and research from Red Cross Children’s Hospital injury database – This is currently the only paediatric database on injuries in South Africa. Needs to grow and develop further so that it could be utilized more extensively. With adequate resources we will be able to optimize its output and provide a rich source of data (regarding child injuries), which can be used as the basis for many preventative programmes.

Advocacy and lobby function

Training in injury prevention. Currently no other organization focusing on training programmes for injury prevention that focuses on children.

CAPFSA has a high profile in the national press and other mass media and we are continuously overloaded with request for data on child injuries as well as for interviews regarding child safety issues.
Collaboration with other agencies and global child injury prevention partners

Research and injury surveillance
The child injury database, which CAPFSA has grown over the last 15 years, can be of great value to other countries. Not only for direct information regarding child accidents but also in how to conduct research in the child accident prevention field. There will be mutual benefit from improved communication and co-operation between CAPFSA and child accident prevention organizations outside South Africa.

Setting up of effective injury prevention campaigns and training programmes
CAPFSA is co-operating closely with the local government structures to establish child accident prevention programmes in the Western Cape and Gauteng Province. However, the majority of children live outside these two provinces and it is our vision to become a training center for health care workers from all other provinces.

Policy development for developing countries
Because of our large database CAPFSA is ideally positioned to make recommendations on legislation in a wide field of child accident prevention areas. We also have medical expertise but lack expertise in the medico-legal and legal issues. We would benefit if we would have assistance in these matters.

Effective advocacy
CAPFSA has its own experience with advocacy in South Africa from which other countries and organizations could benefit substantially. However, there are also numerous issues in which CAPFSA could benefit from expertise outside South Africa and since there is still such a long way to go (kids in Cape Town more than 25X more likely to end up in hospital as compared to for instance Birmingham!) collaboration in this field is absolutely pivotal.

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Organizational mission and child injury prevention

The aim of the Centre of Child and Adolescent Health is to promote the academic study of child health through inter-professional collaboration.

Our philosophy is to integrate research with teaching and policy development.

Our priorities are:

- to improve our understanding of the complex interaction between genetic and environmental factors on child health
- to initiate the development and evaluation of new multi-disciplinary initiatives in community child health
- to build up the evidence base for clinical activity in child health, and to encourage nurses and professionals allied to medicine to undertake independent research.
- to undertake innovative research into the interface areas between paediatrics and child mental health, which are such an important part of the chronic morbidity of childhood today.
- to give undergraduates a broad view of the multiple factors affecting children’s health
- to promote inter-professional learning for postgraduate health workers.

Child injury prevention is one of five main priorities identified by the Centre. Research on childhood injury focuses on the epidemiology and prevention of childhood injury, with particular emphasis on the effects of social deprivation.

Global level activities - child injury prevention

Together with the University of Surrey and University College London we were involved in an international survey of child road safety policies and practice in 30 OECD countries.


Have conducted a range of systematic reviews of the literature on what works in child injury prevention – these have some relevance to all countries but more to higher income countries.

Regional / cross country activities - child injury prevention

Involved in the Balanced Score Card project related to childhood injury prevention, led by the European Child Safety Alliance and involving the Netherlands, Austria, Greece and the UK.
Involved in the Child Safety Action Plans project, led by the European Child Safety Alliance.

Involved in a study of road safety indicators, led by Lazio Public Health Department, Italy.

**Country activities - child injury prevention**

Involved in three national demonstration projects, funded by the Department for Transport in England. These include:

The evaluation of the Child Pedestrian Training Pilot projects – the Kerbcraft Project which is being implemented in over 100 Local Authorities in England and Scotland. The evaluation of the ‘Neighbourhood Road Safety Initiative’- urban regeneration projects based around road safety, located in 15 Local Authorities in North West and Midlands of England. Our work involves surveys of partnership working, school surveys of children and focus groups of parents.

The evaluation of the ‘Inner City Safety Demonstration Project’- an urban regeneration project based around on road safety, located in the central wards of Birmingham. Our work involves partnership surveys and a child rights based approach, involving school children.

The University of the West of England leads the Health Development Agency’s Evidence and Guidance Collaborating Centre (EGCC) on the Prevention and Reduction of Accidental Injury in Children and Young People aged 0-24 years. Other project partners are the Child Accident Prevention Trust and the University of Newcastle. The EGCC is involved in 3 areas of work: summarizing the evidence on what works in injury prevention, providing guidance to practitioners and policy makers on how to implement effective interventions and providing an information service(www.hda-online.org.uk).

Together with the Universities of Swansea, Surrey and Nottingham, the University of the West of England is involved in a Department of Health’s Accidental Injury Prevention Research Programme, in a collaborative programme of research entitled ‘Moving from Observation to Intervention in injury prevention. This includes a randomized controlled trial of the use of a advocacy package with local councilors to reduce child pedestrian injuries. Another study investigates the Burden of Injury by measuring the impact of varying severities of injuries in young people, adults and older people on quality of life and disability, health and social care utilization and on working days and working life years lost.

Together with the Child Accident Prevention Trust we have developed, implemented and evaluated a national training course on Injury Prevention, with funding from the Department of Health in England. This course is intended to increase capacity in the injury prevention field.

**Significant child injury prevention publications produced by your organization within the last five years.**


**Future activities in relation to child injury prevention**

Focus of work will be on research on childhood injury epidemiology and prevention, particularly in relation to reducing inequalities in childhood injuries and children in particularly vulnerable settings such as temporary accommodation. This will include the evaluation of interventions, case control and cohort studies. The Avon cohort study is located in Bristol and the ALSPAC dataset has been used in a number of studies of different types of injuries. Other research involves stimulating the active involvement and participation of children and young people in community-based injury programmes. This work will be at country level.

We are particularly interested in studies examining children’s exposure to injury risk in different countries and in cross-country comparisons of cultural factors related to childhood injuries, and on studies of policies and practices in different countries related to child safety promotion.

Our work on summarizing the evidence of what works in childhood injury prevention has applications at regional and global levels and the development of guidance materials at the country level of England, could be translated to other country contexts.
Organizational strengths in the area of child injury prevention

Research, particularly on the evaluation of interventions and on conducting reviews of the evidence. Considerable experience of collaborative working with other universities and NGO’s such as the Child Accident Prevention Trust.

Collaboration with other agencies and global child injury prevention partners

See areas set out above.

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European Child Safety Alliance (ECSA)

Organizational mission and child injury prevention

The European Child Safety Alliance- making life safer for children in Europe

Vision: Through the efforts of the European Child Safety Alliance, we will advocate to achieve safer daily living for children throughout Europe. This would include consistency of standards, policies, and legislation used throughout Europe which impacts on children’s safety, as well as assisting parents and caregivers to be well informed consumers in order to make the right choices for children. Families would have a selection of child safety products that are accessible, affordable and easy to use. If all those making decisions and choices for children did use strategies of proven evidence and did make the interests of children their first priority, we would improve the lives of children throughout Europe.

Mission: To enhance the quality of children’s lives through the power of reason, solidarity and compassion.

Global level activities - child injury prevention

The Alliance links with other global initiatives of WHO, UNICEF, OECD but focuses its work at a European level.

Regional / cross country activities - child injury prevention

In addition to the publications researched, distributed and advocated in question 5, the following additional activities were conducted since the year 2000:

- Established and co-ordinates a child injury prevention network in 25 countries.
- Maintenance of a key decision makers database for advocacy (pres releases, replies to position papers, member of parliament questions)
- European water Safety and Drowning Prevention Campaign in 18 countries
  http://www.childsafetyeurope.org/csi/ecsa.nsf/index/home/$file/index.htm
- Network sharing of best practices in workshops, meetings, resources, web links, safety fair, fact sheets.
- Website housing Alliance and members information. Further information on the Alliance and its activities can be found on the website www.childsafetyeurope.org.

Country activities - child injury prevention

The Alliance works with a network in Europe of 25 member countries (see contact list at www.childsafetyeurope.org)
Significant child injury prevention publications produced by your organization within the last five years

For copies of these reports, please view our website www.childsafetyeurope.org under publications or send an email to secretariat@childsafetyeurope.org.


Future activities in relation to child injury prevention

The Alliance will continue to work with countries in Europe in the areas of:
- Biannual report cards of child accidents and prevention actions taken
- National action plans to address child injury
- Support, collate, educate and advocate best practices
- Regular review of regulations, standards and directives to ensure they are providing safety of children
- Undertake initiatives to increase awareness and knowledge of child injury prevention i.e. campaigning, professional training.
- Enhancing partnerships with Member States, Governments, International Organisations and Business.

Organizational strengths in the area of child injury prevention

Our greatest strength has been building an active network of child injury specialists in 25 countries advocating collectively for child safety. We have been focused on enhancing capacity in Europe and countries within Europe by building a common purpose to reduce child injury in Europe by:
- synthesizing evidenced best practice for advocacy
- reporting on comparable data in Europe
- researching priority areas for child safety
• co-ordinating European child safety campaigns.

**Collaboration with other agencies and global child injury prevention partners**

The Alliance’s primary interest is to advance child injury prevention. Working with other agencies that would enhance our knowledge and ability to build “broad capacity” and advocate for changes to enhance safety would be of great value.

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<th><strong>Contact details</strong></th>
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Global Forum for Health Research

Organizational mission and child injury prevention

The Global Forum for Health research is an independent international foundation promoting more health research to combat the neglected diseases and conditions that are major sources of ill health in developing countries. Injury prevention and control is a priority work area for the Global Forum, specially prevention of road traffic injury.

Global level activities - child injury prevention

In December 2004, Global Forum in collaboration with Road Traffic Injuries Research Network published a special issue of a peer reviewed journal (Journal of the College of Physicians and Surgeons Pakistan) on "Road traffic injuries in South Asia". This has two articles on child injury prevention.

Regional / cross country activities - child injury prevention

Nothing else specifically on this particular topic except publishing of the special issue, which has been mentioned above.

Country activities - child injury prevention

None

Significant child injury prevention publications produced by your organization within the last five years.


Future activities in relation to child injury prevention

In collaboration with Road Traffic Injury Research Network, WHO and other partners, Global Forum will conduct research studies to find answers to solve the problem and advocate for the prevention of child injuries in low and middle income countries.

Organizational strengths in the area of child injury prevention

Global Forum will like to continue to play its catalytic, advocacy and brokerage role, especially providing a platform for discussions on injury prevention during its annual forum meetings.
Collaboration with other agencies and global child injury prevention partners

Research and advocacy to the policy makers at the country level to invest more in injury prevention.

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Organizational mission and child injury prevention

The public health agency of Canada is a newly-formed federal government entity whose mandate is national leadership and action in public health. The agency focuses on emergency preparedness and disaster response, infectious diseases prevention and control, and chronic diseases and injury prevention and control.

Global level activities Child Injury Prevention

At this time, the public health agency’s work in child injury prevention, as with injury prevention for all ages, is limited. We have a national surveillance and epidemiology program focused on unintentional injuries to children, as well as national surveillance of child abuse and neglect. The agency funds a centre of excellence for child welfare, which fosters research and disseminates knowledge about the prevention and treatment of child abuse and neglect. Also, the agency leads the federal family violence initiative, and manages the national clearinghouse on family violence.

In the continuum of activities relating to child injury prevention, we are strongest in surveillance and epidemiology and in some research. Policy and prevention programs are a clear gap. At the sub-federal level of public health (provincial, territorial and municipal), these activities in many instances are stronger.

Note that in September 2005 Canada will have a national injury prevention conference in Halifax. While hosted by nongovernmental organizations, the public health agency gives support and participates actively. The aim is that these conferences are held every two years, alternating with the WHO international conferences.

Regional - cross country activities

Nothing to add to above.

Country activities

Our most constant international involvement is through participation in the ICIE on injuries, and participation in and support for iceci (Dr. Susan Mackenzie). We also take part in the WHO international injury prevention conferences and ISPCAN conferences.

Significant child injury prevention publications

These might include official institutional publications, books, articles in peer-reviewed journals, etc. Please note: please give sufficient detail so that colleagues can find the materials, for example author, title, publisher, place and date of publication.

Future activities in relation to child injury prevention

The public health agency of Canada is aiming to strengthen its work in chronic diseases and injury prevention and control. This is likely to be first of all at the country level.

Organizational strengths

Currently - surveillance and epidemiology.

Collaboration with other Agencies

Surveillance
Prevention and policy development

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Organization website (URL): www.phac-aspc.gc.ca/new_e.html
Organizational mission and child injury prevention

The Institute of Child and Mother Health (ICMH) was established under the auspices of the Ministry of Health and Family Welfare, Bangladesh in June 1998, in response to the miserable plights of mothers and children in all spheres particularly in health and nutrition. It is a community based institute with an approach of promotive, preventive and curative care in maternal & child health. The approaches are taken as an entry point for the overall development of these largest segments of the population.

ICMH is a unique institution to guide and lead the country in child and mother health and a model of combined community and hospital based services on preventive, promotive and curative care. The ultimate goal of this institute is to bring about an improvement in the health and nutritional status of children and mothers in the country through providing a base to train all levels of care providers in combined clinical, preventive and promotive health care settings. The objectives of the institute are

- To provide a facility for community and hospital based comprehensive training of health personnel responsible for preventive, promotive and curative health care of children mothers.
- To conduct problem oriented essential health services research.
- To provide comprehensive health care services for children and mothers in the community and the outpatient department, and to provide care for children, neonates and high risk pregnancies in the inpatient department.

Since child injury has been identified as one of the leading cause of childhood mortality and morbidity in Bangladesh, the institute already set its mandate on prevention and control of child injuries in Bangladesh.

Global level activities - child injury prevention

- The institute organised 9th international conference on safe communities in 2000. The theme of the conference was “setting child safety priority in safe communities”.
- The faculties of the institute attended and presented papers in many international injury related conferences.

Regional / cross country activities - child injury prevention

- Faculties of the institute participated in community based health and injury surveys conducted in South East Asian region.
- Participated in WHO funded multi country study on “Injuries in South East Asia Cause for Concern and Call for Action”.
- Organized the 2nd Asian regional conference on Safe Communities in 2004.
- Participated in many injury related meeting and conferences organized at regional level.
Country activities - child injury prevention

Research
- Development of injury surveillance at local level in Bangladesh
- Health Impact of Injuries: A population based epidemiological Investigation in a local community of Bangladesh
- Burden of injury in district and upazila level hospitals
- Bangladesh Crash Costing Study
- Injuries among child labour in Bangladesh
- Magnitude of child injuries in Bangladesh
- Magnitude and determinants of childhood drowning in Bangladesh
- Bangladesh Health and Injury Survey
- Survey on household hazards related to childhood injury
- Baseline survey on child injury prevention programme

Advocacy
- Advocacy meeting with policy makers and health planners of Government of Bangladesh to design child injury prevention policy and strategies
- Meeting with UNICEF, WHO, and World Bank personnel
- Advocacy meeting with local NGOs

Conference
- Organised 1st national conference on injury prevention and safety promotion in 2004

Significant child injury prevention publications produced by your organization within the last five years

1. Rahman F. A Model for Injury Surveillance at the Local Level in Bangladesh: Implications for Low-income Countries. Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, Stockholm, Sweden. 2000.
3. Rahman F. How to apply the WHO safe community approach to injury prevention in one’s country. KI red report 338, ISSN 0281-9651, Department of Public Health Sciences, Karolinska Institute, Sweden.
4. Rahman F. Safe Communities: The experience from introducing safe community into Bangladesh; in Developing Safe Communities - Two decades of Experiences. Department of Emergency Medicine, Ajou University School of Medicine, Suwon, Korea, 2002.


Future activities in relation to child injury prevention

- Designing, implementation and evaluation of community based child injury programme
- Conduction of research on child injury
- Human resource development in child injury prevention
- Advocacy for child injury prevention and control
- Setting up burn and poisoning management centre

Organizational strengths in the area of child injury prevention

- Department of Epidemiology and Biostatistics: Well equipped with manpower and other facilities for conduction of research on child injuries
- Department of Pediatric Surgery: Capable to manage childhood trauma, burn etc
- Department of Pediatrics: Can manage childhood poisoning
- Centre for training and communication: Well established centre capable of conduction training of all level professionals on child injury prevention.
- Assigned field practice area: provides great opportunity for pilot intervention and other research.

Collaboration with other agencies and global child injury prevention partners

- Research
- Human Resource development
- Intervention programme
- Organizing seminars and conferences
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International Society for Child and Adolescent Injury Prevention

Organizational mission and child injury prevention?

ISCAIP’s goal is to: promote a reduction in the global burden of injuries to children and adolescents through international collaboration. ISCAIP’s objectives are to:

- Provide a multidisciplinary forum for global dialogue
- Assist in providing advocacy at national and international levels
- Foster national and international injury prevention initiatives
- Stimulate the translation of research findings into programs and policies
- Facilitate collaborative and interdisciplinary international research

Global level activities - child injury prevention

- Website www.iscaip.net completed. This website provides a means for global sharing of ideas and exchange of experiences.
- List serve has been established to enhance communication between members of ISCAIP.
- A newsletter has been created to further dissemination of information, and to promote collaboration (ISCAIP@yahoogroups.com)
- An ISCAIP international meeting was organized in June 2004 in Vienna as a satellite event of the 7th World Conference on Injuries and Safety Promotion; it was attended by 60+ professionals from both developed and developing countries.

Regional / cross country activities - child injury prevention

- ISCAIP is currently exploring future activities at the regional level and will host a special session on childhood injuries in Asia soon.

Country activities - child injury prevention

- ISCAIP as an organization does not have country level activities but individual members are usually involved in country activities that are related with the goals and objectives of ISCAIP

Significant child injury prevention publications produced by your organization within the last five years

- Editorial by AA Hyder, Chair of ICSIPA in Injury Prevention 2003, volume 9 pg. 292
- The 1st issue of the ISCAIP Newsletter released in Mar 2005 and available on the website
- A new ISCAIP brochure for membership recruitment (also available on website)

Future activities in relation to child injury prevention

- Organizing a special/satellite session around the 8th World Congress on Injury Prevention and Safety Promotion in South Africa in April 2006
➢ Organizing a scientific session at the World Congress on Epidemiology in Bangkok, Thailand in August 2005
➢ Putting together the 2nd and 3rd issues of the ISCAIP Newsletter
➢ Participating in global activities related to childhood injuries with WHO, UNICEF and other international organizations

Organizational strengths in the area of child injury prevention

➢ Providing multidisciplinary forums for global dialogue
➢ Assisting in providing advocacy at national and international levels
➢ Fostering national and international injury prevention initiatives
➢ Stimulating the translation of research findings into programs and policies
➢ Facilitating collaborative and interdisciplinary international research

Collaboration with other agencies and global child injury prevention partners

• All the activities undertaken by ISCAIP seek collaborations with other organizations
• Currently, active collaboration exists with a number of organizations such as:
  o European Child Safety Alliance (ECSA), where ISCAIP is represented
  o Department of Violence and Injury Prevention (VIP) at the World Health Organization (WHO), Geneva which has provided a grant to ISCAIP
  o Trauma Link and Children’s Hospital of Philadelphia (CHOP), USA which is supporting the ISCAIP secretariat

Johns Hopkins Bloomberg School of Public Health where the ISCAIP listserve and Chair are based.

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Karolinska Institutet, Sweden  
(incorporating Safe Communities)

Organizational mission and child injury prevention

The Department of Public Health Sciences at Karolinska Institutet conduct research and train national and international Master and PhD students in the field of injury prevention and safety promotion. We also have an advisory function locally, in the Stockholm County, and nationally.

At the division of Social medicine, we have two research groups in the area: Safety Promotion (group leader: professor Leif Svanström) and Injuries’ Social Aetiology and Consequences (ISAC, group leader: professor Lucie Laflamme).

Global level activities - child injury prevention

Safe Community Program
All community based safety promotion programs sk. “Safe Communities” are including Child safety in their programmes as it is stated in the Indicators for International Safe Communities. See the following: Indicator 2: Log-term, sustainable program covering both genders and all ages, environments and situations. Indicator 3: Program that target high-risk groups and environments, and program that promote safety for vulnerable groups.  
(www.phs.ki.se/csp/who_safe_communities_network_en.htm)


Safe Schools
A mechanism for designating schools as Safe Schools has been developed, Indictors and a Matrix have been established, which still are under development.  
The first International Safe School has been designated in 2003, in Sweden.  
Responsible persons: Max Vosskuhler, Executive Director  
E-mail: mlv@peacefulresources.org and Ellen R.Schmidt, Senior Project Director E-mail: eschmidt@edc.org  
National designations of Safe Schools are under development in Sweden.  
(www.phs.ki.se/csp/who_safe_schools_en.htm)

Indicators for Safe Children
A set of Indicators has specific been developed for children but are under development.  
Responsible person: Chun-bong Chow, Dr. Consultant Paediatrician  
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Annual International and Regional Safe Communities conferences are held.
Next coming will be:14th International Safe Communities Conference in Bergen, Norway 13-15 June 2005 www.safebergen.com
3rd Asian Regional Conference on Safe Communities, 19-22 October 2005 in Taipei, Taiwan
www.tipspa.org.tw

**Relevant research grants**

2004  The importance of the living environment for injury risks among the young and the elderly. An analysis in the Stockholm County.
*Funder:* Sweden National Institute of Public Health  
*Project leader:* Lucie Laflamme

2004-06  Youth meeting with traffic. Interplay between environment, mobility and injury risk at various ages.  
*Funder:* The Swedish National Road Administration  
*Project leaders:* Lucie Laflamme

*Funder:* The Swedish National Road Administration  
*Project leader:* Lucie Laflamme

2002-04  Home visitation as a tool for the control and reduction of childhood injuries in low-income shack communities. Implementation, evaluation and costing of a multifaceted programme. A collaboration project between KI and the University of South Africa, Center for Peace Action.  
*Funder:* Swedish International Development Association (SIDA)  
*Project leaders:* Lucie Laflamme (Sweden), Mohamed Seedat (South Africa)

2002  The social etiology of injuries among children. An analysis of the interaction between some social and triggering factors in the school environment.  
*Funder:* The Swedish Council for Working Life and Social Research (FAS)  
*Project leaders:* Lucie Laflamme, Karin Engström, Johan Hallqvist

**Scientific Assignments**


2002-2004  Scientific advisor to the Center for Injury Prevention (SLL).

**PhD theses**


Regional / cross country activities - child injury prevention

The Division of Social Medicine has a number of projects in collaboration with Bangladesh, Iran and South Africa. In all those collaborations, the prevention of childhood injuries is an important component.

We also have some PhD students working on safety issues, for instance Ashley van Nierek, MA, psychologist (South Africa), working on “Burn injuries in early childhood: Studies on household, familial and developmental risk factors”.

Specific projects

2002-04 Home visitation as a tool for the control and reduction of childhood injuries in low-income shack communities. Implementation, evaluation and costing of a multifaceted programme. A collaboration project between KI and the University of South Africa, Center for Peace Action.

Funder: Swedish International Development Association (SIDA)
Project leaders: Lucie Laflamme (Sweden), Mohamed Seedat (South Africa)

Studies in Iran

A collaborative project on burn injuries in childhood (Iran and Sweden) is ongoing.

PhD. Student Dr. Reza Mohammadi (Iran)
Designing and evaluating an injury prevention model for burns in pre-school aged children in rural areas of Iran, a randomised controlled trial.

Funding: Ministry of Health and Medical education and Ardebil University of Medical Sciences (IRAN).

Studies in Asia

Ph.D. student Adisak Plitponkarnpim Lecturer, Ambulatory Emergency Ped. from Thailand is focusing his studies on Asian Children.


Funder: Thai Health Promotion Foundation and Mahidol University Research Fund.
Project leaders: Ragnar Andersson.

Studies in India

Ph.D. Student MSc Health Economics Koustuv Dalal
The Origin of Violent behaviour among child labour in India (submitted). Dalal K, Rahman F, Jansson B.

Funding: Swedish Research Council.
**Country activities - child injury prevention**

See question above.

**Relevant research grants**

*2004*  
The importance of the living environment for injury risks among the young and the elderly. An analysis in the Stockholm County.  
*Funder:* Sweden National Institute of Public Health  
*Project leader:* Lucie Laflamme

*2004-06*  
Youth meeting with traffic. Interplay between environment, mobility and injury risk at various ages.  
*Funder:* The Swedish National Road Administration  
*Project leaders:* Lucie Laflamme

*2002-04*  
Social differences in traffic-related injury risks among adolescents. Quantitative and qualitative aspects.  
*Funder:* The Swedish National Road Administration  
*Project leaders:* Lucie Laflamme

*2002*  
The social etiology of injuries among children. An analysis of the interaction between some social and triggering factors in the school environment.  
*Funder:* The Swedish Council for Working Life and Social Research (FAS)  
*Project leaders:* Lucie Laflamme, Karin Engström, Johan Hallqvist

**Scientific Assignments**


**Significant child injury prevention publications produced by your organization within the last five years**


46. Rahman F. Epidemiology of Injury: Results from Injury Registration at a District level Hospital in Bangladesh-Implication for Prevention in Low-income Countries. Injury Control and Safety Promotion 2001;9(1):29-36.


Future activities in relation to child injury prevention

The focus will be the Global spreading of Safe Communities, Safe Schools and Safe Children.

Organizational strengths in the area of child injury prevention

The International Network of Safe Communities:
www.phs.ki.se/csp/who_safe_communities_network_en.htm

Collaboration with other agencies and global child injury prevention partners

UNICEF in Vietnam and Bangladesh.

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Organizational mission and child injury prevention

In the Mission it is stated:
…in collaboration with regional, national, and international partners to participate in the scientific, research projects, and to realize different project activities.

Global level activities - child injury prevention

Klaipeda College participated and still participates in the international project: “Child Injury Prevention. Safe Communities”, (together with Swedish and Russian partners, in collaboration with WHO Center in Stockholm). Different prevention activities and events within the project were realized. The presentations were presented during many international conferences in different continents (in Europe, Asia and America) on child safety at home, school safety, child traffic safety, on projects within Safe Community Program etc. The representatives from Klaipeda College acted as a member of International Scientific Committee in Nordic Safe Community conference in 2003 (plus plenary presentation), in 13th Annual International Safe Community conference in Prague 2004, and are invited to the 14th Safe Community conference in Bergen 2005, and to the Nordic Safe Community conference in Karlstad 2005. B.Strukcinskiene is a Steering Committee Member of European Safe Community Network (ESCON).

Regional / cross country activities - child injury prevention

Klaipeda College participates in the Klaipeda Safe Community program, where a big part is linked to child injury prevention. Klaipeda College disseminates this program to other communities in Baltic Region, Baltic Part of Russia (Kaliningrad), and to other cities in Lithuania (under supervision of Nordic experts). Different meetings, studies, prevention activities are included.

Country activities - child injury prevention

Klaipeda College participates in the Klaipeda Safe Community program (together with Klaipeda Municipality, Klaipeda Public Health Center, Klaipeda University, Kaunas University of Medicine), where a big part is linked to child injury prevention. Klaipeda College disseminates this program to the other communities in Lithuania. The Program and importance of the problem was introduced during National Health Board Meeting in the Parliament, at the Health Ministry, during National Conferences on Injury Prevention. Different meetings were held and presentations were presented in other cities of country: Silale, Neringa, Kaunas, Taurage, Pagegiai, Jurbarkas, Vilnius. Collaboration with Panevezys, Joniskis started as well.
Significant child injury prevention publications produced by your organization within the last five years


Future activities in relation to child injury prevention

The work focused on child injury prevention to be continued at local, national, regional, and global level. Different prevention activities, presentations, collaboration projects, organizing events, support to other communities, cross-sectoral work are included in the nearest future plans. Publishing the book on child injuries and their prevention in Russian language is under preparations. A role of project partner is in project proposal on violence (application to EC in 2005).

Organizational strengths in the area of child injury prevention

Prevention programs (creation preventing activities and work in community), advocacy, organizing events (meetings, seminars, workshops, conferences), data collection, research.

Collaboration with other agencies and global child injury prevention partners

Prevention programmes, advocacy, specific subject area, research, organizing meetings, etc.
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Organizational mission and child injury prevention

Research and training in violence and injury prevention.

Global level activities - child injury prevention

Research (mainly systematic reviews and controlled trials of the effectiveness of prevention programs) and advocacy.

Regional / cross country activities - child injury prevention

RCT Safe routes to school (UK recent)
RCT Smoke alarm giveaway (UK recent)
RCT smoke alarm installation (UK recent)
Smoke alarm surveys (UK recent)
Survey of injuries in Palestine schoolchildren (current)
RCT corticosteroids in head injury (global recent)
RCT tranexamic acid in bleeding trauma (current)
Sexual violence surveys (current global)
Systematic reviews of interventions in injury prevention (Current)
Seminars, meetings and advocacy activities (current)

Country activities - child injury prevention

See above

Significant child injury prevention publications produced by your organization within the last five years


15. Roberts I, Evans A, Bunn F, Kwan I, Crowhurst R. Normalising the blood pressure in bleeding trauma patients may be harmful. Lancet 2001;357:385-87


Cochrane Systematic reviews

a) Produced by reviewers for us – the Cochrane Injuries Group


b) Produced by reviewers working with our sister Cochrane group – the Cochrane Musculoskeletal Injuries Group


Future activities in relation to child injury prevention

We will continue to conduct research and to advocate for child injury prevention. Since much of our research information can be generalized this is at the global level.

Organizational strengths in the area of child injury prevention

Research and evidence based advocacy

Collaboration with other agencies and global child injury prevention partners

Research and evidence based advocacy
Contact details

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Organizational mission and child injury prevention

Mission
“Through high-standard research and independent recommendations, to challenge and support citizens, government and industry to eliminate serious health losses due to injury.”

Global level activities - child injury prevention

MUARC contributes to global child injury prevention by means of contributing to the international scientific literature, to international conference organization and participation, and to editorial and peer review processes internationally. Recent research publications related to child injury have addressed drowning prevention, child poisoning, playground falls, dog bite, injury in children with intellectual disability, injury at school, fireworks related injury, child restraints, bicycle helmet effectiveness, wrist guards and appropriate modifications as a protective measure for arm fracture in a wide range of activities, other product related injuries.

MUARC has made a substantial contribution to the WHO TEACH-VIP project including authoring several of the lessons on child injury topics. In addition, MUARC staff authored the WHO Drowning Fact Sheet.

Regional / cross country activities - child injury prevention

MUARC provides advice on injury surveillance to several Western Pacific Regional countries including Vietnam, China, Mongolia and Japan.

In the future MUARC hopes to serve the WPR as a WHO Collaborating Centre for Injury Prevention Research and Development.

Many of MUARC’s child injury research and development projects have relevance to the region.

A training module on child injury prevention has been developed with a strong focus on site visits to acquaint delegates with effective child safety measures in action and the means by which these countermeasures have been widely implemented.

Country activities - child injury prevention

Within Australia, particularly Victoria, MUARC holds and reports on injury surveillance data at various levels of severity – deaths, hospital admissions and emergency department presentations as well as road traffic injury data from police and insurers. Data on child injury are analyzed and disseminated on a regular basis on many topics and trend analyzes are published. These published data and associated literature reviews of preventive measures provide useful information for comparison and potentially for guidance to other states and countries. Countries that have recently visited MUARC to study these data systems include Malaysia, Japan, China, and South Korea. In addition, training has been provided in Vietnam, Mongolia, China and South Africa.
MUARC contributes to policy development of relevance to child injury at the state and national levels in Australia including preparation of the draft Victorian Unintentional Injury Prevention Strategy 2005 - 2010. Policy development training is currently being provided to Vietnam, and extensive comments have been provided to WHO China in the development of its injury prevention policy documents.

Submissions to National Injury Prevention Plan (NIPP) review and Review of the Australian Consumer Product Safety System, including invitation to participate in national consultative workshops and roundtables. These developments have implications for other countries as models for policy documents.

MUARC has assisted, as Australian Partner Organization, WHO China and Vietnam and UNICEF China, to prepare applications for AusAID funded year long Australian Youth Ambassadors in injury prevention positions in the country. To date, two assignments at WHO China have been successful (2004, 2005).

**Significant child injury prevention publications produced by your organization within the last five years**

**Refereed Child Injury Journal Articles,**


Research Books


Other Publications

The following publications are available at: http://www.monash.edu.au/visar/hazard/


Future activities in relation to child injury prevention

In the next few years, MUARC is particularly likely to continue programs of research globally (and regionally and nationally) on child restraints in motor vehicles, drowning and poisoning prevention, safe design in consumer products and the built environment and protective equipment.

For example, research on drowning prevention is attempting to determine how Australia changed from having a high drowning rate to one of the world’s lowest rates, and other specific projects include investigating barriers to use of personal protection equipment in skateboarding; and why child resistant closures fail on pharmaceuticals and domestic chemicals.

MUARC will also continue to undertake capacity building activities particularly in Australia and the Western Pacific and South-East Asia regions.

Organizational strengths in the area of child injury prevention

Expertise developed over many years in all aspects of child injury prevention.

Collaboration with other agencies and global child injury prevention partners

- Injury surveillance
- Strategic planning
- Capacity building
• Research - Road traffic injury
  - Drowning
  - Product safety
  - Poisoning
• Evaluation
• Cost studies

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Organizational mission and child injury prevention

Caring for people in a healthy society.
Goals:
Reduction of home and leisure injury incidents in 2006 in the Netherlands with:
- 5% concerning children aged 0-4 in general
- 10% concerning schoolchildren aged 4-12
- 10% concerning cycling accidents children aged 4-12
- 15% concerning playground accidents

Global level activities - child injury prevention

- Co-financing the global activities of the Consumer Safety Institute, a WHO collaborative centre on (child) injury prevention.
- Co-financing ICECI (International classification of external causes of injuries), not specifically child injuries.
- Co-financing the World Congress on Drowning, Amsterdam 2002.

Regional / cross country activities - child injury prevention

- Co-financing EHLASS (European home and leisure accident surveillance system), not specifically children’s home and leisure accidents.

Country activities - child injury prevention

- National policy on child injury prevention specifically due to home and leisure accidents.
- Financing child injury prevention mass media campaign (via ZONMw, the Netherlands Organization for Health Research and Development).

Future activities in relation to child injury prevention

- A partnership with WHO Violence and Injury Prevention is planned on child injury prevention from 2005 to 2007 (global level).
- Hosting the first meeting of European focal points for injury and violence prevention in 2005, not specifically child injury prevention (regional level).
- National policy for child injury prevention (national level).
- Implementation of the 2nd priority-goal of the CEHAPE (RPG II: protection from injuries and adequate physical activity) (regional and national level).
- Financing mass media campaigns on child injury prevention (via ZONMw, the Netherlands Organization for Health Research and Development) (national level).
Organizational strengths in the area of child injury prevention

- Policy development and funding of prevention programmes.
- Identification of key mechanisms for enhancing political support.

Collaboration with other agencies and global child injury prevention partners

- Policy development and funding of prevention programmes.
- Advocacy.
- (Cost-) effectiveness research.

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**Organizational mission and child injury prevention**

SAFE KIDS Worldwide leads coalitions of community partners to prevent accidental death and injury to children ages 14 and under. We empower families and communities to:

- Educate adults and children
- Create safe environments
- Conduct research and
- Advocate for effective laws

SAFE KIDS brings together public health experts, global corporations, foundations and government agencies to address childhood unintentional injury prevention. The 16 member network includes Austria, Australia, Brazil, Canada, China, Germany, Israel, Japan, Korea, New Zealand, Philippines, South Africa, Uganda, United Arab Emirates, USA and Vietnam.

**Global level activities - child injury prevention**

Annual international leadership conference, October 2004. Walkability audit workshop, sessions on injury risk areas and program interventions, fundraising & grant proposals, data collection and child death review systems, cultural competency.

Participation in 7th World Conference on Injury Prevention and Control, June 2004, Vienna, Austria. Member pre-conference, photo exhibition on injury in member sites, member presentations and posters.

Participation in World Health Day, April 2004. Activities held in China, Philippines, South Korea, USA, Israel, Brazil, Uganda.

**Regional / cross country activities - child injury prevention**

Study of pedestrian injuries in Asia Pacific region and launch of pedestrian safety activities in South Korea, China and the Philippines.

SAFE KIDS Week activities held annually in Canada, USA, Israel, Germany, Austria, Brazil, New Zealand, China to raise awareness among parents about specific risk areas.

**Country activities - child injury prevention**

Austria: Burn and scald prevention program, safety tips “prescriptions” through doctor offices, car seat checks, water safety program, sports safety and helmet giveaways, pedestrian safety program, data collection including research center on child accidents.

Australia: Car seat rental and fitting stations, fact sheets on playground safety & safety magazine production, Kidsafe House promoting home safety, eight state and territory Kidsafe Centers.
Brazil: School-based safety education, child passenger safety program, pedestrian safety program, educational campaign targeting new mothers, Safe Kids Week.

Canada: Toll-free safety phone line, home safety program, Safe Kids Week (booster seat focus - 2004), rail safety, pedestrian safety program.


Germany: National Child Safety Day (June 2004), national childhood injury prevention awards, database on injury prevention resources for the public, outreach to migrant populations, coalition building, contribution to product safety law amendment.

Israel: Individual educational campaign targeting new mothers, safety instruction to injured children, child passenger safety program, Safe Kids Week (falls prevention – 2004), bi-annual report to the nation on the state of childhood injury, contribution to new law requiring child restraints up to 8 years of age.

South Korea: Pedestrian safety programs, bike safety schools, summer safety camp for children, school-based training for safety educators, data collection on statistics and regulations.

New Zealand: Safe Kids Week (bike safety focus – 2004), ATV and burn safety promotion, position paper on child bath seats, regional child pedestrian injury prevention strategy development, outreach to Maori and Pacific Island communities, public awareness activities focusing on multiple risk areas, national leadership conference.

Philippines: Coalition development, pedestrian safety program, technical working committees for data collection, public awareness and policy promotion

South Africa: Organizational establishment and program development

Uganda: Road safety campaign including safety audit and focus on speed control, child pedestrian program, school safety promotion, materials production into local languages

United Arab Emirates: Safe Kids Week, road traffic advocacy, public awareness campaigns

USA: Child passenger safety program, pedestrian safety “Walk this Way” day held in conjunction with International Walk to School Day, wheel-safety program promoting bicycle use, home fire safety, sports safety & home safety programs.

Vietnam: School-based helmet distribution and education program, “train the trainer” project to support Dept. of Education involvement, study on road traffic safety in Hanoi and road traffic safety campaigns.
Significant child injury prevention publications produced by your organization within the last five years

Safe Kids staff in collaboration with other organizations/authors:

5. The national safe kids campaign child safety seat distribution program: a strategy for reaching low-income, underserved and culturally diverse populations. Mickalide, Cruz.

Safe Kids self-produced publications: (sample, these and others available upon request)


Future activities in relation to child injury prevention

Continued implementation of programs to highlight childhood injury prevention including Safe Kids Week and pedestrian safety program (including International Walk to School Day participation), annual leadership conference, participation in World Injury Conference, research on child injuries, public awareness campaigns and expansion to new member countries.

Organizational strengths in the area of child injury prevention

Prevention programs, advocacy, public awareness campaigns, research and data collection

Collaboration with other agencies and global child injury prevention partners

All of the above
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Organizational mission and child injury prevention

- Faculty of Medicine of the Suez Canal University (FOM/SCU) is a community-oriented and community-based medical school that uses a problem-solving approach and integrated program for medical education.
- The main objectives of the FOM/SCU are to provide a community-oriented health services that concentrate its efforts on tackling priority health problems in the community, to insure quality of the provided services that is effective, efficient and cost-effective.
- The educational curriculum of the FOM/SCU was developed, so that graduates would have the knowledge, skill and attitude required to identify, analyze and solve the health problems of the individuals and communities in Egypt.
- FOM/SCU is a WHO collaborating center for health manpower development.
- In response to the community needs that was realized from different studies conducted to determine priority health problems, injuries came always as one of the most important health problems in the Suez Canal area and in Egypt as a whole.
- Many surveys were conducted in the Suez Canal area to determine the burden of Injuries as a priority health problem.
- FOM/SCU established new Department of Emergency Medicine and Critical Care, which offers different academic degrees in Emergency Medicine, and offers also training courses for physicians in the different specialties.
- FOM/SCU has a well equipped Intensive Care and Burns Care Units.
- Suez Canal University is establishing new Emergency Hospital in the Faculty of Medicine (120 beds), in which Injuries will be the major health problem to be tackled.
- FOM/SCU is member of the Egyptian Resuscitation Council which is affiliated to the European Resuscitation Council
- FOM/SCU participated in many multi-center studies to determine the burden of injuries in the Suez Canal area and globally.
- The faculty also participated both in national and international projects and activities for the prevention, control and management of injuries.
- The Faculty conducted many courses for injury management for physicians on both national and regional levels.

Global level activities - child injury prevention

Global activities can be summarized according to the type of activities:

Research Projects:
- "Corticosteroid Randomization after Significant Head Injury (CRASH) Trial" Funded by the Medical Research Center (MRC), UK, 2000-2004. (Hesham El-Sayed)
- "WorldSAFE Project", INCLEN, 1998-1999, Multicenter Study. (Fatma Hassan)

Training programs for Injury Management:
- "International courses in advanced cardiac life support (ACLS)". Each course included 27-32 candidates. Certified from the European Council, (5 courses).
- "International Course in advanced trauma life support (ATLS)". Included 30 candidates, (one course).
Conferences:

Regional / cross country activities - child injury prevention

Research Projects:
- "Injury Surveillance". INCLEN Injury Cluster Study. IPIFA, 1998-1999. (Fatma Hassan)
- "Injury Survey-Safe Community", IPIFA, 1999-2000. (Fatma Hassan)

Training programs for Injury Management:
- "The Golden Hour in Trauma Care: for Emergency Room Physicians" WHO-EMRO. January 2003 (Included 30 participants from the EMRO Region), (one course).

Conference:
- Organization of the INCLEN-Africa Network Meetings 1st 1994 & 7th 2001. (Both meetings included special sessions for injury control, Meetings of the Injury Interest Group).

Country activities - child injury prevention

Research Projects:
- "Community-Based Survey of Injuries among Children in Rural Ismailia Governorate, Egypt". Funded by Suez Canal University, 2003 (Hesham El-Sayed).
- "Assessment of Conservative management of pediatrics blunt abdominal trauma", 2004. Department of Surgery, Suez Canal University, Egypt. (Karem El-Sayem El-Kady)
Training Programs for Injury Management:

- "National courses in ACLS". Each included 30 candidates. Certified from the Egyptian Council, (2 courses).
- "Basic Life Support (BLS) courses for nurses and technicians". Certified by the Egyptian Council, regular courses.
- "National ATLS Course", (one course)

Significant child injury prevention publications produced by your organization within the last five years

Future activities in relation to child injury prevention

Local Level:
- School-based program for injury control, which we started in Ismailia this year. We will continue it on the Suez Canal area, and in Egypt as a whole.
- Safe-Community proposal prepared for application in the Suez Canal Area.
- Organization of training programs on the different levels of trauma care (i.e., ATLS, ACLS, BLS and First Respondents Course).
- Development educational curricula for the Department of Emergency Medicine and Critical Care, which will be designed for different academic degrees in Emergency Medicine, and offers also training courses for physicians in the different specialties.

Regional Level:
- The secretariat of INCLEN-Africa Network in Ismailia, Egypt, will offer the opportunity for the design and implementation of injury control programs in the African Region. (Prof. Amr Hassan)
- The secretariat of the Injury Prevention Initiative for Africa (IPIFA) Network is based in Ismailia Egypt, it will organize activities for injury control in Africa. (Prof. Fatma Hassan)

Global Level:
- Prof. Hesham El-Sayed in the Africa representative in the INCLEN Child-Net group, which will give us the opportunity to put childhood injuries in the agenda of child health activities of the network.
- Through our work with International organizations such as WHO, Safe Community Network and INCLEN, we will prepare global activities for injury control.
- Faculty of Medicine, Suez Canal University is member of the Egyptian Resuscitation Council which is affiliated to the European Resuscitation Council. The faculty offers training programs in injury management, and prepare injury control programs.

Organizational strengths in the area of child injury prevention

- **Research:**
  - Clinical Epidemiology Unit has good team working in the area of injury epidemiology. They conducted different studies to determine injury burden and needs in the Suez Canal area, and in Egypt as a whole. These studies included different areas of injuries as RTI, child abuse, falls etc.
  - The faculty team has good experience in clinical trails by working in different multi-center and multinational projects (e.g., CRASH Study).
  - Competent Community Medicine Department with experienced team in research.

- **Training:**
  - Experienced Team in Injury care from the different departments including Surgery, Neurosurgery, Emergency Medicine, Pediatrics, Radiology etc.
Department of Emergency Medicine and Critical Care, which offers training for different academic degrees in Emergency Medicine, and training courses in injury control for physicians in the different specialties.

- Experienced team in Emergency Medicine training which offers training courses such as ATLS, ACLS, and BLS.
- Four Nursing Schools in the Suez Canal area, which offers training in nursing.
- Ismailia Health Institute for technicians.
- Ismailia Health Education Unit (Ministry of Health)
- Suez Canal University Faculty of Dentistry
- Suez Canal University Faculty of Pharmacy

**Service:**

- **Suez Canal University Hospitals:** Faculty of Medicine has two up-to-date hospitals that have the capacity of 550 beds, and an Emergency Hospital under construction that will have the capacity of 120 beds (will start activities by the end of 2005). The hospitals offer secondary and tertiary medical care, besides emergency services and intensive medical care. The hospitals are well equipped with high technology services for both diagnosis and management. The hospitals have competent Registration and Computing Department.
- **Nine Primary Health Care Centers (PHCC):** directed by the Family Medicine Department, Suez Canal University. It offers high quality primary care services in the Suez Canal area in coordination with the PHCC of the Ministry of Health.
- **Faulty of Medicine has good cooperation in health service and training with the Ministry of Health and Population in the Suez Canal area and nationally.** There are three General Hospitals, three Insurance Hospitals, and two Emergency Hospitals in the Suez Canal area. The area also has a well structured network of PHCC composed of 93 centers.

**Advocacy activities:**

- Activities directed for injury control and health promotion at large was used in some university projects in the Suez Canal area, using different media methods like TV, radio, newspapers, etc.
- Suez Canal University has good experience in conducting community-based studies that included community participation in defining community problems including health problems, and in designing control programs.
- Faculty of Medicine conducted some projects looking at community perception to different health problems. This information will be valuable in preparing injury control programs.

**Collaboration with other agencies and global child injury prevention partners**

In which of the areas listed above would you be most interested in collaborating with other organizations on child injury prevention?

- Injury surveillance and preparation and conduction of injury registry program in the Suez Canal area and in Egypt as a whole.
- Designing a safe-community program for the Suez Canal area, to be model for other parts of Egypt and for the EMRO Region.
- Conduct regular training programs for different levels of trainees, from the high technology level (ATLS and ACLS), to the basic level for Primary Care physicians (BLS), and First Respondents Courses for the community.
- Preparation of curricula for the training programs and for Emergency Medicine degrees (M.Sc, M.D.), which should contain an important sections on injury management and control.
- Start injury prevention program on the community level, schools, industry, in both urban and rural areas of the Suez Canal area.
- Special advocacy activities directed for injury control and health promotion at large for the public, using different media methods like TV, radio, newspapers, etc. This will need support and expertise of the E-learning programs and expertise such as that of the WHO E-Learning Team.

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The Alliance for Safe Children, (TASC)

Organizational mission and child injury prevention

The Alliance for Safe Children, (TASC), is a not for profit, non-governmental organization committed to reducing child and parental death and disability from accidents throughout the developing world.

TASC addresses child injury by advocating for and communicating the importance of the child and parental injury issue and of prevention programs to national and international policy makers.

TASC is committed to making injury prevention an integral part of global child survival strategies and assuring all children up to age 17 are included.

TASC works to build alliances, collaborations, and networks with international institutions and governments to address injury prevention.

TASC engages in fund raising independently and with partners to support research to create of prevention programs and new technologies for interventions.

With partners, TASC conducts applied research at the community level while developing human and institutional capacity to further address child injury prevention.

Global level activities - child injury prevention

TASC works in collaboration with other institutional partners. TASC’s accomplishments are recognized as shared accomplishments with TASC providing significant political advocacy, technical assistance, and funding to supplement partner resources. UNICEF at both the Regional and country specific level, national partners at the individual country level, and the US Centers for Disease Control and Prevention, (CDC), and others have all been included as partners and beneficiaries of activities and resources.

In October, 2002, TASC held a joint conference with UNICEF on Child Injury in Bangkok to begin the regional process of advocacy and recognition of the issue.

In March 2003, TASC held a session at the Asia Pacific Injury Prevention Conference in Perth, Australia that focused on child injury in the East and South Asian regions.

In April 2004, TASC and partners work from the previous 2 years was highlighted at a conference in Bangkok jointly hosted by UNICEF East Asia and Pacific Regional Office. The report from this meeting, “Toward A World Safe for Children”, (ISBN 974 - 685-039-3), provides details on injury surveys conducted in Bangladesh, China, Indonesia, Malaysia, the Philippines, Thailand, and Vietnam. This produced a call for more action including direct interventions which TASC is now responding to.

In 2004 and into 2005, TASC is contributing to completing the final reports from the earlier studies and is initiating activities in operational research which include interventions at a large scale in various partner countries. Agreements are in place and work is underway with local
partners in Bangladesh, China, Indonesia, and Vietnam. The report from China is already available from UNICEF. The report from Bangladesh is due to be released March 6th in Dhaka and will be available to a broader audience through UNICEF and TASC. The report from Thailand and the Philippines is expected early in the second quarter of 2005.

TASC is also working on selected areas of child injury in the post tsunami environment in Thailand and Indonesia where drowning was such a significant contributor to child mortality in late December. The Thai National Survey provided baseline data on a number of issues in part of the tsunami affected areas, and TASC is working with partners in Thailand and from CDC to see if some key prevention activities can be incorporated into the reconstruction efforts.

Regional / cross country activities - child injury prevention

TASC works closely with UNICEF East Asia and Pacific Region and South Asian Region offices which have undertaken child injury prevention activities. These broad initiatives potentially cover almost two thirds of the children in the developing world, and as such are global in scope, while also being regional activities. The information below in this section duplicates much of that provided by UNICEF for the Regions in question. TASC especially acknowledges the collaboration of both the EAPRO and Bangladesh and China Country Offices of UNICEF in this effort.

Population based injury surveys

The UNICEF East Asia and Pacific Regional Office (EAPRO) and The Alliance for Safe Children (TASC) have initiated a set of national injury surveys to define the magnitude and scope of child injury, and to provide measurements to monitor the impact and effectiveness of interventions. These surveys are designed to measure the incidence of injury in the household and community level where it occurs and to be free of the significant biases associated with health facility based data. The surveys use a standardized methodology, with common definitions, sampling, survey instruments and analytic strategies. The surveys include uniform levels of severity for nonfatal injury, and collect information on risk factors as well as economic burden of these injuries.

Prior to these surveys, UNICEF and TASC commissioned desk reviews in several countries to assess the situation on child injury. The country reviews found that health facility based data and those data reported at the national level and internationally (including the WHO database) were significantly biased and underestimated non-traumatic injury (especially in younger children) and over-estimated traumatic injury such as caused by RTA. These reviews all noted a lack of representative community-based data and pointed out the need to conduct population-based surveys to assess the true magnitude of the problem and its risk factors.

National scale surveys have been finished in Vietnam, Philippines, Thailand, Bangladesh, and are currently underway in China and Indonesia, and planned to begin in 2005 in Malaysia and the Pacific Islands.

Recognizing the need for a simple, local-level survey tool to provide a screening tool for child injury mortality, TASC, UNICEF Indonesia, and the Government of Indonesia collaborated to develop a “sentinel-event fatal child injury survey” technique suitable for piggy-backing on common child health coverage surveys such as EPI and Vitamin A surveys. Child drowning was chosen as a sentinel event, and an indirect measurement technique was adapted to determine...
childhood drowning rates in a standard 30 cluster coverage survey. Preliminary analysis of the technique has indicated great promise, and a validation survey with direct measurement of child drowning is underway. If validated, the sentinel event child injury survey will be available as a standard child survival programming tool for country wide programs. Additional sentinel events for child injury (permanently disabling falls and burns, fatal envenomations, as examples) are being tested in cluster surveys as well.

The results of these surveys were presented at a UNICEF/TASC joint conference in Bangkok in 2004 and raised awareness on child injury among government of these countries, partner organizations such as WHO and US Centers for Disease Control and Prevention (CDC), and donor communities.

TASC has direct relationships with the Centre for Injury Prevention and Research, Bangladesh, (CIPRB), and the Center for Injury Policy and Prevention Research,(CIPPR), Hanoi School of Public Health in Vietnam with the aim of helping to create local national capacity in injury prevention that meet world class standards for research and program development.

Advocacy

TASC is recognized as a global advocate determined to assure a safe and injury free childhood as every child’s right, no matter where they live or what their circumstances.

TASC is actively engaged in making child injury prevention a routine part of the child survival package, especially as we now have data that supports the contention that child survival gains in very young children are being squandered as children grow older due to deaths from injury.

TASC is considering all children up to age 17, the age defining children under the Convention on the Rights of the Child.

TASC has been advocating injury prevention in global forums and at scientific and technical meetings in 2004. Recent presentations included the World Conference on Injury Prevention and Safety Promotion and the American Public Health Association Annual Meeting. TASC was a contributor to CDC’s global vision as part of their Futures Initiative.

TASC President Pete Peterson is the invited speaker at an annual lecture on Global Health Leadership at CDC in March, 2005. In each forum TASC will promote the facts on child injuries as a major cause of death and disability in developing countries, and a large number can be prevented. TASC’s major goal in advocacy is to have these facts accepted globally.

Coordination and technical support

TASC coordinates its efforts with UNICEF to the greatest extent possible, and especially in countries in South Asia and the East Asia and Pacific Regions. Several East and South Asia countries (Vietnam, China, and Bangladesh) have developed country programs that integrate injury prevention into the national country program. UNICEF EAPRO is developing a region-wide injury prevention initiative to focus on the integration of drowning prevention into traditional child survival activities, and addressing child injury to achieve the MDG. TASC is actively supporting this goal as a technical resource and a partner in country level programs.
TASC works with the separate country offices as well as other local resources to assure there is no duplication of effort and that resources from other sectors are considered in the evolving prevention activities. The traditional “health sector” alone isn’t adequate to address the complexity of issues involved in injury prevention and TASC is working to develop child injury prevention programs in coordination with UNICEF within the educational sector in various country programs.

**Country activities - child injury prevention**

**Bangladesh**

UNICEF Bangladesh and TASC along with local partners, have developed a national pilot program for child injury prevention, and have placed injury prevention as a core component of the next country program (2006-10). The pilot program covers almost 1,000,000 population in four separate geographic areas. It is designed to allow evaluation of impact and prevention effectiveness. Over the course of the next country program, the pilot program will be expanded to cover the entire country.

TASC is supporting a new NGO, the Centre for Injury Prevention & Research, Bangladesh, (CIPRB) in their contribution to this research and prevention effort by directly assisting them with infrastructure support and scientific technical assistance during their formative years. As Bangladesh’s own expand their capacity in applied injury prevention research, this Centre will become a resource of both national and regional importance. If past history in child survival teaches us anything, lessons learned and applied in Bangladesh should be very exportable to other countries.

TASC’s commitment to both direct injury prevention and to building local capacity will be supported by this relationship with the CIPRB.

**China**

In 2003, UNICEF collaborated with the Chinese Government and TASC to conduct a child and parent injury survey in Beijing, PRC to serve as a pilot for a planned national survey. The Beijing survey was conducted among 28,000 households and 87,000 residents in Metro Beijing (16 urban and rural districts). It showed that injury is the leading cause of the increasingly rare child deaths in Beijing. It is the leading cause of serious morbidity and permanent disability in children.

Following the successful completion of the Beijing Survey, UNICEF China, TASC and the GOC are moving forward with planning for the next stages of injury surveys in other regions of China.

Following the Beijing Survey, the Municipality of Beijing, in collaboration with UNICEF China and TASC, has developed a pilot child injury prevention program. The program is unique in that it uses a school-based model to change the hazards within the child’s environment at home and in the community, with the goal of increasing safety for parents and other care-givers as well as children. TASC is working closely with the UNICEF Regional Injury Advisor and UNICEF Country Office in the implementation of this project.
Vietnam

TASC has an ongoing relationship with the Hanoi School of Public Health that allows building on the past injury work pioneered by the school with UNICEF and CDC. In 2004-05, TASC and the HSPH are initiating a province-wide study in Central Vietnam which will further refine the causes of child injury, identify and test interventions, and create a focal point for community based injury prevention research in both the urban and rural environments. Following the survey, a series of province-wide interventions will begin.

This project is expected to go on over 5 years and will create and test evidence based interventions which can be quickly applied to other parts of the country and shared, where appropriate, to other parts of the developing world.

Thailand

TASC and UNICEF Thailand collaborated with Government of Thailand and academia to conduct a national survey among 92,000 households and 470,000 residents in late 2003 and early 2004. The result showed that injury is the leading cause of child mortality, serous and severe morbidity and parental death and permanent disability. TASC is working with Thai investigators and colleagues from the CDC Atlanta to finalize both the country report and a mega city report on Bangkok from this survey.

TASC is also working with Thai partners to evaluate the injury impact of the tsunami on selected areas in Thailand where the local population was most affected. After the injury problem has been characterized, issues that can be considered that would prevent or mitigate the worst outcomes can be factored into the reconstruction phase. Thailand is considered to be ahead of neighboring countries in the recovery phase, and information from these studies should be useful to other countries in the region.

Philippines

In 2003, UNICEF Manila collaborated with TASC and the Government of Philippines to conduct a national survey among 90,446 households and 418,552 residents. Preliminary data analysis shows that injuries are the leading cause of mortality and morbidity among children as well as parents of young children. TASC’s continued input is centered on further social and economic burden analysis of the national dataset.

Indonesia

In 2003, UNICEF collaborated with TASC to develop a survey methodology that could be used in current UNICEF child survival surveys to assess the level of injury as a cause of death for children under-five. The results of the pilot were presented in the April 2004 conference in Bangkok.

Currently UNICEF Indonesia and TASC are working with Ministry of Health colleagues to develop a provincial pilot for the national injury survey, and the pilot is designed to validate the indirect estimates from the sentinel drowning cluster survey as well. Once validated, this will allow for standard child health surveys done for infectious and nutritional parameters to be used to determine whether injury is a major contributor to U5MR.
Malaysia

In partnership with UNICEF, a national community-based survey will be conducted in 2005 to map types, magnitudes and risk factors of injury in children and parents. A qualitative component to study culture norms, attitudes and perceptions of injury will also be part of the survey. Based on the results of the survey, UNICEF Malaysia and TASC will design and implement appropriate interventions to address child and youth injury in Malaysia in the country program cycle (2005-2007).

Significant child injury prevention publications produced by your organization within the last five years


Future activities in relation to child injury prevention

Global—Advocacy; Integrate child injury prevention into main stream child survival; Create age appropriate interventions in sound research projects and export to large scale national programs; Create national and regional capacities in injury prevention;
(With UNICEF, WHO, CDC, and appropriate partners)

TASC will assist selected countries, primarily in Asia and the Pacific, in completing national surveys and initiating prevention programs. TASC is collaborating with partners in Bangladesh, China, and Vietnam over the next 3 years to produce some in-depth intervention programs capable of being applied at a national scale while strengthening their national capacity in injury prevention.

TASC has been invited by the International Life Saving Association (ISLA) to consider application as an affiliate member as a means of furthering collaboration related to drowning prevention. TASC is working with their Regional Office for Asia and the Pacific to determine how best to collaborate directly on water safety for children in the region.
Organizational strengths in the area of child injury prevention

As a non-governmental, non-profit organization TASC can advocate in many different forums. TASC has access to policy makers and decision makers at the highest levels in both the developing and developed world. This access allows the message about child injury to be vetted formally and informally with those who can make a difference.

The community based surveys that have been completed through TASC and UNICEF collaborations, with local partners in every case, demonstrate conclusively that the approach works. The content and results of these surveys provide the injury community at large with the data needed to bring child injury prevention into the main stream of child survival activities. The work already underway will add to the proven interventions over the next few years and, hopefully, actively begin to reduce child injury at a larger scale.

TASC can actively co-fund raise with partners and easily direct those resources to support national scale programs that implement interventions that affect the lives of children and their parents.

TASC is working to add injury prevention strength to established child survival networks which UNICEF and others have established over past decades that have solid field infrastructures. This infrastructure is well suited to deliver interventions for preventing child injury.

Collaboration with other agencies and global child injury prevention partners

UNICEF
- Continue the relationship in Asia and South Asia to complete national surveys and provide additional scientifically valid data on injury and children.
- Continue community based pilot studies which include the initiation and evaluation of appropriate interventions
- Initiate new community based intervention programs;
- Assist in the inclusion of injury prevention into integrated child survival activities
- Assist with fund raising and advocacy for UNICEF child survival programs that include injury prevention

WHO:
- Advocate the issue of injury prevention to donors and national policy makers.
- Help WHO develop surveillance programs that are comprehensive enough to include all sources of information on child injury directly from the community.
- Take advantage of WHO expertise in post trauma care to incorporate appropriate post event practices into prevention training for non-medical resources who may be first responders

CDC: National Center for Injury Prevention and Control & Coordinating Office of Global Health
- Advocate with others a greater CDC role in non-communicable disease issues
- Create opportunities for NCIPC to work on child injury internationally.
- Collaborate directly with CDC on national prevention surveys and programs
**CIPR, B** Centre for Injury Prevention, Research, Bangladesh
- Work with CIPRB over next 2-3 years to assure Centre is engaged in national and international activities which expand child injury prevention while establishing institutional credibility and base.
- Apply lessons learned to other regional programs

**CIPPR, HSPH** Center for Injury prevention Policy & Research, Hanoi School of Public Health, Vietnam
- Work with CIPPR/HSPH in conduct of regional intervention program
- Apply lessons learned to other regional programs as soon as feasible.

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<th><strong>Contact details</strong></th>
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Organizational mission and child injury prevention

The Department for Transport's aim is transport that works for everyone. Its relevant objective is to balance the need to travel with the need to improve quality of life by improving safety and respecting the environment.

DfT's relevant target is to reduce the number of people killed and seriously injured in Great Britain in road accidents by 40 per cent and the number of children (0-15 inclusive) killed and seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities. The higher percentage reduction required for children indicates the high priority given to reducing child casualties.

Global level activities - child injury prevention

DfT, UK, is actively involved in the OECD’s programme of research. Between 2002 and 2004 Kate McMahon, Head of Road Safety Strategy Division, chaired the OECD’s international expert working group on child road safety. In addition the DfT commissioned a survey of child road safety in OECD member countries to support the work of the expert groups and to identify lessons for Great Britain to learn from practice elsewhere. There were three key outputs from this research:

- OECD’s Keeping Children Safe In Traffic
- DfT Research report 47: Children’s Traffic safety: an international survey of policy and practice.
- DfT research report 50: UK Lessons: from an international survey of policy and practice in child road safety.

Full references/links to the two DfT reports are given at question 5.

In addition the DfT participates and contributes in various international fora such as IRTAD, Injury Prevention Conference (see answer below as well), RoadSafe, RoSPA Congress. DfT, UK also made a contribution to the funding of the Global Road Safety Report by WHO. Involvement with RoadSafe has led to provision of advice to international projects such as Transaid which is underway.

Regional / cross country activities - child injury prevention

There are regular meetings between the countries within Great Britain and some collaboration on research, policy and publicity. For example DfT and the Scottish Executive are jointly funding the evaluation of the national pilot of child pedestrian training schemes. We try to ensure that we maximise the effectiveness of policies and do not duplicate effort in terms of research and resource provision. We keep a close contact with the Scottish Road Safety Campaign.

DfT central also undertakes regular liaison meetings with Government Regional Offices to facilitate effective local delivery of road safety by feeding information to and from the centre.
DfT, UK supports a number of EU jointly funded projects e.g. SARTRE but there have not been any on child road safety recently. DfT has made special efforts to collaborate and share good practice with accession countries: for example, we have had a series of exchanges with colleagues in the Czech Republic. In addition the DfT, UK is actively participating in the Sunflower project which is a forum for northern European countries to share good practice.

In terms of research in the mid1990’s the DfT recognised the relatively poor performance of GB’s child road safety, compared with its European neighbours. As a result it commissioned a study into the exposure and accident patterns of children in GB, France and the Netherlands. This was published in 1999 and more detailed analysis is due to be published in 2005. Data from 1,000 children in each country on their walking patterns were collected and data on 500 accidents were analysed.

**Country activities - child injury prevention**

**Data collection**
The Department annually presents statistics, collected to an agreed national standard, about personal injury road accidents and their consequent casualties in GB. Details include age, gender, journey purpose (e.g. school journey), severity of casualty, time of year, time of day, road type, transport mode, geographical region (down to local authority level), etc. A report "Road Casualties Great Britain" is published annually and is available on the DfT website [www.dft.gov.uk](http://www.dft.gov.uk) in the Transport Statistics section.

**Research and dissemination**
The Department commissions independent research into the behaviour of drivers and other road users, primary and secondary safety of vehicles, environmental pollution and measures that can be taken to influence these so as to promote greater safety and protection of the environment. Completed research on children can be found at [www.dft.gov.uk](http://www.dft.gov.uk) and following the links through [road safety](http://www.dft.gov.uk) and [research to research reports](http://www.dft.gov.uk) and [vulnerable road users](http://www.dft.gov.uk) new and ongoing projects are listed in the Compendium of Research Projects available from the road safety research page.

Recently published research includes work by TRL on adolescents: adolescent road user behaviour: a survey of 11-16 year olds (TRL 561); road safety behaviour of adolescent children in groups (TRL 599); The attitudes and behaviour of adolescent road users: an application of the theory of planned behaviour (TRL 601). All these reports are available on the TRL website via a link from the DfT’s road safety research page.

**Demonstration projects**
In October 2002 the Department for Transport launched the Neighbourhood Road Safety initiative (NRSI, formerly known as Dealing with Disadvantage). This is aimed at tackling the particular problems of road safety in disadvantaged communities (as measured by the Index of Multiple Deprivation) and builds on the Social Exclusion Unit (SEU) report ([www.socialexclusionunit.gov.uk/published.htm](http://www.socialexclusionunit.gov.uk/published.htm)) on transport and social exclusion and other work which has demonstrated that there is a positive association between road casualties and socio-economic disadvantage.
The NRSI aims to develop an all-round approach to road safety in disadvantaged communities by encouraging partnership working between local agencies such as transport, health, education, social services, police and others to undertake complementary programmes of work that will directly and indirectly improve the road safety of all road users in the community. In addition to the specific grants to Local Highway Authorities (LHAs), the NRSI includes the issuing of guidance on road safety and disadvantage to all LHAs.

The Department will distribute up to £17 million to the 15 participating authorities. As part of this a central team, the Neighbourhood Road safety Team, have been established to co-ordinate management, training, research and education and publicity activity across the areas and to ensure lessons are learned and are shared. In addition a team of experts have been commissioned to evaluate the effectiveness of the initiative. The overall aims of the evaluation are:

- To evaluate the impact of this initiative on disadvantaged communities; and
- To understand the causal chain that has resulted in the poor road safety performance of particularly disadvantaged areas.

Through this initiative and other demonstration projects we are hoping to ensure that road safety becomes integrated into issues such as regeneration and accessibility planning so that by working in partnership the quality of life of those most disadvantaged in society can be improved and inequalities in road accident involvement can be reduced.

The Kerbcraft pedestrian training project  Children can develop the skills they need to be safer pedestrians if they are given appropriate roadside training. Casualties happen disproportionately where there is disadvantage.

The Department for Transport is spending £9 million over 5 years to pilot a network of Kerbcraft pedestrian training schemes for children in schools in deprived areas. The purpose of the project is to see how the Kerbcraft scheme, initiated in Drumchapel in Glasgow, can work in a variety of different areas and circumstances; and to advise on how projects can be made sustainable long-term. The money goes to fund the employment of a co-ordinator to find and train local volunteers (mostly parents) who train small groups of 5-7 year-olds at the roadside in 3 basic skills: finding safe places, crossing between parked cars and crossing at junctions.

We are keen for all Local Authorities to consider how child pedestrian training can contribute to meeting their local casualty reduction targets. We have issued a leaflet to all English LAs explaining the benefits of Kerbcraft. Scotland and Wales are running similar schemes. This scheme is not meant to encourage independent travel for young children but to set up sound foundations for future pedestrian safety by enabling children to actively develop and practise skills and strategies at the roadside.

Education and publicity
Local Authority Road Safety Officers (RSOs) support and co-ordinate road safety education training and publicity in response to local needs. The Department wants to make it easy for road safety professionals, parents and teachers to teach road safety, so we provide well researched educational and training resources for children, parents, teachers and professionals, available free of charge.

Examples of what we produce for schools include the lesson plans on our website for all stages from Key Stage 1 to AS/A2 level (ages 5 to 18). These make it possible to include road safety messages in a number of national curriculum subjects.
In spring 2005 DfT launched a web based database of road safety education resources. This will enable road safety professionals and educators to have better access to existing resources. There will also be an opportunity for users to give feedback on resources. The database can be found at www.databases.dft.gov.uk/roadsafety.

In spring 2005 the DfT also launched Crossroads, a pc-based pedestrian training resource for 7 to 10-year-olds to be used in the classroom. Like Kerbcraft, the roadside-based training resource, which can precede it, it is based on parent volunteers facilitating discussions between two or three children using methods that were successfully tried and tested through the Drumchapel project in Glasgow a few years ago. That project showed that trained volunteers can be as effective as expert trainers in teaching other people's children basic pedestrian skills.

We have also provided a teaching resource for children gaining more independence and making more complex journeys as they move from primary to secondary school - Making Choices, which includes activities for schools, children and parents. We have also funded RoSPA to produce a series of school assembly plans for children of all ages using road safety themes, as well as a rural road safety teaching resource.

Publicity campaigns
Our publicity campaigns themed under the Think! banner can change attitudes so people will understand and accept road safety measures. Campaigns aimed at under-11s feature the road safety hedgehogs; research repeatedly reports that children like the characters and have a detailed recall of the messages. There is a Hedgehogs website http://www.hedgehogs.gov.uk/index.htm that has games and video and sections for teachers and parents. A cinema and TV ad aimed at teenagers in 2003 also proved popular and researched well.

Other successes have been the Think! seatbelt campaigns and drink-drive campaigns. We are now working towards making speeding as socially unacceptable as drinking and driving.

We believe cycle helmets are effective at reducing the incidence and severity of head, brain and upper facial injuries in accidents. DfT policy is to persuade cyclists to protect themselves by wearing helmets.

To increase cycle helmet wearing amongst teenagers the Department developed a 'Cycle Sense' safety campaign for teenagers that was launched in May 2003. The campaign encourages teenagers to wear cycle helmets; secondary issues including technique, cycle maintenance and visibility are also addressed. The campaign consists of a series of posters and a website. We have developed a supporting TV filler film and are also developing a new campaign for summer 2005. For younger children, 'Cycle Smart' for 7 to 10-year-olds is a series of posters and a comic which use Disney characters to communicate simple cycle safety messages. A new edition was released in summer 2004 and we are developing a new website in partnership with Disney.

Significant child injury prevention publications produced by your organization within the last five years.

Strategy documents
- Tomorrow's Roads - safer for everyone: the Government's road safety strategy and casualty reduction targets for 2010 (April 2000)
- Child Road Safety - Achieving the 2010 target (September 2002)
- Tomorrow's roads - the first three-year review (April 2004)

These are all available in the road safety section of the DfT website under Strategy, targets and performance.
Research reports
All the following publications are available from the DfT or TRL websites as detailed in the answer to question 4.

- Road accident involvement of children from ethnic minorities: a literature review [RSRR 19, 2001].
- Child Safety in Rural Areas - A critical review of the literature and commentary [RSRR 32, 2002].
- Review of the road safety of disabled children and adults [TRL 559, 2002].
- Training children in the use of designated crossings [RSRR 34, 2003].
- Bringing children into the social contract of road use: Final report [RSRR 33, 2003].
- UK lessons from an International Survey of Policy and Practice in Child Road Safety [RSRR 50, 2004].
- The attitudes and behaviour of adolescent road users: an application of the theory of planned behaviour [TRL 601, 2004].
- Road safety behaviour of adolescent children in groups [TRL 599, 2004].
- Adolescent road users’ accidents, behaviour and attitudes [TRL 561, 2004].

Future activities in relation to child injury prevention
We will continue to work towards achieving our target of reduce the number of people killed and seriously injured in Great Britain in road accidents by 40 per cent and the number of children (0-15 inclusive) killed and seriously injured by 50%, by 2010 compared with the average for 1994-98, tackling the significantly higher incidence in disadvantaged communities. We will also continue to carry out publicity campaigns aimed at children, their parents and teachers and other road users. We will also continue to carry out programmes of research into the behaviour of drivers and other road users, vehicle safety, environmental pollution and measures that can be taken to promote greater safety and protection of the environment.

Current research is exploring how parents interact with their children and develop their attitudes and beliefs about road safety. We want to know how to maximise the effectiveness of their role.

Most of our activity is at national level, but we participate in OECD research and are keen to establish and maintain links with global road safety activities through WHO.

Organizational strengths in the area of child injury prevention
DfT, UK has a strong reputation and long history of evidence-based policy and the area of child road safety is a prime example. This is reflected in the setting of a separate, more challenging, target for improving the road safety of children. There is a long history of high quality research that has ensured that policy development is firmly based on sound evidence and is monitored and evaluated.

DfT policy and research personnel with responsibility for child road safety have good links with other areas of transport e.g. safer routes to school/green school travel, mobility, access and
inclusion issues. We also have links with other Government Departments such as Department for Education and Skills, Department for Health and the Home Office (for police and enforcement matters), and the Office of the Deputy Prime Minister (for issues relating to disadvantage, planning and fire safety). DfT are represented on numerous steering groups such as the Health Development Agency's group for managing the UK’s Centre of Excellence on injury prevention amongst children and young people (based at the University of the West of England).

DfT, UK have strong links with professional bodies representing the main deliverers of road safety i.e. Highway engineers, police and Road Safety Officers. Also have good links to non-governmental organisations and the voluntary sector dealing with issues relating to child safety including CAPT, RoSPA, AA, and the RAC.

DfT manages a Road Safety Advisory Group to facilitate the delivery of the road safety strategy. There are two sub-groups, one on statistical monitoring of targets and one on child road safety. The group includes representatives of other Government Departments, non-governmental organisations and professionals and meets annually to review progress towards the targets and activities within this field.

**Collaboration with other agencies and global child injury prevention partners**

Because of limited staff resources the DfT, UK is unable to be involved in all the international networks that it is aware of but actively contributes as much as possible, especially in areas of high priority including child road safety.

As referred to in Q2 and Q3 the DfT is actively involved in the OECD programme of research on Transport Safety. We are also involved with EU programmes and also work with RoadSafe, RoSPA, CAPT and other organisations. We are interested in WHO activities and in drawing upon as well as contributing to best practice on child casualty reduction.

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Organizational mission and child injury prevention

The Department of Health Promotion and Behavior, through research, teaching, and service, prepares professionals in process-related competencies in health promotion that are based on a comprehensive knowledge and understanding of the determinants of health. Health promotion efforts are directed at influencing or facilitating health-related behavior, advocating public health policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

Regional / cross country activities - child injury prevention

The ACTIVA Project. Between 1997 and 1998, Dr. Orpinas worked with the Pan-American Health Organization (PAHO) in the evaluation of behaviors, attitudes, and cultural norms associated with social violence in selected cities in Latin America and Spain. The goal of the project was to evaluate the magnitude and distribution of aggressive behaviors and to analyze the relation among aggressive behaviors, attitudes, and cultural norms in eight metropolitan areas: El Salvador-Bahia and Rio de Janeiro, Brazil; Santiago, Chile; Cali, Colombia; San José, Costa Rica; San Salvador, El Salvador; Madrid, Spain; and Caracas, Venezuela. A common survey, which was developed by investigators of participating cities and researchers from several universities in the United States, was administered face-to-face to a random sample of 10,821 adults. Although the survey was for adults, it did include questions about hitting children and whether they had been victims of abuse as children.

Country activities - child injury prevention

Injury Prevention Courses at the Department of Health Promotion, University of Georgia (one undergraduate and one graduate course). These courses are designed to prepare students to understand the nature of injuries and to develop programs to prevent injuries and promote safety using a public health model. The courses provide a comprehensive analysis of the causes and consequences of accidents and violence, with emphasis on prevention research and program development. (Childhood/adolescent injury is a featured topic in terms of both content and process)

Specific course objectives are:

- Describe and explain injury and violence as a public health problem.
- Examine the epidemiology of intentional (violence against others and self) and unintentional injuries.
- Describe the psychosocial and cultural risk and protective factors for injuries.
- Identify the basic principles of injury prevention, control and safety promotion.
- Advocate for injury prevention and safety promotion in communities.
- Diagnose injury problems with a multilevel perspective.
- Design, implement, and evaluate injury prevention and safety promotion interventions in the community.
Appendix 7

Violence Against Girls and Women Course at the Department of Health Promotion, University of Georgia (Graduate course). This course examines violence against girls and women from multiple perspectives, such as public health, criminal justice, human/civil rights, cultural, and community. The unique contribution of each perspective to the comprehension of the problem and the development of interventions are discussed. Violence against girls and women is examined at the local, state, national, and international levels, which provides a frame of reference to understand the socio-cultural factors that support and perpetuate violence against women. The course included numerous topics related to violence against girls and female adolescents.

Occupational Safety Course at the Department of Health Promotion, University of Georgia (undergraduate/graduate). The specific areas and the broad scope in methods, materials, and problems in occupational safety programming with special emphasis on organization and implementation of injury prevention and control techniques. (Young workers and new workers are treated as a special risk group in terms of: epidemiology and analysis, regulation, and prevention/control strategies

Research on School Violence Prevention. GREAT Schools and Families is a large, multisite project. Four universities (The University of Georgia, Duke University, Virginia Commonwealth University, and the University of Illinois at Chicago) partnered with the Centers for Disease Control and Prevention (CDC) to develop and implement this collaborative project. GREAT Schools and Families used an experimental research design to answer the following questions: Are greater reductions in school aggression among 6th graders found when (1) a violence prevention program is offered to all students and teachers in a particular grade level (a universal intervention composed of a student and a teacher program), (2) a program is offered to youths who are at greatest risk for involvement in violence (a family program), or (3) both types of programs (universal and family) are offered in a school. To answer these questions, 37 schools from four sites (Georgia, North Carolina, Virginia, and Chicago) were randomly assigned to one of four conditions (three interventions—universal, family, universal + family—or control). As part of this study, approximately 6000 students completed a survey on perpetration of violence and victimization due to school violence, weapon carrying, and injuries due to fights. Each student completed the survey twice in 6th grade, once in 7th grade, and once in 8th grade. Teachers completed a behavioral rating on each student six times during 3 years.

Research and Program Evaluation on Traffic Safety (Dept. Health Promotion, University of Georgia). The Department of Health Promotion and Behavior is currently in the sixth year of a collaborative effort with the National Highway Traffic Safety Administration to address traffic safety issues in the southeastern United States. While traffic safety concerns affect all citizens, programs aimed at youth have been important parts of this effort. These programs include the implementation of the Gold Standards Community Assessment Tool, the process evaluation of the Click It or Ticket campaign, the development of the Safe Communities Data Toolkit, and the development of a region wide pick up truck seat belt initiative. While these programs in their entirieties do not focus on youth, they all include parts that specifically address the safety of youth and the prevention of injuries to youth. Any person who rides in a motor vehicle, who is a pedestrian, who rides a bicycle or who rides a motorcycle, or who drives a motor vehicle is affected by one or more of these programs.

The Gold Standards project specifically addresses the adjudication of juvenile driving under the influence (DUI) cases at the community level. This program outlines adjudication strategies at the community level. Specifically, the Gold Standard states that the community must have the
same sanctions and services available (except incarceration) for all juvenile DUI cases in Juvenile Court as adult cases in regular court.

The **Click It or Ticket** occupant protection campaign has produced significant gains in seat belt usage rates across the southeast. Between May 21 and June 3, 2001, NHTSA implemented the Click It or Ticket Campaign across the southeastern United States. The Department of Health Promotion and Behavior conducted a process evaluation of this program and found that over 25,000 enforcement and patrol events took place. During this time, 119,800 seat belt citations were produced and over 9,500 child restraint citations were written. The seat belt usage rate increased 13.8% during this time (from 65% to 74%).

The **Safe Communities Data Toolkit** is a practical guide for the local community to determine data needs and begin the data collection process. The Data Toolkit is designed to assist coalitions in collecting and analyzing injury and crash data for their jurisdictions. It focuses on helping the community rank their injuries to determine the top three problems, as well as target populations that should be addressed. The easy-to-use Guide walks communities through the process of creating a community profile; building fatal injury, non-fatal injury, and medical cost templates; analyzing contributing factors by demographics; as well as location mapping by zip code. This Toolkit addresses all injuries across all age groups. The Toolkit can be downloaded or ordered from [www.nhtsa.gov/safecommunities/serviceCenter/shop/workbench.htm](http://www.nhtsa.gov/safecommunities/serviceCenter/shop/workbench.htm).

Children are observed to be in a child safety seat less often if the driver is not buckled than when a driver is using a seat belt. The seat belt usage rate for pick up truck drivers is less than for passenger vehicles. Therefore, a **pick up truck seat belt** initiative will help increase the child safety seat usage rate across the southeast. Proper use of child safety seats reduces the risk of fatal injury by 71% for infants and 54 % for toddlers. Use of booster seats by children 4 to 8 years old will significantly increase their chances of surviving a motor vehicle crash. This initiative is in the planning stages currently and is being modeled after another successful program of the same type in the Midwest.

The Department of Health Promotion and Behavior is also currently a partner with the Georgia Governor’s Office of Highway Safety in systematically reviewing and analyzing all traffic safety funded programs in the state. The agency is currently focusing on underage drinking and driving prevention; occupant protection and pedestrian safety; and direct law enforcement.

**Significant child injury prevention publications produced by your organization within the last five years**

**Books authored/edited**


Chapters in books


Journal articles


Future activities in relation to child injury prevention

We are currently seeking funds to:
1) Develop a Center for Violence Prevention
2) Follow into high school students who participated in the GREAT Schools and Families program.
3) Traffic injuries

Organizational strengths in the area of child injury prevention

1) Research
2) Prevention programs
3) Specific Area: Violence prevention

Collaboration with other agencies and global child injury prevention partners

Violence prevention and any-injury prevention research

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UN Secretary General’s Study on Violence Against Children

Organizational mission and child injury prevention

The Study represents three agencies, OHCHR, UNICEF, and OHCHR. The Study seeks to mobilise action on violence against children, including improving data collection and other aspects of programming at national level.

Global level activities - child injury prevention

The Study focuses on bringing together the best data, and also promising and proven practices in relation to violence against children across the settings of home, school, institutions, community, and work.

Regional / cross country activities – child injury prevention

- Nine regional consultations are planned between 11 March, 2005 and 7 July, 2005, to draw in the best information available from country level
- Public submissions for studies on violence against children have been called, and will close 30 June, 2005
- 92 questionnaires on various aspects of violence against children have been received from govts globally, as a result of a questionnaire sent out to all govts early in 2004. These are currently being analysed.

Country activities - child injury prevention

The Study is not undertaking country level activities directly, although many country level activities are taking place in close association with the Study.

Significant child injury prevention publications produced by your organization within the last five years

The Study report will be presented to the Secretary General and General Assembly at the GA in 2006. A child friendly version will be released at that time, along with a popular publication on the Study.

Future activities in relation to child injury prevention

In the lead up to the presentation of the final Study Report to the General Assembly in 2006, a great deal of consultation will take place regionally and with country delegations to muster strong support for action based on the recommendations of the Study. Follow up will continue into 2007, and is likely to include regional and country level launches of the Study, integration of the issues into national policies, an increase in the number of ombudspeople for children, reporting by countries to the Committee on the Rights of the Child, improved national data collection, and other activities not yet articulated in the draft plans.
Organizational strengths in the area of child injury prevention

The Study is designed to build momentum, community and political pressure to take more comprehensive and more effective action on violence against children. In effect, the Study provides a platform for other agencies and related activities.

Collaboration with other agencies and global child injury prevention partners

- all

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Organization website (URL): www.violencestudy.org
Organizational mission and child injury prevention

The Centers for Disease Control and Prevention’s efforts to reduce non-occupational injury in the United States are concentrated in the National Center for Injury Prevention and Control (Injury Center). The Injury Center was established in June 1992 with the mission to prevent premature death and disability and to reduce the human suffering and medical costs caused by non-occupational injuries. Its science base and focus on public health are unique among federal agencies with activities in injury prevention and control, most of which have regulatory or enforcement roles. As the lead U.S. federal agency for non-occupational injury prevention, the Injury Center works closely with other federal agencies; national, state, and local organizations; state and local health departments; and research institutions across the country.

The Division of Unintentional Injury Prevention in CDC’s Injury Center is dedicated to reducing the number and severity of unintentional injuries through science-based, applied research and prevention programs. The division targets injuries related to motor vehicle use and home and recreation activities. Priority areas in unintentional injury prevention related to child injuries include alcohol-impaired drivers; child passenger safety; injuries caused by residential fires; and water safety. Additional areas of interest include teen drivers, pedestrian safety, and sports and recreation injuries.

Global level activities - child injury prevention

At the CDC, as resources allow, our aim is to:
- Assist other countries in the development of surveillance systems
- Assist other countries in research that builds their research capacity and is relevant globally
- Promote global adoption of effective strategies, programs, and policies to prevent and control injuries and violence

Also, please refer to the terms of reference for WHO Collaborating Center for Injury which should be on file in the Violence and Injury Prevention Division.

Regional / cross country activities - child injury prevention

Activities in PAHO Region

Building Surveillance Capacity

- CDC, in collaboration with WHO and PAHO, has been establishing emergency room-based surveillance systems in a number of countries, including Colombia, El Salvador, and Nicaragua. These systems are being designed to track both fatal and nonfatal injuries (e.g., road traffic injuries, as well as homicides, suicides, and landmine/UXO injuries).
- A CDC IETA trainee developed a web based injury surveillance system for Argentina, as required under a World Bank loan. It operates in 7 hospitals/clinics.
- CDC developed and tested a one week injury surveillance course in El Salvador and Nicaragua. Further use of the course is being discussed with Argentina, Brazil and Puerto Rico—3 Ministries of Health, to whom we have given on site surveillance consultation.
Research
- CDC’s is helping the National School of Public Health in Medellin, Colombia to do violence prevention research.
- Some of CDC’s National Centers of Excellence for Youth Violence are working with counterparts in Puerto Rico to facilitate research on youth violence and to build capacity for youth violence prevention at the local level. Homicide rates among youths 10–29 in Puerto Rico are among the highest in the world.

Awareness
- CDC is a member of the planning committee for the PAHO launch of the WHO-World Bank World Report on Road Traffic Injury Prevention on World Health Day 2004.

Prevention
- CDC collaborated with Harvard School of Public Health to convene teams from 10 developing countries, including Trinidad-Tobago, Mexico, and Colombia, at a workshop to discuss RTS programs in their countries. Recommendations were made for collaboration on research and action with attention to surveillance system improvement. (Injury Control & Safety Promotion: 10;2. 2003).
- CDC worked with Harvard SPH, the National Institute of Public Health in Mexico, and PAHO to convene a national workshop that developed a plan for improving road traffic safety (RTS) in Mexico, with special emphasis on the US/Mexico Border (Foro Nacional Sobre Accidentes de Transito en Mexico, 2003).
- CDC is a member of the Inter-American Coalition for the Prevention of Violence. The other members include the Inter-American Development Bank, the Organization of American States, PAHO, UNESCO, USAID, and the World Bank. The purpose of the Coalition is to reduce violence in the Americas through the development of surveillance systems, training and education, and the implementation and evaluation of comprehensive prevention strategies.
- CDC, as a member of the Inter-American Coalition to Prevent Violence, is helping develop a set of indicators to monitor violence in the region. The indicators are built on three objectively measured outcomes of violence – death, illness and violent behaviors. The project is modeled after the Healthy People 2000 and 2010 objectives for the United States. Anticipated publication is in 2004.
- CDC is providing funding and consultation to WHO for the development of a handbook on proven and promising violence prevention practices in developing countries. The handbook includes a framework and a methodology for identifying, classifying, and documenting programs. This information will be used to establish baseline data on the prevention aims, target groups, intervention strategies and evaluation efforts in developing countries. The handbook will be pilot tested in Brazil, the Russian Federation and South Africa.
- Suicide is the leading cause of death among young people aged 15–34 in Nicaragua and the numbers have increased recently. Preliminary discussions between CDC and the Ministry of Health are underway for a possible collaboration to address this problem. CDC has also been providing consultation on suicide prevention to staff in the office of the Secretary of Health, State of Nueva Leon, Mexico. The Secretary is presently organizing a workshop on the role of the media in suicide prevention.
Additional Training

- CDC supports the WHO project to develop an injury prevention course curriculum for schools of public health in developing countries.
- CDC collaborates with the International Union for Health Promotion and Education to give training fellowships to persons from developing countries.
- CDC supports scholarships to researchers to attend the biennial World Conferences on Injury Control.
- Fogarty Researcher Training request for proposals – covers surveillance, prevention, and evaluation.

Country activities - child injury prevention

Building Surveillance Capacity

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- Technical assistance (2000-present) and staffing (2000-2001) to UNICEF in Vietnam regarding the promotion and adoption of effective strategies, programs and policies to prevent and control child injuries.

- Technical assistance to The Alliance for Safe Children in Bangkok, Thailand regarding the promotion and adoption of effective strategies, programs and policies to prevent and control injuries (2004 – present).

**Significant child injury prevention publications produced by your organization within the last five years.**

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Future activities in relation to child injury prevention

As resources allow, CDC’s Injury Center would like to assist other countries in developing surveillance systems; assist in research that builds their research capacity and is relevant globally; promote global adoption of effective strategies, programs, and policies to prevent and control injuries and violence.

Organizational strengths in the area of child injury prevention

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Collaboration with other agencies and global child injury prevention partners.

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