Emergency preparedness 4

WHO aims to help strengthen the national capacities and capabilities of vulnerable States to cope with emergencies and disasters of all kinds Emergency preparedness is an essential part of the work of WHO and, in 1996, focused on the following areas, with a view to strengthening the health sector response: country preparedness, technical guidelines, advocacy and training.

Emergency preparedness and readiness

Emergency preparedness means a programme of development activities whose goals are to strengthen the overall capacity and capability of a country to manage efficiently all types of emergency, and bring about an orderly transition from relief, through rehabilitation, to sustained development.

Readiness for emergency response means a state which limits effective preparedness to efficient relief, resulting from preparation, capacity for prompt action and an attitude of willingness.

Country preparedness

WHO's efforts to provide technical guidance and training for emergency preparedness and response are aimed at a wide range of countries. In addition to country programmes managed by the relevant regional offices, EHA continued to support field projects on vulnerability reduction and emergency preparedness in specific countries. The main aim of such activities was to strengthen national capacity in preparedness for and response to all types of emergencies. Emphasis was placed, in particular, on increasing awareness of vulnerability reduction as a key concept in emergency preparedness

African Region

Throughout the year, the *PanAfrican Emergency Training Centre* (replaced in 1997 by the Emergency Health Training Project for Africa) raised the awareness of WHO country offices on various aspects of preparedness and highlighted WHO's role in emergency management. These activities are in line with the Centre's mandate to undertake:

- information clearing to highlight Africa's priorities in WHO strategies for emergency and humanitarian action;

- study, documentation and technical services to ensure appropriate tools and methods for capacity building, and to strengthen WHO's role in emergencies.

The Centre also provided direct assistance to five countries in strengthening or starting their national preparedness planning process.

At subregional level, the Centre collaborated in a conference on public health, prepared a project for inter-country epidemic preparedness, promoted electronic networking for health early warning, and assisted in planning a programme for emergency preparedness. The Centre prepared a briefing kit on the Great Lakes crisis, which was circulated to WHO offices, and to United Nations agencies and donors in Addis Ababa. After this, in liaison with the United Nations Department of Humanitarian Affairs (Nairobi), the Centre was able to relay a daily update on the crises to WHO headquarters and the Regional Office for Africa. The Centre reviewed France's *Organisation des Secours* (ORSEC) plan and prepared training modules for French-speaking countries.

The wide range of information and documentation made available by the Centre included: a daily review of information from official reports, the media and on-line networks; a roster of national experts trained in emergency management; and fact sheets on the preparedness status of countries.

The Centre publishes a quarterly *Bulletin* (in English and French), with articles and maps on epidemics and major emergencies, as well as announcements of training opportunities and other events. The Centre's library contains some 6,000 books, videotapes, articles, magazines and other materials. The library was reorganized in 1996 and the inventory is being computerized with a view to providing on-line services.

Region of the Americas

The AMRO/PAHO emergency programme supported disaster coordination in the national health sector. In 1996, this support was channelled primarily through the AMRO/PAHO disaster focal points in WHO Representative offices. Support was provided at the technical, organizational, administrative and, occasionally, political levels to strengthen the capacity of these managers. All countries of the Region were visited frequently by emergency programme staff. Access to electronic sources of information was provided, primarily through the Regional Disaster Documentation Center, the major source of multisector, Spanish-language disaster information in the Americas.

Regional Disaster Documentation Center

The Regional Disaster Documentation Center in Costa Rica, managed in conjunction with the secretariat of the International Decade for Natural Disaster Reduction (IDNDR) through its regional office for Latin America and the Caribbean, continued to disseminate disaster

management information within and outside the Region. Information was collected, indexed and distributed, and special bibliographies were published on selected topics. The Center provided support to national documentation centres in several countries in the form of audiovisual and print materials, as well as technical cooperation to promote the use of similar methodologies. A network of national information centres is being established to serve national information needs more readily and to alleviate some of the financial burden on the Regional Center.

Support to the development of human resources continued throughout the year, with financial, logistic or material support being given to training activities at the national and subregional level. The development of print and audiovisual materials to support these initiatives, along with general disaster preparedness and mitigation objectives, also continued. The circulation of the newsletter was 27,000 worldwide, and several new technical documents were published (see Annex 1).

International conference on disaster mitigation in health facilities

An international conference on disaster mitigation in health facilities took place in February in Mexico City. Technical documents were presented on vulnerability analyses, the economic impact and cost effectiveness of disaster mitigation measures, and the role of international agencies. Recommendations were made for actions and policies. Case studies and country reports were also prepared on experiences gained and costs incurred from implementing disaster mitigation measures in hospitals throughout the Region, and on damage to hospitals from recent hurricanes and earthquakes. This documentation was widely circulated and is available electronically on PAHO's World Wide Web site.

At the conference, PAHO and the Mexican Secretariat of Health signed an agreement to certify as "safe" those hospitals which voluntarily meet international standards to reduce their vulnerability to disasters. The conference called for a five-year plan to initiate or strengthen the disaster mitigation process in each country, so that by the year 2001 all priority hospitals should be able to withstand moderate to high intensity events without suffering functional damage and without danger of collapse. In order to follow up the recommendations of the conference, and in particular this initiative, countries will be visited, reminders will be sent by the Director of PAHO to Ministries of Health concerning their country's commitments, and there will be closer collaboration with financial institutions.

Relief supply management system

SUMA is a computerized relief supply management system developed by AMRO/PAHO and supported principally by the Government of the Netherlands. In the majority of countries in the Americas, there are personnel trained to use the SUMA methodology following a disaster, including almost 1,700 people in Latin America and the Caribbean.

In 1996, the SUMA software was expanded and redesigned to include modules to manage warehouse stock and contribution pledges, and SUMA version 5.0 is ready for use. These modifications have taken into consideration the opinions and contributions of various institutions and countries to ensure that they address real needs. In general, governments and institutions throughout the Region have been enthusiastic about SUMA, and the project's most important impact has been to generate a discussion in each country on the importance of establishing national policies to manage post-disaster relief supplies. Resources for a second phase were mobilized during 1996.

From an operational point of view, the SUMA methodology has been effectively used in recent disasters in the Region, particularly in Peru and Honduras. Following a visit by AMRO/PAHO staff to Bosnia in December 1995 to evaluate the appropriateness of the methodology in crisis situations, it was concluded that the next steps should be to:

- install SUMA methodology in the Logistic Distribution Center to compile information on nongovernmental organizations and donors delivering supplies directly to "final consumers", and to train local government personnel, as well as the staff of nongovernmental organizations and donors;
- define a basic list of drugs, in conjunction with Pharmacists Without Borders, local health authorities and WHO field staff in Mostar;
- organize or reinforce links between nongovernmental organizations, donors and the distribution logistics centres in each area.

South-East Asia Region

The activities of the Regional Office for South-East Asia (SEARO) focused on strengthening the national capacities of the countries of the Region and improving coordination mechanisms between countries and the Regional Office, as well as establishing a core group of professional staff to provide appropriate and timely assistance to countries of the Region.

WHO country offices actively participated in United Nations disaster management teams which functioned in the countries concerned to provide coordinated support by United Nations agencies and international nongovernmental organizations. Health sector focal points were designated in six countries of the Region, and WHO provided support to selected universities to enable them to offer diploma courses in emergency and humanitarian action. Besides financial support, WHO provided technical assistance in developing country-specific curricula. The major areas of activity in 1996 are mentioned below.

In *Bangladesh*, efforts were made to support the institutionalization of emergency and disaster management within the health sector, in particular by establishing a centre for health emergency preparedness and response. This centre will soon be fully functional. The Bangladesh

health sector focal point, with the help of a national institute, conducted research in emergency and disaster management, based on the response to the tornado which affected the northern part of the country in 1996, with a particular focus on the management of medical supplies

With a view to fostering mutual cooperation among countries of the South-East Asia Region, the first South-East Asia conference on emergency and humanitarian action, organized by WHO and hosted by the Government of Bangladesh, was held in December 1996 in Dhaka, with the following objectives:

- to establish a forum where information, lessons learnt and experience gained could be exchanged;
- to identify a technical theme for discussion at the next conference that would set the direction for mutual cooperation;
- to identify areas of research in relation to emergency and disaster management in order to find solutions within a national context;
- to identify appropriate roles for WHO in supporting national programmes and addressing common problems related to emergency and disaster management

Nongovernmental organizations involved in emergency and humanitarian action have formed the Global Forum for Natural Disaster Reduction (GFNDR) to promote advocacy and encourage better coordination and information exchange among nongovernmental organizations and United Nations agencies involved in emergency and disaster management. In October 1996, SEARO participated in the governing body and global meeting of GFNDR, held in Nepal.

Emergency preparedness activities are under way in six institutes in *India*, with WHO technical and financial support. The aim is to bring

THE WHO collaborating centre for disaster preparedness, located in the Department of Preventive and Social Medicine, All India Institute of Hygiene and Public Health, Calcutta, undertook several activities focusing on west Bengal, in view of the vulnerability of that region to various types of natural disasters. Such activities included:

- a workshop for nongovernmental organizations to review experience and draw up a plan for functional networking to coordinate disaster management activities;
- a meeting for district administrators and others to further the decentralization of community education, training and research activities for disaster preparedness;
- a consultation bringing together elected leaders aiming to enhance the integration of local and district disaster management activities with national health, welfare and development programmes;
- a seminar for elected leaders on disaster management, covering water and sanitation, food and nutrition, and the need to minimize post-disaster environmental hazards.

Recognizing the need for integrated multidisciplinary involvement in disaster management, disaster preparedness has been incorporated into most courses offered by the Institute.

about an improvement in the practice of emergency and disaster management through the existing health care delivery system.

In *Myanmar*, WHO provided training courses, equipment and medical supplies in an effort to enhance the capacity of the Government and nongovernmental organizations to respond to emergencies.

Technical guidelines

Work on the global harmonization of first aid techniques, in partnership with the International Federation of Red Cross and Red Crescent Societies, continued during 1996 and a global consultation was held in Lyon, France, in April 1996, marking the culmination of the three-year project. First aid covers actions which are community-based and highly cost-effective methods of preventing disability and death among the victims of disasters and emergencies. Following the consultation, EHA is preparing a document entitled *Global harmonization of basic first aid techniques*, to be published jointly by WHO and the International Federation in 1997.

The project on the standardization of health relief items continued for a second year and the second volume of *Emergency relief items Compendium of basic specifications* was published in September 1996, covering medical supplies and equipment, selected essential drugs and guidelines for drug donations. This publication is the result of partnerships with the UNDP Inter-Agency Procurement Services Office, UNHCR, UNICEF, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies, Médecins sans Frontières, Churches' Action for Health of the World Council of Churches, and OXFAM. It provides guidance that will be useful to donor governments, the governments and institutions in recipient countries, and procurement officials in the United Nations system as well as in nongovernmental organizations and donor development agencies.

Core principles for drug donation

- Maximum benefit to the recipient;
- Respect for wishes and authority of the recipient;
- No double standards in quality;
- Effective communication between donor and recipient.

Source. Emergency relief items: Compendium of basic specifications *(UNDP/WHO, New York; 1996, Vol.2, p. 192.*

Work continued on practical guidelines on the supply of controlled narcotic substances in emergency situations.

A manual on emergency preparedness at community level was completed for publication in 1997. The manual is designed to assist communities in constructing effective emergency preparedness measures, and

covers all aspects of designing and implementing preparedness measures It includes an introduction to the concept of emergency preparedness and covers the emergency preparedness process, including vulnerability assessment, emergency planning, training and education, and monitoring and evaluation. The manual, to be issued by WHO/EHA under the title *Community emergency preparedness manual*, was produced in collaboration with the International Federation of Red Cross and Red Crescent Societies, Disaster Management Consultants International – Tasmanian State Emergency Service, the Centers for Disease Control and Prevention (Atlanta), the United Kingdom Fire Service College, and the relevant WHO technical divisions

Communities prepared to face emergencies

- Globally, the number of disasters and community vulnerability are increasing.
- Inappropriate humanitarian assistance can lead to decreased development assistance, increased community vulnerability, and further social crisis.
- Reducing community vulnerability can reduce the risk of emergencies and disasters by decreasing susceptibility (emergency prevention and mitigation) and increasing resilience (emergency preparedness)
- Emergency preparedness should be developed to suit the context of the community
- The aims of civil protection, humanitarian action and emergency management are similar, and they require similar preparation, in which the health sector must always play a key role

Source. Community emergency preparedness manual *(WHO/EHA, Geneva) forthcoming.*

Information is essential to ensure that relief and rehabilitation resources are used effectively. Unfortunately, the flow of information often breaks down during emergencies and disasters, just when it is most needed. Rapid health assessment protocols to address that need were completed in 1996, following five years of field-testing. The protocols were initially drafted by WHO in conjunction with its collaborating centres on emergency preparedness and response. After being widely distributed to WHO Member States, regional offices and other partners such as major nongovernmental organizations, the draft protocols were reviewed by a number of interested organizations, including Médecins sans Frontières, the Centers for Disease Control and Prevention (Atlanta), and the International Federation of Red Cross and Red Crescent Societies. Dealing with a broad range of emergencies, they outline ways of assessing the immediate and potential health impact, and of planning appropriate responses.

A manual on the management of nutrition in major emergencies was also completed in 1996, updating an earlier publication on the same subject Produced in partnership with UNHCR and the International Federation of Red Cross and Red Crescent Societies, the manual is aimed at all practitioners involved in the provision of nutritional services after emergencies. Sections in the document cover the management of major nutritional deficiency diseases in emergencies, the assessment and surveillance of nutritional status, and administration, coordination and logistics in the management of nutrition in major emergencies.

Work continued on a practical guide to environmental health in emergencies and disasters, which is nearing completion. The main partners in the project are UNHCR and the International Committee of the Red Cross. The guide deals with aspects of environmental health, such as response to emergencies through environmental health services (for example, water supply and sanitation), the planning of environmental health maintenance with emergencies in mind, and increasing the ability of communities to withstand emergencies and recover quickly.

Advocacy

Advocacy, coordination and partnership building were enhanced through the sponsorship and support of several conferences and workshops designed to increase awareness of and share skills and experience in emergency preparedness and vulnerability reduction. In particular, EHA provided technical support for the Conference of the International Medical Parliamentarians Organization, held in Osaka in March 1996, and for the World Conference of Disaster Medicine, held in Indonesia in October 1996.

Other conferences in which EHA actively promoted emergency preparedness include the first Pan-Arab Congress on Emergency and Disaster Medicine (Tunis, November 1996), the sixth International Society of Disaster Medicine Conference (Budapest, November 1996), the International Workshop on Natural Disaster Reduction in the Mediterranean Region (Rome, September 1996), the conference on *"Communications et Risques: Images et Media"* (Paris, October 1996), and the first Regional Conference on Emergency and Humanitarian Action in South-East Asian countries (Dhaka, Bangladesh, December 1996).

Training

As a part of human resources development, training forms the foundation of all emergency and humanitarian action. WHO's main training activities in the area of emergency and humanitarian action are described below.

The **second international diploma course in health emergency preparedness and crisis management** was held in June 1996 in partnership with the University of Geneva. This course provided 25 health professionals with intensive training in various aspects of emergencies and emergency preparedness, focusing particularly on the health aspects. The impact of the course is already apparent in international meetings, where a vocal core group of like-minded and motivated health professionals are able to ensure that results are relevant and action-oriented. In future, the course will be decentralized to training institutions outside Geneva, and the 1997 course will be held at the University of Linköping in Sweden.

International diploma course in health emergency preparedness and crisis management

The international diploma course in health emergency preparedness and crisis management is designed to cover a wide range of technical issues related to vulnerability reduction and major emergency preparedness, including contingency planning. It also covers crisis management techniques, disaster response and recovery approaches, and procedures in the aftermath of major emergencies

The study programme includes the following subjects:

- epidemiology and disasters;
- emergency planning process,
- search and rescue management,
- disaster medicine;
- principles of logistics management,
- standardization of relief items;
- public health aspects of emergencies;
- international support to emergency preparedness and disaster reduction, and assistance to major emergencies;
- resource mobilization

As part of its efforts to build national capacity, WHO encouraged institutions around the world to set up academic or training courses in emergency management and preparedness. In 1996, WHO endorsed a new course at Coventry University in the United Kingdom on development and health in disaster management.

THE WHO collaborating centre located at the Centers for Disease Control and Prevention (CDC), Atlanta, undertook a wide range of educational and training activities. In particular, CDC contributed to the international diploma course in health emergency preparedness and crisis management, as well as to a workshop on the role of the military in disaster relief, held in Canada and sponsored by PAHO.

THE WHO collaborating centre for disaster medicine, Centro Europeo per la Medicina della Catastrofi (CEMEC), State Hospital, San Marino, held training courses on: training in non-epidemic emergencies; the organization of sanitary emergency and early health measures in pre-hospital and major emergency situations; psychological aspects in major emergencies; toxicological emergencies; burns and fire disasters. CEMEC also held international symposia on nuclear energy – the Chernobyl accident; and on management of refugee health and mass population displacement disasters; and carried out research relating to the computerized management of hazardous materials incidents, and to risk management employment profiles.

During 1996, following a joint mission by WHO/EHA and the United Kingdom Overseas Development Administration (ODA), the initial steps were taken to establish a comprehensive programme for emergency health training for Africa. The United Kingdom provides funding for the programme, which will strengthen the important activities carried

out to date by the PanAfrican Emergency Training Centre in Addis Ababa, develop and improve training programmes for national health personnel, and provide technical advice and support to affected countries in Africa.

National capacity building to manage health emergencies

The mission of the WHO Division of Emergency and Humanitarian Action and United Kingdom Overseas Development Administration to seven African countries in 1996 stressed the following factors as being of particular importance in building the capacity of countries to manage complex health emergencies

- national health personnel play a vital role;
- some public services keep on functioning;
- national nongovernmental organizations often keep health services going;
- international humanitarian aid organizations increasingly recruit national technical staff;
- community health workers, if trained, can help to provide essential health services, are always present in the affected communities and tend to stay there even during the worst emergencies
- nurses and midwives form the backbone of human resources for health and often live within the crisis-stricken community;
- doctors need skills in managing and organizing care in order to cope effectively with the health aspects of emergencies;
- national health authorities need to be skilled in evaluating the risks and planning the response

The mission concluded that

- training and preparation of health personnel are universally recognized as being essential;
- training and preparation of national health personnel make a major contribution to strengthening a country's ability to manage health emergencies;
- there is still no concerted well-planned systematic and widespread training effort that covers all the categories of health personnel likely to be concerned in an emergency situation.

Adapted from "Training for emergencies", World Health, No 6, November-December 1996, p 29

In line with its mandate to provide training to promote awareness and build capacities for health emergency management in Africa, the Centre carried out a wide range of training and informational activities in Africa in 1996, including the training of about 200 health workers on the principles of health emergency management.

At country level, the Centre carried out missions to provide assistance to national workshops, collaborated with Addis Ababa University in training 70 medical students in health emergency management, and assisted in the review of the UNHCR country programme. Other activities included training within the Centre and the provision of training materials to WHO Representatives.

The Centre also offers a resident training programme, over a period of six weeks, which is free of charge. Trainees develop a project in health emergency management, and a certificate of attendance is awarded on completion of the course. Training strategies and modules were prepared in English, French and Portuguese.

The teaching of disaster management in universities and schools in the Region of the Americas has been extended. A survey on the status of

formal disaster management teaching in universities is being carried out by the University of Antioquia National Faculty of Public Health, a WHO collaborating centre in Medellin, Colombia. A questionnaire has been drawn up and a small grant provided to the University. The Social Work Department of the University offers a masters degree in contemporary social problems with special emphasis on emergencies and disasters.

In the light of the conflict situations in the Eastern Mediterranean Region, as well as natural disasters including floods and an earthquake, there is increasing awareness of the importance of training in the field of emergency preparedness and humanitarian action. The schedule of 20 training sessions planned for the 1996-1997 biennium is being implemented smoothly. The 13 nationals from countries of the Region who had followed the international diploma course on emergency preparedness and crisis management were active in developing and implementing emergency and humanitarian activities in their countries. Teaching/learning materials on 20 emergency-related topics were adapted for use specifically in countries of the Region. Other publications on different aspects of emergency preparedness and humanitarian action were disseminated throughout the Region, and a technical paper on the role of WHO in emergencies and disasters was presented during the forty-third Regional Committee Meeting, held in Lahore, Pakistan, in October 1996.

Several training activities took place in the Western Pacific Region. In the *Philippines*, WHO provided technical support to the multisectoral workshop on disaster preparedness planning, held in October 1996, organized by the Department of Health. The workshop identified problems in disaster management and recommended possible solutions. A draft glossary of emergency-related terminology was prepared. In *Samoa*, with WHO support, the Department of Health finalized the national health emergency and disaster management plan in June 1996. Work was initiated on the development of action plans and procedural guidelines, including the policy for coordination of disaster preparedness activities with other government agencies and nongovernmental organizations. A study tour on the implementation of disaster plans, including information and communication systems, was arranged to the Philippines and Viet Nam. In *Viet Nam*, workshops on health support in disasters were conducted in Tuyen Quang, Da Nang, An Giang and Binh Dinh provinces by the Ministry of Health, with WHO support. The workshops were intended for health workers and covered the planning process for emergency preparedness, and the improvement of communication to the communes. They provided information on first aid treatment during disasters, epidemic control and environmental sanitation, and prepared action plans for the provision and management of health support in emergencies. In *Japan*, WHO provided technical assistance and experts for a training course on disaster management for nongovernmental organizations in February 1996.

5 Safety promotion and injury control

Violence causes a huge burden of ill-health, and the incidence of intentional injuries and related violence is now pandemic in many countries, even reaching epidemic proportions in some countries. Violence thus represents an emerging public health challenge. The main thrust of EHA work on safety promotion and injury control in 1996 has therefore been to advance work on violence and health, in particular by streamlining an action plan and preparing for its implementation. WHO began the process of mobilizing international awareness with the 1993 World Health Day which was devoted to injury and violence. Emphasis was again placed on action to prevent and control injury by the Third International Conference on Injury Prevention and Control held in Melbourne, Australia, from 18 to 22 February 1996. This Conference, part of a series of world conferences initiated by WHO in Stockholm in 1989, issued the "Melbourne Declaration" in which the international injury prevention and control community agreed to a world-wide partnership to act immediately to reduce injuries and the attendant social and economic costs The commitment and strong public health leadership of WHO for injury and violence prevention were seen by the Conference as primordial.

Injury prevention and control

"Injury is a threat to health in every country in the world and is currently responsible for 7% of world mortality This proportion is predicted to rise. In high income countries, such as the United States of America, injury is the leading cause of premature death. In many low income countries, such as India, injury is the leading cause of death and morbidity in the middle of the age spectrum (from age 4 or 5 years to 35 years and older). Injury deaths and trauma can be significantly reduced through a strategic mix of preventive measures: education, environmental and design changes, community and organization-based action, regulation and enforcement Improved treatments and rehabilitation would also reduce the long term individual, social and economic burden of injury"

Extract from the Melbourne Declaration made at the Third International Conference on Injury Prevention and Control held in Melbourne, Australia, 18-22 February 1996

In May 1996, the World Health Assembly adopted resolution WHH49.25 on "Prevention of violence: a public health priority". This resolution, among other things, requested the Director-General to present to the Executive Board in January 1997 a plan of action for progress towards a science-based public health approach to violence prevention In order to respond to this request, a **WHO Task Force on Violence and Health** was established by the Director-General in June 1996. EHA pro-

vided the secretariat of the Task Force and was thus fully involved in the preparation by the Task Force of the first draft of the plan, in close cooperation with one collaborating centre, the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta and with the additional participation of another collaborating centre, the Health Psychology Unit, University of South Africa, which had worked on an agenda for research on violence. The plan was then reviewed by a high level Consultation on Violence and Health (2-3 December 1996), funded through a voluntary contribution from the Brain Injury Association in the United States, before being submitted to the seventh meeting of heads of collaborating centres on injury (4-5 December 1996), which considered how to involve the network of collaborating centres and other WHO technical programmes in the implementation of the plan. The plan was then submitted to the WHO Executive Board in January 1997 and was strongly supported.

Violence – a public health problem

"The Forty-ninth World Health Assembly,

Noting with great concern the dramatic worldwide increase in the incidence of intentional injuries affecting people of all ages and both sexes, but especially women and children;

Recognizing the serious immediate and future long-term implications for health and psychological and social development that violence represents for individuals, families, communities and countries,

Recognizing the growing consequences of violence for health care services everywhere and its detrimental effect on scarce health care resources for countries and communities;

Recognizing that health workers are frequently among the first to see victims of violence, having a unique technical capacity and benefiting from a special position in the community to help those at risk;

Recognizing that WHO, the major agency for coordination of international work in public health, has the responsibility to provide leadership and guidance to Member States in developing public health programmes to prevent self-inflicted violence and violence against others,

1. DECLARES that violence is a leading worldwide public health problem;
2. URGES Member States to assess the problem of violence on their own territory and to communicate to WHO their information about this problem and their approach to it;
3. REQUESTS the Director-General, within available resources, to initiate public health activities to address the problem of violence that will
   (1) characterize different types of violence, define their magnitude and assess the causes and the public health consequences of violence using also a "gender perspective" in the analysis;
   (2) assess the types and effectiveness of measures and programmes to prevent violence and mitigate its effects, with particular attention to community-based initiatives,
   (3) promote activities to tackle this problem at both international and country level including steps to.
      (a) improve the recognition, reporting and management of the consequences of violence;
      (b) promote greater intersectoral involvement in the prevention and management of violence,
      (c) promote research on violence as a priority for public health research;
      (d) prepare and disseminate recommendations for violence prevention programmes in nations, States and communities all over the world;
   (4) ensure the coordinated and active participation of appropriate WHO technical programmes;
   (5) strengthen the Organization's collaboration with governments, local authorities and other organizations of the United Nations system in the planning, implementation and monitoring of programmes of violence prevention and mitigation,

"

Extract from resolution WHA49.25, adopted by the World Health Assembly on 25 May 1996.

Violence

"Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

From the Report of the WHO Global Consultation on Violence and Health (white paper prepared for the ninety-ninth session of the WHO Executive Board)

The Consultation set four objectives for an initial three-year plan. The first priority objective will be to take steps to develop methods, indicators and definitions to better describe the health dimension of violence, particularly through the preparation of an **International Classification of External Causes** within the International Classification of Diseases (ICD) family. This is a major contribution to grappling with the problem of violence, since it establishes a scientific basis for future work, the first step in moving from rhetoric to practical action.

Typology of violence

Self-inflicted violence: suicide represents the fatal outcome; other types include attempts to commit suicide and non-lethal self-mutilation.

Interpersonal violence: occurs in many forms and can best be classified by the victim-offender relationship; it includes domestic violence (family and intimate partners), violence among acquaintances, and violence involving strangers. It may also be specified according to the age or sex of the victim (child abuse or rape). Social institutions may be the setting for violence: bullying, harassment or criminally-linked violence may be found in schools, the workplace, the commercial sector, and the military

Organized violence: is violent behaviour of social or political groups motivated by specific political, economic or social objectives. Racial or religious conflicts are other forms of violence occurring among groups Armed conflict and war are the extreme form of organized violence.

Following a review by a meeting of the **international collaborative effort on injury statistics** (ICE), organized by the National Center on Health Statistics in Washington DC in November 1996, a draft of the International Classification of External Causes was produced, thus completing the second phase of work initiated in 1990 by the WHO working group on injury surveillance. The aim of the exercise is to provide better adapted tools for the description of the injury problem in countries and the assessment of its burden on health, with emphasis on morbidity/disability related violence assessment as well as impact on quality of life. The secretariat of the working group is provided by a collaborating centre, the Consumer Safety Institute, Amsterdam, the Netherlands. In order to include this classification within the ICD family, compatibility with the tenth revision is being secured and a field trial will take place at the beginning of 1997. This project is being carried out jointly with the WHO office for the ICD.

The three other objectives set by the Consultation relate to research, strengthening of the health sector capacity to deal with violence, and promotion of community-based approaches particularly through the WHO Safe Community movement. Seven countries have already made some commitment to participate actively in the implementation of the plan of action, namely, Brazil, Canada (Québec), Colombia, Netherlands, South Africa, Togo and the United States of America.

The WHO **Safe Community** movement is coordinated by a WHO collaborating centre, the Department of Social Medicine, Karolinska Institute, Stockholm. The theme of the annual conference of the Safe Community movement, held in Dallas, Texas, from 14 to 15 November 1996, was the promotion of safety in large urban environments. Representatives from such environments (in Johannesburg, London, Moscow, New Delhi, Singapore and several large cities in the United States) attended the conference. Participants from the network of collaborating centres on injury acknowledged that particular attention should now be directed to violence prevention and mitigation in large urban settings, because of the disproportionate impact of violence on youth in such areas. Recommendations of the conference for future activities by the network included:

- enhancing surveillance and registration of injuries related to violence;
- focusing, in particular, on domestic violence and self-inflicted injuries,
- sharing information on effective programmes initiated by the network,
- acting as a demonstration network for the WHO plan of action on violence.

It was agreed that the next Safe Community conference, to take place in Johannesburg in 1997, should deal with violence.

A broad situation analysis of the burden on health and quality of life caused by **traumatic brain and spinal cord injury** has been made by WHO jointly with the Brain Injury Association, United States of America, and a WHO collaborating centre, the Karolinska Hospital, Department of Neurosurgery, Sweden, with the financial support of the former. The aim of the analysis is to delineate the main elements of a WHO strategic response as the basis for the preparation of a plan of action, to be finalized in 1997. A joint WHO/CDC protocol on surveillance of traumatic brain injury was completed and published, and a field trial is in preparation.

Work continued on brain injury epidemiology, legislative strategies and setting helmet standards under the **WHO Helmet Initiative**. Information is disseminated through a newsletter. Recent action included the establishment of the Helmet Resource Center, based at the Center for Injury Control at Emory's Rollins School of Public Health, an institu-

tion currently being considered for designation as a WHO collaborating centre on injury control.

The **French-speaking network on injury prevention**, initiated in 1995 in cooperation with the Ministries of Health in Belgium, Canada (Québec), France and Switzerland, held its third coordination meeting in September 1996. Progress was assessed on:

- preparation of a glossary of terms on safety;
- a public health analysis of approaches to safety promotion;
- preparation of the first international course on safety promotion and injury control (due to take place in Québec in mid-1997).

The WHO Collaborating Centre on Community Safety Promotion in Québec is playing a leading coordinating role in the monitoring of these activities. Two collaborating centres are to be designated to further support the network: the Centre des Brûlés, Hôpital Saint Luc, Lyon, France, and EducaSanté, Charleroi, Belgium. Steps are being taken to expand the network to other regions, and Togo is likely to be the first African country to join.

In the framework of a cooperative agreement with the International Children's Centre in Paris, a seminar on **adolescence and violence** was held in Paris. The seminar both provided an input to the WHO plan of action (mentioned above) and gave rise to a state-of-the-art analysis and a publication.

The joint WHO/International Society for Burn Injury (ISBI) Committee met during the Second Asian Pacific Burns Conference in Hong Kong (to which WHO was invited to contribute) with the aim of strengthening cooperation on **burn epidemiology and prevention** in the region, in particular through the use of the WHO/ISBI training kit

EHA provides the secretariat for the WHO **Task Force on Organ Transplantation** which met for the first time in 1996, following its establishment by the Advisory Committee on Health Research (ACHR) in October 1995. The Task Force reported to the October 1996 session of the ACHR which endorsed its conclusions and the continuation of its work.

Annex 1

Bibliography

The following selected bibliography covers some recent WHO publications and other information materials relating to emergencies and injury prevention.

Emergency preparedness and response

Publications

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Annex 2

WHO collaborating centres for emergencies and injury prevention

The main activities of collaborating centres relating to the work of EHA are mentioned under the appropriate chapters in the report. Not all the collaborating centres provided information on their efforts. Collaborating centres that were newly designated in 1996 are indicated below with an asterisk.

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