World Health Organization

WHO's Plan of Action

I B Pless

WHO addresses child and adolescent injury prevention

Since Etienne Krug assumed the directorship of the World Health Organization's (WHO) Injury and Violence Prevention Department, the tempo of impressive accomplishments by him and his colleagues has rapidly increased. The latest product of this reinvigoration is a report on child and adolescent injury prevention, subtitled a WHO Plan of Action.¹ As Krug wrote on the insert, the document results from an extensive consultation process and "is intended to direct WHO action in addressing this major health issue". The International Society for Child and Adolescent Injury Prevention (ISCAIP), led by Ian Scott, played a key role in that process. Part I addresses how children are injured. For many readers of *Injury*

Prevention, especially those involved with this age group, there is little here that is not well known. The discussion of the challenges, however, is refreshing because it includes lack of (governmental) awareness, lack of political commitment, and deficient data—phrases not often seen in WHO documents. Thus, I believe the report is also intended to show what governments at all levels can realistically accomplish.

Readers need to appreciate that working on behalf of WHO is difficult because political sensitivities and constraints inevitably lurk in the background. Overstepping the mark by antagonizing any member country is unacceptable. In light of these constraints, the Plan is unusually direct. It

specifies WHO's role using such verbs as "raising awareness", "advocating", "promoting", "facilitating", and "fostering collaboration". These are expanded in Part II, the 10 year plan of action. Each part is spelled out and includes a bulleted set of actions, and most impressively, a list of "expected outcomes". Of special interest is the section on Capacity Development that promotes the TEACH-VIP curriculum for public health students, especially those in low and middle income countries. This initiative is long overdue. Similarly, the concluding section, Advocacy, is direct and sets the bar appropriately high. I encourage readers who wish to prod, direct, or assist their governments to do more to prevent injuries to pass along copies to influential staff and ministers.

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REFERENCE

- 1 World Health Organization. *Child and adolescent injury prevention: a WHO Plan of Action*. Geneva, Switzerland: WHO Press, 2006.

International

THE 8TH WORLD CONFERENCE

Developments in Durban

I was very sorry to have to miss the World Conference in Durban; my absence was due to a family health problem. I realise that for many of those who did attend, the trip was a long and costly one. Their dedication and sacrifice deserves recognition.

From what I have learned from the emails I have received, the conference was judged to be quite successful, especially with respect to involving those from Africa and the Middle East to a much greater extent than has been possible in the past. It also appears that some key policy makers from these countries were present which, in contrast with previous conferences, is another major positive.

The emails I received, however, included many critical comments about the organization of the meeting, the registration fee, the distance between

locales (two hours' flying time to a satellite meeting?!), late changes to the program, and the scientific quality of some papers. With regard to the latter, some on the Scientific Committee (including myself) who thought they would be reviewing abstracts did not receive any. From the perspective of presenters there was evidently confusion about whether they were to deliver an oral or poster paper and then, for some, discovering that neither was listed in the program! It appears there was also a lack of consistency in grouping topics within sessions and many last minute changes. For many attendees, problems such as these were more than trivial irritants. Charitably, these issues could be viewed as inevitable parts of the growth and development of the conference, but after eight tries we should be beyond this part of the growth curve. Let's hope that the

planners for the next conference in Mexico rise to the occasion and overcome these problems. These conferences have an intrinsic benefit as a focus for networking and for building important collaborations. As such, Durban was no exception.

One correspondent thought the meeting was "way too political ... this should remain a scientific meeting". He added, "Unfortunately, there were many political sentiments expressed in the Q and A and even in some invited plenary talks. I fear that the meeting polarized some rather than engaging in constructive discussion." Personally, I have no problem with there being a political element in these conferences, provided the ends are consistent with the conference's goals. In view of this it is astonishing and deplorable that there was no special session on Darfur.

I was also perplexed by the reports of the manner in which the new International Society for Violence and Injury Prevention (ISVIP) was launched. It seems it got off to a rocky start, in part because it was "badly handled and rushed". Groups of this kind will find it difficult to flourish when born under a cloud. The world family of injury and violence prevention practitioners and researchers is a

relatively small one and keeping peace in a small family is often more difficult than doing so in a large one.

Lest I appear too critical I have asked Etienne Krug to pen a footnote to these comments presenting the upside. I certainly share his view that the field needs an active, strong society that can organize these conferences, lobby, raise funds, and so on. The website (<http://www.isvip.org>) is impressive, especially the by-laws but less so the information about

membership. I am also pleased that two members of our Editorial Board (Lois Fingerhut and John Langley) were elected to the Board of Directors, although some characterized the election process as undemocratic and other elements of the meeting as "condescending". On any account Leif Svanstrom and Maria Isabel Gutierrez, the newly elected co-chairs of the ISVIP, have their work cut out.

Much needs to be done to ensure this baby survives the circumstances of its

difficult birth. Operational transparency will be crucial, especially with respect to governance, finances, and policy making. This Journal intends to be a well disposed friend to the ISVIP and will as such, from time to time, offer constructive criticism.

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International

The International Society for Violence and Injury Prevention

E Krug

The Director of WHO's Injury and Violence Prevention Department discusses the launch of a welcome initiative

The field needs a not-for-profit international non-governmental organization (NGO) that brings together scientific and civil society constituencies for the prevention of intentional as well as unintentional injury affecting all age groups. The International Society for Violence and Injury Prevention (ISVIP) was created in 2006 and should become the visible international champion in promoting the cause of injury prevention and safety promotion.

Over the years the need for an international body representing the field of injury experts and practitioners has emerged for two reasons in particular:

1. There is no active global NGO that speaks and lobbies for injury prevention globally. In other fields—such as HIV, cancer, or diabetes—there are global NGOs that lobby alongside WHO, that can speak at the World Health Assembly, conduct advocacy towards governments, and mobilize funds for the field.

2. The success of the World Conferences on Injury Prevention and Safety Promotion has generated the demand for a new dynamic to ensure that these conferences are based on the needs and views of the broader injury prevention community. Recognizing these needs, the International Organizing Committee (IOC)—which is currently composed of past organizers of the World Conferences—proposed the establishment of the ISVIP. This NGO would be comprised of experts from different parts of the field and different regions who would collaborate on the scientific content of the conferences

A model for the ISVIP is the International AIDS Society (IAS). This society was created just a few years ago. It now has a staff of 20, conducts its own fundraising and activities, is a powerful voice in that field, and prepares the World Conferences on HIV

and AIDS. While it is unlikely that the size of the ISVIP will match the one of the IAS any time soon, the needs and possible responses are quite similar.

The decision to create the ISVIP was taken in Vienna. A wide invitation was issued—at the closing ceremony, on the WHO website, etc—for people to volunteer to become a member of an interim steering committee. A handful of committed people did so. They drafted the by-laws, a business plan, a fundraising strategy, and dealt with the legal hassles of creating an NGO. Having followed their deliberations on a number of occasions, I admire their commitment and dedication. We have to be grateful for their efforts to get this work done, in addition to their normal duties.

The election procedure took place in Durban. It was certainly not perfect and created concern about transparency. This is a pity because months of hard work behind the scenes, were overshadowed by a one hour meeting. The process should be analyzed and lessons should be learnt to improve. However, these shortcomings should not distract us from the main objective: we need a strong Society and the ISVIP now exists. It has a Board of 15 members from all regions with complementary backgrounds. Let us work with them to continue strengthening the field of injury and violence prevention.

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