RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
SEA/RC63/R2

INJURY PREVENTION AND SAFETY PROMOTION

The Regional Committee,

Recalling World Health Assembly resolutions WHA56.24 on implementing the recommendations of the World Report on Violence and Health, WHA57.10 on Road Safety and Health, WHA58.23 on Disability, including Prevention, Management and Rehabilitation, and WHA60.22 on Health Systems: Emergency-Care System, and its own resolution SEA/RC47/R3 on Accident Prevention and Trauma Care Management, which recommends that Member States integrate prevention of traffic injuries into public health programmes and strengthen emergency and rehabilitation services,

Recognizing that countries in the Region suffer from a tremendous burden of injuries resulting in millions of deaths and disabilities, with considerable social and economic costs to health services, victims, families and the country,

Concerned that those who use motorized two- and three-wheelers, pedestrians and cyclists are the most vulnerable to road traffic injuries, and that the other major causes of injury in the Region are intentional self-harm, drowning, burns, unintentional falls, and interpersonal and political violence,

Noting that children are the most likely to be injured as a result of drowning, road traffic accidents, unintentional falls and burns, which are preventable through health and safety promotion, legislative and other measures,
Acknowledging the concerted efforts of Member States to implement national policies and multisectoral actions to reduce injuries including disability, through safety promotion, advocacy and support for appropriate legislation, enforcement of laws and regulations and providing acute trauma care for the injured,

Having considered the report and recommendations of the Technical Discussions on “Injury Prevention and Safety Promotion” (SEA/RC63/6),

1. ENDORSES the recommendations contained in the report; and
2. URGES Member States:

   (1) to advocate for the establishment of a national mechanism or authority at the highest level, and to declare injury prevention and safety promotion a national agenda and to direct, coordinate, monitor and evaluate, and to continue dialogue with all sectors including the private sector (such as industries, corporations and insurance agencies) and civil society organizations to enhance national action plans, strategies and multisectoral programmes to establish a national healthy public policy;

   (2) to establish or strengthen the existing injury management unit within ministries of health to plan, implement and coordinate injury prevention and safety promotion programmes, with appropriate budget and staff;

   (3) to play a more active role in advocacy for active participation of the non-health sector, lawmakers and politicians in injury prevention and safety promotion to ensure that due consideration is given to public health in their policies and decision-making;

   (4) to support and foster the full involvement of communities, civil society, the private sector, nongovernmental organizations, public health institutions and the mass media when framing national policies, strategies and multisectoral programmes on injury prevention and safety promotion, including legislative measures;

   (5) to strengthen national injury surveillance and other injury-related data systems for generating evidence-based information for policies and programme development, and monitoring and evaluation of injury prevention and safety promotion programmes;

   (6) to address local priorities through policy, research and interventions emphasizing risk management and effective prevention of road traffic injuries, in particular motorcycle-
related injuries; suicides; drowning burns predominantly affecting females and children; and interpersonal violence;

(7) to integrate injury prevention and safety promotion activities into public health programmes and policies, including strengthening them as part of the primary health care package;

(8) to continue strengthening qualified pre-hospital emergency medical services, basic and professional acute trauma services in national and local hospital settings, and rehabilitation services for injured persons;

(9) to create a network of national institutions, academia and individuals who practise injury prevention, care and safety promotion, and organize regular national conferences to share experiences and advance the agenda of injury prevention and safety promotion; and

3. REQUESTS the Regional Director:

(1) to support the institutionalizing and strengthening of national capacity for injury prevention and safety promotion within ministries of health, especially the strengthening of national injury-related data system development including injury surveillance, health information systems and vital registration, as well as health research;

(2) to encourage operational research on evidence-based initiatives for injury prevention, such as considering the adoption of alternative, innovative and sustainable sources of financing for injury prevention and safety promotion similar to dedicated taxes on tobacco or alcohol products, or taxation on vehicles or from accident insurance;

(3) to coordinate the planning and implementation of plans for the Decade of Action in Road Safety (2011-2020) as requested by United Nations General Assembly resolution A/Res/64/255 in partnership with Member States and other concerned agencies;

(4) to organize a biennial meeting of international and national networks of institutions and individuals from Member States in the Region to review policies and exchange experiences in order to advance this agenda, and

(5) to report on the progress made by injury prevention and safety promotion programmes in the Region to the Sixty-seventh Session of the Regional Committee in 2014.

Fifth meeting, 10 September 2010