Situation analysis of progress and achievements towards the RC resolution on Injury Prevention and Safety Promotion, 2010 in the countries of the South-East Asia Region, 2012
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Executive summary

Background

To identify the gaps in implementing injury prevention at the national level, the Disability, and Injury Prevention and Rehabilitation (DPR) Unit under the Department of Sustainable Development and Healthy Environments (SDE) at the WHO Regional Office for South-East Asia has conducted the situation analysis of progress and achievements towards the RC resolution on Injury Prevention and Safety Promotion in the countries of South-East Asia Region which will be reported to the Sixty seventh session of the Regional Committee in twoOOnefour. The tool for self-assessment on the progress and achievements made according to the recommendations of the subject Resolution (SEA/RC6three/Rtwo) were sent from DPR unit to all WR’s. The form was filled by Ministry of Health (MoH) and WHO Country Office (WCO) focal persons for injury and violence prevention. The status of the programme activities were scored from 0 to four which are as follows:

0- no plan by the government
1- plan without budget
2- planned with budget
3- implemented and
4- sustaining.

Findings

A few countries are implementing and sustaining injury prevention and safety promotion activities in accordance with the resolution. Considerable progress has been made in establishing national mechanisms or authorities for road safety and interpersonal violence prevention; drowning and burns prevention at the highest level. However, such mechanisms are yet to be set up for suicide, which are coordinated activities by non-health sectors.

In general, activities to support and foster the full involvement of the communities, civil society, private sector, nongovernmental organizations (NGOs) and mass media are less planned for or budgeted in the Member States. Despite of being the most important national instrument to move the injury prevention programme forward, it is surprising that activities to establish/strengthen injury units in the ministries of health are planned but sufficient funds not being allocated. There are also plans to strengthen national injury surveillance systems and other injury-related data systems for generating evidence-based information for which funds have not been identified. Emergency care and rehabilitation activities are showing better progress. However, majority of the countries still have inadequate budget for plans/activities for strengthening of rehabilitation services for the injured, and for forming networks of national institutions, academia and individuals working in the field of injury prevention and care. Four out of 11 countries have injury units in the MOH to implement and coordinate injury prevention programme with other sectors.
Overall, only three out of 11 countries have a median score of four, suggesting that a satisfactory progress towards violence and injury prevention and is sustaining. However, there are at least four countries still lacking budget for planned activities.

**Recommendations**

Adequate country budget should be ensured by governments and by WHO country offices to:

- establish and maintain functional injury unit in the MoH;
- support and foster the full involvement of the communities, civil society, private sector, nongovernmental organizations (NGO’s) and mass media;
- support and strengthen injury surveillance, vital registry and other related data systems;
- integrating injury prevention and safety promotion into primary health care package including encouraging operational research;
- coordinating planning and implementation of Decade of Action on Road Safety; and
- supporting annual conferences of the networks of national institutions, academia and individuals working in the field of injury prevention.

**Full Report of SEAR countries assessment 2012**

**Background**

Injuries and violence constitute one of the priority health problems in the South-East Asia Region and require urgent action. For every injury resulting from death, several thousand more people suffer impairments, frequently with disabling consequences.

During the last couple of years, the WHO Regional Office for South-East Asia provided technical and financial support to Member States of the Region for injury prevention and safety promotion programmes. Several initiatives have been taken to address the toll of injuries and violence.

In September 2010, the Sixty-third session of the WHO Regional Committee for South-East Asia unanimously adopted its first resolution on injury prevention and safety promotion (SEA/RC63/R2). Stressing the high injury-related death rates in the Region from road traffic crashes, particularly motorcycle related injuries, suicides, burns and drowning, the resolution calls for multisectoral policies and action to improve data collection, prevention of injuries and trauma care. It also stresses the need for establishing injury prevention units in all ministries of health.
to plan and coordinate activities. All Member States from the Region fully supported the resolution and requested a progress report in 2014.

The WHO Regional office for South-East Asia has developed a self-assessment tool to assist the 11 Member States in the South-East Asia Region in identifying the gaps in the progress and achievements made towards the recommendations of the RC resolution on Injury Prevention and Safety Promotion adopted in 2010 (SEA/RC6/3/R2) and to prepare the MOH to be ready to report their achievements to the Sixty-seventh session of the Regional Committee in 2014.

**Methodology**

The self-assessment form was filled by the focal points (FP) for injury and violence prevention in the MOH (Part I) and by the focal point of the WCO (Part II) in each country. These filled self-assessment forms were acknowledged by the MOH FP and the WHO Representatives of each country to facilitate further collaboration in the required actions.

Status and its scoring of the activities in the self assessment form:

- 0 = No plan by the government
- 1 = Planned without budget
- 2 = Planned with budget
- 3 = Implemented
- 4 = Sustaining

DPR unit analysed the results of the self-assessment for the Region and share the detail assessment results and rank of each country directly to each country and to senior management of SEARO.

**Results:**

1. **Establishment of a national mechanism or authority at the highest level for prevention in the area of:**

   **Road Traffic Injury (RTI)**

   All the countries have plans/activities for national mechanism at the highest level for RTI prevention, motorcycle in particular. Among these, three countries have budget for the plans; four countries are implementing and two countries have established the national mechanism at the highest level and are sustaining (Democratic Peoples’ Republic of Korea and Thailand).

   **Suicide**

   All except four countries in the Region have plan for establishing the national mechanisms for suicide prevention at the highest level; two countries have budget
for the plans and three have established and are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

**Drowning**

All except four countries have plans for the establishment. Only one has secured budget for such plan, however three countries have established national mechanisms for drowning and are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

**Burns**

Two countries did not do the self assessment regarding the status of the establishment of the national mechanism for burns prevention.

All except three countries have plan/activities for the establishment of the national level mechanism for drowning prevention. Among them two have plans with budget and two have established the national mechanism and are sustaining (Bangladesh and Democratic Peoples’ Republic of Korea).

**Interpersonal Violence**

One country did not respond to question of the status of the establishment of the national mechanism for interpersonal violence prevention.

All except two countries have plan/activities for the establishment of the national mechanism for interpersonal violence prevention. One country could secure budget for the plan; two countries are implementing and three have established the national mechanism and sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

2. **Declaring injury prevention and safety promotion as national agenda**

All the countries of the Region have declared injury prevention and safety promotion as a national agenda. Two have already secured the budget for it and two have implemented. The other three have already implemented and are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).
3. **Directing, coordinating, monitoring and evaluating, and continue dialogue with all sectors including the private sector and civil society/organizations to enhance national action plans, strategies and multisectoral programmes and establish a national healthy public policy**

All the countries have plans/activities for working multi-sectorally at the national level; however four countries have not yet secured the budget for the plan/activities and four countries have secured budget for the activities. Other three countries have implemented and sustaining national level activities (DPR Korea, Indonesia and Thailand).

4. **Establishing or strengthening the existing injury management unit within ministries of health with budget and staff**

All countries in the Region have planned to establish or strengthen an injury prevention unit at the Ministry of Health. One country secured budget for the plan/establishment, two have implemented and another two have implemented and sustaining injury management unit within The MOH (Thailand and Democratic Peoples’ Republic of Korea).

5. **Injury management units within ministries of health implements and coordinates injury prevention and safety promotion programmes with multisectoral, coordination with budget and staff**

Ten countries have plans for injury management units within MOH to implement and coordinate injury prevention and safety promotion programmes with different relevant sectors. Among these, two have secured budget, two have implemented and one has already implemented and sustaining the function. (Democratic Peoples’ Republic of Korea).

6. **Advocacy for active participation of non-health sector**

One country did not respond to the self-assessment on advocacy for active participation of non-health sector. All the rest of the countries except two have plans for advocacy to engage the non-health sector. One of them has secured budget. Three have implemented and one already implemented and sustaining the activity (Democratic Peoples’ Republic of Korea).

7. **Support and foster multisectoral involvement**

Supporting and fostering the full involvement of the communities, civil society, private sector, nongovernmental organizations, public health institutions and mass media is indispensable in framing national policies, strategies and multisectoral
programmes on injury prevention and safety promotion, including legislative measures.

**Communities**

All except four countries have plan for supporting and fostering the full involvement of community, two countries secured budget for the plan, one country has implemented and three countries already implemented and are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

**Civil society**

All except four countries have plans for supporting and fostering the full involvement of civil society. Among countries with plan two countries have a plan without budget, one country with budget, one country is implementing and three countries are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

**Private sector**

One country did not assess the status of this. Among the rest all except three countries have plan for supporting and fostering the full involvement of private sector, one country has implemented and two countries have already implemented and are sustaining the activity (Bangladesh and Thailand).

**NGOs**

One country did not assess the status of support and foster involvement of NGOs. All except three countries have plans for supporting and fostering the full involvement, one country have a plan with budget, and two countries have already implemented and sustaining the activity (Bangladesh and Thailand).

**Public health institution**

All except one country have plans for supporting and fostering the full involvement of public health institutes. Three countries could secure budget for the plans, one country has implemented and three countries have already implemented and sustaining the activity (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

**Mass media**

All except three countries have plans/ activities for supporting and fostering the full involvement, two countries have plans with budget, three countries already implemented and are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).
8. Strengthening national injury surveillance systems and other injury-related data systems for generating evidence-based information for policies and programme development

**National injury surveillance**

All the countries have plans to establish/strengthen national injury surveillance systems for generating evidence-based information for policies and programme development. Four countries could secure funds for the plan, two have implemented and only Thailand has already implemented and sustaining the system.

**Other injury-related data systems**

All of the countries have plans to establish / strengthen other injury-related data systems, five could secure some funds for the plan, and two are at the implementation stage. None is sustaining.

9. Monitoring and evaluation of injury prevention and safety promotion programmes

One country did not assess this. All except two of the countries in the region have plans for monitoring and evaluation of injury prevention and safety promotion programmes. Out of these, two have secured budget for the plan, one of them have implemented and three countries have implemented and are sustaining the activity. (Bangladesh, Sri Lanka and Thailand)

10. Addressing local priorities through policy, research and interventions emphasizing risk management and effective prevention

One country did not do the self-assessment on addressing local priorities through policy, research and interventions emphasizing risk management and effective prevention. Rest of the countries have plans for addressing local priorities through policy, research and interventions emphasizing risk management and effective prevention. One country secured budget for the plan. Two countries have implemented and two are sustaining the activity. (Bangladesh and Thailand)

11. Integration of injury prevention into public health programs and as part of the PHC package

**Integration into public health programmes**

All the countries have plans for integrating injury prevention and safety promotion activities into public health programmes. Among them, three have secured budget
for the integration and two of the countries have implemented and two countries already are sustaining the integration (Bangladesh and Democratic Peoples’ Republic of Korea).

**Integration into PHC package**

All of the countries have plans for integrating injury prevention and safety promotion activities as part of the primary health care package, of them three have secured budget for the integration and two countries are sustaining the integration.(Bangladesh and Democratic Peoples’ Republic of Korea).

12. **Strengthening of qualified pre-hospital emergency medical services and acute trauma services in national and local hospital settings**

*Pre-hospital emergency medical services*

All countries have plans/activities for strengthening qualified pre-hospital emergency medical services. Four countries have secured budget for the plans and one country is implementing such programs and two countries have already implemented and are sustaining the activity (Bangladesh and Thailand).

*Acute trauma services in national and local hospital settings*

All countries in the Region have plans or activities for strengthening of basic and professional acute trauma services in national and local hospital settings. Among these, four have secured budgets for the programme, one has implemented and three countries are sustaining (Bangladesh, Democratic Peoples’ Republic of Korea and Thailand).

13. **Strengthening of rehabilitation services for injured persons**

One country did not respond to self assessment of strengthening of rehabilitation services for injured persons. All countries have plans or activities for strengthening of rehabilitation services for injured persons. Among them two countries have the plan with secured budget, two countries implemented and other two countries are sustaining the activity (Bangladesh and Thailand).

14. **Creating a network of national institutions, academia and individuals who practice injury prevention, care and safety promotion**

All except four countries have plans/activities for creating a network of national institutions, academia and individuals who practice injury prevention, care and safety promotion. two countries have implemented the activity and are sustaining the program (Democratic Peoples’ Republic of Korea and Thailand).
15. **Organizing regular national conferences to share experiences and advance the agenda of injury prevention and safety promotion**

All except two countries have plans/activities for organizing national conferences to share experiences and advance the agenda of injury prevention and safety promotion, of them three countries could secure the budget and one country has implemented and is sustaining the programme (Thailand).

**WHO's role in the SEA countries**

Assessment regarding WHO's role has also been done. Two WCOs did not assess WHO's role. Another two assessed few of the questions.

Most countries (7) have plans with budget to support the institutionalizing and strengthening of national capacity for injury prevention and safety promotion within ministries of health.

Most of the WCOs (5 of 7 reporting WCOs) have plans for strengthening of national injury-related data system development, Injury surveillance, Health information systems, vital registration and health research; however they don’t have secured budget.

Majority of the reporting WCO (5) have plans 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, but again, without budget.

Majority of the reporting WCOs (four out of 5 with plan) have plans without budget to coordinate the planning and implementation of plans for the Decade of Action on Road Safety (2011-2020) with Member States and other concerned agencies.

**Recommendations**

Adequate country budget should be ensured by governments and by WHO country offices to establish and maintain functional injury unit in the MoH; to support and foster the full involvement of the communities, civil society, private sector, nongovernmental organizations (NGO’s) and mass media; to support and strengthen injury surveillance, vital registry and other related data systems; integrating injury prevention and safety promotion into primary health care package including encouraging operational research; coordinating planning and implementation of Decade of Action on Road Safety; and supporting yearly conference for network of national institutions, academia and individuals working in the field of injury prevention.
Injuries and violence are among the leading causes of death in the South-East Asia Region (SEAR) like other parts of the world. The Sixty-third session of the Regional Committee adopted a resolution on violence and injury considering its burden in the region. The Disability & Injury Prevention and Rehabilitation (DPR) Unit of the WHO Regional Office for South-East Asia has conducted a situation analysis on progress and achievements in the countries of the Region towards resolution on Injury Prevention and Safety Promotion with a view to report to the Sixty-seventh session of the RC in 2014 and tools developed in accordance with the recommendations of the Resolution (SEA/RC63/R2). Most of the countries in the Region have a national mechanism or authority at the highest level for prevention mainly for road traffic injuries and violence. However, sustaining this mechanism is a critical issue due to either inadequate or lack of funding. Plans or activities to support and foster a multisectoral approach including mass media are sparse in the countries of the Region. Violence and injury prevention should be integral part of existing health programmes especially primary health care with active participation of stakeholders for its sustainability. Adequate allocation of budget, both for WHO or governments budget needs to be ensured for proper implementation and sustainability of injury prevention and safety promotion programmes in the Member States.