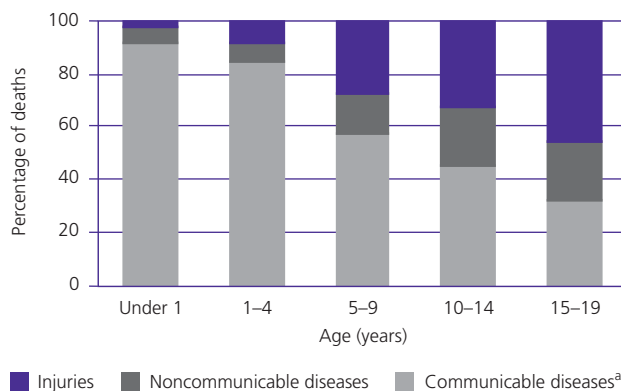


Introduction

Child injuries are a growing global public health problem. They are a significant area of concern from the age of one year, and progressively contribute more to overall rates of death until children reach adulthood. Hundreds of thousands of children die each year from injuries or violence, and millions of others suffer the consequences of non-fatal injuries. For each area of child injury there are proven ways to reduce both the likelihood and severity of injury – yet awareness of the problem and its preventability, as well as political commitment to act to prevent child injury, remain unacceptably low.

Main causes of death among children, World, 2004



^a Includes communicable, maternal, perinatal and nutritional conditions.

Source: WHO (2008), Global Burden of Disease: 2004 update.

In 2005, WHO and UNICEF issued a call for a greatly expanded global effort to prevent child injury (1). This was followed in 2006 by WHO's ten-year plan of action on child injury (2). The plan listed objectives, activities and expected outcomes on child injury and covered the fields of data, research, prevention, services, capacity building and advocacy.

This joint WHO/UNICEF *World report on child injury prevention* brings together all that is currently known about the various types of child injuries and how to prevent them. At the same time, it recognizes that there are major gaps in knowledge. The report expands on and strengthens the areas of action set out in the 2005 *Global call to action* and the WHO ten-year plan. It is intended, furthermore, to help transfer knowledge into practice, so that what has proven effective in decreasing the burden of child injuries in some countries can be adapted and implemented in others, with similar results.

The *World report on child injury prevention* is directed at researchers, public health specialists, practitioners and academics. A summary of the report containing the main messages and recommendations and a set of fact sheets are available for policy-makers and development agencies. A version aimed at children – to create awareness and provide children with a sense of ownership of the issues – and a set of posters have also been produced.

Aims

The overall aims of the report are:

- to raise awareness about the magnitude, risk factors and impacts of child injuries globally;
- to draw attention to the preventability of child injuries and present what is known about the effectiveness of intervention strategies;
- to make recommendations that can be implemented by all countries to reduce child injuries effectively.

Definition of childhood

There is no universally agreed age range for what constitutes childhood – a concept that varies considerably across cultures. This report uses the definition of a child specified in the Convention on the Rights of the Child (3), and thus focuses on injuries occurring in children “under the age of 18 years”. However, it has not always been possible to reflect this age cut-off in analysing data. The reader will notice, for instance, that in some cases WHO data could not be disaggregated to <18 years, and so the category of <20 years is used instead. Some of the published literature uses still other age ranges. For the sake of clarity, age ranges are always indicated in tables and figures in the report.

Scope of the report

The United Nations Secretary-General's *Study on Violence against Children* (4) and the accompanying *World report on violence against children* (5) provided an in-depth review of intentional injuries to children (see box on the UN Secretary-General's study). In addition, the *World report on violence and health*, published by WHO in 2002, included chapters on child abuse, youth violence and sexual violence (6). This report examines the five most common unintentional (or “accidental”) child injuries. Determining the intentionality of an injury to a child is, however, not always straightforward. Where, in discussing data for a particular type of child injury, the question of intent may be ambiguous, then intentional injuries are also touched on in that particular chapter.

The UN Secretary-General's Study on Violence against Children: a joint initiative of UNICEF, WHO, OHCHR and ILO

This in-depth study was presented to the United Nations General Assembly in 2006 by an independent expert appointed by the Secretary-General to lead the effort. Supported by UNICEF, WHO, OHCHR, ILO and a wide network of nongovernmental organizations, the study provided a global picture of violence against children, with recommendations to prevent and deal with such violence. The study examined violence against children in different settings: the family, school, community, alternative care institutions, detention facilities and places where children work. Experts from the fields of human rights, public health and child protection all collaborated in this pioneering report.

Despite progress in preventing violence against children, much remains to be done, and several factors limit the impact of preventive measures. These include the lack of consistent data and incomplete knowledge of the root causes of violence against children. Furthermore, efforts to address violence against children are frequently reactive, focusing on symptoms and consequences rather than causes. Strategies tend to be fragmented, as opposed to integrated, and insufficient resources are allocated to address the problems. In addition, international commitments to protect children from violence are often not translated into action at the national level.

The core message of the Secretary-General's study is that no violence against children is justifiable; all violence against children is preventable. While governments have made commitments to protect children from all forms of violence, research and child testimonies show that these commitments are far from being fulfilled. The legal obligations lie with governments. However, all sectors of society share the responsibility to condemn and prevent violence against children and to deal with those children affected.

The consequences of violence against children vary according to its nature and severity. Efforts to prevent and respond to such violence must therefore be multifaceted. They must reflect the type of violence, the setting and the nature of the perpetrator or perpetrators, and they must always take into account the best interests of the child.

The principal recommendations of the study were:

1. to strengthen national and local commitment and action;
2. to prohibit all violence against children (including the death penalty, corporal punishment, harmful traditional practices, sexual violence, torture and other cruel, inhuman or degrading treatment or punishment);
3. to make prevention of violence against children a priority;
4. to promote non-violent values and raise awareness of violence;
5. to enhance the capacity of all who work with and for children;
6. to provide services for recovery and social reintegration;
7. to ensure the participation of children;
8. to create accessible and child-friendly reporting systems and services;
9. to ensure accountability and put an end to violence against children going unpunished;
10. to address the gender dimension of violence against children;
11. to develop and implement systematic national data collection and research;
12. to strengthen international commitment on the issue of violence against children.

Source: The United Nations Secretary General's Study on Violence Against Children (<http://www.violencestudy.org/r25>, accessed 19 May 2008).

This *World report on child injury prevention* consists of seven main chapters. Chapter 1 places child injuries in the context of other health concerns and related global issues and discusses the fundamentals of child injury prevention. Chapters 2 through 6 examine the five major mechanisms of child injuries: road traffic injuries, drowning, burns, falls and poisonings. Each of these chapters reviews the epidemiology, the risk factors, the interventions and the effectiveness of interventions, and concludes with some important strategies to prevent or manage the particular type of injury. Chapter 7 draws together the common themes of earlier chapters. It also presents a set of broad recommendations that governments and others concerned should seriously consider implementing so as to begin reducing the burden of child injuries.

In deciding which topics to include in this report, the editors were guided by the overall magnitude of each type of injury as presented in WHO's Global Burden of Disease Project for 2004. Consequently, smothering – although a significant problem in infants – has not been included as

a full chapter in the report because global data is scant. Similarly, bites and stings have been addressed through boxes within other chapters as these injuries tend to be highly specific to certain regions and global data, again, are not readily available.

This report relies heavily on the certain data sources, including: the WHO Global Burden of Disease project for 2004, the Global School Health Survey, and the UNICEF/The Alliance for Safe Children community-based studies conducted in Asia. No single database is perfect. However, optimal use is made of the available data, supplemented with information from published literature. The limitations of the data are discussed briefly in each of the chapters. A more detailed overview of the methodologies employed to gather data for the various databases is presented in the Statistical Annex at the end of this report.

Process

The development of this report was led by an Advisory Committee and an Editorial Board and has taken place

over nearly three years. Based on outlines prepared by the Editorial Board, each chapter was written by two or three authors working with a small team of experts from around the world. Nearly 200 professionals from various sectors and all the regions of world provided input to the report.

The examples of good practice provided in each of the topic-specific chapters (Chapters 2 to 6) and the subsequent recommendations made for each chapter were based on rigorous scientific evidence supplemented, where necessary, with “grey literature”. Based on the literature reviewed, evidence was graded as: effective, promising, insufficient evidence, ineffective or potentially harmful. Randomized controlled trials and case-control studies were used as the gold standard. Where study methodologies were robust but they were limited to a few high-income countries they were classified as promising. Where there was clear evidence that the intervention did not work or was harmful, these were classified as ineffective and potentially harmful, respectively. For many interventions in the area of child injury prevention there is simply insufficient evidence.

The drafts of specific chapters were reviewed and revised following input from four regional consultations organized by the WHO regional offices – involving local experts, practitioners and government officials – as well as input from a set of external peer reviewers.

During the regional consultations, experts had the opportunity to propose overall recommendations on child injury prevention, for inclusion in Chapter 7. Their proposals were then refined by the editors based on evidence of good practice, subjected to external peer review and finally approved by WHO and UNICEF, who advised on the report. It is anticipated that the recommendations in this report will remain valid until 2018. At that time, the Department of Violence and Injury Prevention and Disability at WHO headquarters in Geneva will initiate a review of the document.

Moving forward

This comprehensive global report is an important step in advancing the field of child injury prevention, but it is only one such step. It is the hope of WHO, UNICEF and all involved in the report that its launch will lead to greater awareness around the world and a much increased political will for action at all levels to combat the scourge of child injuries.

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