

and scaling up efforts to expand coverage of those services to the children,” according to Hussain.

Local initiatives can also have a powerful effect, such as a recent campaign in Jordan, in which the Jordan River Foundation drew considerable public attention to the issue of child maltreatment by using a television programme to publicize positive parenting practices. Last year a new law was passed in Jordan recommending therapy for the victims and perpetrators of child abuse.

“An impact assessment showed that these measures have had a very

positive effect and we notice the difference,” Naghour said. “Now families are coming to us and asking for help.” These developments, she said, had led to the establishment of an outreach service that sends child protection experts into the community to provide therapeutic support to children and their families. Child safety experts stress that impact evaluation of child maltreatment prevention and protection interventions and the work of child protection centres is essential, to ensure that programmes are effective and based on evidence.

Poverty can also contribute to child abuse and neglect. “Poverty has so many dynamics making a child more vulnerable to abuse and neglect,” Hussain said. The frustration of an unemployed father may lead to an angry outburst and beating, while in other instances children forced to work are vulnerable to other forms of abuse and injuries. While violence against children may not be decreasing, Hussain said that “more social awareness of the issue has brought cases to light because of reporting mechanisms now in place,” and, in turn, this may help prevention efforts. ■

Education and legislation are key to preventing child injuries



Courtesy of Wim Rogmans

Wim Rogmans

Wim Rogmans leads the European Association for Injury Prevention and Safety Promotion (EuroSafe) and is based in Amsterdam, the Netherlands. Until 2009, Rogmans was director of the Consumer Safety Institute, in the Netherlands, for 25 years. He has degrees in psychology (1978), social sciences (1984) and business administration (1995). He has organized numerous international conferences and is honorary editor of the *International Journal of Injury Control and Safety Promotion*.

Almost one million children around the world die each year due to unintentional injuries. Many of these injuries are preventable, says Wim Rogmans.

Q: What are the main causes of child injuries?

A: The main causes globally are road traffic, falls and drowning. In particular, road traffic injuries are a growing problem in emerging economies. In all countries, injuries caused by falls from windows or down stairs are an important issue, particularly among very young children, and are often due to poor housing conditions.

Q: How does the situation in Europe compare to that in the rest of the world?

A: In general, the situation in Europe is not as bad as it is in other places. But nevertheless there is a huge divide within Europe and therefore injury is still a challenge that needs addressing, particularly in the eastern and central parts of Europe, followed by the south.

The main picture is almost the same in both high- and low-income countries, but the circumstances under which these incidents occur differ. For instance, fires occur in high- and middle-income countries due to people smoking in bed or frying potatoes, while in developing countries they often start during regular cooking procedures with widespread use of open fires.

Q: And what about drowning?

A: Drowning is prevalent in almost all countries, but under different circumstances. In southern Europe, due to the climate, there are lots of private swimming pools where many drownings occur. In the northern part of Europe, stretches of water are often integrated features of residential areas so children usually drown by

falling into ponds or open water near their homes while playing and going between home and school. It's an issue that has been addressed in many countries by making swimming lessons obligatory in schools. That helps, but it's not a foolproof solution. You also need supervision, proper fencing of open water in neighbourhoods and, in case of an accident, proper response by ensuring that bystanders have training in resuscitation and first aid. We have to be careful that we don't just introduce measures in one setting because they have proven to be effective in another. We need to understand the context in which these accidents occur. For example, legislation for swimming-pool fencing is not as relevant in the Scandinavian region, where there are almost no private swimming pools, as it is in the southern area of Europe. In the northern part of Europe it's more important to ensure the urban planning process takes into account all the risks for young people.

Q: Is poisoning also an important issue?

A: Accidental poisoning is an issue that has been successfully addressed over the past decades, particularly in north America and western Europe, through strict legislation for child-resistant packaging of medical and household products. This needs to be introduced and enforced in all communities and countries.

Q: Where do most child injuries occur?

A: It depends on the age of the child and where they spend their time. Up until the age of four, most of their time is spent at home or nearby. Children older than four years spend most of the day in school and so more injuries occur there. It is difficult to say that one place is safer than the other. Each environment has its own risks. One practice that we have found to be fairly successful is making school principals aware of their responsibility and providing them with simple school safety management standards and systems. For instance, all injuries and accidents, even minor incidents, should be reported to avoid similar incidents that might have more severe consequences and to take immediate remedial measures. Principals also need to develop a plan each year for improving the safety of their school's environment and the results of this should be reported to the parents. The pupils should also be made aware of the main issues of safety promotion in the school.

Q: Is there a socioeconomic link to accidental child injuries?

A: Children of low-income families have a higher risk of drowning, of serious falls, from roof tops for instance, burns and poisoning by pesticides. This is due to poorer living conditions. However, the picture is a bit more complicated because we see in high-income families that there is a higher risk of sports-related injuries because their children are more likely to play sport.

Q: How do you raise awareness of all these issues?

A: It's important that those involved in child-raising are well informed. Professionals play an important role, particularly those working in child health and maternity centres. Paediatricians, family doctors and nurses have the potential to guide and support parents in child-raising practices that include safety promotion. It is important that all families having their first child, even before the birth, receive counselling on important safety aspects, such as making sure that their nursery

equipment is of adequate quality. They need guidance with respect to the first phases of child development including stages of physical activity and the related risks such as exposure to poisonous products in the home. And this guidance should be provided during the actual stages of the child's development so that it's not a one-off message to parents to "please be careful", the message is that "your child has now reached that age where you can expect that he or she will gradually explore your home. Ensure, for example, that you store products safely." Another important group of actors are the government agencies responsible for developing and designing communities, housing and products. They have the responsibility of legislating to ensure that all products and living environments are provided in a safe manner to the best standards available. There's a huge body of knowledge about the standards we should set for child and nursery equipment, household appliances and safe homes. Of course, having legislation is not sufficient, it must also be enforced properly. ■

Recent news from WHO

- WHO celebrated **World Health Day** on 7 April by focusing attention on the many lives that can be saved during earthquakes, floods, conflicts and other emergencies through better design and construction of health facilities and by preparing and training health staff. WHO recommends that governments, public health authorities and hospital managers train health workers for emergencies; ensure adequate staff and supplies for emergencies; design and build safer hospitals; and retrofit existing health facilities.
- WHO Director-General Dr Margaret Chan appointed international film star Jet Li as **WHO Goodwill Ambassador** on 3 April. His first official task was to launch World Health Day in Beijing, China, and spread the World Health Day message of making health facilities safe during emergencies.
- WHO reaffirmed its commitment on 2 April, **World Autism Awareness Day**, to provide technical assistance to Member States to deliver integrated health services to people with autism and other mental and developmental disorders of childhood.
- Health ministers from countries with the greatest burdens of **drug-resistant tuberculosis** agreed, on 2 April, to a series of actions to accelerate efforts to halt and reverse the global epidemic of the disease. Dr Chan and the Co-Chair of the Bill & Melinda Gates Foundation, Bill Gates, were joined by the Vice Premier of the People's Republic of China, Li Keqiang, and ministers and representatives of 27 countries with a high burden of tuberculosis, at a three-day meeting organized by WHO.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>

SAGE: request for nominations

The Strategic Advisory Group of Experts (SAGE) is the principal advisory group to WHO for vaccines and immunization. WHO is soliciting proposals for nominations for current and future vacancies on SAGE.

Nominations for members from all regions have to be submitted by 30 May 2009. Nominations are particularly solicited from the African, South-East Asian and European regions.

Instructions for nominations are available at: http://www.who.int/immunization/sage_nominations/en/index.html