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