WHO Expert Group Meeting on the WHO and DG SANCO Collaborative Project

Meeting to discuss policy tools for reporting back on progress with implementing the Resolution on the Prevention of injuries

Lisbon, Portugal
21 November 2007
9 am-1 pm

November 2007
ABSTRACT

The meeting was convened by the WHO Regional Office for Europe on the 21 November 2007 morning to discuss the methodologies for documenting progress in national policy development and reporting on implementation of WHO resolution RC55/R9. It was attended by focal persons from the United Kingdom, Bulgaria, Belgium, Turkey and representatives of WHO/Europe, DG SANCO, and EuroSafe. WHO staff made presentations on the web-based tools being developed to facilitate the recording and reporting of information on progress made with implementation of the Resolution on the “Prevention of Injuries”. The meeting received expert comments on how the tools could be improved and closed with an agreement on further consultations on the process of the tools development.
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**INTRODUCTION**

Injuries are the third leading cause of death in the European Region. Every year about 800 000 people of all ages (252 000 from the EU) lose their lives from injuries and violence. Evidence on different aspects of intentional and unintentional injuries from the European Region indicates that they can be predicted and prevented. A broader public health approach is required to reduce the burden of injuries and violence. Following recent World Health Assembly (WHA) resolutions calling for increased priority to be given to violence prevention and road traffic injury prevention, a new programme on violence and injury prevention (VIP) has been established in the European Region. The WHO Regional Committee Resolution (RC55/R9) on the *Prevention of injuries* and the European Union’s Council Recommendation on the *Prevention of injury and the promotion of safety* have both placed violence and injury prevention firmly on the public health agenda.

As part of the deliberations at the Second Meeting of the European National Focal Persons for VIP held in Salzburg in June, 2006, focal persons expressed a need for web-based tools which would provide information on current activities in countries and facilitate reporting of national policies on violence and injury prevention. To this end, a joint DGSANCO and WHO project was developed: *Implementation of the Council Recommendation on the “Prevention of injury and the promotion of safety” and the WHO Resolution (EUR/RC55/R9) on the “Prevention of injuries” in the WHO European Region*. The WHO/DGSANCO project which is a three year collaborative project commenced in April 2007.

The project aims to 1) document national policies on injury and violence prevention and 2) facilitate reporting on progress in implementing the resolution. The web-based inventory will serve to: a) provide Member States with information about existing policies on violence and injury prevention from different European countries; b) facilitate access to information and knowledge not readily available; and c) monitor progress in the enactment of policies and plans in addressing the problem of violence and injury within countries. The web based reporting tool will collate information on key activities prioritised in the Resolution/Recommendation and the information gathered online will be stored into the database. It will also include country information on key items such as WHO country office, VIP focal persons, mortality rates of leading injury causes and WHO supported activities.

The expert group meeting was convened to discuss the methodologies for documenting and reporting on progress in national policy development and implementation of the Resolution/Recommendation.
OPENING THE WORKSHOP

The meeting took place on the morning of the 21st November and was attended by focal persons who had volunteered to participate in the development of the web-based tools and officials of WHO/Europe and DG SANCO (Annex 1: List of participants). Participants were welcomed by Ms Francesca Racioppi, for WHO and Mr Horst Kloppenburg on behalf of DG SANCO (Annex 2: Agenda)
GOALS AND OBJECTIVES

The specific objectives of the workshop were to:

1) Present the preliminary version of the inventory of national policies on violence and injury prevention as a web based tool.

2) Present the results of a questionnaire survey of focal persons to determine progress on implementing the Regional Committee Resolution and Council Recommendation on the *Prevention of injuries*, including a sample analysis of country responses from Austria, Malta, Netherlands and United Kingdom.

3) Discuss the format of documentation of these results at country and regional level and the format of an online database.

4) Receive expert advice from participants on these developments.

5) Discuss future action needed.
**BUSINESS**

The workshop began with an overview of the goals and objectives of the DG-SANCO/WHO project. Three main data sources were employed to provide information for the web based tools: 1) web based search for national inventories for VIP; 2) questionnaire survey of Ministry of Health (MoH) focal persons; and 3) Health for All (HFA) and other WHO databases.

The methodology for identification of national policies for the VIP policy inventory was based on an internet search limited to the English language and a questionnaire survey administered electronically in English and Russian. Documents identified were then checked for quality and then analyzed using an analysis grid. This grid was based on items identified in two WHO publications *Developing policies to prevent injuries and violence: guidelines for policy-makers and planners*¹ and *What Ministries of Health should do for violence and injury prevention*². The grid was used to extract the following information items: year of publication, cause of injury, target population, objective, planned interventions, intervention effectiveness score, time frame, institutional responsibility, leading sector, partners, monitoring and evaluation, budget, language, URL and legal status. Overall, a total of 51 documents from 18 countries were analysed. These are made available in the format of a regional overview and country views, with web links to the actual documents. These documents are searchable on the following terms: country, year of publication, cause of injury and target population.

The country assessment of progress was based on a questionnaire survey administered electronically in English and Russian. The questionnaire was structured around thematic areas taken from the Resolution, such as national policies on prevention of injury and violence, surveillance, political support, inter-sectoral collaboration, capacity building and evidence based emergency care. A total of 31 responses were received from the 48 countries with focal persons. Sample analyses from 4 countries were presented as well as a regional overview of the responses. Whereas this was initially administered as a questionnaire, it could be implemented in the future as an online form, feeding a database for the Region. These two presentations stimulated discussion on the scientific robustness of the methods used.

A practical demonstration of the web format of the tools being developed was then made. These will be hosted in WHO/Europe violence and injury prevention website: [http://www.euro.who.int/violenceinjury/ctryinfo/ctryinfo](http://www.euro.who.int/violenceinjury/ctryinfo/ctryinfo). The web-based tools will consist of:

a) An online questionnaire and database;

b) An inventory of policy documents; and

b) An integrated presentation of data on progress in prevention, presenting individual country profiles as well as a Regional view.


The country profile will consist of the following items of information:

I. Mortality data from HFA for the main causes of injury - last available year;

II. Mortality data from HFA for the main causes of injury - time trends since 1990 (+ WHO European Region, EU and CIS average);

III. National focal person(s);

IV. WHO Country offices;

V. National policy documents (retrieved from inventory);

VI. WHO-supported activities; and

VII. Country assessment on achievements in prevention of violence and injury (this will be based on data retrieved from questionnaire)
DISCUSSION

Participants made suggestions on the strengths and weaknesses of the tools, including how they could be improved. Amongst the general comments, it was suggested that the target audience for the web based tools be better defined and information specifically tailored to suit their needs. The addition of free text space for comments by respondents would capture rich qualitative information. It was also suggested that the tools could be used both for benchmarking and for monitoring change and progress. It was however cautioned that the instrument should be flexible so as to capture new developments within countries. Instructions should be provided such that focal persons in responding to the questionnaire would hold broad stakeholder consultation with other relevant sectors. It is hoped that this would ensure a more holistic and consensual reporting of country information. The group also raised concerns about the sustainability of web-based tools after funding has ceased i.e. without dedicated WHO personnel following up on updates.

Other suggestions made were to:

- Improve the quality of reporting by including in-depth interviews on VIP activities within countries.
- Identify constraints and enabling factors for VIP within countries.
- Improve the questionnaire response rate by using additional means of communication (e.g. phone calls).
- Encourage focal persons to consult widely and build consensus in responding to the questionnaire.
- Decide whether other types of injuries such as occupational injuries should remain excluded.
- Use the web-based tools to monitor progress of implementation of VIP activities within countries.
- Allow focal persons to update information on the web in conjunction with WHO/Europe and yearly reminders for updates sent by WHO/Europe.
- Identify means of measuring enforcement of laws or implementation of plans related to VIP.
- Ensure the content of questionnaire strikes a balance between in-country progress and comparability across the region.
FUTURE ACTIONS AND RECOMMENDATIONS

In order to produce the tools according to the planned schedule – September 2008 – the following activities were recommended for implementation:

- Send revised questionnaire for comments to expert group.
- Resend final revised version to focal persons for filling.
- Modify database to allow for monitoring of progress.
- Send a series of questions to focal persons to solicit help to extract essential information on national policies using the framework specified above for those policies not available in English.
- Seek information from focal persons on the existence of selected evidence based prevention programmes within countries.
- Use information derived from responses to estimate progress with implementation of VIP activities within countries.
- Modify database so that updates on country information can be uploaded by focal persons.
- Send annual reminders for updating database to focal persons.
- Send database responses to focal persons for feedback on accuracy and for authentication by the MOH.
CLOSING

At the end of the meeting, the group expressed satisfaction with the progress of work and agreed to continue to lend their support through consultation on how to improve the tools. Participants were thanked for the frank discussion and WHO’s commitment to continuous consultation in the development process was pledged.
## ANNEX 1: LIST OF WORKING PAPERS FOR EXPERT MEETING

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ANNEX 2: LIST OF ATTENDEES

**PARTICIPANTS**

**Belgium**
Dr. Christiane Hauzeur  
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Security of the Food Chain and Environment  
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Slovakia
Slovenia
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The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
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United Kingdom
Uzbekistan

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