

Violence and unintentional injury cause a significant amount of deaths, human suffering and disability in the WHO European Region every year, accounting for almost 700 000 deaths (7% of all deaths) and 14% of all disability-adjusted life years (DALYs).

REMAINING ON OUR AGENDA

The EUPHA section on injury prevention and safety promotion has addressed the need for data for facilitating injury prevention for some years now.

In 2011, their pre-conference highlighted the need for an injury data system.

In 2012, they published the Malta Declaration on the provision of hospital data for facilitating prevention.

WHAT WE NEED

We cannot hope to reduce the enormous toll of human suffering from injuries in Europe unless we understand the causes of those injuries, why some people are at greater risk than others, and what can be done to prevent injuries and treat their consequences. This information is essential to develop effective policy responses but, as important, to raise awareness of what is often an inadequately recognised problem. It demands that we find ways to bring together data from many sources, from health facilities, the police, and health and safety agencies.

WHAT IS BEING DONE

Both the WHO European Region and the European Council have urged member states to develop injury surveillance systems, so that programmes for prevention, care and rehabilitation can be better targeted, monitored and evaluated. The WHO European Region evaluation of these actions shows that there has been some progress but calls for 'improved access to reliable and comparable injury surveillance information to make the extent, causes and circumstances of the problem more visible across the Region'.

Most countries can only report on mortality data, which reflect the most tragic results of injuries, but leaves out of scope the great number of non-fatal injuries and their burden in terms of costs of health care and long-term disabilities.

EuroSafe activities include policies and actions for promoting child safety, consumer safety, safety for seniors, safety of vulnerable road users, safety in sports and the prevention of violence and self harm.

www.eurosafe.eu.com

The **European Child Safety Alliance** includes more than 30 countries across Europe working together to reduce the leading cause of death and disability to children in every Member State in the region - injury.

www.childsafetyeurope.org

For certain policy areas such as consumer safety, road safety and violence prevention, more detailed information of the injury event, can be collected with moderate additional investments through additional modules (IDB-FDS and specific modules).

The **Global Data Repository** of the GBD-Injury expert group includes both injury mortality data and an online database on Injury survey data.

www.globalburdenofinjuries.org

The Joint Action on Monitoring Injuries in the EU (**JAMIE**) has led to an updated methodology and format for collecting basic information in a large number of emergency departments at hospitals at almost no additional investment.

www.eurosafe.eu.com



REMAINS COMMITTED

EUPHA concludes that:

- The **collection and provision of data** on causes, circumstances and consequences of injuries is essential for stakeholders, policy makers and target groups;
- Injury surveillance initiatives that resulted from the WHO-Resolution and the EU-Council Recommendation should be taken forward at national and European level and lead to **sustainable** mechanisms for exchange of **harmonised injury data**;
- Basic data should be recorded and collected in all emergency departments of hospitals as a matter of routine for all injuries (accidents and acts of violence, inpatient, as well as ambulatory treatments);
- Complementing basic data about the patient (gender, age-group, duration of stay in hospital) should include: intent (accident, self-harm, interpersonal violence), setting (road, educational setting, home, paid work, sport, other) and injury mechanism (road crash, fall, cut/pierce, poisoning, burn/scald), as well as nature of injury and part of body injured;
- In addition to this Minimum Data Set, in each member state at least one big trauma centre should also collect detailed data (Full Data Set) on circumstances and product/substance involved, and on specific categories of injuries (interpersonal violence, self-harm, road transport accident, sport accident);
- Ministries of Health of countries, in which such a system is not in place yet, should initiate actions, in order to ensure such simple sets of data to be implemented.
- WHO Europe and European Commission should continue to take actions in order to **facilitate** the collection and the exchange of comparable injury data, comparable between years, countries, population groups, and policy domains.